

**Health Systems and the Emerging
International Health Architecture
or
The International Health Partnership +**

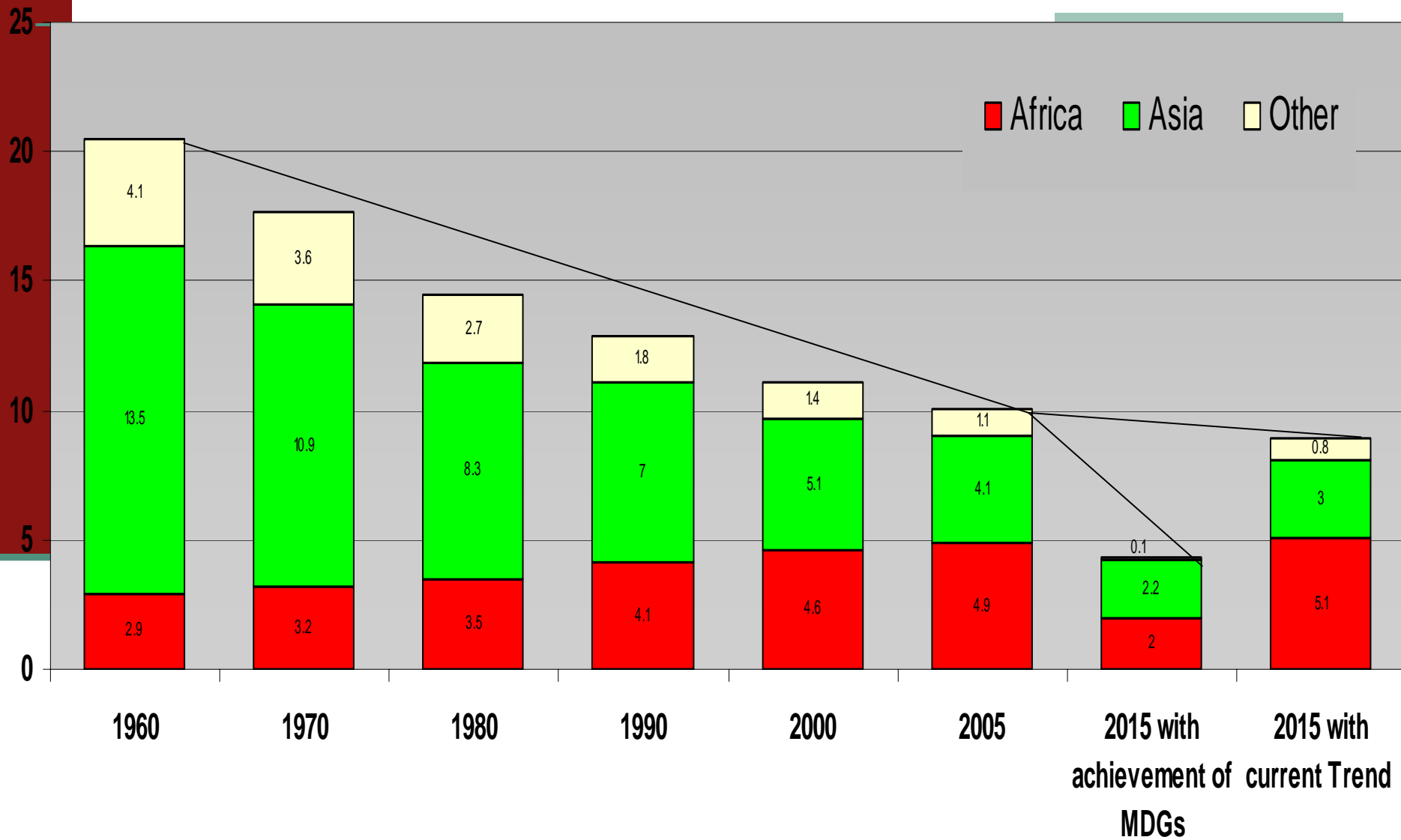
Center for Global Development
January 23, 2008



What is the rationale for IHP?

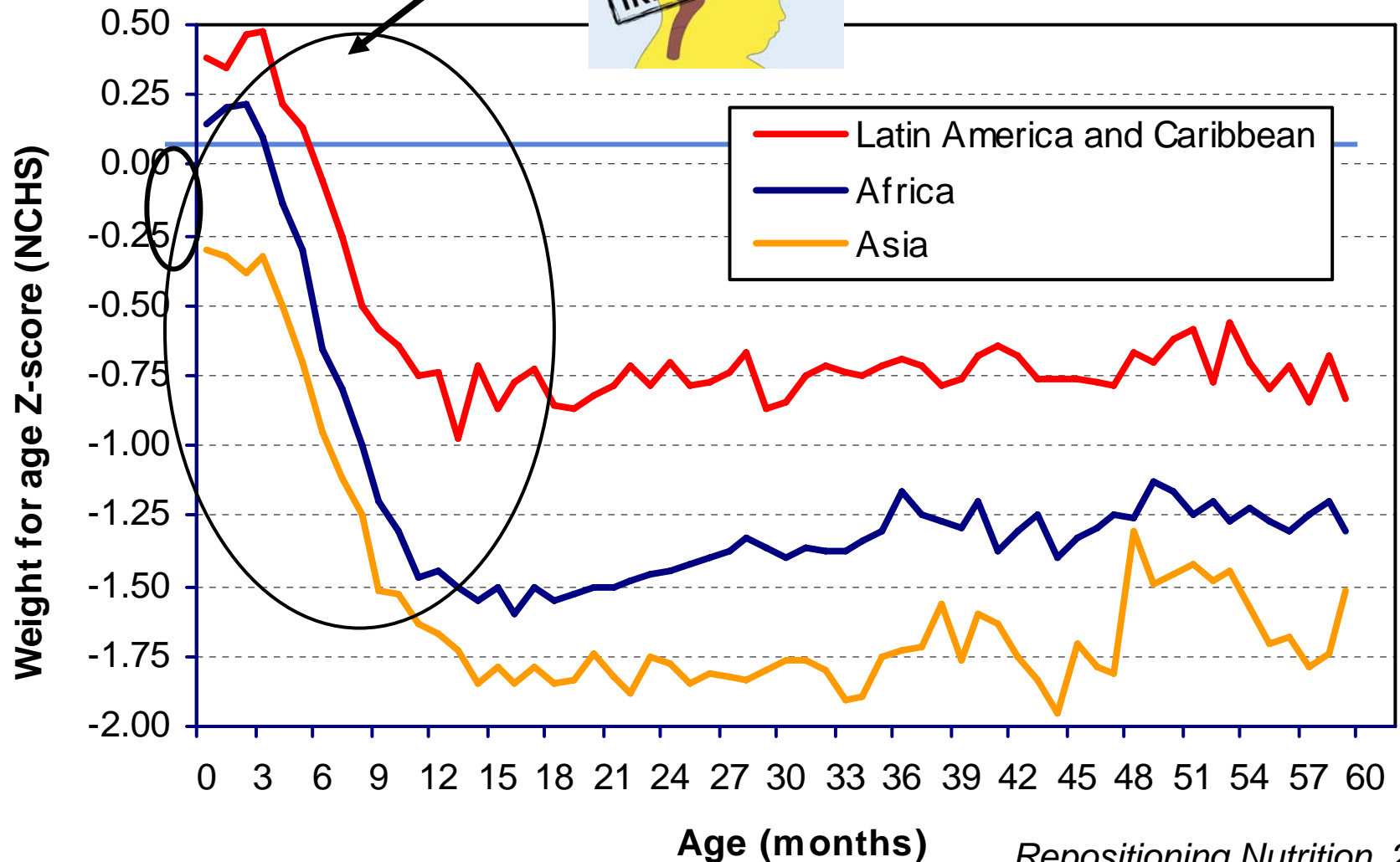
Progress towards MDGs: Inadequate

Trend in Under-Five Deaths, 1960-2015 (Millions deaths per year)

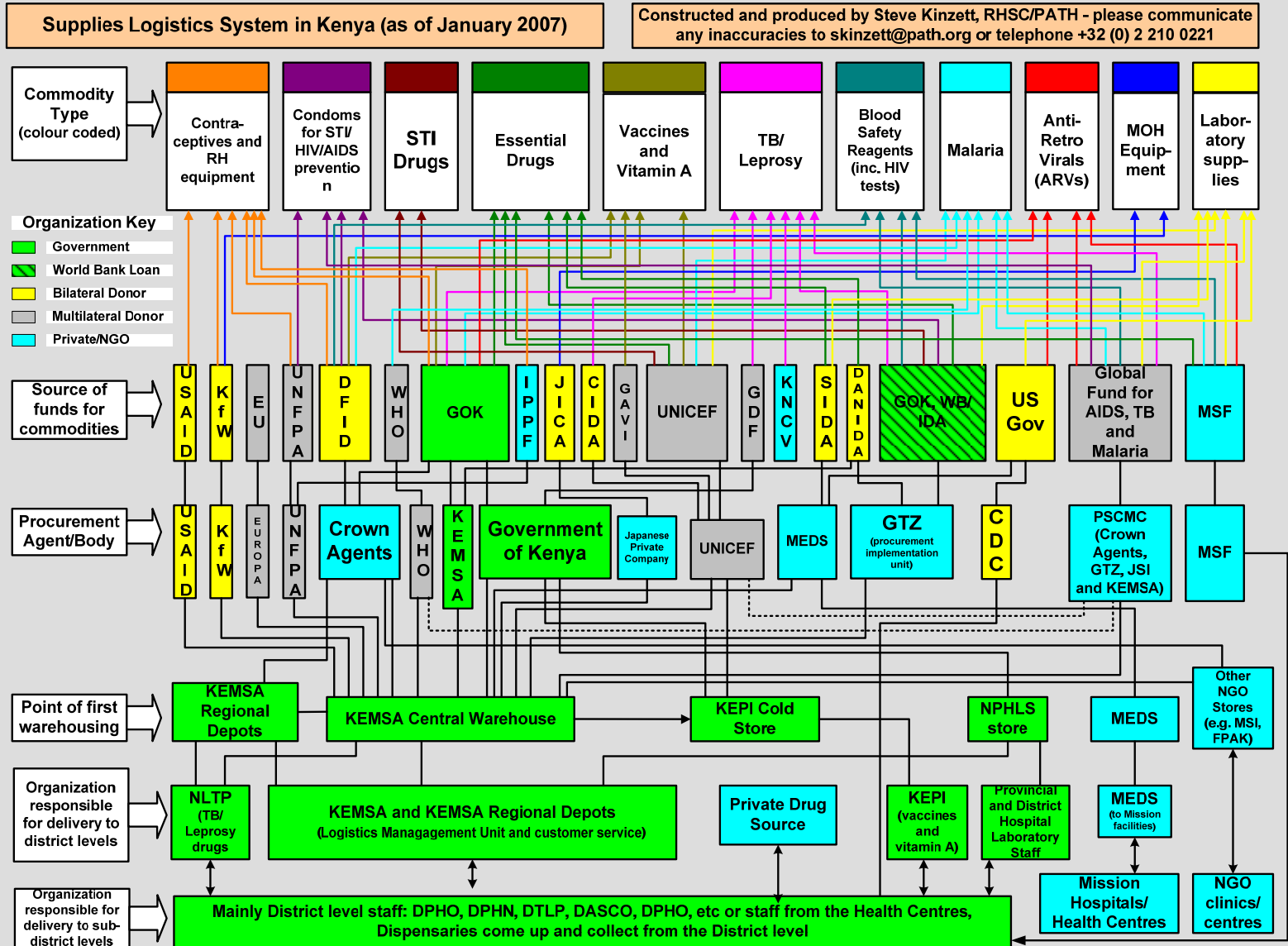


How can we improve nutrition?

The “**Window of Opportunity**” for Improving Nutrition is very small...pre-pregnancy until 18-24 months of age

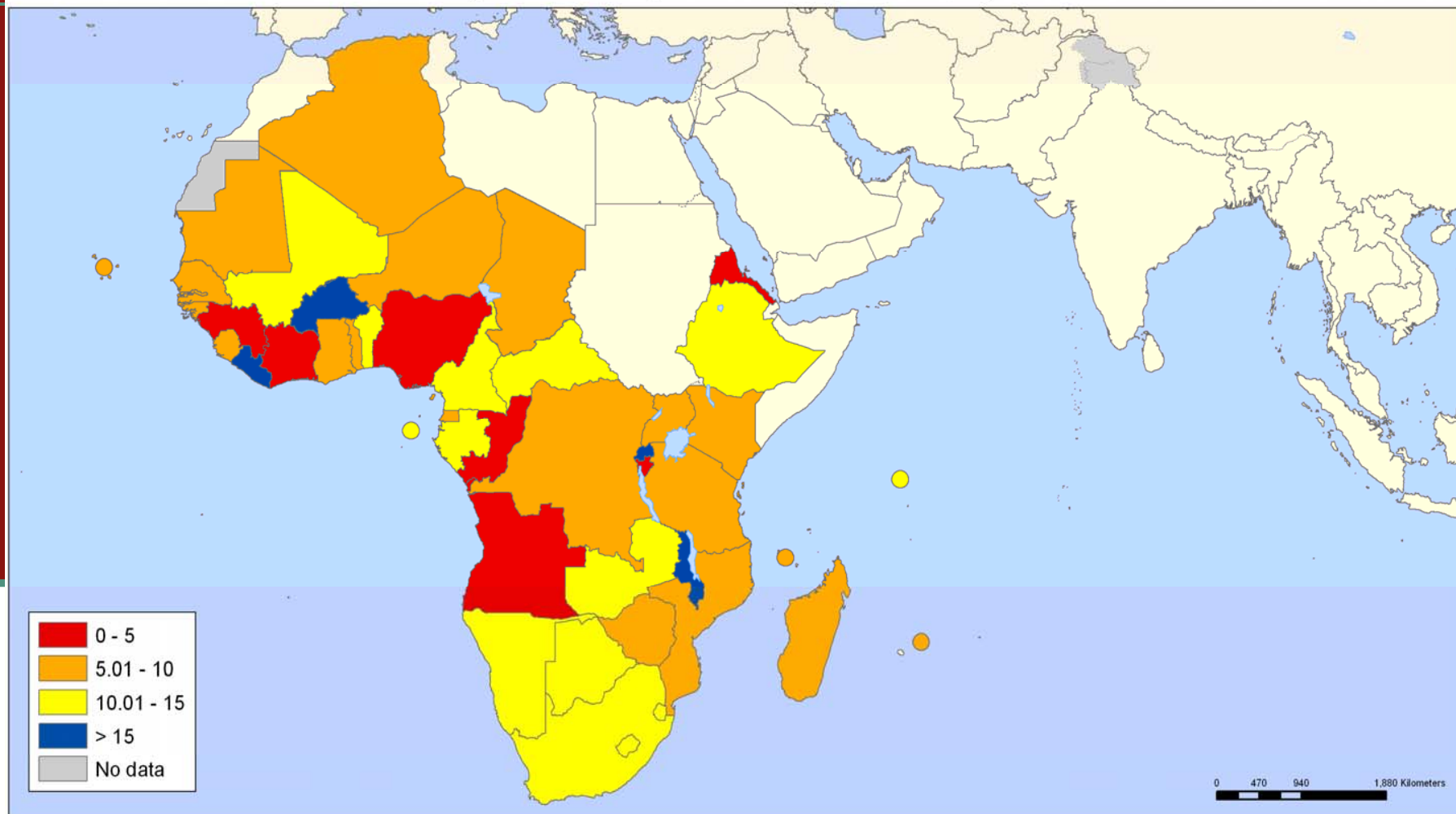


Support to countries: inefficient



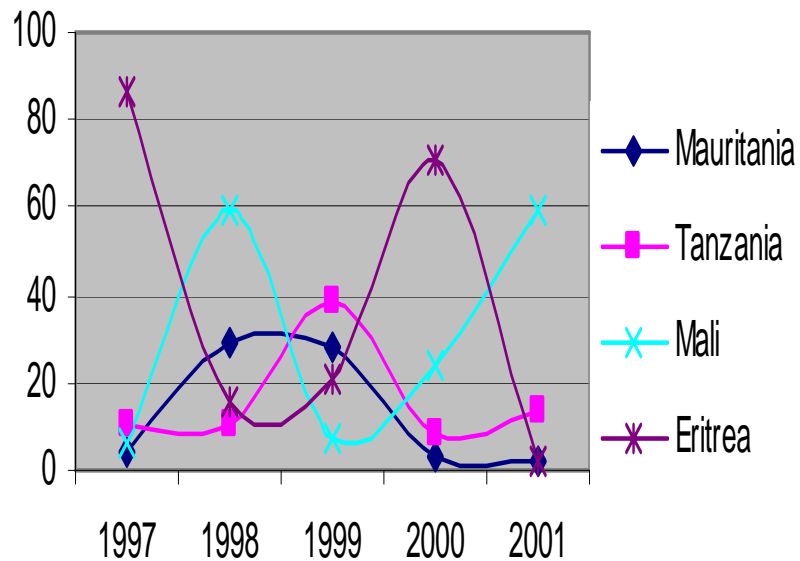
Investment in health: inadequate

General government expenditure on health in WHO African Region, 2005
(share of total government expenditure, %)

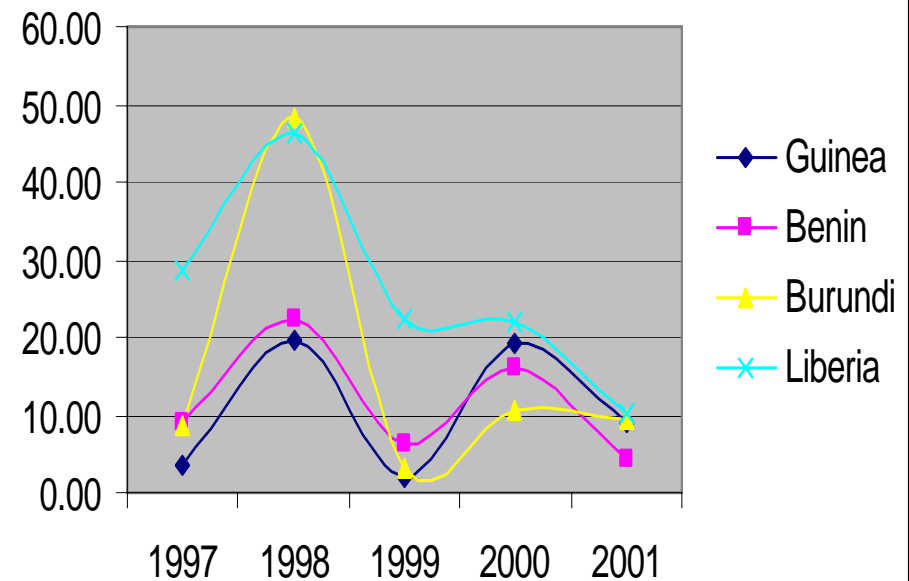


International funding: unpredictable

Donor Commitments for Health as % of Total Health Expenditure



Donor Commitment for Health as % of Total Health Expenditure



Health system constraints: unaddressed

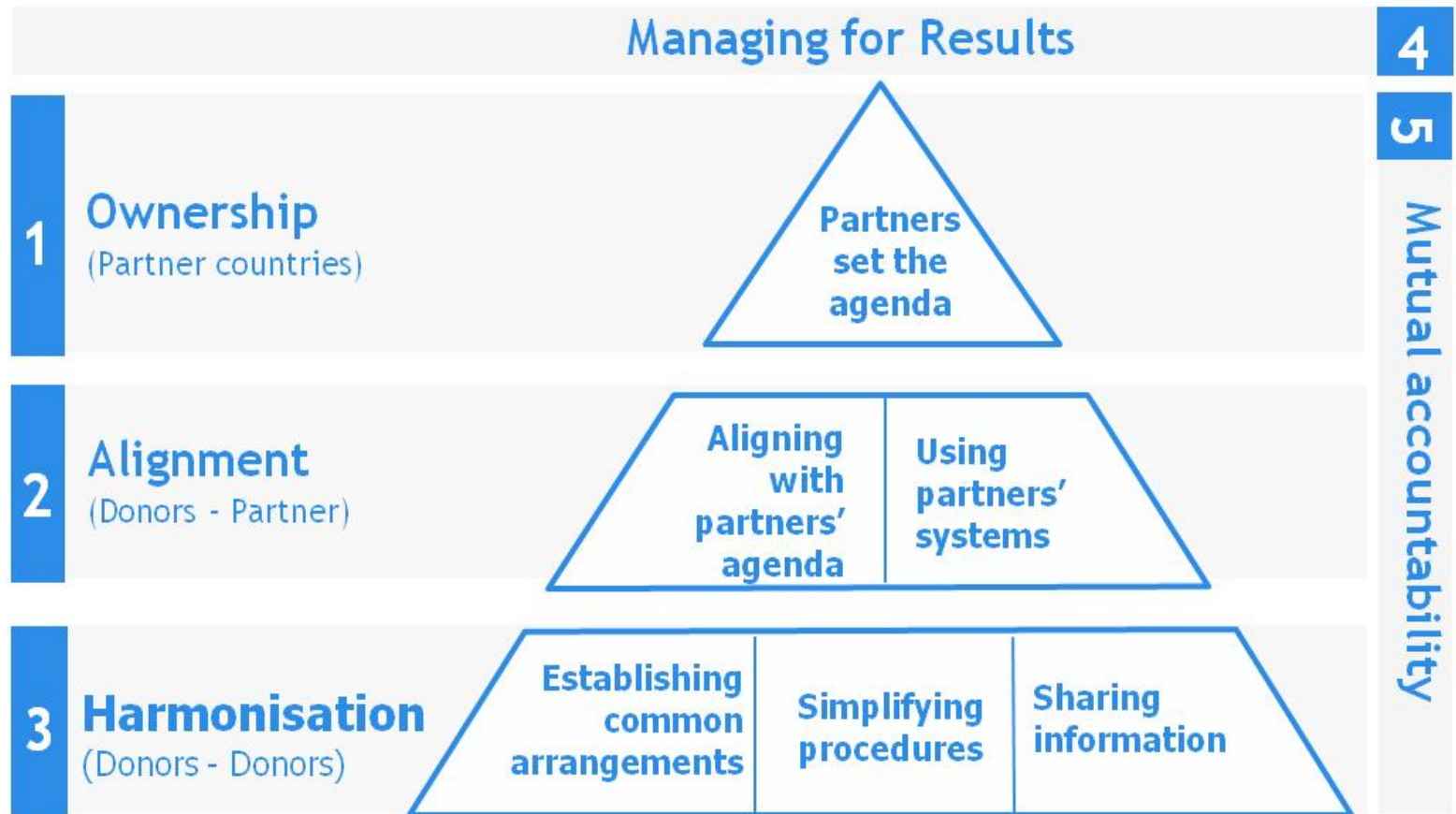
- **Human resources**
Production, retention and migration
- **Infrastructure**
Logistics, procurement, physical infrastructure
- **Catastrophic health expenditures**
Reduction of out-of-pocket expenditure – social protection
- **Ineffective delivery**
Integration, primary care, community engagement, non-state providers, management





What has been the response?

Paris Declaration on aid effectiveness



'High Level Forum' consensus

- **Lack of robust sector strategies, plans of budgets...**
- **Slow progress in implementing the Paris Principles**
- **Aid to be more flexible & predictable as well increase in size**
- **GHPs posed a particular challenge**
- **Weak links with broader development processes**
- **Weak domestic resource mobilization**
- **Limited attention to systems issues**
- **Lack of multisectoral approaches**



Common analysis of challenges

EVERYBODY'S BUSINESS

STRENGTHENING HEALTH SYSTEMS
TO IMPROVE HEALTH OUTCOMES

WHO'S FRAMEWORK FOR ACTION



HEALTHY DEVELOPMENT

THE WORLD BANK STRATEGY FOR
**HEALTH, NUTRITION, &
POPULATION RESULTS**



Common health systems agenda

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

OVERALL GOALS / OUTCOMES

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

Rising 'health systems awareness'

- **Health Metrics Network**
- **Global Health Work Force Alliance**
- **GAVI Alliance - Health Systems Strengthening**
- **The Global Fund - strategy applications**
- **International Health Partnership – compacts**
- **Global campaign for health MDGs**
- **Catalytic Initiative "to save a million lives"**
- **Providing for Health - national health financing**
- **Secretary-Generals Initiative for MDGs in Africa**

Strengthening Health Systems Scaling-up for Better Health

**International
Health
Partnership**

**Catalytic
Initiative to Save
a Million Lives**

**Deliver Now for
Women and
Children**

**Innovative
Results-Based
Financing**

**Providing for
Health
Initiative**



What does the IHP offer?

The IHP+ work-plan

- 1. Enabling countries to identify, plan and address health systems constraints to improve health**
- 2. Generating and disseminating knowledge, guidance and tools in specific technical areas**
- 3. Enhancing coordination and efficiency in aid delivery and strengthening health systems**
- 4. Ensuring accountability and monitoring performance**

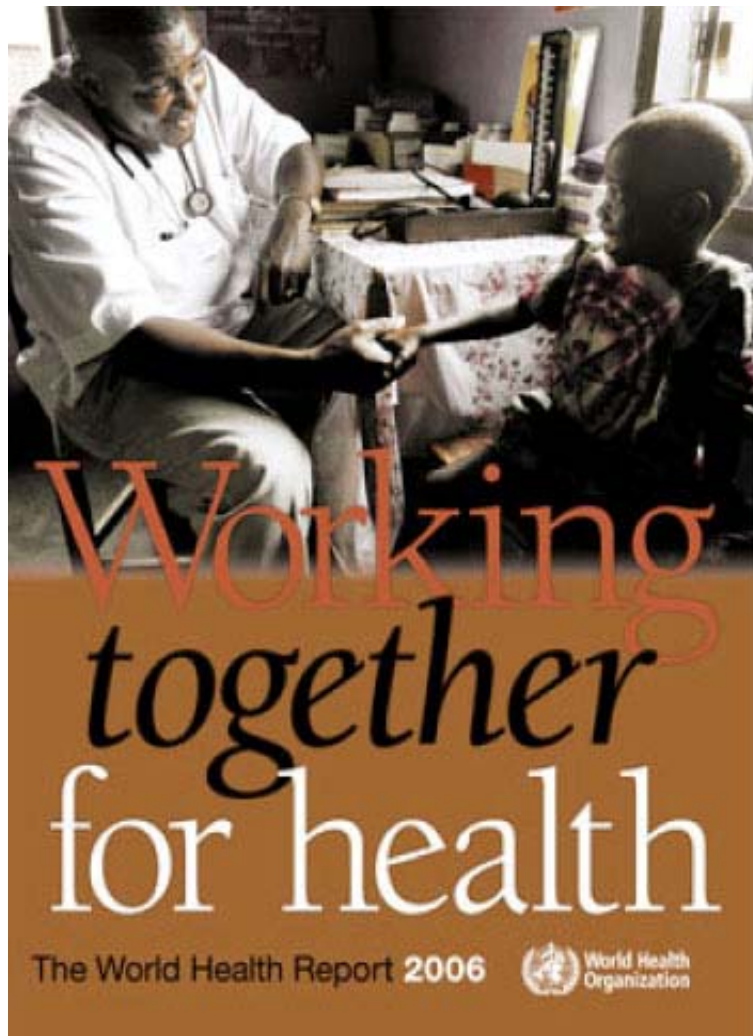
1. Enabling countries...

- Small IHP grants for:
 - Strengthening coordination capacity;
 - Joint analytical studies to assess constraints;
 - Exploring policy options for scaling-up;
 - Sharing of good practice;
- Cross-country sharing of experience;
 - Lusaka meeting: Benin, Burkina Faso, Burundi, Ethiopia, Ghana, Kenya, Niger, Mali, Madagascar, Mozambique, Nepal, Cambodia
- Country level 'compacts' by governments, national stakeholders, international agencies, and bilateral donors (8 in 'first wave');

What are 'compact' commitments?

- Results-oriented, costed national health plans and strategies,
- Long term, flexible funding linked to performance,
- Harmonized financial flows and disbursements,
- One country-based appraisal/joint validation process,
- Independent evaluations aligned with country sector reviews;
- *International agencies'*
 - joint harmonized technical assistance,
 - incentives for in-country coordination;
- *Governments*
 - increased domestic funding for health,
 - improved financial management, and
 - accountability to all citizens.

2. Generating knowledge...



Primary Health Care

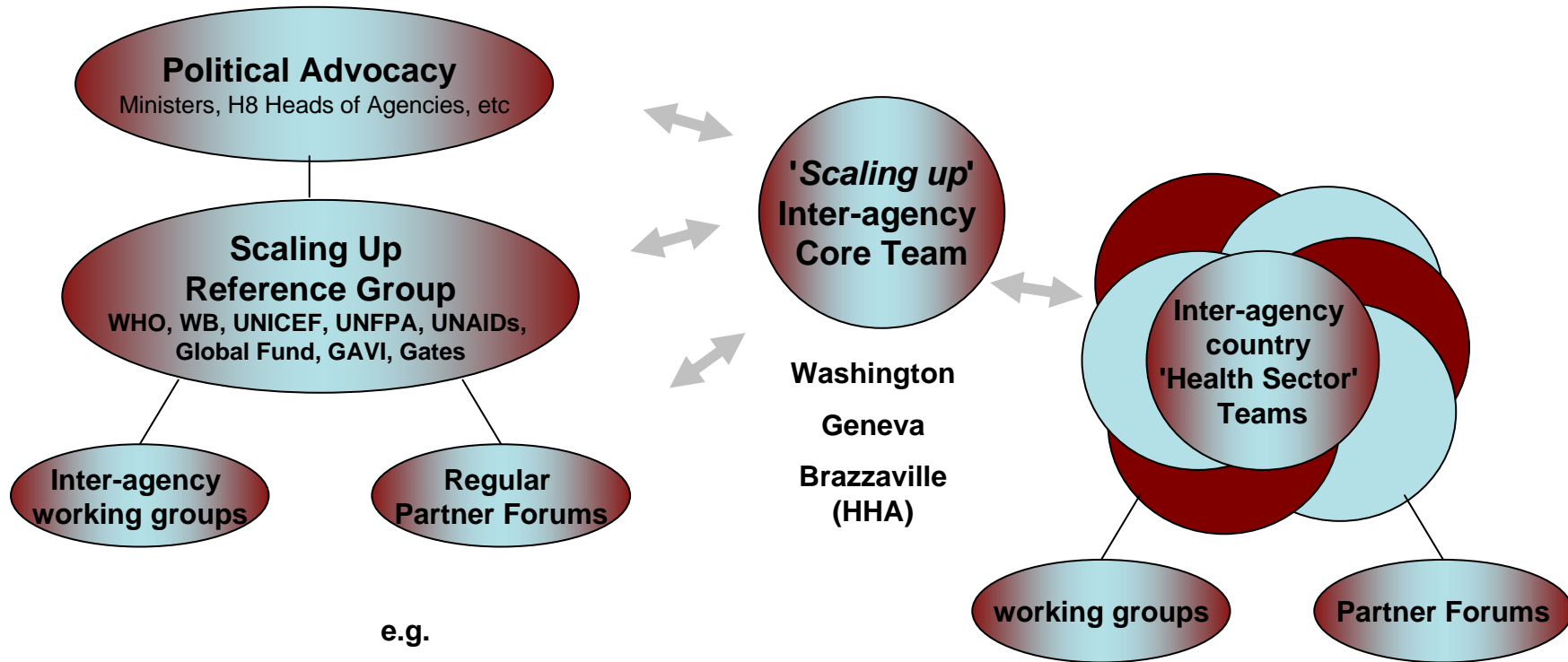
30 years on from Alma Ata

**The World Health Report
2008**

IHP Inter-agency working groups

- **National Plans and Strategies**
- **Results-Based Financing**
- **Aid effectiveness and health**
- **Service Delivery**
- **'Scale Up' Monitoring & Evaluation**

3. Enhanced Coordination...



e.g.

Development partners
(donors)

NGOs

Partnerships

Harmonization for Health in Africa



For WHO/AFRO



Luis Gomes Sambo
Regional Director

For UNICEF/WCARO



Esther Guluma
Regional Director

For UNICEF/ESARO




Per Engebak
Regional Director

For UNFPA



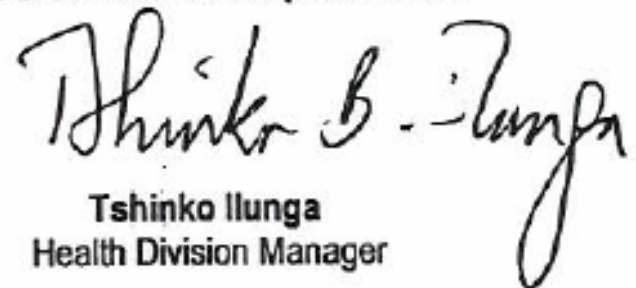
Fama Ba
Regional Director

For World Bank



Yaw Ansu
Director of Human Development for Africa

For African Development Bank



Tshinko Ilunga
Health Division Manager

IHP+ Communication

SCALING-UP FOR BETTER HEALTH (IHP+)

Issue No. 4 – 18 December 2007

HIGHLIGHTS

In this fourth issue of the Scaling-up for Better Health (IHP+) bi-weekly update, we profile Mozambique, provide updates on activities in Nepal and the evolution of the P4H Initiative, recent IHP events and also upcoming events in Geneva, Addis Ababa and Lusaka.

COUNTRY PROFILE – MOZAMBIQUE



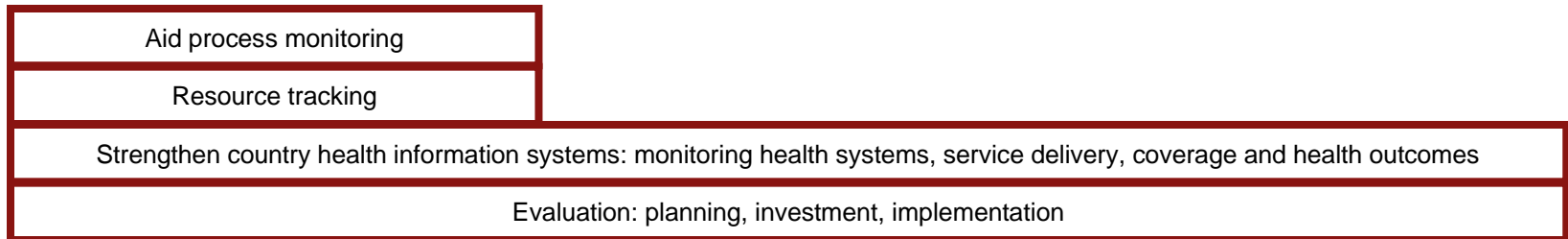
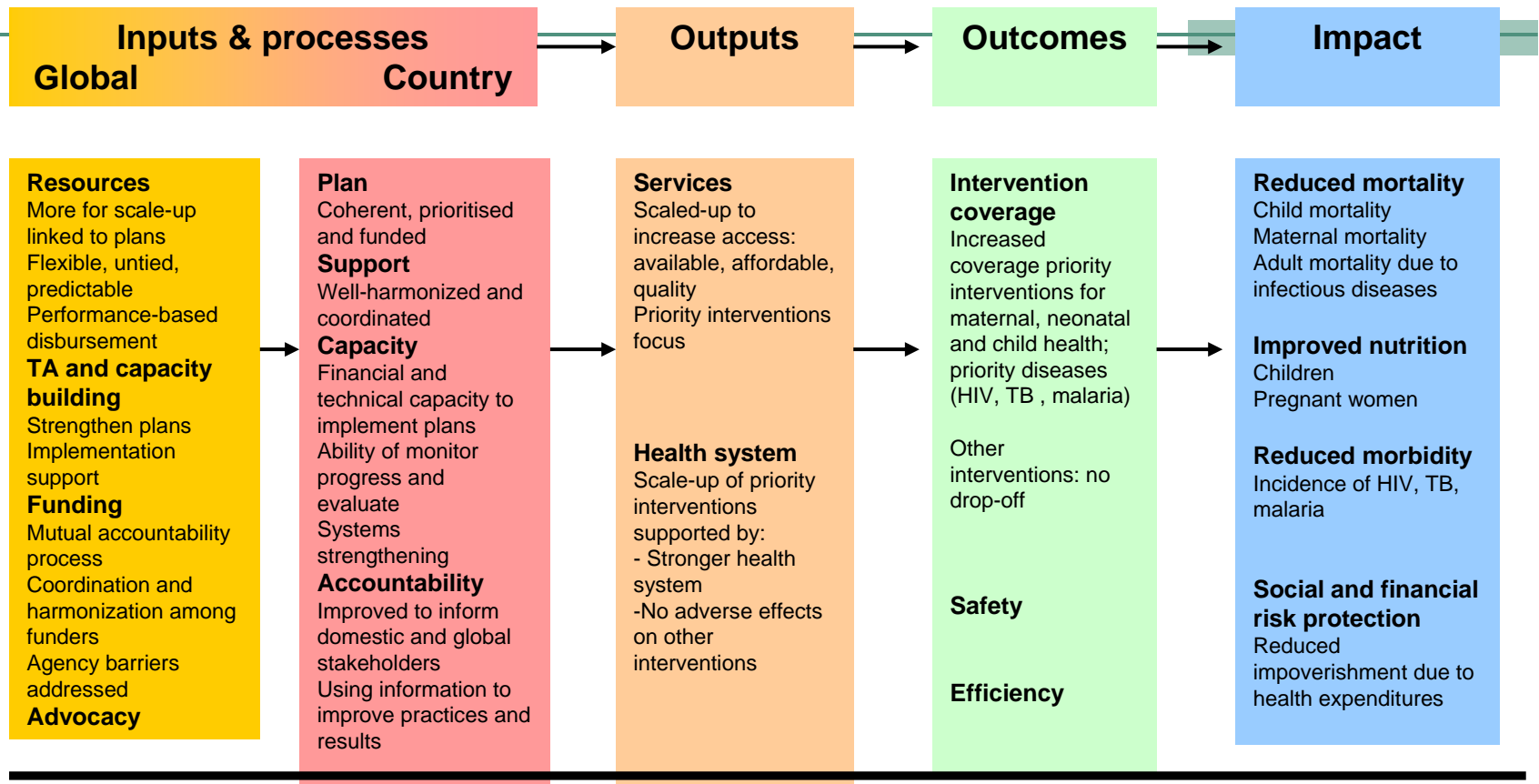
26-30 November 2007. Partner agencies conducted a mission to Mozambique with the objectives of supporting the government in preparing a roadmap towards an IHP compact and to assess the interest of the government and partners in undertaking a Medium-Term Expenditure Framework (MTEF) exercise that would help the government and partners improve medium-term planning of health expenditures, realistically assess the financing gap, and improve the predictability of financing. Many elements of a roadmap for IHP+ are already in place in Mozambique, such as:

- a mature SWAp;
 - a strong and consistent engagement of donors;
 - a five year plan (PESS) and an Operating Annual Plan (POA);
 - a single results framework (PAF Saúde);
 - a Code of Conduct and a Memorandum of Understanding;
 - a Joint Annual Review mechanism aligned to government reviews;
 - the pooling of funds (Budget support; PROSAUDE, Provincial Fund, and drugs fund in the process of consolidation);
 - a well-established MTEF process and the planned introduction of program/results based budgeting;
- Mozambique has made important progress in various aspects of its health development effort. There has been a notable reduction of NNMR, IMR and U5MR between 1997 and 2003. Eighty-four percent of pregnant women attend ANC. Skilled attendance at birth has increased. Treatment and care of persons living with AIDS has significantly improved and government spending on health per capita has doubled from US\$7 in 1996 to US\$14 in 2005. The increase is attributable to a positive economic growth rate and an increase in public spending.

4. Accountability & performance..

- **Global accountability**
 - **Addressing agency constraints & commitments**
 - **Civil society review**
- **Monitoring and evaluation framework**
- **Progress reports for high level events**
 - **Health 8**
 - **Ministerial review**

Framework for monitoring performance and evaluation of the campaign for the health MDGs



M & E needs

Challenges...

- **Increasing the political momentum without (too many) more initiatives...**
- **Adhering to current commitments (eg HIV/AIDs & RH targets)..**
- **Options for civil society and private sector engagement...**
- **Bilateral commitment to multilateral management...**
- **Widening donor engagement, eg PEPFAR...**

Thank you...

