

## IHP+ STRATEGIC DIRECTIONS 2016-17

### *Making the most of development cooperation for the health related SDGs*

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## Acronyms

ADG	Assistant Director General (in WHO)
BRICS	Brazil, Russia, India, China & South Africa
GPEDC	Global Partnership for Effective Development Cooperation
CSO	Civil society organisation
CSCG	IHP+ Civil Society Consultative Group
DG	Director General
DP	Development partner
DRC	Democratic Republic of Congo
EDC	Effective development cooperation
FBO	Faith Based Organisation
FM	Financial management
GFATM	Global Fund to fight AIDS, TB and Malaria
GFF	Global Financing Facility for women and children's health
GHAL	Global Health Agency Leaders
HPAF	IHP+ Health Policy Action Fund
IAWG	IHP+ Intensified Action Working Group
IHP+	International Health Partnership & related initiatives
JANS	Joint Assessment of National health Strategies and plans
JAR	Joint Annual health sector Review
JFMA	Joint Financial Management Assessment
MAWG	IHP+ Mutual Accountability Working Group
MDGs	Millennium Development Goals
M&E	Monitoring & Evaluation
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Development & Co-operation
PFM	Public Financial Management
SC	IHP+ Steering Committee
SDGs	Sustainable Development Goals
SWAp	Sector Wide Approach
TA	Technical assistance
UHC	Universal Health Coverage
WHA	World Health Assembly

## Executive Summary

### Overview of IHP+ Strategic Directions 2016-17

- **Global level** action:
  - Maintain & increase political profile by:
    - Emphasizing the **Seven Behaviours**, leveraging the **IHP+ signatories** and maintaining a strong **Core Team**
    - Publishing regularly a **global report on State of Effective Development Cooperation in Health**
  - Incorporate **emerging economies** and **private sector**
  - Update the Global Compact to the **Sustainable Development Goals (SDG) context**
  - Strengthen **documentation** and **communication** activities
  
- **Country level** promote effective development cooperation:
  - Provide a platform for coordination of support to **systems strengthening**, and promote **joint approaches to systems strengthening**, including **monitoring and information, financial management** and **procurement systems**.
  - **Intensified action** in selected countries
  - Adapt and tailor IHP+ approach and tools to different contexts – particularly for **fragile states** and for **countries transitioning to middle income status**
  - Strengthen **mutual accountability** systems in countries
  - Continue support for **Compacts, JANS**, coordinated **technical assistance (TA)** and **south-south cooperation (SSC)**, and engagement of **civil society**
  - Take up new areas: aid coordination in countries **transitioning from low income to middle income** status, and joint approach to **salary top-ups & allowances**

### Developments in IHP+ goals and approach

The International Health partnership (IHP+) was established in 2007 to put international commitments to effective aid into practice in the health sector, in order to improve health in developing countries. Since 2011, IHP+ changed its focus from aid effectiveness to effective development cooperation. In light of past achievements and the changing environment for development cooperation, IHP+ is adjusting its approach, as outlined in this strategy for 2016-17.

Following global agreement on the Sustainable Development Goals (SDGs), the overall goal of IHP+'s work on effective development cooperation (EDC) post-2015 will be to attain the health related SDGs (replacing the health related Millennium Development Goals), an important part of these goals is attaining universal health coverage (UHC). This will be outlined in a preamble to the existing IHP+ Global Compact.

The overarching principle of IHP+ will continue to be ensuring international cooperation for health is used to support one national health strategy and aligned with country systems, because this is the most effective and efficient way to enable better and sustainable health results. In promoting alignment with national health strategies and plans, IHP is thereby promoting UHC through health system strengthening. Going forward, areas with well-established IHP+ approaches will increasingly be supported by signatories with a facilitation role for IHP+. This includes joint assessment of national health strategies (JANS); strengthening and use of country monitoring and review systems and public financial management (PFM) systems. In other areas, IHP+ will need to continue technical work in support of promoting joint approaches to strengthening and aligning with country systems including for procurement, technical assistance (TA) and south-south cooperation and salary supplementation. IHP+ will also identify how to tailor the approach to different country contexts, especially fragile states, as well as countries transitioning from low income to middle income status.

In line with the Global Partnership on Effective Development Cooperation, IHP+ will engage more with non-traditional donors, particularly emerging economies, as well as with the private sector both at country level and globally, and welcome both these groups to more formally join the partnership.

Finally, IHP+ will maintain a focus on strengthening the role of civil society at country level, and also start addressing international NGOs' adherence to effective development cooperation in their support for the health sector.

### Key strategic areas for IHP+ work going forward

The **Seven Behaviours** (annex 1) remain the foundation of IHP+ principles and strategy because strengthening and **aligning with country plans and systems** creates better results, not only for the donor money but more importantly also for the (much larger) domestic resources. The four operational pillars supporting these principles, and the areas in which most of the partnership's effort is to be invested in the coming years, are:

**Doing things jointly** as the fundamental IHP+ approach: do assessments of systems jointly, followed by joint support for a government-led plan to address the weaknesses identified, leading to a strengthening of country systems that all partners can then use. Similarly a strong national strategy, strengthened by a joint assessment, should be supported jointly by partners in such a way that country priorities are sufficiently resourced. By using donor resources to strengthen country systems instead of establishing and maintaining parallel systems, the development assistance creates the foundation for domestic resources to be used more efficiently, thereby leveraging much more health for the money. Tailoring IHP+' approach better to countries in fragile situations will be a crucial element.

**Intensified implementation at country level.** IHP+ is a global partnership that has always maintained a strong country focus and will continue to do so, because this is where effective development cooperation will create real results moving towards the health related SDGs. In particular, IHP+ will provide support for countries that decide to work with their partners to move forward on one or more of the Seven Behaviours, or on establishing coordinated support for the national strategy to ensure that priority areas are properly resourced. IHP+ offers a platform for coordinating support to strengthen health systems and health security and build health systems resilience.

**Global monitoring of adherence to, and progress on, effective development cooperation** by regularly producing a high profile report on “The State of Effective Development Cooperation in Health”. The report will build on data collected by countries as part of their mutual accountability monitoring, analytical work answering why progress is less than desired, and monitoring at global level of agencies’ policies, procedures and practices in relation to harmonising with other agencies and aligning with country plans and systems. The report would rate agency performance based on a number of transparent factors and foster dialogue, both inside agencies and in the broader public, about where and why gaps remain in agency adherence to IHP+ principles and how to address these, with the aim of achieving improvements in agencies’ behaviour. The need for more emphasis on agencies’ adherence to effective development cooperation is clearly illustrated by the recent IHP+ monitoring that shows countries progressing more than their development partners on effective development cooperation.

Institutionalising **country level monitoring of adherence to effective development cooperation**, both by the government as well as its partners. This will build on the established IHP+ Results methodology, adapted to the country situation, and can include monitoring of the country compact, supplemented by more qualitative analysis and a process for discussing and taking action on findings at the country level.

# 1 Introduction

## Purpose

The purpose of this strategy paper is to outline the IHP+ approach going forward, as decided by the IHP+ Steering Committee<sup>1</sup>. It will be used as the foundation for the IHP+ 2016-17 work programme, which will detail activities and outputs, as well as the budget.

## Background

Since its start in 2007, IHP+ has been quite successful in supporting effective development cooperation in the health sector. The number of signatories has increased from 26 to 65 over this period, increasing the partnership's reach. The most important achievements are:

- Establishing a widely accepted methodology for Joint Assessment of National Health Strategies and Plans (JANS).
- Catalysing progress on establishing country-led common platforms for information and accountability, including joint investment in country monitoring and evaluation systems, as well as the global list of common core indicators.
- Establishing an approach to Joint Financial Management Assessment, a key element in assisting a country with strengthening its Public Financial Management (PFM) system and aligning partners to it.
- Establishing a sound methodology for countries to monitor adherence to effective development cooperation at country level, including monitoring mutual accountability for supporting the national strategy. This work has also resulted in the biggest database on effective development cooperation in health.
- Piloting and preparing for scaling up an approach to support country based civil society organisations' (CSOs) participation in sector policy dialogue, planning, budgeting and performance monitoring.

Last but not least, the IHP+ Seven Behaviours and IHP+ Principles have been widely endorsed by the global community and by countries, and are referred to in many contexts.

The results of the consultation with IHP+ signatories in early 2015 about the future of IHP+, discussions in the Steering Committee and further work by the IHP+ Intensified Action Working Group<sup>2</sup> (IAWG) showed consensus on the following strategic directions:

1. **Maintaining the political profile and increasing the influence of IHP+.**
2. **Broadening the partnership** – including a wider range of providers of cooperation, such as the BRICS and the private sector.
3. **More intensive work at country level**, including:
  - a) implementation of IHP principles, e.g. alignment with strong country plans, coordinating technical assistance and mutual accountability for progress; and

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<sup>1</sup> IHP+'s highest decision making body.

<sup>2</sup> The IAWG is co-chaired by the EC and southern civil society (Network of West African NGO Platforms), with representation from the GFATM, USAID, the World Bank, WHO, DFID, Germany and the Government of Senegal. It benefited from inputs from several countries (Ethiopia, Uganda, Rwanda & Zambia).

- b) joint work to strengthen national systems with a view to increasing alignment, focussing on three areas: financial management; procurement and supply chains; and monitoring, information & review.

## 2 Updating the partnership in the post 2015 context

### 2.1 IHP+ goal and scope

The IHP+ was established in the era of the Millennium Development Goals (MDGs), which figure prominently in the IHP+ Global Compact. Post 2015, IHP+ will adopt the health related Sustainable Development Goals (SDGs) as the overarching goal for the partnership. This will necessitate changes in the IHP+ Global Compact – see section 2.5.

IHP+ was established to take forward the aid effectiveness agenda in the health sector. The 4<sup>th</sup> High Level Forum on Aid Effectiveness in Busan led to a shift in focus from aid effectiveness to effective development cooperation. This included (among other things) more focus on the private sector and the role of the emerging economies. Within development cooperation, this broader engagement highlighted south-south and triangular cooperation. In response IHP+ changed its approach from aid effectiveness to effective development cooperation, and included south-south and triangular cooperation within its scope.

The role of aid, or international public finance, as it is referred to in the Financing for Development discussions, is changing. The discussions focus on use of development cooperation to:

- encourage and enable private investment, including foreign direct investment, by helping countries to have the governance, infrastructure and institutional capacity to attract funds;
- finance global public goods, including shaping markets; and
- target official development assistance to the smaller, fragile, conflict affected and least developed countries that have limited prospects for raising resources domestically or attracting private investment.

The changing roles for international public finance in different country contexts mean that the challenges of effective development cooperation are becoming more diverse. Fragile states and conflict affected countries face particular challenges in managing fragmented international support and may not have a credible national health strategy. Also, the countries moving to middle income status, face different issues from low income countries. IHP+ needs to adapt its role and tools to suit the diverse contexts faced by countries.

The Third Conference on Financing for Development outcome statement continues to promote effective development cooperation, including alignment with national priorities, strengthening of country systems, greater predictability of support and increasing mutual accountability. IHP+ will remain focussed on effective development cooperation, as the broader financing for development and development effectiveness agendas are neither part of its comparative advantage nor mandate.

Within the health related SDGs, the target of moving towards universal health coverage (UHC) is a cross cutting goal for the health sector. The ingredients for moving towards UHC are usually at the core of any national health plan – increasing coverage of essential services through developing a stronger and more efficient health system, with financing strategies that avoid impoverishment,

access to medicines and a competent and motivated health workforce. IHP+ has always promoted strengthening and use of national systems in line with country priorities, as the basis for developing a sustainable health system. IHP+ will continue to promote strengthening and use of health systems.

In the framework of the SDGs and in response to the Ebola crisis in 2014/15, partners have emphasised the importance of building resilient health systems and enhancing health security (to prevent, detect and contain emerging health threats). Substantial international resources have been allocated for strengthening country health systems, improving country capacity and compliance with international health regulations. During the United Nations General Assembly's Special Session on the SDGs, prominent partners called for increased coordination on strengthening resilient health systems and for assisting countries moving towards (UHC). IHP+ is well placed to provide a platform for this coordination and for taking forward joint efforts to strengthen aspects of health systems.

## **2.2 Maintaining and increasing the political influence of IHP+**

Political clout<sup>3</sup> and advocacy matter, particularly for changing organisational behaviour and adopting new ways of working. The need for political clout was highlighted in some of the signatories' responses to the survey on the future of IHP+. Attaining and maintaining political clout has been on the IHP+ agenda from the outset.

Political clout and influence are discussed in relation to two aspects of IHP+: the principles and the leadership. The position of the IHP+ Core Team is also relevant. To gain more political clout one new approach is planned: to attract attention through an influential global publication on the state of effective development cooperation including the reasons for poor progress (see Section 2.3). Placing IHP+ firmly within the new global context, as an important approach to attaining the health related SDGs, including the important goal of universal health coverage (UHC), and a significant element of improving health security, will also contribute to raising the profile of IHP+.

### **The IHP+ Principles**

IHP+ principles, firmly based on the Paris Declaration of 2005 and all post-Paris meetings on development effectiveness, and expressed both in global and country compacts, have been almost universally adopted and continue to be widely advocated and mentioned at all relevant meetings. Most recently, IHP+ principles have featured prominently in discussions about the Global Financing Facility (GFF), post-Ebola action and the June 2015 measurement summit. Thus, to the extent that the principles confer clout on IHP+ for being their chief advocate in the health sector, this is being achieved.

However, there are three key challenges in relation to the principles. First and foremost, the continuing finding that principles are not being sufficiently put into practice, and that development partners are lagging behind countries in this respect. Second, while countries in fragile situations need harmonisation and alignment the most, they may require a more focused approach tailored to their specific capacity and main problems rather than the broad and comprehensive approach applied in other countries. Third, the problems countries moving from LIC to MIC status faces warrants developing a coordinated approach to ensure a smooth transition. Third, the question of whether new stakeholders, such as the BRICS and the private sector, will fully adopt the principles of harmonization and alignment requires further exploration, as discussed further below.

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<sup>3</sup> i.e. the ability to effect change through influencing decision makers and key constituencies.

## **IHP+ Leadership**

Dialogue and decision-making regarding IHP+ strategy and implementation are the purview of its Steering Committee, and also indirectly, the country and agency representatives at biennial Country Health Team Meetings.

IHP+'s strength is that it is a partnership, and the advocacy role of IHP+ signatories, particularly the Steering Committee members, on behalf of the Partnership needs to be explicitly addressed and leveraged in order to maintain clout and influence. In addition, IHP+ will increase its use of existing events where senior leaders are present, such as the World Health Assembly and regional ministerial meetings, leveraging IHP+'s strength in having many country signatories and a strong country focus.

Finally, the Global Health Agency Leaders (GHAL) have been meeting regularly, albeit informally, for the last two years. These meetings have promoted the IHP+ principles, and have the potential for influencing agency action. An example is the work of GHAL on health sector monitoring (catalyzed by their discussion of the IHP+ seven behaviours), which has facilitated and endorsed agreement on the Global Reference List of 100 Core Health Indicators, and subsequent work on using one monitoring and accountability framework. It will be important to ensure that IHP+ maintains a close link with the GHAL, for example, in their future meetings GHAL could focus on another of the seven behaviours, such as financial management.

## **IHP+ Secretariat**

The IHP+ Core Team is based in WHO and World Bank (WB), and is crucial to promoting the IHP+ principles. In order to support increased political clout and facilitate access, the secretariat needs sufficient status and the right numbers of staff with the experience and capacity to deliver the role and work plan.

### **2.3 A revised approach to global monitoring to maintain political influence and encourage implementation of the IHP+ principles**

As mandated by the Global Compact, IHP+ has monitored the effectiveness of development cooperation in health, and this has been a key activity in promoting effective development cooperation. The four rounds of independent monitoring so far (through IHP+ Results) have provided valuable information on progress on effective development cooperation, which was presented in scorecards for agencies and countries. However this has not been as effective a mechanism for changing agency behaviour as intended. For future monitoring to be more influential, it needs to address not only what the status of effective development cooperation in health is, but also explain why agencies and countries are not making more progress in some areas. If the report is seen as credible and authoritative and has a high profile, it would contribute significantly to IHP+'s political visibility and influence.

In order to move towards this higher profile report and more detailed analysis of reasons for and barriers to changes in agency and government behaviour, IHP+ will develop a more qualitative and analytical publication. The global report will combine information from country level mutual accountability processes (see section 3.5), including comparing individual agencies performance in different countries, with analysis of agencies' policies, procedures and practices in relation to behaviours. This requires more extensive monitoring of agencies' adherence to commitments

regarding effective development cooperation, and will present an assessment and rating<sup>4</sup> of performance of individual agencies based on transparent criteria.

The output will be a more qualitative and in depth Global Report on the State of Effective Development Cooperation in Health than previous IHP+ monitoring reports. The report will be widely disseminated using a high-powered approach to distribution and discussion. Global health leaders in countries and in agencies would need to play an active role in this endeavour.

## **2.4 Incorporating a wider range of partners and types of cooperation**

IHP+ signatories have so far mainly been traditional OECD bilateral donors, multilaterals and partner countries, with the addition of one philanthropic foundation, and with engagement of civil society organisation (CSO) representatives. The importance of emerging funders and south-south cooperation providers, new financing mechanisms, private foundations and the private sector is increasingly acknowledged, in the Busan agreement as well as the post-2015 discussions on effective development cooperation and financing for development. For IHP+, the emerging economies and the private sector are seen as particularly relevant in terms of broadening the partnership. IHP+ will continue to promote civil society engagement at the country as well as global level.

### **Emerging economies**

A number of major emerging economies and non-traditional donors are involved in development cooperation, and many of them include health. IHP+ will adopt an incremental approach to their engagement, with an initial focus on the most influential players that focus on health and are fairly global in nature, namely China, Brazil and South Korea, with a view to subsequently include others, for example India. Key to engaging this new group of development partners will be to explore what they see as potential opportunities and threats in relation to involvement with IHP+.

These countries have considerable experience for example in the area of south-south collaboration. IHP+ should engage to facilitate some sharing of experience. This could start at a relatively informal level, by engaging academic institutions, evolving to a more formal engagement. IHP+ will continue to invite representatives from the countries for events (Chinese officials participated in the last two Country Health Team Meetings). Eventually some of the countries may become observers in IHP+ bodies<sup>5</sup> or fully-fledged members.

### **The Private Sector and IHP+**

“Private sector” is defined here to include private for profit and private not for profit entities that provide goods, services, financing or innovation in the health sector, including companies, faith-based organizations and philanthropy. The private sector is very diverse and in addition dynamic, and IHP+ needs to determine why and how best to engage with which private sector partners.

IHP+ began primarily as a platform to coordinate health sector efforts of host governments and bilateral and multilateral donors as well as CSOs. The not-for-profit private sector, e.g. Faith Based Organisations (FBO) is a close partner in sector processes in many countries, while the private-for-profit sector has typically been less involved in these processes. FBOs and international NGOs are

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<sup>4</sup> Based on transparent criteria, including whether agency policies and procedures include working jointly with the other partners (e.g. JANS, joint FM assessments) and using country systems (e.g. M&E, FM) as the preferred mode of operation; as well as the results from country based mutual accountability monitoring, see section 3.4.

<sup>5</sup> Steering Committee, Reference Group & technical working groups.

somewhat involved in IHP+ through the IHP+ Civil Society Consultative Group (CSCG), while the for-profit sector has not been. The possibility of a private sector member of the IHP+ Steering Committee was foreseen when IHP+ governance was changed in 2013.

In most countries, the private sector provides a large share of health services and commodities. Their marketing and financial power and industrial influence significantly affect global and government aid expenditure, accountability policies and systems. As countries' economies improve there will be increased demand for health services and commodities as well as health financing. Much of this demand will have to be met by the private sector. Moreover, the public and private sectors are symbiotic to each other; all countries rich or poor have developed intricate hybrid public-private systems with public sector regulation (albeit enforcement in many developing countries is often weak). Leveraging private sector investments and participation is seen as key to attaining the SDGs.

Using IHP+ as a platform to engage the private sector will help promote efficiency between government, development partners and the private sector and be consistent with the move from "aid effectiveness" to "effective development cooperation". Bringing private sector representatives into IHP+ can result in tangible benefits through more systematic engagement at the global level, where the private sector is an increasingly important and dynamic partner, as well as at the country level, where it could include policy dialogue, planning, service delivery and monitoring results.

As a minimum IHP+ will involve the private sector in the following ways:

- Include two private sector representatives in the Steering Committee, one from an OECD or emerging economy and one from a developing country. The Steering Committee will based on further analysis provided by the Core Team decide on which private sector representatives to include.
- Invite private sector organizations with a global reach to sign the IHP+ Global Compact. This includes international NGOs that are big providers of development cooperation in health.
- Review IHP+ guidance on Compacts, joint annual reviews (JARs) and the JANS Tool & Guidelines to make sure private sector engagement is adequately reflected.

## **2.5 Updating the Global Compact**

As noted above, the Global Compact needs to be updated, to reflect the move from MDGs to SDGs. The approach will be to add an amendment at the beginning of current Global Compact (or a cover note), saying that post-2015 the principles of effective development cooperation remain valid and signatories recommit to apply those principles in support of reaching the health-related Sustainable Development Goals (SDGs). This will not require negotiation of changes in the text. The amendment will be proposed by the Steering Committee and sent to all signatories for no-objection approval. The recommitment to the amended Global Compact is to be confirmed in a high-level event, either specific to IHP+, or linked to other such global events (e.g., World Health Assembly 2016).

The alternative of a comprehensive revision or full rewrite of the Global Compact in order to align better to the post-2015 situation, including the roles of emerging economies and the private sector, was considered. Whilst this could engage broader group of partners and generate some political momentum around revising the compact, it would be time-consuming and resource-intensive for

IHP+ partners, and risk losing some partners. On balance, the opportunity costs of this option were regarded as too high.

## **2.6 Documentation, lessons learning and communications**

IHP+ will deepen documentation and lessons learning where relevant to take forward effective development cooperation and the Seven Behaviours. This will both underpin global advocacy by providing evidence and examples of success, and assist countries to develop specific approaches by building on experience from other countries. Specifically IHP+ will address documentation and lessons learned in relation to countries in fragile situations. It will be integrated into the different priority areas outlined in the strategy.

IHP+ has increased its focus on communications, issuing a newsletter, establishing and continuously developing a high quality web-site, and lately becoming active on Twitter. IHP+ will continue to emphasize communications both in terms of global level advocacy as well as at country level keeping all actors well informed about IHP+. IHP+ will further develop its strategic approach to communications, including targeting specific audiences of critical importance to taking forward the principles of effective development cooperation in health.

## **3 Strengthening effective development cooperation at country level**

IHP+, although a global partnership, has always maintained a strong focus on the country level, and will continue to do so. Five areas have been identified as high priority in moving forward on effective development cooperation post-2015:

- a. promoting joint approaches to systems strengthening;
- b. renewed and intensified action in selected countries;
- c. diversify the IHP+ approach to better reflect different contexts - fragile and transitional countries
- d. strengthening countries' mutual accountability systems;
- e. additional support for action at country level.

### **3.1 Joint approach to systems strengthening**

IHP+ sees strengthening and using country systems as key to development effectiveness, not only in terms of reducing transaction costs and improving the efficiency and impact of development partners' contributions, but much more importantly, improving country systems will make more efficient use of the (usually much larger) domestic resources currently and into the future. A cornerstone of this approach is to work jointly on systems strengthening.

### **A cornerstone of IHP+ approach: Work jointly on systems strengthening**

- ✓ **Joint assessment** of the system by all partners, identifying strengths and weaknesses
- ✓ Government puts in place a **plan for strengthening** the system
- ✓ **All partners support this plan** in a well-coordinated way
- ✓ Partners start **using the country system** (or elements of it) as it becomes sufficiently robust

Resulting in **all resources, external and domestic, used more efficiently and systems in place that are sustainable**, leading to **better results**.

The first step is to jointly assess the system. This makes sense in terms of lower transaction costs for the agencies and institutions involved, and also enables all partners to develop a common understanding of the problems and how to address them. IHP+ will strongly promote this approach.

IHP+ will, as part of its mandate to further effective development cooperation:

Generally offer a platform for coordination and alignment to increase efficiency of the expected increased support for health systems strengthening resulting from the Ebola experience and the adoption of the SDGs, moving towards resilient health systems and UHC.

Specifically focus on three systems areas, namely monitoring, information & accountability, financial management, and procurement and supply management. For each of these areas the IHP+ strategic approach is briefly outlined:

#### **Common monitoring and accountability platform**

Based on the GHAL's decision to make a concerted effort on one of the IHP+ Seven Behaviours, namely information and accountability, global consensus on measurement issues has been reached in terms of the Global Reference List of 100 Core Health Indicators and the Road Map on Measurement and Accountability<sup>6</sup> with a multi-partner Collaborative to be established to take it forward. IHP+ has since 2011 been promoting a country led Common Platform for Information and Accountability, and facilitating joint country level work on achieving this will be an important IHP+ contribution to implementing the roadmap, within the framework of the Collaborative.

Cornerstones are to establish a plan for building this common platform, based on a joint assessment of the strengths and weaknesses of the country system, and coordinated investments to make the platform sufficiently robust for all to use. The platform includes a strong monitoring and evaluation (M&E) plan, including civil registration and vital statistics, population surveys, routine information systems, feedback mechanisms, joint reviews, validation mechanisms, use of new technology and agreed indicators. Integrating mutual accountability monitoring (see also 3.4) in the platform will be promoted.

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<sup>6</sup> Endorsed at the WB, WHO & USAID sponsored Measurement Summit, DC June 2015  
<http://ma4health.hsaccess.org/roadmap>

### Alignment of financial management (FM)

The work initiated by IHP+ several years ago on FM alignment and harmonization has gained momentum following the establishment of the IHP+ FM Technical Working Group in 2014. The principles for the approach are the same as for other areas: do a Joint FM Assessment, guided by the approach suggested by IHP+, identify strengths and weaknesses of the national public financial management (PFM) system, support a government led plan for PFM strengthening, and increasingly use the national PFM system. The World Bank will be leading this work.

There is broad agreement among many actors, including ministries of health in countries, that alignment behind a robust PFM system is key to obtaining better results. IHP+ is supporting documentation of this relationship, including how PFM reforms link with evolving health financing arrangements.

### Alignment of procurement systems

Aligning with country procurement systems has since the early days of IHP+ been a strong demand from countries. So far IHP+'s role has been limited. Outside the IHP+, work on harmonizing supply chain management is taken forward by the Inter-agency Supply-chain Group (ISG) with which IHP+ will collaborate. IHP+ plans to carry out some country studies on progress on harmonization and alignment in the area of procurement and supply chain management.

Looking ahead the ambition will be to facilitate more comprehensive work in this area, resembling what is currently happening on financial management. With the World Bank reforming its approach to procurement and placing more emphasis on strengthening and using country systems, the Bank is expected to take the lead within IHP+ in this area (as it has done in PFM).

## 3.2 Intensified action in countries

The 2014 monitoring has shown that there has been limited progress among development partners in implementing commitments, and in some cases, indicators have gone backwards. Countries remain keen on faster progress on effective cooperation including implementation of approaches agreed in country compacts.

Based on the lessons from the first round of intensified action in countries<sup>7</sup> as well as the experience of the Global Health Agency Leaders meetings, the following are identified as approaches to speed up progress on implementing more efficient and sustainable delivery of international support:

- in addition to **strong country commitment** to intensified action also ensure there is at least one **committed development partner lead**<sup>8</sup> that will help take forward and follow up on actions agreed;
- focus on making concrete progress on **one or more of the Seven Behaviours** each year, rather than addressing all seven at the same time;
- alternatively focus on ensuring that all **resources are aligned with the national health strategy** and plans and ensuring that priorities are adequately financed.

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<sup>7</sup> Update for SC in June 2014:

[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About\\_IHP\\_/mgt\\_arrangements\\_docs/Steering\\_Committee\\_as\\_of\\_2014/SC\\_II/Session\\_7\\_Intensified\\_action\\_on\\_7\\_behaviours\\_update\\_4\\_jun\\_1\\_.pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangements_docs/Steering_Committee_as_of_2014/SC_II/Session_7_Intensified_action_on_7_behaviours_update_4_jun_1_.pdf)

<sup>8</sup> This could for example be the Chair of the DP group, or different DPs could lead on different behaviours if more than one behaviour is chosen.

The principles for the approach are: country demand and leadership; strong support from at least one development partner, possibly drawing on other initiatives, e.g. GFF; choice of focus areas based on thorough situation analysis including all aspects of effective development cooperation in health; and a plan with clear milestones and outputs, that is monitored and followed up.

IHP+ partners at country level need to make the commitment to work together and accelerate progress. From the global level, IHP+ will assist countries in this effort by developing an approach paper, an overview and menu of approaches, tools and services IHP+ can provide, as well as resources, such as funding and consultants, for analysis and coordination.

### **3.3 Tailored approach to countries in fragile situations**

The diverse group of countries often referred to as fragile are typically less capable of handling fragmented external assistance on which many of them depend heavily. IHP+ principles of alignment and harmonisation are therefore particularly important for developing resilient health systems in these countries. With half of the fragile states (using the World Bank list) as members of IHP+, IHP+ needs to consider how to tailor its role, approach and tools, while recognising their diversity.

The individual countries face specific challenges, with many of them characterised by very low capacity, implying a more targeted approach rather than seeking to pursue all seven of the IHP behaviours and a comprehensive health strategy. This could include having more focused compacts and a JANS to look in depth at a limited number of areas key to improving service delivery. IHP+ will develop specific guidelines and approaches and possibly tools to fit fragile situations.

In addition, in some countries government is largely dysfunctional or lacks interest in improving health, leaving an even more important role to communities and civil society. This poses a challenge to the traditional effective development cooperation approach, which tends to rely on a government to represent the country. IHP+ will develop approaches also for this context.

Finally, IHP+ will document lessons learned on funding and coordination modalities that may be particularly well suited to the fragile context, including trust/pooled funding and joint project coordination units.

### **3.4 Countries advancing from low income to middle income status**

A significant number of countries are transitioning from low to middle income country status. This of course is very positive, however often these countries become ineligible for development assistance from a number of development partners, or are only eligible for lower amounts, less concessional funds or only technical assistance. Ideally development partners should work together with government to guarantee a well-coordinated transition, ensuring that all priority areas in the national health strategy remain fully funded. This is not always happening, and IHP+ will promote joint approaches to phasing out or changing development assistance in such countries, as well as explore the role of the private sector in easing the transition.

### **3.5 Strengthening mutual accountability systems in countries**

IHP+ has promoted mutual accountability for effective cooperation, in part through the monitoring rounds that provided data and country scorecards on progress, and also through encouraging country review processes for compacts and for health sector performance, including Joint Annual health sector Reviews (JARs).

Following the experience of country-based monitoring in 2014, the country-based approach will continue with stronger efforts to integrate the review of development cooperation into country accountability processes. Integration is expected to promote mutual accountability, lower transaction costs and encourage more use of results. For example, data collection could be integrated with health sector performance monitoring, by including effective cooperation indicators in the national M&E plan and results framework; or it could be integrated with broader aid monitoring processes, often led by Ministry of Finance. In addition to collecting quantitative indicators, the process would examine why there has or has not been progress in effective cooperation, through a structured assessment.

The data and information collected through the above approaches can be used in a variety of mutual accountability processes already happening in countries, or set up specifically for the purpose of improved mutual accountability. For example:

- Government and partners can review findings during the JAR, mid-term review or compact review.
- Government and partners can discuss findings and how to accelerate progress during a separate event, for example a special meeting of the health sector coordination committee.
- Findings can be made public and discussed by CSOs.
- Include the findings in parliamentary reviews of development cooperation across sectors.

IHP+ will offer technical support to help identify approaches to integration, collate quantitative indicators, facilitate qualitative assessments of reasons why change is or not happening, and consider how to generate political and civil society interest in mutual accountability. The findings will be collected in a country profile, and feed into the global report on the State of Effective Development Cooperation in Health report (see 2.3). The approach will be developed in consultation with the IHP+ Mutual Accountability Working Group and the Global Partnership for Effective Development Cooperation (GPEDC) to refine the methodology.

### **3.6 Additional support for action at country level**

IHP+ has been working on several areas that are important to support effective development cooperation at country level; some of these need little additional work from IHP+, but are still very important, while others need refinement or update. Three of these are briefly summarised below, along with two new additional issues.

#### **Compacts**

Compacts remain an important element of supporting the national health strategy and provide transparency and accountability in doing so. The goal is that countries have strong compacts that clearly spell out partners' commitments to support the national strategy, preferred modalities for support, and a common results framework; and that this is backed up by regular monitoring of commitments, and constructive discussions of progress.

IHP+ has developed guidance and across countries there is considerable experience to draw from. In addition IHP+ may give tailored support if requested to develop, review and update compacts. Also IHP+ will develop specific guidance on compact development for countries in fragile situations.

### **Joint Assessment of National Health Strategies (JANS)**

The JANS Tool & Guidelines are well accepted as a sound approach. It is a good example of the IHP+ approach, namely doing the assessment jointly, thereby agreeing on strengths and weaknesses, leading to a national strategy that builds on the strengths and addresses the weaknesses, and can be supported by all partners.

In addition to the JANS Tool & Guidelines IHP+ has developed a paper on options for conducting a JANS and a quality assurance checklist.

The JANS Tool will be reviewed with a view to checking how it fits with the post-2015 agenda, including financing strategies and the role of the private sector; and if needed be revised. In addition IHP+ will review the JANS Tool and its guidelines to develop an approach suitable for countries in a fragile situation.

IHP+ will continue to argue for the value of JANS rather than individual agency assessments, and promote its use in new initiatives such as the GFF.

### **Technical assistance (TA) & South-South Cooperation**

Ensuring that TA is well coordinated and expanding South-South Cooperation are two of the seven behaviours that development partners must follow in order to improve the effectiveness of development cooperation.

IHP+ studies in 2014 show that there remain challenges in making sure TA is well coordinated and effective. It requires joint working between Governments and partners to ensure ownership and alignment with national priorities, avoid duplication and coordinate support. At country level, this could be taken forward by a self-critical look at how well existing coordination arrangements work and how far processes for identifying and managing TA meet the sector's needs and build long term capacity. IHP+ has developed a short "How To" paper on TA to assist this process, and will continue supporting country efforts in this area.

### **Engaging Civil Society**

Strengthening the role of CSOs in policy dialogue and monitoring performance and adherence to principles has been a high priority for IHP+ since the outset, both at the global and country level. This has included making sure the role of civil society was adequately reflected in IHP+ guidelines, e.g. JANS and mutual accountability monitoring; that civil society was represented in IHP+ bodies and at relevant international meetings; as well as some funding for country based CSOs through the Health Policy Action Fund (HPAF). While the two first approaches will remain high priorities, IHP+ will terminate its direct funding and promote the new health CSO funding window to be established under the Global Partnership for Social Accountability, which builds on HPAF experience and has the potential to generate much needed increased resources.

### **Joint approaches to salary top-ups and allowances**

The use of incentives and salary top-ups provided by development partners in order to ensure effective implementation and results from their financial support, is not new, but remains an issue. Shortage of skilled health workers and poor performance, often related to low remuneration, have long been recognized as bottlenecks to implementation, and partners have often resorted to additional support to health workers in order to retain them or stimulate their performance in

implementing programmes. Whilst this can have short term benefits in enabling implementation, there can be damaging effects on the recipient countries' systems and implementation of other parts of the health strategy, including distortion of incentives and challenges for sustainability. There can also be broader effects on the labour market and civil service reforms. The issue is complex and difficult to solve.

As the issue concerns the behaviour of multiple development partners, IHP+ could play a role in helping to identify joint and harmonised approaches. The IHP+ Core Team will liaise with the Human Resources for Health Department in WHO and the updated Global Health Workforce Alliance to review the current state of research and documentation on the topic and coordinate with future analytical work in this field. This could include documenting existing practices and experience with harmonization of incentives or practices, with a view to proposing how to approach the topic in a systematic and aligned way at country level.

## **4 Resource Implications**

### **4.1 Role of signatories**

How to better leverage the signatories to IHP+ has been discussed for years, and the issue has been highlighted by several reviews. IHP+ is too often equalled to the Core Team, but it is a partnership, with many powerful and resourceful signatories that could play an important role by advocating political level attention, promoting the agenda at country level, funding activities at country level, and reviewing country progress. The GHAL meetings, despite their informal nature, are one example of the power of signatories taking forward IHP+ priorities. It will be important in the future to much better leverage IHP+ signatories to take the IHP+ agenda forward.

### **4.2 IHP+ funding and Core Team**

The level of activity foreseen in the strategic directions above is broadly consistent with that in the past. There would be some reallocation of resources and effort, including more tailored support to countries in specific areas such as catalysing alignment in PFM and intensified country action including for countries in fragile situations, whilst it is anticipated that there will be few general country grants, and the HPAF funding mechanism for CSOs will end. The revised approach to mutual accountability monitoring and global report on effective cooperation in health is likely to require more resources. Overall the broad budget envelope is expected to remain around \$4.5 million per year<sup>9</sup>, with the final budget determined by the detailed work programme and funds available.

With continuing tailored support to country needs and intensified country support to selected countries, new monitoring approaches and reports to develop, and assuming the continuing workload of meetings including one major partnership event every biennium, the staffing requirements for the Core Team remain broadly consistent with the planned level for the past two years (although the posts have not always been filled). This includes 5 senior professional posts (until 2014, 3 senior posts in WHO and 2 senior posts in WB), plus junior professional and administrative support. With the reorganisation in the WB cluster arrangements, it is planned that the Core Team

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<sup>9</sup> This is based on estimates of demand for IHP+ support including a) intensified action in 8 countries b) catalytic inputs for assessing and designing PFM reforms in 5 countries per year, c) development of a global report and support for countries on mutual accountability, and d) facilitating and coordinating joint work on the measurement and monitoring agenda.

is split with 4 senior and 1 junior professionals in WHO and 1 full time equivalent in WB. The skill mix continues to require development cooperation specialists, financial management expertise and in addition capacity to develop and manage the monitoring process and report. Other technical inputs will be drawn from staff in WB, WHO and other partners.

## Annex 1: The Seven Behaviours

1. Agreement on priorities that are reflected in a single national health strategy and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.
2. Resource inputs recorded on budget and in line with national priorities
3. Financial management systems harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.
4. Procurement/supply systems harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.
5. Joint monitoring of process and results is based on one information and accountability platform including joint annual reviews that define actions that are implemented and reinforce mutual accountability.
6. Opportunities for systematic learning between countries developed and supported by agencies (south-south/triangular cooperation).
7. Provision of strategically planned and well-coordinated technical support.

See also: <http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/>