

## FAQs and comments

### Who produced the report?

The report was produced by IHP+Results - a consortium of researchers and civil society organisations. The consortium is led by Re-Action! UK in cooperation with the London School of Hygiene & Tropical Medicine, Oxfam GB, and country researchers in the participating IHP+ countries.

### What is their mandate?

IHP+Results is mandated by the Independent Health Partnership and Related Initiatives (IHP+) to annually undertake “...an independent, evidence-based assessment of results at country level and of the performance of each [signatory] individually as well as collectively” (see the IHP+ Global Compact). The consortium is contracted by the WHO on behalf of IHP+ signatories.

### What methodology was used?

The methodology used was developed in consultation with IHP+ signatories and agreed by both the IHP+ Executive Team and the IHP+ SuRG. A detailed description of the methodology can be found on the IHP+Results website ([www.ihpresults.net/how/methodology](http://www.ihpresults.net/how/methodology)) and in a Methodology Annex to the 2010 Performance Report<sup>1</sup>.

### What data did they use?

Data was provided by participating IHP+ signatories. On the Government side, data was provided through IHP+ focal points in the Ministry of Health. Development Partner (DP) data was provided through IHP+ focal points at headquarters (HQs) level (except in the case of AusAID where the country office provided data directly). The extent to which DP HQs liaised with country offices varied.

### How credible are the results?

The findings in this report can be credibly used to understand the current state of play with regards to aid effectiveness in the health sector. They are broadly consistent with the OECD 2008 Survey monitoring implementation of the Paris Declaration. There are limits to the extent to which the findings can be generalised, because, amongst other things, the IHP+Results Survey participants were a limited to a subset of approximately half of all IHP+ signatories. But it is possible to draw some conclusions that may be useful for other country governments and development partners, whether IHP+ signatories or not. Some methodological challenges to collecting and analysing data have been identified. In some cases these can affect the comparability of ratings, so scorecards and online disaggregated annexes should be interpreted with care.

### Who was consulted on this?

IHP+ signatories were involved in developing the reporting framework used by IHP+Results. Participation was on an opt-in basis. And DPs were only asked to provide data for the 10 participating countries (to minimise transaction costs). Participating signatories were asked to confirm their preferred method of providing data (for DPs – either at HQ or country-level; and for Ministries of Health – through remote support from the IHP+Results, or with support from a country-based consultant). IHP+Results recommended that country-level discussions were held, but time did not allow for this in every country.

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<sup>1</sup> Available at [http://ihpresults.net/wp-content/uploads/2011/04/IHP+Results-Methodology\\_ENG.pdf](http://ihpresults.net/wp-content/uploads/2011/04/IHP+Results-Methodology_ENG.pdf)

### **The aggregated scorecards don't reflect the reality of different country contexts.**

IHP+Results believes that the scorecards should be used as an input to a conversation rather than a finite judgment of performance. The scorecards for each country and agency provide an aggregate rating for each of the measures. This gives a high-level view of performance. The online annexes provide disaggregated data that enable a more nuanced view of a development partner performance across different countries and contexts.

Mutual accountability and monitoring IHP+ commitments and Aid Effectiveness must take place at the country level, led by countries. IHP+Results therefore recommends that disaggregated data is used as the primary basis for discussions at country-level. We hope that differences in opinion will not serve to undermine the credibility of the results, but can be used to strengthen this process for the next iteration in 2011/12. This would be consistent with the spirit of ongoing learning that has been visible since the start of IHP+Results in 2009, and will help continue progress towards real mutual accountability.

### **I disagree with the ratings for my agency / for agency X**

IHP+Results had limited opportunity to conduct systematic triangulation of the data provided by any agencies during the process of data collection and analysis (to minimise transaction costs). Scorecards (as used in 2010 monitoring) provide a mechanism to present the data that we have been given by participating signatories, using [transparent criteria](#). So they should be seen as agency X's report (taken from the data they provided us) against the Standard Measures. Key methodological issues need to be taken into account when looking at any Scorecard:

- How we perform aggregation - a weighted rather than an unweighted approach (<http://ihpresults.net/how/limitations/#quantitative>)
- (Low) Level of ambition of the targets that were agreed
- Bias of using a sub-sample of countries to rate the agency

To get a fuller sense of the performance of any participating signatory, we'd suggest looking at the [disaggregated data](#).

### **How does this relate to the OECD Paris Monitoring process?**

The findings are broadly consistent with the OECD 2008 Paris Declaration survey. IHP+Results reporting framework is linked as closely as possible to the Paris Declaration monitoring (8 out of 12 DP indicators are taken directly from the Paris indicators, applied to the health sector).

### **What are we supposed to do with this?**

IHP+Results report and scorecards are intended to be used as basis for further discussions at global- and country-level, to further the understandings of key concepts, to reach joint agreement on expectations, constraints and on what it is realistic to achieve.

### **What are the next steps?**

IHP+Results will conduct a third and final (under the current arrangements) monitoring and reporting process during 2012. Key methodological revisions to IHP+Results 2010 approach are currently being discussed for agreement by IHP+ signatories during July 2011.

### **How can we apply and adapt these tools to our country context?**

The IHP+Results team is ready to work with any IHP+ country government and development partner that would like to take ownership and leadership in applying these tools to support the monitoring process in their country or organization. Please contact Tim Shorten (IHP+Results Project Manager) at [tim@human-scale.net](mailto:tim@human-scale.net) for more information.