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Comparative analysis of two different approaches to putting IHP+ into practice: Mali and Benin

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1. Introduction

- International Health Partnership and related initiatives (IHP+) launched in 2007, seeking to achieve better results in health / MDGs
- At country level: "Country Compact" → commitments // SWAp:
 - To support the NHP in a common framework (coordination, fiduciary, M&E)
 - To respect the principles of aid effectiveness (including financing modalities)
- Determining features:
 - Broad ownership + national leadership
 - Mutual accountability for results



2. Methods

- Comparative analysis of IHP+ country Compact preparation and implementation in Mali and Benin
- Mali: the 3 authors have been supporting + documenting the SWAp & IHP+ processes for years + interviews
- Benin: follow-up of the SWAp process since 2004, interviews and coaching of 2 PhD students



3. Results (1/6)

1. <u>In Mali:</u>

- Functioning SWAp since 1999 → achievements:
 - Ownership (national policy documents, steering bodies, bottom-up planning process, ...)
 - Donors align on the NHP, participate in steering bodies
 - MoH capacities strengthened → leadership
 - Partial alignment on (improving) national systems
 - Joint missions, annual audit
 - HSS efforts, in a more coherent way
 - Trust building, transparency of processes, improved quality of policy dialogue → sector-wide reforms



3. Results (2/6)

1. In Mali:

- IHP+ builds on strong SWAp grounds:
 - Joined in 2007, country Compact signed April 2009 by
 MoH + 13 donors (only out of about 50!!)
 - Preparation process extremely inclusive (trust), under MoH leadership
 - Common M&E matrix (35 indicators)
 - Preferred aid modalities
 - IHP+ Compact uses SWAp framework / bodies →
 implementation and M&E started immediately
 - Increased domestic resources allocated to Health
 - Improvement and acceleration in reporting



3. Results (3/6)

1. In Mali:

- IHP+ has an added value compared to SWAp...:
 - Compact preparation process (1,5 year) accelerated the preparation of the HRH policy and revision of MTEF
 - Rather strong commitments (19 for GoM, 8 for donors),
 followed-up during the PRODESS steering bodies →
 mutual accountability
 - Preparation of the new NHP supported by CHPP & JANS
 - Improvement in ex ante predictability of external funding



3. Results (4/6)

1. In Mali:

- ... but there are still important problems:
 - Donor proliferation (about 50)
 - Still many targeted projects (geographically or thematically) rather than general support to HSS
 - Donors keep intervening at procurement stages
 - Donors maintain individual missions/audits in addition to joint ones
 - Ex post predictability of external funding still weak
 - National financial procedures sometimes cumbersome
 - Donor have not yet kept on their promise to increase aid to health in Mali



3. Results (5/6)

2. In Benin:

- No real SWAp until recently:
 - Governance problems within the MoH
 - Donor fragmented / disengaged from health sector
 - Donor coordination mechanism exists, but MoH not very involved
 - Embryo of SWAp following the NHP 2009-2018
- IHP+ seen as the impetus for building a SWAp
 - Country Compact signed November 2010 by MoH,
 MoF + 5 donors



3. Results (6/6)

2. In Benin:

- IHP+ seen as the impetus for building a SWAp (c'ed):
 - Short preparation process, under the leadership of UNICEF (lead donor) ⇔ no agreement on the common framework / "minimalist" commitments:
 - Coordination / M&E framework not defined
 - Fiduciary framework / preferred aid modalities not defined
 - Implementation has been slow to start up
 - Positive prospects:
 - Donor-led harmonization initiatives expected to make it happen (joint HSS platform + BTC) → harmonization
 - Common M&E framework / NHP Performance Plan



4. Conclusion

- IHP+ grounded on general SWAp principles, but implementation very country-specific → hence results will be such!
- Need to carefully monitor implementation
- Benin starts with less assets than Mali, but in both countries IHP+ has stimulated a new dynamic