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& Related Initiatives

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1. Introduction

The International Health Partnership (IHP+) and related initiatives are a group of partners committed to improving the health of citizens in developing countries by putting the principles of effective development cooperation into practice. IHP+ began in 2007 with 27 partners including developing country governments, international development partners (DPs), civil society organizations (CSOs) and other non-state actors. Until the end of 2015, all were committed to accelerate progress towards the health MDGs by implementing the Paris and Busan principles of effective development cooperation. At the end of 2015, IHP+ had 65 partners (see Table 1), over half of which are developing countries, after welcoming five new members in 2014. See Annex 1 for the full list of partners.¹

Table 1. Number of IHP+ partners, 2007, 2013 and 2015

IHP+ partners	September 2007	December 2014	December 2015
Low- and middle-income countries	8	36	36
Bilateral donors	8	17	17
International organizations and foundations	11	12	12
Total	27	65	65

IHP+ is co-managed by WHO and the World Bank with a Core Team based partly in Geneva, partly in Washington DC. The Core Team's role is to manage the IHP+ work programme, budget and communications, under the oversight of the IHP+ Steering Committee.

This Core Team Report summarises progress against the IHP+ work plan for 2015. The structure of the report closely follows the agreed work programme 2014–15 and strategic directions². Some of the activities here are also mentioned in the 2014 Report; however, an attempt has been made to reduce overlap.

The Seven Behaviours (see Figure 1) remained a focus for IHP+ during 2015 as they highlight key areas for development partner action, reflecting the commitments to effective development cooperation made in Busan in 2011. As indicated in the 2014 Report, faster progress to take up the Seven Behaviours requires governments, CSOs, the private sector and especially international development partners to take action.

¹ Liberia joined in April 2016, bringing the total number of partners to 66.

² http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts__docs/Aligning_for_better_results_IHP_strategic_directions_2014_2015.pdf
http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts__docs/IHP_work_programme_2014_2015.pdf

Figure 1. What are the Seven Behaviours?





2. Current environment

The year 2015 has been a turning point for deciding IHP+'s future strategic directions. The negotiations around the ambitious new Sustainable Development Agenda 2030 and implications for the role of development cooperation emerging from a more comprehensive view on global financing for development have raised key considerations regarding the role IHP+ should play as a multi-stakeholder partnership.

In September 2015, the adoption of the SDGs at the UN Sustainable Development Summit demonstrated a renewed global commitment to health underpinned by target 3.8 for Universal Health Coverage (UHC). The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health beyond the control of specific diseases, to focus on how the health system delivers integrated people-centred health services.

In early 2015, the IHP+ Core Team organized a consultation with partners on IHP+'s role and strategic directions. The IHP+ Steering Committee also tasked the Intensified Action Working Group (IAWF), chaired by the European Commission and involving members from most of the agencies and countries sitting on the IHP+ Steering Committee, to elaborate the IHP+ strategic directions in the light of the changing context for development cooperation after 2015. The resulting 'Making the Most of Development Cooperation for the Health-related SDGs' was used as the basis to develop the IHP+ work programme for 2016–17 and to identify the implications for IHP+'s secretariat and budget, discussed at the Steering Committee Meeting in November 2015. There was strong consensus to focus on maintaining the political profile and increasing the influence of IHP+, broadening the partnership to include a wider range of partners, including middle-income countries and the private sector, and doing more intensive work at country level, such as implementation of IHP+ principles and joint work to strengthen national systems.

In September, the Core Team, IHP+ partners and other stakeholders started discussing and consulting on how best the partnership could contribute to moving towards the health-related SDG, recognizing the importance of expanding the scope of IHP+ to include health systems strengthening towards the achievement of UHC. This was partly prompted by the calls for better coordination around Health Systems Strengthening (HSS) and UHC by the governments of Germany and Japan. While continuing the work on improving effective development cooperation in countries receiving external assistance is important, it was considered vital to broaden the scope of IHP+ to focus on HSS and domestic spending in a broader range of countries given the universality of the SDGs. Based on these considerations, the Steering Committee at its November 2015 meeting decided that the Core Team would explore the possible role of IHP+ to improve coordination around HSS and UHC, and if warranted, submit an outline of the principles for a changed mandate to the IHP+ Signatories for approval/no-objection. This was taken forward in 2016 and discussions are ongoing about how to transform IHP+ into the International Health Partnership for UHC 2030. More background on this transformation process can be found [on the IHP+ website](#).

As part of wider efforts to promote IHP+ principles amongst national, regional and global civil society networks, the IHP+ Civil Society Consultative Group (CSCG) members also committed to champion these principles within the post-2015 agenda. The group has developed a position paper³, on behalf of the

³ <http://www.internationalhealthpartnership.net/en/news-events/ihp-news/article/ihp-civil-society-consultative-group-discusses-development-cooperation-principles-post-2015-326909/>

civil society members of IHP+, which sets out some principles they believe any post-2015 development framework should include. Meanwhile, CSCG members have also developed a proposal for CSO engagement in the International Health Partnership for UHC 2030, with consultations envisaged throughout 2016.

3. Snapshot of IHP+ achievements in 2015

The major achievements in 2015 include:

- The Intensified Action Working Group (IAWG) established in March 2015 played an instrumental role in preparing the ground for the future direction of IHP+ post 2015. Recommendations for strategic decisions from this group were used as the basis to develop the IHP+ work programme for 2016–17, which was discussed by the Steering Committee in November, and approved in early 2016.
- The last four months of 2015 saw numerous discussions and consultations, including the Steering Committee at its November meeting, on the possibilities of transforming IHP+ to a broader alliance for HSS and UHC. The options were concretely presented in consecutive iterations of an options note from December onwards. Eventually the transformation of IHP+ to the International Partnership for UHC 2030 was agreed in 2016.
- The IHP+ Mutual Accountability Working Group (MAWG) held a Consultation on follow up and the future of IHP+ monitoring. Based on this, the Core Team developed a proposal for the fifth round, which was submitted for comments from MAWG and the Reference Group in July. A Request for Proposals was issued in October, with bid opening in December, and award of contract early 2016.
- The Financial Management Technical Working Group established in 2014 has taken off the ground, facilitating dialogue to promote more harmonized and aligned financial management in seven countries. IHP+ started co-financing analytical work led by the World Bank on the effect of improved as well as harmonized financial management on achieving health sector results.
- A new round of grants through the Health Policy Action Fund (HPAF) has enabled CSOs in nine countries to increase participation in health policy processes and hold dialogue with other health stakeholders (including government).
- A review of IHP+ Country Grants was conducted to inform the future strategic directions of IHP+. It found that from the perspective of recipient countries, IHP+ grants have been useful for driving forward health policy processes and strengthening coordination of partners.
- IHP+ created and disseminated a range of advocacy tools to promote effective development cooperation in health and raise awareness of the Seven Behaviours. Materials include short animated films, posters and postcards which highlight the need for action at both country and global level.



4. Political and organizational action

4.1 Intensified action on the Seven Behaviours

The IHP+ framework for monitoring and accountability, which was published in 2011, has continued to influence global discussions and has shaped the Health Data Collaborative, launched in March 2016 following the 2015 Measurement and Accountability for Results in Health Summit (see Box 1). Further country-level work to promote intensified action on monitoring and accountability is described in Section 5.1.

Intensified action on financial management harmonization and alignment is another area where further progress is taking place since the establishment of the Financial Management Technical Working Group in 2014. Country level work is described in Section 5.2.

IHP+ supported a review of the pooled funding mechanism in Liberia.

Box 1. Health Data Collaborative

In June 2015, leaders of Global Health Agencies plus over 600 participants participating in the Measurement for Health Summit endorsed the Health Measurement and Accountability Post 2015 Roadmap* and Five-Point Call to Action** to improve health measurement, anchored in IHP+ principles including strong country-led M&E platforms and aligned investments, inclusive accountability mechanisms and monitored by time-bound targets. The centrepiece of the Five-Point Call to Action is that global partners and countries must do more to work together to increase the efficiency of investments in health data in support of strengthening the country-led health information platform.

To support countries implement the Call to Action, the Health Data Collaborative was formed in early 2016. The Collaborative is the operational arm of the IHP+, and brings over 30 partners into a coalition with the aim of working better together in support of a one country-led M&E platform as the basis for monitoring health SDGs, UHC and other national and subnational priorities. The approach builds upon and reinforces the IHP+ one M&E platform and promotes strengthening of the overall sector accountability mechanisms. The primary strategies of the collaborative are:

1. Alignment of funding and technical support for a single country M&E platform and health information system
2. Development of a common package of tools and standards for countries.

A number of multi-stakeholder technical working groups have been established to serve as platforms for the harmonization of tools and standards and to catalyse opportunities for collective investment and technical support in countries.

* The Roadmap for Health Measurement and Accountability. A Common Agenda for the Post 2015 Era, June 2015

** Health Measurement and Accountability Post 2015: Five-Point Call to Action, June 2015.

4.2 Global engagement on development cooperation

In 2015, IHP+ engaged in a number of global debates on effective development cooperation. Some highlights include:

- The IHP+ Core Team organized a lunchtime seminar during the World Health Assembly, May 2015, on the theme 'Progress in Effective Development Cooperation in Health'.
- The IHP+ Core Team co-arranged a side event hosted by Barbados, Thailand and WHO at the Third International Conference on Financing for Development held in Addis Ababa, July 2015, on the theme 'Changing the Conversation on Development Finance for Health'. This included participation of the IHP+ co-chair from Ethiopia in the panel discussion.
- The IHP+ Core Team also participated in meetings during the World Bank and International Monetary Fund Spring Meetings (April), and the United Nations General Assembly (September). This included participation in panel discussions as well as interventions from the floor in some of the side meetings.
- IHP+ was allocated a chapter in the OECD 2015 Development Cooperation Report.

Throughout the year the dynamic changes in the aid and development environment gave rise to discussions with many stakeholders on the future of IHP+ in terms of its mandate and approach. See Annex 3 for a full list.

5. Approaches and tools

5.1 Supporting one country-led M&E platform for national health strategies

IHP+ and partners have continued to promote the approach and guidance on supporting one platform for information and accountability⁴. This includes establishing a strong Monitoring and Evaluation (M&E) plan that all partners will support, linked to the national health strategy.

The one M&E platform approach is being used by a growing number of countries as part of the development/revision of their national health sector plans and strengthening country health information systems.

- During 2015, a number of countries worked towards strengthening the M&E plans of their national health strategies, using the IHP+ M&E framework and the Global 100 core health indicators. These included Cambodia, Tanzania, Mozambique, Malawi, DRC (in progress) and Kenya – see Table 2.
- Partners including WHO, the Global Fund, GAVI, Agence France Development, UNFPA and the World Bank provided joint support and/or alignment of investments in support of harmonized facility surveys of service readiness and data quality involving 14 countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Djibouti, DRC, Ethiopia, Guinea, Lao PDR, Mauritania, Myanmar, Niger, Zambia and Zimbabwe).
- At the Conference on Measurement and Accountability for Universal Health Coverage in the Asia Pacific (Bali, Indonesia) a session on Country Roadmaps to strengthen the country-led M&E platforms was conducted for 20+ countries. The outputs of the session were a series of strategic actions outlining main priorities at country level to implement country-led roadmaps.

⁴ 'Monitoring, Evaluation and Review of National Health Strategies. A Country-led Platform for Information and Accountability', IHP+ and WHO, September 2011, http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/M_E_Framework/M%26E.framework.2011.pdf



Table 2. Country support to strengthening the country-led M&E platform

Country	Description of activities	Outputs	Partners engaged
Cambodia	National MOH-led workshop to review and update the HSP3 indicators Joint discussions with MOH to identify priorities for monitoring the health sector	Proposed list of M&E indicators developed Health Information System strategy developed	MOH/M&E Unit WHO and in-country partners
DRC (in progress)	Preparatory mission to discuss and identify the steps needed to develop the M&E component of the upcoming PNDS (National Health Strategy) 2016–20	Roadmap of the M&E plan of the PNDS 2016–20 developed, including next steps	MOH (Directorate for Evaluation and Planning, Système National des Informations de Santé) USAID, WB, UNICEF, WHO
Kenya	Preparatory work to engage with the M&E Division of the MOH (M4HA summit) and prepare a multi-partner mission to develop and agree a country-led M&E roadmap	MOH and partners engaged in the process	MOH/M&E USAID, Bill & Melinda Gates Foundation, GAVI, WHO, GiZ, UNICEF
Malawi	Multi-partner joint mission was conducted to: <ul style="list-style-type: none"> • Raise the profile of post-2015 SDGs and the global efforts in strengthening M&E country-led platforms • Provide strategic guidance for the development of the country-led M&E platform 	M&E priorities identified Roadmap to strengthen the M&E country-led platforms elaborated Process still ongoing (i.e. costing)	MOH/Central Monitoring and Evaluation Directorate-led process USAID, GiZ, WHO, WB, Bill & Melinda Gates Foundation
Mozambique	Regular joint meetings of the M&E WG to agree on a common view to strengthen the country-led M&E platform, in the context of the new Health Sector Strategic Plan	M&E plan of the Health Sector Strategic Plan drafted Review of the JAHR process started	MOH PROSAUDE partners (Planning, Infrastructure, Monitoring and Evaluation Group; CDC; Ireland; Canada)
Tanzania	Mid-Term Review of the national Health Sector Strategic Plan was supported (analysis workshop)	Analytical Report of the mid-term review elaborated, including policy implications	MOH, National Institute for Medical Research, Ifakara Health Institute, WHO Countdown collaboration/E4A

- To scale up technical support networks of expertise and capacity-building workshops for the training of trainers for Service Availability and Readiness Assessment (SARA) and data quality were conducted for participants from ministries of health and national institutes from 11 countries (Benin, Chad, Côte d'Ivoire, Gabon, Guinea, Mauritania, Myanmar, Niger, Nigeria, Tanzania and Zimbabwe).

5.2 Financial management harmonization and alignment

Financial management (FM) harmonization and alignment is one of the Seven Behaviours identified for IHP+ Intensified Action during the Nairobi Country Health Teams Meeting in 2012.

As a follow up, the Financial Management Technical Working Group (FMTWG) was established in 2014 to accelerate progress by facilitating or promoting the following:

1. DPs' use of harmonized FM arrangements for donor-financed support
2. Alignment of FM implementation arrangements of donor-financed projects with country systems, where such systems are assessed as adequate
3. Joint support for FM capacity building of country systems where such systems are deemed to be weak.

The FMTWG is chaired by the World Bank and consists of FM managers from interested IHP+ development and country partners. In 2015, bi-monthly meetings were held to discuss how participating partners can collaborate on FM issues in the countries they support.

During 2015, the group's work focused on the following:

- (i) Facilitating dialogue among DPs and country partners on FM harmonization and alignment and resolving identified bottlenecks;
- (ii) Providing a platform for sharing experiences on health sector fiduciary issues in specific countries; and
- (iii) Promoting collaboration and joint approaches to tackling health sector FM issues in countries of interest to participating DPs. Such approaches have included conducting Joint Financial Management Assessments (JFMA) to identify issues and priorities for joint capacity strengthening, as well as designing common FM implementation arrangements through Joint Fiduciary Arrangements (JFAs), where conditions are suitable.

Some of the specific activities undertaken (or in progress) are summarized below.

• **Facilitation of FM harmonization and alignment initiatives by country**

Through several, mostly audio, meetings the group identified several countries for new collaboration and discussed bottlenecks to ongoing harmonization initiatives in countries previously identified. Table 3 shows a summary of ongoing key FM harmonization and alignment initiatives by country.

• **Knowledge generation and sharing**

The FMTWG is supporting a programmatic study, led by the World Bank, that aims to contribute to a better understanding of the public financial management (PFM) bottlenecks to health results. The study



Table 3. Status of FM harmonization and alignment initiatives by country

Country	Description of work	Status	Participating DPs
Burundi	JFMA conducted in September 2014	English and French versions of the report have been completed. A workshop to disseminate the report, agree on an FM improvement action plan, and to draft JFA in March was postponed due to the political situation in the country	AfDB, EU, GF, WB, Belgium Corporation, GAVI, USAID, Swiss Embassy
Senegal	Discussions ongoing on FM harmonization and alignment. Aim is to leverage the subsisting harmonization between WB and USAID on the Senegal performance-based financing programme	GF now uses the country system, along with the WB and USAID	USAID, WB, GF
DR Congo	Discussions held on FM harmonization and alignment	Manual has been prepared. The MOH recruited two consultants to help finalize the manual. Donor consultations are ongoing. A dissemination workshop will take place after the MOH approves the manual	GF, WB, BTC, AfDB, EU, UNFPA
Sierra Leone	JFMA conducted in 2012	An Integrated Health Projects Administration Unit (IHPAU) review was undertaken in May 2016	GAVI, GF, WB
Sudan	Expressed interest in support from IHP+ on harmonization and alignment	Conduct joint FM assessment	GF, GAVI, JICA, WB, WHO, UNICEF, DFID, UNDP
Liberia	Expressed interest in joining IHP+, and also to have a joint assessment	Conduct joint FM assessment	UNICEF, UNFPA, EU, USAID, GAVI, GF, Irish Aid, WB
Ethiopia	New JFA drafted	JFA now signed by all major DPs	In-country DPs

– ‘Public Financial Management (PFM) in the Health Sector: Service Delivery Challenges and Solutions’ – will be conducted over a three-year period (2015–18), and has two pillars: (i) developing a conceptual framework for PFM in health; and (ii) understanding the costs and benefits of unharmonized and unaligned implementation arrangements.

Pillar 1: Following a successful brainstorming session held in October 2015, a conceptual framework that is expected to contribute to a better understanding of the public financial management issues in the health sector is under development. The first iteration of the draft framework will be completed in June 2016. A pilot case study of the framework has been undertaken in the Kyrgyz Republic, with two more country case studies to be undertaken in Ghana and Nigeria before December 2016.

Pillar 2: With respect to the cost of unharmonized and unaligned implementation arrangements study, data collection is currently ongoing in Kenya, Uganda and Bangladesh. Data collection is also planned for Cameroon, Democratic Republic of Congo and the Kyrgyz Republic. Analysis of the data collected will be undertaken and a preliminary report for the first three countries will be available in the second half of 2016.

5.3 Harmonization and alignment of donor procurement policies

Harmonization and alignment of procurement and supply management remains a challenging issue, and one that countries see as a priority. The need for better harmonization and alignment was highlighted in the 2014 Country Health Teams Meeting session on procurement, which illustrated the mix of different supply chains and procurement systems faced by some countries.

The IHP+ Core Team reviewed potential roles for IHP+ on procurement and supply chains, given the work planned by the Interagency Supply Chain Group (ISG)⁵ to harmonize efforts. The conclusion of this assessment was presented to the IHP+ Steering Committee in December 2014, where it was agreed that given the planned work of the ISG to harmonize systems, the role for IHP+ should be to learn from the experience with efforts to harmonize and strengthen systems, through selected case studies.

5.4 Country compacts and joint assessments of national strategies

Joint assessments of national health strategies (JANS) have been undertaken in various countries, as a mechanism to strengthen the health strategy and enabling partner engagement. The JANS approach was developed by IHP+ partners and is now implemented by countries and their partners, with minimal involvement of IHP+. In 2015, IHP+ provided support to JANS in Ethiopia, Uganda and Sierra Leone.

Country compacts and similar partnership agreements aim to define the roles of government, development partners, implementing partners and CSOs in improving health systems and achieving better health outcomes through more efficient use of resources.

A desk review conducted by the Core Team in 2014 showed that 25 of 36 IHP+ countries have a signed compact or partnership agreement. Over time, more compacts have included means to measure

⁵ The Interagency Supply Chain Group (ISG) was established in 2011 to provide better coordinated and more effective support to country efforts in ensuring sustainable access to high quality essential health commodities for beneficiaries regardless of where they live. Work includes harmonization of efforts in areas such as joint procurement assessments and agreeing performance indicators.



progress, with a system for tracking progress on commitments (usually Joint Annual Reviews) and indicators, although few have baselines and targets. IHP+ facilitated discussions in Liberia on the options for developing a compact.

5.5 Improved CSO engagement in national policy, monitoring and accountability processes

The Health Policy Action Fund (HPAF) is an IHP+ mechanism that provides small grants to support southern civil society to become more effectively engaged in national health policy processes, and contribute to the effectiveness of development cooperation and hold partners accountable for their commitments. Following the review of HPAF in 2013, a third round of small grants has been established by IHP+, adapted to focus more explicitly on the IHP+ agenda, and civil society networks. The selected grant manager, Oxfam Germany, issued a call for HPAF proposals in December 2014 inviting CSOs, particularly CSO networks, from the 36 IHP+ countries to submit proposals. Following the selection process, nine CSOs in nine countries received funding to work up to an 18-month period starting in March 2015, with a maximum of US\$30,000 per grantee (see Table 4).

Many HPAF grantees report that they have managed to increase participation in health policy processes and held dialogue with other health stakeholders (including government). Some developed useful monitoring tools such as a shadow report and influenced national health policy on specific topics. Emerging outcomes from projects show that small pots of funding to CSOs can go a long way, when the organisations are fully supported with their implementation and advocacy plans.

The potential for developing a larger scale funding mechanism to support and build capacity of civil society to engage in health policy and planning processes and encourage effective cooperation was assessed in 2014 as follow up to the HPAF review conducted in 2013. The approach was found to be feasible, based on building this mechanism onto an existing grant-giving mechanism, rather than continuing a small grant programme under IHP+. In collaboration with the secretariat of the Global Partnership on Social Accountability (GPSA), a 'Concept Note: Civil Society Support Fund' was issued, outlining how a GPSA 'Health Sector CSO Funding Window' could give grants to country level CSOs and networks of CSOs to support citizen engagement in policy dialogue, participation in planning and budgeting processes, and sector performance monitoring including citizen feedback. As the proposal did not result in any funding commitments from donors, and given the broadening of the mandate of IHP+ to fit with the SDGs, the Core Team decided that further discussions would take place within the context of the broader engagement of CSOs into the transformed IHP+.

IHP+ participated in a CSO meeting in Montreux in December 2015, and was part of its 'Announcement: Speaking with One Voice, Stronger Together'.

Table 4. HPAF grants in 2015

Benin	Reseau des ONG Beninoises de Sante (ROBS)	Inventory on the practice of accountability in the implementation of health projects and the participation of civil society in the strategic planning process in the health sector
Burkina Faso	Secretariat Permanent des Organisations Non-Gouvernementales (SPONG)	Capacity strengthening of CSOs to engage in the implementation of health policy process, including an alternative monitoring report on development effectiveness in the health sector
Cambodia	MEDICAM	An NGO collaboration to consolidate contribution through the strategic role of MEDICAM as NGO representative in the Core Team to develop the Health Strategic Plan
Cameroon	For Impacts in Social Health (FIS)	CSO watchdog capacity, including a shadow report, to improve the performance, accountability and aid effectiveness of the Global Fund
Cape Verde	Plataforma das ONG de Cabo Verde (PLATONGS)	Capacity strengthening, networking and advocacy of CSOs working in the health sector and in dialogue with relevant stakeholders
Gambia	The Association of Non Governmental Organisations (TANGO)	Capacity strengthening for CSO engagement in national health policy negotiations, monitoring effectiveness of development aid and advocacy for accountability, including baseline data on the level of achievement of the basic health care package security and protection for communities countrywide
Mozambique	Network of NGOs Working on Health and HIV/Aids (NAIMA+)	Advocacy for improved, expanded and equitable access to services for vulnerable groups in a context of a dramatic reduction of aid, including the organisation of the second national annual meeting of Plataforma da Sociedade Civil para Saúde (PLASOC), a national CSO platform
Nigeria	Health Reform Foundation (HERFON)	Implementation of the key provisions of the 2014 National Health Act through sustained advocacy, awareness creation and active participation of key stakeholders in the health sector
Uganda	Coalition for Social Development and Health Promotion (HEPS)	Review of the national policies, laws and guidelines related to the functioning of Health Unit Management Committees (HUMC) as well as lobby policy makers for a commitment to HUMCs to ensure community participation in health



5.6 South-south and triangular cooperation for health development

A review of south-south cooperation and triangular cooperation in health was published in 2014⁶. This review was commissioned by IHP+ following an informal IHP+ working group discussion that recommended such an analysis as a first step in identifying a potential role for IHP+ in this area.

The IHP+ Reference Group discussed the implications of the review. It was noted that while IHP+ already encourages south-south cooperation, it has no comparative advantage to act as a broker for south-south and triangular cooperation; it was therefore felt that IHP+ should continue to follow up how agencies are doing south-south cooperation, and how they support this in countries. However, given the transformation of IHP+ in 2016 and the broadening of scope to include UHC and HSS, there will be increased opportunity for addressing the issue of south-south collaboration and learning within the transformed partnership.

5.7 Strategically planned and well-coordinated technical assistance

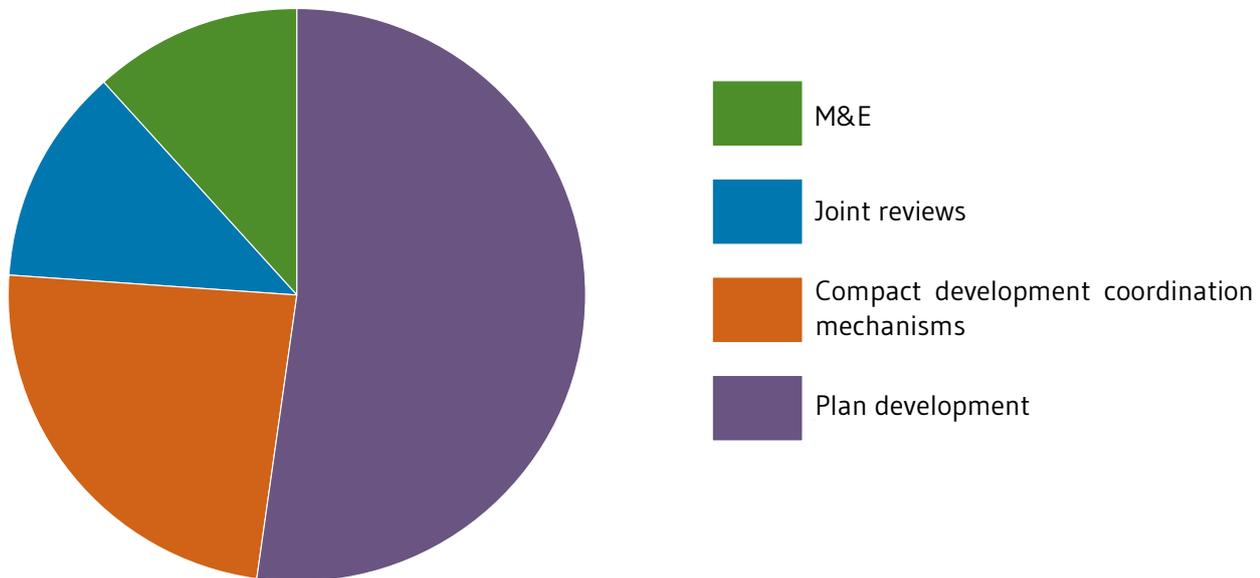
At the end of 2014, the Steering Committee agreed to follow up on the messages about improving technical assistance (TA) from the 2014 Country Health Teams Meeting with members taking responsibility within their own institutions. The Core Team was tasked to explore work on rethinking TA with interested agencies (in two or three countries), and develop a TA policy brief. The IHP+ publication 'How to Improve Technical Assistance' was issued in June 2015.

5.8 Country grants

IHP+ managed five country grants in 2015 (Cameroon, Gambia, Guinea Bissau, Mauritania and Nigeria). The total amount sent to countries was US\$212,631, of which about 44% had been spent as of December 2015. Figure 2 shows the distribution of funds by activity. As in previous years, funds were used mostly for supporting the development of national health policies and plans, including joint assessments of national strategies, followed by compact development and coordination mechanisms, joint reviews, and M&E.

A review of IHP+ country grants was conducted in 2015 to inform the future strategic directions of IHP+. The review found that IHP+ country grants have been useful for driving forward health policy processes and strengthening coordination of development partners. Grants were used in most cases to support the development of a national health plan or strategy. Support for a JAR or mid-term review was included in more than half of the proposals receiving a grant. Many examples were shared of how the IHP+ grants have contributed to stronger national health strategies, more robust planning and review processes, and coordination mechanisms that have set a precedent for more inclusive ways of working in the future. However, a number of factors – the nature of the activities funded by the grants, the varying grant sizes and levels of ambition and the decision not to include monitoring within the design of the grants – has made it challenging to draw conclusions about which grants have had the biggest impact, or to measure their collective impact. The review recommended that IHP+ country grants should continue, and be light, flexible and catalytic; and while maintaining alignment with national priorities, each grant should in the future be limited to supporting just a few strategic opportunities.

⁶ 'South-South and Triangular Cooperation in Health: Current Status and Trends', IHP+, May 2014, <http://www.internationalhealthpartnership.net/SSTCinHealth2014>

Figure 2. Expenditure on country grants by type of activity, 2015

6. Accountability for progress and results

6.1 Mutual accountability

Preparation for the fifth round of monitoring started in 2015, and included a meeting in March of the IHP+ Mutual Accountability Working Group (MAWG) on follow up and the future of IHP+ monitoring. Based on this, the Core Team developed a proposal for the fifth round, which was submitted for comments from MAWG and the Reference Group in July. A Request for Proposals on support for guiding country level data collection and validation under the responsibility of ministries of health and coordinate analysis of data, was issued in October, with bid opening in December. Following competitive bidding, HERA was selected and a contract to the tune of 920,000 Euros was issued in early 2016. All IHP+ countries were invited to participate and 31 countries did so, with data collection happening from May to July 2016. It is expected that country reports will be ready in the latter part of 2016.

As part of the new approach it was decided to undertake a review of donor policies and practices in terms of compliance with the principles of Effective Development Cooperation (EDC) and the IHP+ Seven Behaviours. This together with the monitoring report is planned to feed into an overall report on the state of EDC in health. Both these reports became part of the agreed IHP+ work plan for 2016/17.

7. Oversight, operations and communications

7.1 IHP+ structures and bodies in 2015⁷

The Steering Committee is responsible for setting the overall strategic directions and oversight of IHP+. It approves the IHP+ work plan and budget. It held two meetings: a video/teleconference call in March and a face-to-face meeting in November.

⁷ <http://www.internationalhealthpartnership.net/en/about-ihp/management-and-documents/>



Both were well attended and productive, and participants had good and frank discussions. The two co-chairs were consulted ad hoc on a few issues that had happened during the year.

At its last meeting in 2015, the Steering Committee invited Japan to become an additional member of the Steering Committee, given Japan's role in promoting coordination around UHC (see list of members in Annex 2). It was also decided to accept signatories that wish to participate as observers in order to engage new members wishing to join when the membership is eventually revised later in 2016.

The IHP+ Reference Group held a total of six meetings by video and audio conference calls. The IHP+ Reference Group supports the IHP+ Core Team in implementing the IHP+ work plan.

The Financial Management Technical Working Group (FMTWG), the Intensified Action Working Group and the Mutual Accountability Working Group (MAWG) all had meetings during 2015. Notwithstanding much work carried out in the areas of M&E, there was no need for meetings of the IHP+ M&E Technical Working Group.

The Civil Society Consultative Group (CSCG) had several teleconference meetings throughout 2015.

7.2 Advocacy and communications

IHP+ communicates with its partners and other interested parties through the main communication channels of the website, bi-monthly newsletter and Twitter. The website is updated regularly with news stories from global and country level activities. The newsletter features short articles about global and country level activities and interviews with IHP+ signatories and CSOs in those countries. IHP+ created a Twitter account in June 2015 to provide a more informal way for the Core Team to participate in global conversations about effective development cooperation in health, and disseminate and share key articles and reports.

In 2015, IHP+ also continued to produce and disseminate a range of both technical and accessible reports and publications.

Website: A review of the website, in consultation with IHP+ signatories, began in December 2014 and continued in early 2015 with a view to renewing the function and navigation of the site. In 2015, changes were made to improve the navigation and function, including on the home page, and since September it has a new section about the SDGs and UHC.

Newsletters: The newsletters continue to be a good source of relevant information for interested people. The number of subscribers increased from 720 at the start of 2015 to nearly 1,000 people by the end of the year.

Social media: IHP+ is using Twitter increasingly to promote key messages, reports and news items and to engage with wider debates about health and effective development cooperation in health.

Publications: A range of publications include technical reports assessing the performance and future of IHP+, and accessible briefs to support signatories and other health and development partners. The main reports produced by IHP+ in 2015 are:

- **New or updated IHP+ publications in 2015**

- » IHP+ Meeting Report – Fifth IHP+ Country Health Teams Meeting, Siem Reap, December 2014
- » IHP+ Core Team Report 2014
- » Health Policy Action Fund Stories of Change (English and French)
- » IHP+ Results 2014 Performance Report: Progress in International Health Partnership & Related Initiatives (IHP+; HERA 2015)
- » IHP+ Review of Country Grants 2015.

In addition, the 2015 Development Cooperation Report from the OECD has a chapter dedicated to IHP+.

- **A new 'How To' series for practical guidance**

- » **How to Use IHP+ Monitoring Results:** this IHP+ brief is for IHP+ signatories and other development and health partners who want to use the monitoring results to hold each other accountable for progress in effective development cooperation in health.
- » **How to Improve Technical Assistance:** this IHP+ brief considers how to get better value from TA, based on IHP+ studies and consultations. There is guidance for governments and other partners seeking TA and for development partners that finance or provide TA, as well as guidance about joint responsibility between those seeking and providing TA.

Advocacy

In 2014, IHP+ had a fresh focus on advocacy and raising the visibility of IHP+ in developing countries and in development partner headquarters. In 2015, IHP+ continued this focus and produced a range of advocacy materials such as a short films about the Seven Behaviours and EDC. Materials continued to be disseminated globally at meetings and on request.

Animations

In order to communicate the purpose of IHP+ as accessibly as possible, in 2015 IHP+ worked with a creative design company to produce a short animated film⁸. It introduces the problem of fragmented systems and the fundamental purpose of effective development cooperation in health. Two minutes long and produced in both English and French, the film has been shown widely to existing and new IHP+ audiences. CSOs in particular have found it a useful tool. The film so far has had over 3,000 viewings on Vimeo.

In 2014, IHP+ produced a short illustrated animation about financial management and why it matters to development cooperation in health⁹ and continued to promote this in 2015. Other IHP+ short films featuring interviews with IHP+ signatories continue to be produced on a regular basis and can be found on the website.

Meetings: To advocate for EDC and to promote IHP+, the IHP+ Core Team also held and participated in numerous meetings about development cooperation effectiveness in health during 2014–15; these are detailed in Annex 3.

8 <http://www.internationalhealthpartnership.net/en/news-videos/videos/video/effective-development-cooperation-in-health-27/>

9 <http://www.internationalhealthpartnership.net/en/key-issues/financial-management/>



7.3 Core Team operations

The IHP+ Core Team is co-hosted by WHO and the World Bank. It manages the IHP+ work plan, budget and communications, under the oversight of the Steering Committee. It takes forward Steering Committee decisions, organizes Steering Committee, Reference Group and Country Health Teams Meetings, and facilitates Working Group meetings.

The Core Team has gone through a long period of understaffing following the departure of both Core Team co-leads in early 2015 and temporary acting arrangements in WHO until early 2016. Meanwhile, other members of the team had changed jobs and not been replaced during 2015. At the beginning of 2015, WHO had four P and one G staff members allocated to IHP+, and the World Bank 1.5. The staffing declined throughout the year, being one P and one G staff member plus one full-time consultant on the WHO side, and 0.5 staff on the WB side mid year, reaching an all time low on 1 November with WHO having one P and one G staff, and the World Bank 0.5 staff allocated to IHP+. This situation persisted until mid March 2016, when the WHO staffing started to increase. Obviously this serious understaffing, combined with a period of change for IHP+ during the latter part of 2015, resulted in a lower than expected number of tasks being carried out.

8. IHP+ finances

The IHP+ programme of work for 2014–15 was fully funded, with contributions provided by the European Commission, Germany, Spain, Sweden and the UK Department for International Development (DFID). The WHO and World Bank contributed in terms of staff time, office and oversight inputs.

Table 5 sets out the expenditure by areas of the IHP+ work programme, and against the budget which is agreed for the biennium (2014 and 2015) following WHO practice. The low level of budget execution (expenditure representing overall 58% of total budget for 2014–15) can be explained by the challenges faced by the Core Team during 2015. The understaffing situation in 2015 and focus on preparing the future strategic directions of IHP+ and its programme of work for 2016–17 resulted in lower than anticipated activity and spending on country focused work, including in terms of intensified action and lesson learning in selected countries (Area 1) and approaches and tools (Area 2). This was also compounded by lower demand for country grants, following the revised approach and resulting guidelines in 2015 and limited scope of work identified for procurement, south-south cooperation and technical assistance.

Table 5. Breakdown of expenditure by area of work, 2014–15, against biennium budget

		Budget for 2014–15 (\$)	Expenditure in 2014 (\$)	Expenditure in 2015 (\$)	Total
Area 1	Political and organizational action				
	Intensified action among global agencies; intensified action and lesson learning in selected countries; global trends in development cooperation	1,225,000	251,253	72,816	324,069
Area 2	Approaches and tools				
	One country platform for monitoring and accountability; financial management harmonization; JANS and compacts; CSO engagement; procurement; south-south cooperation; TA; country grants	4,270,000	1,224,449	537,851	1,762,300
Area 3	Accountability for progress and results				
	4th round of monitoring; qualitative documents of progress, results and lessons learned; 5th IHP+ Country HealthTeams Meeting; CSCG meetings	1,875,000	1,602,857	14,289	1,617,146
Area 4	IHP+ oversight, operations and communications				
	Steering Committee and other IHP+ management body meetings; advocacy and communication; Core Team tracking of deliverables; Core Team operations	3,130,000	1,607,493	809,591	2,417,084
TOTAL \$		10,500,000	4,686,052	1,434,547	6,120,599



Annex 1. IHP+ partners, December 2015

Partner country/ organization	Partner since	Partner country/ organization	Partner since
Afghanistan	September 2013	Japan	November 2014
African Development Bank (AfDB)	September 2007	Joint United Nations Program on HIV/AIDS (UNAIDS)	September 2007
Australia	May 2008	Kenya	September 2007
Bill & Melinda Gates Foundation	September 2007	Luxembourg	May 2014
Belgium	January 2010	Madagascar	May 2008
Benin	September 2009	Mali	October 2007
Burkina Faso	September 2009	Mauritania	May 2010
Burundi	September 2007	Mozambique	September 2007
Cambodia	September 2007	Myanmar	January 2014
Cameroon	June 2010	Nepal	September 2007
Canada	September 2007	Netherlands	September 2007
Cape Verde	May 2012	Niger	May 2009
Chad	March 2011	Nigeria	May 2008
Civil Society – Northern *	February 2008	Norway	September 2007
Civil Society – Southern *	January 2009	Pakistan	August 2010
Côte d'Ivoire	February 2008	Portugal	September 2007
Comoros	July 2014	Rwanda	February 2009
Democratic Republic of Congo	November 2009	Senegal	September 2009
Denmark	May 2014	Sierra Leone	January 2010
Djibouti	July 2009	Spain	January 2010
El Salvador	May 2011	Sweden	May 2008
Ethiopia	September 2007	Sudan	May 2011
European Commission	September 2007	Togo	January 2010
Finland	May 2008	Uganda	February 2009
France	September 2007	United Kingdom	September 2007
Gambia	May 2012	UNICEF	September 2007

Partner country/ organization	Partner since	Partner country/ organization	Partner since
GAVI, the Vaccine Alliance	September 2007	United Nations Development Programme (UNDP)	September 2007
Germany	September 2007	United Nations Population Fund (UNFPA)	September 2007
Global Fund to Fight AIDS, Tuberculosis and Malaria	September 2007	USAID	May 2013
Guinea	May 2012	Vietnam	May 2010
Guinea Bissau	May 2013	World Bank	September 2007
Haiti	May 2013	World Health Organization (WHO)	September 2007
International Labour Organization (ILO)	September 2007	Zambia	September 2007
Italy	September 2007		

* Civil Society Northern and Civil Society Southern are not official signatories to IHP+ but their representatives sit on the IHP+ Steering Committee and are thus included here.



Annex 2. Steering Committee members, 2015

Countries

Dr Or Vandine, Director General for Health, Ministry of Health, Cambodia

Dr Kesete-birhan Admasu Birhane, Minister of Health or Dr Amir Aman Hagos, State Minister for Health (Committee co-chair), Ethiopia

Mr Jackson Kinyanjui, Director External Resources Division, National Treasury, Kenya

Dr Than Aung, Minister of Health, Myanmar

Professor Awa Coll-Seck, Minister of Health and Social Action, Senegal

Dr Samuel Sheku Kargbo, Director, Health Systems, Policy, Planning and Information, Ministry of Health and Sanitation, Sierra Leone

Civil society representatives

Mr Bruno Rivalan (Northern Civil Society representative), Policy and Advocacy Manager, Global Health Initiatives, France

Dr Rozina Mistry (Southern Civil Society representative), Senior Health Consultant, Aga Khan University, Pakistan

Bilateral development agencies (5 members, one rotating observer)

Ms Jane Edmondson, Head of Human Development, DFID, UK

Ms Veronique Lorenzo, Head of Unit – Directorate General EuropeAid, Development and Co-operation (DEVCO), European Commission (Committee co-chair)

Mr Heiko Warnken, Head of Division, Health, Population Policy, Federal Ministry for Economic Co-operation and Development, Germany

Mr Keizo Takewaka, Deputy Director-General, International Cooperation Bureau, Ministry of Foreign Affairs, Japan (from November 2015)

Ms Christina Larsson, Senior Programme Specialist, Department for International Organisations and Policy Support, Swedish International Development Co-operation Agency, Sweden (from June 2015)

Mr Wade Warren, Senior Deputy Assistant Administrator, Bureau for Global Health, USAID, USA

UN agencies and financing institutions

Dr Hind Khatib-Othman, Managing Director, Country Programmes, GAVI (representing GAVI and the Global Fund until March 2015)

Ms Marijke Wijnroks, Chief of Staff, Office of the Executive Director, Global Fund (representing Global Fund and GAVI from April 2015)

Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation, WHO (representing WHO and UNAIDS)

Dr Mickey Chopra, Chief of Health, UNICEF (representing UNICEF and UNFPA) (until August 2015)

Ms Nina Schwalbe, Principal Adviser on Health, Acting Chief of Health, UNICEF (representing UNICEF and UNFPA) (from September 2015)

Dr Timothy Evans, Director, Health, Nutrition and Population, World Bank (representing World Bank, AfDB and Gates Foundation)



Annex 3. IHP+ meetings and other events

IHP+ meetings

- March 2015:** Fourth IHP+ Steering Committee Meeting. Teleconference
- March 2015:** Mutual Accountability Working Group (MAWG) Consultation on follow up and future of IHP+ monitoring, WHO, Geneva, Switzerland
- May 2015:** IHP+ technical presentation: 'Progress in Effective Development Cooperation in Health', WHO, Geneva, Switzerland
- May 2015:** Lunchtime meeting during the 68th World Health Assembly: 'Progress in Effective Development Cooperation in Health', Geneva, Switzerland
- June 2015:** IHP+ Intensified Action Working Group (IAWG) Meeting, DEVCO, European Commission, Brussels, Belgium. Plus Teleconferences
- November 2015:** Eighth IHP+ Financial Management Technical Working Group (FMTWG) Meeting, WHO, Geneva, Switzerland. Plus teleconferences
- November 2015:** Fifth Steering Committee Meeting, 18 November, WHO, Geneva, Switzerland
- November 2015:** First Technical Consultation on the Roadmap: 'Healthy Systems – Healthy Lives', jointly organized by WHO (IHP+) and Germany, WHO, Geneva, Switzerland

Other events attended by the IHP+ Core Team

- April 2015:** Presentation at the Global Health Initiative (GHI)/Health System Strengthening (HSS) Focal Point Meeting, Djibouti
- April 2015:** Joint Financial Management Assessment Mission, Bujumbura, Burundi
- June 2015:** Presentation at technical meeting to support Ebola affected countries on the recovery and resilience plans with a specific focus on GAVI and Global Fund funding, Accra, Ghana
- July 2015:** Presentation at the Working Group on Innovative Grant-making Mechanisms at the Global Fund, Annecy, France
- July 2015:** Participation in the Third International Conference on Financing for Development, side event on: 'Changing the Conversation on Development Finance for Health', Addis Ababa, Ethiopia
- September 2015:** Participation in the launch of the Development Co-operation Report 2015: 'Making Partnerships Effective Coalitions for Action', Paris, France
- September 2015:** Participation in and presentation at the Global Collaborative Performance Measurement and Accountability Steering Group Meeting, Glion-sur-Montreux, Switzerland
- September 2015:** Participation in the United Nations General Assembly, New York, USA, Special Session on SDGs, and a number of related side events (including presentations).
- December 2015:** Participation in the Civil Society Organizations (CSOs) Harmonization Meeting, Montreux, Switzerland

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