

SCALING-UP FOR BETTER HEALTH (IHP+)

Issue No. 2 – 15 November 2007

HIGHLIGHTS

In this second issue of the Scaling-up for Better Health (IHP+) bi-weekly update we profile Zambia, which launched the IHP on 1 November. We also outline the steering process for the IHP and related work, and the development of a common country framework for monitoring and evaluation of the scaling-up process.

COUNTRY PROFILE – ZAMBIA



At the [IHP Road Map](#) launch on 1 November, the Minister of Health welcomed the IHP as a timely initiative focusing on the core Paris Declaration principles for making aid effective and results-oriented. It builds on strong foundations already established in Zambia for working in partnership - a health MoU was signed in 2006, and more recently a Joint Assistance Strategy for Zambia (JASZ). There is already good coordination among most health partners - in addition to the MoU, there is a One Sector Strategic Plan, Joint Sector Reviews, and Basket Funding mechanisms that enable more flexible funding, and a focus on locally defined priorities. JASZ is a framework for guiding development aid in support of the National Development Plan. Within each sector, one agency leads as the intermediary between the government and donors. In health, there are three lead donors (the Troika) that lead on a rotational basis - currently for the National Health Strategic Plan (NHSP) 2006-2010 they are SIDA, DFID and WHO.

Zambia nevertheless still faces many aid coordination challenges, which undermine progress. Some partners do not align their support within the SWAp framework, and insist on separate plans, budgets and evaluation processes, exacerbating the resource challenges faced by national staff. Skewed funding leads to inequalities in the health system - while good progress is being made in malaria prevention and access to ARV treatment, maternal mortality rates and childhood illnesses are still unacceptably high. Lack of access to services in rural areas is a major problem, and different cost-effective service delivery models for delivering preventive services to rural populations need to be considered if MDGs 4 and 5 are to be achieved.

In Zambia, only 10% of all donor funds for health go to government efforts to support health system strengthening - 90% go to disease specific programmes, especially HIV/AIDS, through NGOs. This leads to highly inequitable distribution, and does not address some of the main problems faced by Zambia - shortage of health workers, weak infrastructure for health delivery, obsolete equipment, and lack of transport and logistics. Thanks to recent high quality analytical work such as a Public Expenditure Review, and several studies on human resources for health, there is a clear picture of the main bottlenecks. However, parallel structures and systems that compete with the public health care delivery system draw much-needed staff away, and weaken the whole system.

Through the IHP, Zambia looks forward to being able to rely on more predictable and long-term funding. It is hoped that the IHP will lead to a shift in donor behaviour, to accepting national health policies, strategies and plans as a basis for funding, and to a commitment to implementing activities funded by donors through government-led public health care delivery systems.

Useful links:

[Ministry of Health, Zambia](#) | [WHO Zambia](#) | [UNICEF Zambia](#) | [UNAIDS Zambia](#) | [World Bank Zambia](#)

SCALING-UP REFERENCE GROUP

The Scaling-up Reference Group (SuRG) comprises representatives of the 8 international health agencies (Gates Foundation, GAVI, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, WHO and the World Bank). The group provides oversight, coordination and a steering function to the interagency IHP+ Core Team - an inter-agency team based in WHO (Geneva and Brazzaville) and the World Bank, responsible for the day-to-day work of the IHP+ workplan. The terms of reference of the SuRG include tracking progress and overseeing the further development of the IHP+ workplan; setting up thematic working groups; ensuring that reliable systems are in place for responding to country requests for technical support; monitoring performance and identifying constraints to progress; and ensuring appropriate communications channels are in place to support implementation.

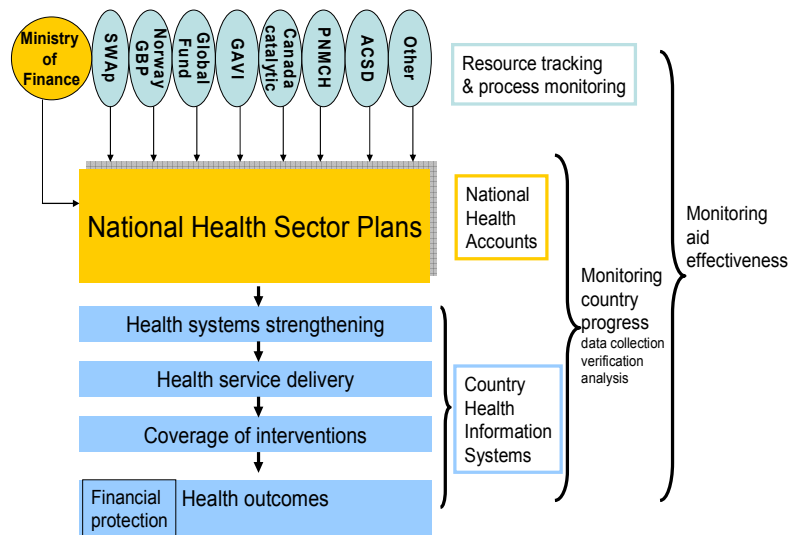
Six thematic areas were identified for joint analytic work: National plans, strategies and budgets, service delivery, results-based financing, monitoring and evaluation, health financing, and aid effectiveness and health. For each theme a lead agency will establish a working group from the different agencies that will facilitate the work in collaboration with other partners.

The group will meet on a monthly basis to discuss progress and developments in implementing the IHP+ workplan. The first SuRG videoconference took place on 6 Nov 2007 and focused on discussing two proposals for cross-agency work: (1) the work on national plans, strategies and budgets led by WHO and involving World Bank, Global Fund, UNFPA and UNAIDS, and (2) the work on country monitoring and evaluation of scale-up plans (see below). Final draft documents for all work will be made available on the IHP web-site.

MONITORING AND EVALUATION OF THE SCALE-UP FOR BETTER HEALTH

The scale-up to achieve the health MDGs is unprecedented, both in terms of potential resources and number of initiatives involved. Such a grand experiment requires a monitoring and evaluation effort that fits with both country and global needs to demonstrate results, secure future funding and enhance the evidence base for intervention packages. In 2006, OECD published the first report on monitoring the Paris Declaration, using a small set of indicators developed to monitor the process of aid effectiveness. Building upon the OECD and disease-specific experiences, further work is needed to agree a set of indicators and monitoring methods. Country evaluations are rarely conducted as there are several barriers to evaluation, such as the need for collective action required; limited country capacity; fear of unfavourable results; technical issues limiting the ability to meet the demand for attribution to specific initiatives; and funding constraints. A common framework should be developed to overcome these barriers to scaling up evaluation, guided by the following principles:

- The primary focus should be on the contribution of the collective efforts to scale up the health sector response
- There needs to be a balance between country participation and independence
- The monitoring and evaluation systems will have to use common protocols and a choice of standardized outcome indicators and measurement tools, replacing the separate monitoring of the individual initiatives, grants and loans
- Systematic use of existing country institutions so as to strengthen national health information systems
- As a general guide, between 5% and 10% of the overall scale-up funds need to be set aside for monitoring and evaluation, with most of this going to the in-country efforts
- Special studies are required to address complex questions, such as how to allow general verification of the results produced by countries and evaluation teams



A working group has been established, whose objectives are to:

- Develop a common framework (with measurement strategy, indicators, investment guidance, and evaluation principles) for monitoring & evaluation, and health information systems strengthening in the context of the international and national efforts to scale up access to health services.
- Agree upon a set of indicators and methods to monitor aid effectiveness in the health sector, linking these to measurement of country progress

Members of the working group include representatives of WHO and World Bank (conveners), UNICEF, Global Fund, GAVI, UNAIDS, HMN, Bilaterals, NGOs, Centre for Global Development, and Country representatives. A draft framework paper will be presented at a meeting in January, for finalisation by the end of the month.

Useful links: [IHP+ Workplan](#)

COMING UP

- A country profile on Kenya
- The latest news on the UN Secretary General's MDG Africa Initiative
- **Version Française du 1^{er} bulletin - *Accroître les efforts et les ressources pour la santé (IHP+)***

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.