

## International Health Partnership+: Achievements, Challenges, and Opportunities

### Update for Heads of Agencies, October 2012

**What is IHP+ and why was it created?** IHP+ is a group of countries, development agencies, and civil society organizations (CSOs) that work together to put the Paris principles on aid effectiveness into practice in health. IHP+ was launched in 2007 in response to concerns that the health aid arena had become progressively more crowded, leading to fragmentation and duplication, generating inefficiencies and transaction costs, and delaying improved results. Demand for IHP+ is strong and still growing: 56 partners have now signed the IHP+ Global Compact (Annex 1), of which 31 are developing country signatories.

**What does IHP+ do and what has it achieved to date?** IHP+ works at both the country and global levels. IHP+ goals are:

- Better health results through better use of existing external and domestic resources;
- Stronger government leadership in defining national health policies and priorities, and in promoting coordination among development partners behind one national health plan; and
- Reduced transaction costs, yielding more time and resources for implementation.

At the **country** level, IHP+ encourages better coordinated support around a single national health plan, through five main lines of work. IHP+ has increased country ownership and leadership - an essential step in effective health development co-operation. Specifically, to date:

- 18 IHP+ countries have a **country compact** or equivalent. These are signed by government and development partners, and, in most new compacts, by CSOs as well. Results include better aid coordination; wider support for one country-led health plan; and greater government understanding of what development partners are funding in health. Actual funding pledges are not usually included.
- The IHP+ tool for **joint assessment of national strategies and plans (JANS)** has resulted in stronger health sector strategies, and greater trust in them. It has already been used formally in **9 countries**; it is also a public good, and there are informal reports of more countries and agencies using it.
- Joint recommendations for **harmonization of financial management** assessments and systems have been prepared by the World Bank, GAVI, and Global Fund. Country work is underway with MOH, MOF and partners, for example in Sierra Leone and Benin.
- Growing numbers of countries and agencies are using IHP+ guidance on **one country-led monitoring and review platform**. It has been used in all COIA (Information and Accountability for Women and Children's Health) workshops, and in at least 20 countries.
- The development of easy-to-read government and agency **scorecards to monitor IHP+ partner performance has contributed to a greater focus on mutual accountability**. 36 partners participated in the 2012 exercise by IHP+Results – more than double that in the first round.

At the **global** level, IHP+ helps create the conditions for greater inter-agency collaboration in countries. Overall, IHP+ has improved health aid effectiveness by developing a number of common frameworks for managing health aid that are being used by an expanding group of development partners. Specifically, IHP+ is:

- **Fostering harmonization of procedures between development partners**, by developing frameworks such as the JANS tool, the common Monitoring and Evaluation platform, and common financial management arrangements.
- **Promoting sharing of lessons and experience** on how greater alignment behind country priorities is improving development effectiveness, such as in Nepal and DRC; and
- **Ensuring linkages with related coordination and results initiatives** – most notably the post Busan *Global Partnership for Effective Development Co-operation*, and the *Commission on Information and Accountability for Women's and Children's Health*.

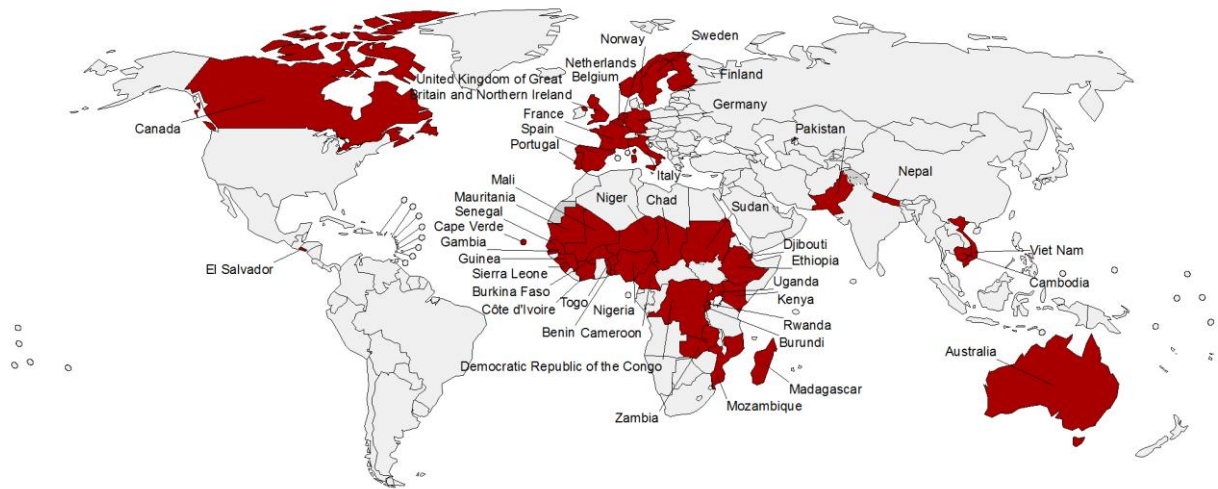
## What can development agencies do to overcome existing bottlenecks and accelerate progress?

Despite this progress, obstacles in health aid effectiveness remain, inhibiting further progress toward the 2015 MDGs and beyond. Changes in development agency behavior will be critical to removing these obstacles. Some of the key issues for agency leaders to address include:

- **Increase Harmonization and Alignment by reducing unnecessary parallel procedures, where collective ones exist, and increase use of country systems where they meet recognised standards.** Much work has gone into getting inter-agency endorsement of common frameworks such as JANS and the One Monitoring and Evaluation Platform. These were seen as enabling first steps to build more unified action behind agreed priorities, and to reduce avoidable duplication and transaction costs. Although these frameworks are increasingly used by countries and development partners, parallel assessments of national health plans still take place, and there is little evidence yet of fewer transaction costs for countries in reporting to multiple donors. According to the latest IHP+Results report, more than half the countries reviewed had financial management systems good enough for development partners to use (3.5 or higher score on World Bank CPIA), yet in most of these only half or fewer development partners were using them.
- **Promote Mutual Accountability for Results among both countries and their development partners to accelerate progress.** The latest IHP+Results report gives concrete examples of slow progress on mutual accountability by countries and by agencies, and there are still few examples of annual reviews in which both domestic and external partner performance are reviewed against agreed targets. Development agencies could do more to reinforce shared priorities of the Commission on Information and Accountability and IHP+. These include: use of country compacts to codify commitments on recording agency health spending in national budgets, and the use of joint annual health sector reviews to review results and decide future action together.
- **Reinforce Country Voice and Ownership by ensuring that global processes do not undermine country leadership.** A 2011 review of IHP+ concluded that IHP+ should maintain its country focus; continue to produce global public goods; increase lesson learning, and find more and better ways to influence the global health aid agenda. The 2012 IHP+Results report finds that, despite the endorsement of various aid management frameworks, there is much less progress in the ways aid is actually delivered in country. Countries appear to have moved further than development partners on putting the IHP+ principles into practice. Altogether, development agencies have met only 3 of the 12 targets for effective health aid reported by IHP+Results.
- **Close the Gap between Principle and Practice by ensuring within-agency adherence to IHP+ principles and approaches.** Reaching IHP+ goals is contingent on “whole of agency” shifts in ways of working. All too often high level commitment only incompletely translates into implementation by mid-level management, and, critically, by field staff. Some IHP+ member agencies have been taking corporate action to bridge the gap from principle to practice: for example, WHO has a staff Global Learning Programme to better support national policy processes; World Bank staff are giving greater attention to harmonized financial management; the EC brings country and HQ staff together annually to review support to countries as diverse as Libya and Vietnam. More forceful communication from senior agency management to mid-level staff could help make agency behavior more coherent and better aligned with the growing expectations of IHP+ countries.

**Next Steps:** All IHP+ country teams will meet in Nairobi, Kenya December 12-14, 2012 to share experiences and lessons learned on what is working, what is not, and why, and to systematically address the areas where greater progress is needed. The feedback and recommendations from the country teams will be shared with global health agency and country leaders for discussion and action.

## Annex 1: IHP+ signatories to the Global Compact May 2012



	<b>2007</b>	<b>2012</b>
Developing countries:	8	31
Bilateral donors:	8	13
Int'l agencies and foundations*:	11	12
<b>TOTAL</b>	<b>27</b>	<b>56</b>

\*African Development Bank, Bill and Melinda Gates Foundation, European Commission, GAVI Alliance, Global Fund, International Labour Organization, UNAIDS, UNICEF, UNDP, WHO, UNFPA, World Bank