



Future of IHP+

Feedback from IHP+ signatories and potential strategic directions

Preliminary report for IHP+ Steering Committee discussion on 27 March

Introduction

The IHP+ Steering Committee discussed the future of IHP+ at its third meeting in December 2014, based on an initial paper presented by the Core Team. Most committee members said there was a case for IHP+ to continue beyond 2015, while adapting to the post 2015 agenda. The committee agreed that the wider group of IHP+ signatories should be consulted before deciding whether to continue IHP+ and agreeing its future roles, strategic directions and how it should operate. Therefore the IHP+ Core Team organised a survey of IHP+ members in February 2015. Responses were received from 28 of the 65 IHP country and agency signatories – 12 from country governments (33%) and 16 from development partners (55%)¹. In addition the Steering Committee CSO representatives responded, one observer and several WHO offices (see annex for the compiled responses). This paper summarises the findings of that survey and identifies strategic directions that IHP+ could follow in response, as a basis for discussion in the Steering Committee teleconference.

Key themes from the consultation

Added value of IHP+

IHP+ has promoted and kept attention on the effective development cooperation agenda in the health sector. It has helped institutionalise the expectation that partners should support the national health strategy. Tools developed through IHP+ have contributed to increasing confidence in national strategies and provided mechanisms for increasing alignment and monitoring progress. The links between country and global level in IHP+ add value for some partners, providing a platform for bringing issues at country level to global agency attention.

Most responses said IHP+ should continue in the current format, to address the unfinished agenda of effective development cooperation

Most respondents felt that IHP+ should continue in the current format, while adapting to the post 2015 architecture and broader range of partners engaged in development cooperation. This reflected the view that the need to make more effective use of development cooperation has not gone away, although global development goals are changing. Seven partners (25% of respondents) did not want IHP to continue in the current format; the main reasons were either that IHP+ has lost its original political leverage and should recreate this, rather than operating mainly at a technical level; or that IHP+ has not adapted to the changing development cooperation architecture with the broader range of partners involved in development cooperation including private foundations, the private sector and new providers of development cooperation. One partner argued that the aid effectiveness agenda is no longer relevant.

Need to put principles into practice at country level

There remains strong support for many of the directions in the current IHP+ work programme. Both countries and development partners strongly endorsed work on developing a single country monitoring and accountability platform, and work to facilitate strengthening of and alignment with national financial management systems. There was support for work with selected countries to take forward the 'seven behaviours' of effective cooperationⁱⁱ. Development partners and CSOs placed greater priority on strengthening civil society engagement in sector policy and accountability processes than governments, while countries were more supportive than agencies of continuing monitoring of adherence to effective cooperation principles and country grants.

Looking at how IHP should develop in future, there was support for a more active role at country level, from countries and some development partners. This is intended to build countries' capacity to lead effective strategic planning, in the context of the new development goals in health, including through use of tools such as joint assessments and plans to strengthen and use national systems. How this enhanced country level role should be taken forward is less clear; country missions were suggested as one possible approach.

Engaging with a broader range of partners and initiatives

The issue of engaging a broader range of partners, particularly providers of south-south cooperation and emerging bilateral donors such as China, foundations and other private sector actors, was a strong theme from diverse partners. IHP+ was encouraged to engage with the design of new initiatives (such as the Global Financing Facility for women's and children's health) and current discussions on accountability arrangements post 2015, in part to identify scope for such initiatives to build on IHP+ experience and tools.

Stronger political commitment to action

Development agencies and countries encouraged IHP+ to do more to encourage and ensure countries and development partners meet their commitments to effective cooperation. This requires the political will by all parties to meet the commitments. Responses recognised that IHP+ has limited influence on agency behaviour at present.

Understanding the barriers to effective cooperation and adapting to context

There is a need to analyse why cooperation has not improved at country level, so that the underlying constraints can be addressed. IHP+ was encouraged to continue promoting effective cooperation behaviours to both development partners and governments, and providing opportunities for cross country learning. Some suggested IHP+ needs to be more responsive to different agency and country contexts, such as middle income countries, fragile and post-Ebola contexts.

Revisiting the link to health systems strengthening

There were also diverse suggestions for IHP+ to work on issues beyond its current focus on effective cooperation, including supporting various elements of health systems strengthening and promoting increased and innovative financing. These are important issues that affect health results; whether IHP+ is an appropriate forum to take on these issues, given the roles of other players, needs to be considered.

Adapting the structure and secretariat

There were some suggestions to change the structure and secretariat, including rotating the secretariat. These can be considered once the strategic directions are clear.

Potential IHP+ strategic directions based on the responses

IHP+ was established to promote implementation of commitments to effective development cooperation (originally, aid effectiveness) in the health sector. The rationale for this agenda is that it should lead to more efficient use of aid/development cooperation, with more sustainable impact, and hence have more impact on health resultsⁱⁱⁱ.

Development cooperation is expected to continue post 2015, and the case remains for making it as efficient and sustainable as possible. The issue is whether and how IHP+ can contribute to this. Five potential directions for IHP+ to consider, several of which could be combined, are:

1. **Focus on country level implementation of the “IHP principles”** to facilitate country leadership and put the seven behaviours into practice. The mechanisms to enable this, and to ensure that these principles are also applied by initiatives such as the GFF, will need to be defined. Likely approaches include country missions and technical support.
2. **Continue to support and develop monitoring and mutual accountability for effective cooperation.** This could include more extensive and tailored support to monitoring and accountability for the seven behaviours country level; and more analysis to understand why cooperation has not improved and what needs to change. IHP+ could work with individual agencies on how their policy and procedures need to change to increase the effectiveness of cooperation at country level. It could also promote greater engagement of civil society and parliaments. Global level accountability mechanisms could also be addressed, with the next step to identify how best to link up with global post 2015 accountability approaches.
3. **Incorporate a wider range of partners and types of cooperation**, including south-south cooperation providers and emerging funders such as BRICS countries, new financing mechanisms, private foundations and the private sector^{iv}. This requires interest from those partners, and changes in IHP+'s agenda to attract them. Initially IHP+'s role could be to share country experience on how to engage these partners at sector level and progress made.
4. **Raise the political profile and clout of IHP+**, in order to increase its influence on traditional development agencies, newer partners and new initiatives in health sector cooperation. How to do this remains a challenge – it requires leadership and commitment to action from the top level, supported by advocacy and engagement of global civil society.
5. **Take on a more explicit health systems strengthening agenda** alongside effective cooperation, perhaps linked to increasing equity and universal health coverage goals. This fits with existing work on improving financial management, M&E and procurement systems, as well as the broad approach of supporting health sector strategies. This was suggested in some responses. However it is less clear why IHP+ should take on this agenda and it would require a significant expansion of IHP+'s remit. This idea was considered in the past for IHP+ and rejected.

There remains the issue of whether to discontinue IHP+ as a separate partnership in development cooperation for health. Monitoring and mutual accountability of cooperation could be integrated with other post 2015 mechanisms while joint initiatives (such as harmonising financial management and developing a single monitoring platform) could be left to agencies and countries working together. Following initial feedback and discussion in the Steering Committee, the implications of the preferred directions for IHP+'s work programme, structure and secretariat will be developed further.

ⁱ **Responding countries:** Afghanistan, Benin, Burkina Faso, Burundi, Cameroun, Cambodia, Ethiopia, Gambia, Mauritania, Nigeria, Pakistan and Senegal. **Development Partners:** Belgium, Canada, France, European Commission, GAVI Alliance, Germany, Global Fund, Gates Foundation, Netherlands, Norad, JICA, Spain, Sweden, USAID, UNAIDS, and UNFPA. No corporate responses from WHO or World Bank so far.

ⁱⁱ IHP+ partners identified 7 behaviours where development partners can improve their assistance based on the global commitments to effective cooperation: support for the national health strategy; recording resources on budget and making funding predictable; strengthen and where appropriate, use country financial management systems; also procurement and supply systems; use a shared monitoring, evaluation and accountability platform; support south-south cooperation; and better coordinated technical assistance. There are corresponding behaviours for governments in these areas.

ⁱⁱⁱ For example, ways that effective cooperation behaviours contribute to efficiency and sustainability include:

- Providing cooperation in line with a well formulated national strategy helps ensure the cooperation is consistent with national health priorities and policies; this should have more impact on health and is more likely to be sustained after the external support stops than when a partner follows its own health priorities and approaches (support for national strategies does not mean all funding and technical support has to go through governments).
- strengthening and using national systems should reduce inefficiency of parallel systems and leave a functioning and sustainable system behind;
- coordination of technical and financial support will avoid duplication and enable lesson learning;
- joint reporting and accountability reduces fiduciary risks.

^{iv} The relevance of the effective cooperation agenda to the private sector and their interest in engaging in this agenda needs to be unpacked. The private sector is diverse and engages in different ways with the national health strategy, planning and delivery system, for example:

- Private foundations and contributors of funds, resources in kind or technical support as part of corporate social responsibility (e.g. Gates Foundation, Rockefeller Foundation, neglected tropical disease drug donations). They need to be aware of national policies and can make valuable contributions to strategy formulation, implementation and lesson learning.
- Private investors seeking to make a commercial return in the health sector, for example by developing and running hospitals, managing health insurance schemes, providing diagnostic services, running pharmacies or manufacturing medicines. They may be external or domestic. They can be a source of financing for sector development, sometimes supported by national or international public finance (although foreign investment appears more limited in health than in some other sectors). These investors need to be aware of national health policies and strategy, and conform with these. They may be less interested in participating in discussions on general health priorities and development cooperation. Their commercial interests in sector policy and strategies need to be managed.
- New social financing arrangements seeking a lower than commercial return, for example results based impact bonds. In general, results based mechanisms should support results that are part of the national health strategy and plans (although there may be cases where they seek to reach disadvantaged groups neglected by national plans). This requires coordination and understanding of sector strategy, but not necessarily participation in sector coordination processes.
- Non-state service providers including faith based and other non-government organisations. In many countries they are already engaged in sector policy and accountability processes, and some receive and manage international development cooperation.

IHP+ plans some further work on this issue in 2015.