

Framework for initiating process in ‘fast-track’ countries

Recent meetings of Global Health Leaders have discussed and strongly support renewed action to change behaviours by international development partners that hinder progress in achieving the MDGs, identified in the IHP+ meeting in Nairobi in December 2012. On this basis, two separate but interrelated sets of activities need to be initiated and followed up.¹ The first is about agency action in relation to the seven behaviours, with organization-wide effect, and the second is about work in fast-track countries to learn about implementation and results. This note is about the second. Both should be seen as an integral part of IHP+ work, avoiding the creation of separate structures for management and oversight.

Getting started

- Countries agree to ‘fast track’
- Agency HQs inform their country offices
- Initial talk with WR and TTL
- Consultation with Ministries of Health (Core Team and/or WR + TTL)
- Country-based collective discussion through Partners Groups
- An initial country visit to get started may be required

Three Core Elements

A. Rapid Review and Diagnosis

- Stocktake of DP behaviours locally: understand current modus operandi in that country on 7 behaviours for major development partners, and to get at root causes of problems.
 - Where a behaviour is considered problematic, dig/challenge to understand why it remains a problem despite commitments: is it a local or central agency issue? related to source of funds, policy; standard operating procedures and organisational rules? lack of country systems and/or capacity?
 - Use stocktake to stimulate thinking about ‘newer’ less well-charted aspects of cooperation agenda – technical support; south-south cooperation
- Identify opportunities for and obstacles to change: issues likely to come up include
 - Agency funding cycles: some synchronised with national planning cycles, others not; may affect degree of change that is possible short term.
 - May need to investigate prospects for ‘exemptions’ / waiving of rules mid grant/loan to allow required modification of – e.g. results framework, use of country financial management systems, TA.
- Provide a simple, flexible analytic framework in order to establish a ‘baseline’ in relation to the behaviours to be changed, using in the first instance local resources and available reports/reviews, and providing external support as required.
- Support local stakeholders with independent facilitation, analysis and documentation, as required
- Results from stocktake to be discussed locally and within agency HQs to form the basis for sound action plans

B. Action Plan

- Agree actions, timeframe and expected results
 - what could be changed now, with early results; what later on eg with new loans/grants?
 - what can be done locally; what requires more structural change at headquarter offices?
 - what individual, what collective action?
- Define expected local results arising from changes in some or all of the 7 agency behaviours being tackled

¹ See Guidance Note and Note for the Record for 3rd Informal Meeting of Global Health Leaders, April 18, 2013, Washington DC

C. Documentation and Learning

- Agree on an approach to documenting change and results that relates not only what has changed but how this has been achieved
- Need local reviews of progress through existing partnership bodies
- Ensure lessons learned are documented
- Share findings widely: need to be short, clear analyses, not long descriptions.