

What's the Score on the IHP+?

2010 Performance Report

Geneva, 8th April 2011



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. It includes key commitments, including those from the High Level Panel of Experts on Health, Education and Social Health Protection.

It is part of a broader Global Campaign for Health which recognises the need for urgent 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.

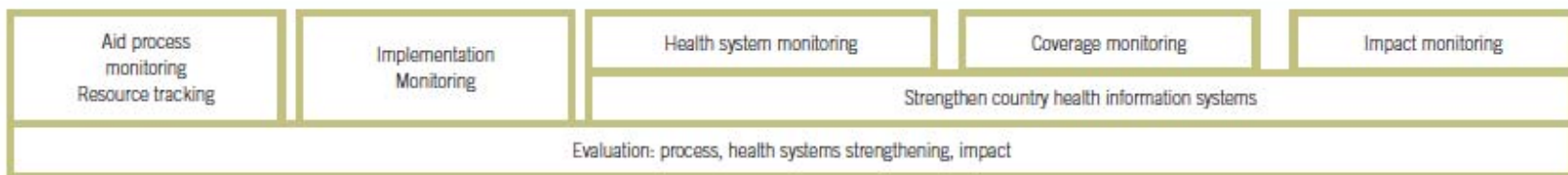
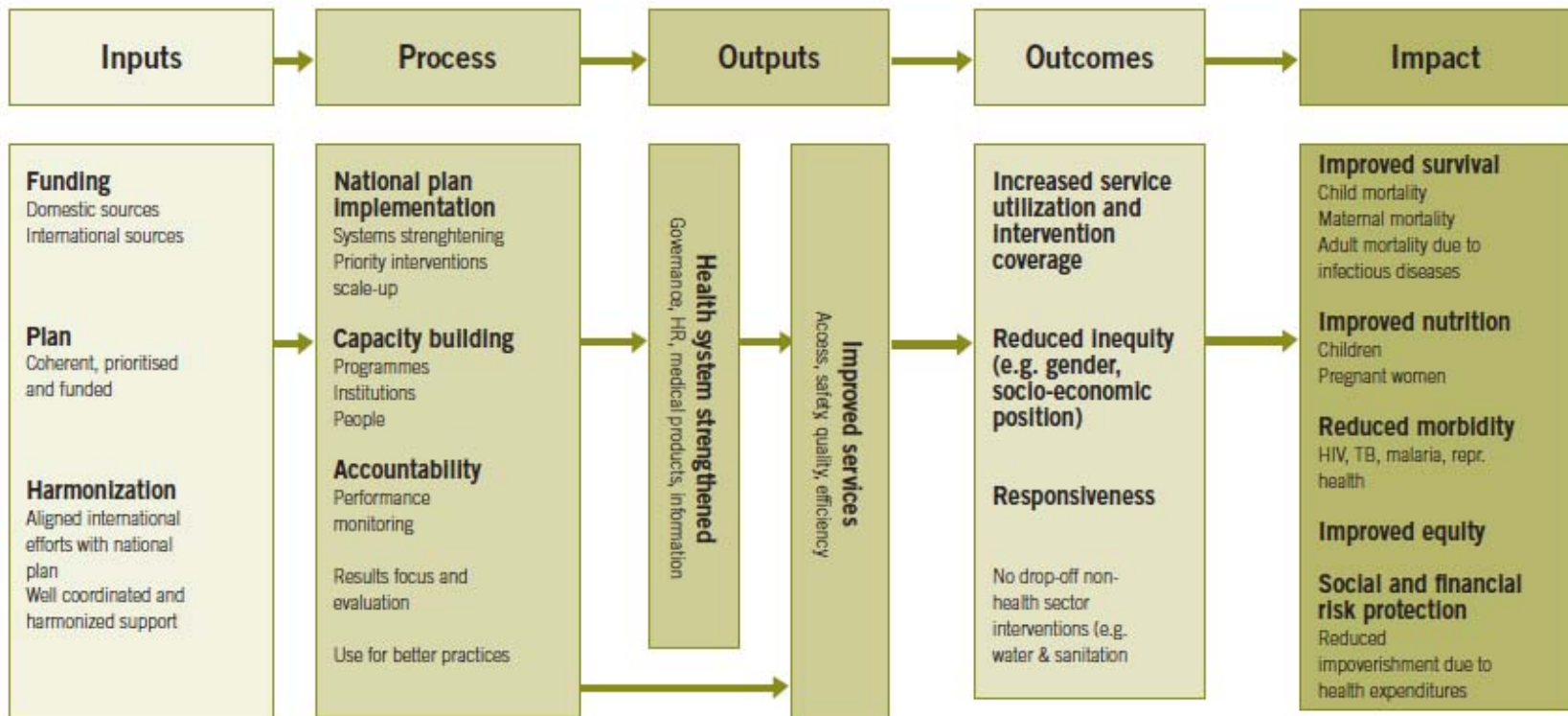
We call for an independent evidence-based assessment of results at country level and of the performance of each of us individually as well as collectively.

Partners 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.



FRAMEWORK FOR MONITORING PERFORMANCE & EVALUATION



FRAMEWORK FOR MONITORING PERFORMANCE & EVALUATION



15 Development Partners

10 Countries

4,900 Data Points!

10+12 Standard Performance Measures

Baseline Data

2009 Data



Scorecards

ihp+ results partner scorecard

PARTNER SCORECARD FOR AUSAID

AGENCY PROFILE
The Australian Government's overseas aid program is helping improve the lives of millions of people in developing countries. Australia is working with the governments and people of developing countries to deliver aid where it is most needed and most effective.

EXPECTED RESULTS

- Commitments are documented and mutually agreed.
- Support is based on country plans & strategies, including to strengthen Health Systems.
- Funding commitments are long-term.
- Funds are disbursed predictably, as committed.
- Country systems for procurement & public financial management are used & strengthened.
- Resources are being managed for Development Results.
- Mutual accountability is being demonstrated.
- Civil Society actively engaged.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS

COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS

PROGRESS

OVERALL RESULTS
An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.

In 2009 76% of health sector aid was reported by the agency on national health sector budgets - a decrease from 100%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).

Insufficient data has been provided to enable a rating for this Standard Performance Measure.

In 2009 76% of health sector aid was provided by the agency through programme based approaches - an increase from 50%. Target = 66%.

In 2009 76% of health sector aid was provided by the agency through multi-year commitments - an increase from 50%. Target = 90%.

In 2009 76% of health sector aid disbursements provided by the agency were released according to agreed schedules - an increase from 50% in 2008. Target = 90%.

In 2009 100% of health sector aid provided by the agency used country procurement systems - no change from 100%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).

In 2009 100% of health sector aid provided by the agency used national public financial management systems - no change from 100%. Target = 33% reduction in aid not using PFM systems (with ≥ 80% using country systems).

In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 0.0 - no change from 0.0. Target = 66% reduction in stock of PIUs.

In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 100% of IHP+ countries where they exist. Target = 100%.

In 2009 the agency participated in health sector mutual assessments of progress in 100% of IHP+ countries where they exist. Target = 100%.

In 2009, evidence exists in 100% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.

ETHIOPIA COUNTRY SCORECARD 2010*

COUNTRY OWNERSHIP & ACCOUNTABILITY

- COMMITMENTS DOCUMENTED**
 - Signed Agreement

The IHP+ Compact was prepared by the Ministry of Health and jointly assessed with partners and signed in August 2008.
- HEALTH SECTOR PLAN AND AIDS STRATEGIES**
 - Includes current targets and budgets
 - Jointly Assessed
- HEALTH SECTOR AID EFFECTIVENESS MONITORING**
 - Active joint monitoring
 - Number of development partner missions **23**
 - > 10% of seats in the health sector coordination mechanism are allocated to civil society
 - Quality of civil society engagement health sector policy and accountability processes

HEALTH FINANCING

TOTAL HEALTH FINANCING

US \$900m
US \$800m
US \$700m
US \$600m
US \$500m
US \$400m
US \$300m
US \$200m
US \$100m
0

2007 2009

\$781.8m
\$208.0m

NO DATA AVAILABLE FOR EXTERNAL FUNDING & OUT-OF-POCKET EXPENSES

Out of pocket expenses
Domestic Financing
External Financing

10.0% allocated to health
5.0% increase needed to meet the Abuja target

EXTERNAL FINANCING USING POOLED MECHANISMS

6

Currently 6 OPs using a pooled mechanism and GAFI is using the same account.

COUNTRY SYSTEMS

- PUBLIC FINANCIAL MANAGEMENT**
 - REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)
 - No change from 3.5 (in 2005) to 3.5 in 2009 in the FINFPCA scale of performance.
- PROCUREMENT**
 - REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)
 - No assessments of the procurement system have been undertaken.
- TECHNICAL ASSISTANCE**
 - DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES
 - Since 2005 donors have pooled their funding through UNICEF who manage Technical Assistance for the MoH.

PROGRESS ON MILLENNIUM DEVELOPMENT GOALS

- Population living on less than \$1 a day 39.0% in 2005 (↓ 16.6% since 2000)
- Children enrolled in primary education 79.0% in 2008 (↑ 3.3% since 2007)
- Gender parity index in primary level enrolment 0.89 in 2008 (↑ 0.01 since 2007)
- Under 5 Mortality rate 109.0 per 1000 live births in 2008 (↓ 13.0 since 2005)
- Maternal mortality ratio 720.0 per 100,000 live births in 2005 (↓ 130.0 since 2000)
- Unmet need for family planning 33.8 in 2005 (↓ 2.0 since 2000)
- HIV prevalence 2.0% in 2007 (↓ 0.4% since 2001)
- Children U-5 sleeping under insecticide treated bednet 33.1% in 2007 (↑ 31.6% since 2005)
- TB incidence 370.0 per 100,000 in 2008 (↑ 3.0% since 2005)
- Population using improved drinking water sources 38.0% in 2008 (↑ 3.0% since 2005)
- Population using improved sanitation sources 12.0% in 2008 (↑ 2.0% since 2005)

* as reported in IHP+Results' 2011 monitoring.



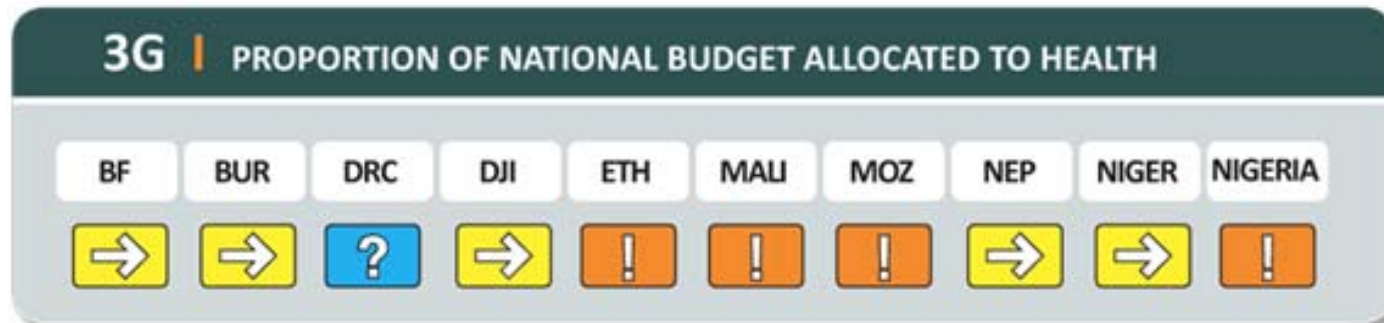
EC data in 4 supported IHP+ Countries

| SPM # | Standard Performance Measure | Burundi | | | DRC | | | Mozambique | | | Nigeria | | |
|-------|---|-------------------|------------|----------|-------------------|------|----------|-------------------|------|----------|-------------------|------|----------|
| | | 2007 | 2009 | Rating Δ | 2007 | 2009 | Rating Δ | 2007 | 2009 | Rating Δ | 2007 | 2009 | Rating Δ |
| 1DP | Partner has signed commitment to (or documented support for) the IHP+ country compact, or equivalent agreement, where they exist. | N/A | 100 | ✓ | N/A (2005) | N/A | — | 100 (2008) | 100 | ✓ | N/A (2005) | N/A | — |
| 2DPa | Percent of aid flows to the health sector that is reported on national health sector budgets. | 22 (2005) | 43 | → | - (2005) | 0 | ? | 30 (2005) | 100 | ✓ | - (2005) | - | ? |
| 2DPb | Percent of current capacity-development support provided through coordinated programmes consistent with national plans/strategies for the health sector. | 0 (2005) | 42 | → | - (2005) | 100 | ✓ | - (2005) | N/A | — | - (2005) | - | ? |
| 2DPc | Percent of health sector aid provided as programme based approaches. | 22 (2005) | 43 | → | - (2005) | 100 | ✓ | 30 (2005) | 78 | ✓ | - (please select) | - | ? |
| 3DP | Percent of health sector aid provided through multi-year commitments. | 35 (2005) | 63 | → | - (2005) | 100 | ✓ | 100 (2005) | 100 | ✓ | - (0) | - | ? |
| 4DP | Percent of health sector aid disbursements released according to agreed schedules in annual or multi-year frameworks. | - (2005) | 80 | ? | - (2005) | 100 | ✓ | 100 (2005) | 100 | ✓ | - (0) | - | ? |
| 5DPa | Percent of health sector aid that uses country procurement systems. | - (2005) | 0 | ? | - (2005) | 0 | ? | 100 (2005) | 100 | ✓ | - (2005) | - | ? |
| 5DPb | Percent of health sector aid that uses public financial management systems. | N/A (2005) | N/A | — | N/A (2005) | N/A | — | 30 (2005) | 100 | ✓ | N/A (2005) | N/A | — |
| 5DPc | Number of parallel project implementation units (pius) per country. | 8 (please select) | 5 | → | 1 (2005) | 1 | ! | 1 (please select) | 0 | ✓ | 1 (2005) | 1 | ! |
| 6DP | Partner uses the single national performance assessment framework, where they exist, as the primary basis to assess progress (of support to health sector). | - (2005) | - | ? | N/A (2005) | N/A | — | - (2005) | 100 | ✓ | N/A (2005) | N/A | — |
| 7DP | Partner has participated in mutual assessment of progress implementing commitments in the health sector, including on aid effectiveness, if a mutual assessment process exists. | N/A (None) | N/A (None) | — | 0 (2005) | 100 | ✓ | 0 (2005) | 100 | ✓ | N/A (2005) | N/A | — |
| 8DP | Evidence of support for civil society to be actively represented in health sector policy processes - including health sector planning, coordination & review mechanisms. | 0 | 100 | ✓ | 0 (please select) | 0 | ! | 0 (please select) | 0 | ! | 100 (2005) | 100 | ✓ |





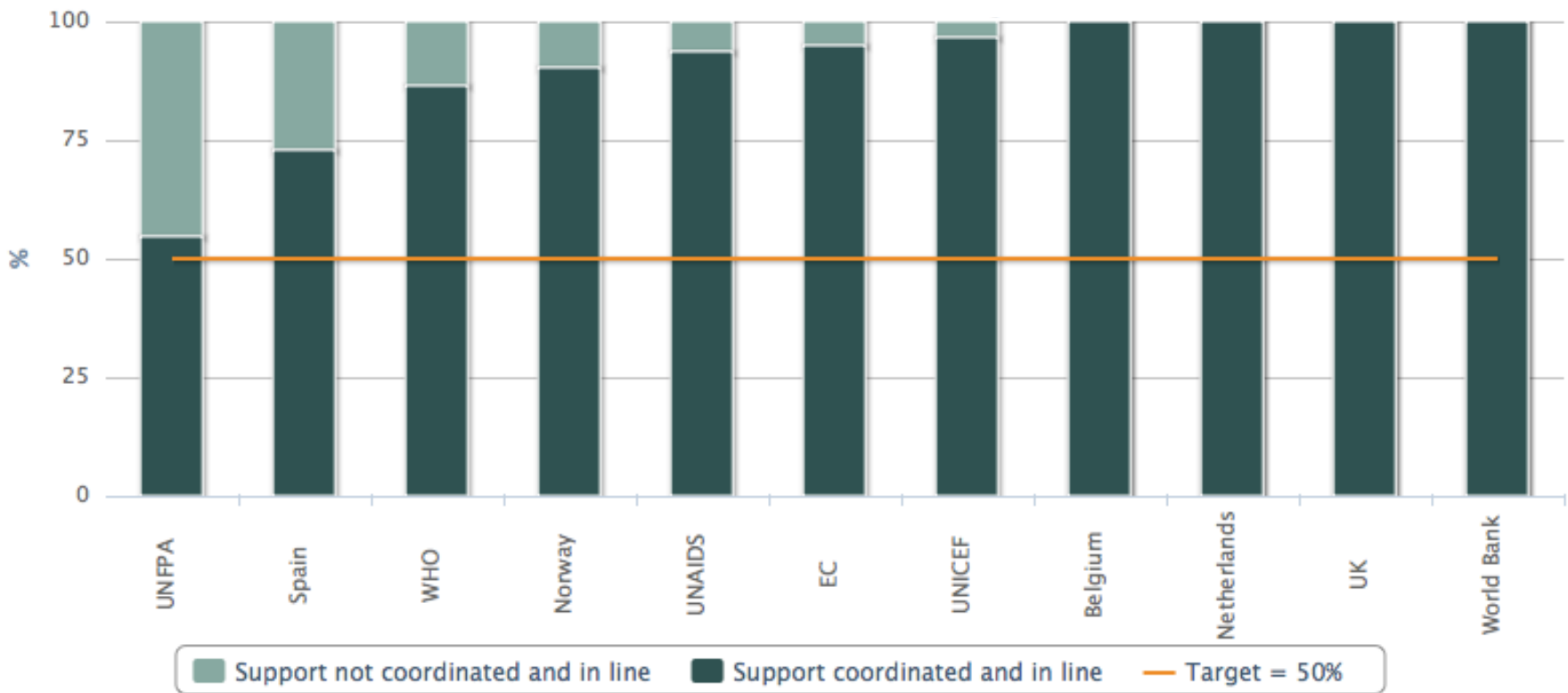
Are countries taking the lead?





Are DPs aligning health aid with national priorities?

2DPb: support for capacity development that is coordinated and in line with national strategies

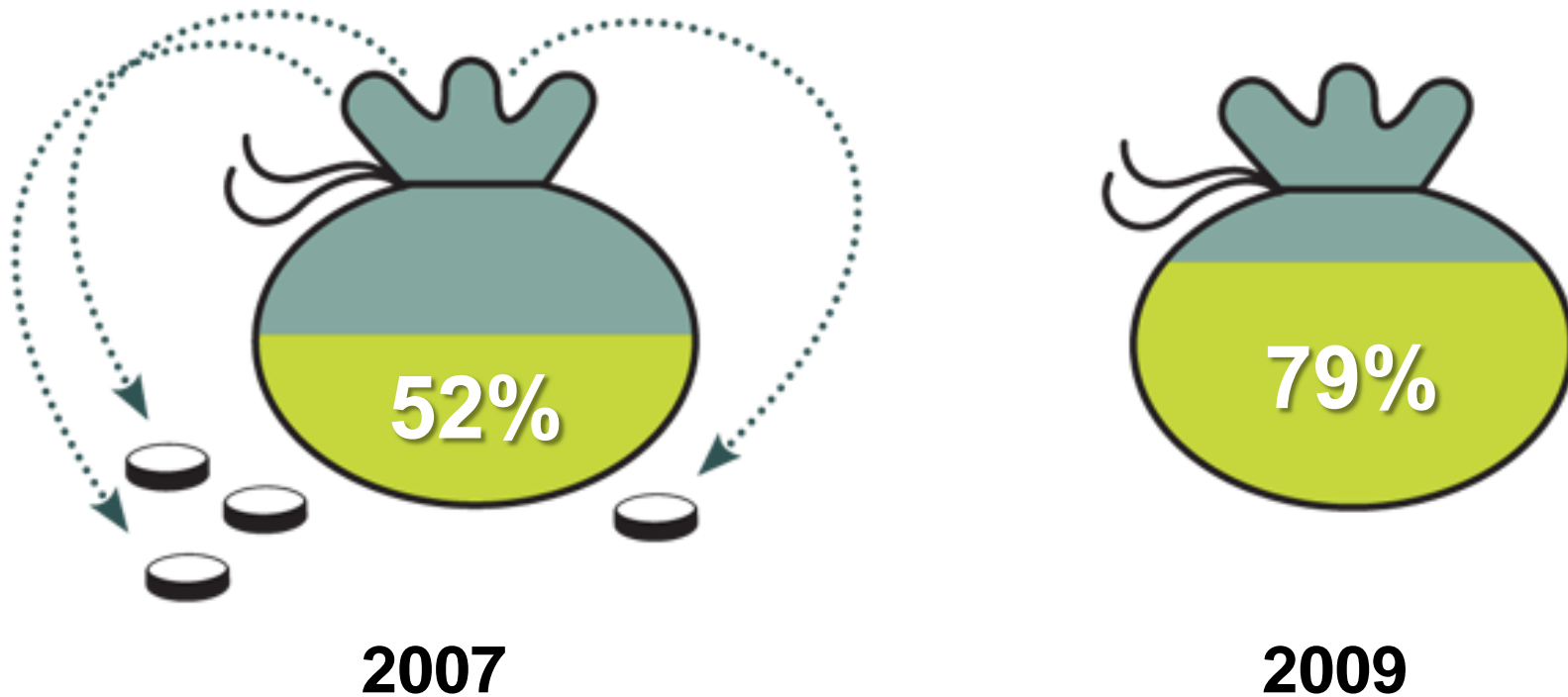


Source DP data returns



Aid reported on budget

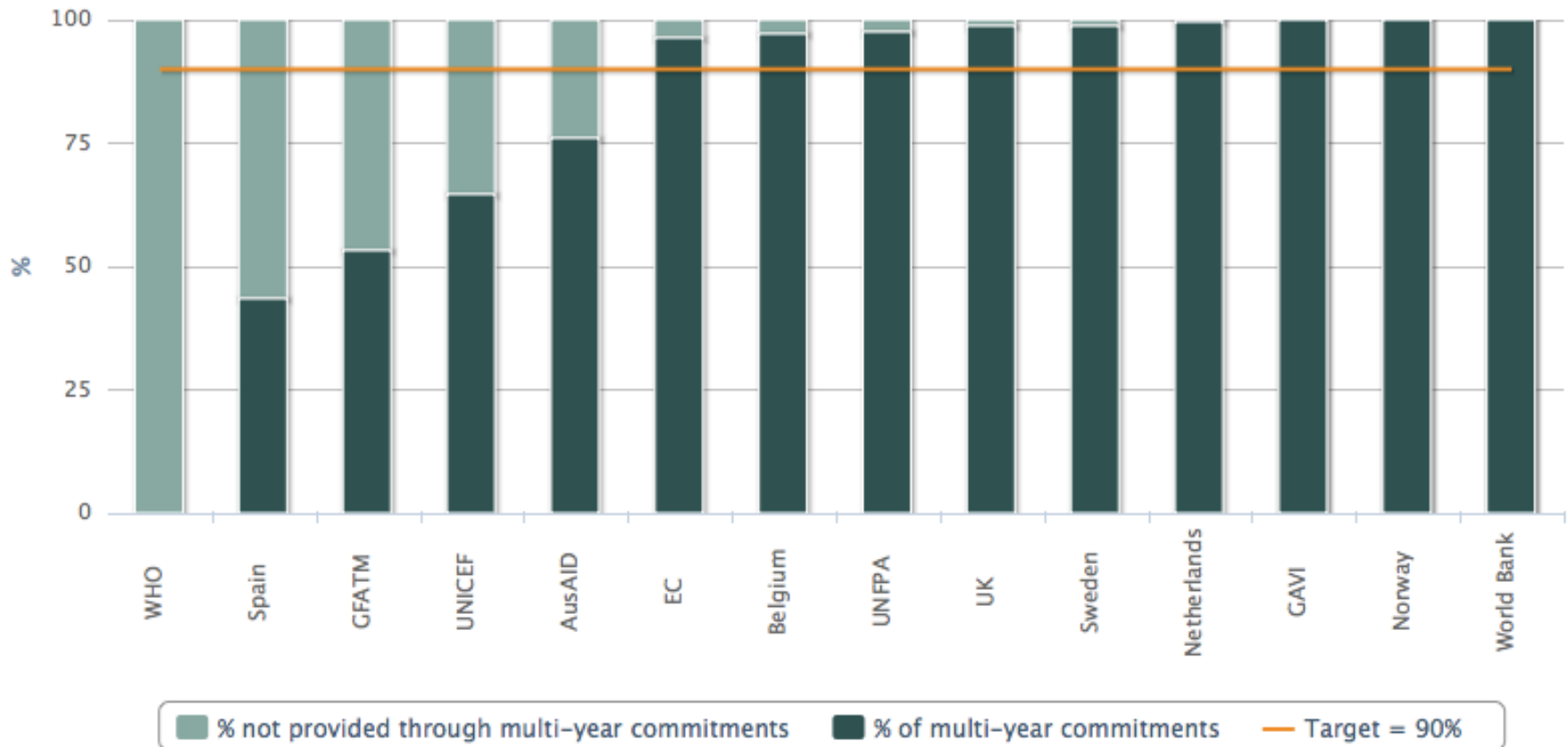
2DPa: Aggregate proportion of partner support reported on national budgets.





Are DPs providing better funding?

3DP: % of aid provided through multi-year commitments



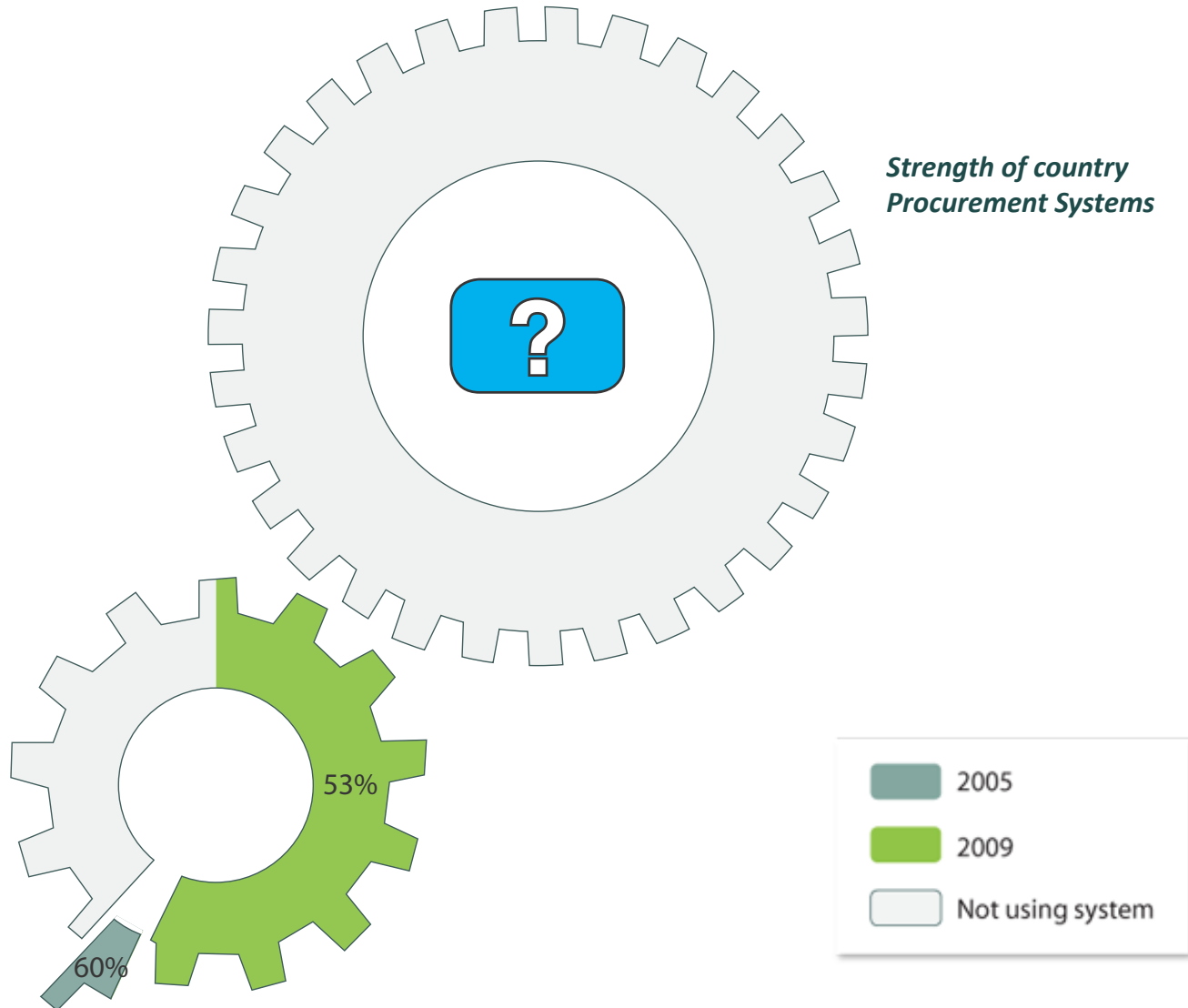
Source DP data returns





Are country Procurement systems being used?

Aggregate partner use of country procurement systems

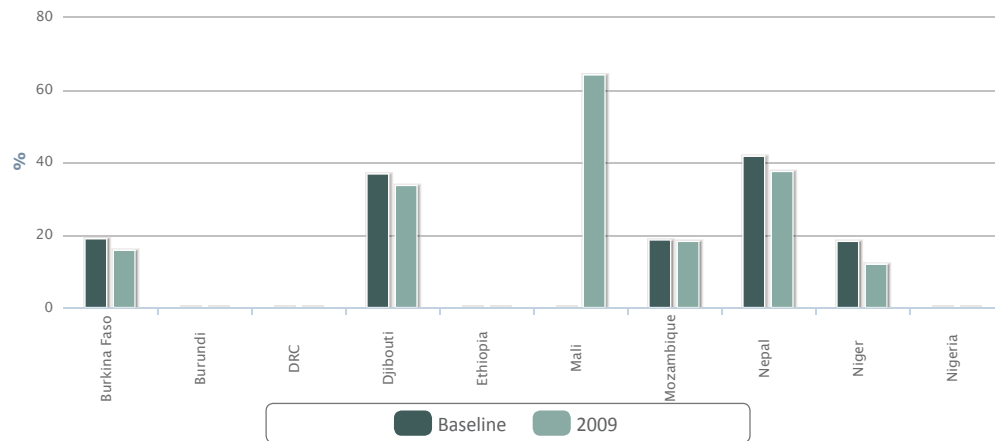




Is there progress on HRH?



Figure 3.9: Proportion of the health sector budget spent on Human Resources for Health (HRH)



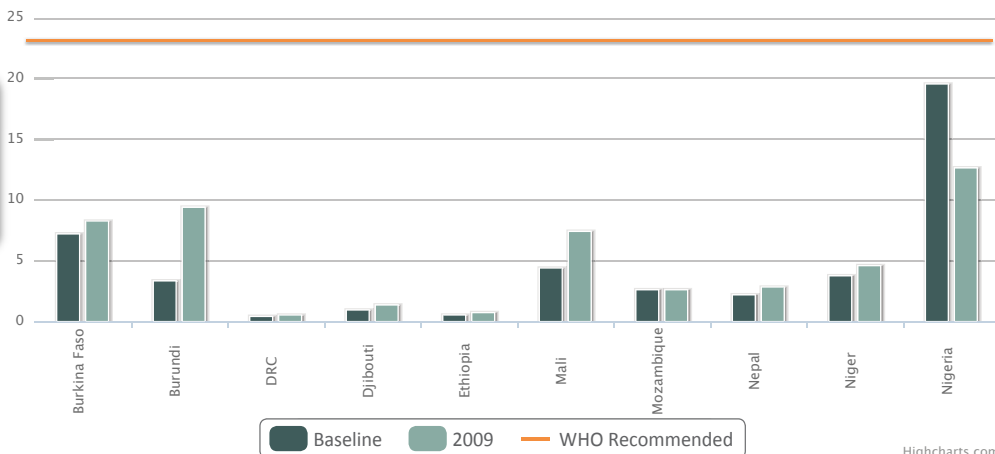
Highcharts.com



NATIONAL HRH PLAN



Figure 3.10: Number of skilled medical personnel per 10,000 population



Highcharts.com

2Gb | COUNTRY HAS HRH PLAN THAT IS INTEGRATED WITH NATIONAL HEALTH PLAN

| BF | BUR | DRC | DJI | ETH | MALI | MOZ | NEP | NIGER | NIGERIA |
|----|-----|-----|-----|-----|------|-----|-----|-------|---------|
| ! | ✓ | ! | → | ✓ | ✓ | ✓ | ✓ | ! | → |





Is there greater accountability?

7G | COUNTRIES WHERE MUTUAL ASSESSMENT OF PROGRESS HAVE BEEN MADE, INCLUDING ON AID EFFECTIVENESS

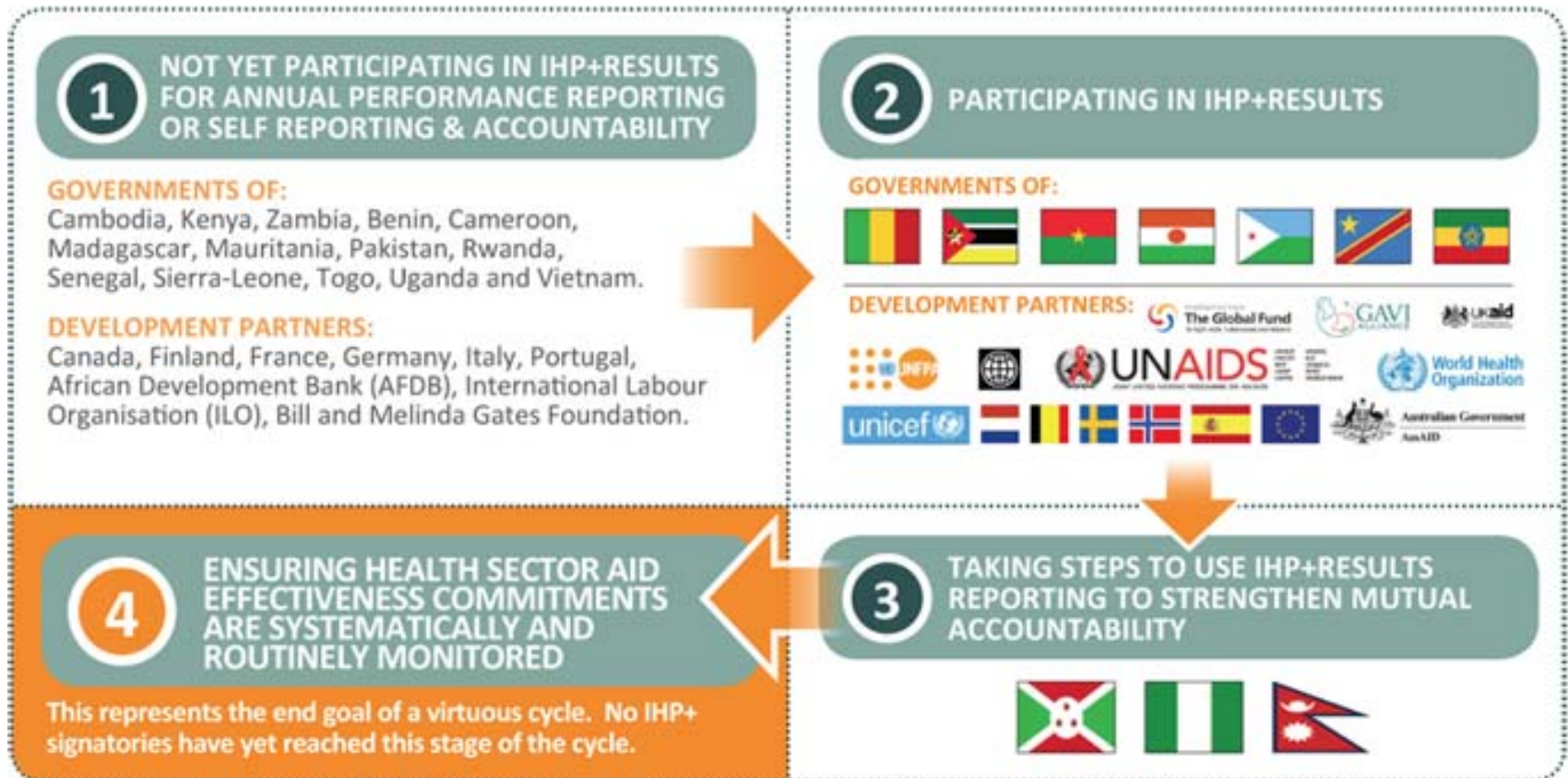
| | | | | | | | | | |
|----|-----|-----|-----|-----|------|-----|-----|-------|---------|
| BF | BUR | DRC | DJI | ETH | MALI | MOZ | NEP | NIGER | NIGERIA |
| → | ✓ | ✓ | ! | ✓ | ✓ | ✓ | ✓ | ✓ | → |

7DP | AGENCIES PARTICIPATING IN MUTUAL ASSESSMENTS OF PROGRESS IN NEPAL

| | | | | | | | | |
|-----|------|-------|----|--------|-------|--------|-----|----|
| AUS | GAVI | GFATM | UK | UNAIDS | UNFPA | UNICEF | WHO | WB |
| ✓ | ! | — | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



How do we use these results?



PROBE – SENSE - RESPOND

- What do we do with this new knowledge and the instruments to further make sense of how the international aid system is supporting countries to achieve health results?
- How can individual agencies respond to bring about further real change and demonstrate individual, mutual, and public accountability?

