Aid effectiveness in the health sector beyond 2015

Global health: An unfinished agenda

As the world approaches the 2015 deadline for achieving the Millennium Development Goals (MDGs), the global agenda to reduce health disparities between and within countries remains unfinished. Despite progress made since 2000 in reducing maternal and child mortality and tackling major infectious diseases, millions of people, particularly those in low and middle income countries, are still prevented from realising their right to the highest attainable standard of health. As well as being a fundamental human right, health is pivotal to poverty eradication, achieving equitable growth, and building more resilient communities. The *Lancet* Commission on Investing in Health states that the returns on investment in health are even greater than originally estimated: with benefits exceeding costs by a factor of up to 20.\(^1\)

Health is a precondition for, as well as an outcome and an indicator of, sustainable development. **Health must therefore be central to any post-2015 development framework.** There is growing consensus that there should be one aggregate health goal (such as universal health coverage or increasing healthy life expectancy) rather than a set of vertical goals. To accelerate delivery of the health MDGs and learn from their shortfalls, there must also be a greater focus on equity, quality and building stronger and more sustainable health systems.\(^2\)

Increasing development effectiveness beyond 2015

As the international community negotiates the next global development framework, they should ensure that health is at the heart with ambitious goals and targets that can guide countries towards the equitable realisation of the right to health. At the same time, the international community will need to agree on how goals will be implemented, including resource needs. **A strong post-2015 development framework must also encourage partners to deliver aid and other forms of development co-operation in a more effective transparent and accountable way.**\(^3\)

The International Health Partnership (IHP+) already offers a set of tools and ways of working that can support governments and development partners to implement any future health goal(s) in line with the principles agreed in the Busan Partnership for Effective Development Co-operation, Accra Agenda for Action and Paris Declaration. Established in 2007, the IHP+ is a growing partnership of countries, development agencies and civil society organizations that aims to improve access to health services and health outcomes, particularly for the poor, by putting principles on aid effectiveness into practice. All signatories to the IHP+ Global Compact\(^4\) have

---


\(^3\) OECD (2013) Briefing paper #10: *Effective development co-operation: an important enabler in a post-2015 global development framework*

\(^4\) The Global Compact can be accessed at [http://www.internationalhealthpartnership.net/en/tools/globalcompact/](http://www.internationalhealthpartnership.net/en/tools/globalcompact/)
committed to accelerating progress towards the health-related MDGs through strengthening national leadership and ownership; better use of existing funds to support national priorities and plans; and reduced duplication and transaction costs. 2013 saw renewed commitment from heads of health agencies to use the IHP+ to further improve coordination and health development effectiveness. The IHP+ will continue to be a relevant and important mechanism for harmonising and maximising the impact of partners’ efforts in support of any health-related goals agreed within the post-2015 development framework.

Principles for the post-2015 framework

Any future development framework should endorse the following seven principles in order to maximise the effectiveness and long-term impact of any agreed goals and targets, including those relating to health:

1. **Health is a human right**
   - Health is a human right and is acknowledged as such in international law. The corresponding obligations should guide policies and international cooperation.
   - The primary responsibility for the right to health remains with states towards their inhabitants. When some states are unable or unwilling to realise the right to health, others states must provide assistance. This is reflected in the preamble of the Millennium Declaration: “We recognize that, in addition to our separate responsibilities to our individual societies, we have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level.”

2. **Country ownership and responsibility**
   - Post-2015 goals and targets should be relevant to all countries, and adaptable for different country contexts.
   - Goals and targets should be in line with nationally agreed priorities which are defined in collaboration with civil society and other stakeholders, and aim at the realisation of the right to health.

3. **Alignment and harmonisation of international assistance**
   - International assistance is a matter of shared responsibility. It should be untied, predictable, recorded on budget and be in-line with existing country strategies and priorities aiming at the realisation of the right to health.
   - International assistance should support and strengthen national health systems; providers of international assistance should avoid fragmentation within the health sector.
   - Providers of international assistance should use and strengthen national financial management and procurement systems wherever possible.

4. **Managing for results**
   - International cooperation for health should be focused towards reducing persistent inequalities and achieving a lasting impact on health outcomes. It should help to build stronger health and community systems and support more sustainable and equitable financing mechanisms, where sustainability is interpreted within the context of shared responsibility.
   - International assistance should not become an administrative burden: the number of indicators to be reported should be kept in check, the frequency of reporting should be reduced, and reporting timelines should be aligned with country reporting cycles, while maximizing the emphasis on health impact.
5. **Mutual accountability**
   - Greater support should be given to countries to lead their national mutual accountability processes.
   - The quality and transparency of data collection to track progress and results should be improved.
   - All partners in international cooperation should accelerate efforts to improve performance in the seven behaviour areas identified by the IHP+.
   - Any post-2015 framework should include accountability mechanisms that ensure greater transparency, participation, proper evaluation, and a mechanism for addressing shortfalls within national and global mutual accountability mechanisms.

6. **Inclusive processes**
   - All governments and partners should increase and adequately support meaningful and effective engagement of civil society, communities and marginalised groups in planning, monitoring and accountability processes.
   - Civil society and other non-state actors should be meaningfully engaged in the development, implementation and monitoring of any post-2015 goals and targets.

7. **Increased investment in health**
   - Governments are obliged to allocate the maximum available resources to the realisation of the right to health and to the realisation of other human rights.
   - All countries should allocate maximum available resources to domestic public health expenditure. For low income countries, 3% of GDP would be an appropriate minimum level; for lower middle income countries 3.5% of GDP, for upper middle income countries 4% of GDP, and for high income countries 5% of GDP (minimum).
   - High-income countries should spend at least 0.1% of GDP on official development assistance for health.
   - All partners in international cooperation should support each other to develop equitable and sustainable health financing systems that protect the poor and eliminate out-of-pocket payments in favour of pre-payment and pooled funds.
   - All partners in international cooperation should assess existing mechanisms for international pooling of external health financing and consider the expansion or improvement of such mechanisms to support countries to strengthen health systems, address social determinants of health, and implement comprehensive health plans in a reliable manner, while improving efficiency and global health equity.

**Recommendations**

The IHP+ Civil Society Consultative Group and organisations listed below call on governments and development partners to accelerate progress towards the MDGs and lay the foundation for more ambitious global health goals by taking the following actions:

---

5 Details of the Seven Behaviours can be accessed at [http://www.internationalhealthpartnership.net/en/news-events/article/seven-behaviours-howdevelopment-partners-can-change-for-the-better-325359/](http://www.internationalhealthpartnership.net/en/news-events/article/seven-behaviours-howdevelopment-partners-can-change-for-the-better-325359/)

6 Targets proposed by the Sustainable Development Solutions Network, see [http://unsdsn.org/thematicgroups/tg5/tg5_resources/](http://unsdsn.org/thematicgroups/tg5/tg5_resources/)

7 [http://www.internationalhealthpartnership.net/en/audiences/civil-society/](http://www.internationalhealthpartnership.net/en/audiences/civil-society/)
IHP+ Civil Society Consultative Group – position paper April 2014

• Increase efforts to put the above seven principles into practice.
• Ensure that health is prioritised in the post-2015 framework.
• Include, within the post-2015 development framework, an indicator to measure the meaningful engagement of civil society.
• Increase the capacity of civil society organisations to meaningfully engage in health policy processes and to serve as effective watchdogs.
• Support the development of regional, national and local health CSO platforms.
• Make greater use of IHP+ tools and country platforms to define, implement and monitor external support for health in countries.
• Explore options for reducing fragmentation in the health sector and strengthening and expanding international pooled funds for health to support the implementation of any post-2015 health goal.
• Champion IHP+ principles at the highest levels. Commit to update the IHP+ Global Compact and renew commitments to development effectiveness principles from 2015 onwards.

This statement was developed by members of the IHP+ Civil Society Consultative Group and endorsed by the following organisations:

1. The African Council of AIDS Service Organizations (AfriCASO)
2. Aga Khan University
3. Aga Khan Health Services Programme
4. AMREF
5. Basic Development Needs (Mastung, Multan, Muzaffarabad, Nowshera districts)
6. Civil Society Human and Institutional Development Programme, Pakistan
7. Communication for Development Centre
8. Global Sanitation Fund, Pakistan
9. The Health Foundation, Pakistan
10. Health and Nutrition Development Society, Pakistan (HANDS)
11. HELP, Pakistan
12. LIFE Pakistan
13. National Rural Support Programme, Pakistan
14. Pakistan Voluntary and Nutrition Association (PAVNA)
15. Participatory Village Development Programme, Pakistan
16. Réseau des Plates-Formes d’ONG d’Afrique de l’Ouest et du Centre (REPAOC)
17. Sindh Agricultural and Forestry Workers Coordinating Organization
18. Sindh Rural Support Organization
19. Sindhica Reforms Society
20. Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON)
21. Thardeep Rural Development Programme, Pakistan

Other supportive organisations are being invited to endorse this paper. If you would like to add your organisation’s name, please contact Bruno Rivalan (Northern IHP+ Civil Society Representative) at brivalan@ghadvocates.org.