Developments post-2015 and options for the future role of IHP+

Discussion paper for IHP Steering Committee meeting in December 2014

Prepared by IHP+ Core Team

At the IHP+ Steering Committee meeting in June 2014, the Committee asked the Core Team to prepare a discussion paper on the implications of the post 2015 development agenda and changing global aid architecture for the future of IHP+.

The post 2015 agenda and changes in global aid architecture

The post 2015 agenda has become clearer, although it will not be finalised until September 2015. The High Level Panel on follow up to the MDGs has made recommendations, and the Open Working Group has proposed 17 Sustainable Development Goals (SDGs), each with 10 or more sub-goals. There is one overall SDG for health. The United Nations Secretary General (UNSG) is reviewing these and will comment in November.

Whilst there may be some changes to the 17 SDGs proposed, it seems likely that the SDG for health will be much broader than the health related MDGs. The overall health goal is proposed as "ensure healthy lives and promote well-being for all at all ages". In addition to reducing preventable maternal and child deaths and addressing communicable diseases (the 'unfinished agenda from the MDGs'), non-communicable diseases (NCDs) and universal health coverage are likely sub-goals or targets. The broad focus on improving overall health status may shift the focus to health systems rather than targeted initiatives; but it could equally lead to new mechanisms to target support to new sub-goals, such as addressing NCDs.

The plans for financing of the SDGs are also not firm yet, with a major Conference on Financing for Development due in July 2015. Meanwhile the Expert Committee for Financing the SDGs has reported, and other commentators[1] have a broadly consistent position: aid is only a small part of the picture for financing development, and financing needs to come from public and private sources, both domestic and international. The key is economic growth, with private finance as the major contributor. Three roles for international public finance (IPF), the term now often used in place of 'aid') are identified:

- to encourage and enable private investment, including foreign direct investment, by helping countries to have the governance, infrastructure and institutional capacity to attract funds;
- to finance global public goods; and
- to support the smaller, fragile and landlocked countries that have limited prospects for attracting private investment.

This provides directions on the role of aid/IPF; but there is little specificity yet on how this will affect the aid architecture in health, which remains complex with multiple global initiatives, partnerships and funding channels, and new ones emerging as the MDG 2015 deadline gets closer. The newly announced Global Funding Facility to support Every Woman Every Child (GFF) is due to come into operation in 2015, but it is not clear yet whether it will help to streamline other elements of the global health architecture or just be an additional funding mechanism. Although there have been

[1] Such as the World Bank's 'Financing for Development post 2015' paper

some proposals for an 'International Health Systems Fund', 'principal financier' or 'global health fund', these do not seem to be moving forward, while funding commitments through government systems (general or sector budget support) are not growing.

The BRICS and other emerging economies are providing increasing technical and financial cooperation, particularly in the case of China, although their financial support for health remains modest. Their contribution to global health is probably more significant through improving health of their own population and increasing the availability and affordability of medicines, diagnostics and other commodities. Whilst they support the Global Partnership for Effective Development Cooperation, there is no clear trend for these partners to participate in country coordination mechanisms.

Thus in the short term at least, it seems likely that IPF for health will continue to be fragmented across multiple existing funding channels and financing modalities, and may face further fragmentation as additional targeted funding sources come on line. The proposed focus of support on small or fragile countries that have limited prospects of attracting private finance or generating their own funds for development will mean continuing demands for leadership and coordination in these countries, which often have low capacity to provide this. How IPF for health will change in countries that have good prospects for growth is unclear, beyond existing policies for middle income countries (MICs). Meanwhile there remain multiple global coordination efforts for different health priorities, often involving the same agencies, countries and CSOs. This issue is not exclusive to health and the reports on the financing of the SDGs consistently emphasise the need to continue efforts to make development cooperation more effective.

The potential role of IHP+, post 2015

The discussion needs to take into account IHP+'s past achievements and added value, and consider whether it can still play a useful role post 2015, especially in relation to other global initiatives - in health and in development cooperation more generally.

IHP+ past

IHP+ was created to accelerate progress on the MDGs by finding ways to put 'Paris into practice' in health. Put simply, the MDGs - and the future SDGs - are about **what** is to be achieved, while the Paris, Accra and Busan principles of effective development cooperation are about **how.** IHP+ partners commit to work together in more efficient ways to improve health systems and health outcomes. They commit to support country-led priorities, plans and systems, in a well-coordinated way, and to be held to account on those commitments.

IHP+ present

New health initiatives are a constant feature of international health. However, IHP+ remains the only one that focuses on improving health and health systems through more effective development cooperation at *health sector* level. The question is therefore less about whether IHP+ has a unique 'niche' and more about whether the niche remains important and whether IHP+ is effective in it.

The IHP+ performance report 2012 found that while there was progress in effective cooperation in health, it was slower than expected, and that overall, countries had moved further than development agencies. As a result, IHP+ has been giving increased attention to the political and

organizational action needed to accelerate institutional change in the last 2 years, to complement its track record in developing technical tools. In 2013, priority areas for action became known as the '***seven behaviours'*** and these have gained significant traction with heads of agencies, governments and CSOs. And, because IHP+ has doubled in size since it started, an IHP+ Steering Committee representing different IHP+ stakeholders was created in 2014, which is responsible for setting IHP+ strategic directions; oversight and maintaining political momentum for change.

Current roles, achievements and challenges of IHP+

The scope and content of IHP+ work in effective cooperation is summarised in the seven behaviours. These are relevant for all stakeholders – governments, international agencies, NGOs and the private sector. To accelerate progress, IHP+ has focused on three types of action:

- Political and organizational action
- Approaches and tools
- Accountability for progress and results

Achievements and strengths of IHP+

- *Visibility and advocacy has been maintained for an important agenda.* IHP+ has helped keep attention on effective development cooperation in health globally, and at sector level. The packaging of priority areas for action as the 'seven behaviours' has been positive. Some countries have used IHP+ as a lever to initiate conversations with local development partners about ways of working.
- *The spotlight has been kept on accountability of all partners for progress and results.* Monitoring of effective development cooperation at sector level is unique; participation in the exercise has increased over time.
- *IHP+ tools are widely accepted and used.* These include JANS; guidance for collective strengthening of national information platforms; options for joint annual reviews; joint financial management systems assessment guidance.
- *Strong and growing country engagement.* The 35 country signatories include fragile and complex countries where management of international cooperation is particularly challenging (e.g. Chad, Afghanistan, Sudan).
- *The opportunity to influence less 'like-minded' donors has increased as more have joined.*

Challenges

- *Progress slower than expected***,** and overall countries have moved further than development agencies in changing ways of working.
- *IHP+ has not had enough political traction at global / agency HQ level*, though its potential has increased through its new Steering Committee in 2014, and links with Global Health Agency Leaders meetings.
- *Linking organisational change to outcomes:* the link between organisational change and improved results is difficult to establish, especially with the pressure for near-term results. IHP+ success in demonstrating and communicating these links has been modest.

Future options for IHP+

Four options are set out for discussion

1. **Comprehensive IHP+:** continue current IHP+ strategic directions, updated to reflect post 2015 priorities and more adequately resourced (mainly a core team with appropriate skill-mix)
2. **Slimline IHP+:** continue current IHP+ strategic directions, updated for post 2015 priorities, but reduce the work plan, by working on few topics at a time, and dropping some functions
3. **IHP+++**: merge IHP+ with another partnership or initiative that addresses complementary issues, and has a stronger results focus
4. **End IHP+**: no partnership, but continue key functions elsewhere.

Option 1: Comprehensive IHP+

Scope

Full implementation of IHP+'s current strategic directions, covering all aspects of effective development cooperation / the seven behaviours including mutual accountability, adapted to post 2015. The current strategy covers:

A. *Political and organisational action*
   - Intensified action among global agencies
   - Intensified action in selected countries
   - Identify trends in development cooperation, facilitate access to tools and experience ('help desk')

B. *Approaches and tools*
   - Intensified effort on M&E and financial management harmonisation and alignment
   - Consolidate and continue established approaches (e.g. JANS, compacts)
   - Work on new areas: south-south and triangular cooperation; technical assistance

C. *Accountability for progress and results*
   - Global monitoring of commitments to effective development cooperation
   - Qualitative assessments of results and lessons
   - Country Health Teams meeting

Rationale

The arguments in favour of a comprehensive IHP+ are:

- IHP is the only partnership for effective development cooperation in health; the issues remain important, and will do so post 2015.
- There is a need to advance all aspects of effective development cooperation, not just one or two, because for greater long-term impact at country level, a more comprehensive approach to changing ways of working is required.
- IHP has momentum – it has new members and a new Steering Committee; work on joint financial management and one information platform has achieved engagement at all levels in agencies; it therefore makes sense to keep going and work to institutionalise changes.

Implications

The IHP+ Steering Committee and Working Groups continue as at present. The joint WHO and World Bank hosting of the Core Team continues. Core Team staffing would need review: Core Team/WHO posts need to be filled by people with appropriate skills; the World Bank part of the Core Team needs additional staff. Strong indications from partners will be needed that they are ready to fund a full programme. To achieve some parts of the programme, the Core Team would need sustained senior management support in the host organizations.

Risks

Continued funding is not assured. WHO and World Bank might not increase capacity of the Core Team.

Option 2: Slimline IHP+

Scope

IHP+ continues following the same strategic directions, adapted to post 2015, but with a more modest work programme that focuses on selected functions.

A. *Political and organisational action*
   - IHP+ focuses on following up changes in agency procedures, given the commitments they have made to institutionalise - for example - joint assessments, and at the same time reduce separate assessment exercises.
   - Helpdesk: IHP+ Core Team maintains its collection of intelligence on trends and challenges in effective development cooperation; it continues to enable access to tools and experience with managing behaviour change.

B. *Approaches and tools*
   - IHP+ focuses on one, maximum two themes at a time.

C. *Accountability for progress and results*
   - IHP+ continues to periodically monitor progress in effective development cooperation across all 7 behaviours, including changes in agency procedures. It adapts the current approach based on a review of experience, considering links with monitoring by the Global Partnership for Effective Development Cooperation (GPEDC). It develops ways to strengthen the use of results at global & country level.

Rationale

Arguments in favour of keeping the same scope and strategic directions for IHP+ but having a smaller workplan at any one time are:

- The overall effective development cooperation agenda is still important. Therefore there is a continued niche for IHP+, and a strong case can also be made for continuing to monitor progress on all key elements. Given that there has been relatively less progress on changing ways of working within agencies compared with countries, there is a need to increase attention on actual change in development agencies rules and procedures.
- At the same time, the more focussed approach of taking one theme at a time has been attractive to heads of agencies, and progress has been made.

- This option requires fewer resources than option 1. It would be more readily managed with current funding and staffing levels, provided the Core Team co-lead positions are filled with sufficiently senior staff.

Implications

The IHP+ Steering Committee continues. An IHP+ Working Group is maintained for each theme. A small Core Team is retained to champion agreed themes within the effective development cooperation agenda, and to provide the secretariat for the Steering Committee. Several aspects of the current work programme are dropped: there would be a reduced range of work on approaches and experience at any one time, and IHP+ country and CSO grants would be discontinued.

Risks

This option loses the benefit of working across multiple behaviours to learn how to enhance their combined impact on the efficiency of development cooperation. High level Steering Committee members may not find a narrower focus sufficiently interesting to stay engaged. It may prove difficult to retain a selective focus, in the face of pressures from different IHP+ stakeholders to address additional topics that are also seen as important. This option maintains a focus on getting change in agencies' rules and procedures, an aspect of IHP+'s work which does not have a strong track record.

Option 3: IHP+++ - merge with another partnership or other initiatives

Scope

In this option the approach would be to link IHP+ to an outcome-focussed initiative such as women's and children's health.

Rationale

Arguments in favour of this option are

- It links the IHP agenda of effective development cooperation in health to a topical and higher profile health issue, which has more political attention/leverage.
- It appears to provide a more explicit link between effective development cooperation and results, which some partners have been looking for.
- If there was a full merger of two or more partnerships, this could reduce transaction costs for board members from agencies, countries and CSOs.

Implications

New governance arrangements are needed for the combined initiatives, and the IHP+ strategy and its core components have to be revisited. The ensuing programme of work is probably much larger, and requires a wider range of technical expertise as new themes come into play. A larger secretariat with different roles is needed, as well as a review of the roles required of the secretariat.

Risks

There are a number very real risks of this option for the core mandate of IHP+. First, there is a risk of loss of focus on effective cooperation at sector level: especially if combined with a high profile issue like RMNCH which has a sub-sector remit and targeted funding. Second, the creation of a bigger, more costly 'uber-initiative' may be unacceptable to many stakeholders. Third, combining partnerships is not straightforward. Significant transaction costs would be involved, which could effectively halt current IHP+ activities.

Option 4: End IHP+ with key functions continued in individual agencies

Scope

This option is based on the premise that the principles of development cooperation remain important, but the need and/or appetite for maintaining a distinct partnership to champion them at sector level has waned. This option therefore sets out the key roles / functions that should be continued by an individual agency if IHP+ ends. These are:

A. *Political and organizational action:* the help desk function.
B. *Approaches and tools:* the catalyst function i.e. to identify areas where analysis or tools are needed, then task others to take these forward.
C. *Accountability for progress and results:* continued monitoring of progress on commitments to effective development cooperation.

These are core functions of three international agencies. Any of them could take up the agenda:

- WHO has a mandate to promote effective development cooperation in health.
- The World Bank is the leading international development agency across all sectors. It also has a major role in strengthening two key national systems – for financial management and procurement.
- The Global Partnership for Effective Development Cooperation is hosted by OECD/UNDP, and exists to promote effective development cooperation across government.

Rationale

The arguments in favour of this option are

- There is less need for a global partnership now: health cooperation mechanisms exist in many countries, which is where most further work on effective cooperation needs to happen.
- Other initiatives are tackling individual behaviours at global level e.g. WHO, World Bank and USAID on indicator harmonization/ information system strengthening; the informal Inter-agency Supply Group on supply chain management. They can be left to get on with it.
- There is less support for the IHP+ agenda at present from some international development partners, and a partnership automatically has transaction costs.

Implications

All IHP+ partnership structures are disestablished. The core functions listed above are embedded in either WHO, the World Bank or other groups such as OECD/UNDP. In all cases, there will still be a need to allocate resources (financial and staff) for the tasks.

- WHO would need to (re)establish a unit focussing on development cooperation/aid effectiveness.
- World Bank would need to identify how to deliver functions either in the health group or in the aid effectiveness group.
- GPEDC (OECD/UNDP) would need to create a group focussing on the health sector.

Risks

The arguments against this option are that there will be loss of attention and profile if this agenda is left to one agency, especially if it lacks resources, or has other more urgent priorities. It will be especially disappointing for recent signatories who have made efforts to join and get buy in domestically.