

INTERNATIONAL HEALTH PARTNERSHIP

A global 'Compact' for achieving the Health Millennium Development Goals

For signature on 5 September 2007
No. 10 Downing Street, London, United Kingdom

In 2000, we set ourselves targets enshrined in the Millennium Development Goals (MDGs). Since then we have also committed to working to achieve universal access to prevention, treatment, care and support for HIV/AIDS and universal access to reproductive health. As we approach the half way mark to 2015, the health-related goals are particularly off-track. Every day over 10,000 people are infected with HIV and over 22,000 become sick with tuberculosis. 28,000 children under 5 die every a day, while one mother dies in childbirth every minute. Yet we can prevent many of these deaths with simple, affordable measures. In addition to ensuring access to food, education, clean water and sanitation, access to basic health services is critical to reduce the death toll from the major killers including tuberculosis, malaria, AIDS, respiratory illness and complications in childbirth.

We are devoting more resources than ever before to tackling this crisis and lives are being improved and saved. In addition to providing adequate resources, the international system, with country partners, needs to ensure collective efforts are effective and efficient by being well coordinated, focused on delivering accessible and sustainable health systems and by backing comprehensive country owned and developed health plans which produce tangible and measurable results. The creation of sustainable and fair structures for health systems financing is particularly important for building strong national health systems.

That is why, as part of a Global Campaign for the Health MDGs, we, the governments of developing and developed countries and the heads of the major agencies involved in improving health, commit to work effectively together with renewed urgency to build sustainable health systems and improve health outcomes in low and middle income countries. The goal of this partnership is to accelerate progress on the health-related MDGs. This will be achieved by increasing the numbers of people who have access to health services offering prevention, treatment and care to deal with their major health problems and promotion of healthy behaviour. The approach includes providing support to strong and comprehensive country and government-led national health plans in a well coordinated way, through strengthening and using existing systems for coordination, coordinating support to implementation of sector plans and shared accountability for achieving results.

As part of a Global Campaign for the Health MDGs, this compact reflects our global commitment. In the coming months, we will reflect these global commitments in strengthened country partnerships that reflect the unique situation in each country, channel support into country owned health plans and secure fair and sustainable financing of national health systems.

NEXT STEPS

This compact is a key step in putting the Paris Declaration on aid effectiveness into practice in the health sector. It builds on the recommendations of the High Level Forum on the Health MDGs, work of the OECD DAC on health as a tracer sector, the One UN approach of the High Level Panel for System Wide Coherence, recent (2005/2007) G8 commitments on health, the 2006 UN General Assembly declaration on AIDS, the recommendations of the Global Task Team on improving AIDS Coordination among Multilateral Institutions and International Donors, the European Union development policies particularly those related to "MDG Contracts" and ongoing work of the European Commission on harmonisation and alignment and aid coordination among Member States and the ongoing Harmonization for Health Initiative in Africa, as well as other key commitments, including those from the Paris Conference on Social Health Protection.

It is part of a broader Global Campaign for the Health MDGs which recognises the need for urgent and collective action to address the off-track MDGs at the half way point to 2015. The high level political campaign includes a range of complementary efforts including the Norwegian Initiative to accelerate progress on maternal and child health, the Heiligendamm G8 "Providing for Health" Initiative on health financing, the World Bank's efforts to test results-based financing, ongoing work of GFATM, GAVI Alliance, Bill and Melinda Gates Foundation and others.

The partners in each "first wave" country will identify how to take forward these commitments and agree measurable targets, drawing

from current in-country processes. These will be reflected in the memorandum of understanding, code of conduct or a compact at country level to which partners will be held to account.

Additional partners will be invited and encouraged to join the International Health Partnership – both developing countries and international agencies. They will be expected to sign the compact as an indication of commitment to these underlying principles and ways of working in support of developing country health reforms.

WHO and the World Bank will support the coordination of the initiative, working with the other partner organisations. An early task is to identify how to monitor and evaluate the initiative. We call for an independent evidence-based assessment of results at country level and of the performance of each of us individually as well as collectively.

Civil society and other stakeholders have an important role in both the design and implementation of national plans and will be invited to participate in the design, implementation and review of the Partnership at global and country levels. Civil society will play a key role in holding all partners to account on performance and progress of the Partnership. Appropriate mechanisms for the broad participation of partners in national planning, implementation, monitoring and evaluation will need to be defined at the country level.

The signatories to this compact will meet each year to review progress against these commitments.

WE COLLECTIVELY COMMIT:

- To work together in more efficient ways to improve health care and health outcomes in low and middle income countries. Led by country governments acting with their civil society we will tackle the challenges facing country health systems – particularly having enough trained health workers, in the right places and with the motivation, skills, equipment, commodities and medicines to do their work.
- To build on and use the existing systems at country level for planning, coordination, delivery and management of the health sector within the overall national development framework to achieve MDG related outcomes.
- To be held to account in implementing this compact.

WE THE INTERNATIONAL ORGANISATIONS AND BILATERAL DONORS WILL:

- Accept national health policies and plans as the basis for providing funding and avoid introducing new plans or projects that are inconsistent with national health plans and priorities.
- Agree and use shared processes to support national health plans at country level. This includes a) a shared approach to reviewing national health plans and sector management arrangements to minimise requirements for further assessments; b) agreement with governments on the sources and amounts of funding for the health plan c) increased use of shared mechanisms for managing and accounting for funds, reporting on progress and reviewing performance.
- Contribute to funding national health plans that address the whole health system – including public and non-state sectors. Funding can be for specific aspects of the plans but where possible, we will give flexible support to the plan, in accordance with our respective funding policies and guidelines. This includes funding for non-government services, either directly or via government and dealing with critical funding gaps.
- Review our policies and procedures at global level to enable better coordinated and longer term support at country level, including support to national plans, flexible use of funds and use of shared appraisal, funding and reporting mechanisms.
- Work to ensure that disease and population specific approaches and those to achieve broad health system strengthening are mutually reinforcing. This may include revising existing health and disease specific programmes to make better use of the support.
- Test and evaluate ways to link our support to achieving results at country level, including success in strengthening health systems.
- Ensure our staff make this a priority, have incentives and are empowered to work in a coordinated way at country level.
- Be accountable for delivering the funding and technical support we commit for health. We will report annually on our performance at country and global levels.

WE THE GOVERNMENTS WILL:

- Use our national health plans, that are embedded in our overall development frameworks, to guide development of the health system and use of resources in the sector. Comprehensive health plans will incorporate priority programs such as immunisation, tuberculosis, malaria, reproductive health and the health components of multisectoral HIV/AIDS plans.
- When it is time to update our health plans, we will work with national stakeholders and international agencies to develop a common vision for the health sector, and identify targets and budgets that reflect this vision.
- Engage and involve our citizens and civil society so they know what to expect and can give feedback on performance.
- Implement our health plans as efficiently as we can, through stronger health and financial management systems; tackling misuse of resources; and working with non-government organisations.
- Work to ensure increased public funding for health care and develop improved health financing mechanisms including risk pooling based on universal coverage in order to increase access for the poor and most vulnerable and protect people from excessive health expenditure, within our national budget strategy and macroeconomic constraints.
- Be accountable to our citizens and report to our funders on progress in reaching the targets and disbursing the amounts budgeted in the plan.

WE THE OTHER FUNDERS WILL:

- Use our support to further a coordinated multilateral approach to strengthening health systems against national plans.
- Hold organisations receiving support – and ourselves – accountable for measuring impact and directing funding toward demonstrated successes.
- Continue to invest in learning and evaluation to ensure the best possible linkages between our support and achieving results at the country level.

SIGNATORIES

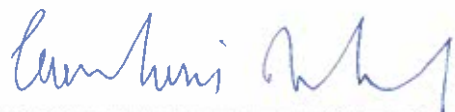
These signatories represent the first wave of agencies and partners committed to the principles outlined in this text. This will be open to other partners willing to join as signatories over the coming months during design and implementation.



Gordon Brown
Prime Minister
The United Kingdom of Great Britain and Northern Ireland



Jens Stoltenberg
Prime Minister
The Kingdom of Norway



Jean-Marie Bockel
Minister of State
The French Republic



Dr Brian Chituwo
Minister of Health
The Republic of Zambia



António Correia de Campos
Minister of Health
The Portuguese Republic

Dr Rose Gahiru
Minister of Health
The Republic of Burundi



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Dr Paulo Ivo Garrido
Minister of Health
The Republic of Mozambique



Dr Tedros Adhanom Ghebreyesus
Minister of Health
The Federal Democratic Republic of Ethiopia



Bert Koenders
Minister of Development Cooperation
The Kingdom of the Netherlands



Charity Ngilu
Minister of Health
The Republic of Kenya



Girirajmani Pokharel
Minister of Health
Nepal



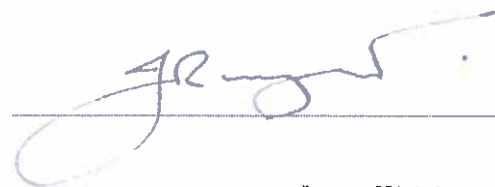
Patrizia Sentinelli
Deputy Minister, Foreign Affairs
The Italian Republic

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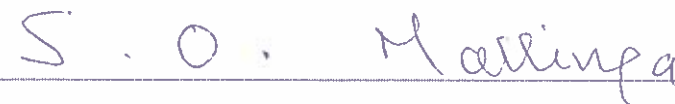
Michel Sidibe
Deputy Executive Director, Programmes
UNAIDS



James Wright
High Commissioner
Canada



H.E. Venetia Sebudandi
Ambassador
Permanent Mission of the Republic of Rwanda
Geneva



Dr. Stephen Malinga
Minister of Health
Uganda

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Nuth Sokhom
Minister of Health
The Kingdom of Cambodia



Erich Stather
State Secretary for Economic Cooperation and Development
The Federal Republic of Germany



Dr Margeret Chan
Director-General
World Health Organisation



Kemal Dervis
Chair
United Nations Development Group



Bill Gates
Co-chair
Bill and Melinda Gates Foundation



Kul Gautam
Deputy Executive Director
UNICEF

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Tshinko B Ilunga
Director
Africa Development Bank



Dr Michel Kazatchkine
Executive Director
The Global Fund to fight AIDS, Tuberculosis and Malaria



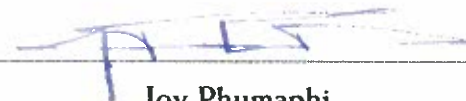
Dr Julian Lob-Levyt
Executive Secretary
GAVI Alliance



Stefano Manservigi
Director-General for Development
European Commission



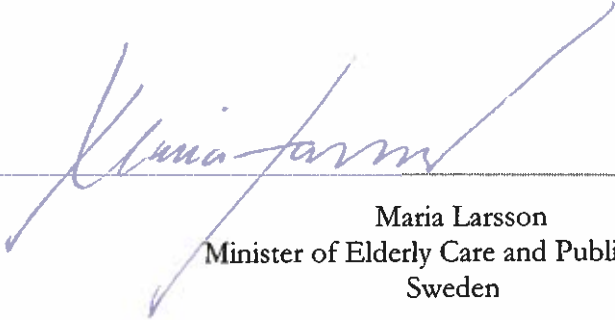
Thoraya Obaid
Executive Director
United Nations Population Fund



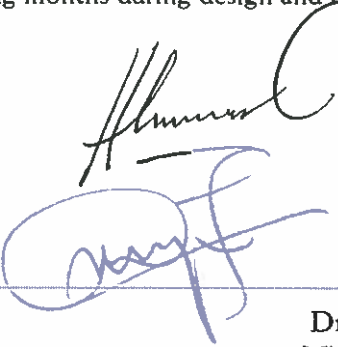
Joy Phumaphi
Vice President and Network Head, Human Development
World Bank

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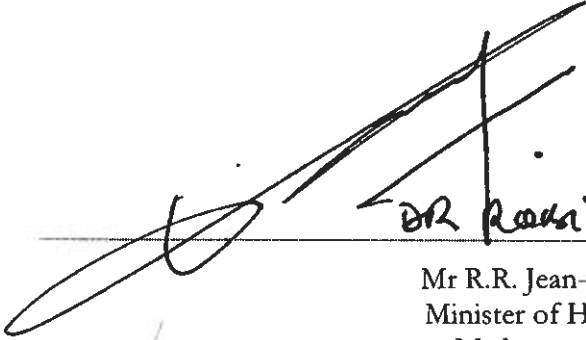
Maria Larsson
Minister of Elderly Care and Public Health
Sweden




Dr Hassan Lawal
Minister of Health
Nigeria



Dr Miranda Browne
Chargé d'Affaires
Australian Mission



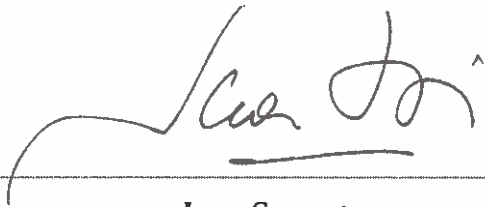
DR RASIMON JEAN LOUIS
MADAGASCAR
Mr R.R. Jean-Louis
Minister of Health
Madagascar



Mrs Anneli Vuorinen
Head of Global Dept, Ministry of Foreign Affairs
Finland

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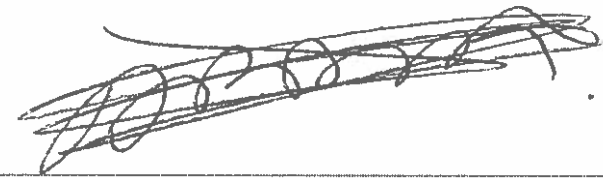
Juan Somavia
Director General
International Labour Organisation



Mr Oumar Ibrahima Touré
Minister of Health
Mali



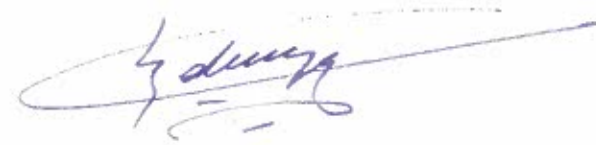
Mr Issa Lamine
Minister of Health
Niger



Mr Abdallah Abdellahi Miguil
Minister of Health
Djibouti


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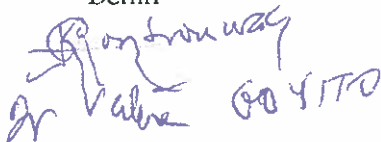
Dr Victor Makwenge Kaput
Minister of Public Health
The Democratic Republic of the Congo

Mr Charles Michel
Minister of Development Cooperation
Kingdom of Belgium



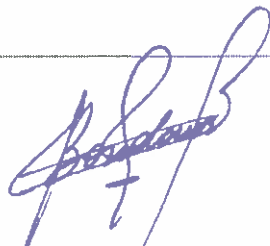
Dr Cheikh El Mokhtar Ould Horma
Minister of Health
Mauritania

 **Professor Issifou Takpara**
Minister of Health
Benin



Mr Modou Diagne Fada
Minister of Health and Prevention
Senegal

Mr Seydou Bouda
Minister of Health
Burkina Faso



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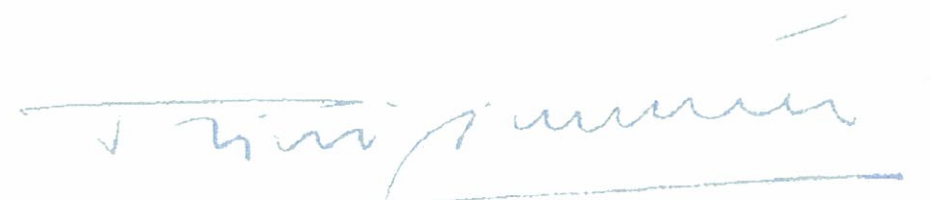
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Hon Alhaji Samuel Sam-Sumana
Honorable Vice President of the Republic
and Protem Minister of Health and Sanitation
Sierra Leone




Mr Komlan Mally
Minister of Health
Togo



Doña Trinidad Jimenez García Herrera
Minister of Health and Social Policy
Spain



Dr Nguyen Quoc Trieu
Minister of Health
Viet Nam



Mr Makhdoom Shahabuddin
Federal Minister Health
Pakistan