

Rapid Independent Review



Short Presentation to the Steering Committee
12 DEC 2016

Achievements

- 1. The IHP+ has kept the Effective Development Cooperation debate alive in the health sector**
- 2. The IHP+ has effectively promoted and helped countries establish and jointly assess national health sector strategic plans**
- 3. The IHP+ has developed tools like the JANS that have been useful for the establishment of better national health sector strategic plans**
- 4. IHP+ has buy-in from countries**
- 5. IHP tools and processes have supported the development towards one health budget**

Achievements

6. IHP+ has stimulated improvements in predictability and mobilization of domestic funding
7. IHP+ advocacy has contributed to increased financial management harmonization and alignment in recent years
- 8. Joint monitoring and accountability built on national strategic plans is seen as useful in IHP+ countries**
9. IHP+ has had strong CSO involvement since its inception

Challenges

1. Despite signed agreements predictability of development support has declined
2. Progress towards getting funding on-budget has been less successful
3. **Despite IHP+ initiatives transaction costs remain high**
4. **IHP partners are not using country PFM systems to the extent they could (given the quality of the system)**

Challenges

5. There has been limited IHP+ engagement in relation to procurement and supply

6. DPs have been less willing or able to follow the Seven Behaviours than the IHP+ countries

7. There are only few good examples of technical support coordination and system learning between countries

How have IHP+ structures and operations enabled/constrained achievements?

Current strengths	Challenges
The governance mechanism (the SC) is representative of the current membership	For UHC 2030, a wider range of partners will need to be included in the IHP+
Time-limited working groups have delivered useful work	It has been more challenging getting inputs from developing countries
The Core Team split across two agencies has helped to keep health development effectiveness on the agenda at both and to engage both agencies' heads	The Core Team has struggled sometimes to maintain profile and priority within its host agencies
Core Team lean structure is an asset and functions well	At times the Core Team has been stretched to its limit
The Core Team is successful in communicating and providing technical support to partner countries	The Core Team has had more difficulties communicating effectively with development partners

Accountability

Current strengths	Challenges
<p>The IHP+ has introduced several potentially effective accountability mechanisms through which both developing countries and their partners might be held to account</p>	<p>Despite Core Team efforts, little progress has been made on how to use accountability levers and what processes might foster their better use</p>

Review of similar partnerships and networks

- 4 similar partnerships/networks reviewed
 - PMNCH
 - GHWA/HRH Network
 - GPEDC
 - GCM/NCD and UNIATF on NCDs
- Online, desk based review plus 1 interview per partnership

Key lessons learned from other partnerships

Structure and operations

All of the four partnerships have much larger membership than the IHP+, managed through constituency-based boards or steering committees of variable effectiveness

Like the IHP+, all the Secretariats are small, flexible and dependent on voluntary contributions (although two get small resources through UN agency core budgets)

The GPEDC and the two NCD partnerships both have structures that separate countries from development partners (in different ways), with explicit actions for each.

- GPEDC: OECD manages relationships with development partners; UNDP manages relationship with developing countries.
- NCDs: UNAID manages relationship with UN agencies with an interest in NCDs; the GCM/NCD manages relationships with countries

Key lessons learned from other partnerships

Accountability

Most of the four partnerships have been established in the context of an intergovernmental agreement through the wider UN system, such as the Economic and Social Council (ECOSOC), the World Health Assembly (WHA) or a High-Level Forum

The appetite amongst developing countries for new or expanded accountability mechanisms is likely to be limited to areas where they can identify self-interest, such as:

- changing development partner behaviour;
- additional development resources;
- health systems strengthening; or
- health impact

Most of the partnerships are evolving to fit with the new SDG 2030 agenda, including redefining their purpose and mission and updating legitimacy and accountability mechanisms

Lessons learned

- 1. Focus the scope of the new partnership on few issues**
- 2. Strive for high visibility and avoid replicating other partnerships and networks that work with similar issues**
- 3. Develop tools and promote their use to secure country buy-in**
- 4. Maintain the 'double hosting' of the partnership.**
- 5. Consider options for choosing a more legitimate source of authority**
- 6. Consider creating separate accountability mechanisms for developing countries and DPs**
- 7. Keep the secretariat small and flexible**