Recap: why this work was started

- In 2013, there was renewed interest and pressure to accelerate progress in the health sector in putting aid/development effectiveness principles into practice, through IHP+. This came from countries, and from global health leaders. The most critical areas for accelerating progress became known as the ‘seven behaviours’.
- Given that commitment to action was already widespread and long standing, more serious diagnoses of why change was not happening was needed. The intent was that this would lead to agreement on action (1) at country level, and (2) in agency HQs. This was called the ‘twin-track approach’ to action.
- By end 2013, rapid diagnostic exercises had taken place in three countries, facilitated by IHP+. A few agency HQs had reviewed their performance on all seven behaviours. What had more traction with agencies was the push by the heads of WHO and the World Bank for collective action in one area – strengthening country information and accountability platforms by streamlining global reporting requirements.

IHP+ Steering Committee review and conclusions, January 2014

The twin-track approach should continue, with modifications

- Involve as planned a couple more interested countries
- For agency HQs, continue with both ‘self-diagnosis’ and the single issue approach
- Focus on problems where change is feasible; on problems that can be solved locally if possible, and on actions that will have traction over time
- Involve HQ staff ‘as appropriate’ when country findings require HQ action, rather than establish any more organised HQ arrangements for follow-up
- Improve communications on the seven behaviours, within agencies and among CSOs

What has been achieved: key findings from rapid reviews in four countries

- The reviews have helped focus attention locally on well-known but still important aid effectiveness issues and principles.
- Four issues feature as priorities across all reviews so far: being on budget; financial management; information and accountability platforms, and technical assistance. This finding helps reinforce the focus of IHP+’s current and new work at global level: on more unified M&E platforms; financial management and technical assistance.
- The reviews have identified examples of action in harmonization and alignment for several of the behaviours, which could be more systematically shared e.g. joint FMA by USAID/World Bank in Senegal; work of World Bank with Global Fund to strengthen financial management in Myanmar.
- Where there appears to be little/no progress, reasons given for why this is so include
  - Locally
    - Sometimes very country specific reasons e.g. changes in key MOH personnel
    - Commitments to change e.g. in MOUs/compacts, are not always concrete; lack clear agreement on how progress will be made and measured; systematic reviews of progress are rare.
o Some of the MOH-DP coordination bodies, the natural place for discussing and agreeing action on any of the 7 behaviours, are not functioning as well as originally intended.

More agency HQ specific
o the rising pressure many DPs are under to show value for money and results is resulting in more aversion to risks associated with e.g. using country systems.

- **The rapid reviews have helped catalyse selected actions locally**
  For example, steps towards financial management systems being strengthened and used have begun or have been intensified in 3 countries
  o In Burundi, a joint MOH financial management assessment is now being discussed
  o In Myanmar, World Bank conducted a financial management assessment, which Global Fund is now using
  o In Sierra Leone, there is now a financial management improvement plan, and progress made on establishing the Integrated Health Project Administration Unit in the MOH. After a year’s funding interruption, GAVI has just released funds using this channel.

- **The country reviews have been less successful in influencing agency HQ action**
  o Areas identified for HQ action include: recording resources on budget; improving DP alignment with government planning and budget cycles; continued burden of global reporting; action on financial management
  o Reasons may be: that the diagnostic needed to be more in depth; that feedback could have been more systematic and strategic - feedback from missions has been through: Core Team/mission leaders circulating reports; discussing findings in Reference Group calls; individual calls and meetings; Ministries themselves could make greater use of reports to advocate for change with agency HQs.

**Questions for the Steering Committee**

Does the Steering Committee agree with the proposed next steps:

I. **Follow up in the five countries, and in agency HQs**
   Follow-up is primarily to help recognize and remove obstacles to progress with a focus on agency HQ level, and to document actions taken and their results. The approach is:
   - In country: Build on the analysis during the missions, periodic follow up by phone; if needed, deepen the analysis of obstacles to change
   - Agency HQs: Follow up with key agencies where there are findings that have implications for agency rules and procedures

II. **Follow up at global level in specific areas**
   - One information and accountability platform: a proposal will be presented in session 3 at the Steering Committee
   - Financial management, through the FM Working Group: this will be discussed in session 4 of the Steering Committee
   - Technical Assistance: a consultation with countries and development agencies on delivering effective and better aligned TA is planned for the autumn, prior to the Country Health Teams Meeting in December.