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## Strengthening mutual accountability to improve health aid effectiveness and results: a consultation with IHP+ partners on options for future monitoring

*The purpose of this note is to get **views from as many IHP+ signatories as possible** on questions concerning the future monitoring of health aid effectiveness and results that will be supported by IHP+. The note provides background and asks **three questions**. **Feedback is requested by 12 November**, and will inform **the proposal for future monitoring** arrangements. This will be sent **to all IHP+ signatories** in mid- November. This will allow time for **review before the 4<sup>th</sup> IHP+ Country Teams Meeting in Nairobi**, where there will be a special session of all partners to agree the principles and broad outlines of an approach for future monitoring.*

### How far have we come? Approach used to monitor IHP+ partners performance up to 2012

All signatories to the IHP+ Global Compact commit to be held to account through an independent mechanism (see box 1). The purpose of this monitoring is to strengthen mutual accountability for results.

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#### Box 1. IHP+ Global Compact commitments

*P2: "We collectively commit to be held to account in implementing this compact"*

*P5: "we call for an independent evidence based assessment of results at country level and of the performance of each of us individually as well as collectively."*

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To meet this commitment, an independent consortium called *IHP+Results* was contracted in 2008 to develop and conduct three rounds of monitoring of IHP+ partners' performance. This was a new and difficult task, and the approach has evolved in consultation with IHP+ partners. Three rounds have been completed (<http://ihpresults.net/download-reports/>). The approach now has the following features:

- Participation has been encouraged but remains voluntary.
- Progress has been measured against a set of standard measures based on the indicators for monitoring the Paris Declaration on Aid Effectiveness, adapted for the health sector.
- Data is self-reported, collected through a special survey instrument administered by IHP+Results
- Findings are summarized by IHP+Results into individual country and development partner scorecards, together with a synthesis report that examines overall trends.

After 3 rounds, a greater focus on mutual accountability has been achieved. Participation in the IHP+Results exercise has grown from 16 signatories in 2009 to 36 in 2012<sup>1</sup>. More trend data in health aid effectiveness are now available. Much has been learned about what to monitor, and how. The scorecards are an easy-to-read, effective communication tool, and are becoming more widely known. However, they are not yet that widely used, in part because the second set of scorecards has only just been published. Other observations are that at country level there is varied ownership of the process and subsequent results; there have been challenges in terms of the relevance and measurability of some indicators, and in the time taken to complete the survey. Altogether, the [2012 IHP+Results performance report](#) concludes that mutual accountability remains an important but still an under-used tool to drive improvements in health aid effectiveness, and that monitoring should continue but adapt. There is also evidence that more partner countries now include indicators for tracking commitments in their country compacts or equivalent partnership agreements (Box 2).

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<sup>1</sup> Annex 1 has the list of countries and development partners that have participated in 2010 and 2012 IHP+Results monitoring process

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**Box 2. Status of country aid effectiveness indicators, and review in national accountability processes\***

- More IHP+ partner countries now include indicators for tracking commitments that have been made in their country compacts: since mid-2010, all new compacts bar one do.
- The most frequent indicators are: proportion of public funding allocated to health; percentage of health aid flows a) provided through multi-year commitments; b) reported on budget; c) released to agreed schedules; plus measures of strengthening / use of country systems – national performance assessment frameworks, procurement and financial management systems.
- There is little information on the extent to which these indicators, especially of development partner behaviour, are reported on in events like joint annual reviews (JARs). Ethiopia, Mozambique and Nepal are known to have included a discussion in recent JARs.

\*Source: desk review of country compacts by IHP+ core team

Out of other relevant developments, the most important is the **Busan Global Partnership for Effective Development Cooperation**, which builds on the consensus from the Paris Declaration on Aid Effectiveness. Within this partnership, considerations on how to monitor implementation of the new partnership’s commitments have been key. Its monitoring approach and indicators were approved in July 2012<sup>2</sup>. It builds on lessons from monitoring the Paris Declaration, many of which are similar to those learned from the IHP+Results approach. The result is some important changes for the Busan Global Partnership monitoring process:

- A modified set of ten indicators have been agreed for global reporting (box 3; Annex 2 for detail);
- Monitoring will occur on a rolling basis at country level – no longer through a global survey. The periodic global reports will therefore draw on data generated through country systems.

The Busan Global Partnership global reporting will only monitor development co-operation as a whole. But the new partnership encourages sector-specific approaches: health is seen as having led the way and IHP+ is encouraged to continue monitoring health aid effectiveness commitments. In terms of reporting, there are lessons as well from the independent Expert Review Group report on Information and Accountability for Women’s and Children’s Health.

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**Box 3: Ten indicators agreed by the Global Partnership for Effective Development Cooperation**

- Five indicators were previously used in the Paris survey, and reflect unfinished, important business. Some ‘difficult to measure’ Paris indicators have been dropped.
- Five indicators are new: use of country results frameworks, enabling private sector, enabling CSO engagement, gender and transparency. Not all yet have measurement strategies, but work is underway.
- Out of the ten indicators, 6 have already been adapted to the health sector and monitored by IHP+Results (see Annex 2 for details).

For IHP+ partners, it is an opportune time to take stock and decide on the future approach to monitoring commitments, which will continue to be spearheaded by IHP+ signatories but be relevant to others

## **Moving forward in IHP+, based on what has been learned**

In July 2012, the IHP+ Executive Team re-acknowledged the IHP+ commitment to a periodic monitoring of performance, and that this was an important instrument for promoting mutual accountability. It stressed the need to further adapt the approach; to embed it more in country processes, and to avoid duplication with other aid monitoring exercises<sup>3</sup>. It agreed that the IHP+ Mutual Accountability Working

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<sup>2</sup> Proposed indicators, targets and process for global monitoring. OECD, 2012

<sup>3</sup> Multilateral agency performance is periodically monitored by some bilateral agencies through ‘MOPAN’. The MOPAN framework covers four dimensions of organizational effectiveness: strategic, operational, knowledge and relationship management. Three of the four elements under

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Group<sup>4</sup> should reconvene, to review lessons from health specific and whole of government aid effectiveness monitoring, and to use this as the basis for agreeing a future approach.

The IHP+ Mutual Accountability Working Group met on 5 October. It agreed on the following principles for future monitoring of commitments to aid effectiveness in health:

**Box 4: Principles for future monitoring of commitments to great aid effectiveness in health**

- Continue health sector-specific monitoring of aid effectiveness – it raises useful questions about progress. Keep it voluntary.
- Focus on country-level monitoring, but continue some form of global reporting to provide the peer-pressure needed at global level, without using a global survey to collect data.
- Agree on a minimum set of indicators, based on some of the agreed Busan indicators; selection criteria should include relevance; importance; measurability.
- Indicators should reflect the commitments of both government and development partners.
- Find ‘transaction-light’ ways to capture important, qualitative aspects of aid effectiveness behaviour that also help to interpret the quantitative data.
- Embed monitoring of aid effectiveness indicators into routine country reporting systems and policy dialogue processes (such as JARs), and include all major actors.
- Intensify dissemination and debate of findings. Make more use of country-based accountability mechanisms, including a more effective role for civil society and national parliaments.
- Consider support needed for countries who want to expand on any minimum set of indicators with others, tailored to individual country circumstances.

As shown in box 4, the IHP+ Mutual Accountability Working Group reinforced other views on amendments to the process: the approach should focus on country level monitoring through national systems, but continue with periodic global reporting.

This means that for IHP+, as for the Global Partnership, some hard choices will have to be made to reach a small set of health aid effectiveness indicators that all partners agree to report on. The IHP+ Working Group agreed that the ten Global Partnership indicators are an appropriate starting point for IHP+’s own core set, especially as six of those ten have already been monitored as part of the IHP+Results exercise. This means there is an increasingly solid data base to build upon<sup>5</sup>. Annex 2 lists the full indicator set.

Other criteria discussed by the Group were:

- The indicator reflects important and relevant issues for monitoring aid and development effectiveness in the health sector.
- It is an existing indicator, with a clear definition and measurement strategy, and easy to track.
- The transaction costs of measuring it are reasonable: data are already collected, or could be incorporated into regular country or agency reporting systems.

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relationship management are related to aid effectiveness: alignment with national plans, harmonization of procedures and use of country systems.

<sup>4</sup> Working Group: Tim Martineau, UNAIDS (chair); Ethiopia, Uganda; civil society north, south; GAVI; Global Fund; Germany; UK; EC; UNICEF, WHO, World Bank; OECD, ReAction; IHP+Results advisory group; WHO/COIA. Unable to attend: EC; Netherlands.

<sup>5</sup> One possibility, to be further discussed with the Global Partnership, is that - where countries choose to do so - it may be possible to code data for the core set of Global Partnership indicators in such a way that health-sector specific data on these new indicators can be obtained.

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## Questions for discussion

Considering the discussions above, please answer the following questions, using the space provided. You can submit your answers online [here](#), or send by email to: [info@internationalhealthpartnership.net](mailto:info@internationalhealthpartnership.net). Thank you very much for your time and responses.

**Question 1: Do you agree that the most important principles for future monitoring of health aid effectiveness, listed in box 4, have been identified?**

*Please insert here your comments and suggestions:*

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**Question 2: Do you have examples of current monitoring of health aid effectiveness commitments at country level, and of how findings are used, as part of increased mutual accountability for health results?**

For example: a review of commitments in compacts during joint annual reviews; special parliamentary committee sessions; the use of score cards by civil society, use of scorecards in direct dialogue between government and specific development partners; Please list and comment on how they are being used at

*Please insert here your comments and suggestions:*

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**Question 3: Which indicators on aid effectiveness are most important and relevant to the health sector?**

A review of IHP+ Country compact indicators has given a sense of which issues and indicators matter most to countries in monitoring of health aid effectiveness (see Box 2). Box 4 above presents a set of principles for future monitoring that have been agreed by the IHP+ Mutual Accountability Working group. Based on this, a short list of six issues that could make up a ‘minimum set’ for monitoring through IHP+ is set out below, together with a short description of associated existing indicators.

**Question 3a) Please tick the issues AND indicators which you agree are most relevant, important and should continue to be monitored:**

Issue to continue to monitor	Description/scope of possible indicators	
	Government	Development partner
<input type="checkbox"/> <b>FOCUS ON RESULTS</b>	<input type="checkbox"/> Transparent and monitorable performance assessment framework exists	<input type="checkbox"/> Transparent and monitorable performance assessment framework is used
<input type="checkbox"/> <b>ENGAGEMENT OF CIVIL SOCIETY</b>	<input type="checkbox"/> Civil society meaningfully represented in policy processes	<input type="checkbox"/> Civil society supported to be meaningfully represented
<input type="checkbox"/> <b>PREDICTABILITY</b>	<input type="checkbox"/> % health sector funds disbursed against approved national budget	<input type="checkbox"/> Disbursements according agreed schedules <input type="checkbox"/> Multi-year commitments
<input type="checkbox"/> <b>AID ON BUDGET</b>	<input type="checkbox"/> Existence of national health sector plan with a realistic budget	<input type="checkbox"/> % aid reported on national health sector budget
<input type="checkbox"/> <b>MUTUAL ASSESSMENTS OF COMMITMENTS</b>	<input type="checkbox"/> Mutual assessments of commitments (including on aid effectiveness) are conducted	<input type="checkbox"/> Participation in mutual assessments of commitments
<input type="checkbox"/> <b>USE OF COUNTRY PROCUREMENT* AND PUBLIC FINANCIAL MANAGEMENT SYSTEMS (PFM)</b>	<input type="checkbox"/> National PFM systems that adhere to accepted good practices or have a reform programme in place to achieve this <input type="checkbox"/> National procurement systems that adhere to accepted good practices or have a reform programme in place to achieve this	<input type="checkbox"/> % of aid using national PFM systems that adhere to good practices <input type="checkbox"/> % of aid using national procurement systems that adhere to good practices

*\* The wording used here follows the current proposals in the post-Busan Global Partnership framework. The indicator used to measure use of procurement systems has been problematic in IHP+Results exercises, but the issue is retained here because it appears to be important to countries.*

**Question 3b: Is there any critical issue missing? And if so, does this issue have an agreed measurable indicator to monitor progress?**

*Please insert here your comments and suggestions:*

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**Question 3c: For the periodic global report of progress on IHP+ commitments, how important is the collection of additional qualitative information, and for what purpose?**

For example, to help interpret the quantitative indicators above, or to capture important developments otherwise not recorded. Do you have suggestions on how best to do this with minimum added burden to signatories? Could it be gathered from regular joint annual review processes?

*Please insert here your comments and suggestions:*

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Thank you for taking the time to answer these questions. Feedback from signatories will be reflected in the monitoring proposal paper, which will be sent to all signatories in mid-November.

There will be a special session during the 4<sup>th</sup> IHP+ Country Teams meeting in Nairobi to decide on the principles and broad outline of future monitoring. Once agreed, these will form the basis for the development of the more detailed approach. Links will be maintained with the Busan Global Partnership process.

## Annex 1. Participants in the 2012 round of IHP+Results Reporting and Monitoring process

Country	Development partners
Benin	The African Development Bank (AfDB)
<i>Burkina Faso</i>	<i>AusAID</i>
<i>Burundi</i>	<i>Belgium</i>
<i>Djibouti</i>	<i>The European Commission</i>
<i>DRC</i>	<i>The GAVI Alliance</i>
El Salvador	Germany
<i>Ethiopia</i>	<i>The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria</i>
<i>Mali</i>	<i>The Netherlands</i>
Mauritania	Norway
<i>Mozambique</i>	<i>Spain</i>
<i>Nepal</i>	<i>Sweden</i>
<i>Niger</i>	<i>The United Kingdom</i>
<i>Nigeria</i>	<i>UNAIDS</i>
Rwanda	UNFPA
Senegal	UNICEF
Sierra Leone	The World Health Organization (WHO)
Sudan	The World Bank
Togo	
Uganda	

*Note: Participants in italics have also participated in the 2010 IHP+Results Reporting and Monitoring process*

## Annex 1. Map of links between the Busan Partnership indicators and possible future IHP+ indicators

Light blue = old Paris indicator; light green= already monitored in IHP+Results

Agreed global indicators for Busan Partnership for Effective Development Co-operation	Possible indicators for future IHP+ monitoring		Reasons/justification
	Government	Development partners	
<b>1. Development co-operation is focused on results that meet developing countries' priorities</b> Extent of use of country results frameworks by co-operation providers.	An agreed transparent and monitorable <b>performance assessment framework</b> being used to assess progress in the health sector	% of countries in which agreed transparent and monitorable <b>performance assessment frameworks</b> are being used to assess progress in the health sector	<ul style="list-style-type: none"> <li>Both a Paris/Busan indicator and an existing IHP+Results indicator</li> <li>Trend data already available for half of IHP+ signatories</li> </ul>
<b>2. Civil society operates within an environment which maximizes its engagement in and contribution to development</b> Enabling Environment Index.	Evidence that <b>civil society</b> is meaningfully represented in health sector policy processes – including health sector planning, coordination and review mechanisms	Evidence of support for <b>civil society</b> to be meaningfully represented in health sector policy processes – including health sector planning, coordination and review mechanisms	<ul style="list-style-type: none"> <li>New indicator for Busan partnership; already monitored by IHP+Results</li> <li>Important for mutual accountability</li> <li>Trend data already available for half of IHP+ signatories</li> </ul>
<b>3. Engagement and contribution of the private sector to development</b> (Measure to be identified)			Topic relevant but no agreed indicator yet
<b>4. Transparency: information on development co-operation is publicly available</b> (Measure of state of implementation of the common standard by co-operation providers to be elaborated.)			Discussion needed on whether there should be a specific indicator for the health sector
<b>5. Development co-operation is more predictable</b> (a) annual: proportion of aid disbursed within the fiscal year within which it was scheduled by co-operation providers; and b) medium-term: proportion of aid covered by indicative forward spending plans provided at the country level.	a) annual: % of health sector <b>funding disbursed against the approved annual budget</b>  b) <i>see footnote</i>	a) annual: % of health sector aid <b>disbursements released according to agreed schedules</b> in annual frameworks  b) mid-term: % of health sector aid provided through <b>multi-year commitments</b>	<ul style="list-style-type: none"> <li>Both a Paris/Busan indicator and an existing IHP+Results indicator</li> <li>Identified as one of the most important and relevant indicators by countries</li> <li>Trend data already available for half of IHP+ signatories;</li> </ul>
<b>6. Aid is on budgets which are subject to parliamentary scrutiny</b> % of aid scheduled for disbursement that is recorded in the annual budgets approved by the legislatures of developing countries.	<i>See footnote</i>	% of aid flows to the health sector that is <b>reported on national health sector budget</b>	<ul style="list-style-type: none"> <li>Both a Paris/Busan indicator and an existing IHP+Results indicator</li> <li>For government indicator, see footnote</li> </ul>
<b>7. Mutual accountability among development co-operation actors is strengthened through inclusive reviews</b> % of countries that undertake inclusive mutual assessments of progress in implementing agreed commitments.	<b>Mutual assessments</b> of commitments and sector performance, such as Joint Annual health sector Reviews, are regularly conducted and include assessment of progress on aid effectiveness commitments	% of countries where <b>mutual assessments</b> of progress on implementing commitments in the health sector have been made, including commitments on aid effectiveness	<ul style="list-style-type: none"> <li>Both a Paris/Busan indicator and an existing IHP+Results indicator</li> <li>One of the most important and relevant indicator for countries,</li> <li>Trend data available for half of IHP+ signatories; new information on JARs currently being collected</li> </ul>
<b>8. Gender equality and women's empowerment</b> % of countries with systems that track and make public allocations for gender equality and women's empowerment.			
<b>9. Effective institutions: developing countries' systems are strengthened and used</b> (a) Quality of developing country PFM systems; (b) Use of country PFM and procurement systems.	a) Country <b>PFM systems</b> for the health sector either adhere to accepted good practices or a reform is in place to achieve this b) <i>see footnote</i>	a) % of health sector aid that uses <b>country PFM systems</b> that adhere to good practices of a reform is in place to achieve this b) % of health sector aid that uses <b>country procurement systems</b> that adhere to good practices of a reform is in place to achieve this	<ul style="list-style-type: none"> <li>Both a Paris/Busan indicator and an existing IHP+Results indicator</li> <li>Important to countries</li> <li>Indicator on procurement, needs further development</li> </ul>
<b>10. Aid is untied</b> % of aid that is fully untied.			

**Footnote:** For indicators 5b, 6, and 9b no immediate correspondent indicator exists in IHP+Results. However, as these are important issues, it may be worth considering the proposal of additional indicators, for example: 5b) availability of a Mid-Term Expenditure Framework (MDTF) developed and agreed upon in coordination with all partners; 6. Evidence that the annual health sector budget records external aid scheduled for disbursement and is approved by national legislature (the correspondent indicator in IHP+Results is “national health sector plans/strategies in place with targets and budget that have been jointly assessed” ; 9b) the procurement indicators is problematic for both countries and development partners and it requires further consultation.