# Options for the Future Strategic Direction of the International Health Partnership+: the Findings of a Consultation with Stakeholders

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In April 2011 The International Health Partnership+ (IHP+) Executive Team agreed to commission this paper to explore options for the future strategic direction of the IHP+ within a remit for the IHP+ of 'continue but adapt, with a defined time frame: some refocusing of directions and deliverables.'

## Contents

## Executive Summary

Most stakeholders recognised the considerable achievements of the IHP+

a. IHP+ creates a neutral, independent, safe space for a multi-stakeholder dialogue about coordination of health aid. The IHP+ tools and processes increasingly help countries and governments to use this space.
b. Most developing countries interviewed value IHP+ tools and processes because it helps develop better quality national plans and better aligned support and strengthens country ownership.
c. There is unanimous view of value of IHP+ in bringing civil society into these processes, especially at country level. Involvement could however be more meaningful.
d. There is broad consensus that the value-add of IHP+ is on partnership and coordination and on catalysing others to act.
e. IHP+ has not delivered substantial donor behaviour change and has had limited impact on strengthening country systems.

Signatories want IHP+ to be country focused, with clear deliverables ….

f. IHP+ must be about achieving results at the country level. Therefore it also needs to link its own actions to measurable results.
g. Proposed deliverables at country level in the next 2 years: All would like to see the most important deliverables be real progress in health aid coordination and health outcomes at country level through more comprehensive progress on a range of separate issues that IHP+ has been supporting or developing tools for. The question is how many and which countries?
h. Proposed deliverables at global level in the next 2 years: Almost all see value in the IHP+ producing global public goods by (i) continuing to develop tools, including optimising IHP+ Results, (ii) increasing the experience sharing, lesson learning, evaluation and information exchange, (iii) maintaining the global convening platform and advocacy for IHP+ principles. Many, and specifically countries, expect IHP+ to support harmonising related global initiatives.
i. Strengthening country health systems – there are mixed views on the appropriate IHP+ role (see strategic decisions below).

And its impact being sustained

j. Sustainability of the results of IHP+ supported work at the country level is the real test of the initiative. This confers a responsibility upon government and in particular on development partners to clearly define and adhere to the new behaviour and practices that they are developing.
k. Mainstreaming IHP+ principles is considered a key responsibility of both the Core Team and partners. Some would like to see IHP+ Core Team strengthened, some recommend WHO and WB to lead, some would like to see development partners take on more and IHP+ to find ways to optimise the performance of the partnership.
l. While IHP+ principles are to be maintained, the IHP+ Core team's life time is to be limited. Most thought that a 2 year perspective is too short, but ok for planning purposes and to drive a results focus. Many expect the core team to be needed for a number of years.

Conclusions and Issues for Discussion

There is consensus around the core focus of the IHP+:

m. There is near unanimous view that there is still a need for IHP+ as the need to better coordinate, align and support national ownership still exists.
n. IHP+ should continue the existing five focus areas with a stronger effort to focus on results and lessons learning in particular, to offer all 5 to countries as a comprehensive

package or menu according to country need. Particularly M&E and Mutual Accountability require more focus.

o. There are strong views on what the IHP+ should not aim to do (see page 13).
p. There is consensus that the initiative should continue to work at country and global level but should be country driven and the main focus to be at country level.
q. There is consensus that IHP+ should remain open to new developing countries and agencies joining. The smallest perception of an exclusive club would kill its legitimacy, but a 'token' partnership needs to be avoided: partners should walk the talk. Civil society meaningfully partnering at country level is seen as most essential.

<u>There are some issues without consensus or requiring discussion on the ambition, scope and deliverables of IHP+</u>

r. *What is the appropriate level of ambition for the next 2 years?* IHP+ signatories should take the opportunity of this review to reaffirm the objective of their partnership and the level of ambition. There are two key elements to the level of scope and ambition: country level progress on aid coordination, and global goods (new tools and lesson learning)? Some think serious measured progress in 2 countries and one major new tool (e.g. for M&E, joint funding or mutual accountability) would be appropriate. Others would like to see serious progress in 15-20 countries. The ambition will also help determine which type of partnership and governance structure is required (see above).
*s.* *What deliverables should IHP+ aim for both at country level (see above)?* All would like to see the most important deliverables be real progress in health aid coordination and health outcomes. The question is how many countries?
*t.* *What deliverables at global level in the next 2 years.* Almost all see value in the IHP+ producing global public goods by (i) continuing to develop tools, including optimising IHP+ Results, (ii) increasing the experience sharing, lesson learning, evaluation and information exchange, (iii) maintaining the global convening platform and advocacy for IHP+ principles.
u. *Should the IHP+ do more on health systems?* The answer is not unequivocal. Most agree that IHP+ should not go into implementation at country level. However many see a role for IHP+ developing tools / models to address health system issues and catalyse / facilitate others to address key aspects. One third of respondents prefer IHP+ to continue focus on the 5 core areas and not to expand its scope. A distinction can be made between health systems issues related to aid effectiveness on the one hand, and core health systems strengthening work.
v. *Should the IHP+ link more with other initiatives and with HSFP?* Countries expect IHP+ to support harmonising related initiatives but most do not what IHP+ to be a global super-structure

<u>There are some issues for discussion on the type of partnership required to deliver the agreed deliverables</u>

w. *What are the responsibilities of partners?* IHP+ partnership is only as good as its partners. Partners should have a clear discussion on how the partnership works and clearly define responsibilities of IHP+ Core Team and IHP+ partners. This should result in partners having written responsibilities for what they will deliver to the partnership at country and global level.
x. *What should be the balance between technical efforts/focus of the partnership versus political focus and influence?* Many signatories value the IHP+ role in convening partners to address technical issues. Several respondents however expect IHP+ to find ways to influence the political agenda and continue to gain political support.
y. *How to improve governance arrangements for IHP+*? The present governance structure may need to be adapted given that all say it must be country driven, but that the IHP+ ET and some initiatives are northern and DP driven. Communication needs to be addressed and modalities/mechanisms for communication reviewed.

z. *How to sustain the results of the IHP+?* Many view that more mature IHP+ achievements can be integrated step by step into standard country and development partner processes and/ or handed over to other organisations. The best timing to do so is less clear. Should IHP+ brand its products and processes, re-brand them with a new label, or mainstream them without branding, and when? Most prefer IHP+ products to be mainstreamed and integrated. The question is when and how, in order to avoid the dilution of focus and shared ownership which may accompany mainstreaming.

# Introduction

The International Health Partnership (IHP+) was launched in September 2007 by developing countries and development partners with a commitment to 'work effectively together with renewed urgency to build sustainable health systems and improved health outcomes.' Many partners viewed the IHP as a means to operationalize the Paris Declaration commitments in the health sector. The IHP+ intended to improve the effectiveness of existing development assistance for health, thereby improving health outcomes. It assumed high level political commitment by partners to real behaviour change that would make a difference. It did not include an explicit commitment to increase development assistance for health, but there was an implicit expectation that developing countries could use the IHP+ to increase donor confidence in their plans and their country systems, and thereby increase their attractiveness for additional resources.

The IHP+ initially operated in a period of sustained year on year increases in development assistance for health since 1991[1]. The world financial crisis in 2008 changed assumptions on development assistance and the aftermath of the crisis has increased donor focus on effectiveness, results and value for money.

The IHP+ has now been in operation for almost four years. The political environment has shifted, with less political commitment attached to 'coordination' and 'alignment', less willingness to take risks and increasing political focus on 'results'. The Busan High Level Forum that takes stock of achievement of the Paris Declaration commitments will also set the political and operational agenda for the next phase of aid effectiveness. Other factors that may influence the working environment for IHP+ include the work of the Commission on Information and Accountability, reforms within WHO integrating IHP+ principles, the potential impact of the Global Strategy for Women and Children's right to health on accountability dynamics, the new International Aid Transparency Initiative and wider discussions around a multi-stakeholder Global Health Forum and global health governance

The IHP+ Global Compact is open ended but the current IHP+ work plan ends in December 2011. In April 2011 the IHP+ Executive Team decided to explore options for continuing the IHP+ within the framework of "continue but adapt, with a defined 2 year time frame: some refocusing of directions and deliverables." An explicit timeframe fits with IHP+s catalytic mandate and could help to maintain pressure for delivery.

The information for this paper has been collected through one-hour structured telephone interviews of about 50 people representing different signatory agencies and countries and non-signatories (both agencies and individuals), either individually or in groups; and through a complementary e-survey (Easy Collab) of signatory agencies and countries (12 responses) on a smaller sub-set of questions. A limitation of the exercise is that staff from agencies may not always / consistently have voiced the agency viewpoint and that country based staff did not always included representatives from the MoH. Interviews were supplemented with a document analysis of a range of IHP+ products and previous reviews and evaluations of elements of the IHP+.

In this paper **IHP+** refers to the IHP+ partnership, including all signatories. If reference is made to the IHP+ core team, the Executive Team (ET) or the SURG team, this is specifically indicated.

[1] Institute for Health Metrics and Evaluation, Financing Global Health 2009: Tracking Development Assistance for Health, University of Washington, 2009.

## Review of IHP+ progress to date

### The IHP+ promised increased effectiveness of health aid

The IHP+ Global Compact included commitments by developing countries to strengthen their health planning processes and their national systems, and by development partners to better harmonise and align their support behind national plans and to increase support to country systems. All signatories agreed to increase mutual accountability and to hold annual ministerial meetings to review progress. The plus sign "+" was soon added to symbolise a link between the IHP+ and other existing, related initiatives in the health sector. The Accra High Level Forum (2008) increased global focus on alignment behind national systems.

The IHP+ Workplan for 2010-11 included 5 key areas for support: 1) Better coordinated support for national planning processes, 2) Greater confidence in national plans / strategies through JANS, 3) More unified support for national plans through country compacts, 4) One results monitoring framework / managing for results and 5) Greater mutual accountability.

### The IHP+ has catalysed partners working better together to support countries

There are a wide range of views on the achievements of the IHP+ and how it has added value. Overall the majority of respondents were positive on the IHP+ achievements but some expressed concern that it had achieved very little or not enough. The IHP+ high level achievements include supporting a shift to stronger country ownership and leadership over national health planning processes and improving coordination between development partners resulting in development assistance for health better aligned and supporting national plans. These are challenging objectives because they go beyond aid effectiveness jargon to a shift in leadership and accountability which takes time and effort to achieve and to sustain. To achieve this the IHP+ achieved deliverables including: (i) new tools; (ii) new ways of working that puts countries in the driving seat; (iii) creation of a safe space for addressing difficult political and technical issues; and (iv) improved mechanisms for coordinating aid delivery.

IHP+ is recognised for increasingly moving its attention, and the attention of aid effectiveness efforts, to the country level. Country governments stress that IHP+ has strengthened country ownership, but some partners feel that the partnership is still too northern dominated.

Particular IHP+ achievements in less than four years include:

- 27 developing country signatories (with sustained new signatories every year)
- 13 bilateral donors and 11 multilateral signatories and one private foundation;
- 5 JANS completed and documented in Nepal, Ethiopia, Uganda, Ghana, Vietnam and two planned in Mali and Rwanda;
- 8 country compacts signed in Niger, Nigeria, Benin, Ethiopia, Mali, Mozambique, Nepal and (equivalent) Kenya; Uganda and Sierra Leone signing in progress
- JANS tool developed, tested and refined;
- Country-based Monitoring and Evaluation Common Framework developed and implementation of country-led M&E platform planned
- Task Force on Innovative Health Financing supported and resulted in renewed focus on better financed health systems and better access to health services for women and children.
- IHP+ Results introduced and tested methodology for measuring country and development partner compliance on Paris Declaration principles

- Health Systems Funding Platform catalysed and supported; resulted in supporting harmonizing existing processes at country level, and in a few countries, work towards basing new funding on a JANS (e.g. joint financing arrangement in Nepal)

IHP+ has developed new tools to help improve coordination and aid effectiveness including the JANS tool (quality of sector plans) and the IHP+ Results scorecards and methodology (measuring performance and mutual accountability). The Compact itself is a tool that helps countries align development partner support behind national plans, much like SWAp agreements aimed to do previously but with greater emphasis on mutual accountability and linked to measurable indicators. Many partners felt that the IHP+ has also done well to progress work on a single performance framework but also suggested that in this area there is still a need to develop tools that would enable a significant step forward to be taken. For all the above tools, most respondents underline that the process of working together to preparing and implementing the tool is more important than the tool itself. And IHP+ has been instrumental in supporting those processes where needed or requested.

Many partners feel that countries are more in the driving seat and that country ownership is stronger as a result of the overall dynamic of the IHP+ and of the use of the tools and support for country planning processes. This was evident at the Brussels meeting in 2010. **IHP+ has moved the global health dialogue and become a paradigm**. You cannot ignore IHP+ any longer. This leads to increased responsibility: 'IHP+ has to change the climate in the global discussion'.

Some respondents point to the joint WHO – World Bank core team as a particular achievement of the IHP+ noting that previously coordination and joint leadership by these two organisations had been lacking. WHO and World Bank staff suggest that the IHP+ has resulted in a growing network of people taking forward IHP principles at the country level, and that the IHP+ has provided a framework within which to engage governments on health systems strengthening. Countries that have traditionally been less involved in the global health debate are now joining and interested to learn from other country experiences. It could do more in Asia and Pacific regions. With a few exceptions, bilateral and multilateral agencies however do not report significant change in the way they deliver aid, or the internalisation of IHP principles. Some exceptions mentioned by several respondents include WHO (integrating IHP+ principles and reorganising the way of working at the Country Offices); WB (institutionalising and internalising IHP principles and there is a core of staff in regions and countries who are taking this forward); UNICEF (some next round changes in country programme priorities and positioning as a result of IHP+); PEPFAR (integrating some IHP+ principles); GFATM (greater focus on HSS; efforts to more alignment with country plans). There appears to be a complacency that the need for behaviour change is elsewhere in other organisations.

Despite the generally positive response there are some signatories who suggest that the IHP+ has achieved very little, that it brings no value added, and that it should be closed down now or at least work on its exit strategy. This is a minority view clearly expressing lack of any real results at country level, no significant changes in donor behaviour, no increased resources for national health plans, no health systems constraints being addressed and no reduction in transaction costs. Some respondents suggest that the progress that has been seen in countries like Cambodia and Nepal was being made anyway before and without direct support of the IHP+ (although Nepal has made use of the JANS tool and was supported by the HSFP, some respondents in Nepal felt it did not need direct IHP+ support).

## The IHP+ adds value by bringing partners together to solve common issues

Respondents identify six major elements of value added: (i) a means of operationalizing the IHP+ principles in the health sector at country level and catalyse others to act, (ii) creating neutral, independent space for multi-stakeholder discussions on coordination and aid

effectiveness, both at country and global level, strengthening and supporting country ownership, (iii) facilitating for new partners to engage in these discussions both at country and global level, and sharing experiences, (iv) developed tools, (v) providing a mechanism for WHO and World Bank to exercise closer collaboration and in the view of some joint leadership, and (vi) provides an independent platform and is no funding agency.

IHP+ is a way of articulating Paris principles and operationalizing them in the health sector; and motivating members to respect their commitments. IHP+ is a very significant input into OECD papers for Busan and should be represented clearly in Busan. The first draft Busan report draws heavily on IHP - this is value add. IHP+ has increased consciousness on aid effectiveness issues and introduced a positive drive (that, according to some, may counter the negative drive in some bilateral agencies). Rather than doing it itself should the aim of IHP+ remain to catalyse others to do / to act.

IHP+ creates political space for conversations to take place between governments and development partners about how aid can be aligned with national plans. At the global level it is valued for creating safe space for partners to engage in (sometimes difficult) discussions about coordination and partnership which otherwise do not take place. Countries appreciate this forum to address issues that are too sensitive at country level, allowing for greater country ownership. This is particularly highly valued with the IHP+ functioning as an independent platform being considered key. IHP is a venue for partners to get together to discuss common solutions to common problems: 'it allowed to move forward where the local debate was blocked'. Sierra Leone confirmed that IHP+ helped the country to understand the value of partnership (with the health sector being the showcase at present). IHP is also a good platform for understanding how other agencies work.

More agencies and more countries join IHP+. The increasing number of countries joining is a good market sign that the partnership has value - this is the market test - they would not join if they didn't see value. New countries join also with a view to learn from IHP+ and from other country experiences, an aspect that may need further focus. There are mixed views on some of the strengths of IHP+: some think it has some value in the area of strengthening country systems, but others view its comparative advantage as being to strengthen partnerships. IHP+ is good at bringing partners together – for example with specific purpose like the JANS in Nepal. It has also brought partners like Global Fund and GAVI into some dialogues. Some francophone West African countries are interested to learn from other countries in Africa and Asia.

IHP+ is valued for developing tools that can be used by governments and partners to strengthen their coordination. Developing countries report that the combination of IHP+ creating space for a discussion, and tools that can be used in that discussion, is particularly useful for strengthening country ownership. The JANS (resulting in more integrated, better quality health plans, raising donor confidence), the IHP+ Results (mainly it's potential as a tool to stimulate mutual accountability) and to a lesser extent the Compact are particularly referred to. Although there is no evidence yet of its impact on health outcomes or on changing partner behaviour, the JANS is being highly valued by (almost) all respondents and expected to become standard practice or routine in country and DP processes, to be sustained. Some feel that the time has not come yet to de-IHP-ise the JANS and fear that integrating it may lose part of its strength – being implemented independently. Others recommend support to an intermediary country-based platform for operationalizing the plan at decentralised level and monitor implementation. The GF is in the process of testing the JANS as a disease-specific programme planning tool.

The usefulness of Country Compacts is still being questioned by many respondents and views differ considerably. On the positive side, some respondents see the added value of the tool in convincing the unwilling to join (USAID, GF) while others have not noted DP

change behaviour. Agencies who have historically not been signatories are rather positive about the country compact (e.g. GAVI, Gates Foundation), while many agree that the preparatory process and discussions to develop a compact adds more value than the compact itself. Many also state that the compact content and indicators requires further development, should be linked to the JFA, simplified and more result oriented. Its added value in the context of a country already having an MOU in place is questioned. Some state that a single country compact is unrealistic and utopian.

Uganda confirmed that the JANS has been instrumental in helping forward the national process and appreciates that the Compact specifies more clear areas of responsibility and specific indicators as compared to the SWAp MOU, while respondents from Nepal and Cambodia question the added value of an IHP+ initiated / supported Compact. Many IHP+ signatories view the development of the IHP+Results tools and methodologies as a particular value added because for the first time there is some data and evidence to be used in both global and country level discussions on performance of partners against their IHP+ and Paris commitments. Many note however that the IHP+Results process is quite transaction cost heavy, that measures could be refined further and that there is need for increased participation and possibly peer review mechanisms for the information generated to be used and helping to effectively address performance (related to commitments made). There is scope to clarify which results (IHP+ attributable or not) are being measured, the role of triangulation, appropriate CSO indicators and to ensure that there is appropriate global accountability use of the data (because the London based agency manages the process of developing and presenting the data but does not have a mandate to hold countries or agencies accountable). Country views differ: Uganda, Sierra Leone and Niger see its potential if linked to the sector M&E framework, Nepal expressed a critical view on the instrument and mutual accountability is not seen as a core priority for IHP+ yet by some in Cambodia. Nepal contributed to the report but did not use it.

IHP+ has catalysed greater Civil Society involvement in planning and M&E at country level. Through the design and implementation of IHP+ tools, the important role of CSOs has been formally recognised and, according to some respondents, some limited evidence suggests that CSO's role might have been strengthened in some IHP+ countries. Inclusion of civil society constituencies confirmed the aim to make the partnership more inclusive, especially at country level. All countries confirm the need to continue to do so. Nepal expects IHP+ to further develop mechanisms to better and more meaningfully involve CSOs. Niger points at the operational constraints including lack of skills and knowledge of CSOs and their representativeness.

WHO recognises that IHP+ way of working should be institutionalised in WHO at country level (including having more senior, more experienced staff at country office) and has adopted some of IHP+ language. WB reports that it is institutionalising and internalising IHP principles and there is a core of staff in regions and countries who are taking this forward. IHP+ is valued by some agencies for improving relations between WB and WHO.

IHP+ is not a funder and this is a strength because it is seen as a neutral partner with no particular agenda. Only few respondents would expect IHP+ to do more to generate resources for health through others. As a consequence, IHP+ is only as good as its partners and the performance and political / technical weight of the partnership depends on its partners behaviour and commitment. IHP+ commitments are morally binding.

### The challenge is great: there is more for the IHP+ and its partners to do

There are a wide range of views on issues that the IHP+ should have done more to address. These issues do not necessarily command broad consensus, and were not necessarily explicitly promised in the IHP+ Global Compact (and therefore there was no intention to address some of them). They include (i) development partner behaviour change, (ii)

addressing specific issues in the Paris Declaration, (iii) increasing donor funding for health, (iv) more concrete coordination outcomes in countries (v) coordinating and harmonising global health initiatives and (vi) lesson learning and building on the SWAp experience.

Some respondents suggest that the IHP+ could and should have achieved more behaviour change among development partners, that this was a key objective of the IHP+, and that it could do more in engaging partners in the behaviour change agenda and holding them accountable. Some respondents consider it utopic that IHP+ can influence behaviour change. No development partners articulated clear changes to how they provide development assistance attributable to IHP+. However, WHO and World Bank confirmed that IHP+ had influenced country office organisation and/or commitment and approach to coordinated working with other development partners in support of country government processes. Some respondents note changes in some other agencies (rather than their own) which they attribute to IHP+ (see page 6). There is a concern amongst some respondents that the IHP+ has not yet managed to internalise Paris, Accra and IHP+ principles and ways of working in all the staff of development partner signatories. Many organisations have not been internalising the IHP+ ways of working – have not been showing political leadership and resources to get all country and regional reps to take up these IHP+ ways of working. Also because of staff turnover, not enough staff in agencies know what IHP+ and Paris Declaration means and should mean for them and their participation in supporting national processes. Some expect IHP+ to set up web-based training courses to address this gap.

IHP+ has made no, mixed or less progress on a range of issues. Some would like to see more work on mutual accountability, including the development of tools and ideas to help countries take it forward. Some partners suggested that while there had been progress on supporting performance frameworks there has not been a significant break-through akin to the JANS tool that will really help countries take a significant step forward in putting in place a single results framework. Many consider the M&E a top priority, want it to collaborate closely with the HSFP and the Commission on Information and Accountability, but some perceive the WG as less visible/transparent and the majority of the respondents including countries are not aware of the WG's products and current status. The missing link between M&E and IHP+ Results is queried. Measuring tangible results in order to show evidence of impact has not yet been a main focus in IHP+, but IHP+ Results for many respondents carries the potential added value of 'show casing tangible effects of IHP+ processes'. Partners also suggest that the work on joint financing agreements (JFAs) is valuable and that they would like to see much more on this. Finally many respondents feel that there has not been so much progress on strengthening and supporting country systems beyond planning and compact, but there was a lack of consensus about how best to achieve this and the appropriate role of the IHP+ to engage in this. A concrete proposal made by a few respondents is to introduce a health systems investment case analysis, filling part of the health systems strengthening gap between the JANS and M&E.

IHP+ did not focus much effort on coordination and harmonisation of related global initiatives. While most interviewees do not expect IHP+ to become an umbrella organisation for global initiatives, there is the view that more could be done at global level in harmonising between alike initiatives and that IHP+ could be the right platform to do that. Especially countries point at the ever increasing, not coordinated, number of global initiatives that weigh heavily on the limited administrative capacity at country level and unnecessarily increase of transaction costs.

While country ownership has been strengthened in IHP+ and country voices are increasingly stronger, some perceive the partnership as too North dominated. This was mentioned in relation to overall leadership, ET composition, IHP+ Results and CSO contracting.

Very importantly the IHP+ was launched with an implicit promise that if countries took certain steps to improve systems and donor confidence in them, that there would be increased development assistance for health. This has not materialised in all countries and some developing countries are beginning to express frustration at what they perceive is them keeping their side of the bargain but development partners neglecting their side. There has been anecdotal evidence that in some countries (Nepal, Vietnam) there may even be a reduction in development assistance for health. Increased transparency and knowledge about quality of sector plans and systems constraints as a result of JANS may contribute to decreasing rather than increasing donor resources. There are also suggestions that in Ethiopia the process of strengthening plans, JANS, compacts and financial management assessments takes so long that if additional finance does come it will be several years into the start of a national planning cycle and therefor out of sync with it, contrary to Paris, Accra and IHP+ intentions.

Some question the added value of IHP+ vis-à-vis common SWAp mechanisms and processes, if it does not go beyond planning, coordination and results framework, and does not address real resource availability and system failures / weaknesses.

There is scope and responsibility for IHP+ to do more and be better at sharing relevant experiences between countries and communicate better its added value (e.g. as a facilitator of a convening platform). Developing countries in particular are putting this high on IHP's agenda. There may also be a need for IHP+ to better profile itself vis-à-vis new initiatives (e.g. Commission on Information and Accountability, Global Health Forum), political fora (e.g. G8, G20, Busan), and the recently increased focus on concepts (managing for results, value for money, global health governance).

Finally, the engagement of partners is not continuous: countries are more active when in need (related to their planning cycle and specific requests) and some agencies are sometimes in sleep-mode, waiting for the core-team to wake them up. IHP+ still has to find a modus operandi to optimise the partnership.

## What should the IHP+ focus on: Key Issues for discussion

In this section we present some of the key issues for discussion that collectively shape the level of ambition, strategic focus, deliverables and working mechanisms of the IHP+. They include:

1. Identifying the on-going need for the IHP+
2. Options for focus
3. The vision for IHP+ and how it positions itself
4. Options for two year deliverables
5. How the impact of IHP+ could be sustained
6. The type of partnership required to deliver this agenda
7. The implications for the IHP+ Core Team and Partners

### There is an on-going need for IHP+: health aid coordination is an un-finished and long term agenda

There is almost unanimous view that there is still a need for an initiative like the IHP+ because the need to better coordinate aid, align with national plans and systems and support national ownership still exists. The evidence of the Evaluation of the Implementation of the Paris Declaration[2] and of the IHP+ Results monitoring exercise (2010) suggest that

[2] Synthesis Report on the First Phase of the **Evaluation of the Implementation of the Paris**. **Declaration**, Copenhagen, July 2008 (www.oecd.org/dataoecd/19/9/40888983.pdf )

progress has been made in a number of countries on strengthening country leadership and ownership, country planning, and to some extent on aligning development partner support, and on establishing results frameworks. However both sources suggest that there are still critical issues to be addressed if the global community is going to meet its aid effectiveness commitments (Paris, Accra and IHP+) and really contribute to a step change in the effectiveness of development assistance for health, and thereby to health outcomes. The key issues mentioned still requiring attention include strengthening country and global level mutual accountability, coordinating technical assistance, improving and using country systems. Most respondents suggested that the Paris Declaration and IHP+ principles are as equally applicable and essential for the health sector now as they were when they were developed. It is our view that there is an on-going need for the IHP+ because the agenda of enabling countries to lead the development of their health systems, with coordinated support from development partners, is vital to future health outcomes and requires sustained efforts over a period of time. The IHP+ has earned the credibility to continue to catalyse and support this agenda.

## Focus: there is broad support to continue current priority areas with some additions

Almost all respondents suggested that the IHP+ should continue to be the key initiative and mechanism to help all partners meet this identified on-going need, although some respondents suggested that IHP+ should be discontinued, re-branded, or a new effort launched to meet the need. Most agreed that all 5 focal areas are still relevant[3], to be offered as a 'way of working', a 'menu', a 'whole package', but in a flexible way, based on country needs (e.g. no need to have a JANS or compact in all countries). Many would expect those 5 areas to be translated into measurable objectives/results in order to monitor impact and many respondents expect southern CSOs involved in all 5 areas at country level. Some stated that IHP+ has gone as far as it could on technical tools and processes designed and developed in Geneva, and that setting the agenda should be bottom up from countries identifying issues. Some others stated that bigger efficiency gains in use of domestic and aid resources could be obtained elsewhere (e.g. by strengthening fiduciary frameworks). While many see the role of IHP+ change on some areas such as supporting national planning processes and JANS (e.g. to be mainstreamed, integrated in standard country and DP processes), there seems to be a large consensus on the need for a stronger focus on Results, M&E and Mutual Accountability (with results and M&E linked to national plans). Key themes mostly mentioned are 'managing for results', 'results frameworks' and 'result based financing' and many respondents expect IHP+ to profile itself vis-à-vis the increasing global focus on those themes (but some request IHP+ also to counterbalance a perceived overemphasis on the money side in 'value for money'). As indicated, the added value of country compacts is still to be ascertained (to become more robust, time-bound, accountable and measurable) and by many not perceived as a high priority. M&E work requires a higher profile and better communication than received so far in order to have impact at country level. IHP+ should push for a greater participation in IHP+ Results, in order to increase signatory ownership and make the monitoring of commitments and mutual accountability more meaningful. Most respondents consider IHP+ Results to have potential, expect it to be further developed and many see this as a potential future niche for IHP+. Some agencies prefer the tool to be limited to countries or see no added value in IHP+ implementing mutual accountability. Others consider the fact that IHP+ is neutral essential for implementing IHP+ Results. However, some question whether 'south' countries can be held accountable to a Geneva/North based platform.

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[3] The current five activity areas are: 1) Better coordinated support for national planning processes, 2) Greater confidence in national plans / strategies through JANS, 3) More unified support for national plans through country compacts, 4) One results monitoring framework / managing for results and 5) Greater mutual accountability.

Most respondents recognise the need to support implementation of national plans and strengthening country systems and consider this 'a missing or weak' link (e.g. JANS to be linked to implementation and results). The potential role of IHP+ is however much less clear. Some respondents see the need to link this with the work of the HSFP and most respondents expect the role of IHP+ to be carefully defined as a facilitator or catalyst and not as an implementer at country level; and as a coordinator, tool/model developer at global level ('IHP+ to be clear about its role as a facilitator and convening platform'). Almost all expect IHP+ to stay away from direct implementation and about one third of respondents, while recognising the needs, prefer IHP+ to continue focusing on the 5 focal areas and not to expand its scope. Other respondents expect IHP+ to be more strategic, develop better understanding of factors that hamper implementation, map out system needs, available competencies and agencies, for IHP+ to strategically select critical areas to support. Recurring themes are harmonising technical assistance, procurement, fiduciary and risk management systems, and JFA. Other aspects to be strengthened are civil society and private sector involvement.

Almost all respondents (and specifically all countries) expect much more from IHP+ in developing mechanisms for sharing best practices and lessons learned. This is considered as a major gap and potentially as a powerful mechanism to support change and foster south-south collaboration. And countries strongly voiced the need for IHP+ to better harmonise related global initiatives at global level ('the multitude of global initiatives holds us back'; 'IHP+ as gatekeeper of global initiatives' in order to protect fragile and resource constrained MoH).

**Many respondents have indicated the following "do not's" for IHP+:** going into implementation at country level; generating resources; becoming judge and jury (e.g. plans to be validated by MoH, Parliament, not by IHP+); making tools/processes such as JANS 'conditional'; duplicating what others do better (e.g. not to mix up role with WHO); and becoming a global superstructure.

It is our view that the IHP+ should continue the existing five areas, strengthen country level support on results frameworks and mutual accountability, continue global tool development and lesson learning. We consider there to be a strong case for IHP+ to find a way to support health systems strengthening issues related to aid effectiveness and use of country systems in line with implementation of national health plans because evaluations point to this as a slow area of progress in the Paris and Accra agenda, and that this is a key request from countries themselves. By this we refer to issues like harmonised financial management that is a key element of harmonising development partner support, but also which supports systems strengthening. This should be primarily a global role for the IHP+. This does not require IHP+ to be as actively involved in health systems strengthening issues related to aid effectiveness as it is in, for example, JANS, but it can involve IHP+ financial resources catalysing at the global level pieces of work to address blockages (like the current Procurement Working Group) or initiating work on critical obstacles that is undertaken, led, and completed by IHP+ partners. We consider it to be the role of IHP+ partners at country level to take forward the more traditional health systems strengthening agenda.

## The Future Positioning and Vision of IHP+

At its launch the IHP+ commanded a high level of political attention: prime ministers, heads of agencies and ministers of health signed the IHP+ Global Compact. In the Global Compact signatories committed themselves to an ambitious agenda of changing the way their agencies provided development assistance or how their governments lead the efforts to strengthen national ownership and country systems. There is widespread recognition that now the IHP+ commands much less political attention and momentum. It no longer has annual ministerial review meetings (as participating countries have become 'too many'), and

its focus is much more on improving technical coordination than on changing development partner behaviour. It has become a technical partnership that addresses core issues and identifies solutions to help partners work together to overcome them. Many signatories value this. Also, several respondents however expect IHP+ to find ways to influence the political agenda and continue to gain political support (e.g. through its presence at / influencing agendas and debates at G8, G20, Busan-like meetings).

The future positioning of the IHP+ requires clarity about what the partnership is seeking to change and achieve. The IHP+ Global Compact made many promises. However most signatories suggest that the value of IHP+ is as a partnership about strengthening national ownership and leadership, improving coordination and alignment to support national programmes, and thereby supporting the building of country level partnerships between all stakeholders. It is not widely viewed as a partnership for behaviour change, or a partnership to address health systems issues and strengthen country health systems, although these elements are stated in the objectives of IHP+ Global Compact and remain high on the agenda of several countries and civil society organisations. Several respondents perceive that IHP+ has directly or indirectly contributed to changes in some agencies. However, behaviour change may cover different 'levels'. If IHP+ has influenced behaviour change of partner agencies, it has been more regarding coordination and alignment at country level (which was likely the main objective), rather than changing agency's business models or strategic priorities (which may be much less achievable and maybe less a priority). It is our view that IHP+ signatories should take this opportunity to reaffirm the objective of their partnership. We believe the value and focus of IHP+ is best concentrated on improving partnership, coordination and joint working to support countries improve their national health plans and national health systems. The IHP+ should not seek to change agency business models, but to help agencies find ways to maximise their unique benefits and contributions within a common framework that better supports country ownership and leadership.

Once there is clarity on what the IHP+ is seeking to achieve there is a requirement to set out a stronger framework for assessing the results that the IHP+ is delivering and contributing to. There is a much stronger focus on results and value for money in the development dialogue now. This is likely to be elevated and consolidated in Busan. It is partially about justifying aid budgets, and partially about better evaluation of what works. The IHP+ needs to be on top of and positively driving a results agenda, including its own performance. Respondents to this exercise articulated a strong desire to see the IHP+ better document its own results and its own achievements; and share best practices and lessons learned.

## IHP+ signatories want to see strong country progress and deliverables, backed up with focused global deliverables

The most important point for partners to reflect on is whether they are defining the deliverables for the IHP+ Core Team, or the deliverables that the entire partnership (including the full role or active role of all partners) will deliver. This will determine the level of ambition. While many partners view the IHP+ as the latter, broader partnership, there is a lack of clarity on what this entails in terms of agencies internal human and financial resource commitments to fulfil their appropriate role. There is also a concern about so-called 'sleeping partners' and partners in a 're-active mode' waiting for the core-team to act.

There are almost as many ideas on deliverables from the IHP+ as there are partners. There are some common themes and sufficient overlap to suggest that there is almost consensus around some core deliverables. In particular partners suggest that the priority for deliverables has to be at country level, subject to country demand while refrain IHP+ from moving to the "do-mode". Secondly partners suggest that there are some global level deliverables that would be useful to countries and partners. In order to achieve the above

country and global level deliverables, agencies have to determine agency-specific level deliverables.

Deliverables at the Country Level: real changes in delivery of health aid

All would like to see the most important deliverables be real progress at country level on some key areas: robust national plans, JANS, results framework with agreed M&E systems that all buy into, with the possible addition of joint financing arrangements and credible joint annual reviews with mutual accountability becoming standard practice and involving civil society; and to a lesser extent measurable robust country compacts. Many partners would like to see these offered to countries, and delivered flexibly, as a menu or a measurable comprehensive package that would lead to a step change in the value of improved coordination. This could include health system strengthening indicators, health outcome, increase in pooled external assistance for national planning, duration and predictability of development assistance. However there are slightly differing views on what would be an appropriate package of support, and more importantly in how many countries this should be delivered in, in the next 2 years. Some view that to support one or two countries with a full package (all 5 components) would be appropriate level of achievement, others suggested that the level of ambition should be much higher, aiming for 15-20 countries with only a selection of specific components or elements of the menu, based on the country needs. . Others were in between. Many agree that, rather than aiming at more countries joining the partnership, the focus should be on better performance with the existing and recently joined partner countries, especially those most in need of support. The implication is that the IHP+ has been piloting and testing support to countries on a range of different elements, and that now it is time to provide more systematic comprehensive support to a larger set of countries that request it on a broader range of coordination issues. Key is that support should lead to measurable results. The question is raised whether IHP+ has the capacity to do so in its present form, or whether IHP+ should 'externalise' this function.

In short, at country level, partners would like to see significant more comprehensive progress on a range of the separate issues that IHP+ has been supporting or developing tools for. The key question for IHP+ is which countries would like this support and how ambitious (how many countries) the IHP+ should be? We consider 10-15 countries to be a more appropriate scale of ambition and emphasise that this requires a significant effort by IHP+ development partners present at country level and who will bear the burden of the effort. In short, the scale of ambition depends more on the willingness of IHP+ development partners capacity and willingness than it depends on the IHP+ core team.

Deliverables at the Global Level: more global public goods on how to deliver aid

Almost all partners see value in the IHP+ delivering outputs at the global level and recognise that this is an important role. Some countries see this as the most important role of IHP+. In particular they would like to see the IHP+ continue producing global public goods by (i) continuing to develop tools and models, (ii) increasing considerably the documenting, experience sharing, lesson learning, evaluation and information exchange function, (iii) optimising the IHP+ Results – monitoring of mutual accountability, and (iv) maintaining the global convening platform for inter-agency and country-agency processes. For the first one many partners cite the example of the JANS as a key tool that has been developed, piloted, tested and refined by partners with the IHP+. Some partners suggest that the areas of results/monitoring and evaluation, and mutual accountability would benefit from similar tools. Some expect IHP+ to develop a stronger model of this 'new way of working'(all 5 areas), but also develop similar approaches in newly defined areas such as elements of health systems, JFA or in on-going efforts such as on procurement, on concretising HSFP and predictability of funding. For the second element partners suggest that there is scope for the existing IHP+ website to become a much more accessible and user-driven means for partners to share experience, tools and models by uploading their own documents. The website would become a living library for which IHP+ core team acts more as a moderator. There is strong

interest among partners to learn from others on how they undertook a particular process, or what the outcome was. This includes developing Compacts, JFAs, Results Frameworks, JANS, national plans, how to do joint annual reviews with mutual accountability, etc. It would facilitate more south-south collaboration and countries with more limited capacity learning from other countries. The third deliverable is the IHP+ Results process that many partners wanted to see continued and even made mandatory for IHP+ signatories. Partners viewed this as a useful step forward in mutual accountability at both global and country level. There were views that the process had been labour intensive and could be simplified, and would benefit from being country driven, but that it had begun to put information in the public domain which enabled a debate about what the issues are, and what is needed to address them. As a concrete deliverable, some want two thirds of partners to engage in IHP+ Results with commitment to walk the talk. The last deliverable, considered by all as the main raison d'être of IHP+, is the successful independent platform for convening partners to discuss issues, solve problems with a view to increase aid effectiveness. This platform needs to be maintained as effective as before, which may be challenging in a continuous growing partnership and an environment that may become less inclined to harmonisation and alignment.

We see a vital role for IHP+ to continue its global role in developing tools, facilitating experience sharing and lesson learning. IHP+ core team will need to continue to play a role and IHP+ should explore outsourcing options for some of these elements.

In addition to the above (and especially the lessons learning function), countries expect IHP+ to (i) increase its efforts to harmonise related global initiatives, and (ii) share information of global resource availability for health (mapping possible funding agencies, facilities and initiatives available to countries).

Deliverables at global and country level: clarity needed on how all will contribute

The above country and global level deliverables will require development partners and countries to contribute, including through changes in the way they deliver their assistance for health. Once country and global deliverables are agreed it will be important for all IHP+ signatories to identify their agency or country deliverables that will contribute to the collective deliverables.

## IHP+ signatories need to plan for sustaining the impact of the partnership

Most partners agreed that it was important to be thinking about and planning for sustaining the gains and benefits of the IHP+. There were practical suggestions for sustainability at the country level, sustainability of tools and processes by IHP+ core team, sustainability of tools and processes by partners, and sustainability of IHP+ principles.

Firstly, the country level is key to sustainability. Sustainability of the results of IHP+ supported work at the country level is the real test of the initiative. This can only be assured by the sustained leadership of government and the sustained efforts of country health teams. This confers a responsibility upon government, and in particular upon development partners to clearly define and adhere to the new behaviours and practices that they are developing. As stated, the partnership performance is only as good as its partner's performance. Offering the tools and processes as a comprehensive package, a way of doing business, could strengthen its sustainability at country level; refresher courses for (rotating) staff at country level, specific training of WHO and WB Reps would help; as would stimulating country and agency learning; and regional peer reviews of performance at country level. There are financial and human resource implications which signatories must be clear on and commit to.

Secondly, most respondents would like to see IHP+ tools and processes integrated step by step into standard practices and standard processes at country level and with development

partners. When best to de-IHP-ise these products and through which means or agencies is less clear.

- Some signatories considered that IHP+ signatories should be playing a role in sustaining the tools, but were concerned that collective responsibility for sustaining the tools would mean no accountability in the longer term and that integrating them in the wider domain could mean that IHP+ dynamics may get lost.
- Some recommend WHO and WB to take the lead here by integrating them in their approaches, while recognising that this is not sufficient without strong country ownership.
- Others consider the IHP+ Core Team as the most likely and viable mechanism and means for sustaining tools and processes like the JANS. They express concerns that the IHP+ Core Team is respected and neutral, that the tools would be open to 'capture' if other partners were entrusted with becoming their guardians, and that there would be a risk of insufficient funding for sustaining the tools if they were folded into an agency's work as it would be overshadowed by the agency's (core) other business. At the same time, most agree that IHP+ is not supposed to become a 'JANS factory'.

In short, there is scope for clarifying the roles of partners, but no strong ideas on how best to achieve partner led sustainability of the tools and processes.

Thirdly, integration of and mainstreaming IHP+ principles in as many fora and processes as possible, is considered a key responsibility of IHP+ Core team and partners, and is another way of fostering sustainability. This requires consistent attitudes and language of partners in the many different global fora they are involved in (e.g. Busan, Commission on Information and Accountability, etc.). Another strategy could be for WHO and WB integrate IHP+ principles also in non-signatory countries. Getting major players on board and allowing for a greater voice of the South are other ways of guaranteeing long-term success.

A final point on sustainability was that many partners felt that an initiative that aims to deal with such complex issues as coordination and support for national processes, for which the evidence suggests that there is still very much to do, should not be thinking of a life time of two years and then closing. Most respondents consider IHP+ not yet fully mature and performing yet, still having much potential for it to stop too early. While IHP+ principles are to be maintained, it is recognised that the lifetime of IHP+ Core team is/should be limited. Although many refrained from setting a specific timeline for the IHP+ Core team, several respondents mentioned the need to continue at least 4 years and even up to ten. There is a higher level of comfort with two year planning cycles and stock take of progress which ensures focus and creates an incentive to deliver results. Some respondents argue that IHP+ should start identifying other agencies that can stepwise take over specific components and should start design its exit strategy.

### IHP+ should have a strong country focus with global activities to support it

There is consensus among IHP+ stakeholders that the initiative should continue to focus on both levels but should be country driven going forward and that the main focus of effort should be at country level. This view is almost unanimous, and we share this view. There is also a suggestion that the balance has been broadly right so far, but that the governance mechanisms are too led by the north and by development partners, a view that we also share. Ensuring an appropriate country – global balance would benefit from a stronger leadership role of developing countries in IHP+ governance mechanisms.

Respondents also hold the view that there should be a continued global level effort. This should focus on three key themes: firstly responding to issues raised from the country level for which the only solution maybe at global level and involving decisions that can be taken at headquarters level (IHP+ serving as an independent convening platform). Secondly there is

wide recognition for the development of global public goods that can benefit all. This includes the development of tools and providing a mechanism for exchanging lesson learning and experience sharing between countries, and monitoring mutual accountability. Thirdly, IHP+ should continue to advocate for the IHP+ principles through relevant global fora and processes in order to maintain political engagement. Greater effort to harmonising related global initiatives could be part of that.

## IHP+ should remain an open partnership

There is large consensus around the principle that the IHP+ should be open and inclusive. This is a key strength of the IHP+, its life-line, and if it stops the IHP+ will immediately be seen as an exclusive club which will lose legitimacy. Few respondents (mainly non-signatories) still perceive IHP+ as remaining too exclusive. The continued increase in developing country signatories in 2010 and 2011 is a critical market test that countries see value and would like to be part of IHP+. Also, more members potentially mean a stronger voice at global level. On the other hand, a 'token' partnership should be avoided and both existing and new members should comprehensively understand their responsibility and accountability ('to walk the talk'). Some partners feel that not all partners are pulling their weight. And mainstreaming IHP+ principles is a higher objective than the number of signatories.

Encouraging more Developing Country Signatories and providing them with sufficient support

All stakeholders believe that openness to new developing country signatories must continue, but many expressed concern at the risk that the IHP+ Core Team does not have the capacity to continue to service and support an increasing number of signatories. As indicated, in terms of short-term deliverables, many respondents prefer IHP+ to focus on performance of existing partner countries most in need, rather than aiming at increasing numbers. Some feel there should be increased geographic focus in regions like West African countries or Asia and the Pacific. This will require some discussion and clarity on two points:

1. What are the entitlements and commitments of a (new) signatory? What can they expect from the IHP+ and the IHP+ Core Team?
2. What is the appropriate future role of the IHP+ Core Team and IHP+ partners to support (new) signatories?

There was a concern expressed that open-ended membership could put excessive demands on IHP+ Core Team and that it may be necessary to 'tier' developing countries and clarify the supportive role of IHP+ partners. Some signatories suggest that IHP+ developing country signatories could fall into two groups depending on their country situation and the level of support they wish to access from IHP+. The first group would include countries at the start of a multi-year national planning cycle and these would be eligible for intensive IHP+ support ('the full menu à la carte") to develop the national plans, validate it with the JANS, develop a Compact (or equivalent) to align support behind the plan, develop a performance framework and a process of on-going mutual accountability.[4] The second group would include countries in the implementation phase of a national plan and these would be eligible for IHP+ support on specific issues upon request. The support for both groups would always be needs-based. It is our view that even grouping countries as suggested above would have important resource and organisation consequences for IHP+. It seems important for IHP+ to set a lower and upper ceiling of what is feasible to be attained in the next two years, based

[4] There are currently 92 countries listed as low and lower middle income. Assuming four year planning cycles 23 would be starting planning cycles in any given year, indicating the upper ceiling for more intensive support, although not all would be expected to request IHP+ support.

on the willingness of partners to take up a share of the responsibility. There may also be an opportunity for increasing South-South support.

The implications of this proposal would need to be considered bearing in mind the IHP+ Core Team capacity. Most stakeholders felt the IHP+ Core Team size is just right and should not expand. The prevailing view was that IHP+ development partners' signatories should provide the bulk of support to countries in both categories. This is consistent both with current practice where it is usually development partners at the country level, with support from regional and global representatives, who have provided most support to countries in developing plans, compacts, results frameworks. It is also consistent with the overwhelming consensus that IHP+ should be country focused and not be dependent on a top down global parachute team. IHP+ Core team's role would be more of a coordinator and monitor.

Further strengthening Civil Society Role in IHP+ and in national processes

Most partners identified as really important value of the IHP+ to date the engagement of civil society in global but especially in national policy processes. This is widely welcomed and should be continued, although many respondents would like to see this involvement become more meaningful and several respondents suggested IHP+ to develop models for meaningful CSO involvement at country level. CSOs need platforms to voice their views ("inform their voices rather than just listening to their voices"), ensure that their involvement is not tick box, and this can be a challenge in countries with no umbrella organisation for representation (Cambodia and Kenya have good umbrella organisations). There were mixed views on whether civil society should sign compacts. Some felt that civil society should sign compacts at global and country level. Others suggested that civil society should sign compacts if, like other partners, they are, by signing, committing to do certain things differently. If there are no commitments then a signature is not meaningful (similar view was expressed for private sector signatories). Civil society commitments maybe more meaningful at the country level where they deliver, receive, and manage development assistance. At global level the commitments are less clear. Several respondents felt that CSOs should not sign the global compact, but be affiliated. There is some sensitivity about North based CSOs holding LMICs accountable rather than their own governments, being directly involved in IHP+ Results (perceived as North dominated) and managing CSO grants[5]; and there is also the highly complex practical issue of identifying legitimate and rotating / time-bound representation. South CSOs see their role at global and country level as essential, as a means to voice their views and as a way to be recognised. But some respondents query the added value beyond recognition and what CSOs can be held accountable for ('should they not hold others accountable'?). At country level there is scope for more involvement of Parliament, especially related to accountability; and for greater participation of the private sector.

In short, CSO involvement is welcomed, appreciated and has potential added value but should be meaningful. IHP+ could contribute by developing models for meaningful CSO involvement.

[5] While the efforts made by Oxfam in managing the CSO Grants are appreciated, some question why a North NGO manages it and consider the NGO selection process not very transparent ('imposed rather than selected'). From 120 submitted proposals (50% of which were service providers and therefore excluded; and 50% were policy related, but manly HIV/AIDS), 30 grants were allocated (30,000 USD for one year; unsure about extension). A one year grant is considered too short for capacity building and technical support is required in order to reduce the risk of wasting resources. There is also a perceived need to review grant holders (move the HIV NGOs towards Health NGOs) and to select more health NGOs in the next round; in a nutshell CSOs request the grant to continue, but a longer time frame, technical assistance and sharing lessons learned. There may be need for a formal evaluation of the experience and grant mechanism.

Development Partner Signatories

There is broad consensus that IHP+ should be open to more development partner signatories, but, with some exceptions, it was not felt that IHP+ should actively pursue new signatories. Some felt it is important to get the big funders such as Pepfar, the President's Malaria Initiative, US and Japan to join, but others thought the US not a priority because the IHP+ and the US Global Health Initiative have such similar principles that it is more important to build on this and work together, rather than to pursue a signature.. Some indicated it is time to get some of the BRIC countries on board.

Relations with other global initiatives

The multitude of global initiatives is a given and IHP+ needs to make sense of that, try to harmonise related and reduce competing initiatives[6]. As indicated this requires more effort at the global level. However, most respondents agree that global initiatives should not become partners in IHP+ and IHP+ should not evolve in a superstructure for housing / coordinating global initiatives. Rather, IHP+ should advocate for integrating IHP+ principles in other global initiatives. Several respondents are in favour of stronger links between IHP+ and other related initiatives (e.g. HHA, Providing for Health Initiative) or IHP+ playing a role in getting all signatories and related global initiatives to sign up to the 11 measures of the Accountability Commission and then work with others like HMN and PMNCH to do the detail on how..

World Health Organisation and the World Bank role

The WHO – World Bank coordination has been highly valued and recognised by many partners as a key benefit of the IHP+ that should be acknowledged and sustained. Some suggested that the IHP+ activities going forward, especially at the country level, should be the core work of WHO and World Bank and that both agencies have a role to promote HPI+ principles also in non-signatory countries. This should be part of the routine responsibility of WRs, and WB representatives, and therefore it should be internally resourced by these organisations. While many respondents appreciate the leadership of two major institutions a good model, some would prefer an inter-agency team based at WHO with a wider team composition (seconded from different agencies).

## There are Implications for IHP+ Core Team and for Partners

In the next phase the IHP+ signatories will need to develop a more sophisticated view of the Partnership as a living mechanism and the role of the IHP+ Core Team to nurture it. This involves being more explicit about what partners do, as well as what they can expect and hold both individual partners and the partnership accountable. This requires a more result-oriented approach as well as monitoring those results. The IHP+ core team is valued for its neutrality, its professionalism and its capacity to manage complex issues and audiences. This is important in establishing new tools like JANS and needs to be used wisely and more widely. Good communications is vital for all partners to ensure that they are engaged and do not feel left out, and it remains a vital and increasing part of the role of the IHP+ Core team to keep partners informed (see below).

As indicated, most respondents find the size of IHP+ Core Team just right, although many agree that its size would have to reflect its future TOR and workload. Therefore the work package need to be defined and decided which components to be delegated to regional / country teams and partners although African and Asian countries can still learn from each other as well. For the latter, continuous capacity building and refresher courses would be required. However we believe that it is vital that IHP+ signatories also clearly identify their role and responsibilities in the partnership. This will depend very much on the level of

[6] One country gave the example of 3 new Reproductive Health Initiatives launched last year, indicating the same occurs in the field of nutrition.

ambition that IHP+ signatories agree in their two year country and global level deliverables. These collective deliverables will need to be backed up by individual agency and country deliverables.

IHP+ funding can be used to catalyse more joint working. The Procurement Working Group is a good example of funding supporting joint working and bids could be received for future similar ideas with a concrete product or result. HSFP is also mentioned as a good model: IHP+ initiates, sets policy and ambitions, provides some guidance but let other agencies develop it and take the lead. However country views on HSFP vary: a) several countries had no views on it because lack of exposure to and communication on HSFP; b) one country is sceptical and perceives it as an outside imposition with few benefits; c) one country sees it as a good example of what IHP+ can achieve at global level. On a different note, there is a need for closer collaboration between the M&E WG and IHP+ Results. Linking the tools and processes developed by IHP+ results with the country M&E framework is essential. There is a request for a proper governance structure for IHP+ Results in IHP+ as there is some confusion about the role of the IHP+ Results Consortium (although their mandate is clearly not judge or jury, but manager of a process for collecting and collating data in a common framework).

IHP+ country grants are rarely spoken about and reviews suggest that they are not incentivising joint working and progress as much as they could be. The incentives around these grants could be tightened to ensure strong focus on delivering results.

## Implications for communication

Communications is often raised as an issue and respondents are aware that this is a two-way responsibility (also partners could be more pro-active in sharing information and lessons learned; and in using the website). However many respondents feel not having all the relevant info about what is going on in IHP+ (e.g. progress made by working groups, decisions taken), that they hear about new initiatives too late to participate, that they would like more transparency about planned activities and missions organised (e.g. when a JANS occurs, who would participate, how they could contribute) and that the website could be more informative. Although the IHP+ core team is appreciated for its continuous efforts to maintain communication, there is a strong request to improve communications and modalities for communication. These include: a) informing all partners in time on planned activities and how they could participate (this could be done through an active website or web-based calendar); b) sending out agendas well in time before ET / SURG meetings; c) documenting lessons learned and developing an active mechanism to share them, for example through the website (which can help people do so much learning themselves); d) strengthen communication with SURG members; e) strengthening communication between country teams and global level actors ('we seem to be talking more to ourselves'); strengthen communication with non-signatories about IHP+ work, plans and achievements; f) the need for better branding and dissemination of core IHP+ principles; g) develop the website as an interactive, dynamic tool or develop a web-based platform for discussion; the need to revisit the ET and SURG meeting modalities. There is frustration with the massive and not always efficient telephone conferences (ET). The ET monthly calls are seen by some as very transaction cost heavy and not efficient means of providing direction and decision making. Some propose smaller sub-constituencies as monthly virtual meetings with all members are considered cumbersome and inefficient. The SURG team is said to be not working too well at present (meeting only once a year; being too large; and may require a rotating membership).

Other ideas voiced include the need for good regional or local ambassadors; the need for more peer learning and peer review of performance; the potential to use regional fora for communication and peer review; the need to continue Brussels-like meetings (global or regional); the need to explore web-based or mail-based solutions for better communication;

the need to explore the possibility of regional groupings and regional, local focal points; and that quality of communication is important, tailored to audiences and focusing on concrete, understandable deliverables. Open communication about what IHP+ does, its role and objectives is needed to engage more actors and achieve better results.

In short, there is a strong request for optimising communication, review / further develop communication modalities and review the functioning of the ET and SURG.

## IHP+ Future Strategic Directions – Conclusions on Areas of Consensus and Issues for Decision

The interviews and e-survey provide following views on key strategic questions. Some answers are relatively straightforward, others need further debate.

### *There is broad consensus on the continued need for IHP+ and on the core priority areas*

1. There is a near unanimous view that there is still a need for IHP+ as the need to better coordinate, align and support national ownership still exists. There is near unanimous view that IHP+ should continue to meet this need. Some suggest that IHP+ is not meeting the need and should be discontinued. There are some views that more mature IHP+ achievements can be stepwise integrated in standard country / DP processes and/ or handed over to other organisations. We support the case for the continued need and extension of IHP+.

2. There is a broad consensus that the IHP+ should continue to focus on the 5 broad areas with a stronger effort to focus on results and lessons learning in particular. The current five activity areas are: 1) Better coordinated support for national planning processes, 2) Greater confidence in national plans / strategies through JANS, 3) More unified support for national plans through country compacts, 4) One results monitoring framework / managing for results and 5) Greater mutual accountability. IHP+ should offer all 5 to countries as a menu or comprehensive package (from which to choose), as a way of doing business but implemented flexibly, based on country needs. Particularly M&E and Mutual Accountability require more focus. We support continuation of existing 5 areas.

3. The IHP+ should continue to have countries as the focus (and this has real implications for IHP+ as a partnership because it is the partners who are present at the country level) and IHP+ should be country driven. Global role on global public goods and convening platform are valued and should continue. More focus is expected on lessons learning and sharing and countries expect a stronger effort on harmonising related global initiatives.

4. There is consensus that IHP+ should remain open to new developing countries and agencies joining. The smallest perception of an exclusive club would kill its legitimacy, but a 'token' partnership needs to be avoided: partners should walk the talk. Also, a focus on achieving better performance with existing partners in need gets preference above aiming at increasing numbers of signatories. Civil society meaningfully partnering at country level is seen as most essential.

### *Options for the IHP+ ambition, deliverables and support for health systems strengthening*

IHP+ signatories have three related important decisions to take on the future ambition, deliverables and role on health systems strengthening.

5. What is the appropriate level of ambition for the next 2 years – in terms of two key elements: new tools and country level progress? Setting the ambition requires clarifying the role / responsibility of the IHP+ Core Team and IHP+ partners. In function of the ambition and responsibilities set, the optimal size and composition of the Core Team need to be defined, although most consider the size right. The ambition will also help determine which type of partnership is required (see above).
    a. Some think serious measured progress in 2 countries and one major new tool (e.g. for M&E, joint funding or mutual accountability) would be appropriate. Others would like to see serious progress in 15-20 countries. This also links very much to the nature of the partnership. A strong partnership with partners contributing effectively could be more ambitious. If it is dependent on the core team all the way then more modest ambitions are necessary. Our view is that the partners should commit to up to 15 countries.

6. What deliverables should IHP+ aim for both at country level? IHP+ must be about achieving results at the country level. Therefore it also needs to link its own actions to measurable results.
    a. Deliverables at country level in the next 2 years. All would like to see the most important deliverables be real progress in health aid coordination and health outcomes at country level through more comprehensive progress on a range of separate issues that IHP+ has been supporting or developing tools for. The question is how many countries?
    b. Deliverables at global level in the next 2 years. Almost all see value in the IHP+ producing global public goods by (i) continuing to develop tools, including optimising IHP+ Results, (ii) increasing the experience sharing, lesson learning, evaluation and information exchange, (iii) maintaining the global convening platform and advocacy for IHP+ principles. Many, and specifically countries, expect IHP+ to support harmonising related global initiatives.

7. Should the IHP+ do more on health systems and link more with other initiatives and with HSFP? And should it support (financially, politically or technically) more modalities like the Procurement Working Group to address key health systems constraints? The answer is not unequivocal. Most agree that IHP+ should not go into implementation at country level. However many see a role for IHP+ developing tools / models to address health system issues and catalyse / facilitate others to address key aspects. One third of respondents prefer IHP+ to continue focus on the 5 core areas and not to expand its scope. It's support for the Procurement Working Group maybe an excellent example of how the IHP+ can make funding available to incentivise partners to submit ideas for pieces of work to unblock critical issues – and this could be focused on critical health systems strengthening issues. The HSFP is another positive example of IHP+ catalysing role. We support the case for IHP+ to support health systems strengthening issues related to aid effectiveness, especially at the global level, while limiting the hands-on work for the core team through catalysing partners or outsourcing. We view it the role of all IHP+ partners to address core health systems strengthening issues at the country level.

The core options for the scale of ambition, deliverables and IHP+ role on strengthening country health systems are presented in the table below. These are based on option A being most similar to current workplan with modifications based on two key variables. The first key variable is IHP+ role supporting or catalysing health systems strengthening. The second key variable is the scale of ambition for the number of countries in which IHP+ should contribute to significant improvement in aid coordination.

| Option | Scope | Deliverables |
|---|---|---|
| A | Existing 5 areas with emphasis on M&E and Mutual Accountability | • 2-3 additional countries[7] with significant improvement in aid coordination<br>• M&E frameworks institutionalised at country level (in all signatory countries which request it)<br>• IHP+ Results scorecards incorporated in country M&E frameworks and joint annual reviews (in all signatory countries which request it)<br>• develop further / optimise country score cards & processes<br>• develop further agency score cards & processes<br>• develop tools to support new progress for existing 5 areas, in particular on M&E and mutual accountability;<br>• continue supporting financial management harmonisation;<br>• develop stronger web-based country experience sharing and lesson learning<br>• continue supporting CSO involvement + review support grants to CSO |
| B | Existing scope (A) with additional support for HSS through either (i) health systems issues related to aid effectiveness, or (ii) a fuller health systems strengthening agenda | As above for A plus additional issues depending on whether (i) or (ii) is the future focus:<br>• health financing management harmonisation<br>• procurement<br>• human resources<br>• other system issues |
| C | Existing scope (A) with more ambitious country support | As above for A with one change:<br>• Up to 15 countries with significant improvement in aid coordination |
| D | Existing scope (A) with HSS ((i) or (ii) from Option B) and more countries | As above for B with:<br>• Up to15 countries with significant improvement in aid coordination |
| **Additional options that could be added to any of the above options A - D** | | |
| CSO extra | Stronger CSO support | • develop mechanisms for meaningful CSO involvement |
| Related Initiatives extra | Increased effort to harmonise related initiatives | • Set up regular meetings with selected related global initiatives |

### *Options for how the IHP+ functions and the type of partnership required to achieve and sustain the above deliverables*

8. How should IHP+ optimise the partnership? IHP+ partnership is only as good as its partners. It should define a clear set of 2 year deliverables, it should have a clear discussion and communication on how the partnership works, it should clearly define responsibilities of IHP+ Core Team and IHP+ partners and this should result in partners have written responsibilities for what they will deliver to the partnership at country and global level.

[7] This could refer to new IHP+ countries making progress to reach the level of some existing countries, or existing countries making further progress to reach new levels of coordination.

a. What is the role of IHP+ Core Team? It has a number of functions and these need to be recognised and resourced. It has a global convener and harmonisation function and in a partnership where partners take more responsibility this is important. It has a global public goods function. It has a technical aid effectiveness expertise function. These require different skill sets. Are core-team members selected on basis of specific complementary skills?
b. What are the responsibilities of IHP+ development partner signatories? There is a lack of clarity on their role. The IHP+ Global Compact gives little guidance as it mostly promises high level abstract behaviour change. There is a need to define and document the responsibilities of development partners (agency specific deliverables) at global level (for example on developing and sustaining tools) and at country level. This also requires development partners to decide and commit to the level of activity required to match their level of ambition as outlined in the deliverables they expect the IHP+ to deliver. Partners should commit to walk the talk. This would require partners to move from being bit-part (re-active) actors in an initiative, to become more responsible (pro-active) partners in a partnership.

The workload implications of the options for scope and focus above are outlined below. Present efforts invested by the IHP+ Core Team such as organising meetings, coordination, representation, monitoring, etc. will continue as before and would be part of the 'existing workload'. It is our view that options A and B are feasible with a similar IHP+ Core team structure as today, if some tasks can be sourced out. The more ambitious options C and D require either a substantial better resourced IHP+ Core team or a significantly increased level of effort provided by IHP+ partners or a combination of both. Defining the specific resources needed and the details of each option requires further in depth analysis.

| Option | Scope | IHP+ Core Team workload | IHP+ signatories workload |
|---|---|---|---|
| A | Existing 5 areas with emphasis on M&E and Mutual Accountability | • Existing workload<br>• Could increase outsourcing on some deliverables such as lessons learning | • Existing work load |
| B | Existing scope (A) with support for HSS (see previous table for clarification on HSS options) | • New work (coordinating, catalysing, or outsourcing) | • New work required |
| C | Existing scope (A) with more ambitious country support | • Significant increased workload (unless IHP+ signatories take over country support) and / or<br>• outsourcing | • Significant increased workload |
| D | Existing scope (A) with HSS (see previous table for clarification on HSS options) and more countries | • Significant increased workload (unless IHP+ signatories take over country support) and new work for HSS (coordinating, catalysing) / or<br>• outsourcing | • Significant increased workload |
| **Additional options that could be added to any of the above options A - D** | | | |
| CSO extra | Stronger CSO support | • Existing with some new work<br>• Some aspects outsourced (developing models for | |

| | | | |
|---|---|---|---|
| | | meaningful CSO participation) | |
| Related Initiatives extra | Increased effort to harmonise related initiatives | • New work load | |

9. What should be the balance between technical efforts / focus of the partnership versus political focus / influence? IHP+ has become a technical partnership that addresses core issues and identifies solutions to help partners work together to overcome them. Many signatories value this. Several respondents however expect IHP+ to find ways to influence the political agenda and continue to gain political support (e.g. through its presence at / influencing agendas and debates at G8, G20, Busan-like meetings). As a technical partnership there is less pressure to increase membership. In order to have a voice at the political level the number and type of partners is important. Work related to the above would be part of the existing workload of the IHP+ Core Team and partners.

10. What is appropriate governance mechanism for IHP+ going forward? The present governance structure may need to be adapted given that all say it must be country driven, but that the IHP+ ET and some initiatives are northern and DP driven. Communication needs to be addressed and modalities/mechanisms for communication reviewed. Work should be commissioned to find ways to enable country governments to drive IHP+ agenda and exercise greater leadership over the initiative. Similarly, work should be commissioned to address the communication modalities.

11. Sustainability of the results of IHP+ supported work at the country level is the real test of the initiative. This confers a responsibility upon government and in particular on development partners to clearly define and adhere to the new behaviour and practices that they are developing. Most see IHP+ tools and processes to be stepwise integrated in standard practices at country level and with development partners. Mainstreaming IHP+ principles is considered a key responsibility of both the Core Team and partners. This would mean re-branding IHP+ products and processes with a new label that is not IHP+, or mainstreaming them within organisations. The question is when and how, in order to avoid losing some of its impact.
    a. Some would like to see IHP+ Core Team strengthened, some recommend WHO and WB to lead, and some would like to see development partners take on more and IHP+ to find ways to optimise the performance of the partnership.
    b. While IHP+ principles are to be maintained, the IHP+ Core team's life time is limited. Most think that a 2 year perspective is too short, but ok for planning purposes and to drive a results focus.

## *Annex 1. List of people interviewed*

### A. Structured interviews

### *Country-based*

Pieter van Maaren WR, Cambodia
Paul Wheelan, WHO, Cambodia
Bert Voetberg, WB, Nepal
Ian McFarlane (EDP chair), Nepal
Ann Penniston, USAID, Nepal
Lin Aung, WR, Nepal
Dr Hama Issa Moussa, DG MOH, Niger
Dr Gborie, MOH, Sierra Leone
Dr Gamukh, WHO, Sierra Leone
Dr Nelson Musoba, MoH,Uganda

### *Signatory Agencies*

Christian Baeza, WB
Nicole Klingen, WB
Julie McLaughlin, WB
Chris Lovelace, WB
Etienne Carissa, WHO
Wim van Lerberghe, WHO
Andrew Cassels, WHO
Ties Boerma, WHO (HMN, M&E)
Bokar Touré, WHO AFRO
Ian Pett, UNICEF
Jacky Mahon, UNFPA
Tim Martineau, UNAIDS
Johannes Hunger, Global Fund
Mercy Ahun, GAVI
Dan Kress, Gates Foundation
Ben David, Ausaid
Beth Slatyer, Ausaid
Tim Poletti, Ausaid
Jason Lane, EC
Peter Colenso, DFID
James Droop, DFID
Birgit Wendling, Germany
Annette Bremer, Germany
Monique Kamphuis, Netherlands
Paul Fife, Norway
Sergio Galan Cuenda, Spain

Anna Cirera, Spain
Anders Molin, Sweden
Elaine Ireland, AfGH, Sightsavers
Lola Dare, Chestrad
Tobias Luppe, Oxfam Germany
Tim Shorten, ReAction UK
Clive Ondari, WHO (co-chair procurement working group)
Andreas Seiter, World Bank (co-chair procurement working gropu)

### *IHP+ Core Team*

Travis Phyllida,
Joel Schaefer
Alessandro Colombo
Jane Dyrhauge
Finn Schleimann
Kate Krackenberger

### *Beyond IHP+*

Elisabeth Sandor, OECD
Maria Francisco, USAID
Carole Presern, PNMCH
Julian Schweitzer, Results for Development
Veronica Walford, Consultant
Paulo Ferrinho, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa

## B. E-survey

Xenia Scheil-Adlung, ILO
Elaine Ireland, CS
Ignace Ronse, Belgium
Birgit Wendling, Germany
Helene Barroy, France
Sergio Galan, Spain
Anna Cirera, Spain
Valère Goyito, Benin
Rene Owona-Essomba, Cameroon
Idrissa Maiga, Niger
Dr Assad Hafeez, Pakistan
Isselmou Mahjoub, Mauritania
Imad Ismail, Sudan

## *Annex 2. List of documents reviewed*

A wide range of documents were reviewed and consulted in the preparation of this paper. Many are available at http://www.internationalhealthpartnership.net/en/home . Below is a non-exhaustive list of the key documents consulted.


Future strategic directions for IHP+ after 2011: consolidating and accelerating progress. SURG Discussion paper, June 2011

IHP+ Executive Team Meeting, 21 April 2011. Draft Note for the Record

Future strategic directions for IHP+ after December 2011: outline of options and process. Discussion note prepared by Core Team for the Executive Team April 2011

Moving to one platform for monitoring and review of national health strategies. Note for the IHP+ Executive Team meeting March 2011, Ties Boerma, WHO

IHP+ Executive Team Meeting, 17 March 2011. Note for the Record

IHP+, IHP+ Update n°20, March 2011

IHP+, Joint assessment of national health strategies and plans: a review of recent experience

IHP+, Developing a compact / partnership agreement – is it worth the effort?

IHP+, Third IHP+ Country Health Sector Teams Meeting, Brussels, December 9-10 , 2010. Meeting Report

IHP+, International Health Partnership and Related Initiatives (IHP+), IHP+ Core Team Report, May 2010 – April 2011

IHP+ Results, Strengthening accountability to achieve the health MDGs, Annual Performance Report 2010

IHP+, Special Scaling-up Reference Group (SURG), July 2, 2010, Notre for the Record

IHP+, International Health Partnership and Related Initiatives (IHP+), IHP+ Core Team Report, April 2009 – May 2010

IHP+ results, World Health Assembly IHP+ Results Update (May 2010)

The Boston Consulting Group, IHP+, Review of Global management Arrangements, September 2009

IHP+, Second Annual Inter-Agency Country Health Sector Teams Meeting, Improving Implementation, Bamako, 15-16 June 2009, Meeting Report

IHP+, Phase I Progress Report on the International Health Partnership and related initiatives, 5 September 2007 to 31 March 2009

IHP+, International Health Partnership and related initiatives, Phase II Work plan April 2009 – end 2011

Responsible Action et al, 2008 External Review of the international health partnership and related initiatives

IHP+, Scaling up for better health, Work plan for the international Health Partnership and related Initiatives (IHP+), September 2007 to March 2009

International Health Partnership, A global compact for achieving the Health Millennium development Goals, 5 September 2007

OECD Working Party on Aid Effectiveness, Task Team on Health as a Tracer Sector, Progress and challenges in aid effectiveness: what can we learn from the health sector?, 2011

Commission on information and accountability for Women's and Children's Health, Keeping Promises, Measuring Results

Martin Taylor, IHP+, Options for strengthening country team working