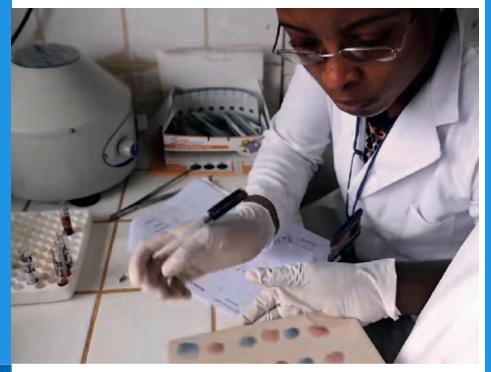
2016 IHP+ Monitoring Round

Monitoring of Commitments on Effective Development Cooperation in Health

Presentation of the findings for Cambodia







INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In Cambodia, data was collected for 2015; 87% of DPs participated (including: Australia, CDC, Gavi, GFATM, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank and WHO), representing 91% of total external support in 2014 (source: OECD/CRS database);
- 16 CSOs participated in online survey and 6 in focus group discussion (FGD); 5 PS representatives participated in a PS FGD
- Overall, the response was good. There were some challenges (time, lengthy tools, sensitivity of information).

IHP+ 2016 Monitoring Process

Collecting data

Discussion of findings

Actions





OBJECTIVE OF TODAY'S DISCUSSION

"to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level"

This presentation and discussion of the findings provide an opportunity for all partners to jointly:

- Review performance against the eight EDC practices
- Identify barriers to progress
- Agree on actions to improve accountability and performance of EDC in health.



Eight EDC practices, four commitments								
EDC PRA	CTICE	COMMITMENT						
EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR						
EDC 5	Mutual accountability is strengthened	STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY						
O EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR						
EDC 3	Public financial management (PFM) systems are strengthened and used							

Procurement and supply systems are strengthened and EDC 4 used

COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY **SYSTEMS**

EDC 7

EDC 8 | Private sector are engaged

Technical support is coordinated and south-south EDC 6 cooperation supports learning Civil Society Organisations are engaged 4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR

FINDINGS OF DATA COLLECTION



1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY





PARTNERS SUPPORT A SINGLE NATIONAL **HEALTH STRATEGY**

Alignment of support against the **Health Sector Strategy**



- All DPs confirm support is aligned
- DPs have different approaches to supporting the health sector.

Joint assessment of health sector plan



- Australia, GFATM, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank and WHO participated in joint assessment CSOs participated through their representation
- in the 6 TT and also core group PS representatives were not invited



Monitoring and Evaluation



- UNAIDS and UNFPA confirm they only use national health sector indicators to monitor their support.
- While 15% of DPs only use national health indicators, 77% of DPs use an agreed results framework and harmonized M&E system, although different from the national.

Mutual accountability processes



 Australia, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank, and WHO participated in mutual accountability processes

2. COMMITMENT

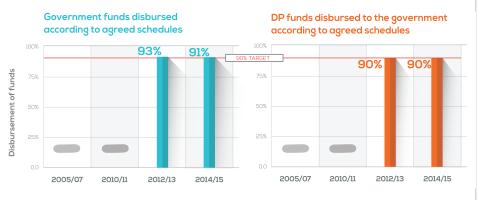
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR



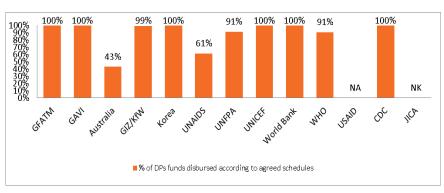


HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



% of funding disbursed according to agreed schedules by DP





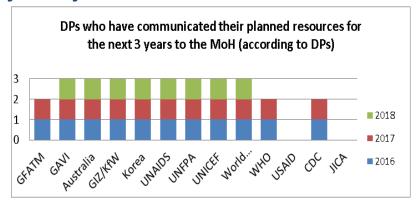
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- GAVI, Australia, GIZ/KfW, UNAIDS, Korea, UNFPA, UNICEF and the World Bank communicated planned resources for the next 3 years
- No information was available from Government sources
- AOP and three year rolling plan were replaced by Annual Budget Plan and SBP

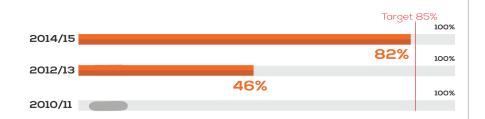
Communication of planned resources for next 3 years by DP





HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- NOT clear about the inclusion of DP contributions in the national health budget.
- No information available to track DP aid reported on budget from the MoH

% of aid reported on budget by DP

	Reported by DPs	Reported by Gov		
GFATM	100%	NK		
GAVI	100%	NK		
Australia	71%	NK		
GIZ/KfW	NK	NK		
Korea	100%	NK		
UNAIDS	NK	NK		
UNFPA	100%	NK		
UNICEF	100%	NK		
World Bank	NK	NK		
WHO	0%	NK		
USAID	NA	NK		
CDC	NK	NK		
JICA	NK	NK		

3. COMMITMENT

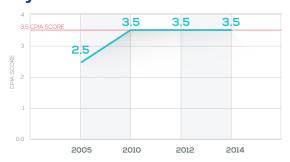
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS





PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM system





% of DP funding using national procedures

procedures								
	Budget	Financial	Audit					
	excecution	reporting						
GFATM	NK	NK	NK					
GAVI	100%	100%	100%					
Australia	100%	100%	NK					
GIZ/KfW	0%	0%	0%					
Korea	100%	100%	100%					
UNAIDS	0%	0%	0%					
UNFPA	100%	100%	0%					
UNICEF	11%	11%	11%					
World Bank	NK	NK	NK					
WHO	0%	0%	0%					
USAID	NA	NA	NA					
CDC	NK	NK	NK					
JICA	NK	NK	NK					

Capacity building

33% of DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

Comments and key findings

- The DPs which use the PFM are GAVI and partners of the HSSP2.
- The remainder do not use the country systems, especially PFM and Procurement systems, arguing that these do not yet meet their requirements and standards



PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems



A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

Capacity strenghtening



% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:

- DFAT
- KOICA
- UNICEF
- World Bank

DPs who don't use the national supply and procurement system

- Australian Embassy
- CDC
- GIZ/KfW
- Gavi
- JICA
- UNAIDS
- UNFPA
- USAID
- WHO

Comments and key findings

 HSSP Partners use the government through special SOP between HSSP Partners and the government through the WB



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



No national plan for technical assistance is in place



The % of DPs who provide TA in line with the national plan does not apply

South-south cooperation



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

 All DPs, except Korea, support South-South Cooperation

4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



CIVIL SOCIETY ENGAGEMENT

CSOs who participated in focus group discussion:

- Dr. Long Leng, Director of Action for Health
- Dr. Sok Pun, Program Manager, CRS
- Dr. Khan Than, Program Manager, LD
- Dr. Chengli Bunty, former Program Manager, MEDiCAM
- Dr. Ket Sona, RACHA, Deputy Director.
- Mr. Chum Sopha, HEAD





CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the <u>Government</u> to effectively participate in health sector policy, planning and monitoring?

Key findings from Gov survey and CSO online survey



Government consults CSOs' in the design, implementation or monitoring of national health policies



Government provides financial resources



Government provides training support



29% of CSO's confirm they are consulted



0% of CSO's receive financial resources



0% of CSO's receive training support

Key findings from CSO focus group discussion

- Space provided through NGO representation
- NGOs have a consultative role but do not know whether their comments are considered or included in the policy.
- NGOs need more advocacy capacity building to be more effective in policy advocacy



CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by <u>international development partners</u>?

Key findings from DP survey and CSO online survey



92% of DPs consult CSOs when developing their cooperation programme



46% of DPs provide financial resources



54% of DPs provide technical assistance



81% of CSO's confirm they are consulted



71% of CSO's receive financial resources



71% of CSO's receive technical assistance

Key findings from CSO focus group discussion

- DPs support CSOs working on Health Service Delivery but not on advocacy.
- They recommend that IHP+ support them for effective engagement in the policy process.



CIVIL SOCIETY ENGAGEMENT (3)

How effective are the mechanisms that assure that <u>CSOs working in</u> <u>health are accountable</u> for their contributions to effective, efficient and equitable health policies?

 CCC is promoting NGO Good Practice. It is a volunteered mechanism How conducive is the <u>national legal and</u> <u>regulatory environment</u> to the maximisation of CSO contribution to national health policy?

- NGOs have had good participation in the past two decades
- The NGO law tends to regulate and control CSOs by the government

PRIVATE SECTOR ENGAGEMENT

Private sector that participated in focus group discussion:

Medical Council
Pharmacy Association
Midwife Association
General Electric
Cambodian Chamber of Commerce
Pharmaceutical Manufacturer Association
Roomchang Dental & Aesthetic Hosp





PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- The Ministry of Health has established sub TWGH for PPP as a way to engage PS
- The PPP Strategic Plan will be developed in due course by the sub TWGH

How effectively is the participation of the private sector in national health policy processes supported by <u>international</u> <u>development partners</u>?

PS participation is not yet clearly visible...



PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?

- No independent accreditation institution to ensure quality of care for both sectors
- GIZ is exploring this possibility

How conducive is the <u>national legal and</u> <u>regulatory environment</u> to the maximisation of private sector contribution to national health policy?

 It is about their limited capacity in advocacy and venue of engagement.

OVERVIEW OF DP PERFORMANCE



EDC PF	RACTICE	INDICATOR		ATM Gavi	Gavi Aus	GIZ/KfW I	KOICA	UNAIDS	UNFPA	UNICEF	WB	wно	USAID	CDC	JICA
Ø	EDC 1	DP participated in joint sector or sub-sector assessments		×	V	~	~	~	V	~	~	~	✓	×	~
P	EDC 2a	% of funds disbursed according to agreed schedules	100%	100%	43%	99%	100%	61%	91%	100%	100%	91%	NA	100%	?
Q	EDC 2b	Planned resources communicated for 3 years	*	~	~	V	~	~	~	~	~	*	NA	*	?
<u>Q</u>	EDC 2c	% of funds registered on budget	100%	100%	71%	?	100%	?	100%	100%	?	0%	NA	?	?
		% of funds using national budget execution procedures		100%	100%	0%	100%	0%	100%	11%	?	0%	NA	?	?
O _O	EDC 3	% of funds using national reporting procedures	?	100%	100%	0%	100%	0%	100%	11%	?	0%	NA	?	?
		% of funds using national auditing procedures	?	100%	?	0%	100%	0%	0%	11%	?	0%	NA	?	?
	EDC 4	DP uses the national procurement system		×	×	×	~	×	×	~	~	×	×	×	×
	EDC 5	DP only uses national health sector indicators to monitor their support	*	*	*	*	*	~	~	*	*	*	×	×	*
L		DP participates in joint mutual accountability processes	×	×	V	~	~	~	~	~	~	~	~	*	~
**	EDC 6	DP supplies TA in line with agreed national plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		DP supports south south collaboration	V	V	V	V	×	V	✓	V	~	/	V	V	V
	EDC 7	DP supports CSOs with financial resources	/	×	×	~	~	V	×	×	×	~	V	×	×
		DP supports CSOs with training	×	×	*	~	×	~	×	×	×	×	V	×	×
		DP supports technical assistance	V	~	×	~	V	V	~	×	×	×	✓	×	×
***	EDC 8	DP provides financial or technical support to strengthen the private sector in health	×	×	×	~	×	×	×	×	~	~	~	×	~

DISCUSSION OF FINDINGS



MAIN POINTS FOR DISCUSSION (1)

EDC P	RACTICE	ISSUES IDENTIFIED					
(EDC 1 (Health sector plan)	How do DPs support the plan? What about AOP/Three years' rolling plan, and JAPR? Joint Monitoring Mechanism?					
O	EDC 2 (Predictability of funding)	How to capture forward looking expenditures of DPs supporting the Health Sector?					
O ₀	EDC 3 (PFM systems)	Experience of HSSP1, 2, and H-EQIP?					
0) 0)	EDC 4 (Procurement and supply systems)	Experience of HSSP1, 2, and H-EQIP?					

MAIN POINTS FOR DISCUSSION (2)

EDC PR	ACTICE	ISSUES IDENTIFIED
	EDC 5	Revitalizing JAPR/Pre-JAPR?
	(Mutual accountability)	Joint Monitoring of the Implementation of HSP2
**	EDC 6 (Technical support and SSC)	Whether it is feasible to develop a national TA Plan? And how SSC be more effective?
2000	EDC 7	How to support capacity building on policy advocacy?
	(CSO engagement)	How can they get the support for policy advocacy?
3/11	EDC 8 (Private sector engagement)	How to improve PS engagement with policy process in the future?
	OTHER:	



PLAN OF ACTION



AGREED ACTIONS

EDC PRACTICE		ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
(4)	EDC 1						
O _e	EDC 2						
	EDC 3						
	EDC 4						
	EDC 5						
•	EDC 6						
	EDC 7						
36	EDC 8						
	THER TIONS						



Thanks

Any questions?

You can find me at @username & user@mail.me

