

AGENCY PROFILE

The 2010 EU Role in Global Health Communication commits the EU to strengthen health systems using IHP+ processes. The Commission actively supports IHP+ and is an Executive Team member.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS



COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS



EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.



Support is based on country plans & strategies, including to strengthen Health Systems.



In 2009 40% of health sector aid was reported by the agency on national health sector budgets - an increase from 29%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).



In 2009 95.3% of capacity development was provided by the agency through coordinated programmes - an increase from 0%. Target = 50%.



In 2009 85% of health sector aid was provided by the agency through programme based approaches - an increase from 29%. Target = 66%.



Funding commitments are long-term.



In 2009 97% of health sector aid was provided by the agency through multi-year commitments - an increase from 90%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 98% of health sector aid disbursements provided by the agency were released according to agreed schedules - a decrease from 100% in 2005. Target = 90%.



Country systems for procurement & public financial management are used & strengthened.



In 2009 14.5% of health sector aid provided by the agency used country procurement systems - a decrease from 100%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 100% of health sector aid provided by the agency used national public financial management systems - an increase from 30%. Target = 33% reduction in aid not using PFM systems (with ≥ 80% using country systems).



In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 7.0 - a decrease from 11.0. Target = 66% reduction in stock of PIUs.



Resources are being managed for Development Results.



In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 67% of IHP+ countries where they exist. Target = 100%.



Mutual accountability is being demonstrated.



In 2009 the agency participated in health sector mutual assessments of progress in 100% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 50% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.

DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This additional information is reported by the Agency to explain what specific actions it is taking to implement its IHP+ commitments to the 8 Expected Results, or to qualify its measures of progress.



Commitments are documented and mutually agreed
The EC has signed compacts in all countries where they exist.



Support is based on country plans and strategies that sufficiently address Health Systems Strengthening
In Burundi, EC funding is registered in the national budget but not in the specific budget of the MoH. An overview of external health financing is being pursued within the framework of health sector coordination. In the DRC all technical cooperation is requested by MoH but this is not necessarily part of the national program. A strategy has been approved which should be the basis for more rational requests for Technical Cooperation.



Funding commitments are long-term
In the DRC all programmes are multi-year. In Burundi, EC support can range from 1 to 5 years but is usually 2 or 3 years.



Funds are disbursed predictably, as committed
In the DRC, the EC office has no tool to calculate the amount disbursed as scheduled. In Burundi, differences are due to adaptation to context and/or delays in proceedings.



Country systems for procurement & public financial management are used & strengthened
In the DRC, Burundi and Nigeria, procurement takes place using European Development Fund (EDF) procedures. In Mozambique, the common fund for medicines was abolished in 2008 so the EC only disburses towards the sector budget. 100% of procurement funds used national systems, but due to pooled funding it is not possible to exactly specify the amounts in question for 2009, so an estimate has been used based on the 2005 figures.



Resources are being managed for Development Results
In the DRC a single national performance frameworks is expected but still not operational. In Burundi, following the failure of the attempt to use the HMIS in 2009, there have been marked improvements in HMIS data between early 2009 and now.



Mutual Accountability is being demonstrated
In the DRC an annual joint review is organized since 2006; in 2009 a joint field visit was organized but it is still not properly scheduled. In Nigeria, every effort is made to ensure joint monitoring of support to polio eradication. However for the routine immunisation component of the action this was less practiced. Plans are in place to apply mutual assessments under the 10th European Development Fund (EDF).



Civil Society actively engaged
In Nigeria, since 2005 support to CSOs has progressively increased, through grants (call for proposals) or training and mentoring. In Burundi, since 2008 the EC has pushed Civil Society to become more active in the sector dialogue and the Ministry to invite CSOs more regularly to the various sessions of planning, coordination and review mechanisms. In Mozambique, CSOs are integrated in the health SWAP through working groups and the health Partner's Group meetings and mailing lists.

HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at www.ihpresults.net

Countries where the Agency is reporting limited progress: Where ratings of ➡ or ✓ for the minority of SPMs.

Expected Results: Reflect key commitments made in the IHP+ Global Compact.

Progress: Symbols illustrate whether the Agency has achieved ✓, is making progress ➡, or has not made progress ! against 12 SPMs.

Specific points on interpreting progress:

- **Comparability of ratings:** Five targets* track change over time. For these, ➡ reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives !. These ratings should not be used to compare absolute performance between agencies. In all instances ✓ shows that the target has been met.

- **Scorecard ratings are aggregates** of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

* Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see www.ihpresults.net