

# **International Health Partnership and Related Initiatives (IHP+)**

Meeting Report

Third IHP+ Country Health Sector Teams Meeting

Brussels, 9-10 December 2010



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**Brussels, December 9-10, 2010**  
MEETING REPORT

**Introduction**

The overall objective of the Third IHP+ Country Health Sector Teams meeting was to review and understand progress with putting the Paris principles on aid effectiveness into practice in the health sector. The meeting reviewed achievements and challenges in creating alignment with, and resources for, national health strategies, through the use of joint assessment, country compacts / partnership agreements, and in-country dialogue on resources; and reviewed progress with introducing harmonized fiduciary arrangements and common monitoring platforms. All sessions were designed to address four questions related to progress and results (can we do it? is it worth it? what were any barriers? how to overcome them?), and there was also a specific session on how to document the results achieved. Lastly, the meeting identified some collective priorities for the next 1-2 years at country and global level. See Annex 1 for the full agenda. The meeting was attended by participants from Ministries of Health and Finance, civil society and local development partners in 24 developing countries, and headquarters staff from the development agency signatories to the IHP+ Global Compact (Annex 2).

**Principal messages**

- The aid effectiveness agenda matters as much - if not more - today as it did five years ago. There are real costs when aid is ineffective. In short, it is indeed 'worth the effort'.
- There is clear progress on advancing aid effectiveness principles. Aid effectiveness and results go hand in hand, and there is a real need to properly document how this progress translates into results achieved.
- The IHP+ momentum generated around developing one health strategy/plan and its implementation must be maintained. Getting alignment is a messy business and takes both leadership and compromise.
- New ways of working through joint action and collective responsibility need to be consolidated. More focus is now needed on more effective monitoring platforms and on mutual accountability.

**Main conclusions on specific topics**

There were mutually reinforcing conclusions across the different sessions.

*Increasing alignment with national health strategies/plans – the role of joint assessment (JANS)*

Discussions on the role of joint assessment, especially using the tool and approaches developed through IHP+, concluded that JANS is contributing to (i) the development of stronger national strategies, which partners have more confidence in; (ii) to increased coordination; and (iii) to reduced transaction costs. There was support for flexible approaches for joint assessment suited to country contexts, providing the assessment principles are adhered to. The tool itself is a public good and can be used by any interested country. The two main recommendations were:

- To strengthen the 'legitimacy' of the JANS approach, by synthesizing lessons on the different approaches used, and by continuing to ensure that the experts involved have the requisite skills and independence.
- To continue to improve the inclusiveness of the JANS process - this will help build confidence and ownership of the plan/strategy.

*Increasing alignment with national health strategies/plans – the role of partnership agreements / compacts*

The main benefits experienced from a compact were summarized by countries as: wider engagement in more constructive and concrete health policy dialogue and therefore more consensus on priorities; stronger MOH leadership; and mobilization of more resources. Other expectations of a compact, such

as achieving alignment of funding and procurement mechanisms, and more accountability, had experienced challenges, especially where country management systems are still perceived as weak, and where the health system is decentralized. Participants stressed that both the development process and content of compacts influence their effectiveness. The main recommendations were:

- Compact development should not be delayed until all agencies are ready to adhere to them, but at the same time some 'minimum' pre-requisites need to be in place for an effective compact: the core partners need to be involved, and sector plans serve as rallying points for the discussion on commitments.
- Non-government actors active in health, including civil society, should discuss how they can be part of a compact and what their responsibilities are.
- Compacts should include agreed results, indicators and targets that can then be monitored. There needs to be more focus on the mutual accountability role of a compact, and how to deal with partners who are not meeting commitments.
- Where harmonization of procedures requires global action between agencies, this can be done under the aegis of IHP+: any progress should be communicated to countries.
- Countries should be encouraged to share experiences in compact development.

#### *Mobilising resources for national health strategies / plans*

Overall, participants agreed that both political and technical issues must be addressed for effective resource negotiation and mobilization. The key messages were:

- Ensure health is a priority in (higher level) national development plans/strategies. Emphasize health as an investment.
- Develop high quality, convincing, comprehensive health plans/strategies. This involves paying attention to stakeholder support and ownership; costing; monitoring and evaluation, with a focus on results and proper communication - taking special account of the perspectives of Ministries of Finance.
- Ensure performance and accountability mechanisms are in place.
- Conduct effective dialogue with all stakeholders, in particular civil society and parliament.
- Ensure diplomacy, advocacy and leadership skills in the Ministry of Health.

#### *Harmonizing fiduciary arrangements*

The main messages were:

- This is a subject that may seem abstract but, like other topics in the meeting, it too is about outcomes and efficiency.
- Even with many funding modalities, much can be done to simplify and harmonize fiduciary assessment and reporting procedures between agencies, and thus reduce the transaction costs for countries. This is because differences between agencies are more to do with timing and application of agreed international standards, not agreement on the standards themselves.
- Progress is already being made. The Nepal Joint Financing Agreement, that includes non-pooling as well as pooling partners, is one example.
- Confidence in national systems is key, and partners have a responsibility to build national financial management capacity. Joint technical assistance arrangements for improved financial management and audit capacity are an essential part of advancing harmonization and alignment.

#### *Harmonizing quality assurance in pharmaceutical procurement*

The main messages were:

- Safe medicines are key to improved service delivery, but quality remains an issue. Quality assurance is the sum of all measures in place to assure product quality until it reaches the patient. The goal is to have strengthened national procurement and quality assurance processes that can be accepted by donors.
- There has been progress in country legislation and laboratory technology and capacity, but donors are still applying different quality assurance standards. This causes confusion and inefficiencies.

- The joint IHP+/International Pharmaceutical Coordination Group project to create a more consistent and harmonised approach between donor agencies may be challenging but it is an important step. Other aspects of supply chain management should also not be forgotten.

#### *Moving towards one country-led monitoring and evaluation platform for national health strategies*

A common M&E framework exists in quite a number of countries, but putting it into practice has been harder. Fragmentation and parallel systems continue to exist. This session focused on overcoming obstacles to achieving one monitoring and evaluation platform in countries. The main messages were:

- Any M&E platform must be clearly linked to a national health strategy/plan, which itself needs to have the confidence of different stakeholders. In terms of data, national management needs are the first concern, but international reporting also has to be managed - and has benefits: showing results to donor agencies' domestic audiences can help retain support for aid budgets.
- Consensus is needed on a manageable number of indicators, but this is a small part of developing one M&E platform. More investment is needed on the institutional capacity to address data quality and major data gaps. Events like joint annual reviews can encourage greater confidence in and use of data in policy decisions.
- Countries are increasingly doing their part in this area. IHP+ could be used more to put pressure on development partners to adapt and align their reporting needs, cycles and systems and to invest in stronger national M&E systems.

#### *Engaging civil society and other non government stakeholders in health policy dialogue and performance monitoring*

This session started with perspectives from civil society itself and also government and development partners. The main messages were

- Civil society organizations are diverse. They have varied roles in health development and aid effectiveness: as providers; as advocates; in raising awareness of health and aid issues in government and local communities; in policy dialogue, and in monitoring and accountability of other partners ('watchdog').
- Civil society engagement in policy dialogue is increasingly recognised. IHP+ has helped this. There are challenges in managing representation and coordination of what is a large and amorphous constituency, without losing a healthy diversity.
- The independent watchdog role can be sensitive and is harder if CSOs are receiving funds from those they are supposed to monitor. There is a need for civil society organizations to further raise communities' awareness of their role in holding all health system stakeholders to account.

#### *Documenting results*

This session analysed progress on implementing aid effectiveness principles in the countries at the meeting. The importance of having good documentation of results in time for the Fourth Global Forum on Aid Effectiveness in late 2011 was stressed. For each principle, country examples were provided. While these were mostly impressionistic, there was a sense of progress - albeit in some areas more than others. Broadly the main messages were:

- Country ownership/leadership: there is significant progress, mainly through the process of developing national health strategies.
- Alignment and harmonization: there is progress but more is needed.
- Managing for results: this is important for donor confidence, but there has been less progress. More work is needed on implementing a common monitoring framework.
- Mutual accountability: this was identified as the area with least progress - in terms of accountability of development partner agencies for commitments they have made.

#### **Next steps**

The meeting concluded that the argument for alignment with national health strategies/plans and systems is as valid as ever, as it helps to make aid more effective and thereby contribute to better health results. Overall, there was a considerable sense of energy and determination to continue with

the approaches supported through IHP+. The fact that some IHP+ products developed to move this agenda are beginning to have a life of their own beyond the Partnership was seen as positive. And there was a significant degree of agreement about what - collectively - should be continued and what should be done differently, at country and global level in the near future:

- At country level, the set of efforts to improve the quality, confidence, ownership, leadership and commitment to national health strategies/plans should be maintained.
- Second, monitoring of strategy/plan implementation and results through a single M&E platform needs to be improved and is a priority.
- Third, use of country systems in general remains limited, but there is a recognizable move away from the traditional 'you improve then we use' position to one of more collective responsibility for strengthening and using country systems. This shift needs active support.
- Fourth, there needs to be more effort at improving mutual accountability: agency adherence to their commitments in terms of resources and simplified and aligned procedures varies considerably.
- Fifth, change in agencies' procedures usually requires global level action. Here changes have been slow. Such changes require persistence, patience, leadership and a degree of compromise. Efforts to simplify and harmonize fiduciary arrangements through the health system funding platform, and to harmonize quality assurance in pharmaceutical procurement, may help accelerate change.
- Lastly, there is an urgent need to demonstrate and capture results better. Everyone who is a signatory to IHP+ - at country and global level - needs to be involved in some way. This will be a priority for the Partnership over the next six months.

**Third IHP+ Country Health Sector Teams Meeting  
December 9-10, 2010  
Crowne Plaza Le Palace Hotel, Brussels**

**Meeting objectives**

Overall: to review progress with putting the Paris principles on aid effectiveness into practice in the health sector. The meeting will specifically

- ♣ Review achievements and challenges with
  - The joint assessment of national strategies, and how partners align around strategy development, financing, implementation and monitoring
  - Harmonizing fiduciary frameworks
  - Adhering to commitments made in Global and Country compacts
- ♣ Define ways to overcome challenges and adapt directions as needed

**Wednesday, December 8, 2010**

|                                |  |
|--------------------------------|--|
| <b>Afternoon<br/>1400-1800</b> | Registration and sign up for parallel breakout sessions on day 1<br><i>in main lobby of hotel</i>  |
| <b>1800</b>                    | <b>Opening followed by Panel Debate: Given the perilous state of the global economy, are the principles of aid effectiveness in health losing traction?</b><br>Panelists: Luis Riera; Christian Panneels; Hyppolyte Kalambay Ntembwa; Salif Samake; Andrew Jack<br>moderated by Phil Hay<br>Room: Le Palace Ballroom<br><br>Dinner, hosted by Ministry of Foreign Affairs, Belgium |
| <b>1915</b>                    |  |

**Day 1 – December 9, 2010**

|                    |   |
|--------------------|---|
| <b>0830</b>        | <b>Welcome introductions and housekeeping</b><br>Facilitated by Phil Hay and Nana Enyimayew   |
| <b>0900</b>        | <b>Setting the Scene: seems to be progress, but is it the right progress and is it enough?</b><br>Room: Le Palace Ballroom<br>Chair: Luis Riera<br>Introductory speaker: Cristian Baeza (15 mins)<br>Plenary  |
| <b>1000-1015</b>   | <b>Introduction to session on increasing confidence in and alignment with national health strategies / plans – do joint assessment (JANS) and partnership agreements / compacts help?</b><br>Introduction to objectives and the two parallel breakout groups: Phyllida Travis |
| <b>1015</b>        | <b>Coffee/Tea Break</b>   |
| <b>1045 - 1230</b> | <b>Breakout Session 1: Confidence building in national health strategies / plans – the role of joint assessment (JANS)</b><br><i>- Can we do it – is it worth it – what were any barriers - how to overcome them?</i><br>Room: Le Palace Ballroom<br>Chair: Gilbert Buckle    |

|                    |   |
|--------------------|---|
| <b>In parallel</b> | <p>Introductory speakers Long Nguyen Hoang; Isaac Alidria Ezati; Mekdim Enkosa followed by breakout groups</p> <p><b>Breakout Session 2: How to develop and monitor effective partnerships: the role of partnership agreements, including compacts</b></p> <p><i>Can we do it – is it worth it – what were any barriers – how to overcome them?</i></p> <p>Room: Creativity<br/>Chair: Muhammed Lecky</p> <p>Introductory speakers: Valère Goyito; Magnus Gborie; Hamadassalia Touré; Sue Clarke, followed by breakout groups</p> |
| <b>1230 - 1400</b> | <b>Lunch</b>  |
| <b>1400 - 1530</b> | <p><b>Making overall health aid more effective: documenting changed behaviour and results</b></p> <p><i>– Can we do it – is it worth it – what were any barriers – how to overcome them?</i></p> <p>Room: Le Palace Ballroom<br/>Co-chairs: Salif Samake and Agnes Soucat<br/>Introductory speaker: Wim Van Lerberghe<br/>Facilitated table discussions then plenary debate guided by facilitators Nana Enyimayew, Phil Hay</p>   |
| <b>1530 - 1600</b> | <b>Coffee/tea break</b>   |
| <b>1600 - 1730</b> | <p><b>Mobilising financial support for national health strategies / plans: what do we know about effective negotiation processes?</b></p> <p><i>– Can we do it – is it worth it – what were any barriers – how to overcome them?</i></p> <p>Room: Le Palace Ballroom<br/>Chair: Juan Pablo Uribe<br/>Introduction: Mohamed Dramé<br/>Panelists: René Owona Essomba; NDèye Diouf; Somuny Sin; Jacky Mahon</p>  |
| <b>In parallel</b> | <p><b>Harmonizing / simplifying fiduciary arrangements: what can be done?</b></p> <p><i>– Can we do it – is it worth it – what were any barriers – how to overcome them?</i></p> <p>Room: Creativity<br/>Co-chairs: Carole Presern and Babu Ram Marasini<br/>Introductory speakers: Iraj Talai; Bert Voetberg<br/>Panelists: Walter Seidel; Valère Goyito; Tobias Luppe; Joe Martin</p>   |
| <b>1730</b>        | <p><b>Wrap up of the day</b></p> <p>Facilitators Nana Enyimayew and Phil Hay</p>  |
| <b>1745 - 1830</b> | <p>Side event: briefing on the <i>World health report 2010</i> Health Systems Financing: the path to universal coverage<br/>Room: Le Palace Ballroom</p>  |
| <b>1830</b>        | <b>Reception</b>  |

**Day 2 – December 10, 2010**

|                              |   |
|------------------------------|---|
| <b>0800</b><br><b>0830</b>   | - Breakfast briefing: The Health Systems Funding Platform: an instrument for harmonization between GAVI, Global Fund and the World Bank<br>Room: Creativity   |
| <b>0830</b><br><b>0930</b>   | - <b>Setting the Scene (Day 2)</b><br>Summary of issues and recommendations from day 1: Chairs from day 1 sessions<br>(5-7 mins each)<br>Room: Le Palace Ballroom<br>Facilitators: Phil Hay and Nana Enyimayew  |
| <b>0930 -</b><br><b>1100</b> | <b>Moving towards one country-led monitoring and evaluation platform for national health strategies</b><br><i>- Can we do it- is it worth it – what were any barriers – how to overcome them?</i><br>Room: Le Palace Ballroom<br>Chair: Lola Dare<br>Introductory speakers: Ties Boerma; Sam Were; Gertrudes Machatine<br>Commentary: Daniel Low Beer; James Droop then table discussions and recommendations for future action<br>Wrap-Up by Chair   |
| <b>1100</b>                  | <b>Coffee/Tea Break</b>   |
| <b>1130-1230</b>             | <b>Hot Topics</b><br>1) Quality Assurance in Pharmaceutical Procurement<br>Room: Le Palace Ballroom<br>Chair: Ian Pett<br>Introductory presentations: Clive Ondari; Andreas Seiter, then discussion<br><br>2) Engaging civil society and other non government stakeholders in health policy dialogue and performance monitoring<br>Room: Creativity<br>Chair: Yaya Konare<br>Speakers: Lola Dare; Evarist Kintu; George Dakpallah; Christine Sow  |
| <b>1230 -</b><br><b>1400</b> | <b>Lunch</b>  |
| <b>1400</b><br><b>1630</b>   | - <b>Looking ahead: future directions and options for mobilising support around national health strategies / plans</b> - through country action; through action at global level by agencies, and through IHP+ and other mechanisms<br>Room: Le Palace Ballroom<br>Chair: Valère Goyito<br><br><b>Panel perspectives: what are the most critical options for mobilizing support; what could / should our own organization's contributions be? 30 mins</b><br>Panelists: Regis Hitimana; Long Nguyen Hoang; Isaac Alidria Ezati; Carole Presern; Elaine Ireland; Peter Colenso<br><br><b>What are the most important next steps at global and country level?</b><br><b>Breakout groups then plenary report back</b><br><br><b>Closing remarks</b> Cristian Baeza; Carissa Etienne |





**3<sup>rd</sup> IHP+ Country Health Sector Teams Meeting  
9-10 December 2010  
Brussels**

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