**How do IHP+ partners work together?**

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In addition, IHP+ collaborates with related initiatives: Health Metrics Network (HMN), Providing for Health (P4H), Global Health Workforce Alliance (GHWA), Harmonization for Health in Africa (HHIA), Innovative Results-Based Financing (IRBF) and the Catalytic Initiative to Save a Million Lives (Catalyst).
In 2000 the global community made an unprecedented commitment to eradicate extreme poverty and improve the health and welfare of the world’s poorest people within 15 years. This Millennium Declaration led to agreement on eight Millennium Development Goals (MDGs), three of which focus specifically on health.

The intended benefits for developing countries are:
- Improved results through better use of existing funds
- Improved harmonization and alignment of aid to reduce fragmentation and transaction costs
- Improved coordination between country governments and development partners
- Strengthened mutual accountability and transparency, progressively involving all stakeholders in the existing national planning and monitoring processes
- Long-term predictable financing for strengthening health systems
- Stronger government leadership in sector coordination

IHP+ was created to help accelerate progress towards the health Millennium Development Goals.

In 2000, 27% fewer children died before their fifth birthday in 2007 than in 1990.1 However, pneumonia and diarrhoea continue to kill 3.8 million children each year, although some 27% fewer children each year, although the number of cases has barely changed since 1990.1

In 2007, 9.7 million people in developing countries were receiving it in 2007.1 However, the number of cases documented reductions in malaria cases of more than 50% in 2008 compared to 2000.2

In 2000 and 2005, the Paris Declaration on Aid Effectiveness set out some clear principles that if implemented would make aid more effective. IHP+ was created to translate those principles into practice in the health sector.

The bottlenecks to progress have become clearer:
- Health system constraints are not being adequately addressed
- Without more efficient and equitable health systems, countries cannot scale up the prevention and control programmes needed to meet specific health goals
- Global and domestic investment in health is still insufficient
- International funding remains unpredictable

IHP+ Global Compact defines commitments following Paris principles:
- National ownership
- Alignment with national systems
- Harmonization between agencies
- Managing for results
- Mutual accountability

What is IHP+?

A group of partners who share a common interest in improving health services and health outcomes by putting Paris and Accra principles on aid effectiveness into practice. It was launched in September 2007.

What does IHP+ do?

IHP+ encourages increased support for one national health plan through five key ingredients.

Support to national planning processes
IHP+ signatories are committed to support inclusive national health planning processes and to review policies and procedures at global level to enable better coordinated and longer term support at country level.

Joint assessment of national health strategies and plans
Joint assessment is a shared assessment of the strengths and weaknesses of a national health strategy, accepted by multiple partners as the basis for technical and financial support. Joint assessment should be country-based aligned with in-country processes, inclusive and include an independent element.

Country compacts or their equivalent
These are negotiated time-bound agreements in which governments, development partners and other signatories make commitments on the way they will support implementation of a national health plan. Aid management modalities and monitoring arrangements for tracking progress on these commitments are part of a country compact.

Why IHP+?

IHP+ key ingredients
- Support to national sector planning processes
- Creating greater confidence in national plans by encouraging joint assessment of their strengths and weaknesses
- More unified modalities for partner support to the plan with the development or strengthening of country compacts
- One results monitoring framework, to track plan implementation
- Greater mutual accountability by monitoring progress against compact commitments

Global and domestic investment in health is still insufficient. International aid architecture has made cases of more than 50% in 2008 compared to 2000.2 However, the number of cases have been little or no movement, notably maternal and newborn health.

International funding remains unpredictable. The increasingly complicated international aid architecture has made challenges such as duplication and fragmentation of activities at country level even more apparent than before.

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