

Progress in the International Health Partnership & Related Initiatives (IHP+)

**2014  
PERFORMANCE  
REPORT**



## Executive Summary

The International Health Partnership (IHP+), launched in 2007, is in its eighth year of operation. Through the partnership and its global and country compacts, 36 developing countries and 29 development partners have signed up to improve the effectiveness of their development cooperation, numbers that have increased steadily over time. Development cooperation effectiveness objectives have evolved following commitments undertaken at the Fourth High Level Forum on Aid Effectiveness in Busan in 2011. The goal of the IHP+ has remained to deliver better health outcomes in low- and middle-income countries by encouraging partners to work together effectively to build sustainable health systems; and by applying the principles adopted in high-level fora on development cooperation to achieve more effective health sector cooperation.

In December 2012, at the 4th IHP+ meeting of country health teams in Nairobi, participants identified seven operational principles of cooperation in the health sector. International development partners should adhere to these principles in order to accelerate progress towards the achievement of health-related MDGs. Recent meetings of global health leaders strongly supported renewed action on these 'seven behaviours'.

Development cooperation effectiveness has been measured through four monitoring rounds since 2007. The fourth round of IHP+ monitoring in 2014 assessed the status of adherence by both countries and development partners to four of the 'seven behaviours'. This performance assessment differed from previous monitoring rounds as data were collected at country level by Ministries of Health (MOHs).<sup>1</sup> This approach was chosen to strengthen the accountability for commitments by health partners at country level. Twenty-four partner countries participated in this monitoring round, five more than in 2012. Thirty-seven development partners provided data, up from 17 in the previous round. Four international NGOs participated for the first time. The final data set included data from 24 MOHs and 213 development partner country offices. This is currently the largest global database on development cooperation in health.

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1 The exceptions were data from GAVI and the Global Fund which do not have a permanent presence in countries.

## SUMMARY OF RESULTS

## Key messages

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

**2. Performance by governments and development partners are correlated**

**3. Partner countries continue to deliver on commitments to establish health sector strategies, measure results and strengthen accountability**

Establishing a country results framework	PROGRESS
Engagement of civil society in health policy and planning	STAGNATION
Joint assessment of national strategy including targets and budgets	PROGRESS
Implementation of policies and procedures for mutual accountability	STAGNATION

**4. Development partners increasingly align and continue to participate in accountability processes at country level**

Support for and use of country results framework and proportion of funds monitored using the country results framework	PROGRESS
Support to CSOs for participation in health policy processes	PROGRESS
Participation in mutual assessment of progress in implementing health commitments	STAGNATION

**5. Partner countries improve the financing and to some extent financial management of the health sector**

Proportion of budget allocated to health and level of budget execution	PROGRESS
Predictability of health funding over next 3 years through rolling budget or MTEF	PROGRESS
Public financial management strength according to CPIA	STAGNATION

**6. Performance of development partners on financing and financial management has declined**

Level of health sector support budget execution in 2013	DECLINE
Proportion of support to government registered in national health budget	STAGNATION
Predictability of funding communicated to government for 2015-17	DECLINE
Proportion of support using national financial management procedures	DECLINE

### **IHP+ membership is associated with better country performance in relation to development cooperation effectiveness**

The performance of member countries is correlated with the duration of IHP+ membership. The correlation is stronger for accountability than for financial indicators. There is also a positive correlation between financial performance indicator scores and the level of external funding. These findings may indicate a positive effect of IHP+ partnership on performance, or that countries with more developed external cooperation mechanisms were more likely to have joined the IHP+ early, and were more likely to have received health sector support from international agencies.

### **Performance by governments and performance by development partners are correlated**

The performance scores of governments and development partners in the 24 participating countries are correlated, suggesting that development partners may perform better in countries with a conducive policy environment, and that countries working with effective development partners may have more incentives to improve their policies and systems.

### **Partner countries continue to deliver on commitments to establish health sector strategies, measure results and strengthen accountability**

The 17 countries that participated in previous monitoring rounds were more likely to have a sector results framework in place than the seven countries that participated for the first time. The Ministries of Health reported a high level of participation of civil society organisations (CSOs) in health policy and planning processes, with the exception of participation in budget development and resource allocation where a 50% decrease was recorded since the last monitoring round. Out of the 17 countries that participated in the previous rounds, 16 (94%) now have jointly assessed strategies in place. Two thirds of countries reported that at least four of five mutual accountability processes were in place. All five processes were more frequently reported by the 17 countries that participated in previous rounds of monitoring than by the countries that had joined for the first time.

### **Development partners increasingly align and continue to participate in accountability processes at country level**

The proportion of expenditures by development partners that are aligned with the country results framework ranged from 98% by the World Bank to 34% by UNAIDS. Alignment has increased since the last monitoring round. In most countries, all partners had disbursed some proportion of their funds through a programme that was aligned with the country results framework and had participated in efforts to strengthen the framework. Support for the participation of CSOs in health policy and planning had increased slightly over previous rounds: 63% of the development partners reported providing financial assistance, 56% gave technical assistance, and 37% supported CSOs for advocacy. Financial support for health service delivery by CSOs was excluded from the survey. Only five development partners participated in mutual assessments (for example through a Joint Annual Review) in all countries that had established such assessments. In the fourteen partnerships for which serial data were available, the high level of participation in mutual assessments noted in previous rounds continued unchanged. Participation was lower among those partners who submitted performance data for the first time. This is some indication of a positive trend towards greater participation in mutual assessments.

### **Partner countries improve the financing and to some extent financial management of the health sector**

Since the last monitoring round, partner governments have increased the proportion of national budgets allocated to health from an average of eight to ten percent. Two countries reached the African Abuja target of 15%. The number of countries that reached the target of 90% budget execution increased by 44%. Nineteen of 24 MOHs reported that they had a medium-term expenditure framework (MTEF) or a three-year rolling budget. Data from the World Bank's Country Policy and Institutional Assessment (CPIA) database showed no change in the soundness of the public financial management (PFM) systems since 2005. Twelve countries had a CPIA score greater than or equal to 3.5.

### Performance of development partners on financing and financial management has declined

Development partners executed 85% of their 2013 health sector cooperation budget and reached the target of 90% budget execution in about half of the countries for which they submitted reports. The combined target of 90% execution of both the development partner and the national health budget was reached in nine of the 24 participating countries. Based on reported expenditures in 2013 and information from MOHs about forward planning by development partners, IHP+R estimated that MOHs had forward expenditure estimates for about 86% of development funds in the year immediately following the survey, falling to 34% in year three. Almost all development partners reported significant reductions in the percentage of aid on budget compared to previous rounds except Belgium and the Global Fund which reached the target of 85%. Overall the proportion of external funds for health recorded in national budgets was similar to the previous round at 71% and much lower than in the first monitoring round when it was reported at 81%. Among the eight countries with data from previous rounds and relatively sound PFM systems (CPIA score  $\geq 3.5$ ) the use of national public systems for the management of international development funds declined to a low of 41% from a level of 65% in the previous round.

### Lessons from focus countries on the monitoring process

The pilot approach of focused in-country support to IHP+ performance monitoring in Mali and the DRC generated three main lessons:

- ✓ IHP+ performance monitoring was considered a useful input into the health policy dialogue by all national stakeholders. In-country support to the process helped raise the quality and the profile of performance monitoring. The level of assistance required by the MOH for managing the process of performance monitoring varied between countries.
- ✓ Communication and discussion of the results of previous performance assessments were limited to technical departments of government and development agencies. There was little public knowledge of the results, including among CSOs working in health. This limited potential policy impact of the performance reports and was described as a 'missed opportunity' for linking development performance monitoring to accountability systems through parliament, media and civil society.
- ✓ The transaction costs of IHP+ monitoring were considered to be reasonable, but stakeholders in both countries recommended a greater effort to include development performance indicators in routine data collection systems, in order to increase the reliability of data and to make them accessible on a more regular and timely basis.

### Lessons from focus countries on the role of civil society

Civil society organisations have a major input in health service delivery but consider their engagement in health policy and planning to be often symbolic rather than substantive. This was a major difference to the views expressed by Ministries of Health. While development partners reported support to civil society, CSOs felt that most financial support was tied to service delivery and that the role of CSOs in promoting public sector accountability was often neglected. The question on who should represent civil society in health sector policy processes is complex because of multiple and divergent roles and interests. CSOs at the national and international level have until now had relatively little information about and not much involvement in IHP+ performance monitoring.

### Conclusions and way forward

The link to the Paris and Busan monitoring processes has been a key feature of IHP+ performance assessments since 2010. Integrating the IHP+ performance assessment into the GPEDC monitoring framework would require a closer coordination in the definition of indicators and data collection methods. Transferring greater ownership of IHP+ monitoring to the Ministries of Health can potentially stimulate the country-level dialogue among partners on concepts and performance, as well as provide space for better validating self-reported data. There remains, however, a strong case for a global aggregation of information on the status and trends in health sector development cooperation. Comparing and publishing data on country and development partner's performance is likely to have contributed to the documented improved performance since 2007, even if change is more pronounced for countries than for development agencies. Furthermore, it seems that some of the persistent institutional obstacles to development partner progress require policy responses that must be made at the headquarters level, and which are likely to be best influenced through global level dialogue and accountability. Integrating the monitoring of development cooperation effectiveness in routine national information systems should be explored further. While such streamlining efforts continue, it is important to allocate sufficient time to future IHP+ monitoring rounds.

The IHP+ also needs to acknowledge that its partnership could reach out more effectively to the growing number of partners at the global level, as well as the many different stakeholders in national health systems. IHP+, as from the start, actively promotes broad participation, including of CSOs at country and global levels, broadened participation in the 2014 IHP+ performance monitoring through the country-based approach (eg. participation of non IHP+ partners and INGO's), and continues to increase its membership (both of countries and development partners). Still there is scope for getting the wider group of partners (including BRICS) and countries involved to ensure more effective development cooperation and accountability. It is similarly important for the policy dialogue on development cooperation effectiveness and accountability to be more inclusive at country level, including other stakeholders such as elected representatives, media and non-health CSOs such as trade unions.

Based on the experience of collecting data for the fourth round of performance monitoring, the consultations with partners in the two focus countries, and a review of global accountability mechanisms for development cooperation, IHP+R has identified a number of possible approaches for monitoring and mutual accountability in IHP+.

- Continue strengthening country-led monitoring and accountability
- Establish stronger peer accountability mechanisms
- Establish stronger links to international social accountability mechanisms
- Integrating development cooperation and results monitoring in health
- Integrate IHP+ performance assessment with the GPEDC monitoring mechanism

These approaches are not mutually exclusive, nor are they recommendations for actions. This is a contribution to further discussion on future approaches for monitoring development cooperation effectiveness and mutual accountability.

The fourth performance monitoring round of the IHP+ has again documented that the partnership has contributed to a greater alignment of the practice of development cooperation in health with principles of development effectiveness. It has also shown the persisting gaps in this process. Closing these gaps will require a continued effort, and maybe a revised or expanded approach. It is the task of IHP+R to analyse progress and document results. It is now up to the IHP+ partners to draw conclusions and initiate action.

The IHP+ website provides access to the main results of the 2014 monitoring<sup>2</sup>. Country and development partner score cards, as well as the global report of the 2014 monitoring round can be downloaded from the same source.

The value of the 2014 monitoring round, having benefited from substantially increased participation of countries and development partners compared to previous rounds, will depend on the use of the results at country and global level. Especially at country level, it is important to include all development partners (those that have participated and those that have not participated) and relevant national stakeholders (including other ministries, media, parliament, health-related CSOs, non-health CSOs, etc.) in the policy dialogue on development cooperation effectiveness, with a view to learn from the monitoring and discuss how to do better. Development partners should also discuss the results at headquarters level in order to further improve their performance as documented in this report.

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<sup>2</sup> Weblink: <http://www.internationalhealthpartnership.net/en/results-evidence/2014-monitoring-round/>

Table 1: Overview of partner country performance

SUMMARY TABLE OF GOVERNMENT PERFORMANCE							
Government	16 Is a sector results framework in place?	26 Does government support meaningful participation of Civil Society Organisations?	36a Are government funds disbursed predictably?	36b Are government resources planned over more than one year?	46 Is there a national health plan in place that has been jointly assessed?	56 Are mutual assessment mechanisms in place?	66 Are country public finance management systems of good quality?
Benin	▶	◐	▶	▶	▶	▶	▶
Burkina	▶	▶	◐	▶	▶	▶	▶
Burundi	▶	◐	▶	▶	▶	▶	▶
Cambodia	▶	◐	▶	▶	◐	▶	▶
Cameroon	◐	▶	◐	▶	▶	▶	◻
Cape Verde	◐	◐	▶	▶	◐	▶	▶
Cote d'Ivoire	◐	◐	▶	▶	◐	◐	▶
DRC	▶	◐	◐	▶	▶	▶	▶
El Salvador	◻	◐	▶	◻	◻	▶	?
Ethiopia	▶	◐	▶	▶	▶	▶	▶
Guinea	◻	◐	◐	◻	◻	◻	◻
Guinea Bissau	◻	◐	◐	◻	◐	◻	◻
Mali	▶	◐	◐	◻	▶	◐	▶
Mauritania	◐	◐	▶	▶	▶	◐	◻
Mozambique	▶	◐	▶	▶	▶	▶	▶
Nepal	▶	◐	▶	▶	▶	▶	▶
Niger	▶	▶	◐	▶	▶	▶	▶
Nigeria	▶	▶	▶	▶	▶	◐	◻
Senegal	▶	▶	◐	▶	▶	▶	▶
Sierra Leone	▶	▶	▶	▶	▶	◐	▶
Sudan	▶	◐	?	▶	▶	◐	▶
Togo	▶	▶	◐	▶	◐	▶	◻
Uganda	▶	◐	?	▶	▶	▶	◻
Vietnam	▶	◐	▶	◻	◐	▶	▶

Rating symbols illustrate whether respectively the government and/or the development partners have **achieved the target** ▶, whether there is **evidence of action** ◐ or **no evidence of action** ◻. Action is assessed by demonstrated evidence of work delivered against the indicator.

The number of countries for which the development partner has provided information is presented between brackets in table 2.

- ▶ TARGET ACHIEVED
- ◐ EVIDENCE OF ACTION
- ◻ NO EVIDENCE OF ACTION
- ? NO DATA AVAILABLE
- COUNTRY SYSTEM UNDER DEVELOPMENT

Table 2: Overview of development partner performance

SUMMARY TABLE OF DEVELOPMENT PARTNER PERFORMANCE							
Development Partners	1DP	2DP	3DPa	3DPb	4DP	5DP	6DP
	Do development partners use the sector results framework?	Do development partners support meaningful engagement of Civil Society Organisations?	Are development partner funds disbursed predictably?	Does government have information on development partner expenditure plans for three years ahead?	Is development partner cooperation reported on budget?	Do development partners use mutual assessment mechanisms?	Are development partners using country public finance management systems?
African Development Bank (2)	▶	●	▶	■	▶	●	?
Asian Development Bank (1)	▶	■	▶	▶	●	■	▶
Australia (2)	▶	▶	▶	■	●	●	●
Belgium (Belgium, Flanders, Wallonia) (8)	▶	●	●	●	●	●	●
Canada (4)	▶	●	▶	●	●	●	▶
European Commission (11)	▶	●	●	●	●	▶	▶
France (7)	▶	●	●	●	●	●	●
GAVI Alliance (22)	▶	▶	▶	●	●	●	●
Germany (GIZ & KfW) (7)	▶	●	●	■	●	▶	●
GFATM (24)	●	●	●	●	●	●	●
GOAL (1)	▶	▶	?	●	■	▬	▬
ILO (1)	▬	■	▶	■	■	■	■
Ireland (2)	▶	▶	▶	■	▶	▶	▶
Italy (2)	▶	●	●	●	●	▶	■
Japan (3)	▶	●	▶	●	▶	▶	■
Korea (1)	▶	▶	▶	■	■	▶	■
Luxemburg (3)	▶	▶	▶	●	●	▶	▶
Netherlands (5)	▶	▶	▶	■	●	●	▶
Pathfinder (1)	▶	■	▶	■	■	▶	■
Plan (2)	▶	▶	▶	▶	●	▬	▬
Portugal (1)	▬	▶	▶	■	●	▶	●
Save the Children (2)	▶	▶	●	●	▶	■	▶
Spain (7)	▶	●	●	■	●	●	▶
UNAIDS (8)	▶	▶	▶	■	●	▶	●
UNICEF (16)	▶	●	●	●	●	▶	●
UNDP (1)	▶	▶	●	?	▶	▬	▬
United Kingdom (5)	▶	▶	▶	■	▶	▶	●
UNFPA (15)	▶	●	▶	●	●	●	●
UN Women (1)	▬	▶	▶	■	■	■	■
USAID (Incl. CDC) (5)	▶	●	▶	●	●	●	●
WHO (23)	▶	●	▶	●	●	●	●
World Bank (15)	●	●	●	●	●	●	●
World Food Programme (1)	▶	▶	●	■	■	▶	■

Notes:





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