IHP+ Monitoring

Monitoring of Commitments on Effective Development Cooperation in Health

Process and anticipated outcomes

Vancouver, November 2016
Five monitoring rounds

• Approach and methodology evolved since Round 1 (2008) which was designed as an external performance evaluation
• Since then, national ownership of the monitoring process became increasingly important
• Participation increased: 9 countries in 2008 → 30 in 2016
• Round 5 (2016) focuses on stimulating and informing a national dialogue on development cooperation in health
• Progressively more inclusion of civil society organisations and of the private sector in the monitoring process
Recall: 6 messages from the 4th Round of monitoring in 2014
24 countries and 37 development partners participated in 2014

1. IHP+ membership was associated with better country performance in relation to development cooperation effectiveness

2. Performance by governments and development partners were correlated
3. Countries generally made progress in meeting commitments, particularly in the area of developing tools for accountability and engaging civil society. BUT: wide variation, and CSOs often did not agree

4. Many countries increased their domestic funding for health and developed medium term budget forecasts, BUT: limited progress on improving financial management systems

5. Compared to 2012, some development partners scored worse particularly on the financing indicators; again there was variation in performance

6. Need to use the findings from this monitoring as a tool for strengthening accountability, especially at country level,
What are we monitoring in the 5th Round?
<table>
<thead>
<tr>
<th>Eight EDC practices</th>
<th>Four commitments</th>
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<tbody>
<tr>
<td>1. Partners support a single national health strategy</td>
<td>1. Establish strong health sector strategies which are jointly assessed, and strengthen accountability</td>
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<td>2. Mutual accountability is strengthened</td>
<td>2. Improve the financing, predictability and financial management of the health sector</td>
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<td>3. Health development cooperation is more predictable and health aid is on budget</td>
<td>3. Establish, strengthen and use country systems</td>
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<td>4. Public financial management (PFM) systems are strengthened and used</td>
<td>4. Create an enabling environment for CSO and PS participation</td>
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<td>5. Procurement and supply systems are strengthened and used</td>
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<td>6. Technical support is coordinated and south-south cooperation supports learning</td>
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<td>7. Civil society organisations are engaged</td>
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<td>8. The private sector is engaged</td>
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How are we monitoring the commitments?
IHP+R recruited a consultant in each country to support the Ministry of Health. Consultants supported by a team of international experts. Government and development partners completed detailed questionnaires on EDC practices with consultant support. Data validated by Ministry of Health. CSO on-line survey in each country in national languages. Focus group discussions with CSOs and private sector representatives.
What are the monitoring outputs?
Plasmodia

2016 IHP+ MONITORING ROUND
National performance review

HOW TO READ THE COUNTRY PROFILE
All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (72% out of 13), civil society organizations (15% of national-level and private sector representatives (8% participated supporting the health sector). Data are provided by DPs, CSOs and PSIs in principle, but validated by MoH.

The SPH Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against EDC practices. The last commitment also includes the action of the CSOs and PSIs on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2010, 2013 and 2016). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented, please visit www.internationalhealthpartnership.org.

VISUAL AID OUTPUT (Page 1)

COMMITMENT
TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

100% of participating DPs confirm they align their support with the national or sub-national (national) Health Sector Strategy.

Was the national health sector plan jointly assessed?

Stakeholders who supported the joint assessment

DPs 100%

CSOs

PSIs

NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita

$57.00

Sources of national health expenditure

DOMESTIC 77%

PUBLIC 23%

PRIVATE 64%

Target 50%

Source: WHO, National Health Accounts 2014

MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national MSIE plan for the National Health Strategy exists?

Target 100%

52% of participating DPs only use national health sector indicators to monitor their support.

57% of participating DPs confirm they participated in the mutual accountability process.

The MoH has developed the MSIE framework for the new national health strategy, but it is not yet implemented.

HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules

DP funds disbursed to the government according to agreed schedules

Predictability of funds for the future

Ruling 3 year budget or Multi-term Expenditure Framework in place:

2007 99%

2010 97%

2013 95%

2016 100%

Target 71%

75% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

HEALTH AID IS ON BUDGET

% of DP funds reported on budget

2007 80%

2010 80%

2013 80%

2016 80%

Target 80%

Many DPs contribute to pooled funds such as APMSP, via the Ministry of Finance. The expenditures from these funds are on budget, but they are not disaggregated by individual DPs.

LEGEND

Data colour codes: Government, Private Sector, Development Partners, Civil Society

Symbols: Yes, No, Unknown or not applicable

Did not participate in monitoring round
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?

Percentage of DF funds using PFM systems

43%

43% of participating DPs confirm that sufficient support for PFM systems strengthening and capacity building is in place.

DF notes that the PFM system often involves long procedural delays which affects timely disbursement of funds to support service delivery and operations at national and sub-national levels.

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exists?

20% of participating DPs use the national procurement and supply systems.

43%

43% of participating DPs confirm that sufficient support for procurement or supply systems strengthening and capacity building is in place.

The DPs commented that their use of the public procurement system is limited by the systemic inefficiencies.

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?

0% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

Most of the time

72% of participating DPs support South-South cooperation.

DPs acknowledged the need for better coordination and targeting of TA.

COMMITMENT
TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What scope does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Source: Government qualitative survey and CSO online survey)

- Government consults CSOs in the design, implementation or monitoring of national health policies
- Government provides financial resources
- Government provides training support

59% of CSOs confirm they are consulted

11% of CSOs receive financial resources

9% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Source: DF qualitative surveys and CSO online survey)

- 78% of DFs consult CSOs when developing their cooperation programme
- 71% of DFs provide financial resources
- 57% of DFs provide technical assistance

58% of CSOs confirm they are consulted

1% of CSOs receive financial resources

6% of CSOs receive technical assistance

PRIVATE SECTOR ENGAGEMENT

There are registering bodies for private sector institutions and associations. The private sector is free to select its mandate and its areas of operation.

Private sector institutions including professional associations are not strongly involved in the national policy dialogue.

The MOH is in the process of launching the hospital accreditation system. Minimum required standards for private sector service delivery are currently implemented to regulate healthcare in the PRS.

DF mostly supports associations involved in activities aligned with their priorities, but private sector actors also have different levels of capacity to attract DF support.

Involvement of the private sector in policy reform efforts can contribute to effective policies. The private sector can contribute to increasing service delivery in remote and insecure areas.

results

http://www.moph澤/pulse.net.gh/porforint
Presentation of findings to health partners on PowerPoint

2016 IHP+ Monitoring Round
Monitoring of Commitments on Effective Development Cooperation in Health

Presentation of the findings for Plasmodia
What happens next?
Meeting of health partners

- On invitation by the Ministry of Health
- Broad participation of government ministries, development partners, CSOs, and private sector representatives
- Discussion and validation of findings
- Development of an action plan to strengthen cooperation for health sector development
- In a select number of countries: Continued support by IHP+R to integrate EDC indicators in routine national health sector performance framework
# Development of an action plan

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<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
<th>ACTION TO BE TAKEN</th>
<th>RESPONSIBLE FOR IMPLEMENTATION</th>
<th>DEADLINE</th>
<th>HOW WILL IT BE MONITORED?</th>
<th>COMMENTS</th>
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<td>OTHER ACTIONS</td>
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Our experience so far
Early in the process

- Only four countries have had a meeting of partners to validate the results – final reports are not yet available
- Participation of development partners has been variable
- Initial enthusiasm for Paris principles on EDC among development partners appears to have flattened compared to earlier rounds
- Perceptions about civil society participation often differ between CSOs, government and development partners
- Further progress will depend on country leadership and on international support that can be provided to these countries
Thank You

Any questions?
You can find us at www.ihpplusresults.org/
or email helpdesk@ihpplusresults.org