

# Aligning for Better Results in Changing Environments

**Fifth IHP+ Country Health Teams Meeting**  
Siem Reap, 2–5 December 2014

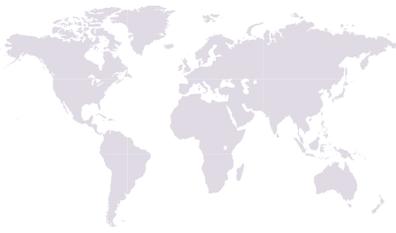
**Meeting report**



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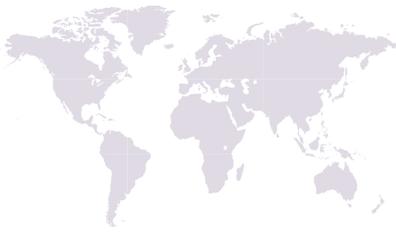
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## Introduction

The International Health Partnership and related initiatives (IHP+) Country Health Teams Meeting (CHTM) brings together representatives of country governments, development partners and civil society organisations (CSOs) from countries that have signed up to the IHP+ Global Compact, as well as partners from global and regional levels. The fifth of these meetings took place in Siem Reap in Cambodia, from 2 to 5 December 2014.

The objective of the meeting was to agree ways in which IHP+ can accelerate better health results through greater health development effectiveness. Specific objectives were:

- To promote greater mutual accountability for progress and results in effective health aid and development cooperation, including review of what has changed since 2012, and why and how change is happening.
- Looking forward, to identify ways to achieve greater alignment with country priorities, plans and systems, and opportunities for accelerating progress on the seven behaviours and results.
- To discuss probable trends in global aid architecture post 2015, and the place of IHP+ within it.

The meeting agenda is attached as annex 1. The meeting was attended by almost 200 participants from 34 countries, 20 development agencies and diverse CSOs (see annex 2 for the list of participants).

The meeting reviewed progress on commitments to effective development cooperation, drawing on the latest monitoring round commissioned by IHP+. It considered what has been achieved and priorities for further progress on the seven behaviours of effective cooperation<sup>1</sup>, in different contexts facing partner countries. It also looked forward to identify likely evolution of development cooperation post 2015 and sought to identify priorities for IHP+ partners and the partnership as a whole. The meeting identified messages to health leaders (see annex 3).

## Principal messages

**The results from the 2014 round of IHP+ performance monitoring** show that countries continue to make progress on effective cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better the performance on development cooperation. However, development partners' use of country financial management systems has declined over the last two years.

The **seven behaviours continue to be relevant** in a wide variety of situations, including public health emergencies. Approaches need to be adapted to the local environment, for example in fragile states.

**Political leadership and action is essential to move this agenda.** Since 2012, World Health Organization's (WHO) Director General and the World Bank's President have helped get all major

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1 In the fourth CHTM, IHP+ partners identified 7 behaviours that characterise effective development cooperation. See <http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/>

development agencies to agree to a core list of 100 indicators in order to streamline global reporting requirements. This is an important step towards easing the reporting burden on countries. Other areas of cooperation would benefit from similar support.

**Priority actions were identified in four areas:**

*Strengthen and use country information and accountability platforms.*

- Governments need to develop sound information system investment plans (with partners).
- Development partners need to invest jointly in those country plans.
- More effective engagement of CSOs and other stakeholders in joint sector performance reviews.

*Strengthen and use country financing and financial management (FM) systems.*

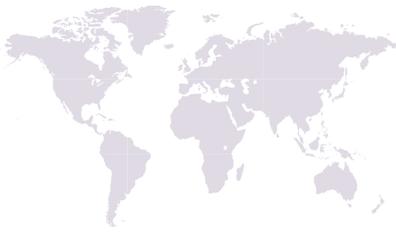
- Joint FM assessments should become standard practice, followed by development of a national FM system strengthening plan, in which multiple partners can invest.
- CSOs and formal elected bodies need to play a stronger role in scrutinising use of funds.
- Being on budget needs to become the default mode for all development agencies.

*Improve Technical Assistance (TA) and increase south–south cooperation.*

- TA should be based on health sector priorities; country governments need to articulate TA needs more clearly.
- Development partners could be much clearer to governments about what TA is available, including support for south–south and triangular cooperation.
- Terms of reference for TA should be defined jointly and include clear accountability, explicit capacity building objectives and monitoring and evaluation (M&E) of results.

*Increase mutual accountability for the seven effective cooperation behaviours.*

- Governments and development partners need to discuss the findings of the 2014 monitoring round. The country and agency scorecards provide a starting point for discussion about why there is little progress in some areas and how to improve performance.
- CSOs have a major role in accountability of governments and development partners for progress on the seven behaviours.
- Selected aid effectiveness indicators can be included in national monitoring frameworks.



## Summary of discussions in the meeting

Prior to the meeting, the provincial health authorities arranged a general briefing on the Cambodian health system, followed by a very interesting field trip to health facilities.

On the evening before the meeting, a keynote note panel discussion on effective development cooperation post 2015 set the tone for the meeting.

### Session 1: Setting the scene: summary of developments in IHP+ and the broader environment

This initial session identified key trends in the environment since the last CHTM in 2012, as well as progress within IHP+. Globally, the economic crisis continues to affect the behaviour of traditional development partners, while new partners are becoming increasingly important. The effective development cooperation agenda remains important, not least because of the complex and fragmented aid architecture in health. A new public health emergency, Ebola, highlights the importance of strong health systems.

Within IHP+, nine new partners have joined since 2012, bringing the numbers to 36 countries and 29 development partners. There is a new Steering Committee for the partnership and a working group on financial management. The Global Health Leaders agreed to promote the seven behaviours and oversaw work to streamline global reporting of health results; this now needs to be implemented at country level. A video message from the Director General of WHO and the Senior Director for Health, Nutrition and Population Global Practice in the World Bank noted that there has been progress on reporting requirements, and emphasised the continuing importance of working together to make efficient use of resources and expertise, for example in contexts such as rebuilding health systems in the Ebola-affected countries in West Africa. That crisis has underscored the importance of IHP+'s agenda moving forward.

### Session 2: Progress on effective cooperation: results of the latest IHP+ monitoring

The 2014 round of monitoring of aid effectiveness indicators commissioned by IHP+ produced results just before the meeting. The monitoring exercise was managed through the Ministry of Health in each country that chose to participate, and this country based approach was seen as an improvement compared to the previous monitoring exercise. 24 countries participated in the monitoring, with data provided by 37 development partners, including international non-government organizations (NGO). Key messages from the monitoring included improvements in the engagement of civil society and mutual accountability processes in many countries. Many countries have shown progress on increasing public funding for health and have results and expenditure frameworks in place, but the measure of strength of public financial management systems showed little improvement. Development partners have improved on mutual accountability and use of national results frameworks, but overall had reduced their use of public financial management systems. There is a positive correlation between the length of time countries have spent in IHP+ and their results.

Scorecards have been developed for countries and for agencies and these can be used as a basis for discussion on performance and reasons for lack of progress. It was suggested that countries hold a discussion on the results with their partners, as was done in Democratic Republic of the Congo (DRC), and also routinely include the development cooperation indicators in their joint annual reviews. Development partners should review their own performance and ensure that their staff at country level are clear about the headquarters' commitment to effective cooperation. Civil society has a critical role in enabling these discussions and holding governments and partners to account.

### **Session 3: Information and accountability platforms: achievements, challenges and priorities post 2015**

One of the seven behaviours is use of one information and accountability platform. There has been progress at global level in identifying a reference list of 100 standard indicators that measure health results, a reduction from around 600 indicators that global agencies have requested from countries. Many countries have established country results frameworks and increasing numbers are planning to develop vital registration systems. Key next steps are to use the reference list of indicators to identify the most relevant and practical indicators for each country, and to build them into a plan for strengthening information and accountability for health sector performance that would be jointly supported by partners.

Countries assessed their own and their development partners' performance on information and accountability against the good practices identified in IHP+ guidance<sup>2</sup>. There was strong country support for the 'one M&E plan, one report' approach, while recognising that further work is required to strengthen the quality of data from national information systems. This will require less fragmented support for M&E from partners, including agreeing and funding M&E plans in a coordinated way, reducing parallel systems, and higher level engagement in country level M&E working groups. Ensuring wide access to data is key to making these investments useful for planning and accountability.

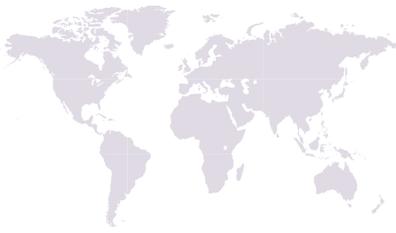
### **Session 4: Parallel sessions on development cooperation in different environments**

#### **4a: Effective cooperation in a world of targeted funding**

The amount of international funding for health has increased, with a rising share of funding linked to targeted initiatives, notably disease focussed and intervention-specific funds. These have risen to more than half of all external funding in some countries, making it harder to ensure support follows national priorities. The partners at country level need to negotiate how best to combine different types of funding, align with national plans and use the compact to ensure they follow the seven behaviours of effective cooperation. This requires effective policy dialogue at country level, with partners working together to harness the comparative advantage of different funding sources. Governments have taken steps to manage and track support to different districts and programmes. Agencies including USAID and Global Fund are considering approaches to enhance the impact of their funds, including support for strengthening common systems.

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<sup>2</sup> Monitoring, Evaluation and Review of National Strategies: a Country-led platform for Information and Accountability, IHP+ and WHO 2011



IHP+ has a role to encourage efficient use of resources from all technical and financial partners, for example by using the same M&E system across different programmes and funds.

#### **4b: Fragile states: what are the priorities for effective cooperation in health?**

Fragile states and emergency situations provide huge challenges for delivery of health services and for provision of development cooperation. Countries reported different approaches to development cooperation, with Afghanistan using contracting out of service delivery as a means to increase coverage, while aligning service delivery through contracts for the nationally defined package of services at district level. This has had good results, although it has high transaction costs and is heavily reliant on international funding. Ebola affected countries reported problems getting funds disbursed during the crisis, despite funders having promised support, which further undermines public confidence in health systems that were already weak. Some countries are developing compacts as a way to improve how partners work together. Funders should find ways to stay engaged through a crisis, and tailor their response to the emergency. The seven behaviours are particularly relevant in fragile states and should be integrated into the design of support, especially after the acute emergency stage. This implies that partners should be more prepared to take risks in using existing mechanisms where possible, rather than withdrawing support or relying entirely on parallel systems and non-Government providers. Governments need to take responsibility for delivering health budgets; and all partners should include the community level in rebuilding resilient health systems.

#### **4c: Middle Income Countries (MICs): how does development cooperation in health change? What are the priorities for effective cooperation?**

Different MICs face different situations in terms of availability of development cooperation. Some funding agencies reduce or withdraw cooperation when a country reaches a particular level of income, whilst others change the terms of cooperation. Often there was inadequate dialogue or planning for the withdrawal of support, which can mean services are disrupted. Even when development cooperation is a small proportion of health funding, there remain high transaction costs to manage the support, for example when funders use their own funding cycles and require separate reporting. Approaches to help countries prepare for MIC status include: partners to consider financial and institutional sustainability from the outset, and discuss exit strategies well in advance; co-financing of national programmes and including them in the budget can make the transition easier. Generating and advocating for additional domestic funding is another element of preparation. Continuing to implement effective development cooperation behaviours, including effective coordination, strengthening and using FM and reporting systems and following national budget cycles, will help to reduce the transaction costs of external support.

#### **4d: Results based financing and effective cooperation: some country perspectives**

The session looked at the performance based financing (PBF) experience in Benin and Burundi, and the program for results support in Ethiopia. In both Benin and Burundi, the PBF schemes are expanding to different parts of the country, with a common approach across different funders, so they contribute to more harmonised support. Ethiopia preferred the program for results approach, with funding dependent on achieving targets at national level, because this was seen as more sustainable. Results based funding

can be consistent with effective development cooperation if it promotes and supports national strategic priorities and uses national indicators for measuring results. Use of routine information systems, strengthening HMIS and improving quality of data are important to reduce demands for expenditure on independent verification. Use of national FM and procurement systems can also be built into the design. Institutionalization and sustainability should be part of the discussions at the earliest stage.

## **Session 6: Harmonising and aligning financial management (FM) arrangements: achievements, challenges, priorities post 2015**

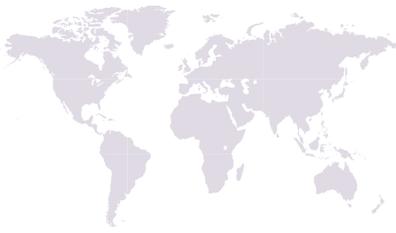
Harmonisation and alignment with national FM systems should help to ensure resources are allocated in line with priorities and funds are used efficiently and as intended. Full alignment would include using the national FM system, with one financial statement of expenditure, one audit and joint supervision. Where country FM systems are not strong enough, then harmonisation among development partners is worthwhile as well as joint work on improving the systems. Stronger FM systems will improve the use of domestic as well as donor resources. Countries have experience of various mechanisms that use national systems, including pooled funds, special accounts for partner funds and a shared audit, but few are used by all partners so there is scope for progress.

As a starting point, a joint FM assessment is feasible and provides a basis for a common plan to strengthen FM systems that all partners can support. A single, shared external audit is one element that can start early, to promote transparency for all public resources and increase efficiency. In most countries, a substantial share of domestic resources for health is out of pocket expenditure; national health accounts provide a tool to identify where funds are coming from and how they are being used, as a basis to plan for universal health coverage. Enhancing the dialogue between ministries of health and finance, and increasing demand for accountability from parliamentarians and civil society are important to make better use of the funds available for health.

## **Session 7: Parallel sessions on tools and approaches for effective cooperation**

### **7a: Experience with Joint Annual Reviews (JARs)**

JARs are part of the broader monitoring, evaluation and review platform for the health sector. They are a mechanism for reporting on health sector progress and for planning future strategies and activities. They can also be a mechanism for mutual accountability; to fulfil this role they should look at development partners' performance on indicators of effective cooperation as well as agreed sector performance indicators. An independent assessment (analytical review or report) can, depending on the circumstances, be useful to enhance confidence in the JAR process. Involvement of all stakeholders including civil society and the private sector is recommended. Countries have found the JAR meetings can get very large, which can reduce the quality of discussions; one approach that can be effective to address this is to hold decentralised reviews involving district level stakeholders and linked to district health planning. There should be a formal mechanism to ensure feedback and follow up of JAR recommendations during implementation and in the next round of operational plans.



### **7b: Experience with joint financial management arrangements / assessments**

Joint FM assessments and joint financing arrangements can help to address the slow progress in increasing use of public FM systems, and reduce the transaction costs and risks inherent in multiple separate FM assessments, procedures and audits. The starting point is a request from Government to develop such an approach, leading to agreement between Government and a range of partners to conduct a joint FM assessment (in place of separate FM assessments). The joint assessment involves a Government team working alongside assessors from participating agencies, to review whether: there are strategic planning and budgeting processes and practices that enable reliable and credible financial planning; funds received by the sector are used efficiently and economically for the intended purposes; accounting and control systems and practices are reliable; and financial reports, internal and external audits provide transparency and accountability to all stakeholders. The assessment provides a basis for developing a plan to address FM system weaknesses and design of more harmonised arrangements. These become the basis for coordinated support. For example, in Sierra Leone it was agreed to develop one integrated project administration unit in the health ministry for all donor projects. There is growing experience with this joint approach, but some issues remain around the different approaches and interest of different agencies. This approach must be based on a country request and ownership, and involve both ministries of health and finance.

### **7c: Procurement and supply management: progress, challenges, priorities**

Countries are at very different stages in getting development partners to strengthen and use national procurement systems and supply chains, in line with development cooperation principles. Many countries have multiple, parallel supply chains, and there is scope to reduce complexity and increase efficiency. For example, Myanmar is developing an integrated supply chain strategy in order to reduce the number of programme specific supply chains and develop a sustainable system. Even where there has been considerable strengthening of the supply chain, there remain challenges in quantification, quality assurance and in ensuring timely procurement and distribution. Procurement and supply management weaknesses affect all the medical supplies used in the country, not just those funded by external partners. Issues that emerged were the institutional setting – whether to have an independent agency for medical procurement (as in Ethiopia), to keep the function within the ministry of health, or to decentralise procurement. Challenges include developing procurement capacity, achieving economies of scale, quality assurance and tackling risks of corruption. Global procurement mechanisms can help to address some of these challenges. At operational level, the potential for contracting out to the private sector for procurement or logistics functions was discussed, including the need for competent private firms in country willing to take on these contracts. Reliable recurrent financing arrangements are also important, both to fund contracted services and to purchase medicines.

### **7d: South–south cooperation (SSC): achievements, challenges, priorities**

SSC has a long history and is underway in many countries, but it is poorly documented, rarely evaluated and tends not to be linked systematically to country priorities. SSC is valued, and is expected to grow in importance. It is important to structure and systematise this form of cooperation, including defining

needs, planning, monitoring implementation, and evaluating its impact. This can include developing clear institutional arrangements in countries, such as a focal point and defined responsibilities of different ministries. To ensure SSC and triangular cooperation address priorities, mechanisms need to be developed to define demand and match supply to demand, with clarity on what is currently on offer from different providers and funders. Similar issues were identified in the discussion on technical assistance (see below). SSC should also be available to civil society and non-state providers. Documenting and sharing experiences would also be useful, identifying lessons and challenges as well as success stories.

### **Session 8: Improving technical assistance (TA) in the health sector: current issues and opportunities**

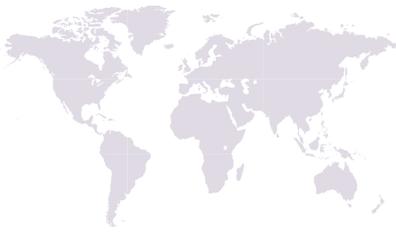
The discussion on TA addressed the challenges of ensuring that TA meets the demands and needs of the country health system, and that it builds individual and institutional capacity (so the need for TA will reduce). There was consensus that TA needs and priorities should be based on the health strategy, although the mechanics of how to do this are less clear. Further work on how to move from health plans to TA requirements would be useful, as experience with TA mapping and long term TA plans have been mixed. TA plans need updating at least annually, and there should be room for rapid response TA to tackle emerging issues. Development partners should be more transparent about what they can offer, so that national partners can identify the best option for a specific need. In order to ensure TA is well defined and has clear accountability, there should be joint engagement on developing the terms of reference, which should include capacity building expectations, joint reporting, monitoring arrangements and how impact will be evaluated. International TA should expect to work with nationals and build their capacity to take over the role, with exit strategies considered from the start. South–south cooperation was seen as an important element of the TA agenda.

### **Session 9: Post 2015: evolution of development cooperation and the place of IHP+**

The Sustainable Development Goals (SDGs) are under discussion and yet to be agreed. What is clear is that they will be broader than the Millennium Development Goals (MDG), and universal (apply to all countries) with a focus on improving equity. It looks likely there will be one SDG for health. Financing for the SDGs can come from diverse sources, private and public, and countries have increasing choice. The post 2015 agenda includes increasing aid for the least developed countries, as well as using aid and partnerships to increase inclusive growth. IHP+ has a role in working out how best to use aid to maximise its contribution to delivering the SDGs.

### **Session 11: What next? Identifying messages from the meeting**

Participants in the meeting stressed the importance of increasing funding for health, keeping a focus on equity, and building trust among the partners. They also emphasised the need for advocacy for the SDG for health, including working towards universal health coverage.



Priorities for development cooperation in health were identified through discussions. Common priorities included: inclusive planning processes that involve CSOs, the private sector and global initiatives; increased use of country information and financial management systems; improving the predictability of financing and ensuring it is recorded on budget and is flexible enough to support health systems. This requires continuing efforts to promote mutual accountability for development effectiveness, including through monitoring progress on commitments to effective cooperation set out in country compacts.

All IHP+ partners have a role to play in moving forward in these areas. Governments need to identify priorities and develop plans (with partners) for strengthening systems. Development partners need to assess and support these plans in a coordinated way, and be clear about what support they will provide. Civil society has a critical role in holding partners to account. Within development agencies and Governments it is important to align incentives to implement the seven behaviours and demonstrate progress. Political level support is needed, which requires advocacy to decision makers.

Partnerships remain important in the post 2015 agenda, involving the private sector as well as civil society. IHP+ could consider broadening its scope to engage with the private sector.

## Messages from the meeting

The following messages were distilled from discussions in the meeting. These messages were subsequently circulated as a separate document to Ministers of Health and heads of development agencies represented at the meeting (see Annex 3).

The results from the 2014 round of IHP+ performance monitoring show that – overall – countries continue to make progress on effective development cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better the performance. For development partners, the most notable finding is that use of country financial management systems has declined over the last two years.

In the last two years since IHP+ partners met in Nairobi, the most critical areas for action have become known as the ‘seven behaviours’. Participants agreed that the seven behaviours continue to be relevant in a wide variety of situations, including public health emergencies. Specific approaches need to be adapted to the local environment, for example in fragile states.

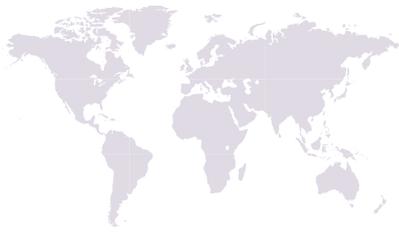
There was a strong message that political action is essential to move this agenda. In the last two years, WHO’s Director General and the World Bank’s President have helped get all major development agencies to agree to a core list of 100 indicators (down from over 600) in order to streamline global reporting requirements. This is an important and highly appreciated step towards easing the reporting burden on countries. Other areas would benefit from similar support.

Improving performance requires action by all partners – by governments; development partners at HQ and country level; CSOs; the private sector and new development actors such as the BRICS. There remains a need to better understand the underlying causes of poor performance, and incentives for

change within different organizations. Frank and transparent dialogue to address longstanding persistent issues was called for.

Priority actions were identified for four areas where there is both need and opportunity for greater progress:

1. ***Strengthen and use country information and accountability platforms.*** Good decisions need good information on health sector performance and results. Country information systems are improving but progress remains slow. In 2014, heads of development agencies agreed to tackle uncoordinated efforts to strengthen national M&E systems by combining support behind one single country information platform. Now this needs to happen in more countries. Two actions were reinforced in discussions in Siem Reap. Sound national information system investment plans need to be developed by government together with partners. And development partners need to increase joint investment in those country plans. A related point was that joint sector performance reviews would benefit from the more effective engagement of CSOs, the private sector and new development partners.
2. ***Strengthen and use country financing and financial management systems.*** Opportunities for action to strengthen and use country financial management (FM) systems are greater today than before: FM is more explicitly recognised as a major issue by both governments and development agencies, as are the transaction costs and wasted resources from multiple separate FM assessments and funding arrangements. There are tools available, and progress has been shown to be possible even in fragile states. Three priority actions were identified in Siem Reap. First, there was a call for joint financial management assessments to become standard practice, followed by development of a national FM system strengthening plan by government in consultation with development partners, in which multiple partners can invest. Second, civil society organizations and formal elected bodies need to play a stronger role in scrutinising use of funds. Third, being on budget needs to become the default mode for all development agencies. This requires governments to prepare timely and transparent budgets. It also requires agencies to give stronger messages to their country staff that providing financial information in time for the annual country budget process, so it can be recorded on budget, should be standard practice.
3. ***Improve technical assistance (TA) including south–south cooperation.*** There remains a need for TA to be more country-led, strategically planned and well-coordinated, and new ways of looking at TA are needed. Approaches to technical cooperation are changing, with increased assistance provided by emerging economies. Three actions were identified. TA needs to be more clearly based on health sector priorities, and more demand-driven: country governments need to articulate TA needs more clearly, and engage in open dialogue with DPs based on those needs. Development partners could be much clearer to governments about what TA is available and how to access it, including through support for south–south and triangular cooperation. Third, terms of reference should be jointly defined with clear lines of accountability; and explicit capacity building objectives, and better ways to monitor the relevance and quality of TA developed. New approaches to assessing the impact of TA on building and sustaining individual and institutional capacity need to be explored and adopted.



**4. Enhance mutual accountability.** The fourth round of IHP+ performance monitoring has just been completed, with higher participation than before: 24 countries, 37 development agencies and international NGOs. Four actions were identified in Siem Reap. The shift in 2014 towards more country-level and country-led mutual accountability processes is positive and should continue. The IHP+ Results scorecards can provide a useful starting point for in-depth discussion about areas in which there is less progress, why and what can be done: governments need to ensure local dialogue on the 2014 findings, and explore incentives to change behaviour in areas with poor progress. Looking forward, selected aid effectiveness indicators could usefully be included in national M&E frameworks. Development agency HQs should also discuss findings from the 2014 round of monitoring, and consider actions that could be taken, and incentives needed. CSOs have a major role to play by focusing on accountability of both governments and development partners for progress on the seven behaviours.

## Annex 1: Meeting agenda

### Fifth IHP+ Country Health Teams Meeting Aligning for better results in changing environments

2–5 December 2014, Sokha Angkor Resort, Siem Reap, Cambodia

#### Meeting objectives

To agree ways in which IHP+ can accelerate better health results through greater health development effectiveness. Specific objectives are:

- To promote greater mutual accountability for progress and results in effective health aid and development cooperation, including review of what has changed since 2012, and why and how change is happening.
- Looking forward, to identify ways to achieve greater alignment with country priorities, plans and systems, and opportunities for accelerating progress on the seven behaviours and results.
- To discuss probable trends in global aid architecture post 2015, and the place of IHP+ within it.

<b>Tuesday 2 December 2014 – Day 1</b>	
<b>1000 – 1200</b>	<b>Registration</b>
<b>1400 – 1700</b>	Main lobby of hotel Note: early arrivals may also register on Monday 1600–1800
<b>1400 – 1630</b>	<b>Introduction to Siem Reap Provincial Health Department and visit to one of three health facilities: Provincial hospital; health centre Kok Chak; health centre Chraev</b> Kindly hosted by the Director, Provincial Health Department and his team Introduction by Dr Kros Sarath, Director, Provincial Health Department Room: Grand Ballroom Visit to health facility (buses will leave from outside the hotel) Places for 60 participants, allocated on a first come first served basis. Registration for site visits by email in advance, confirmed at the meeting registration desk in Siem Reap.
<b>1730 – 1845</b>	<b>Keynote panel: Effective development cooperation in health post 2015: how will it look? How would we like it to look?</b> Panelists: – Dr Amir Hagos, State Minister, Federal Ministry of Health, Ethiopia – Dr Kyi Minn, Regional Health Advisor, World Vision, Myanmar – Dr Ruben del Prado, UNAIDS Country Director Nepal and Bhutan – Dr Sung Vinttak, Director International Cooperation MOH, Cambodia – Mr Wade Warren, Senior Deputy Assistant Administrator, Bureau for Global Health USAID Moderator: Dr Suwit Wibulpolprasert, Vice Chair, International Health Policy Program Foundation, Ministry of Public Health, Thailand Room: Grand Ballroom



<b>1900</b>	<p><b>Opening ceremony</b></p> <p>Welcome remarks from</p> <ul style="list-style-type: none"> <li>– His Excellency Khim Bunsong, Governor of Siem Reap Province, Cambodia</li> <li>– Mr Alassane Sow, Country Manager, World Bank</li> <li>– Dr Dong-il Ahn, WHO Representative, Cambodia</li> <li>– His Excellency Dr Mam Bunheng, Minister of Health, Cambodia</li> </ul> <p>Room: Grand Ballroom</p>
<b>1930</b>	<p><b>Welcome dinner for all participants – Pool side restaurant</b></p>

<b>Wednesday 3 December 2014 – Day 2</b>	
<b>0830 – 0900</b>	<p><b>Welcome: introductions, housekeeping and meeting objectives</b></p> <p>Facilitators: Valerie Traoré and Carolyn Reynolds</p> <p>Room: Grand Ballroom</p>
<b>0900 – 0930</b>	<p><b>Session 1: Setting the scene</b></p> <p>Objective: Summary of key developments over the last two years, that frame the environment for the meeting.</p> <ul style="list-style-type: none"> <li>– Video welcome by Margaret Chan, DG, WHO and Tim Evans, Senior Director, World Bank</li> <li>– Core Team overview of recent developments</li> </ul> <p>Chair: Ousmane Doumbia, MOH Mali</p> <p>Room: Grand Ballroom</p>
<b>0930 – 1100</b>	<p><b>Session 2a: Progress on effective cooperation: the latest results of IHP+ monitoring</b></p> <p>Objective: Review findings from the 2014 IHP+Results performance report</p> <ul style="list-style-type: none"> <li>– Introduction: IHP+Results consortium, 10 mins</li> <li>– At table discussions of selected findings, 35 mins</li> <li>– Overview of trends since 2012: presentation by IHP+Results consortium, 15 mins</li> <li>– Plenary discussion, 30 mins</li> </ul> <p>Chair: Christian Acemah, IHP+ Northern Civil Society Representative</p> <p>Room: Grand Ballroom</p>
<b>1100 – 1130</b>	<p><b>Coffee/Tea Break</b></p>
<b>1130 – 1230</b>	<p><b>Session 2b: Holding each other to account: reasons behind the latest results, and possible action</b></p> <p>Panel discussion:</p> <ul style="list-style-type: none"> <li>– Birgit Strube, BMZ, Germany; Viviana Mangiaterra, Global Fund; Mali country team.</li> </ul> <p>Chair: Christian Acemah, IHP+ Northern Civil Society Representative</p> <p>Room: Grand Ballroom</p>
<b>1230 – 1400</b>	<p><b>Lunch</b></p>

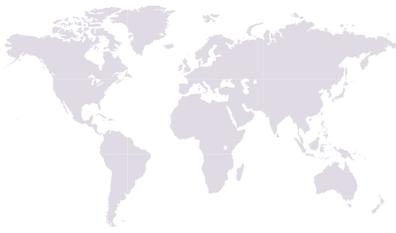
<b>1400 – 1530</b>	<b>Session 3: Information and accountability platforms: achievements; challenges; priorities post 2015</b> Objective: update on global developments; review of country progress and priorities – Introduction by chair, 5 mins – Overview of global activities: Kathy O’Neill, WHO, 10mins – At table discussions on progress on national information platforms, 45 mins – Plenary discussion and conclusions, 30 mins Chair: Amadou Ba, MOH Senegal Room: Grand Ballroom
<b>1530 – 1600</b>	<b>Coffee/tea break and explanation of reception, next day</b>
<b>1600 – 1730</b>	<b>Session 4: Development cooperation in different environments: parallel sessions</b> <b>4a) Effective development cooperation in a world of targeted funding</b> Chair: Mohamed Lamine Yansane, MOH, Guinea. Room: Grand Ballroom <b>4b) Fragile states: what are the priorities for effective cooperation in health?</b> Chair: Brenda Killen, OECD. Room: Apsara 1 <b>4c) Middle income countries (MICS): how does development cooperation in health change? What are the priorities for effective cooperation?</b> Chair: Malik Muhammed Safi, MOH Pakistan. Room: Apsara 2 <b>4d) Results based financing and effective cooperation: some country perspectives</b> Chair: Amir Hagos, FMOH Ethiopia. Room: Le Chantou
<b>1830</b>	<b>Reception</b>

<b>Thursday 4 December 2014 – Day 3</b>	
<b>0830 – 0900</b>	<b>Session 5: Recap Day 2 and scene setting Day 3:</b> Chairs of Day 2 summarise issues and recommendations from the first day. Room: Grand Ballroom
<b>0900 – 1030</b>	<b>Session 6: Harmonizing and aligning financial management arrangements: achievements; challenges; priorities post 2015</b> Objective: to show that financial management harmonization and alignment should be a high priority by both donor and country partners as the best way of ensuring strong fiduciary oversight in the health sector and the use of funds for intended purposes. – Introduction by chair, 5 mins – Presenters: Finn Schleimann, World Bank; Ndèye Mayé Diouf, MOF Senegal; Lo Veasnakiry, MOH Cambodia; David Evans, WHO; 40 mins – Plenary discussion and summary, 45 mins Chair: Rogers Enyaku, MOH Uganda Room: Grand Ballroom
<b>1030 – 1100</b>	<b>Coffee/Tea Break</b>



<b>1100 – 1230</b>	<p><b>Session 7: Tools and approaches for effective cooperation: parallel sessions</b></p> <p><b>7a) Experience with joint annual reviews</b> Chair: Sushil Baral, Nepal. Room: Grand Ballroom</p> <p><b>7b) Experience with joint financial management arrangements / assessments</b> Chair: Sorie Kamara, Ministry of Finance, Sierra Leone. Room: Apsara 1</p> <p><b>7c) Procurement and supply management: progress, challenges, priorities</b> Chair: Toomas Palu, World Bank. Room: Apsara 2</p> <p><b>7d) South-south cooperation: achievements; challenges; priorities</b> Chair: Ahmed Ould Sid'Ahmed Ould Dié, MOH, Mauritania. Room: Le Chantou</p>
<b>12:30 – 14.00</b>	<b>Lunch</b>
<b>1400 – 1530</b>	<p><b>Session 8: Improving technical assistance in the health sector: current issues and opportunities</b></p> <p>Objective: to identify ways in which governments can better articulate demand for TA that fits into sector strategies; development partners can narrow the gap between their policy and practice, and accountability of technical assistance can be improved.</p> <ul style="list-style-type: none"> <li>– Introduction: Chair, 5 mins</li> <li>– Overview of issues: Katja Janovsky, 15 mins</li> <li>– At table discussions of 2 questions, 30–40 mins</li> <li>– Panel discussion: Cornelius Oepen, European Commission; Padam Chand MOH Nepal; Sarah Byakika, MOH Uganda, 25 mins</li> <li>– Summing up: chair 5 mins</li> </ul> <p>Chair: Billy Stewart, DFID Room: Grand Ballroom</p>
<b>1530 – 1600</b>	<b>Coffee/Tea Break</b>
<b>1600 – 1730</b>	<p><b>Session 9: Post 2015: evolution of development cooperation and the place of IHP+</b></p> <p>Objective: In the light of the emerging post 2015 agenda, to consider the priorities for effective cooperation in the health sector, and for IHP+.</p> <ul style="list-style-type: none"> <li>– Introduction: Chair, 5 mins</li> <li>– Keynote speaker: Brenda Killen, OECD, 15 mins</li> <li>– At table groups discuss questions, 30 mins</li> <li>– Feedback and wrap up, 40 mins</li> </ul> <p>Chair: Dr Amir Hagos, co-chair IHP+ Steering Committee Room: Grand Ballroom</p>
<b>1800 – 1845</b>	<p><b>Civil society organizations meeting with IHP+ CSO representatives.</b></p> <p>Room: TBC</p>

<b>Friday 5 December 2014 – Day 4</b>	
<b>0800 – 0930</b>	<b>World Bank breakfast briefing on the Global Financing Facility in support of Every Woman, Every Child</b> Presenter: Toomas Palu, World Bank Room: Grand Ballroom
<b>0930 – 1000</b>	<b>Session 10: Recap day 3 and scene setting day 4</b> Day 3 session chairs Room: Grand Ballroom
<b>1000 – 1100</b>	<b>Session 11: What next? messages from the meeting</b> Objective: Final messages to heads of agencies and governments Review of main messages emerging from the meeting Plenary discussion Chair: Dr Amir Hagos Room: Grand Ballroom
<b>1100 – 1130</b>	<b>Coffee</b>
<b>1130 – 1230</b>	<b>Session 11 continued</b> Room: Grand Ballroom
<b>1230 – 1300</b>	<b>Close</b> Closing remarks: final reflections and next steps Chair: TBC Room: Grand Ballroom
<b>1300</b>	<b>Lunch</b>



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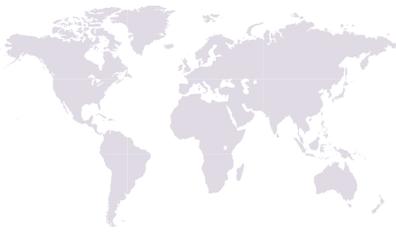
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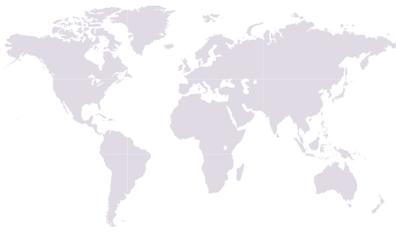
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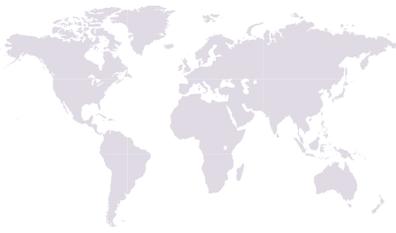
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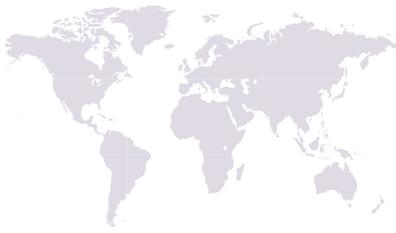
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## Annex 3: Key Messages from the Fifth IHP+ Country Health Teams Meeting

Siem Reap, Cambodia, December 2014

Two hundred representatives from 34 country governments, 20 international development partners and many civil society organizations met in Siem Reap 2–5 December 2014. They analysed progress over the last two years on effective cooperation in health; reviewed likely developments post 2015 and discussed priorities for action. The meeting took place during the global public health emergency caused by the Ebola Virus Disease outbreak.

**The results from the 2014 round of IHP+ performance monitoring** show that – overall – countries continue to make progress on effective development cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better the performance. For development partners, the most notable finding is that use of country financial management systems has declined over the last two years.

In the last two years since IHP+ partners met in Nairobi, the most critical areas for action have become known as the ‘seven behaviours’. Participants agreed that the **seven behaviours continue to be relevant** in a wide variety of situations, including public health emergencies. Specific approaches need to be adapted to the local environment, for example in fragile states.

There was a strong message that **political action is essential to move this agenda**. In the last two years, WHO’s Director General and the World Bank’s President have helped get all major development agencies to agree to a core list of 100 indicators (down from over 600) in order to streamline global reporting requirements. This is an important and highly appreciated step towards easing the reporting burden on countries. Other areas would benefit from similar support.

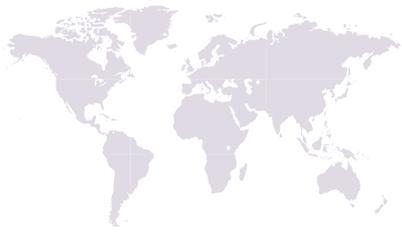
**Improving performance requires action by all partners** – by governments; development partners at HQ and country level; CSOs; the private sector and new development actors such as the BRICS. There remains a need to better understand the underlying causes of poor performance, and incentives for change within different organizations. Frank and transparent dialogue to address longstanding persistent issues was called for.

**Priority actions were identified for four areas** where there is both need and opportunity for greater progress:

- 1. Strengthen and use country information and accountability platforms.** Good decisions need good information on health sector performance and results. Country information systems are improving but progress remains slow. In 2014, heads of development agencies agreed to tackle uncoordinated efforts to strengthen national M&E systems by combining support behind one single country information platform. Now this needs to happen in more countries. Two actions were reinforced in

discussions in Siem Reap. Sound national information system investment plans need to be developed by government together with partners. And development partners need to increase joint investment in those country plans. A related point was that joint sector performance reviews would benefit from the more effective engagement of CSOs, the private sector and new development partners.

2. **Strengthen and use country financing and financial management systems.** Opportunities for action to strengthen and use country financial management systems are greater today than before: FM is more explicitly recognised as a major issue by both governments and development agencies, as are the transaction costs and wasted resources from multiple separate FM assessments and funding arrangements. There are tools available, and progress has been shown to be possible even in fragile states. Three priority actions were identified in Siem Reap. First, there was a call for joint financial management assessments to become standard practice, followed by development of a national FM system strengthening plan by government in consultation with development partners, in which multiple partners can invest. Second, civil society organizations and formal elected bodies need to play a stronger role in scrutinising use of funds. Third, being on budget needs to become the default mode for all development agencies. This requires governments to prepare timely and transparent budgets. It also requires agencies to give stronger messages to their country staff that providing financial information in time for the annual country budget process, so it can be recorded on budget, should be standard practice.
3. **Improve technical assistance (TA) including south–south cooperation.** There remains a need for TA to be more country-led, strategically planned and well-coordinated, and new ways of looking at TA are needed. Approaches to technical cooperation are changing, with increased assistance provided by emerging economies. Three actions were identified. TA needs to be more clearly based on health sector priorities, and more demand-driven: country governments need to articulate TA needs more clearly, and engage in open dialogue with DPs based on those needs. Development partners could be much clearer to governments about what TA is available and how to access it, including through support for south–south and triangular cooperation. Third, terms of reference should be jointly defined with clear lines of accountability; and explicit capacity building objectives, and better ways to monitor the relevance and quality of TA developed. New approaches to assessing the impact of TA on building and sustaining individual and institutional capacity need to be explored and adopted.
4. **Enhance mutual accountability.** The fourth round of IHP+ performance monitoring has just been completed, with higher participation than before: 24 countries, 37 development agencies and international NGOs. Four actions were identified in Siem Reap. The shift in 2014 towards more country-level and country-led mutual accountability processes is positive and should continue. The IHP+Results scorecards can provide a useful starting point for in-depth discussion about areas in which there is less progress, why and what can be done: governments need to ensure local dialogue on the 2014 findings, and explore incentives to change behaviour in areas with poor progress. Looking forward, selected aid effectiveness indicators could usefully be included in national M&E frameworks. Development agency HQs should also discuss findings from the 2014 round of monitoring, and consider actions that could be taken, and incentives needed. CSOs have a major role to play by focusing on accountability of both governments and development partners for progress on the seven behaviours.





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