

Consultation on follow up and future of IHP+ Monitoring

IHP+ Mutual Accountability Working Group Meeting on 20 March 2015 at WHO, Geneva

Summary of discussions

Objectives and participants at the meeting

IHP+ commissioned the fourth round of monitoring of health development cooperation effectiveness in 2014. The report and the associated agency and country scorecards have been finalised and are available on the IHP+ website¹. IHP+ organised a meeting with the following objectives: to review lessons from the 2014 round of monitoring; discuss how best to use the findings; and begin to consider IHP+'s role in monitoring and mutual accountability post 2015.

This was a meeting of the IHP+ Mutual Accountability Working Group (MAWG), which has advised in the past on these issues. In addition to members of the MAWG, there were additional country based participants and consultants who had played a role in recent IHP+ monitoring.² The meeting was chaired by the MAWG chair, Tim Martineau of UNAIDS.

Lessons from 2014 Monitoring

- A new country-based approach was used in this round, with data collected at country level, and development partner responses submitted through and reviewed by the Ministry of Health. This approach was welcomed as appropriate.
- 24 countries chose to participate, more than in previous rounds of monitoring, and the country-based approach led to inclusion of additional development partners.
- Data collection was more time consuming than expected, as little data was available. Where possible, development effectiveness indicators should become part of routine data collection.
- Data quality is important to generate confidence and use of the findings. Steps to assure quality include ensuring definitions are clear; and reviewing the figures together when government figures differ from responses provided by development partners.
- More detailed lessons from the exercise will be recorded for future use.

Use of the 2014 monitoring findings

- The findings of IHP+ monitoring should be used at country level, with the Ministry of Health inviting development partners and civil society to review the findings and decide on follow up action. This review should include frank discussion on reasons why performance has not improved and what steps are realistic to improve the effectiveness of cooperation.
- These reviews and discussions on follow up action should, where possible, be integrated in existing mechanisms for cooperation, planning and monitoring. Agreed steps to improve cooperation could be incorporated in annual operational plans.

¹ <http://www.internationalhealthpartnership.net/en/results-evidence/2014-monitoring-round/>

² Participants: T. Boerma, WHO HQ; A. Bremer, GIZ; L. Dare, Chestrad; S. Dare, Chestrad; L. Devillé, IHP+Results; E. Capobianco, GFATM; M. Gerritsen, Netherlands; B. Hersh, UNAIDS; K. Janovsky, Consultant; H. Kalambay, WHO Burkina Faso; E. Kariisa, GAVI; K. Khajavi, USAID; B. Killen, OECD; T. Martineau, UNAIDS; J. C. Mavimbe, MOH Mozambique; S. Mills, World Bank; R. Mistry, CS representative; B. Sakagawa, USAID Senegal; F. Schleimann, Consultant; G. Schmets, WHO HQ; T. Shorten, IHP+Results; N. E. Tegene, MOH Ethiopia; C. Toure, IHP+Results (Mali); L. Veasnakiry, MOH Cambodia. IHP+ Core Team: L. Cridland, C. Dolea, A. Dunn, V. Pascual, V. Walford.

- Development partners can use the findings internally and promote discussions at country, regional and headquarters levels. This will include a thorough analysis of why the findings are not as expected and how to address this.
- Partners can publicise the findings on their own websites and through social media and newsletters. Country and agency partners are represented on the Boards of multilaterals and can use these fora to raise performance issues arising from the 2014 monitoring round.
- Some countries may want support to take forward the in-depth review of findings. IHP Core Team will write to IHP+ signatories to encourage use of the findings and offer support.

Initial ideas and issues on future monitoring

- Monitoring of development cooperation effectiveness provides information on the quality of cooperation; this is important in addition to measuring the quantity of financing and other support.
- There was broad consensus that the country level approach should continue and that the data collection and review should be integrated into existing processes, where practical. For example there may be scope to integrate into health sector performance assessments, the sector M&E framework, Joint Annual Sector Reviews and/or sector coordination group meetings.
- Monitoring could be extended to include a broader range of partners, such as foundations.
- Quantitative indicators provide a basis for discussion but need to be complemented with more qualitative assessment and discussion on why there has or has not been progress on commitments to effective cooperation.
- The Global Partnership for Effective Development Cooperation (GPEDC) is refining its indicators of effective cooperation, and works with countries to enable their collection. IHP+ Core Team should follow up with GPEDC to identify opportunities for working together.
- If collection of indicators and analysis of reasons for the findings become more integrated in country processes, then it is likely to be more difficult to collect the information for a global report like the 2014 report. Possible adverse implications need to be considered and addressed.
- Establishing standard indicators and possibly including them in the standard list of indicators for the health sector or the SDGs is one way to enable assessment across countries. This can be considered in ongoing work on health sector measurement.

Initial ideas and issues on IHP+'s role in strengthening mutual accountability

- Approaches to monitoring development effectiveness and mutual accountability are likely to vary between countries; so is the amount and nature of support they need. Thus support will need to be tailored, and IHP+ could prioritise support to countries with the greatest challenges.
- There is work underway on the post 2015 framework for mutual accountability. IHP+ needs to follow this and see how it might enable accountability for development cooperation in health.
- Whilst mutual accountability could be left to a cross-sectoral/Ministry of Finance and heads of agency level, there are benefits to focussing at the sector level. A key challenge is to tackle resistance and constraints to behaviour change which are likely to be more political than technical.
- Use of existing processes is preferable to establishing a new process. For mutual accountability, Joint Annual health sector Reviews can be used to review development partner behaviour as well as Government performance and results (as in Mozambique).
- There are also examples of regional and sub-regional peer review and exchange mechanisms; IHP+ could explore this further.
- The role of civil society in mutual accountability processes needs to be better defined so that IHP+ civil society partners can support the processes.

Next steps

IHP+ partners are encouraged and requested to share the findings from 2014 monitoring, at country, regional and agency levels, and ensure their use for remedial action. IHP+ Core Team will disseminate the findings and offer support for use of the findings.

IHP+ Core Team to work up the ideas for future monitoring and accountability, based on discussions in the meeting and broader strategic thinking on the future of IHP+. This will include engaging with GPEDC and post 2015 processes. Proposals will be presented to the IHP+ Steering Committee for approval.