The International Health Partnership (IHP) and Related Initiatives (IHP+) and Nepal’s Experience

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Overview

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What and Why IHP+
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The International Health Partnership (IHP) calls for

- International agencies, bilateral donors, partner countries, civil society organizations and the private sector to accelerate action to scale-up coverage and use of health services,
- Deliver improved outcomes against the health-related MDGs and universal access commitments.
IHP came at the same time

- That other closely related initiatives were launched to scale-up access and interventions to address health system bottlenecks.
- The IHP and these related initiatives have created a coordination process and common work-plan
- called the IHP+.
What is the IHP+?

- A renewed effort to support countries in achieving their health MDGs (1b, 4, 5, 6)
- Through a single harmonized in-country implementation effort
- With scaled-up financial, technical and institutional support for health MDGs

How will it be implemented?

- Country-focused and country-led
- Builds on existing structures, mechanisms, and country health plans
- Provides long term, predictable financing for results-oriented national plans and strategies
- Ensures mutual accountability for delivering on compact commitments
IHP Signatories

- As of 23 June 2008, the IHP global compact has been signed by:
  - **Ten Ministers** from developing country governments (Burundi, Cambodia, Ethiopia, Kenya, Madagascar, Mali, Mozambique, Nepal, Nigeria, Zambia),
  - **Nine international organizations** (WHO, World Bank, Global Fund, GAVI Alliance, UNFPA, UNAIDS, UNICEF, UNDP, EC),
  - **Eleven bilateral donors** (Australia, Canada, **Finland, France, Germany, Italy, Netherlands**, Norway, **Portugal, Sweden, and UK**), and
  - **Two other donors** (Bill & Melinda Gates Foundation & African Development Bank)

- In addition to signatories of the IHP global compact, the following developing countries are participating countries from IHP related initiatives (IHP+)
  - Benin, Burkina Faso, Ghana, Niger
IHP+ Related Initiatives

- International Health Partnership
- Catalytic Initiative to Save a Million Lives
- UN SG MDG Africa Initiative
- Innovative Results-Based Financing
- Providing for Health Initiative
- Global Health Workforce Alliance
- Health Metrics Network
- GAVI Health Systems Strengthening
- Global Fund National Strategy Applications
- Deliver Now For Women and Children
Why now?
Progress towards MDGs: inadequate

Trend in Under-Five Deaths, 1960-2015 (Millions deaths per year)

- Africa
- Asia
- Other

- 1960: 4.1 (2.9 in Africa, 1.3 in Asia, 0.1 in Other)
- 1970: 3.6 (3.2 in Africa, 0.4 in Asia, 0.2 in Other)
- 1980: 2.7 (3.5 in Africa, 0.8 in Asia, 0.2 in Other)
- 1990: 1.8 (4.1 in Africa, 0.7 in Asia, 0.2 in Other)
- 2000: 1.4 (4.6 in Africa, 0.7 in Asia, 0.2 in Other)
- 2005: 1.1 (4.1 in Africa, 0.7 in Asia, 0.2 in Other)

Achievement of MDGs 2015 with current trend:
- Africa: 0.8
- Asia: 0.3
- Other: 0.1

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Health system constraints: unaddressed

- **Human resources**
  Production, retention and migration

- **Infrastructure**
  Logistics, procurement, physical infrastructure

- **Catastrophic health spending**
  Reduction of out-of-pocket expenditure, social protection

- **Ineffective delivery**
  Integration and coordination, primary care, community engagement, non-state providers, management
Investment in health: insufficient

General government expenditure on health in WHO African Region, 2005
(share of total government expenditure, %)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2007. All rights reserved.

Data Source: World Health Organization, National Health Accounts series
Map Production: Public Health Mapping and GIS, Communicable Diseases, World Health Organization
International funding: unpredictable
Support to countries: inefficient
Coordination Mechanism in IHP+
The Paris Declaration on Aid Effectiveness

Managing for Results

1. Ownership (Partner countries)
2. Alignment (Donors - Partner)
3. Harmonisation (Donors - Donors)

Mutual accountability

Partners set the agenda

Aligning with partners’ agenda Using partners’ systems

Establishing common arrangements Simplifying procedures Sharing information
Objectives of the IHP+

Four main objectives consistent with the Paris Declaration on Aid Effectiveness and Accra Agenda For Actions:

1. Developing **results-focused, country-led** compacts that rally all development partners around one national health plan; one M&E framework; and one review process, thus improving harmonization, alignment, focus on results and mutual accountability

2. Generating and disseminating relevant knowledge, guidance and tools

3. Enhancing coordination and efficiency at country, regional and global levels

4. Ensuring mutual accountability and monitoring of performance
Value-Added of the IHP+

- Country-focused and country-led activities
- **ONE** costed, results-oriented national health plan
- Build consensus and inclusion of all stakeholders through **Country Compacts**
- Long-term predictable financing for strengthening health systems which addresses volatility, fiduciary and procurement issues
- Improved harmonization and alignment of aid which reduces fragmentation and transaction costs
- Improved coordination between country governments and development partners
- Strengthened mutual accountability and transparency
Systems and programmes: getting results

Maternal & Child Health
- National strategy
- Vital registration
- IMCI
- Emergency obstetrics
- Continuum of care

Fighting AIDS
- National strategy
- Surveillance
- Safe sex
- Treatment
- Continuum of care

common agenda? more efficient? better outcomes?

Strengthened health systems

<table>
<thead>
<tr>
<th>Leadership / governance</th>
<th>Health financing</th>
<th>Human resources</th>
<th>Information systems</th>
<th>Medical products, technologies</th>
<th>Service delivery</th>
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Common Monitoring & Evaluation Framework

**Inputs**
- **Funding**
  - Domestic sources
  - International sources
- **Plan**
  - Coherent, prioritised and funded
- **Harmonization**
  - Aligned international efforts with national plan
  - Well coordinated and harmonized support

**Process**
- **National plan implementation**
  - Systems strengthening
  - Priority interventions scale-up
- **Capacity building**
  - Programmes
  - Institutions
  - People
- **Accountability**
  - Performance monitoring
  - Recuits focus and evaluation
  - Use for better practices

**Outputs**
- **Health system strengthened**
  - Governance: Health, medical products, information
- **Improved services**
  - Access, safety, quality, efficiency

**Outcomes**
- **Increased service utilization and intervention coverage**
- **Reduced inequity**
  - (e.g., gender, socio-economic position)
- **Responsiveness**
  - No drop-off non-health sector interventions (e.g., water & sanitation)

**Impact**
- **Improved survival**
  - Child mortality
  - Maternal mortality
  - Adult mortality due to infectious diseases
- **Improved nutrition**
  - Children
  - Pregnant women
- **Reduced morbidity**
  - HIV, TB, malaria, repr. health
- **Improved equity**
  - Social and financial risk protection
  - Reduced impoverishment due to health expenditures

**M & E action**
- Aid process monitoring
  - Resource tracking
- Implementation Monitoring
- Health system monitoring
- Coverage monitoring
- Impact monitoring

**Strengthen country health information systems**

**Evaluation: process, health systems strengthening, impact**
IHP+ Coordination and Collaboration

- Ministry of Health
- Ministry of Finance / Planning
- Civil Society
- Private Sector
- Bilaterals/Multilaterals
- International health agencies

Inter-agency country health sector teams

Regular partner forums (incl. CS)
Inter-agency working groups (incl. CS)

Inter-agency Core Team
Washington DC, Geneva, Brazzaville (HHA)

Scaling-up Reference Group (SuRG)
2) Steering: Above, plus development Partners

Political Advocacy
H8, SG

Civil Society Consultative Group
ONE National Health Plan

Central to the compact is the national health plan and how it will be used in the new aid environment:

**Agency-based**
- Proposal-based
- Multiple deadlines
- Outside budget cycle
- Technocratic

**Country-based**
- National plan "Three Ones" based
- Flexible and aligned to country cycles
- Aligned to the budget
- Accountability country's citizens
Nepal and IHP

• First SAR country to Sign Global Compact in Sept 2007
• Participated in the Lusaka Stock Taking Exercise-2008
• Ministerial Review meeting in Geneva-2009
• Finalized and signed National Compact -2009
Nepal’s Expectations from IHP+

• Country Led process for National Health Plan
• Additional Predictable Resources (donor and Domestic)
• Effective donor harmonization and alignment with the country system
• Strengthening existing health SWAp
Nepal Health Development Partnership (IHP+ National compact)

• A joint MOU between GON and DPs supporting Nepal’s Health Sector
  • 8 EDPs Signed
  • Remaining supported the compact – separate letter
National Compact

The compact focuses in 7 commitment areas, and Joint and Separate Responsibilities for the signatories.
Commitment Areas

1. Strengthen alignment and management of ODA in accord with national policy
2. Advance Citizens’ rights
3. Improve Financial Planning and alignment
4. Increase access and service delivery
5. Advance equity and social inclusion
6. Strengthen governance and accountability
Theses commitments are intended to bring health sector partners practice into greater alignment with the agreed sector plan.
The signatories of this compact will jointly review the progress against these commitments

• Collective commitments (GO+EDPs)

1. Work Together in more effective ways to improve health care and health outcomes under the leadership of GON
2. Build on and make efficient use of the existing system of planning, coordination, delivery and management of the health sector within NHSP and overall national development framework
3. Engage in quarterly HSDP forum meetings
4. Develop and coordinate GO/NGO partnership
5. Involve NGO sector in the NHSP review process-JAR
7. Full engagement in the JAR, and completion of the AP documented in the resulting AM
The Government commits to:

• Use national health plans to guide development of the health system and the use of resources in the health sector.

• Utilize JAR mechanism to work with national and international stakeholders to develop common vision for the health sector and to identify targets and develop budgets.

• Implement national health plans effectively

• Have publically available a rolling MTEF

• Engage EDPs in the formulation of divisional AWPBs

• Be responsive to citizens and report on progress in reaching the targets and disbursing the amounts budgeted in annual plans
• Ensure health care staff are retained in the health facilities
• Take necessary steps to attract and retain skilled, motivated personnel in the public health sector
• Advance in a well planned manner, the policy to increase the coverage and quality essential health care for needy and disadvantaged populations.
The External Development Partners Commit to:

• Accept national health policies and plans as the basis for providing funding and technical assistance, and avoid introducing new plans for the projects that are inconsistent with national health plans and priorities.

• Use the shared process of the JAR to support national health plans and funding, reporting and reviewing.

• Reduce the number of EDP-specific monitoring and evaluation activities

• Improve the sustainability and predictability of funding for the National Health Plan.

• Provide timely statement of ODA expenditure by NGO implementers, directly or via government
EDPs Commit-contd

• Increase partners for and percentage of pool funding.
• Ensure all information is provided to reflect all ODA in the respective MOHP and DHOS- AWPB
• Work to ensure that disease and population specific approaches and those to achieve broad health system strengthening are mutually reinforcing.
• Ensure EDP-funded and other trainings are coordinated with MOHP and with each other.
• Support MOHP in seeking adequate domestic and ODA resources
Conclusions

• As part of global Campaign for the Health MDGs, This compact reflects Nepal’s global commitment
  • There is increased efforts among development partners to coordinate most of its support to MOHP
  • Clarity on what Ihp+ will bring in, and what it is gong to contribute in Nepal’s health sector development is a subject of learning for over the course of time.
The IHP+ is an opportunity to harmonize and align development partners for improved health-related MDG outcomes, in line with the Paris Declaration on Aid Effectiveness.

The focus of IHP+ is results at the country-level.

There is significant opportunity for collaboration between the GON and the DPs for delivering results.

Civil Society is key to ensuring successful implementation of the IHP+.
The Way Forward

• Enhance strong political commitments to long-term, predictable financing for health MDGs

• **Widen engagement** in IHP+ to include more key players

• Support **existing commitments** (e.g. HIV/AIDS, TB, malaria, and maternal, newborn, and child health)

• **Remove bottlenecks** in the global health architecture
Thank You!

and

QA and Comments Welcome!