

Global trends in development effectiveness in health

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Development landscape changing

- Shift from aid effectiveness to more inclusive notion of development effectiveness (Busan, 2011)
- Traditional donor development assistance for health plateaued; rise of non traditional donors (BRICS)
- Focus on results
- Many lower/mid income economies growing; external funds still important
- Big push on MDG's by 2015; post 2015 agenda; universal health coverage
- Still growing number of new initiatives
- Changes influenced IHP+ meeting, Dec 2012



IHP+ adapting

- Key message from IHP+ meeting 2012: there is progress in development cooperation in health, but it remains slower than anticipated; countries have moved further than development partners in putting principles into practice
- The most critical areas for action that were identified have since become known as the seven behaviours. Improvements in these behaviours will help accelerate results.
- They are not new but they are important. Faster progress requires action by all development partners – governments, CSOs, private sector and by international development partners

The seven behaviours: not new but important



1. Agreement on priorities that are reflected in a **single national health strategy** and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.
2. Resource inputs are recorded **on budget** and in line with national priorities.
3. **Financial management systems** are harmonized and aligned; requisite capacity building is being done or underway, and country systems strengthened and used.
4. **Procurement/supply systems** are harmonized and aligned; parallel systems phased out; country systems strengthened and used, with a focus on best value for money.
5. Joint monitoring of progress and results, based on **one information and accountability platform**.
6. Opportunities for systematic learning between countries are developed and supported by agencies (**south-south/triangular cooperation**).
7. Provision of strategically planned and well-coordinated **technical support**.

2013: commitment to intensified action on seven behaviours by all development partners



Dec. 2012
IHP+ Country Health Teams meeting ->
Key messages to heads of agencies, ministers

April 2013
7 behaviours from Nairobi endorsed by Heads of Agencies
Countries signal interest in 'intensified approach'

May 2013
New IHP+ signatories – include USAID
WHA Technical Briefing Aligning for Better Results co-chaired by DG and Jim Kim

June – Dec 2013
Intensified action on 7 behaviours: twin-track approach
Global health leaders agree collective focus on M&E
Rapid reviews in Senegal; Sierra Leone; Myanmar

2014
Jan
IHP+ & RMNCH accountability mtg debate on global reporting requirements
1st IHP+ Steering Committee meets
10 Apr agencies report on reducing global reporting requirements in DC

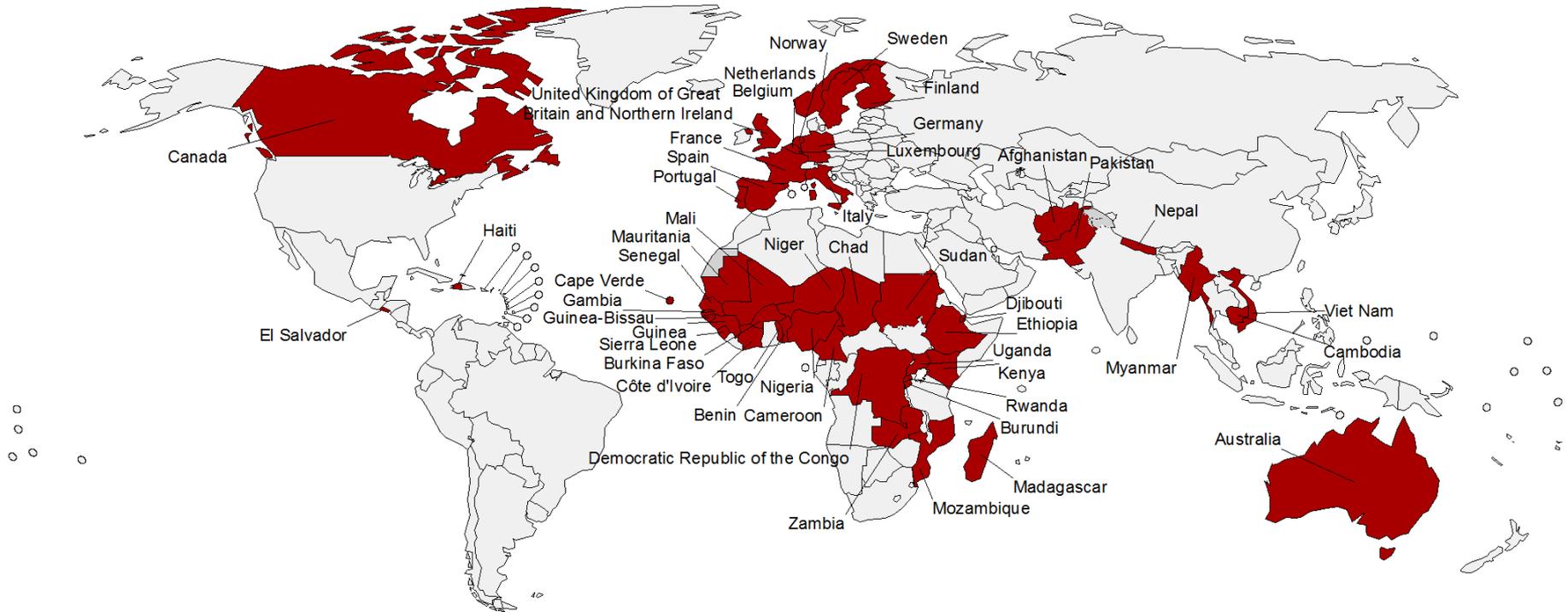
CHANGING THE WAY WE WORK TOGETHER

Looking ahead: IHP+ in 2014/15

Priorities

- Twin-track action on the 7 behaviours – countries, development agencies
- Collective agency action on reducing reporting requirements, to be followed by a more concerted effort on financial management
- South-south co-operation and technical assistance: exploratory work on implications of new trends in development cooperation for health sector support
- Link with the Global Partnership on Effective Development Cooperation
- Next round of monitoring using agreed indicators
- Country Health Teams Meeting

IHP+ today



	2007	2014
Developing countries:	8	34
Bilateral donors:	8	14
Int'l agencies and foundations*:	11	13
TOTAL	27	61

*African Development Bank, Bill and Melinda Gates Foundation, European Commission, GAVI Alliance, Global Fund, International Labour Organization, UNAIDS, UNICEF, UNDP, USAID, WHO, UNFPA, World Bank

Civil Society Organizations

Implications of global developments to Nepal?

