

International Health Partnership (IHP+)
Business Scaling-up Reference Group (SuRG) Meeting
20 April 2009, 17.00 CET

Participants included representatives of:

Civil Society
GAVI
Global Fund
UNAIDS
UNFPA

UNICEF
WHO
World Bank
IHP+ Results
Martin Taylor

Action Points

- The IAWG on Service Delivery will circulate a revised concept note by the next SuRG.
- IHP+ Core Team to develop next steps for the Review of Country grants including finalisation of the review with a more complete data set and revision of grant guidance and amounts for Phase II.
- SuRG to provide comments on the IHP+ Results Inception plan by 30 April to shaun@human-scale.net.
- SuRG to distribute the Call for Nominations: Civil Society Consultative Group within their networks.
- Civil Society representatives to share the civil society action agenda and budget by 27 April.

1. Inter-Agency Working Group (IAWG) on Service Delivery

Ian Pett (UNICEF) provided an update on the IAWG on Health Service Delivery based on a concept note that is under revision and will be circulated shortly. This work will focus on harmonization of existing plans and will be closely related to the primary healthcare reform. The IAWG will actively engage and collaborate with other IHP+ IAWGs and with the ongoing MDG5 efforts. The concept note will be circulated for comment by the next SuRG.

Comments/Discussion:

- WB / WHO underlined that the group had been set up to harmonise existing efforts so as to ensure complimentary guidance for service delivery in countries. This should include current efforts to scale-up services to improve maternal health, as being promoted by the UK and Norway.
- The WB added that the current draft has changed during the discussions in the face-to-face meeting and is more in line with original aims.

2. Review of country grants

Martin Taylor (external consultant) presented initial findings from a review of grants to country teams. The purpose of this review was to analyse grant performance from a financial and operational perspective. Findings are to inform a set of recommendations to improve the use, management and performance of these grants in Phase II of the IHP+. The review highlighted the need for clarity on objectives and roles as well as faster disbursement to countries.

Comments/Discussion:

- UNFPA emphasized the need for a comprehensive and harmonised funding approach to countries that builds on ongoing coordination work and processes. The review should provide the context in which grants were provided.
- UNFPA and UNICEF requested that the review provide additional information on the role and capacity of the government, partners and country teams to engage in the grant process. UNFPA suggested that revised guidance for grants in Phase II should more explicitly state oversight/management roles as this varies country-by-country.

- WHO reported that initial delays in disbursing funds were due to systematic issues which have now been resolved. It was further emphasised that grants also intended to serve as a catalyst for more demand-led support, pulling in regional and global support only when necessary.
- GAVI recommended that the review's negative "red-light" assessment for the grant objective to strengthen health sector coordination capacity be further explored as to why and to pull out lessons learnt for Phase II.
- Civil Society requested that grant proposals link back to the guidance note on civil society engagement in country teams.

3. Monitoring and Evaluation of IHP+ - North-South Consortium Inception Plan

Shaun Conway (IHP+ Results) presented the inception plan for the annual review of the IHP+ by a North-South Consortium, i.e. the "IHP+ Results". He outlined the management structure, process to date, methodology for a continuous review in 10 IHP+ countries and in-depth case studies in 3 IHP+ countries over 3 years, as well as civil society engagement and public reporting of findings.

Comments/Discussion:

- Civil Society and WHO requested clarification as to why Ethiopia was not selected as one of the in-depth case study countries given progress it has made as the first country to sign a Country Compact, as well as the findings to be garnered from a large and complex country.
 - Updated information communicated post-SuRG: Following SuRG comments, the final proposed case study countries are Nepal, Mali and Ethiopia. MoH representatives from these countries have expressed interest and, in the absence of concerns raised, will be considered the final selection.
- GAVI encouraged continued linkages with OECD work and a more comprehensive mapping of stakeholders.
- GFATM requested clarification on how IHP+ Results links back to the objectives and activities of the Phase II workplan and further highlighted the need to ensure results provoke accountability.
 - IHP+ Results clarified that the review will focus on results at country-level and the performance of each signatory collectively, but will also review implementation of the IHP+ workplan.
- WHO emphasised the need for a related communications strategy with interim products leading up to the annual report.
- IHP+ Results informed the SuRG that they are discussing the possibility of having a briefing/announcement of the IHP+ Results at the World Health Assembly. More information will be provided when available.

4. Civil Society Engagement

Civil Society outlined the Terms of Reference for the Civil Society Consultative Group highlighting the responsibilities, membership and nomination process. The call for nominations for the Consultative Group has gone out via Civil Society networks (e.g. IHP+ listserv). Civil Society requested that all IHP+ partners disseminate the call for nominations to their Civil Society partners.

Civil Society outlined a draft Action Agenda of a forthcoming civil society workplan with actions concentrated on advocacy, health sector coordination, monitoring and accountability, capacity building and performance effectiveness - totalling 5 million USD. The Action Agenda will be circulated to the SuRG for comment shortly.

Comments/Discussion:

- It was clarified that the call for nominations would be extensive via the IHP+ listserv, civil society delegations at GAVI and GFATM, Afronet, etc. The selection process will begin with an initial review of the type of organisation and the constituency it represents, its capacity to network and engage, and its reputation and institutional backing.

5. Any other business

- WHO informed the SuRG that there will be a series of consultations held during the World Health Assembly between Working Group 2 of the High-level Taskforce for Innovative International Financing for Health Systems and Ministers of Health, civil society and the private sector. More information will be shared when available.
- WHO requested responses from the SuRG regarding participation in the oversight group to the management review of the IHP+.
- UNICEF informed the SuRG that the next country team in Africa will likely coincide with a meeting of the Harmonisation for Health in Africa (HHA) Initiative in mid-June in Dakar, Nairobi, or Bamako.
- WHO informed the SuRG that communications work is being done around the Country Compact signings in Mali and Zambia to promote their national health strategies in various media outlets.