

# **International Health Partnership and related initiatives (IHP+): Impact of broader health systems issues on TB/HIV**

Sue Perez  
Treatment Action Group (TAG)  
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# Quick review: What is the IHP+?

- OFFICIALLY . . . . Key goal is to support countries REACH THE HEALTH-RELATED MDGS (MDG 1c, 4, 5, 6).
- **By** increasing financing for health
- **By** fulfilling on principles of 2005 Paris Declaration:
  - 1) country ownership and leadership in the development, implementation and evaluation of national development plans, including health;
  - 2) harmonization and alignment of various existing mechanisms and initiatives to deliver, implement and monitor aid;
  - 3) focus on results-based framework; and
  - 4) mutual accountability on the way aid is managed and implemented to ensure the efficiency and full effectiveness of aid.

# What are “related initiatives”?

- IHP+ aims to ensure coordination of a multitude of global/donor initiatives (i.e. the “+” in IHP+). These include:
  - Canada’s Catalytic Initiative to Save a Million Lives
  - Norway’s Deliver Now for Women and Children
  - GAVI HSS initiative
  - Germany’/France Providing for Health
  - MDGs Africa Initiative
  - Harmonization for Health in Africa
  - Health Metrics Network
  - Global Health Workforce Alliance
  - GFATM NSA window

# Who has signed on?

- 14 developing country govts (First wave: Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal, Zambia, Mali; *Second wave: Madagascar, Benin, Burkina Faso, Ghana, Niger and Nigeria*)
  - Ethiopia signed compact August 26
  - Mozambique signed compact September 16
  - Mali is planning to sign compact by end October
  - Zambia, Nepal moving rapidly to develop compacts; others will follow
- 8 multilateral agencies (WHO, World Bank, Global Fund, GAVI Alliance, UNFPA, UNAIDS, UNICEF, UNDP)
- 11 bilateral donors (UK, Norway, Germany, France, Italy, Portugal, Netherlands, Canada, Australia, Finland, Sweden) and the European Commission
- Bill & Melinda Gates Foundation and the African Development Bank

# IHP+ managed by:

- IHP+ core team (day-to-day support) – World Bank (WDC) and WHO/HSS (Geneva)
- H8 meet monthly to develop guidance documents and track progress against the IHP+ workplan (H8 = WB, WHO, GFATM, GAVI, Gates Fdtn, UNAIDS, UNFPA, UNICEF)
- H8 plus donors meet bi-monthly

# Civil society concerns

- Represents a movement to shift \$\$ to overall HSS away from priority diseases (MDG 6) – could undermine progress on MDG 6
- Deliberate shift to pooled financing and Sector Wide Approaches in the name of country ownership – concerns about pace of disbursement, capacity of govt to track \$\$ to outcomes, less \$\$ to CSOs overall (esp CBOs & GR-based)
- CS participation in processes inadequate/tokenism

# HSS & Donor Coordination

## OPPORTUNITIES

- HSS
  - Possibly more \$\$
  - Strengthened HS
    - More trained HCWs
    - Improved procurement
    - Improved financial mgmt
    - Better data captured
- Donor Coordination
  - Less headache for countries (joint missions, common M&E, multi-yr aid on country cycle)

## CHALLENGES

- HSS
  - At cost of disease-specific efforts & progress?
  - Are SWAps the best mechanism?
- Donor Coordination
  - Easier said than done
    - Diff types of donors w/diff institutional mandates, Board mechanisms
    - Global HQ and country level dynamics
    - Will some changes need Parliamentary approval?

# New High-Level Task Force on Innovative Financing for Health Systems

- Announced in NY on Sept 25 during MDG Summit
- Chaired by UK PM Brown & World Bank President Zoellick
  - (also incl Pres of Liberia, Norwegian PM, Ethiopian Health Min, French Foreign Min, Italian Finance Min, German Dev Min, DG WHO, Graça Machel, UN SG Special Envoy on innovative Financing)
- Responsible for mobilizing addtl \$\$ for HSS; essentially making the IHP+ “real” (however focus on MDGS 4,5; recruit/train 1 million HCWs)
- Will develop recs to Italian G8 Summit 2009 on how innovative mechanisms complement each other towards long-term/sustainable \$\$
  - What is being considered? WB multi-donor trust funds, GFATM NSAs, GAVI HSS window, MDG contracts, expanding GAVI's IFFIm for HSS

# Concerns about High-Level Task Force

- REALITY is that . . .
  - TF is creating the political momentum for the financing “shift” to be realized
  - Donors will have to make choices w/limited \$\$
    - Choice 1: Contribute to HSS or GFATM; “either-or approach”
    - Choice 2: Contribute some to HSS and some to GFATM (could reduce contribution to GFATM)
    - **Choice 3: Maintain current level to GFATM, better to increase contribution; contribute additional \$\$ for HSS - increase the entire pie**

# How could IHP+ impact TB/HIV programs?

- Potentially less money by donors for TB/HIV
  - Need to ensure TB/HIV stays a priority for first & second wave IHP+ countries.
  - Greater emphasis on successful TB/HIV applications to the GFATM.
  - PEPFAR even more important for TB/HIV.
- Possible impact on CSOs funded directly by donors to do TB-HIV work – If govt is now in charge, will they support CSOs esp CBOs & GR-based orgs?

# Recommendations for NTP & NACP Managers & Staff

- Be involved in IHP+ discussions with the MOH, in-country donor and technical agency representatives to ensure TB-HIV is a priority
- Ensure MOH, donors and technical agencies are aware of the WHO TB budgeting tool and derived budget – in Ethiopia, TB costing was not incorporated in the compact financing scenarios
- Share evidence on successful TB-HIV coordination to inform HSS discussions
- Provide input on whether pooled financing or SWAps will benefit or not benefit TB and AIDS programs and TB-HIV coordinated services
- Ensure common M&E framework is sufficient for NTP & NACP reporting

# Additional Recommendations

- WHO/STB & WHO/AIDS Dept
  - Talk to WHO/HSS cluster and clarify how to provide input
  - Discuss with in-country representatives how TB/HIV is reflected in IHP + discussions (i.e. compact development, costing exercises)
- Civil society
  - Join the CSO IHP+ listserv ([sue.perez@treatmentactiongroup.org](mailto:sue.perez@treatmentactiongroup.org))
  - Tell your friends about IHP+ to get them linked with CSOs already involved in efforts to ensure CS voice and input into compact development, implementation and monitoring
- More info on IHP+ - [www.internationalhealthpartnership.net](http://www.internationalhealthpartnership.net)

**!Thank You!**