Strengthening mutual accountability to improve health development effectiveness and results: agreements by IHP+ signatories in Nairobi on the future monitoring approach[1]

*This note sets out the future approach to monitoring health development effectiveness and results that was agreed at **the IHP+ Country Teams Meeting in Nairobi**. It summarizes the background and then sets out the agreed principles; the six issues to be monitored, and the next steps. The IHP+ Mutual Accountability Working Group Work will discuss specific indicators in the first quarter of 2013.*

1. Background

All signatories to the IHP+ Global Compact commit to be held to account through an independent mechanism (see box 1). The purpose of this monitoring is to help strengthen mutual accountability for results.

Box 1. IHP+ Global Compact commitments

P2: "We collectively commit to be held to account in implementing this compact"
P5: "we call for an independent evidence based assessment of results at country level and of the performance of each of us individually as well as collectively."

To meet this commitment, an independent consortium was contracted in 2008 to develop and conduct three rounds of monitoring of IHP+ partners' performance. This was a new and difficult task, and the approach has evolved in consultation with IHP+ partners. Three rounds have been completed (http://ihpresults.net/download-reports/). The approach now has the following features:

- Participation has been encouraged but remains voluntary.
- Progress has been measured against a set of standard measures based on the indicators for monitoring the Paris Declaration on Aid Effectiveness, adapted for the health sector.
- Data is self-reported, using a special survey instrument administered by the consortium
- Findings are summarized into individual country and development partner scorecards, together with a synthesis report that examines overall trends.

2. Taking stock: lessons learned and new developments

After 3 rounds, a greater focus on mutual accountability has been achieved. Participation in the monitoring has grown from 16 signatories in 2009, to 36 in 2012. More trend data in health aid effectiveness are now available. Much has been learned about what to monitor, and how. The scorecards are an easy-to-read, effective communication tool, and are becoming more widely known. However, they are not yet that widely used. At country level there is varied ownership of the process and subsequent results; there have been challenges in terms of the relevance and measurability of some indicators, and in the time taken to complete the survey. Altogether, the 2012 IHP+Results performance report concluded that mutual accountability remains an important but still under-used tool to drive improvements in health aid effectiveness, and that monitoring should continue but adapt.

[1] This amended document was prepared by the IHP+ Core Team in January 2013, based on discussions with IHP+ partners at the Nairobi meeting

Box 2. Status of country aid effectiveness indicators, and review in national accountability processes*

- More IHP+ partner countries now include indicators for tracking commitments that have been made in their country compacts: since mid-2010, all new compacts include them.
- The most frequent indicators are:
  - proportion of public funding allocated to health;
  - percentage of health aid flows a) provided through multi-year commitments; b) reported on budget; c) released to agreed schedules;
  - measures of strengthening / use of country systems – national performance assessment frameworks, procurement and financial management systems.
- There is limited information on the extent to which these indicators, especially of development partner behaviour, are reported on in events like joint annual reviews (JARs). Ethiopia, Mozambique and Nepal are known to have included a discussion in recent JARs. Other countries say they plan to do so.

*Source: desk review of country compacts by IHP+ core team

The other important development is the new **Busan Global Partnership for Effective Development Cooperation,** which builds on consensus reached with the Paris Declaration on Aid Effectiveness. Its monitoring approach and indicators were approved in July 2012[2]. A modified set of ten indicators have been agreed for global reporting (box 3). Monitoring will occur on a rolling basis at country level – no longer through a global survey. The periodic global reports will therefore draw on data generated through country systems.

Box 3: Ten indicators agreed by the Global Partnership for Effective Development Cooperation

- Five indicators were previously used in the Paris survey, and reflect unfinished, important business. Some 'difficult to measure' Paris indicators have been dropped.
- Five indicators are new: use of country results frameworks, enabling private sector, enabling CSO engagement, gender, and transparency. Not all have measurement strategies, but work to develop these is underway.
- Out of the ten indicators, 6 have already been adapted to the health sector and monitored by IHP+Results[3].

The Busan Global Partnership will monitor development cooperation as a whole, but it encourages sector-specific approaches: health is seen as having led the way and IHP+ is encouraged to continue monitoring. In terms of reporting, there are also lessons for IHP+ in the process that was used to report progress on recommendations from the Commission on Information and Accountability for Women's and Children's Health.

3. Moving forward

3.1 There is agreement on the principles for the future approach

Since July 2012, there has been a series of consultations: in the IHP+ Executive Team; an IHP+ Mutual Accountability Working Group meeting in October[4] , an on-line consultation open to all IHP+ partners in November[5] and finally in the Nairobi Country Health Teams Meeting. The consultations show agreement on the need to build on what has been learned but adapt the approach; to embed it in

[2] Proposed indicators, targets and process for global monitoring. OECD, 2012
[3] 2012 IHP+Results performance report
[4] Working Group: Tim Martineau, UNAIDS (chair); Ethiopia, Uganda; civil society north, south; GAVI; Global Fund; Germany; UK; EC; UNICEF, WHO, World Bank; OECD, ReAction; IHP+Results advisory group; WHO/COIA. Unable to attend: EC; Netherlands.
[5] Online consultation document and respondents by 15 November: Benin, Gambia, Cote d'Ivoire, Uganda, EC, Germany, Global Fund, ILO, Netherlands, Spain

country processes but continue periodic global reporting, and to avoid duplication with other aid monitoring exercises. The purpose of such monitoring remains to help strengthen mutual accountability for results.

Eight principles for future monitoring of commitments to greater aid effectiveness in health have been agreed:

1. Continue health sector-specific monitoring of aid effectiveness – it raises useful questions about progress, and the pace of progress over time. Keep it voluntary.
2. Focus on country-level monitoring, but continue periodic global reporting to provide the peer-pressure needed at global level, without using a global survey to collect data.
3. Agree on a minimum set of indicators, based on the agreed Busan indicators; selection criteria should include relevance; importance; measurability.
4. Indicators should reflect the commitments of governments and of health development partners.
5. Find 'transaction-light' ways to capture important, qualitative aspects of aid effectiveness behaviour that also help to interpret the quantitative data.
6. Embed monitoring of aid effectiveness indicators into routine country and agency reporting systems, and embed their review in processes for national policy dialogue and accountability for health system performance and results, such as Joint Annual Reviews. Include all major actors – not just IHP+ signatories. Reduce duplications across different evaluation tools used by donors.
7. Intensify dissemination and debate of findings. Make more use of country-based accountability mechanisms, including a more effective role for civil society and national parliaments.
8. Consider support needed for countries who want to expand on any minimum set of indicators with others, that are tailored to individual country circumstances.

3.2 Agreement on six core issues to be monitored but more work on specific indicators

The above principles mean that for IHP+, as for the Global Partnership, some hard choices have had to be made to reach a small core set of indicators that all partners agree to report on. These cannot cover everything, and many partners may choose to add their own more context-specific indicators.
The consultation exercise found agreement that the ten Busan Global Partnership issues and indicators are a pragmatic and appropriate starting point for IHP+'s core set. Other desirable features are:

- The indicator reflects an important issue in health aid and development effectiveness.
- It is an existing indicator used for IHP+, with a clear definition and measurement strategy.
- The transaction costs of measuring it are reasonable: data are already collected, or could be incorporated into regular country or agency reporting systems.

Given repeated messages about reducing the burden of monitoring, for future IHP+ monitoring only six issues (with associated indicators) were proposed for monitoring of progress by governments and by development partners (Table 1).

Agreement was reached in Nairobi on the six core issues to be monitored. The main comments centred on the indicators themselves, especially for civil society engagement, and on the need to find better ways to monitor progress in strengthening country systems for financial management and procurement. It was agreed that further work is needed on specific indicators for both national governments and development partners. This will be taken forward by the IHP+ Mutual Accountability Working Group in close consultation with the Busan Partnership monitoring group in OECD.

Table 1: Agreed issues to be monitored

Issue to be monitored	Associated government Indicator	Associated development partner indicator
Health development co-operation is focused on results that meet developing countries' priorities	TBC	TBC
Civil society operates in an environment which maximizes its engagement in and contribution to development	TBC	TBC
Health development co-operation is more predictable	TBC	TBC
Health aid is on budget	TBC	TBC
Mutual accountability among health development co-operation actors is strengthened through inclusive reviews	TBC	TBC
Effective institutions: developing countries' systems are strengthened and used • Financial management systems • Procurement systems	TBC	TBC

There was agreement that additional qualitative information is needed for the periodic global reports: to help interpret the six indicators, and to reflect important issues not easily captured through numerical indicators. The most common suggestion on how to do this was through joint annual review processes.

3.3 IHP+ partners have agreed the following steps

It is important to keep the spotlight on mutual accountability, and not to lose momentum. The following next steps have been agreed, based on the agreed principles for future monitoring:

- Core set of indicators to monitor the six core issues to be finalized by March 2013, through the IHP+ Mutual Accountability Working Group. New members to the group, especially from partner countries, are welcome.
- Countries will consider ways to embed the monitoring and review of these core indicators within their own national systems and processes, including joint annual reviews.
- Development agencies will do the same, and will participate in national monitoring exercises.
- Periodic independent global reports of progress by both governments and development agencies will continue. This will be based on country level reporting of core indicators, and qualitative information to interpret these, and reflect on other important issues.
- The IHP+ core team will maintain links with the Busan Global Partnership: on development of better indicators, and ways to embed data collection at country level, and on periodicity of reporting[6]. It will support cross country learning on country based review of health development effectiveness indicators.
- IHP+ will facilitate support to countries requesting help to set up mutual accountability monitoring mechanisms.

[6] One possibility, to be further discussed with the Global Partnership, is that - where countries choose to do so - it may be possible to code data for the core set of Global Partnership indicators in such a way that health-sector specific data on these new indicators can be obtained.