

What's the Score on the IHP+?

Speaking notes to accompany IHP+Results presentation (April 2010)

Slide 1 - Title

Slide 2 - The Global Compact

IHP+Results' call to action comes from the IHP+ global compact. This calls for "an independent evidence-based assessment of results at country level and of the performance of each of us collectively".

This commitment to mutual accountability is the unique feature of the IHP+, compared with other initiatives, and IHP+Results has made this central to its work.

Slide 3 - IHP+ framework for monitoring performance & evaluation

IHP+Results started at the beginning of 2009, when the IHP+ was struggling to find ground in a few early adopter countries.

This slide shows the conceptual map (results framework) of the territory, developed by IHP+ signatories. The results framework shows causal pathways that suggest improved funding for coherent and prioritised health plans, delivered in more coordinated ways, could result in greater health impacts within countries.

Slide 4 - Probe-Sense-Respond

IHP+Results designed some performance monitoring tools with the following objectives:

- to try to make sense of this complexity
- to begin to identify patterns of change that might be meaningful; and
- to provide something back that partners could respond to.

These tools, included Scorecards (see slide 6) for development partners and countries.

IHP+Results learnt lessons from the first round of monitoring in 2009, and used these to develop simplified standard performance measures (10 for development partners and 12 for country governments) mostly based on Paris indicators of aid effectiveness, applied to the health sector. A revised process for data collection was also agreed. The process was overseen by the IHP+ Mutual Accountability Working Group and signed off by the IHP+ SuRG.

IHP+Results used this agreed framework to undertake a second round of data collection in the third quarter of 2010.

Slide 5 - the scope of data collection

In collaboration with representatives from the 10 country governments and 15 development partners that agreed to participate in the 2010 round of performance monitoring, IHP+Results collected baseline and 2009 data for the agreed set of Standard Performance Measures.

Whilst this raised a number of practical challenges to manage, an overall genuine commitment to make the process work was demonstrated by participating signatories.

By the end of 2010, IHP+Results had collected almost 5,000 data points. The challenge was to begin to make sense of these.

Slide 6 - Scorecards

IHP+Results has used the data to produce a scorecard for each development partner and each country. For the first time, a credible set of rated scorecards exists with performance rated against objective

criteria. These scorecards show what progress each agency is making towards fulfilling their IHP+ commitments.

IHP+Results has also produced a synthesis report, copies of which are available through the WHO or MoH in each of the participating 10 countries. This gives a composite picture and a snapshot at a point in time of how partners in the IHP+ are performing.

Slide 7 – Example of disaggregated data

On the IHP+Results website (www.ihprezults.net), you can now find the transparent disaggregated data for each participating agency – such as this example here for the EU.

WHAT ARE THE PATTERNS THAT EMERGE FROM THIS INFORMATION?

Slide 8 – Are countries taking the lead

The findings suggest that most participating countries have the Four pillars of the IHP+ in place. All these countries have a national plan and budget for the health; some have agreed national compacts or similar agreements with their development partners and most claim to have a single performance framework. And there has been further progress on this since 2009, particularly in Nigeria.

These are some positive indications that the IHP+ process is changing the ways that national governments are engaging with their development partner, in some countries.

BUT most of these governments are not yet in the position to reach their own targets for committing domestic resources to the health budget. There is still far too little funding for health. Most countries are also still failing to increase the proportion of their available health budget that is disbursed within the given year.

HOW ARE DEVELOPMENT PARTNERS RESPONDING TO THIS COUNTRY LEADERSHIP?

Slide 9 – Are DPs aligning health aid with national priorities?

All development partners report that their support for capacity building is coordinated and in line with the national strategies in the countries where they operate.

This includes providing more support through programme-based approaches, rather than individual projects.

Slide 10 – Aid reported on budget

Overall a positive picture – an improvement from 52% to 79% of aid reported on budget.

Most significant progress on this was seen in Ethiopia and Mozambique, where more than half of the DPs surveyed met the target.

Slide 11 – Are DPs providing better funding?

Ten of the 15 surveyed DPs have improved the predictability of their aid by making multi-year commitments and 9 of these have met their target (for 90% or more of their aid to be provided in this way).

However, the overall proportion of the actual amount of Development Partner aid provided in this way actually fell between the baseline and 2009.

Slide 12 – Are country Public Financial Management systems being used?

3 governments have strengthened their Public Financial Management (PFM) systems

5 Governments have PFM systems that are considered to meet broadly accepted good practices

In these 5 countries, DP use of the PFM systems has increased from 45% to 63% between baseline and 2009

This could suggest that government actions to strengthen PFM systems leads to reciprocal use of these systems by more development partners.

Slide 13 - Are country Procurement systems being used?

Data to assess the strength of country procurement systems (using the OECD methodology) was not available – so IHP+Results could not obtain a sense of progress by IHP+ country governments in this area.

However, there appears to have been a slight DECLINE of around 7% in the proportion of health aid that flows through country procurement systems.

It is challenging to account for this measure where agencies are providing general budget support and sector budget support, so the finding should be interpreted with caution.

Slide 14 - Is there progress on Human Resources for Health?

The main intention of the IHP+ has been to invest in health systems.

It's too early to expect the IHP+ to have had a significant, measurable, impact and attribution is difficult to show.

Only a limited number of health systems indicators have been measured, as agreed by the IHP+ partners, because this is measured through other processes.

However it is possible can look at what information was collected on human resources for health as an indication:

- National HRH plans were in place or being developed in 7 of the 10 countries. Only Burundi, Mali and Mozambique had had integrated these plans in their national health plans.
- However there is a mixed picture on how this affects resources allocated to health – 3 countries showed an increase in the absolute volume of funding for HRH, but all countries reported a decrease in the proportion of funding allocated to HRH.
- On a more positive note, eight of 10 countries had increased the proportion of skilled health workers per 10,000 population – although all still fell short of the recommended threshold of 23 skilled health workers per 10,000.

Slide 15 - Is there greater accountability?

Most countries have a joint health sector review process in place. But there are considerable variations in how these are being conducted.

These reviews hold the potential for partners at the country level to hold each other mutually to account for their commitments to jointly contribute towards achieving health results.

This can be done through the objective criteria and standard measures that are now available.

Slide 16 - How do we use these results?

- IHP+Results has recommended that Development Partners and National Governments should use this report and Scorecards to internally review the effectiveness of their health aid.

At the country level, IHP+Results has recommended that:

- Development Partners and National Governments and civil society should use the report and Scorecards to jointly review collective progress, and to agree individual and collective actions to improve how resources are used in the health sector.
- Standard Performance Measures, such as the ones reported in the IHP+Results Scorecards, should be incorporated into annual health reviews and routinely reported on by all partners.

Taking forward these recommendations will represent progress on the virtuous cycle (shown on the slide).

Other key messages about how to use the results and Scorecards:

- IHP+Results feels strongly that the Scorecards are best used as an input to a conversation about health sector aid effectiveness, rather than as a definitive judgement on performance, for comparisons.
- IHP+Results would encourage every interested stakeholders to look at the disaggregated data (<http://ihpresults.net/results/data/>) to get a fuller sense of the performance of any participating signatory.
- IHP+Results hope that signatories will use the scorecards as the basis for discussion, to further their understandings of key concepts, to reach joint agreement on expectations, constraints and what is realistic.
- IHP+Results hope that any differences of opinion between the results presented in Scorecards and the views and experiences of stakeholders 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 independent monitoring in 2009, and will help continue progress towards real mutual accountability.

Slide 17 – Questions

- Does the aggregate picture presented in these slides reflect progress in our country?
- What actions should we take together to develop a common understanding of the framework and results presented here?
- Is this something worth adapting for monitoring and accountability within our country?
- If so, how can we institutionalise the process so that data is routinely collected and monitored?