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. In Mali:
   - 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

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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

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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
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

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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

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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