

## Future directions for IHP+: sustaining and accelerating change Phase III work plan and budget 2012-13

### Background

IHP+ is now four years old. It was created to accelerate the building of sustainable health systems and better health outcomes by putting the Paris principles on aid effectiveness into practice. Since 2007, the global environment has changed and IHP+ itself has evolved. IHP+ has grown from 27 to 55 signatories (of which 30 are developing countries)<sup>1</sup>, and become progressively more country focused. At the global level, the economic downturn has changed assumptions about development assistance. The previous rise in Development Assistance for Health has slowed; there is less political willingness to take risks and an increased focus on value for money and results<sup>2</sup>. The 4<sup>th</sup> High Level Forum on Aid Effectiveness in November 2011, and the expected shift to a greater global focus on *development* effectiveness will be important for IHP+. IHP+'s working environment is also influenced by developments such as the Commission on Information and Accountability. From a country perspective, despite the economic downturn, the continued growth of organizations and initiatives in international health development perpetuates challenges to local ownership and governance<sup>3</sup>.

IHP+'s current work plan ends in December 2011. Over the last two years IHP+ has focused on increasing alignment with one national health plan by supporting

- More inclusive national sector planning processes
- Greater confidence in national plans through joint assessment
- More unified support to national plans, through country compacts
- One results monitoring platform, to track plan implementation
- Greater mutual accountability, by monitoring progress against commitments

A recent independent review<sup>4</sup> on options for future directions for IHP+ summarized achievements and found broad consensus on the continued need for IHP+, and on

- Continuing the current five core priority areas, with an added emphasis on monitoring, evaluation and review, and mutual accountability
- Maintaining a country focus, backed up by some focused global deliverables
- IHP+ remaining an open partnership, and strengthening civil society engagement

The review identified a number of areas for improvement. And it posed questions about IHP+'s level of ambition in terms of scope and scale of activities. On scope, IHP+'s current focus is on increasing confidence in and hence alignment with health sector planning and monitoring processes (i.e. two ends of a spectrum). The review raised questions about the 'missing middle': what IHP+ should do in terms of implementing plan priorities/improving systems and services. This is key to achieving results, but direct support for implementation is not IHP+'s mandate. Even in its role as a catalyst for change, IHP+ needs to be wary of duplication in many aspects of system strengthening. There is most agreement that IHP+ should focus, for the time being, on those aspects of health systems most concerned with aid effectiveness / increasing donor use of country systems. Lastly, a key message from the review was that IHP+ partnership performance is only as good as its partners' performance and commitment. It noted IHP+ still has to find a way to optimize the way the partnership functions.

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<sup>1</sup> See annex 1

<sup>2</sup> OECD report

<sup>3</sup> In a recent independent review (footnote 4), one country gave the example of three new reproductive health initiatives launched in the last year, indicating the same occurs in the field of nutrition

<sup>4</sup> Options for future strategic directions of IHP+: findings of a consultation with stakeholders, Leo Devillé and Martin Taylor, August 2011

This draft work plan for 2012-13 builds on the achievements of the last four years as well as feedback from the review and other reports and discussions<sup>5</sup>. It aims to balance ambition with realism in terms of deliverables.

The work plan is grouped into five action areas:

- 1) Consolidating and accelerating alignment with one national health plan at country level
- 2) Consolidating and accelerating change through global action
- 3) Improving civil society engagement in IHP+ agenda
- 4) Enhancing accountability for results
- 5) IHP+ management and communications

Given the global resource environment, despite IHP+'s increasing membership, the proposed budget is equivalent to the *actual income* received for the IHP+ phase II work plan. The proposed pattern of expenditure for existing activities is also similar to phase II, but reflects IHP+'s increasing emphasis on 'Enhancing accountability for results'. The main new element at global level is a greater emphasis on documenting lessons learned.

IHP+ is meant to be time limited. The recent independent review found the 2 year work plan adequate for planning purposes and to drive a results focus, but probably too short to ensure IHP+'s impact is sustained. The continued need - or not - for a 'core team' will be revisited in mid 2013.

### **Action area 1) Consolidating and accelerating alignment with one national health plan at country level**

The key to sustaining the impact of IHP+ is at country level. In 2012/13, IHP+ will continue its flexible menu of five broad work areas through which it aims to advance alignment with sound national health strategies and plans. To recap briefly (other sections have more detail)

- More inclusive national sector planning processes
- Greater confidence in national plans through joint assessment
- More unified support to national plans, through country compacts
- One results monitoring platform, to track plan implementation
- Greater mutual accountability, by monitoring progress against compact commitments

Supporting strong and comprehensive national health plans in a well-coordinated way helps to reduce aid inefficiencies from fragmentation, duplication and high transaction costs at all levels of a health system; improves value for money; allows more health workers' time for implementation, and thus contributes to improved delivery of health services.

Countries will continue to decide which aspects of this menu fit their needs<sup>6</sup>. IHP+ will encourage countries that have not already done so to define relevant deliverables together with partners; to include them in partnership agreements / compacts, and to monitor progress against them. It will encourage signatory agencies to commit time and technical expertise to help achieve any of these deliverables in a coordinated way, through country, regional or HQ staff and support networks. Some modest but flexible funds in the form of country grants remain useful in getting this agenda moving faster.

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<sup>5</sup> 3<sup>rd</sup> IHP+ Country Health Teams Meeting, Brussels, December 2010; IHP+Results 2011 performance report on IHP+; Executive Team discussion September 2011

<sup>6</sup> For more on the orientation of new IHP+ signatories - expectations and commitments, see Annex 1

### **1.1 Country grants to support any of the five broad IHP+ work areas**

IHP+ catalytic country grants, which have now been provided to 17 countries, were designed to facilitate inclusive policy dialogue and partnership management processes. Grants have been valued by countries and will be continued but adapted in light of experience<sup>7</sup>.

In 2012-13

- Grants will be mainly for new IHP+ signatories, or those which have not yet received grants.
- Scope: Grants can support: inclusive policy dialogue processes including engagement of civil society and other non state actors; confidence building in plans through joint assessment; country compacts and other partnership mechanisms; mobilizing support for one financial management and one monitoring and review platform and local approaches to mutual accountability.
- Grant management: The principle of 'light touch' grant preparation and reporting will continue. As now, use of Partnership funds should be agreed jointly by MOH and development partners, facilitated by WHO and World Bank country staff. There will be more emphasis on demonstrating use of funds in line with country-defined deliverables. Grant proposals and reports will be put on the IHP+ website, for greater information sharing and transparency.

### **1.2 Joint assessment of national health strategies/plans**

The JANS approach is seen as a good example of a global public good developed through IHP+. The focus is now on country use. It is being used by IHP+ and non IHP+ countries. A review of early experience in 5 countries was prepared in late 2010<sup>8</sup>. Based on country experience, in 2011 an IHP+ inter-agency working group has overseen the amendment to the JANS tool and guidelines. An options paper on ways to conduct a joint assessment has been prepared. Demand for joint assessment support is rising.

In 2012-13

- IHP+ will facilitate appropriate responses by IHP+ signatories to requests for support in conducting a JANS, in ways that adhere to the agreed basic principles: JANS to be country-led; build on existing processes; include an independent element; be inclusive - with real engagement of diverse stakeholders including civil society.
- Organise meeting of IHP+ signatories and other interested parties to review country experience with joint assessment of health sector strategies and disease programme strategies in more depth; examine what changed as a result; likely country demand in 2012/13, and to consider the way forward and the respective roles of development partner agencies and IHP+ core team in the short to medium term<sup>9</sup>.
- Develop ways to sustain JANS processes, by ensuring joint assessments are progressively institutionalised within country and partner agency processes.
- Persuade more agencies to reduce separate appraisals where the required information is already provided through a JANS
- Document and share experience on what changed as a result of a JANS, including through face to face discussions.

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<sup>7</sup> Grants are now smaller than at the start of IHP+, for 2 reasons: first, phase II funds have had to be shared among more signatories; 2<sup>nd</sup>, many proposed activities are not that costly. Funds are currently usually given in tranches of \$100,000. Rates of disbursement and expenditure have improved. Reporting is improving.

<sup>8</sup> [http://www.internationalhealthpartnership.net/CMS\\_files/documents/background\\_document\\_jans\\_EN.pdf](http://www.internationalhealthpartnership.net/CMS_files/documents/background_document_jans_EN.pdf)

<sup>9</sup> If needed, the budget for area 1.2 will be reviewed after the meeting

- As joint assessment capacity is progressively increased among IHP+ partners, and support mechanisms integrated into normal working processes, the Core Team will gradually reduce its direct role in organising JANS and increasingly play a backstopping role - providing advice, access to other experience where needed.

### 1.3 Effective country compacts

16 IHP+ country signatories have some form of partnership agreement designed to increase alignment with the national health plan. Nine are referred to as IHP+ compacts. 5 more IHP+ compacts are in the pipeline in 2011/12<sup>10</sup>. At global level, there is a resurgence of interest in the use of compacts as a means for greater accountability - they are mentioned by both the Commission on Information and Accountability and in Busan documents. A number of lessons have been learned over the last 4 years within the health sector about the development of effective country compacts / partnership agreements<sup>11</sup> as part of the partnership management repertoire.

In 2012/13

- IHP+ partners will continue to support compact development in countries where local decision makers see this as a useful and missing instrument for partnership management.
- Particular emphasis will be given to ensuring these agreements have explicit commitments that can be monitored, and are developed through inclusive processes that bring a wider range of partners behind national health plans - including civil society organizations (NGOs, faith based organizations etc) and key private providers.
- IHP+ Core Team will commission documentation of lessons on the effectiveness of compacts as an instrument for enhancing alignment with national health plans, and (see section 4.3).

<b>Area 1) Consolidating alignment with national health strategies and plans</b>	<b>US\$</b>
<b>1.1 Catalytic country grants to support five broad IHP+ work areas</b> <ul style="list-style-type: none"> <li>Country grants estimated 15 countries, \$200-250,000.</li> </ul>	<b>\$3,300,000</b>
<b>1.2 Joint assessment of national health strategies and plans</b> External technical support; documentation and review of experience and follow up; face to face review meeting	<b>\$250,000</b>
<b>1.3 Country compacts</b> Resources from grants; lessons learned budgeted under lesson learning 4.3	<b>0</b>
<b>Total</b>	<b>\$3.55 million</b>

## Action area 2) Consolidating and accelerating change through global action

IHP+ has deliberately become more country focused and this will continue.

One message from the independent review is that IHP+ should also continue to develop global public goods on how to deliver aid - in terms of tools and better documentation of experience with those tools. In addition, there are calls for IHP+ to accelerate the simplification and harmonization of procedures between agencies in selected areas; to do more to accelerate change within headquarters of agencies; to work more with related global partnerships, and altogether to better address global political obstacles to change.

<sup>10</sup> Burkina Faso, Cote d'Ivoire, Mauritania, Senegal, Sudan

<sup>11</sup> [http://www.internationalhealthpartnership.net/CMS\\_files/documents/background\\_document\\_developing\\_c\\_EN.pdf](http://www.internationalhealthpartnership.net/CMS_files/documents/background_document_developing_c_EN.pdf)

Clearly IHP+ cannot do everything, and certainly must not duplicate activities carried out elsewhere. IHP+'s role in relation to the 'missing middle' will be selective. Activities will be based on areas of agreed, clear comparative advantage - focusing on increasing donor use of country systems, and linked to work already in progress.

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*The recent independent consultation report stated that 'IHP+ should not seek to change agency business models, but to help agencies find ways to maximise their unique benefits and contributions within a common framework that better supports country ownership and leadership'. It also made the point that as IHP+ becomes more successful it gains more responsibility*

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In 2012/13 IHP+ will support:

### **2.1 Progress on harmonization and simplification of financial management**

Under the rubric of the health system funding platform, the World Bank, GAVI and Global Fund have reviewed their fiduciary risk assessment procedures and have agreed to test a harmonized approach to joint financial management assessment (FMA) and quality assurance of its outputs. When it becomes operational it is expected to reduce the burden on both countries and development partners, and contribute to improve the quality of the sector's FM systems and practices. In practice at country level a wider range of agencies are of course involved - Nepal is one good example. The next steps are: a) to test the approach in few countries, and b) to work with a small number of financial management staff from MOH and from MoF in 4-5 interested countries, on ways to achieve harmonized financial reports and audits for the sector. At global level, the intent is to work with the same 4-5 countries to jointly develop some models for single financial reports and audit terms of reference, and examples of Memoranda of Understanding for joint financing arrangements (JFA) that can be adapted at country level. The product would serve as generic guidance on different options plus some real-life examples of how these were taken and adapted at country level.

### **2.2 Harmonization of donor procurement policies**

This was one of the six action points from the 2009 IHP+ Ministerial Review, because of the burden for developing countries of handling different agency standards. The aim of initial work supported by IHP+ has been to catalyze harmonization of quality assurance standards in the procurement of essential medicines. IHP+ has provided funds to map and compare different agency policies and procedures. An inter-agency meeting on quality assurance of essential medicines in August 2011<sup>12</sup> had four recommendations. One was to develop a single tool to assess procurement agencies, based on WHO's Model Quality Assurance System. A second was that, as meeting stakeholders were willing to establish and adhere to a joint risk-based approach to essential medicines quality, they agreed to work towards harmonizing their quality assurance policies. Future IHP+ support on these recommendations is being discussed.

### **2.3 Greater engagement with related global initiatives and events**

As the independent review points out, IHP+ is not a coordinator of other global initiatives. Development agencies who are signatories to IHP+ are also members of the many other global health initiatives (GHIs) that are active at country level. This is where coordination between GHIs, and alignment, becomes real. Therefore it makes sense that the main approach to coordination and engagement between IHP+ and related GHIs should continue to be centred at country level.

However it has become clear that it would be useful for IHP+ to also have some greater interaction with related initiatives at global level, for two main reasons: to further include IHP+

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<sup>12</sup> Meeting participants: World Bank; ECHO; USAID; UNFPA; ICRC; MSF; UNOPS; IDA Foundation; SCMS/PFSCM; Crown Agents; CHMP; QUAMED; Global Fund; WHO.

principles 'upstream' and to foster sustainability. Both IHP+ partners as a whole and the Core Team specifically have a role to play:

- IHP+ partners to deploy consistent attitudes and language in the many different global fora they are involved in.
- The IHP+ Executive Team will have a standing agenda item in the monthly teleconference to share intelligence on upcoming global initiatives and events, and agree those in which IHP+ should actively engage.
- Core Team to convene occasional 'round table' meetings with the main related initiatives (GHWA, P4H, HMN, Commission on Information and Accountability) to share intelligence on activities, tools developed and lessons learned.

Lastly, there are international events which are important opportunities to convey IHP+ principles and achievements - the HLF-4 in Busan being one example.

#### **2.4 Documentation of lessons learned, results and options for further progress**

The 3<sup>rd</sup> IHP+ country health teams meeting stressed that more work was needed to document results, and a priority during 2011. In 2011, IHP+ capitalized on ongoing activities in Ethiopia, Mali, Cambodia and Nepal, and supported some documentation in Benin and DRC to look at three questions: to what extent have aid effectiveness principles been put into practice? Has this contributed to better results? What was critical in achieving these results? What were the barriers and how were they overcome?

Future activities, which need to be more precisely formulated, include commissioning:

- Documentation of lessons on the effectiveness of compacts and of JANS as instruments for enhancing alignment with national health plans.
- Documenting lessons and options on ways to increase effective civil society participation in policy formulation, planning, implementation and performance review processes, and their consequences.
- Documenting lessons and options for strengthening joint health sector review mechanisms.
- Document whether there is *progressive alignment* of development partners' reporting needs with national reporting systems, and how this has happened.

In addition, there is a need to share these lessons, beyond making them available on the web - through agency channels, and through existing regional networks and meetings.

<b>Area 2: Consolidating and accelerating change through global action</b>	<b>US\$</b>
<b>2.1 Harmonizing financial management procedures</b> Technical expertise; one face to face meeting with countries	<b>\$250,000</b>
<b>2.2 Harmonizing quality assurance standards in procurement</b>	<b>\$100,000</b>
<b>2.3 Greater engagement w related initiatives and events</b>	<b>\$25,000</b>
<b>2.4 Documentation of lessons learned, results and options for further progress</b>	<b>275,000</b>
<b>Total</b>	<b>\$650,000</b>

### Action area 3) Improving civil society engagement in the IHP+ agenda

IHP+ is acknowledged to have helped bring more civil society engagement into country policy formulation, planning and performance monitoring processes. Both the quantity and quality of engagement could improve. At global and regional level some useful communication mechanisms have been created. Mechanisms for CS participation in IHP+ governance have matured. Better understanding of IHP+ among a wide range of northern and southern CSOs is still needed. There are opportunities to make IHP+ related CS activities more mutually reinforcing.

In addition to engagement in country specific activities such as compact development and monitoring, joint assessment of national plans and joint annual reviews, three instruments to improve civil society communication, engagement and support for IHP+ have developed, whose continued evolution will be supported in this work plan.

#### 3.1 IHP+ N&S civil society consultative group<sup>13</sup>

In addition to its primary role as a reference group for the IHP+ CS representatives, the Consultative Group has also discussed how its members can contribute to:

- Systematic dissemination of IHP+Results annual reports by civil society groups.
- Improved indicators for CS engagement, as part of IHP+Results work.
- Simpler messaging on IHP+, as part of a larger effort to improve global communications
- Support to Southern CSO small grants programme (see 3.3)

Funds are to cover one face to face consultation of the consultative group per year.

#### 3.2 Improved S-S communication on IHP+ approach

To be discussed at the IHP+ Civil society consultative group meeting in Kampala in November

#### 3.3 Civil Society Health Policy Action fund (HPAF)

Management of this small grants programme was awarded by competitive tender to Oxfam. A 'Project Technical Committee' approved 13 country CSO grants for one year of funding in March 2010. Oxfam reports suggest there is progress with many of the country grants, but one year is too short to see substantial results<sup>14</sup>. Ways to improve the programme<sup>15</sup> have been identified. Further discussions on ways to better support country CSO engagement in national policy processes, and ways to strengthen links between this programme and other related country CS activities, are planned at the IHP+ CSCG meeting in November. The Core Team believes the HPAF should receive renewed funding based on the planned amendments, and be externally reviewed after two years of operation.

Action area 3) Improving civil society engagement in IHP+ agenda	US\$
3.1 CS Consultative group (1 annual face to face meeting)	\$70,000
3.2 Improved S-S civil society communication on IHP+ approach	\$80,000
3.3 HPAF (small grants programme)	\$550, 000
Total	<b>\$700,000</b>

<sup>13</sup> List updated members

<sup>14</sup> <http://www.healthpolicyactionfund.org/joomdr/>

<sup>15</sup> There are plans to change the way calls for proposals are handled; the composition and functions of the Project Technical Committee and include stronger representation from the IHP+ CSCG; provide more TA.

## Action area 4) Enhancing accountability for results

IHP+ supports two distinct but related lines of work under this heading. There is agreement that both need more visibility and progress at country and at global level:

- Support for one platform for monitoring, evaluation and review of national health plans
- Greater mutual accountability, by monitoring progress against compact commitments

In the last 2-3 years, governments, civil society and development partners have started paying more attention to accountability for results. At the same time countries remain frustrated at the heavy transaction costs associated with multiple donor reporting systems.

Guidance on how to strengthen the monitoring, evaluation and review of national health strategies is now available<sup>16</sup>.

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### Foundation of a sound monitoring, evaluation and review platform for a national health strategy

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1. National health strategy as the basis for information and accountability
  2. Institutional capacity: roles, responsibilities and capacity strengthening activities defined
  3. Monitoring & evaluation: comprehensive framework, indicators, sources, quality assurance
  4. Country mechanisms for review and action
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The Commission on Information and Accountability for Women and Children's Health has raised international attention to strengthening country accountability mechanisms. The goal is progress in 74 countries by 2015. One-third (23) are IHP+ signatories. The Commission's work draws on the IHP+ Common Monitoring Framework, and endorses the principles of national leadership and ownership of results, strengthening country capacity in monitoring, evaluation and review, and reducing the reporting burden.

On *mutual* accountability<sup>17</sup> there is progress through the work of the independent consortium IHP+Results. In 2010, an IHP+ inter-agency group worked with IHP+Results to simplify the initial approach to monitoring IHP+ Global Compact commitments, and bring it more in line with Paris Declaration indicators. Half of all IHP+ signatories participated in the second round of monitoring. The 2011 IHP+Results report has been well received and has helped keep the spotlight on both country and development agency commitments. Despite this, even in the health sector, mutual accountability is probably the Paris principles where there is the least progress to report so far.

Shared goals from these related tracks of work are

- Increased use of reliable information in policy reviews
- Reduced fragmentation and transaction costs in data production
- Increased use of country systems to generate the data
- Increased accountability of governments and development partners, to each other and the general public

### 4.1 Supporting one country platform for monitoring and accountability for results

At country level, the challenge is to develop more unified, simplified approaches to reporting, quality assurance and use of data, based on country monitoring and review platforms in which all parties have confidence. In some countries JANS have helped put the spotlight on the M&E

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<sup>16</sup> *Monitoring, evaluation and review of national health strategies: a country-led platform*. Developed through collaborative process with M&E experts from WHO, World Bank, GFATM, GAVI, USAID, UNICEF, MEASURE, DFID, NORAD, CDC, HMN, plus country M&E experts from Benin, Ethiopia, Ghana, Kenya, Mali, Mozambique, Nepal, Rwanda, Sierra Leone and Uganda.

<sup>17</sup> Mutual accountability simply means holding each other to account. It is usually assumed to refer to governments and external partners. Domestic accountability refers to the role of parliaments and civil society in holding governments to account.



components of national health plans. A number of countries have roadmaps for strengthening national platforms for monitoring and review of the health sector plan<sup>18</sup>.

Country health sector reviews / health summits commonly take place once or sometimes twice a year. These could become a firmer foundation for accountability for results. In some cases these still primarily involve MOH and development partners, and a wider array of national stakeholders need to be involved - for example, users of health services, non state providers and civil society groups active in health. If these events also reviewed progress against commitments by government and development partners in country compacts/ equivalent this would help strengthen mutual accountability. Certainly the IHP+ Result tools can be useful for countries wanting to establish their own mutual accountability monitoring approaches. As a step in that direction, some countries such as Mozambique are beginning to integrate some aid effectiveness indicators into their annual national performance monitoring frameworks. This is a priority for IHP+ in 2012/13. and IHP+ resources will be used to maintain a sectoral perspective for monitoring, evaluation and review, complementing resources for country capacity building in M&E available from the Commission on Information and Accountability for Women's and Children's Health.

In 2012/13 IHP+ will:

- Develop effective communication on the monitoring, evaluation and review agenda: on available tools and instruments and ways to rapidly share information what is happening, when and where.
- Encourage joint annual reviews as a mechanism to review both health system performance and (and, based on experience, develop some guidance on ways to organize these)
- Support a global M&E Working Group to promote greater inter-agency harmonization and alignment at country level. This Working Group will share information on opportunities to mobilize partners, including civil society and global partnerships, behind country defined *roadmaps* towards one monitoring platform;
- Increase lesson learning: commission case studies to document progress and results, especially on whether there is *progressive alignment* of development partners' reporting needs with national reporting systems

#### **4.2 Independent monitoring of progress against global compact commitments**

There is a consistent message that mutual accountability for results is one of the most important and influential aspects of IHP+ work. IHP+Results created a global public good with the set of indicators and scorecards for both countries and agencies.

The emphasis on mutual accountability will be increased during this work plan. There is much discussion about the right balance between strengthening country mechanisms for mutual accountability, and periodic global level monitoring of all signatories against Global Compact commitments. Both types of activities have their place. Country based processes are critical to increase aid and development effectiveness. The current global monitoring process by an independent consortium does offer an important opportunity for signatories to hold each other to account at global level, and to compare progress. A key thrust of Phase III work will be to encourage more country based mechanisms for mutual accountability. The third round of monitoring of Global Compact commitments by IHP+Results has been already agreed for early 2012. The shape of future global monitoring after this 3<sup>rd</sup> round will be discussed in later 2012.

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<sup>18</sup> Mozambique, Kenya, Uganda, Sierra Leone, Benin, Nepal

In 2012/13

- More signatories will be encouraged to participate in the 3<sup>rd</sup> round of monitoring<sup>19</sup>.
- There will be more focus on institutionalising such approaches at country level
- Efforts to improve and simplify methods will continue, in collaboration with OECD DAC and others where appropriate, and to reflect the overall aid and development effectiveness agenda post Busan.
- Increased use of findings in policy discussions such as annual health sector reviews
- Development of a strategy for future monitoring of IHP+ global compact commitments after 2012

#### **4.3 4<sup>th</sup> IHP+ country health teams meeting**

This major event brings all signatories together. The plan is to hold such a meeting once during the two year work plan.

<b>Action area 4) Enhancing accountability for results</b>	<b>US\$</b>
<b>4.1 Supporting one platform for monitoring plan implementation</b> Working group face to face meeting; improved communication; support in 4-5 countries; documentation of lessons learned	\$400,000
4.2 Independent monitoring of progress against global compact commitments: Support for annual process with 40 signatories	\$1,600,000
4.3 IHP+ country teams meeting	\$700,000
<b>Total</b>	<b>\$2.7 million</b>

#### **Action area 5) IHP+ management and communications**

Key messages on IHP+ management and communications include:

- IHP+ should maintain the light partnership management structure through the joint WHO-WB core team.
- IHP+ needs to look at ways to improve country voice in partnership governance.
- IHP+ should clarify responsibilities and contributions of partners versus the Core Team.
- IHP+ needs to substantially improve communications - not least to increase the visibility of its goals and achievements at global level.

The functions and structure of the Executive Team and SuRG were changed in early 2010, and one aim was to improve country voice by participation in Executive Team meetings. This has proved difficult to realise. With 55 signatories, conference calls with all signatories (via the SuRG) are no longer manageable. The use of an electronic consultation forum was tried in 2001, with some success - 12 signatories gave inputs, of which 6 were from partner countries.

Ways to improve governance, especially country engagement, will be discussed in the Executive Team in the last quarter of 2011. Costs identified here cover core team operations and improved communications.

#### *Core Team operations*

The phase II work plan included resources that contributed towards WHO and Bank core team operations to service the partnership, and manage the IHP+ budget. For phase III, funds have been increased slightly, to cover 1 additional 'full time equivalent' person plus increased salary costs arising from changes in exchange rate.

<sup>19</sup> Currently resources are available for monitoring 35 signatories in the 3<sup>rd</sup> round of monitoring by IHP+Results in 2012 (ie 10 more than in the 2<sup>nd</sup> round).

*Communications*

Steps to improve communications include

- Upgraded and updated website with simplified messaging
- Continue quarterly IHP+ updates
- Continue annual core team report
- Continue monthly Executive Team teleconferences, including innovations to improve country participation

Core team operations: funds for 4 Full Time Equivalent staff plus operations budget

<b>Action area 5) IHP+ operations and communications</b>	US\$
5.1 Core team operations (funds for 4 FTE equivalent plus travel)	\$2.0 million
5.2 Communications	\$250,000
Sub total	\$2.25 million

**Summary table: IHP+ work plan and budget**

***Total budget required***

<b><i>Action area 1</i></b>	<b><i>Consolidating and accelerating alignment with one national health plan</i></b>	<b><i>\$3,550,000</i></b>
<b><i>Action area 2</i></b>	<b><i>Consolidating and accelerating change through global action</i></b>	<b><i>\$650,000</i></b>
<b><i>Action area 3</i></b>	<b><i>Improving civil society engagement in IHP+ agenda</i></b>	<b><i>\$700,000</i></b>
<b><i>Action area 4</i></b>	<b><i>Enhancing accountability for results</i></b>	<b><i>\$2,700,000</i></b>
<b><i>Action area 5</i></b>	<b><i>IHP+ operations and communications</i></b>	<b><i>\$2,250,000</i></b>
	<b><i>TOTAL</i></b>	<b><i>US \$9,850,000</i></b>

## **Proposed deliverables 2012 / 13**

### **Country level**

Evidence of progress in making health aid more effective in 15 countries by end 2013, against deliverables that have been defined by individual country signatories together with local development partners.

- Deliverables may relate to any elements of the broad IHP+ 'menu' relevant to a specific country, and should be feasible within the two year timeframe.
- Ideally the deliverables would be part of a Ministry's annual or biennial plan.
- Progress could be monitored and debated as part of in-country annual review processes.

### **Global level**

- Lessons learned on role of JANS and compacts in enhancing alignment with national health plans.
- Inclusion of joint assessment approach in development partner signatories' appraisal processes (number to be defined following discussion with Development Partners).
- Guidance for harmonized and increasingly aligned financial reporting and audit available (e.g. joint financing arrangements).
- Production of options paper on effective civil society engagement in policy dialogue and performance monitoring processes, based on country experience.
- Options paper on joint annual reviews
- Dissemination of experience with improved mutual accountability methods and processes

## **Annex 1 List of signatories, November 2011**

### **Developing Countries:**

Benin  
Burkina Faso  
Burundi  
Cambodia  
Cameroon  
Cape Verde  
Chad  
Côte d'Ivoire  
DR Congo  
Djibouti  
El Salvador  
Ethiopia  
Guinea  
Kenya  
Madagascar  
Mali  
Mauritania  
Mozambique  
Nepal  
Niger  
Nigeria  
Pakistan  
Rwanda  
Senegal  
Sierra Leone  
Sudan  
Togo  
Uganda  
Vietnam  
Zambia

### **Bilateral donors**

Australia  
Belgium  
Canada  
Finland  
France  
Germany  
Italy  
Netherlands  
Norway  
Portugal  
Spain  
Sweden  
United Kingdom

### **International organizations and foundations**

African Development Bank  
European Commission  
Gates Foundation,  
GAVI Alliance  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
ILO  
UNAIDS  
UNICEF  
UNDP  
UNFPA  
World Bank  
WHO

## **Annex 2: New IHP+ signatories' orientation on entitlements and commitments**

According to the independent review of IHP+ achievements and future strategic directions, there remains some uncertainty about 'what happens' after the Global Compact is signed.

This annex summarizes the initial orientation by the IHP+ Core Team and others when a new developing country signs the Global Compact. It centres on five issues:

- Reviewing expectations and the commitments in the IHP+ Global Compact
- Discussing ways to use the political leverage of IHP+ to improve alignment and address obstacles to progress;
- Developing a common understanding of current planning processes and partnership arrangements, and possible support needs and entry points;
- Orientation on the tools and approaches that have been developed through IHP+, and whether, when and how they might be useful to that country.
- Ways of working; the role of IHP+ country grants