

SCALING-UP FOR BETTER HEALTH (IHP+)

16 December 2008

HIGHLIGHTS

A summary on IHP + developments in Zambia. In this paper we outline the implementation process for the IHP and related work, and the preparation of the Compact/MOU /Addendums draft.

COUNTRY PROFILE – ZAMBIA



At the [IHP Road Map](#) launch on 1 November 2007, 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. IHP 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.

AID ARCHITECTURE

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 ratio, infant and child mortality rates while declining significantly are still unacceptably high. Lack of access to services in rural areas is a major problem, and different cost-effective service delivery models for providing preventive services to rural populations need to be considered if MDGs 4 and 5 are to be achieved.

RESOURCE ALLOCATION

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.

BENEFITS OF IHP

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.

SIGNING OF THE GLOBAL COMPACT

On the 5th of September, 2007, Zambia joined six other developing countries, seven (7) developed countries, ten (10) international organizations and one foundation (Bill and Melinda Gates Foundation) as

<p>part of the global campaign on health MDGs and signed 'A Global "Compact" for achieving the Health Millennium Development Goals' under the banner of an 'International Health Partnership' (IHP)</p>	
<p>On 25th September 2007, individual signatories agreed to align and harmonise their individual initiatives with the IHP framework resulting in what is now considered as IHP+.</p>	
<p>IHP MEETING LUSAKA</p>	
<p>In February 2008, at a meeting of the International Health Partnership and Related Initiative (IHP+) and Harmonization for Health in Africa (HHA), Zambia presented its 'stock take report as part of the IHP+ process in a global meeting held in Lusaka. The reports highlighted progress made on the MDGs and the available tools, systems and processes for harmonization and alignment.</p>	
<p>VALIDATION OF THE COSTING OF THE NHSP AND ASSESSMENT OF THE MOU</p>	
<p>In July 2008 Ministry of Health asked for Technical Support from the World Health Organisation (WHO) to Validate the Costing of its National Health Strategic Plan for 2006-2010 and to assess the Memorandum of Understanding between Ministry of Health and its Cooperating Partners. And it was proposed this be undertaken in tandem with the Mid Term Review (MTR) of the National Health Strategic Plan. It being an opportunity to add value to sector dialogue and aid effectiveness in Zambia, all cooperating partners actively participated in the review of the Memorandum of Understanding (MoU) and the Costing Workshop. The NHSP costing revealed that there was a financing gap, which impeded on the Ministry of Health's efforts to address efficiently interventions directed towards the attainment of MDGs (goals 4 and 5) where it was noted that in order to attain a reduction of 45% in infant mortality rates and 255 in maternal mortality ratio there was need for Zambia to mobilise additional resources amounting to US\$756 million for the remaining period of the NHSP 2009-2010. The main drivers of the financing gap are: infrastructure development, medical equipment, human resources for health, malaria and HIV & AIDS.</p>	
<p>POLICY MEETINGS & SECTOR DIALOGUE</p>	
<p>Results of the findings of the Mid Term Review of the NHSP which included the assessment of the MOU and revalidation of the NHSP were shared during the CP Monthly Policy Meetings, Sector Advisory Working Group Meeting (SAG) and the Annual Consultative Meeting (ACM). CPs, NGOs, Government and the Civil Society are on board. Additionally several telephone conferences were held between the World Bank, WHO/AFRO, WCO Zambia, the Ministry of Health and WHO Geneva.</p>	
<p>IHP PROPOSAL</p>	
<p>A Proposal for Health Systems Strengthening, Harmonization and Alignment was developed and received valuable comments from all Partners. This has since been submitted for possible funding to help implement the remaining IHP implementation milestones.</p>	
<p>FINALISATION OF THE MOU/ADDENDUMS</p>	
	<p>A working group called "Reference Group" consisting of the Ministry of Health and three lead CPs and the Representative of the Civil Society has been established, with the main objective of finalizing the MOU/Addendums which is expected to be circulated among all stakeholders soon for their comments before a final draft can be done.</p>
	<p>It is anticipated that the compact /MOU will be finalized towards the end of December 2008 and ready for signing by early January 2009.</p>

END