

# IHP+ Aligning for better results

## Technical Briefing World Health Assembly 2013 Photo Summary



Over 200 people attended the IHP+ Technical Briefing on Tuesday 21 May 2013 at the 66th World Health Assembly. The event was co-hosted by WHO Director-General, Dr Margaret Chan and Dr Jim Yong Kim, President of the World Bank. Speakers from developing country Ministries of Health and Finance, development partners and southern civil society presented their experiences of development effectiveness, aligning for better results and IHP+ principles. The aim of the meeting was to improve understanding of the continuing obstacles to better results caused by ineffective cooperation, and to reiterate the collective commitment to the IHP+ approach.

The following excerpts are drawn from the panellists' speeches.



### **Margaret Chan, WHO Director-General**

“We are here to revitalize the International Health Partnership because we believe this is a very useful tool. Partners must be aligned, aligned behind the countries national health plan, which is part of the development plan and ensure that the plan delivers results.

In Nairobi, the countries said, “We, the countries, have made progress, but we also want development partners to make changes in their behaviour. They have identified seven behaviour changes and here we are today, to listen to some of the country experiences.”

### **Jim Yong Kim, President of the World Bank**

“We have been talking about the Paris Principles for a long time. What we, from the leading institutions, are now saying, is that we are going to absolutely insist this is how we move forward: with countries in the lead, single plans as far as possible, single funding streams, and one evaluation infrastructure that will work for everybody. We can make this turn around right now and that is the intention. We will know if we are successful, if our country partners tell us they experience a concrete practical change in the way we do business. And if you do not, country partners, you have to hold us accountable. We will also hold you accountable for delivering on the ground. This is a very exciting time, a moment not to be missed.”





**Kesetebirhan Admasu  
Minister of Health, Ethiopia**

“The planning process is a very critical step. Countries have to be in the driver’s seat and they should decide where to drive. In the global arena, it is fashionable for people to say, ‘Countries have to be in the driver’s seat,’ but at times people sit on the backseat and tell you where to drive. That is not country ownership, that is not sitting in the driving seat. It is reflected in a way that donors come with resources, with their own plans, with their own strategies, with their own targets and then try to fit it into your plan. This is not the right way to do it. In Ethiopia, when we developed the plan, we went through a robust consultative process.

We took comments from our partners, we took suggestions and if it fitted our basic guiding principles, we took that and made it part of the plan. It is really important to have a very good consultative plan but this has to be led by government.”



**Awa Coll-Seck  
Minister of Health, Senegal**

“Along with colleagues from other countries we keep hearing the same comments: we have to work together, we have to harmonize our work. Senegal has signed the Compact and this is an important instrument for us to harmonize the work. Put yourself in the shoes of a developing country, which has a plan for development but which sees a partner arriving with millions of dollars to say, ‘I’d rather address our matters, our affairs’. Often developing countries will accept things and do things that are not in line with their priorities. So in Senegal, we worked on this and currently we are preparing for a round table with donors so that we can we really better harmonize the work that is being done.”

“We are very proud today to become a signatory to the IHP+ Global Compact. USAID is supportive of the goals of IHP+ and we welcome the opportunity to collaborate effectively with countries and development partners in accelerating both MDGs and new agendas in global health as directed by the countries. Increasingly at USAID, we want to invest directly in countries and align our investments with national strategies and plans. We want to rely where possible and appropriate, on local systems and organizations especially governments. We want to emphasize mutual accountability and transparency.”

**Ariel Pablos Mendez, USAID**



## **Gunilla Carlsson, Minister for Development Cooperation, Sweden**

“We are not maximizing our efforts. I am deeply concerned about the way we, as development partners, are delivering. This is why we really welcome this day now, as we agree to focus on health results in real people’s lives and not only processes. We are discussing very important principles that we now want to put to the top; about transparency, increased accountability and value for our invested money. We agree on a framework of one national health strategy and see how one budget can enable us to see the totality of what we are delivering on and not only on our own small piece. Joint assessments of systems and priorities enables not only increased value for money, it also helps us to make sharper priorities. We can reduce risk and ultimately face the challenge of corruption by having more harmonized financial management. A coordinated framework for monitoring with agreed indicators will enable us to assess the full scale of results or sometimes lack of results and provide the basis for continuous learning in this sector.”



Left to right: Gunilla Carlsson, Awa Coll-Seck, Kristian Schmidt, Kampeta Sayinzoga, Margaret Chan, Jim Yong Kim, Pe Thet Khin, Mark Eddington, Kesetebirhan Admasu.

## **Pe Thet Khin, Minister of Health, Myanmar**

“Myanmar has 16 million people and officially recognizes 135 ethnic groups speaking different dialects. At one point in history we had a peak of 40 armed insurgent groups fighting against each other and on top of that we have had 20 years of sanctions, so there was no way to collaborate with international organizations. Previously we didn’t have any organizations working with us, but now we have a plethora working with us or trying to collaborate with us so we are finding it very difficult to cope with the sudden change and we don’t know what is best.

The new Health Sector Coordinating Committee, HSCC, will keep the practices and principles of inclusive participation, representation and accountability of the former Myanmar County Coordinating Mechanism. The Global Fund CCM is very beneficial for us but to reflect the sector wide scope and to avoid people only being focused on the Global Fund, we proposed to change the name. The mandate of the coordinating committee will be to exercise technical, financial and strategic oversight of the implementation of the committee, contained within our national health plan and its supporting strategies. Myanmar HSCC provides a coordination structure for health partners alongside and in support of the Myanmar Ministry of Health. It coordinates national and external funding to support the sector, avoiding overlap and reducing transaction costs which can be very huge.”

## Mayowa Joel, Southern Civil Society Representative

“As CSOs, we met before and during the IHP+ country health teams meeting that took place in Nairobi in December and we came away with a few key messages. There is need for better linkage and engagement between IHP+ and other programmes at the national and global levels. Most importantly there is need to strengthen the process, content, stakeholder inclusiveness, harmonization and effectiveness of national plans and the joint assessment of national strategies. There is a need to strengthen an enforced commitment to mutual accountability. It must go beyond just joint annual reviews, it must involve greater involvement of key stakeholders, most importantly, national parliaments and civil society organisations. We cannot achieve better results without effective engagement of civil society. Civil society agrees that we both have a role and responsibility to ensure mutual accountability among stakeholders. We also recognize that we, CSOs, have a responsibility to improve our own engagement in policy and planning processes in the health sector, including IHP+. But we cannot do this without adequate support and an enabling environment.”



Left to right: Margaret Chan, Mark Eddington, Kesetebirhan Admasu, Mayowa Joel.

## Mark Eddington, Global Fund

“The Global Fund has a strong commitment to IHP+. When I look at the ‘seven behaviours’ I think the new funding model will help move the Global Fund and others closer to what you are all striving for. In the new funding model, we communicate the indicative funding range early in the process and we will then be pushing far harder to see those numbers reflected in national budgets. One of the things that struck me is that we have many productive and important dialogues with the Ministries of Health, but we have relatively few dialogues with the Ministries of Finance in the 150 countries in which our investments are going. So I think you’ll see us increasingly have more of those discussions with Ministries of Finance and in a number of countries, those have already begun. I think the new funding model will bring a far greater focus on robust national strategies. We are also trying to incentivize that so, for example, only countries that have robust national strategies will be eligible for what we call incentive funding so there truly is a big incentive to develop those. And we would like to see a strong tie-in to the JANS process, but with a particular focus on making sure that civil society is really involved in those processes.”

The Global Fund stands firmly behind the IHP+ initiative and I do believe that with the new funding model, we will be reinforcing it and we will be able to help all of you contribute to both better results and greater impact.”



**Kristian Schmidt, Director Human Society and Development, European Commission**

“The European Union is a true believer in the Paris, Accra and Busan Declarations and the Commission signed the IHP+ Global Compact in 2007. The Commission has always believed that the support to health systems, health systems strengthening should be the bedrock of our policy. New aid has always been predictable from that point of view. We may have a challenge in procurement and supply systems to be harmonized. That is a challenge because of course, as donors to deliver on that we need to be completely confident that these national procurement systems somehow correspond to the rigorous expectations for sound financial management that our taxpayers expect. You will find the EC continuing to strongly support IHP+ and I will make sure that our delegations in the countries are informed about this meeting and this new push that is being given to implement it.”

**Kampeta Sayinzoga  
Permanent Secretary  
Ministry of Health, Rwanda**

We don't do donor coordination to reduce transaction costs. We do donor coordination because when you are not coordinated, government cannot be in the driving seat as the Minister of Ethiopia mentioned. I want to start with that because too often we talk about one plan and the objective of one plan is to have everybody in the room happy. Unfortunately, we have discovered that when everybody in the room is happy, it often leads to the least common denominator and you end up with a plan that means nothing and is not ambitious.



Are we allowing governments to dare to innovate? I'll give you the story of Rwanda. When we started the micro health insurance (and today we have over 90% of the population with micro health insurance) we came to the donors and said, 'Can we have a bit of seed money and try to pilot an initiative with micro-health insurance?' They all said, 'It's a very, very bad idea. We tried it in this country, in that country, in that country, we have a whole body of evidence that says it doesn't work in low-income countries, don't waste your time.'

We said, 'But we have 10 percent access. If we fail, what is the risk? It is not like we have gains that we are trying to preserve. We have no gain, so let us try.' They said, 'No, it is not worth it.' So we took a bit of government tax money and piloted it. Within two years the pilot was successful. What we have learnt is that once something is successful, everybody wants it, right? So now it is a great donor initiative with some of the agencies having a flag on it, even though we all know how it started. At the end of the day, are we allowing governments to innovate? Are we fostering innovation? What are the systems in your own institutions that actually push your own staff to accommodate and promote innovation?"