

*Twenty-sixth Meeting of Ministers of Health
New Delhi, India, 8–9 September 2008*

Excerpt from the Draft Report

Side Event:

Briefing on International Health Partnerships and related initiatives

1. Dr Poonam Khetrpal Singh, Deputy Regional Director, WHO South-East Asia Region, introduced the topic of International Health Partnerships and related initiatives (IHP+).
2. She said that IHP+ was launched on 5 September 2007 to accelerate action to scale up coverage and the achievement of health-related Millennium Development Goals (MDGs). The IHP+ compact was originally signed by eight ministers from developing countries (of whom one, Nepal, was from the South-East Asia Region), nine international organizations including WHO, UNICEF and the World Bank, 11 bilateral donors and two other donors.
3. Dr Margaret Chan, WHO Director-General, in her brief to delegates on IHP+, pointed out that the MDGs cannot be achieved unless there is a radical change in the way the UN system, donor agencies and national governments function. There is a need to adopt a results-based approach and introduce transparency and accountability. In this way IHP+ can deliver on the Paris Declaration's promises and build on existing structures, mechanisms and country health plans. IHP+ can become one of the most important tools for scaling up health services delivery, she said. She also pointed out that more resources will become available only if they are matched by increasing commitments from national governments.
4. Dr Chan also said that with its sector-wide approach towards accountability, IHP+ is an instrument to change the way we function and think, and sheds light on the various priority areas. IHP+ is an important instrument by which we can secure better results and longer-

- term performance, but it is not a promise for unlimited funds because donors would also like to see commitment on the part of the countries. If countries are willing to prepare a plan that is validated for funding, then it can be taken to donors. Countries will have to show that they can deliver more with the resources provided; this is an interactive process that binds countries and donors together.
5. Mr Mukesh Chawla, Sector Manager, HNP Human Development Network, World Bank, made a presentation in which he pointed out that IHP+ is a renewed effort to support countries in achieving health-related MDGs through a single, harmonized in-country implementation effort with scaled-up financial, technical and institutional support. It is country-focused and country-led; builds on existing structures, mechanisms and country health plans; provides long-term, predictable financing for results-oriented national plans and strategies; and ensures mutual accountability for delivering on compact commitments. Under the IHP+ system there will be one common monitoring and evaluation and mutual accountability framework, and a review and validation process that would reduce transaction costs. He said that the way forward is to reinforce political commitment to long-term and predictable financing of health-related MDGs and for a more intense engagement between the partners.
 6. Dr Rudolf Knippenberg, Principal Health Adviser, UNICEF, briefed the meeting on the related initiative aspect of IHP+, which currently has focused on making an investment case for health in South-East Asia.
 7. Dr Mahesh Kumar Maskey, Executive Chairperson, Nepal Health Research Council, Federal Democratic Republic of Nepal, outlined the country's involvement with IHP+ and its progress. Nepal is the only country from the South-East Asia Region that is a signatory of the IHP+ compact. Since the signing of the IHP+ in September 2007, Nepal has targeted free care for the poor and marginalized in PHC centres and district hospitals and will seek to provide subsidized care in zonal, regional and central government centres at the next level.
 8. Nepal's IHP+ is in line with its NHSP-IP (2004-2009, extended up to 2010); and is reflected in its Interim Constitution, three-year Interim Plan (2007-2010), and the Government of Nepal's policies to secure the health rights of its people. The next steps for the country are to strengthen health systems by revitalizing primary health care and the "Health for All" strategy, scaling up universal free health care to the district hospital level, providing free maternity care to all, and ensuring the retention of health professionals in the government sector.

9. The Government of Nepal has also increased its health budget from 6.4% of the total budget in 2005-2006 to 7.2% (US\$ 40 million) in 2007-2008. The government is expected to increase the budget further (doubling it to US\$ 80 million) in 2008-2009. However, there is a need for additional financial support to meet health-related MDGs through implementing rights-based health policies.

Discussion

- IHP+ aims to not only help countries achieve their health-related MDGs but also goes beyond MDGs to other issues such as health systems development. It calls for a sector-wide approach with mutual accountability. It is an instrument for behavioural change to improve the very processes of health development.
- Countries must come together for a results-based approach and remove the barriers between various ministries. Sometimes fundamental structural changes may be required to achieve results.
- New technology has to be implemented; the interface provided by technology will facilitate mutual learning among countries.
- IHP+ is more than a sector-wide approach. It becomes a political instrument to deal with difficult issues to sustain health and development programmes.
- The need to simplify existing World Bank/UNICEF procurement systems was raised; the Director-General, after discussions with the two agencies, confirmed this problem had been resolved.

Conclusions

- Member States may consider engaging in the IHP+ process as they perceive it to add value to existing work at the sector level.
- WHO must work with other development partners to support the preparation of sound national plans and budgets linked to health outcomes—including in transitional and middle-income countries.