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How UNAIDS has addressed Key Issues

**UNAIDS Engagement with the International Health Partnership (IHP+)
and related health initiatives**

Background

1. The International Health Partnership and related initiatives (IHP+), founded on the Paris Principles of Aid Effectiveness and launched in September 2007, aims to improve the way international agencies, donors and developing countries work together to develop and implement national health plans and to support countries to achieve the health-related MDGs¹. Fully committed to its principles and actions, UNAIDS has much to gain from its engagement with the IHP+.
2. The IHP+ brings together international agencies, donors, civil society organisations and developing countries into a system of collective accountability. It aims to improve coordination between actors, strengthen health systems for health outcomes and build momentum at a national level for strengthening existing country-led health plans and improving alignment of external funding for them. Together with the informal H8 group and other specific health initiatives², it constitutes a key element within efforts to improve global public health.
3. UNAIDS is a signatory to the IHP+ global compact, together with sixteen developing countries, eleven donor countries, six multilateral agencies including five UNAIDS co-sponsors, and three large global health partnerships. The global compact establishes a set of commitments to working together in more efficient ways to improve health outcomes. Participation in the IHP+ process continues to expand, with Djibouti signing most recently in October and the Democratic Republic of Congo in November.
4. While still a relatively new initiative, the IHP+ has already made progress regarding its stated aims. Of the 16 developing country signatories, four (Ethiopia, Nepal, Mozambique and Mali) have signed country compacts, with a number of other countries in the process of finalization. Similar to the Three Ones, the process has involved mobilizing national stakeholders and development partners behind a single national plan, and working towards joint assessments of national health strategies using an agreed set of attributes.
5. Current efforts focus on joint assessment processes. In July 2009, IHP+ partners agreed that the Joint Assessment Tool they had developed was “good enough” to begin to roll-out at country level. Rwanda, Ethiopia and Nepal have indicated an interest in setting up the process for using the tool, and preparations for the first joint assessment of a national health strategy are now taking place in Rwanda.
6. At the global level, WHO and the World Bank provide joint coordination and support for the IHP+ through the interagency core team. There are two (Business and Steering) Scaling-up Reference Groups (SURG), responsible for decision-making, and oversight of the Interagency Working Groups on Joint Assessments, Costing, and Monitoring and Evaluation. Following a review of its governance structure, there are now efforts to streamline existing global level IHP+ management arrangements. At country level, the IHP+ is coordinated through existing interagency country health sector teams, organised differently in each

¹ For details and membership see: <http://www.internationalhealthpartnership.net/en/home>

² Initiatives include: Harmonisation for Health Africa (HHA), MNCH/H4, the Global Health Workforce Alliance (GHWA), the Catalytic Initiative to Save Lives (CI), and Innovative Results-Based Financing (IRBF), P4H, Health Metrics Network, Deliver Now and the OECD-DAC Task Team on Health as a Tracer Sector

country, but often under the leadership of government and with the inclusion of civil society and the private sector.

7. One of the key objectives of the IHP+ is to develop the concept of mutual accountability to include reporting on development partners and domestic accountability. In 2008, IHP+ commissioned an independent consortium to undertake regular monitoring of the progress of all partners against global and country commitments. The first round of monitoring progress through IHP+ Results³ has begun and the benchmarks and indicators for progress are being established.
8. The IHP+ Core Team has supported the High Level Taskforce on Innovative International Financing for Health Systems launched in September 2008 to address the critical challenges and financial requirements to strengthen health systems in the 49 poorest countries in the World. The Task Force presented its findings and recommendations in September 2009 at a UNGA-related event, focusing on new sources and instruments for raising revenues for health and announcing that an additional US\$5.3 billion had been raised to save millions of lives of women and children in developing countries. While the Task Force is independent, some of its recommendations are now being taken up by the IHP+. An important Task Force recommendation refers to a joint health systems funding window to be established by the GAVI, GFATM and the World Bank, to coordinate, mobilize and channel existing and new international resources in support of health systems strengthening.
9. The UNAIDS Second Independent Evaluation (SIE) findings state that UNAIDS lacks a clearly articulated joint program position on HIV and health systems strengthening and cites informants who highlight the need to “engage more effectively on aid architecture issues, to avoid parallel processes for Global Fund National Strategic Applications and IHP+ Joint Assessments of National Strategies, and to strengthen links with actions to achieve the health MDGs.”⁴ In its Management Response, UNAIDS accepts the recommendation to establish a HIV & Health Systems working group including co-sponsors, the GFATM and other key partners, noting with particular reference to the IHP+ that efforts were already underway to collaborate more closely among health-minded cosponsors in the development of a joint approach.
10. Clarity regarding the rationale for and nature of UNAIDS’ engagement with the IHP+ global and country processes needs to be strengthened. This paper now sets out the background for the current engagement of the Joint Programme in the IHP+ and its rationale, notes opportunities and issues, and provides a broad direction for the Joint Program’s future engagement.

UNAIDS ENGAGEMENT IN THE IHP+

11. UNAIDS, both Secretariat and co-sponsors, have been actively engaged in various aspects of the work of IHP+, including its global and country-level coordination mechanisms and the various Interagency Working Groups. The Joint Program’s thrust is to ensure that HIV priorities are well represented within IHP+ processes and action, multi-stakeholder involvement and multi-sectoral approaches are

³ See <http://network.human-scale.net/community/ihp/>

⁴ SIE pg 29

respected, and that the global HIV response contributes to and further strengthens alignment and harmonization at country level.

12. UNAIDS cosponsors including WHO, UNFPA, UNICEF and World Bank have been engaged in health sector teams in a number of countries, participating in writing compacts, ensuring alignment of health and AIDS strategies and, in some cases, exploring pooled funding channels for the health strategy. UNICEF has used Prevention of Mother-to-Child transmission of HIV as an entry point for dialogue on a number of issues, including the promotion of civil society participation, for instance in Zambia and Mozambique. Similarly, UNFPA has used its mandate and comparative advantage in reproductive health. The World Bank's ASAP provides assistance for multi-sectoral HIV planning, including alignment with national health strategies, and WHO provides guidance specifically on HIV interventions in the health sector, among other health sector guidance and support.
13. Together with co-sponsors, the Secretariat has represented HIV priorities within health sector teams, for instance in Ethiopia and Mozambique. It has also supported the first wave of GFATM National Strategic Applications for which the IHP+ assessment framework has been used. In Ethiopia, the UNAIDS Country Office and the Joint Team facilitated civil society engagement in the finalisation of the country compact, and supported its participation in the February 2009 IHP+ Ministerial meeting in Geneva.
14. At global level, both the UNAIDS Secretariat and co-sponsors have participated in the development of the Joint Assessment Tool and are planning to support its roll-out. In order to both prove the utility of the tool and to facilitate alignment, the Secretariat and the GFATM have suggested to the IHP+ core team that it be used simultaneously to support the assessment of multi-sectoral national AIDS strategies as well as national health plans.
15. UNAIDS has also participated in the High Level Task Force on Innovative International Health Financing. Co-sponsors such as UNICEF, UNFPA and WHO and the Secretariat have warmly welcomed its announcement of additional funding for Mother and Child Health. HIV is a main cause of maternal and child mortality in some regions and program priorities should be closely linked. Mother and child health therefore is at the heart of UNAIDS' mandate and agenda.
16. The IHP+ linked Interagency Group on Costing composed of staff of UNDP, UNFPA, UNICEF, WHO, the World Bank and the UNAIDS Secretariat, supported the work of the High Level Taskforce, and is now working towards the harmonization of health sector costing and impact assessment tools. It is consolidating the strengths of the different tools into one single UN instrument, a user-friendly unified health model (UHM), which will aim to reduce the confusion, workload and transaction costs associated with the processes of budgeting, costing and impact estimation.
17. UNAIDS is actively engaged in the consultations on the modalities of the new health systems funding platform the World Bank, GAVI and GFATM are planning to establish, with specific briefings for UNFPA and UNICEF and the Secretariat organized in New York and Geneva. There are significant opportunities and potential gains through such harmonized funding via new channels. Countries that have conducted a Joint Assessment might well be in a stronger position to access and effectively utilize the increased and harmonized funds when they become available.

18. Following a review of its governance structure, the composition of the IHP+ Scaling-up Reference Groups (SURG), responsible for final decision-making on central IHP+ products, will include all IHP+ signatories. A newly established "Executive Team" will provide oversight and strategic direction. The Executive Team will comprise a constituent representation of four of the H8 agencies, as well as three bilateral agencies, two civil society organizations and three developing countries. Consultations between the four co-sponsors (WHO, UNICEF, UNFPA, World Bank) and the UNAIDS Secretariat represented on the SURG have begun on how best to represent HIV priorities in the new team.
19. IHP+ signatories, including UNAIDS Secretariat and health-minded co-sponsors, are in the process of committing themselves to measurable contributions and results for which they will be held accountable in coming years, including results related to HIV and health strategy alignment. IHP+ Results is developing a public scorecard for each of the development partners, including UNAIDS co-sponsors.

OPPORTUNITIES AND ISSUES

20. At the centre of the IHP+ is a desire to improve health outcomes through increased and better coordinated support for the development and implementation of national health plans, with the focus on managing results. The inter-relationship between the HIV epidemic, responses to it and countries making progress on health outcomes is increasingly well understood. Most countries with generalized and hyper HIV epidemics are also failing to achieve other health related MDGs.
21. HIV responses and the experience of the Joint Program and its partners have indeed much to offer the IHP+ and related efforts to strengthen national health systems. HIV responses supported by the Global Health Initiatives and Partnerships like the GFATM, PEPFAR and World Bank MAP have i) raised substantial new resources for health; pioneered new financing mechanisms; ii) led to greater involvement of different constituencies including civil society in decision-making; iii) provided services for vulnerable groups such as men who have sex with men, sex workers and intravenous drug users and thereby contributed to equity; iv) improved access to life-saving medicines and improved quality of service through results-based funding; v) provided opportunities for strengthening procurement and supply chain systems; and vi) catalyzed the introduction of new technologies such as electronic patient records and monitoring systems.
22. The new international norms and standards concerning universal access, multi-stakeholder participation in planning and decision-making and country ownership, for which the HIV community has long advocated, provide an opportunity to also strengthen such norms in health and health sector planning. UNAIDS is a long standing champion of harmonization and alignment - the Joint Program itself is a good example of this. Through the development of UN Joint Teams on AIDS at country level, advocacy for the Three Ones and participation in Delivering as One, HIV responses have spearheaded aid effectiveness at the country level.
23. In return, the IHP+ also presents significant opportunities for strengthening HIV responses and their synergies with other efforts to achieve health outcomes. Most countries have both health sector strategic plans and national AIDS strategic plans, with the IHP+ providing an opportunity for aligning both the plans and the support provided to them. Robust health systems and the active involvement of communities in the delivery of health services is essential for achieving national universal access targets for HIV prevention, treatment, care and support.

24. The HIV response thus both contributes to and has much to gain from strengthened health governance, stewardship and accountability, a stronger health workforce and better-performing health service delivery systems that the IHP+ aims to achieve through joint action. Furthermore, improvements in the alignment and harmonization of support to the health sector are expected to contribute to wider aid effectiveness and afford benefits to other sectors and overall development.
25. Engagement in the IHP+ enables HIV actors to define better the health systems requirements for a further HIV scale-up, be they related to health system performance, health sector funding, community and stakeholder participation or coordination with other critical sectors such as social welfare, education, labor, food security or justice. It provides an opportunity to ensure that HIV priorities are adequately addressed in national health plans/strategies, that HIV programs and services are integrated with other disease programs and the overall health system to the degree required and recommended, and that the Primary Health Care (PHC) principles, which UNAIDS embraces, are adhered to. It provides further opportunities to achieve synergies and gain efficiencies, without losing sight of UNAIDS' principal goal, MDG6: halting and reversing the epidemic and achieving Universal Access to prevention, treatment, care and support.
26. At the same time, there are risks that can not be overlooked. Country partners are beginning to voice concerns about slow or lack of progress towards IHP+ goals, in particular regarding the alignment of partners behind national processes and expectations of increased funding in support of the high-impact interventions identified in their national strategies. Despite their pledges, bilateral and multi-lateral agencies may nevertheless lose interest in the process or make commitments that do not amount to measurable results.
27. Although involved from the early stages of the IHP+, some Civil Society organizations have voiced concern about the risks that the IHP+ processes pose to their ability to adequately influence and participate in country processes and to the continued contribution, particularly by community based organizations, to the development of health systems. Some may perceive engagement with more dynamic or disease-specific partnerships and initiatives as more promising. Recent work by OECD/DAC on health as a tracer sector indicates that the IHP+ (as well as the Global Fund) might well have contributed to increasing engagement with civil society on health planning issues⁵. However, the report also notes that civil society partners continue to struggle to be accepted as meaningful contributors to national policy and decision-making.
28. The future success of the IHP+ principles, including the inclusiveness of its country-level processes, will require continued high-level engagement of all parties, including bilateral partners, multi-lateral agencies, civil society organizations and the private sector. This commitment must be translated into action and measurable results in terms of better health outcomes at country level.

⁵ See http://www.oecd.org/document/55/0,3343,en_2649_3236398_42070263_1_1_1_1,00.html

THE WAY FORWARD

29. UNAIDS is committed to the IHP+ principles, its aims and course of action, and will further strengthen its engagement with the IHP+ and related initiatives as it leads to improved outcomes for people living with or affected by HIV. At country level, this will occur in several ways, including through systematic participation by UNAIDS Country Coordinators (UCCs) and Joint Team (JT) members in interagency country health sector team activities, including the drafting of country compacts, joint assessments, joint annual reviews, resource leveraging and mobilisation efforts, and related Harmonisation for Health Africa (HHA) capacity building support at the regional level.
30. UCCs and JT members will effectively advocate for the inclusion of health-sector related aspects of the HIV response in all of these processes, for the alignment of health and broader multi-sectoral AIDS strategies and for the principles of multi-stakeholder participation to be upheld as national strategies are being developed and reviewed. Engagement by all Joint Team members at country level is essential to taking forward the agenda of harmonising multi-sectoral HIV and health sector planning processes.
31. In particular, UNAIDS will participate in the upcoming roll-out of joint assessments and facilitate the use of joint assessment attributes to assess the multi-sectoral aspects of national AIDS strategies. Both the UNAIDS Secretariat and health system-minded co-sponsors will be providing joint support to two or three countries to assess their multi-sectoral national AIDS strategies, in concert with joint national health strategy assessments. Equally, UNAIDS will continue to support country participation in GFATM National Strategy Applications to ensure they support national strategies, and support national AIDS authorities to positively engage with Ministries of Health and Country Coordination Mechanisms.
32. The Joint Programme has long been and will continue to be a strong advocate for civil society participation in national HIV response planning and decision-making processes. UNAIDS recognizes the evidence which demonstrates that the participation of communities and people affected by illness is essential for delivering quality health services. Drawing on its experience regarding the inclusion of key populations in health systems governance, client-centered service delivery and advocacy towards universal coverage, UNAIDS, in full consultation with all partners and giving due attention to the country context, will play a strong advocacy role for the inclusion of Civil Society, including people living with or affected by HIV and other vulnerable groups within health sector planning processes. UNAIDS will also continue to build the capacity of civil society, including by facilitating understanding of IHP+ and related processes, and to document the lessons learned from such inclusion, including with regards to achieving Universal Access and MDG outcomes.
33. At the global level, there already is convergence of thought and policy around delivering assistance through strengthened coordination, partnerships, support for health as a system, and close collaboration in the development of a clear articulation of a joint position and commitment to joint action. The four health system-minded co-sponsors and the Secretariat, together with key partners, are establishing a working group, planning to develop a joint strategy on health systems strengthening related to HIV, and developing a joint briefing package for country level stakeholders.

34. Joint health systems work will comprise gathering evidence, developing integrated models for delivering HIV services in the context of health systems strengthening, and addressing key health systems issues related to HIV scale up such as human resources, procurement and supply systems, and health financing. This work will underpin and further support the successful integration of HIV considerations into the IHP+ and related health partnerships and initiatives. HIV priorities will be jointly represented on the IHP+ Executive Team, with close collaboration across agencies in committees and working groups.
35. UNAIDS will continue to engage actively in the discussions leading to the establishment of a new joint HSS funding platform, and support countries in accessing additional funds for health systems when they become available. As a Joint Programme, UNAIDS' role clearly focuses on supporting the "software" of the arrangement, including technical and programming support and operational research to ensure HIV priorities are sufficiently reflected and resourced in the National Health Strategy.
36. The Joint Programme will continue to emphasise the need to demonstrate results and impact. A focus on managing results and impact is key to putting into practice principles of transparency and accountability. To ensure that there is a reliable evidence base against which to measure all partners' progress towards increased harmonisation and alignment, UNAIDS is consulting with co-sponsors, with the view to proposing to be held accountable for three specific results: the alignment of health-related aspects of multi-sectoral HIV plans with national health plans; the meaningful involvement of PLHIV and key vulnerable groups in the design, implementation and evaluation of all plans within the IHP+ process; and the scale-up of integrated HIV services, including harmonization of planning, training and procurement.
37. In conclusion, UNAIDS reasserts its full commitment to the principles and actions of the IHP+. We consider the partnership a driving force towards both health systems strengthening and the alignment and harmonization agenda outlined in the Paris and Accra declarations. It is also vital force in achieving progress towards universal access to HIV.

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