

## Key Messages from the Fifth IHP+ Country Health Teams Meeting Siem Reap, Cambodia, December 2014

Two hundred representatives from 34 country governments, 20 international development partners and many civil society organizations met in Siem Reap 2-5 December 2014. They analysed progress over the last two years on effective cooperation in health; reviewed likely developments post 2015 and discussed priorities for action. The meeting took place during the global public health emergency caused by the Ebola Virus Disease outbreak.

**The results from the 2014 round of IHP+ performance monitoring** show that - overall - countries continue to make progress on effective development cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better the performance. For development partners, the most notable finding is that use of country financial management systems has declined over the last two years.

In the last two years since IHP+ partners met in Nairobi, the most critical areas for action have become known as the 'seven behaviours'. Participants agreed that the **seven behaviours continue to be relevant** in a wide variety of situations, including public health emergencies. Specific approaches need to be adapted to the local environment, for example in fragile states.

There was a strong message that **political action is essential to move this agenda**. In the last two years, WHO's Director General and the World Bank's President have helped get all major development agencies to agree to a core list of 100 indicators (down from over 600) in order to streamline global reporting requirements. This is an important and highly appreciated step towards easing the reporting burden on countries. Other areas would benefit from similar support.

**Improving performance requires action by all partners** – by governments; development partners at HQ and country level; CSOs; the private sector and new development actors such as the BRICS. There remains a need to better understand the underlying causes of poor performance, and incentives for change within different organizations. Frank and transparent dialogue to address longstanding persistent issues was called for.

**Priority actions were identified for four areas** where there is both need and opportunity for greater progress:

1. **Strengthen and use country information and accountability platforms.** Good decisions need good information on health sector performance and results. Country information systems are improving but progress remains slow. In 2014, heads of development agencies agreed to tackle uncoordinated efforts to strengthen national M&E systems by combining support behind one single country information platform. Now this needs to happen in more countries. Two actions were reinforced in discussions in Siem Reap. Sound national information system investment plans need to be developed by government together with partners. And development partners need to increase joint investment in those country plans. A related point was that joint sector performance reviews would benefit from the more effective engagement of CSOs, the private sector and new development partners.

- 2. *Strengthen and use country financing and financial management systems.*** Opportunities for action to strengthen and use country financial management systems are greater today than before: FM is more explicitly recognised as a major issue by both governments and development agencies, as are the transaction costs and wasted resources from multiple separate FM assessments and funding arrangements. There are tools available, and progress has been shown to be possible even in fragile states. Three priority actions were identified in Siem Reap. First, there was a call for joint financial management assessments to become standard practice, followed by development of a national FM system strengthening plan by government in consultation with development partners, in which multiple partners can invest. Second, civil society organizations and formal elected bodies need to play a stronger role in scrutinising use of funds. Third, being on budget needs to become the default mode for all development agencies. This requires governments to prepare timely and transparent budgets. It also requires agencies to give stronger messages to their country staff that providing financial information in time for the annual country budget process, so it can be recorded on budget, should be standard practice.
  
- 3. *Improve technical assistance (TA) including south-south cooperation*** There remains a need for TA to be more country-led, strategically planned and well-coordinated, and new ways of looking at TA are needed. Approaches to technical cooperation are changing, with increased assistance provided by emerging economies. Three actions were identified. TA needs to be more clearly based on health sector priorities, and more demand-driven: country governments need to articulate TA needs more clearly, and engage in open dialogue with DPs based on those needs. Development partners could be much clearer to governments about what TA is available and how to access it, including through support for south-south and triangular cooperation. Third, terms of reference should be jointly defined with clear lines of accountability; and explicit capacity building objectives, and better ways to monitor the relevance and quality of TA developed. New approaches to assessing the impact of TA on building and sustaining individual and institutional capacity need to be explored and adopted.
  
- 4. *Enhance mutual accountability.*** The fourth round of IHP+ performance monitoring has just been completed, with higher participation than before: 24 countries, 37 development agencies and international NGOs. Four actions were identified in Siem Reap. The shift in 2014 towards more country-level and country-led mutual accountability processes is positive and should continue. The IHP+Results scorecards can provide a useful starting point for in-depth discussion about areas in which there is less progress, why and what can be done: governments need to ensure local dialogue on the 2014 findings, and explore incentives to change behaviour in areas with poor progress. Looking forward, selected aid effectiveness indicators could usefully be included in national M&E frameworks. Development agency HQs should also discuss findings from the 2014 round of monitoring, and consider actions that could be taken, and incentives needed. CSOs have a major role to play by focusing on accountability of both governments and development partners for progress on the seven behaviours.