SCALING-UP FOR BETTER HEALTH (IHP+) UPDATE

Issue 1 – 1 November 2007

HIGHLIGHTS

This is the first Scaling-up for Better Health (IHP+) bi-weekly update. The IHP+ UPDATE will promote communication between partners, donors and countries as we work to better harmonize and align international support to strengthen health systems in developing countries.

In this issue of the IHP+ UPDATE, we profile three countries participating in the Scaling-up for Better Health related initiatives - Cambodia, Ethiopia and Burundi - plus provide brief updates from the other countries involved in the first wave of the International Health Partnership.

What is a Country compact?

Dialogue continues across IHP first wave countries on the nature of these compacts, and a consensus is beginning to emerge. It encompasses a negotiated agreement between government, donors and other national stakeholders, covering:

- a focus on *national strategic plans* as a template around which to align external assistance;
- identifying and mobilizing the resources to act on *health systems and agency constraints* for the achievement of more ambitious health outcomes – particularly in relation to the health MDGs;
- *better use of existing aid resources* through the application of the Paris Principles in the health sector; and
- *more effective accountability* between government, development partners and civil society.

Countries are at various stages in developing this compact, and timetables for the way forward are being agreed country by country.

COUNTRY PROFILES

Cambodia

The country has a well developed mechanism for national health strategic planning. Cambodia has completed a review of its strategic plan for 2003-07, and is now working with partners to develop the 2008-15 health strategic plan. A recent report done by WHO with the government *"Scaling up for better health in Cambodia"* analyses the barriers to scaling up. The health status of Cambodians is clearly improving as a result of rising incomes, a reduction of health costs and increasing spending on health. However, much remains to be done, for example:

- A primary challenge is to perform a comprehensive assessment of the burden of disease and the financial resources needed to implement the desired service packages, and to establish a means to track the impact of financial flows on health outcomes;
- There are serious issues relating to the allocation and efficiency of existing resources that need to be tackled by government and donor communities in order to transition from a health system largely financed by out-of-pocket payments and weak private providers to one where efficient public health services play a more prominent role;
- The total number of health professionals does not appear to be an over-riding constraint to scaling up for better health, but skills and the incentives provided to deploy existing human resources effectively could be much improved;
- Based on current trends, health financing per capita is likely to increase by nearly 80% in nominal terms, and just under 50% in real terms, by 2015. However, private out-of-pocket spending on health would remain the main component of health financing; and If the financing scenario is accurate, donor/government resources will not cover these extra costs until 2011, i.e. a financing gap would exist in the period 2007-2011.

Useful Links:

Ministry of Health, Cambodia I WHO, Cambodia I World Bank, Cambodia I UNAIDS, Cambodia I UNICEF, Cambodia

Ethiopia

Ethiopia is implementing the third phase of the national Health Sector Development Program (2006 – 2010). The country has a well established government donor consultation forum and coordinating committees, with additional numerous ad hoc consultations. A harmonization Code of Conduct was signed by the MoH and 13 development partners in September 2006, and a Harmonization Manual of Procedures was developed. The country has just completed a joint annual sector performance review. The review as well as a recent study by Federal MOH, World Bank and UNICEF *Reaching or Escaping the Challenge: Financing the Health MDGs in Ethiopia* revealed encouraging progress and a number of challenges. There is considerable progress in major health system strengthening activities:

- *Human resources:* through its flagship programme, the country has trained and recruited over 17,000 health extension workers to date with a target of 30,000 by the year 2009. The accelerated health officers programme is currently training 3,200 trainees. A health labour market survey has been conducted to assess the market equilibrium point for wages, a study of motivation and incentives has been completed and a health workers census is under way.
- *Logistics and procurement management:* a new autonomous Central Medical Store has been created (New Pharmid), and the National Logistics and Procurement Plan has been finalized and published. Concerted effort by government and donors is under way to improve the procurement capacity of the Ministry. Accelerated purchase and distribution led for example to more than 17 million ITNs being distributed by July 2007.
- *Expanding physical access:* a major effort is going on to improve the health infrastructure network and improve physical access to health services.
- *Health Management Information System:* a new HMIS has been launched that would substantially reform the flow of information and use of data for decision making at the various levels in the health sector.
- *Health Insurance:* the legal framework for the introduction of Social Health Insurance in the formal sector is finalized starting with public civil servants and eventually with Community Based Insurance Schemes for the informal sectors.

Challenges identified included:

- Despite Ethiopia having a good scaling- up plan, which was validated by all health donors in 2006, external funds have been slow to come. Current financing perspectives for HSDP III remain significantly below what would be required for scaling-up.
- Establishing partner fora at the sub-national level to roll out the principle of one-plan, one-budget and one-report.
- To improve further the results orientation of the programme by establishing performance based contracts between the federal level and the regions on one hand, and the regions and the *woredas* on the other hand.
- To institutionalize the MDGs Performance Fund to increase alignment to the procedures of the government of Ethiopia as well as harmonize donor support for scaling up by bringing all the new initiatives into a single pool fund.

Useful links:

WHO, Ethiopia I Ministry of Health, Ethiopia I World Bank, Ethiopia I UNAIDS, Ethiopia I UNICEF, Ethiopia

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Burundi: The process to define a coherent sector programme was initiated by government in 2004. The National Health Policy (2005-2015) and National Plan for Health Sector Development (PNDS) for the period 2006-2010 have been finalized. The pace of the process which started slowly has been accelerating since March 2007. At the time, the sector coordination group (CPSD) was created with the mandate to coordinate technical and financial support necessary to implement the PNDS, as a tool to achieve the MDGs in the framework of the country's PRSC. The CPSD, which is led by the Ministry of Public Health (MPH) has been meeting virtually every month and has identified technical working groups that report regularly to the CPSD.

In July the government convened a joint review involving the key sector partners, (DFID, UNICEF, UNFPA, WHO, WB, EU, Swiss Cooperation, Belgian Embassy, USAID, Italian Cooperation, key NGOs, French Red Cross, and the Ministry for HIV/AIDS control). The review took place from 23rd to 31st October. The participants in the review analysed the government's reform proposals on the areas of human resources management, sector and services financing modality, service delivery organization model, and pharmaceuticals management. The participants also reviewed the current internal and external coordination mechanisms, including a memorandum of understanding which identifies the key results to be reached / monitored, namely: i) utilization of outpatient services; ii) percentage of deliveries in health facilities; iii) DPT3 coverage; iv) percentage of HIV+ pregnant women utilizing PMTCT services; and v) family planning coverage as years/couple protection. The MOU also includes the technical and financial support to strengthen key capacities in the MPH and to support the harmonization process, and a timetable for meetings and joint missions for the next couple of years. The agreements reached during the review have been reflected in a joint *Aide Memoire*, which includes the Draft MOU, and next steps as annexes.

Useful links:
WHO Burundi I World Bank Burundi I UNICEF Burundi I UNAIDS Burundi

COUNTRY SUMMARIES

Kenya: A draft roadmap for IHP implementation in Kenya is being finalized. The added value of the IHP commitments relates to the prioritization and acceleration of interventions to scale up health outcomes, and the National Health Sector Strategic Plan II (NHSSP II) Mid-term review (MTR) process is a critical opportunity to define the priorities. A Joint Review Mission steering committee retreat will be held in mid-November 2007, to endorse key policy actions, and their implementation frameworks to guide the sector through the remaining period of its NHSSP II. This will form the IHP compact for Kenya.

Mozambique: Progress has been made with the Global Fund, who have now disbursed funds for phases 2 and 6 (HIV/AIDS and Malaria) in 2007. They have also agreed to abide by the SWAp Memorandum of Understanding, and will sign this at a future stage. On the 4th and 5th December a health partners retreat is scheduled with the objective to improve the efficiency and effectiveness of Health partners contributions into the health SWAP. Specific objectives include mapping of current donor assistance to the health sector, update on the current thinking on Public Private partnership and improve communication among health partners.

Zambia: The Minister of Health launched the IHP in Zambia on 1st November. Attending the launch were cooperating partners in the health sector, Heads of Agencies and Ambassadors. The draft Road Map for implementing IHP has been circulated, and Government has invited comments from all stakeholders. In Zambia, dialogue on the IHP has focused on the Ministry of Health's National Health Strategic Plan and the 5th National Development Plan (2006-2010). The major focus of the plan is health systems strengthening, focusing especially on key areas such as: Human Resources for Health; Procurement and Supply Management System; and Infrastructure. Donors and partners operating outside national structures and the provisions of the SWAp have been identified and a timetable has been set for attaining certain benchmarks, so that all will be operating within country-led plans and mainstream systems within the Ministry of Health. The benchmarks have been adapted from the Paris Declaration. Zambia will be profiled in the next newsletter.

Nepal: Nepal has an ongoing sector-wide operation called Nepal Health Sector Programme (NHSP), led by the Ministry of Health and Population (MOHP), and supported by 12 external development partners (EDP). The World Bank and DFID provide Pooled Financing, while the others do parallel financing. There is an active EDP group, and also a Health Sector Development Partners Forum led by MOHP. Regular Joint Annual Reviews of NHSP are being carried out, split into semi-annual missions. MOHP and EDPs have all been sensitized to and largely support the IHP. A Code of Conduct/ IHP compact for Nepal is under preparation by a working group set up by the Partners Forum. The Mid-Term Review of NHSP scheduled for early December, 2007 would be a good opportunity to take IHP to the next level in Nepal. Partners are actively considering a proposal to provide a Senior IHP Advisor to MOHP, with a view to enabling the Ministry to lead the partnership.

Mali: A new Government was selected after Presidential elections earlier this year. The new Minister of Health, who took up his assignment in October, signed the IHP agreement on October 24, 2007. IHP partners, along with other important bilateral partners, met and agreed to continue to support Government in its harmonization process around the national health programme, common missions, common monitoring meetings, and common indicators, and to come up with a 'Road Map' on harmonization for health, in addition to what is already being done. This tool will spell out what else can be done in the next 12 months.

INTERNATIONAL PROGRESS

At recent briefings on the IHP with **Development Partners** and Geneva-based **partnerships**, there was strong support for the IHP, and consensus on the importance of keeping **national plans and strategies** central to its focus.

The proposed IHP Implementation Plan for the next two years has been widely circulated among key stakeholders. The added value of IHP includes a major focus on effective monitoring and performance assessment, and a **country monitoring and evaluation framework** is being developed through cross-agency consultation.

As part of the IHP's commitment to involving **civil society**, representatives from key health-related NGOs participated in a consultation in London on 30 October, 2007, and their input has been invited on the Implementation Plan.

COMING UP…

Country Team Meeting, 2008
An initial meeting of inter-agency 'country health sector teams' of the IHP 'first wave' countries is planned early in 2008, to share progress to date on development towards country compacts, and to better understand country perspectives on how the different global and regional initiatives to strengthen health systems are being managed in-country.

Launched in September 2007, the International Health Partnership (IHP) is a coalition of health agencies, governments and donors committed to improving health and development outcomes in developing countries. http://www.who.int/healthsystems/ihp/en/index.html