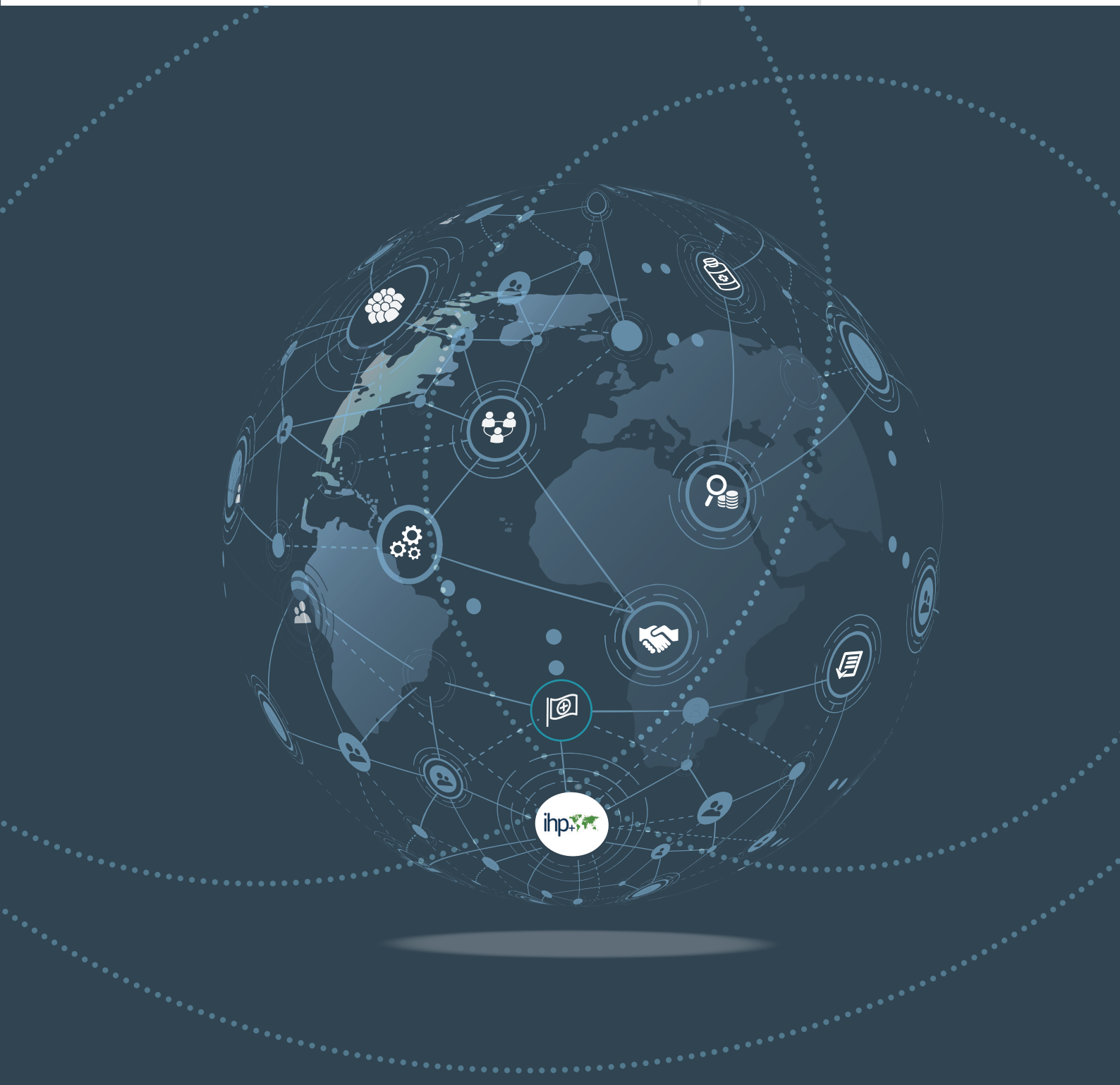
ihp results

EXECUTIVE SUMMARY

Progress in the International Health Partnership & Related Initiatives (IHP+)

2016 PERFORMANCE REPORT



ihp+ results

Performance on IHP+ indicators in the 5th monitoring round

Legend

Progress (at least 3% increase over 2014 monitoring round)	Stagnation (within +/- 3% of results in the 2014 round)	Decline (at least 3% decrease from 2014 monitoring round)	Not comparable with 2014 monitoring round	Not applicable

	Government	Development partners
Health sector strategies and mutual accountability		
Proportion of countries with a national health sector strategy in place and proportion of development partners that align their programmes with national priorities	100%	100%
Proportion of countries with a comprehensive monitoring and evaluation framework in place and proportion of development partners that exclusively use the national monitoring framework	80%	47%
Mutual accountability mechanisms are in place and used by development partners	80%	73%
Health sector financing commitments		
Proportion of government health sector budget execution and proportion of development partner health sector support budget execution	86%	71%
Proportion of governments that have a 3-year rolling budget or MTEF in place and proportion of development partners of which the government has information about their next 3 years forward looking expenditure plans	66%	35%+
Proportion of countries where the contributions of development partners are (at least partly) reflected in the national budget and proportion of development partner support to government registered in national health budget	77%	53%
Use of national management systems		
Proportion of countries where the public financial management system adheres to good practices (CPIA) and the proportion of support using national financial management procedures (development partners)	55%	53%
Proportion of countries with sufficient development partner support for strengthening public financial management system	NA	50%*
Proportion of countries with a government-led plan for procurement and supply systems and proportion of development partners that use national procurement and supply systems at least for some procurement	93%	41%
Proportion of countries with sufficient development partner support for strengthening public procurement and supply systems	NA	100%*
Proportion of countries with an agreed national technical assistance (TA) plan and the proportion of development partners that provide TA in accordance with this plan	21%	Not assessed
Recipient institutions are involved in developing the terms of reference and in the selection of TA	79%+	96% / 85%*
The proportion of countries where the ministry of health benefits from south-south or triangular cooperation (SSC or TrC) and the proportion of development partners that supports this type of cooperation	67%**	79%#
Support for engagement of CSO and private sector in health policy dialogue		
Proportion of countries where CSOs participate in health policy dialogue and proportion of development partners that have institutional mechanisms to involve CSOs in programme development and oversight; and use them	93%	80% / 70%
Proportion of governments that have feedback mechanisms in place to CSOs	77%	NA
Proportion of governments and development partners that provide either financial resources, training or technical support to CSOs	83%	66%
Proportion of countries where the private sector participates in health policy dialogue and proportion of development partners that provide support for private sector participation in national health policy dialogue	63%	70%
Proportion of development partners that provide financial or technical support to the private sector	NA	49%
Proportion of governments that have feedback mechanisms in place to the private sector	63%	NA
Proportion of development partners that include private sector organisations in stakeholder consultations and other participatory structures for their programme	NA	70%

+ As reported by government
* As reported by development partners
** 20/30 countries reported they either benefit greatly, most of the time or sometimes from SSC or triangular cooperation
# Not all development partners had the same understanding of SSC or triangular cooperation

Executive Summary

The International Health Partnership (IHP+), launched in 2007, is in its tenth year of operation. IHP+ is a group of partners committed to improving the health of citizens in developing countries. The partnership is open to all governments, development agencies and civil society organisations (CSOs) involved in improving health and willing to adhere to the development effectiveness principles as outlined in the IHP+ Global Compact for achieving the health-related Sustainable Development Goals (SDGs). In 2016, IHP+ included 37 government and 29 development partners and evolved into the International Health Partnership for UHC 2030 (UHC2030). The name IHP+, however, continues to be used in this report when referring to performance in 2014 and 2015.

The 5th IHP+ monitoring round started in 2016 and tracked progress on the implementation of eight practices for effective development cooperation (EDC). Under the direction of the ministries of health in IHP+ partner countries, quantitative and qualitative data were collected and analysed for indicators of performance for each practice. The number of participating governments increased from 24 in the 4th round to 30 in 2016. Thirty-five development partners participated, including bilateral development agencies, UN agencies, development banks, global health initiatives and private foundations. When information on the performance of governments and development partners was available from previous monitoring rounds, progress was assessed against the results of the 4th monitoring round (2014), and trends among those IHP+ partners (14 countries, 14 development partners) who participated in the three latest rounds (2012-2016) were analysed. Additional information was collected in an on-line survey and in focus group discussions with CSO and private sector representatives. In 24/30 countries, the results of the assessments were discussed among health sector partners. In the remaining countries they were provided to each participant for validation. Action plans to overcome bottlenecks and constraints in the implementation of EDC practices were so far developed in 15 countries, and pilot initiatives to integrate EDC monitoring in national performance monitoring frameworks were launched in Togo and Sudan. In parallel, 14 development partner agencies participated in a global review of policies, procedures and practices related to EDC.

Commitment 1: Establish strong health sector strategies that are jointly assessed and strengthen accountability

Commitments
A strong single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy and underpinning sub-sector strategies through a process of inclusive development and joint assessment, and a reduction in separate exercises. **Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.**
Achievements
Partner alignment with health sector strategies, and participation in joint strategy assessments and joint sector reviews have strengthened, but need to be matched by increased reliance of development partners on national performance monitoring frameworks and systems. Mutual accountability mechanisms are not sufficiently inclusive and conditions for meaningful participation by civil society and private sector organisations are often not met.

There has been progress since the 4th IHP+ monitoring round. All participating governments have a health sector strategy, most often developed and assessed with participation of development partners. All development partners confirmed that they align their programmes with national health sector or sub sector priorities. Many development partners participate in joint sector or sub-sector strategy assessments (JANS), but not consistently in all countries. Most development partners continue to require additional sector or sub-sector strategy assessments for defining their own programme.

Most governments have established comprehensive health sector performance monitoring frameworks but less than half of the development partners rely exclusively on these. Most development partners monitor additional indicators that are not included in the national framework and maintain monitoring frameworks and processes that are specific to their programme. This was also confirmed by the global review of development partner policies.

Most governments have established mutual accountability mechanisms for health sector performance such as joint annual sector reviews (JARs). Development partners increasingly participate in these mechanisms. Governments report the participation of CSOs in about 75 percent of the national strategy assessments and health sector reviews, and private sector participation in about 50 percent. CSOs, however, state that participation is not sufficiently inclusive and conditions for meaningful participation are often not met. Private sector representatives in most countries consider their participation pro forma and not meaningful. The absence or weakness of national representative bodies for civil society and the private sector are cited by governments and development partners as major constraints.

Commitment 2: Improve the financing, predictability and financial management of the health sector

Commitments

Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.

Achievements

The health sector budget execution rate calculated for all participating governments in 2014 (24) and 2016 (30) has increased, but among the 14 governments that have participated since 2012 it declined in 2016 after an initial increase in 2014. Information about three-year forward looking expenditure estimates remains stagnant for governments and development partners, as well as on-budget registration of development partner funds.

Governments increasingly execute their health sector budgets according to scedule but the execution rate of development cooperation budgets for health declined compared to the assessment in 2014. Only two-thirds of governments establish and publish health sector expenditures for the next three years. Governments continue to be poorly informed about the three-year forward expenditure plans of development partners.

In about three-quarters of the participating countries at least some development cooperation funds are reflected in the national health budgets, in total covering 53 percent of development partner funds for the public sector. The levels of on-budget registration are comparable to previous monitoring rounds. Some countries have not established budgetary mechanisms that permit the registration of international cooperation funds, and some development partners are not aware that on-budget registration increases transparency and improves national health planning.

Commitment 3: Establish, strengthen and use country systems

Commitments

Financial management systems are harmonised and aligned; requisite capacity building done or underway, and country systems strengthened and used.

Procurement/supply systems are harmonised and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.

Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies through south-south and triangular cooperation.

Achievements

Development partners make better use of national public financial management systems than assessed in 2014, although not better than in 2012. Only half of them use national procurement systems. Most development partners provide technical assistance in agreement with recipient institutions. Few governments have sector-wide technical assistance plans and fewer development partners use them.

Governments in almost all countries confirm that programmes to strengthen national public financial management (PFM) systems are in place. Development partners in half of the partner countries report that sufficient support to strengthen the systems is available. In the global review of development partner policies, seven of the 14 ODA agencies confirmed that strengthening national PFM systems is an explicit objective of their health sector support programmes, and nine of them stated that the use of national PFM systems is a default option for health sector support to governments. However, the proportion of governments with reliable public systems for budget execution, financial reporting and auditing has not increased according to assessments by the World Bank. In countries with relatively robust systems there is a slight increase in the development cooperation funds that are disbursed using national budget execution procedures compared to the 4th monitoring round, but among the partners with serial data since the 3rd round it is at the same level as in 2012.

Most governments have national systems for health sector procurement and supply management (PSM). Almost all agree that the systems require strengthening, and half of the governments consider current development partner support for this task to be insufficient. In contrast, development partners in all countries consider that governments receive sufficient support to strengthen PSM systems. The use of the public sector PSM systems by development partners is limited. Although 42 percent among them use it for some procurement, this often only applies to national and small volume procurement. In the global review of development partner policies, only five of the 14 ODA agencies stated that strengthening national procurement systems was an explicit objective of their agency's health sector cooperation programme.

Development partners involve governments and other recipients of technical assistance in the development of terms of reference and the selection of staff, but governments report lower performance on this indicator. Only a minority of governments have a national health sector technical assistance plan, and only one government reported that international development partners always adhere to this plan. Some development partners question the utility of sector-wide planning of technical assistance and prefer more targeted sub-sector or programme-specific plans. In the global review of development partner policies only three of the 14 ODA agencies stated that they have an explicit policy demanding technical assistance to be provided under a sector-wide technical assistance plan developed jointly by governments and development partners. Access to south-south technical cooperation by governments remains modest despite reports by most development partners that they provide support for this modality.

Commitment 4: Create an enabling environment for the participation of civil society organisations and the private sector in the health sector

Commitments
Civil society operates within an environment which maximises its engagement in and contribution to health sector development. **Private sector has the space to participate in the development and implementation of effective, efficient and equitable health policies.**
Achievements
Governments and development partners continue to provide support for CSOs to engage in health policy, but this support is not inclusive. Overall, engagement with and support for the private sector are weak. Lack of, or weakness of nationally representative bodies for both CSOs and the private sector are identified as major constraints to stronger engagement. In the majority of countries, private sector health services are not captured in the national health information systems.

Almost all governments report civil society participation in the development, implementation and monitoring of health policies, but many recognise that the quality of participation could be improved and broadened. Three-quarters of governments have mechanisms to provide feedback on health policy and programme decisions to CSOs. Most governments provide either financial resources, training or technical support to CSOs to facilitate their participation in the national health partnership.

Most development partners have institutional mechanisms to involve CSOs in programme development and oversight, and the majority report that they use them. They are less concerned about including a broad range of civil society organisations, and more with the overlap of their own programme focus with the organisations' profiles. Inclusiveness, for many development partners, is a national issue to be addressed by governments. Among all participating development partners, the level of support of CSOs is slightly higher than in the 4th monitoring round. However, among those with serial data for the last three rounds, the support weakened when compared to 2014, but was still above 2012 levels. Only ten percent of development partners mentioned specific objectives of their CSO support that could be linked to strengthening CSO participation in the health dialogue, such as support for networking, advocacy or watchdog activities. Of the 14 agencies that participated in the review of development partner policies, 13 confirmed that they support the participation of CSOs in health sector policy processes.

CSOs that responded to the on-line survey or participated in focus group discussions rate their support by government and by development partners considerably lower. A small number of organisations receive frequent financial, technical and training support and are closely involved in national health policy discussions and in programming decisions of development partners. For the majority, however, this support is rare or absent, and the involvement in programme and policy discussions peripheral. They are invited to participate after decisions have already been made. Although more than half of the CSOs are part of a network or coalition to facilitate their participation in the health policy dialogue, the lack of a representative voice for CSOs was raised in several countries by governments, development partners and some CSOs.

Two-thirds of governments report private sector participation in the national health policy dialogue, and mechanisms to provide feedback to the private sector, although many among them acknowledge that the participation is limited and the feedback not systematic. Private sector health services are only fully captured in the national health information system in six countries. Weak capacity of ministries of health to work with the private sector, and weak capacity to manage and enforce systems for accreditation and assurance of service quality were mentioned by governments as well as by private sector participants in focus group discussions.

A considerable proportion of development partners include private sector organisations in stakeholder consultations or involve them otherwise in their programme development and implementation. In the global review of development partner policies, eight of the 14 ODA agencies confirmed that their policies and strategies included explicit statements about promoting the involvement of the private sector in health sector development. However, the main feedback from the private sector focus groups is that involvement with development partners as well as with government is weak and rarely systematic. Lack of nationally representative bodies for the private sector or a platform for dialogue with government is identified as a major constraint to stronger engagement.

The interface of development cooperation and humanitarian assistance in health

Humanitarian assistance funding for the health sector is largely provided outside the framework of the EDC mechanisms and processes established at country level. Humanitarian aid has its own principles and systems for coordination, but there is a need among development partners to develop a consensus about the interface between development cooperation and humanitarian assistance in health and the application of EDC principles.

Data collection on humanitarian assistance for the health sector was attempted in eight countries with overall high levels of humanitarian assistance funding because of recent or long-standing crises. Information provided by development partners suggest that between zero and 76 percent of international health sector support for any country may be channelled through humanitarian assistance. The reliability of these data is, however, questionable because the humanitarian assistance budgets of some development partners are not differentiated by sector, and the country-based development agency staff is not fully informed about all humanitarian interventions of their own agency or country. Only one of the eight ministries of health reported that it was fully informed about humanitarian assistance funding in the health sector.

Conclusions and the way forward

To achieve progress in effective development cooperation in the health sector, partner governments and development partners should enhance their efforts to meet the commitments of the IHP+ global compact. To achieve this, governments and development partners should implement actions to overcome identified constraints and bottlenecks. Furthermore, IHP+ partners should continue to review and update the framework of EDC practices and the monitoring framework to adapt them to the evolving context of international cooperation in health. For this purpose, the report provides 30 recommendations.

Recommendations for government partners focus on continued efforts to strengthen systems and mechanisms for mutual accountability, performance monitoring, budget planning and financial administration, public financial management, procurement and supply management, technical assistance planning, south-south cooperation, and the more inclusive involvement of civil society and the private sector.

Recommendations for development partners are for greater use of joint strategy assessment and joint sector reviews in guiding and monitoring their own cooperation programmes, continued support for strengthening national information systems for health and vital statistics, a more systematic and transparent approach to communicating forward-looking expenditure plans and the on-budget registration of cooperation funds, continued support and greater use of national public financial management and procurement and supply management systems, capacity support to ministries of health for the coordination and management of technical assistance and the engagement in south-south technical cooperation, and enhanced advocacy for the involvement of civil society and private sector organisations in the national health dialogue. In the development partner countries, an additional effort is also required to communicate and discuss EDC principles with private sector actors and other government entities that are increasingly involved in delivering programmes within the national ODA envelope.

Recommendations for the UHC2030 partner group include a review of the framework of EDC practices in terms of its applicability to cooperation with middle-income countries, emerging economies and fragile states, as well as to the intersection of humanitarian assistance and development cooperation in health. Several recommendations focus on the future of EDC monitoring, including to improve the cooperation and alignment with the GPEDC monitoring process, to ensure the commitment of development partners to UHC2030 monitoring, to review the constraints in the application of EDC principles identified by the global review of partner policies, procedures and practices, to continue the country-based approach to monitoring under the leadership of the national ministries of health, to further explore opportunities for institutionalising EDC practice monitoring in country systems, and to review the monitoring tools on the basis of lessons learned in the implementation of the 5th monitoring round.

In response to the health-related sustainable development goals (SDGs) adopted in 2015, the IHP+ steering committee and IHP+ signatories agreed to expand the scope of the IHP+ to include coordination of health systems strengthening (HSS) towards the achievement of universal health coverage (UHC), and to broaden the base of the partnership to respond to the health-related SDGs. The new 'International Health Partnership for UHC 2030', created in September 2016, will continue to work on improving effective development cooperation in countries receiving external assistance, but will broaden its scope to also focus on HSS and domestic spending in all countries and promoting accountability and advocacy for UHC as well as knowledge-sharing. One challenge for UHC2030 will be to maintain the interests of governments and development partners in effective development cooperation. Holding governments and development partners accountable for their commitments and assessing effectiveness of development cooperation should continue and can best be done within a framework that captures all financial resources, including domestic financing, and that links resource inputs and health system strengthening with the overall goal of reaching the health-related SDGs. In order to take into account the new global aid architecture and the overall goal of universal health coverage, there is a need to revisit the content and the application of the EDC framework.

Lessons learnt from the approach of the 5th IHP+ monitoring round

The approach adopted by the 5th IHP+ monitoring round was a large step in the evolution of EDC performance monitoring. Compared to the 4th round, the scope of data collection was increased by collecting more qualitative information which resulted in a more meaningful analysis of the main findings for discussion at national level. However, it also increased the complexity and the transaction costs of monitoring.

For the first time, skilled national experts were engaged in each country. They were familiar with government and sector stakeholders and supported the ministries of health in collecting, validating and analysing the information. This was a key factor of success in most countries.

Discussion of findings and the development of action plans were included for the first time after two pilot experiences in Mali and DR Congo in 2014. This added value to the IHP+ monitoring process, although not in all countries. Leadership of government and full engagement of development partners at country level was a key to success.

The engagement of the GPEDC focal points and of the ministries of finance in the monitoring process and the subsequent discussions of findings was weak or absent in most countries. More collaboration between GPEDC and IHP+ monitoring would potentially enhance the value of both processes.

The global review of partner policies, procedures and practices among 14 participating development partner agencies that was included for the first time in the monitoring process provided insight into factors at institutional, national and global levels that may facilitate or constrain the implementation of EDC practices. The study raised several issues that could inform the approach and scope of future monitoring rounds. The methodological approach should, however, be reviewed. The political context in which national ODA policy is formulated and implemented is highly complex, and should be taken into account when scoring EDC behaviour of development partners. This does not diminish the need to continue holding IHP+ partners accountable for their commitments at global and country levels.

SUMMARY TABLE OF GOVERNMENT PERFORMANCE

	EDC 1 The national health strategy has been jointly assessed	EDC 5 Joint assessment of progress towards targets has been undertaken in the last two years (JARS, MTRs, etc.)	EDC 2A Government funds are disbursed predictably	EDC 2B Government resources are planned over more than one year	EDC 2C Health sector resources reflected in the national budget include contributions of individual development partners	EDC 3 Country public finance management systems are of good quality (CPIA = or > 3.5)	EDC 4 Government plan for national procurement and supply exists	EDC 6 Agreed national TA plan for the health sector exists	EDC 7 Government supports meaningful engagement of civil society organisations	EDC 8 Government provides sufficient and timely information to private sector to facilitate their input into health policy processes
Afghanistan	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Benin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burkina Faso	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cambodia	✓	✗	✓	✓	✓	✓	✓	✗	✓	?
Cameroon	✓	✓	✓	?	✓	✗	?	✗	?	✓
Cape Verde	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Chad	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗
Comoros	✓	✓	✓	✗	✓	✗	✓	✗	✓	✓
Cote D'ivoire	✓	✓	✓	✗	✓	✗	✓	✗	✓	✓
DRC	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
El Salvador	✗	✗	✓	✗	✗	?	✗	✗	✓	?
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gambia	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓
Guinea	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗
Guinea Bissau	✗	✗	✓	✗	✗	✗	✓	✓	✓	✗
Liberia	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
Madagascar	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗
Mali	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mauritania	✓	✓	✓	✗	✗	✗	✓	✗	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Myanmar	✗	✓	✓	✗	✗	✓	✓	✗	✓	?
Nigeria	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
Pakistan	✗	✓	✓	✗	✓	✗	✓	✗	✓	✓
Senegal	✓	✓	✓	✓	✓	✓	✓	?	✓	✓
Sierra Leone	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗
Sudan	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓
Togo	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓
Uganda	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Vietnam	✓	✓	✓	✓	✓	✓	✓	✗	?	✓
Zambia	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓

Rating symbols illustrate whether respectively the government and/or the development partners have **achieved the target** ✓, whether there is **evidence of action** ✓ or **no evidence of action** ×. Action is assessed by demonstrated evidence of work delivered against the indicator.

The number of countries for which the development partner has provided information is presented between brackets in table 2.

- ✓ Target achieved
- ✓ Evidence of action
- × No evidence of action
- ? No data available
- N/A Country system under development

SUMMARY TABLE OF DEVELOPMENT PARTNER PERFORMANCE

	EDC1 DP participates in joint sector or sub-sector assessments of strategic plan (JANS)	EDC5 DP participates in mutual accountability processes (JAR, MTR, etc.)	EDC2A DP funds are disbursed predictably	EDC2B Government has information about DP expenditure plans for three years ahead	EDC2C Government has information about DP expenditure plans for three years ahead	EDC3 DP uses country public finance management systems (in countries with CPIA = or > 3.5)	EDC4 DP uses national procurement and supply systems	EDC6 DP provides TA support according to the national health sector TA plan (only in countries where this exists)	EDC7 DP supports meaningful engagement of civil society organisations	EDC8 DP provides financial or technical support to strengthen the private sector in health
AFDB (1)	?	?	✓	✓	✓	?	?	?	?	?
Australia (2)	✓	✓	✓	?	✓	✓	✓	N/A	✗	✓
Belgium (5)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Canada (5)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Carter Centre (1)	✓	✗	✓	✗	✗	?	✗	✓	✗	✓
Clinton Health Access Initiative (1)	✓	✓	?	✗	?	?	✗	N/A	✗	✗
Denmark (1)	?	?	✓	✓	✗	✗	?	?	✗	?
European Commission (12)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Food and Agriculture Organization (1)	✓	✓	✓	?	?	✗	✗	N/A	✓	?
Foundation FAIRMED (1)	✗	✗	✓	?	✗	?	✓	N/A	✓	✗
France (6)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gates Foundation (3)	?	?	✓	?	✗	✗	?	?	✗	?
GAVI (25)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Germany (2)	✓	✓	✓	✗	✗	✓	✗	N/A	✓	✓
Global Fund (29)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ireland (4)	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
Italy (4)	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗
Japan (7)	✓	✓	✓	✓	✓	✗	✗	N/A	✓	✓
Korea (2)	✓	✓	✓	?	✓	✓	✓	N/A	✓	✓
Luxembourg (2)	✓	✓	✓	✗	✓	✓	✓	N/A	✗	✗
Monaco (1)	?	?	✓	?	✓	?	?	N/A	?	?
Netherlands (4)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Portugal (1)	?	?	✓	✗	✗	✗	?	N/A	✗	?
Spain (5)	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Sweden (3)	✓	✓	✓	✓	✗	✗	✓	N/A	✓	✓
Switzerland (3)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
United Kingdom (6)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
UNAIDS (8)	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
UNFPA (22)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UNICEF (28)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
United States (14)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UNODC (1)	✓	✗	✓	?	✗	✗	✗	N/A	✓	✗
WHO (27)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
World Bank (16)	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓

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