PART II

Chapter 9

The International Health Partnership+

by

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The International Health Partnership+ is a multi-stakeholder partnership focusing on improving health in developing countries. It provides a platform for co-ordinating and aligning efforts, for sharing knowledge and for holding each other to account. The partnership has agreed on seven “behaviours” for effective co-operation in the health sector, building on the principles of the Paris Declaration on Aid Effectiveness; these emphasise support for national health sector strategies and the use of country systems. This chapter explores some of the strengths and challenges of the partnership, and concludes that as the development context becomes increasingly complex, its role is as relevant as ever.
Improving health and health services is a complex task in any country, involving governments, health workers, civil society and other stakeholders. In developing countries, it is even more so, as money for health comes from both domestic and external resources. This means governments have to work with a range of international development partners who use different funding streams and make diverse administrative demands. As a result, efforts can become fragmented, governments’ capacities are frequently overburdened and resources can be wasted. At the same time, funding from outside sources can often be unpredictable.

The International Health Partnership+ (IHP+) is a voluntary coalition of international agencies, partner countries and civil society organisations (CSOs) that aims to make development co-operation more effective in improving health in low and middle-income countries by putting the principles of the Paris Declaration on Aid Effectiveness (see Annex D) into practice in the health sector. In 2007, when the partnership was established, the number of funding streams and agencies for health was growing rapidly. To accelerate progress towards achieving the relevant Millennium Development Goals (MDGs), partners realised that it was imperative to make better use of the available resources.

Since then, the partnership has grown from 8 countries and 19 bilateral and multilateral agencies to 35 countries, 28 agencies and a range of CSOs. Participating governments and development agencies adhere to the IHP+ Global Compact, which commits them to co-ordinating their support to countries, to using the countries’ national health systems and to being mutually accountable. The IHP+ also encourages partners to develop and adhere to country-specific memoranda of understanding, or compacts.

Since late 2013, the partnership has been governed by a Steering Committee of senior officials from partner countries, development agencies and CSOs. This Steering Committee offers a space for debating key issues, enabling the partnership to build strong alliances among key players in the health sector and providing a voice for developing countries on co-operation in health. Every two years, a team of government, development agency and CSO representatives is invited from each partner country to discuss mutual accountability and exchange experiences. The World Health Organization (WHO) and the World Bank support the partnership through a small secretariat, which adds value by encouraging close working relationships between these two key agencies.

The IHP+ reinforces existing commitments to effective development co-operation within the health sector and by all development partners (Box 9.1). The partnership also promotes country-level accountability and transparency in numerous ways. For example, developing principles and practical tools for joint assessments of national strategies helps ensure that development co-operation provider efforts are better aligned with developing countries’ own national plans (IHP+, 2013). CSO engagement is encouraged in policy and review processes, as is a single framework for monitoring and evaluating health sector performance, including joint annual reviews (IHP+ and WHO, 2011).

The IHP+ has also commissioned independent monitoring of partners’ performance against their commitments, adapting the indicators used for monitoring the Paris and Busan commitments (see Annex D). The results, including data by country and by development agency, are published periodically (IHP+, 2015).
The IHP+ has many strengths, and some challenges, in supporting effective co-operation

In each country, the IHP+ focuses on development co-operation at the health sector level, rather than around a particular health priority. This supports the emergence of comprehensive and coherent approaches to achieving national health objectives, including the MDGs; it also contributes evidence for global and national discussions on how to tackle ineffective or inefficient ways of working.

At the global level, the IHP+ brings together diverse types of agencies – not only agencies that focus on health, but also multilateral and bilateral agencies that work across sectors, on issues such as strengthening financial management and procurement systems. Most major development agencies are now in the IHP+. This mix not only helps to keep health-specific national agencies informed on wider issues, but also provides a lens for multi-sector agencies to see the combined impact of different institutions’ programmatic and fiduciary requirements on ministries of health.

While early IHP+ signatories were mainly countries already well advanced in implementing effective development co-operation, often with sector-wide approaches in place,3 newer members include many countries that are classified as fragile and conflict-affected. The diverse experience these members bring to the table makes the partnership an excellent platform for enhancing South-South co-operation, with lessons and approaches being widely shared through meetings and reviews.

At the global level, the seven behaviours outlined in Box 9.1 have helped focus the attention of global health and development agency leaders on practical targets and actions. By agreeing to tackle these one at a time, they have been able to make concerted headway. Box 9.2 contains one example.

The growing number of countries joining the IHP+ suggests it is valued as a forum for exchange and accountability.

Yet while there has been progress in monitoring expenditure by development co-operation providers against financial commitments (through annual health reports, for example), making mutual accountability effective among partner countries remains a challenge. It is difficult for developing country governments to hold international funders to account in an explicit way (see Chapters 5 and 6). This involves getting development agencies and partner governments to change their behaviour, which is not easy given that organisational decisions are driven by political as well as technical issues. The commitments in the IHP+ compacts are not legally binding, nor does the...
partnership provide funding to encourage changes in behaviour. To leverage change, therefore, the IHP+ relies on peer pressure, on demonstrating implementation at the country level and on focusing attention on progress through periodic monitoring exercises. The growing number of countries joining the IHP+ suggests that the partnership is valued as a forum for exchange and accountability.

Civil society also can play an important role in holding all development co-operation partners to account and pushing for action on national and global commitments. Governments need to be willing, however, to engage with CSOs, even though these organisations may be critical of them at times. CSOs with sufficient technical understanding to engage in policy debates play a particularly important role, although in many countries it has been challenging to find CSOs with the expertise and interest in sector-wide policies and plans, and especially in effective co-operation. The IHP+ has a grants scheme to support selected CSOs in this area, but it has reached only 13 countries so far.

**The IHP+ is even more relevant for the post-2015 era**

New global initiatives in the health sector are arising constantly. Although these bring many benefits, without good management they may also complicate matters for developing countries, leading to duplication of effort and fragmentation (Box 9.2). The commitment to effective co-operation through the IHP+ can help to mitigate this. For example, the partnership can point out the implications of proposals while they are still in the pipeline, try to ensure good alignment with existing structures and systems, and assess the impact of their requirements for the country.

**The need to champion effective co-operation in health will be even greater post-2015.**

Development co-operation is changing rapidly. More countries are progressing to middle-income status, with some becoming providers of development co-operation themselves. It is important to complete the unfinished business of the development effectiveness agenda while making the most of new and evolving forms of development co-operation. The inclusion of targets for non-communicable diseases in the proposed post-2015 goals, as well as the unfinished agenda of the MDGs, will add complexity to the development co-operation system. Looking forward, the need to champion effective co-operation in health in the post-2015 era will be even greater than in the past. We believe the IHP+ is as relevant as ever for meeting these challenges.

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**Box 9.2. Reducing the reporting burden**

Global action by a range of agencies in monitoring and evaluating health programmes has resulted in large numbers of indicators, diverse indicator definitions, multiple reporting periods and fragmented data collection, causing an unnecessary reporting burden for developing countries. Likewise, uncoordinated efforts to strengthen countries’ institutional capacity have generated inefficiencies (WHO, 2014a). Nonetheless, the number of requests for data appears to be increasing. A review of indicators across a selected number of partners, programmes and resolutions revealed that countries are requested to report on as many as 600 indicators – and this is a conservative estimate (WHO, 2014a). To reduce excessive global reporting requirements and encourage joint investment in national health information platforms, in September 2014 IHP+ working groups endorsed a Global Reference List of Core Indicators comprising 100 indicators: a significant reduction from the previous number (WHO, 2014b).
Notes

1. See the latest signed version at: www.internationalhealthpartnership.net/en/about-ihp/a-global-commitment.

2. It is recognised that the joint assessments of national strategies tool and guidelines for joint assessments have improved the quality of sector plans, although their impact on funding decisions is less clear (IHP+, 2013).

3. A plethora of individual projects funded by different provider countries places unrealistic demands on developing countries’ limited economic and human resources, and leads to fragmentation and duplication. This realisation prompted the international community to reform its methods of development co-operation delivery to take a sector-wide approach (SWAp). Under a SWAp, partners agree to support a national sector strategy and its priorities; in some SWAs, some of the international funding is pooled and managed by government in support of that strategy. Like the IHP+, a SWAp calls for a partnership between government and development agencies.

References


