

AGENCY PROFILE

Quality of health aid and capacity building are central points of the Spanish Cooperation. In line with aid effectiveness commitments and the principles of the EU Global Health Communication, Spain aims at allocating the major part of health aid to strengthening national health systems, mainly through Sector Budget Support.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS



COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS



EXPECTED RESULTS



Commitments are documented and mutually agreed.



An IHP+ Country Compact or equivalent has been signed by the agency in 75% of IHP+ countries where they exist. Target = 100%.



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



In 2009 85% of health sector aid was reported by the agency on national health sector budgets - an increase from 77%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).



In 2009 72.9% of capacity development was provided by the agency through coordinated programmes - a decrease from 75.4%. Target = 50%.



In 2009 37% of health sector aid was provided by the agency through programme based approaches - an increase from 24%. Target = 66%.



Funding commitments are long-term.



In 2009 43% of health sector aid was provided by the agency through multi-year commitments - a decrease from 52%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 79% of health sector aid disbursements provided by the agency were released according to agreed schedules - a decrease from 96% in 2007. Target = 90%.



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



In 2009 82.0% of health sector aid provided by the agency used country procurement systems - an increase from 0%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 55% of health sector aid provided by the agency used national public financial management systems - an increase from 33%. 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 1.0 - a decrease from 3.0. 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 75% 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 50% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 25% 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

Spain has signed compacts in Mali, Ethiopia and Mozambique and will sign a country compact in Niger in 2011.



Support is based on country plans and strategies that sufficiently address Health Systems Strengthening

A wide range of support is being provided based on country plans e.g. in the form of financial support to the MDG fund in Ethiopia (2009) and the Common Fund for Health in Mali. Programme based support is increasing but below target. Spain supports SWAP in Mozambique since 2000, mainly through participation in technical working groups and technical assistance. In Ethiopia support to the health sector was organised through collaboration with NGOs, WHO and UNICEF projects, the MDG Fund and other bilateral projects with the government.



Funding commitments are long-term

There is a general trend towards long-term commitments, e.g. in Ethiopia and Mali. There was a decrease in long-term support to Mozambique but Spain continues its support to the National Health Strategies and Plans (PESS) and there are plans for long-term support to PROSAUDE. In Niger commitments have not been long-term due to the unstable political situation that only allows short-term planning.



Funds are disbursed predictably, as committed

There has been a drop in funds being disbursed as committed in Ethiopia and Niger, but the overall performance is still on a fairly high level at around 79%.



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

Spain provided 100% of procurement through national systems in Ethiopia but it is not possible to specify the contribution as it was through a pooled funding mechanism (MDG Fund). In Mozambique the contribution of health sector aid that uses public financial management systems has decreased. There was no data available for Niger.



Resources are being managed for Development Results

National performance assessment frameworks are being used in all countries, except for Niger.



Mutual Accountability is being demonstrated

Joint reviews, missions and annual assessments were carried out in Ethiopia and Mozambique. Measures on aid effectiveness are not yet included. In Mali respective procedures are in place but since Spain is active only through a silent partnership with Netherlands it is not participating directly. Spain will sign the country compact in Niger in 2011 and will take part in joint reviews in the future.



Civil Society actively engaged

Support to civil society is focusing on strengthening the health systems, the provision of care, and respectively to ensure alignment and harmonization of activities undertaken by NGOs/CS active in the health sector. There is general support towards increasing the involvement of CSOs in planning mechanisms.

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