

Note on IHP+ mission to Haiti

6 December 2013

BACKGROUND

In May 2013 Haiti joined the IHP+ (International Health Partnership and related initiatives)¹ by the Minister of Health signing the IHP+ Global Compact during a ceremony in Geneva co-chaired by the WHO Director General and the World Bank President.

Around the same time, global health leaders had reconfirmed their commitment to IHP+ and its underlying principles of aid and development effectiveness. This included an emphasis on commitment to intensified action by all development partners focusing on a number of critical areas where they need to change their behavior in order to accelerate progress (the so-called Seven Behaviors²). Countries were invited to come forward to fast track these commitments into concrete improvements of aid effectiveness at the country level.

Following discussions with the Director of PAHO in September, the MoH requested IHP+ to field a short mission to outline the IHP+ principles and approaches and assist Haiti to assess how best it could take advantage of these.

OBJECTIVES

- Brief MoH and its partners on IHP+.
- Agree what of IHP+ principles and approaches as well as general involvement at present could be of use to Haiti.
- Develop a road map on how to go forward on selected IHP+ principles and approaches, including the role (if any) of IHP+ to support this.

TEAM AND DATES

- Finn Schleimann, IHP+ Core Team, World Bank
- Gerard Schmets, Coordinator, WHO

The IHP+ Team was assisted both in preparing and during the mission by Jean Luc Poncelet, the WHO Representative to Haiti, and Jackie Gernay and the rest of his team. It was furthermore assisted by Sunil Rajkumar, World Bank TTL, and his team.

The Team was in Haiti October 21 – 24, 2013

OBSERVATIONS

The Team started its work by meeting Her Excellency the First Lady, Mme Sophia Martelly, and the Hon. Minister of Health, Dr. Florence Guillaume. The Minister outlined Haiti's priorities particularly the focus on delivery of primary health care and on monitoring results.

At a subsequent meeting with senior staff from MoH (Ministère de la Santé Publique et de la Population), those priorities were echoed and a focus on mutual accountability for supporting the national health strategy was added. In addition to the meetings with MoH officials the Team met a number of developing partners (PTF – Partenaires Techniques et Financiers).

Finally, a debriefing of the Minister of Health took place at the end of the mission, where the observations and suggestions were generally well received as being a positive contribution to taking forward the aid effectiveness agenda in Haiti's health sector.

¹ <http://www.internationalhealthpartnership.net/fr/accueil/>

² <http://www.internationalhealthpartnership.net/fr/nouvelles/article/seven-behaviours-how-development-partners-can-change-for-the-better-325359/>

See Annex 2, list of persons met.

Based on these meetings and a review of available key documents the Team noted the following regarding aid and development effectiveness in Haiti:

- There is a National Health Policy (2012) in place (Politique Nationale de Santé), that was developed in consultation with stakeholders.
- A 10 year strategic plan (“Plan Directeur de Santé 2012-2021 – draft 2012) and a 3 year Operational Plan are nearly finished. The team did not review the final version of the Plan Directeur and the 3 years Operational Plan, but was informed that neither are costed.
- Depending upon their actual involvement in discussions and contributions, Development Partners (PTFs) had very different perception on the level of participation in developing the Plan Directeur and the Operational Plan. Without assessing the justification of such perceptions, the Team wish to point out that in order to further improve collaboration and foster mutual accountability for implementing the plans, it would be important that all partners feel equally involved in the future.
- In the health sector a forum for collaboration has been functioning for some time, namely the Table Sectorielle Santé chaired by the Ministry and comprising development partners and CSOs/NGOs. Within the framework of the CAED (Cadre de Coordination de l’Aide Externe d’Haiti), the Ministry of Planning (MPCE - Ministère de la Planification et de la Coopération Externe) has now issued guidelines for all sectors regarding establishing Table Sectorielles. Complying with these new guidelines it is expected that the MoH will be able to keep its present arrangement, but probably include CSO/NGO representation. Supplementing the Table Sectorielle is a Groupe Sectoriel that includes all PTFs and helps to improve coordination between PTFs both in general as well as in relation to be a useful dialogue partner to the government.
- Haiti’s health sector is blessed by having many partners. But this also creates a very diverse picture and the potential for fragmentation, and the Team got the impression that it could be difficult to keep an overview of what support is given to different units, programs and geographical areas. The suggestion of supporting the MoH to have a clearer overview in order to improve coordination, alignment and efficiency was put forward by some persons interviewed. Most of them also suggested to make the Table Sectorielle more effective through focusing on specific thematic key issues (in lieu of presenting ongoing activities of each individual partner).

SUGGESTIONS

GENERAL

The Table Sectorielle provides a very good foundation for the MoH to intensify dialogue and accelerate coordination, harmonization and alignment.

Most partners agreed that establishing Thematic Sub-groups, consisting of MoH and its partners and reporting to the Table Sectorielle, would be important for in depth technical discussions on cross cutting and sub-sector issues. This would also have the potential of increasing coordination, harmonization and alignment.

The MoH has a great opportunity to rally partners around key government strategies such as Results Based Financing, the Single Integrated Supply System and Community Health Workers. While some problems exist, particularly regarding the supply system that involves more than 15 different entities, and where the lack of adherence to the Single Integrated Supply System was highlighted by the Minister, useful policies and modalities are in place and could be the foundation of a harmonized and aligned effort to rapidly improve service delivery at the primary level, a high priority to MoH.

When the government’s Plan Directeur and Operational Plan are finalized and a prioritized budget for the Operational Plan developed, a Compact could form the framework for specifying the support committed by the PTFs as well as the government, and for specifying mutual accountability indicators and expected results. IHP+

experience in developing compacts could be used to develop both the Haiti National Compact and its mutual accountability framework. See also Annex 1 point 1 & 5.

The Team finds that developing a mechanism, probably within the Department of Planning (UEP) that systematically maps donor as well as government resources (funds, commodities & TA) both in terms of distribution against programs, institutions and geographical areas would assist the MoH to better plan and balance resources against needs and strategic priorities. This would need technical and financial assistance from the donor community.

The finalization of the Operational Plan is an important step towards defining government priorities that the PTFs can then align with. In order to further improve this alignment it will be important that the Operational Plan be translated into budget priorities based on a costing of its elements and on estimating available funding. As part of such a prioritization elements of the JANS Tool may be used in the process of defining the key funding priorities (see Annex 1 point 2). An inclusive exercise involving partners (PTF and CSOs/NGOs) may increase confidence in the Operational Plan and thereby improve alignment of funding for it.

PROPOSED NEXT STEPS

- A. Increase the use of the Table Sectorielle as the key element to accelerate harmonization and alignment.
- B. Establish Thematic Sub-Groups in important areas, such as Monitoring Results & Evaluation, Results Based Financing, Single Integrated Supply System and Community Health Workers.
- C. Discuss and reach a consensus between MoH and PTFs on harmonized support strategies aiming at rapidly improving service delivery at the primary level.
- D. Consider the usefulness as well as the transaction cost of establishing a Compact between MoH and its partners (see also Annex 1, point 1 as well as point 5).
- E. Consider the utility of establishing a continuous mapping of donor (and government) resources.
- F. Develop a prioritized budget framework – based on costing, available budget and an assessment of key priorities – for the Operational Plan (see also Annex 1, point 2).
- G. Based on steps E and F increase coordination and harmonization of funding, commodities and TA to provide harmonized and balanced support for the government’s Plan Directeur and Operational Plan including filling any gaps that may exist.
- H. Consider if any further assessment of aid and development effectiveness in the health sector is needed, and if so how this can best be done.

To be noted that, as this mission was very short and therefore unable to in depth with all issues, the MoH and its partners may consider whether further technical support is needed for the proposed next steps. It could include consultants’ technical assistance, a task force of government and partners, a follow-up IHP+ mission, or a combination of these. Also, IHP+ has funds available in the form of country grants (see Annex 1 point 6) that, although very limited in size, could be used as catalytic funding to start up selected initiatives to improve aid effectiveness that the MoH and its partners may identify - such as some of the recommendations (e.g. D, E and G). The IHP+ Core Team will be happy to provide any required information on this.

Finally, the Team wishes to warmly thank the Minister and her staff for the very kind reception and assistance. It also wishes to thank the development partners for accommodating the requests for meetings, and not least the WHO Office for its substantial technical and logistical support.

ANNEX 1: IHP+ APPROACHES AND PRODUCTS USEFUL TO HAITI

1) COMPACT

Upon finalizing the Plan Directeur and the Operational Plan, Haiti may find it useful to enter a specific agreement between the MoH and its partners on the support for the strategy and plan, including monitoring of this mutual accountability for the support and results.

L'introduction générale: <http://www.internationalhealthpartnership.net/fr/questions-cles/pactes-nationaux>

Development of a Country Compact: Guidance Note (IHP+ 2013) – L'élaboration d'un Pacte Nationale: Note d'orientation (IHP+ 2013) -

http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/Country_Compacts/ihp_guidance_compact_fr_web.pdf

Développement d'un pacte national: quelles sont les ressources nécessaires et quels sont les avantages ? -

http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/Country_Compacts/D%C3%A9veloppement%20d%27un%20Pacte%20national.Ressources%20n%C3%A9cessaires%2Bavantages.Dec2012.pdf

2) L'ÉVALUATION CONJOINTE DES STRATEGIES NATIONALES DE SANTE (JANS)

Haiti may find the JANS approach and Tool useful if it is decided to develop a prioritized budget for the Operational Plan.

L'introduction générale: <http://www.internationalhealthpartnership.net/fr/questions-cles/planification-nationale-de-la-sante-jans/>

Évaluation conjointe des stratégies et plans de santé nationaux: Outil et guide (IHP+ 2013) -

http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/JANS/JANS%20ToolGuidelines_Vers3_aug2013_fr_final_website.pdf

Comment mener une évaluation conjointe d'une stratégie nationale de santé (JANS)1 d'après l'expérience recueillie dans les pays: Document de travail détaillant les différentes options pour mener une JANS sur une stratégie de santé sectorielle ou sous-sectorielle (IHP+ 2013) -

http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/JANS/JANS%20options%20paper_FR_revised_aug13_final_website.pdf

3) HARMONISER ET ALIGNER LA GESTION FINANCIÈRE

Most countries are very keen to reduce the number of different donor accounting and reporting systems and ultimately have all donors using the government financial management system, as this would reduce waste and increase efficiency. IHP+ is able to support efforts to improve financial management harmonization and alignment, also outside the scope of the Country Grant mechanism. The IHP+ Core Team includes a financial management specialist who can help in establishing the right kind of support.

L'introduction générale: <http://www.internationalhealthpartnership.net/fr/outils/evaluation-de-la-gestion-financiere/>

Harmonisation de la gestion financière: Questions fréquentes (IHP+ 2013) - http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/Financial_Management_Assessment/FM%20Harmonization_%20QA%20Final_FR_Sep%202013.pdf

4) PLATEFORME UNIQUE DE SUIVI ET D'ÉVALUATION

Harmonizing development partners requirements for indicators and reporting, and aligning it with the government systems has recently been identified as a high priority by global health leaders and work agreed at their meeting (co-chaired by the WHO Director General and the World Bank President) is ongoing. Monitoring of results was identified as a priority by the Minister and improving the health sector monitoring and evaluation system in Haiti may benefit by some of the guidance provided by IHP+.

L'introduction générale: <http://www.internationalhealthpartnership.net/fr/questions-cles/plateforme-unique-de-suivi-et-d%e2%80%99evaluation/>

Suivi, Evaluation et Revue des Strategies Sanitaires Nationales: Plateforme de Pays pour l'Information et la Redevabilité - http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/M_E_Framework/S%26E%20de%20strag%C3%A9gies%20sanitaires%20nationales.2011.pdf

Un analyse d'expérience des examens annuel conjoints: Joint Annual Health Sector Reviews: A review of experience - http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Results_Evidence/HAE_results_lessons/ihp_jar_final_web.pdf

5) REDEVABILITE MUTUELLE

A mainstay of IHP+ is the emphasis on mutual accountability for supporting the national health strategy and plans and for the results – mutual accountability was identified as one of the priorities in Haiti.

L'introduction générale: <http://www.internationalhealthpartnership.net/fr/questions-cles/redevabilite-mutuelle/>

6) SUBVENTIONS AUX PAYS POUR LES DOMAINES D'ACTION DU IHP+

Les subventions catalytiques aux pays du Partenariat IHP+ ont été décidées afin de faciliter le caractère inclusif des dialogues de politique et les processus de gestion de partenariat. Ces subventions ont reçu une reconnaissance des pays et vont continuer mais elles seront adaptées au vu des expériences.

Les subventions seront surtout attribuées aux nouveaux signataires du Partenariat, ou à ceux qui n'en n'ont jamais reçu.

Portée: les subventions peuvent soutenir: des processus à caractère inclusif de dialogue politique, notamment l'engagement de la société civile et d'autres acteurs non-étatiques, la construction de la confiance dans les plans grâce à des évaluations conjointes, des pactes nationaux ou autres mécanismes de partenariat, la mobilisation de soutien à un seul système de gestion financière et à une unique plateforme de suivi et d'évaluation, et approches locales à la redevabilité mutuelle.

Gestion des subventions: le principe de la préparation des subventions et de compte rendu “par petites touches” va se poursuivre. Comme c’est le cas maintenant, l’utilisation des fonds du Partenariat doivent faire l’objet d’un accord entre le Ministère de la Santé et les partenaires de développement, et facilitée par les employés de l’OMS et de la Banque mondiale dans le pays. Par contre, un accent plus grand est mis sur le fait qu’il faille démontrer que l’usage fait des fonds correspond aux produits définis pour le pays. Les demandes de subventions et les rapports seront postés sur le site internet du Partenariat IP+ dans un esprit de partage de l’information et de transparence.

Generally the amount is limited to 100,000 USD, usually divided in two tranches. The proposal – which can be short, but should include specific deliverables and time-line - for funding should be submitted to the IHP+ Core Team.

ANNEX 2: PERSONS MET

GOVERNMENT

Her Excellency the First Lady, Mme Sophia Martelly, and the

MoH:

Hon. Minister of Health, Dr. Florence Guillaume

Dr Lourdes Marie Belotte, special advisor to the Director General

Dr Alceus, Director of the Unite d'études et de programmation (UEP)

Dr Maryse Gourdet, Conseiller Technique a UEP

Dr Julio Desormeaux, advisor at UEP

Dr Yonel Antoine, Economiste a l'UEP

Dr Darline Carre Theodore, Director of the Organization of Health services: direction de l'organisation des services en santé (DOSS)

Dr Jocelyne Pierre Louis, Director of Health promotion and environmental health

Deputy director of that unit

Dr Delouche, director of the expanded program of immunization

Mme Irma Bois: director of nursing services

DPS

Ambassade de **Brésil**: Fabiana Schwartz

Ambassade du **Canada**: Karen Christie, Première Secrétaire

Ambassade de **France**:

Frederic Paruta, Deuxième Conseiller

Jacqueline Coulon-Monteil, Attachée de Coopération

Isabelle Haboury, Chargée de Mission

PAHO/WHO:

Jean Luc Poncelet, WHO Representative

Jackie Gernay, Coordinatrice HSS

Souad Lakhdim, Program Management Advisor

UAECs: Claire Lebrun, Consultante

UNFPA: Michel Bum, RHCTA

UNICEF:

Stefano Savi, Dpty. Representative

Francine Kinanwa, Chef de Santé

USAID/USG:

Michelle Russel, Health Office Chief

Susanna Baker, HSS Team Leader
Elsy M Sainave, HSS Advisor
Stephane Mousseau, S.I.

World Bank:

Sunil Rajkumar, Senior Economist
Eleonora Cavagnero, Health Specialist
Mirja Sjoblom, YP
Isabella Siméon. Coordinatrice de Projets