

IHP+ Ministerial Review Communiqué **5th February 2009**

We, the signatories of the Global Compact of the International Health Partnership and related initiatives (IHP+), met in Geneva on the 4-5th February 2009 to take stock of progress so far, to review lessons, and examine ways to maintain commitment and momentum.

We welcomed Uganda and Rwanda as new signatories to the Global Compact. We recognized the significant positive steps have been taken, in particular the growing support to multi-sectoral national health and AIDS plans in Ethiopia, Nepal, and Mozambique through Country Compacts that set out concrete commitments and actions at the country-level.

Acknowledging the critical importance of securing additional resources, we welcomed the establishment of the High Level Task Force on Innovative International Financing for Health Systems in September 2008. We encourage all stakeholders, including Civil Society, to participate in the Task Force consultation process, and look forward to considering the recommendations of the Taskforce later in 2009. The current severe global economic downturn will put pressure on the development budgets of donor countries and make it difficult for developing countries to sustain domestic funding for health. We agreed that this increases the importance of our objectives to secure more effective and predictable financing, as well as additional resources to achieve the health MDGs. We reaffirmed our commitment to maintaining levels of development aid and domestic health budgets. We also commit to delivering predictable financing, and ensuring the effective use of all domestic and external resources. This is critical to achieving results and attracting additional resources.

We considered the findings of the first Independent Review of the IHP+. The review set out a number of key actions required for commitments to be met and benefits achieved. In light of this, we agreed that 2009 must see an acceleration of progress, so that tangible change can be achieved at all levels in support of countries. We agreed to bold actions in six key areas outlined below. Progress in all of these areas will be reported at the next IHP+ Ministerial Review, and at other meetings on aid effectiveness.

1. Improving how we work to implement the agreements in Country Compacts and to expand the partnership to other countries and partners. National health and HIV/AIDS plans are at the centre of Country Compacts¹. Developing country government signatories commit to take a strong leadership role, engaging with national and international IHP+ stakeholders², including Civil Society, and the private sector. National

¹ Or equivalent documents that build on coordination agreements.

² Groups that work on health under a government lead have various names, but all aim improve the coordination of international assistance in support of national strategies to deliver health outcomes.

authorities and external development partners commit to energetically support the implementation of the agreements in the Country Compacts they have signed, supporting the development of new Country Compacts and working towards filling the financing gaps identified. They commit to improving the effectiveness of their work in country by: strengthening team work and making it inclusive, focusing on national results frameworks; strengthening mutual accountability mechanisms; putting in place incentives for more effective collaboration in countries; and, ensuring that organisations without country representation, such as GFATM and GAVI, can participate effectively³. To avoid unnecessary demands on national capacity, they further commit to decreasing fragmentation, and streamlining coordination mechanisms. Overall, we will collectively aim for the completion of 10 Country Compacts by the end of 2009.

2. Establishing a joint process for in-country assessment of national health and HIV/AIDS plans and strategies. Recognizing the leadership of countries in developing comprehensive national health and HIV/AIDS plans and strategies⁴, all IHP+ signatories will prioritise, through their internal decision-making structures, the endorsement of a joint process for assessing their quality that balances country-owned and robust review elements. This will prevent parallel reviews and processes, decrease transaction costs, and align compact development with the goals and priorities of national health plans. Jointly assessed national health plans will become the key input into funding decisions by development partners, and should also contribute to expanding domestic financing for health. The process for developing the assessment approach will be transparent and consultative. Countries involved in the consultation will facilitate broad stakeholder involvement, including Civil Society. Development partners will ensure that their country offices are well briefed and actively engaged, and that they support strengthening the capacity of countries to develop comprehensive national health plans. A final acceptance of this assessment process for future national health plans is expected by September 2009.

3. Accelerated progress by development partners on realising the behaviour changes set out in the Global and Country Compacts, in accordance with commitments made in the Paris Declaration on Aid Effectiveness and Accra Agenda for Action. We recognise that in many cases significant changes in corporate policies and procedures are required to effect the transformations in country-level behaviour that the IHP+ envisages. In particular, it will be important to strengthen the delegated decision-making authority of development partner representatives at the country-level. This will ensure that they can meet the commitments to move to common planning, funding and monitoring that have been made in Country Compacts. Donors will ensure

³ A detailed analysis of collaboration in countries ("*Options for strengthening country health sector teams*") has been completed and will now be disseminated and discussed in all countries.

⁴ These include health sector plans, multisectoral HIV/AIDS strategies, tuberculosis, and malaria strategies and other programme-specific strategies related to MDGs.

consistency of their policy positions within the governance structures of all multilateral agencies. Multilateral agencies and bilateral donors commit to concrete changes of their business policies and procedures in accordance with the Accra Agenda for Action. We commit to transparency and all funds mobilized should appear in national budgets. Agency-specific commitments are set out in the Annex. The IHP+ also encourages all development partners to join, and will actively seek the engagement of additional EU member states, the USA and Japan in 2009.

4. Establishment of a robust framework for mutual accountability. As agreed in Country Compacts, all IHP+ partners commit to one common results framework using a common set of indicators and to providing resources to collect necessary data. All IHP+ partner commit to full participation in, and support for, the country-level accountability mechanisms. Recognizing the importance of mutual accountability at the global level, we have also mandated an annual independent monitoring and evaluation review of the IHP+. Signatories will explore mechanisms for providing ongoing in-country feedback to development partners to accelerate the achievement of commitments. This will include review of performance against Country Compact commitments and the commitments made in this Communiqué. We stress the importance of Civil Society engagement in global- and country-levels accountability mechanisms.

5. Support for Civil Society engagement at all levels. We commit to meaningful Civil Society engagement at all levels by proactively supporting and adequately resourcing activities to improve coordination and strengthen capacity, especially of national Civil Society organizations. We acknowledge that Civil Society participation is critical in Country Compact development, implementation and monitoring, as well as in assessing needs, setting priorities, developing, implementing and monitoring of national health and HIV/AIDS plans and strategies to ensure accountability.

6. Harmonization of procurement policies. All IHP+ partners will strive to achieve a common approach to procurement and alignment with national procurement policies and processes.

Annex: IHP+ Ministerial Review **Specific Development Partner Commitments**

As noted above, Country Compacts are the key vehicle for implementation of the IHP+. Developing countries commit to vigorous implementation of their Country Compacts – or where they have not been finalised – to pressing ahead with design and agreement of Country Compacts. Bilateral and multilateral development agencies commit to firm implementation of their commitments within Country Compacts in the countries where they are active in the health sector.

Further to these commitments, development agencies have also made a number of agency specific commitments:

A. Multilateral Agency commitments

GAVI: In 2009, GAVI will further its initiatives to align processes with country-level plans and objectives by piloting a new approach to funding and monitoring in a number of IHP+ countries, starting with Ethiopia and Mozambique. This builds on GAVI's earlier decision to provide financial support for strengthening Ethiopia's health service capacity through Ethiopia's MDG Performance Fund. The GAVI Board committed to support the IHP+ in October 2008 and will monitor progress through 2009.

The Global Fund to fight AIDS, Tuberculosis, and Malaria: The Global Fund will continue to support programs for the three diseases and for health systems strengthening that: reflect country-ownership; are inclusive of all stakeholders and partners including government, Civil Society and the private sector; and that are evidence-based, accountable and performance-based, consistent with the Accra Agenda for Action. The Global Fund will continually evaluate and seek to improve its own compliance with the Accra Agenda for Action.

The Global Fund will complete the design of a new financing architecture to simplify grant management and processes and increase alignment with countries, to be implemented from 2010.

The Global Fund will implement a process to accept national strategies as financing instruments ("national strategy applications"), beginning with a "first learning wave" of disease-specific strategies in several countries. This process will be harmonized with the work of the IHP+ on joint assessment of national strategies. The Global Fund aims to have the first national strategy applications submitted by June 2009 and approved by the Board in November 2009 for implementation from 2010.

The Global Fund will monitor all grants for consistency with the principles of the Paris Declaration on Aid Effectiveness, identifying opportunities to simplify processes, enhance harmonization and alignment, validate and improve data quality, strengthen monitoring and evaluation partnerships at country-level and link data to the Global Fund's performance based funding model.

GAVI and the Global Fund will jointly explore opportunities for common programming and funding support for health systems strengthening, building upon the establishment in 2008 of common membership of proposal review committees.

The UN Delivering as One

In keeping with the principles of the IHP+ and the recommendations of the UN Secretary General's High-Level Panel on UN System-wide Coherence, the following UN Agencies commit to continuing to work towards delivering in a more coordinated way at the country-level to accelerate progress to achieve the Millennium Development Goals (MDGs). Building on their strengths and with particular focus on IHP+ Countries, they will move towards a consolidated UN country presence, ideally with one programme and one budgetary framework, and an enhanced role of the UN Resident Coordinator.

UNAIDS commits to supporting a coordinated AIDS response and to assisting all stakeholders, including Civil Society, to develop and implement quality costed and budgeted national HIV/AIDS strategic and action plans and an integrated monitoring and evaluation framework. These plans and actions will be integrated into the broader national development planning processes, and will be consistent with sector-specific plans, including health plans. UNAIDS areas of focus are consistent with IHP+ joint assessment requirements, and UNAIDS will ensure progress in countries in the IHP+.

UNDP will support Resident Coordinators in promoting stronger alignment of UN Country Teams with national processes, emphasizing coordinated planning and optimal use of resources to achieve the MDGs, in line with the Triennial Comprehensive Policy Recommendation. A particular effort will be made to ensure the development and use of a common UN health component within the UNDAF, with involvement of all appropriate agencies and programmes, under the leadership of the Resident Coordinator or WHO Representative as appropriate in different country circumstances. Furthermore, in 2009, UNDP will initiate an evaluation of the Joint UNDP - World Bank – UNAIDS Programme on Mainstreaming HIV into Development Plans and Instruments, ensuring that the evaluation is designed to identify lessons of relevance for IHP+ and Country Compacts.

UNFPA provides technical and programme support for the integration of all elements of sexual and Reproductive Health into the national/sub-national planning and budgetary processes that is inclusive of all stakeholders. To do so, UNFPA has been strengthening its capacity to more effectively support countries in this regard. A pro-active partner in the health sector reform/Sector-Wide Approach (SWAp) processes in more than 30 countries, and contributing to pooled funding in at least 12 countries, of which 4 are countries in the IHP+ (Cambodia, Mozambique, Zambia, Ethiopia), UNFPA has developed a guidance note and is training its staff on its role in the

changing aid environment. This will be updated in 2009, to include more information on financial rules and regulations as well as on risk management. It will subsequently become an integral part of the national programming cycle. UNFPA has initiated the implementation of a joint statement, signed by UNICEF, WHO and the World Bank, which establishes a clear division of labour among the four agencies, both at the global and country-levels in support of Maternal, Newborn and Child Health.

UNICEF's country programmes of cooperation - specifically its support to health, nutrition, water and sanitation and HIV sectors - will be fully aligned with national development frameworks and planning processes, harmonized with the inputs of other UN agencies and partners, and work within in-country coordination mechanisms. UNICEF's programme support will be oriented towards strengthening integrated primary health care systems that focus on reduction of maternal and child mortality and under-nutrition.

UNICEF's technical support will be oriented towards leveraging resources for national priorities and goals, while 'making the money work' and paying special attention to measuring results through regular multiple-indicator cluster surveys and other data gathering and evaluation mechanisms. UNICEF country offices will have the required technical capacity to support results-based planning and budgeting for Country Compact development.

WHO, under the stewardship of the Government at the country-level, will facilitate the coordination and harmonization of international efforts, and lead the UN response, to strengthen national health plans and their related results frameworks. WHO will use its Country Cooperation Strategies (CCS) to align with the National Strategic Health Plan cycles and shape the health dimension of cross-agency tools such as the UNDAF. WHO will also use the agreed common progress and results framework to monitor and assess its contribution. At regional and global-levels, WHO will steer the quality improvement of harmonized technical cooperation to strengthen the national capacity for better health outcomes, using a primary health care approach to strengthening health systems. In the Africa Region, this will be done through the Harmonization for Health in Africa initiative. WHO will also strengthen its country and regional capacity to take the IHP+ agenda forward.

The World Bank has created a "Health Systems for the Health MDGs" program to fund and implement a coherent country-led health sector program. The Bank currently provides policy advice and technical support to all IHP+ countries and is locating senior staff skilled in health systems strengthening implementation in Ethiopia, Mali, Mozambique, and Nepal in calendar year 2009, and other IHP+ countries (Benin, Burundi, Cambodia, Ghana, Kenya, Madagascar, Nigeria, Rwanda, and Zambia) through 2011. Additionally, two regional hubs staffed by local and international experts have now been established in Nairobi and Dakar.

Together with its local and international partners, the Bank will also provide technical support to build capacity in countries with a high-burden of under-nutrition.

The World Bank and UNICEF have agreed on a template for a procurement agreement to be used by World Bank borrowers when UNICEF provides them with health goods and related services. The Bank is taking steps to apply the UNICEF template to agreements with other UN agencies, with high priority being accorded to the Global Drug Facility for TB.

B. Bilateral Partner Commitments:

The following bilateral donors recommit to move towards the goal of 0.7% of Gross National Income (GNI) in overseas development assistance (ODA):

- **Australia** reaffirms its commitment to increase ODA to 0.5% of GNI by 2015. In addition, Australia will continue to work to increase the efficiency of investments in health by providing programmatic support and working closely with partner governments and other stakeholders to implement national health plans and improve service delivery.
- **France** is firmly committed to spending a billion US dollars a year in health for Sub-Saharan Africa by 2012 and to spending 0.7 % of GNI on ODA by 2015.
- **Germany** increased its contribution to the global response to HIV/AIDS, Malaria, Tuberculosis and to health system strengthening from €300m (2006) to €500m (2008) and intends to adhere to this high level of commitment.
- The **Netherlands** will maintain its commitment to spend 0.8% of its GNI for ODA.
- **Norway and Sweden** will maintain their respective commitments to spend 1% of GNI in 2009 for ODA.
- The **UK** remains firmly committed to spending 0.7% of GNIA on aid by 2013 – two years ahead of the EU target. The UK will spend £ 6 billion on health systems and services up to 2015 and an additional £ 1 billion to the Global Fund between 2008 and 2015. This includes an estimated £450 million over the next three years to support national health plans in 8 IHP+ countries (Ethiopia, Mozambique, Kenya, Zambia, Burundi, Nigeria, Cambodia and Nepal). In 2009, the UK will provide support to Civil Society groups at the country-level so that they can effectively and meaningfully engage in the IHP+ process.
- **Italy** remains committed to achieve the final target of spending 0.7% of GNI on ODA.

Bilateral donors will increase the focus on ensuring strong health systems needed to achieve the health MDGs.

- **Australia** is committed to accelerating progress against the health MDGs including through increased support of AU\$250 million over four years for maternal, newborn, and child health.

- **France, Germany, Italy, Netherlands, Norway, Sweden and the UK** will continue high-level political advocacy for sexual and reproductive health and rights, and empowerment of women.
- **Australia, Italy, Netherlands Norway, Portugal, Sweden and the UK** will continue high-level political advocacy and mobilization for the health-related MDGs focusing on women and children, including through the Network of Global Leaders.
- **Canada** has committed to assist sub-Saharan countries for financial assistance and to support the implementation of national health sector strategic plans under the Africa Health Systems Initiative (AHSI – CAD\$ 450 million, 2006-2016) . This commitment of CAD\$ 450 million is part of honoring Canada’s pledge to double its international assistance to CAD\$ 5 billion by 2010-2011 in 2010-11 from 2001-2002 levels and to double aid to Africa to CAD\$ 2.1 billion in 2008-2009 over 2003-2004 levels.

Bilateral donors will support innovative mechanisms to finance health systems and achieve results for the health MDGs.

- **Australia, France, Germany, Italy, Norway, Sweden** and the **UK** fully support the Taskforce on Innovative International Financing for Health Systems, which aims to identify innovative financing mechanisms in order to promote the mobilization of additional resources needed to strengthen health systems, to support health workers, and to save the lives of ten million women and children. These partners are committed to taking forward the recommendations of the Taskforce with the international community.
- **Australia, Italy, Norway, Sweden** and the **UK** will support innovative approaches to health financing, including performance-based financing, subject to the findings of the Taskforce.
- **France** will advocate for increasing the number of countries participating in health financing through a ticket levy.
- **France and Germany** will promote the Providing-for-Health Initiative in order to expand social security schemes for health in developing countries.
- The **Netherlands** will support and implement innovative approaches to health financing and risk pooling through the Health Insurance Fund.
- In countries where **Italy** has signed the Country Compact, it will continue to provide financial and technical assistance.
- Within the Community of Portuguese Speaking Countries (CPLP), **Portugal** will advocate and promote the IHP+ initiative. Currently Portugal is supporting the development of a Joint Health Cooperation Strategic Plan focusing on strengthening National Health Systems.

C. Other Development Partner Commitments

AfDB will continue to strengthen its presence in IHP+ countries as well as other countries. Field Office staff in three IHP+ countries (Kenya, Madagascar and Nigeria) includes health specialists. Under this thrust, 40% of current AfDB Tunis-based health specialists will be assigned to the field by

2010. Through the Harmonization for Health in Africa initiative, AfDB will continue training of health planners and economists to assist non IHP+ countries preparing result-based health plans as well as IHP+ Compacts.

The Bill & Melinda Gates Foundation will continue its efforts to develop new lifesaving technologies, and work to ensure that all countries have access to these technologies. The foundation encourages the establishment of a common data architecture in order to reduce transaction costs in country, support national decision making, and help countries to maximize the impact of their health system investments. The foundation will also continue to examine ways in which the private and informal sectors can add to the already well-established role of the public sector in producing desired health outcomes. Ideally, the role of each sector in financing and delivery of healthcare should be articulated in national health plans.

Civil Society: Civil society Scaling-up Reference Group (SuRG) representatives will establish an independent CS Advisory Group by March 2009 to ensure adequate input of a broad range of health constituencies and issues. Focal point CS members and/or organizations will be identified in each of the IHP+ countries by the end of the first quarter 2009 and country level CSO health platforms will be established in at least four countries by end 2009 to serve as mechanisms for improving coordination of health-focused CS, for identifying and addressing capacity gaps of CSOs. In the second quarter of 2009, CS reps, in collaboration with the Advisory Group and a wider network of CSOs, will develop an accountability tool to use to independently assess the extent to which development partners and governments are fulfilling on global IHP+ and compact commitments.

Organization for Economic Co-operation and Development is pleased to see the strong commitment of IHP+ to implement the principles of the Paris Declaration on Aid Effectiveness and Accra Action Agenda and confirms its availability to respond to the information needs involved in assessing progress against the IHP+ from an aid effectiveness perspective.

The European Commission (EC) will continue to increase the degrees of alignment and predictability in IHP+ countries, mainly through budget support. In five of the IHP+ countries (Madagascar, Mali, Zambia Rwanda and Uganda), the EC will channel its support to health through "MDG contracts", with a six year horizon of predictability and related to health outcomes. The European Commission will increase its capacity in health policy dialogue, macroeconomic support and national health allocations. In order to facilitate the expansion of the IHP+ process to countries in critical need of increased, aligned and predictable external support for health, the European Commission will also contribute by: mapping critical public financing needs for health matched against international health aid; and identify health aid orphans, often those in fragile contexts.

The United States, although not a signatory of the IHP Compact, welcomes the contribution of the IHP+, and supports the principles on which it is based, which derive from the Paris Declaration on Aid Effectiveness.