



International Health Partnership (IHP+)

Review of Global Management Arrangements

September 2009

THE BOSTON CONSULTING GROUP

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Objectives of this document

Revisit the context for this review

- Background for the terms of reference (TOR)
- TOR objectives and key activities

Share the final set of findings and recommendations from this assessment

- Summary of interviews
- Common themes identified throughout the diagnostic
- Final recommendations for enhancing the global management arrangements of IHP+

Context: background for the terms of reference (TOR)

The IHP+ comprises numerous countries and global health organizations

- 13 partner countries, 11 bilateral donors, all H-8 agencies, other organizations, and civil society

One key IHP+ principle is managing this complex partnership using existing institutional arrangements at the WHO and World Bank

The first external review of the IHP+ recommended further review of global management arrangements

Now is an ideal time to assess these arrangements as Phase II begins

A review of global management arrangements will complement other recent reviews

Context: TOR objectives and key activities

Objectives:

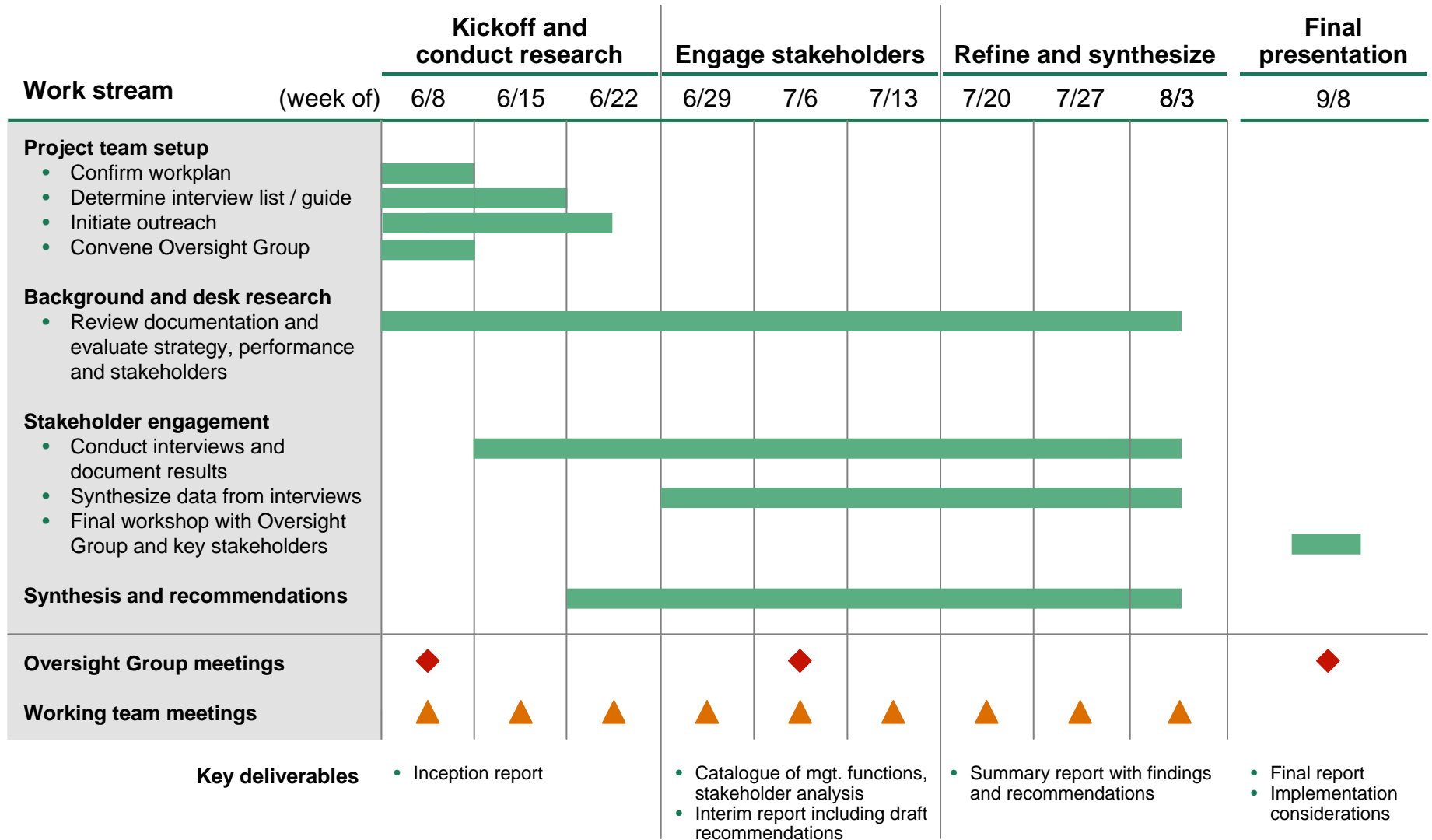
- Review adequacy of management arrangements at the global level to enable implementation of the IHP+ Phase II Workplan
- Make recommendations to the IHP+ Core Team and Oversight Group on how management arrangements could be strengthened

Achieve these objectives via key activities:

- Baseline catalogue of existing global IHP+ management functions and stakeholder analysis
- Assessment of current perceptions on:
 - Adequacy of existing global management and communication arrangements
 - Decision-making processes
- Evaluation of the functions required and estimation of capacities / resources required at the global level to carry out these functions
 - Based on the needs articulated in the IHP+ Phase II Workplan
- Development of options for strengthening future IHP+ management arrangements focusing on:
 - Technical work within agencies outside of the IHP+ Core Team
 - Steering/oversight mechanisms for the IHP+
 - Management and communications on inter-agency business
 - Capacity, location and leadership of the IHP+ Core Team

Assessment completed over a 9 week period

Final presentation to Oversight Group delayed to accommodate summer absences



Over 50 interviews of 44 different individuals completed

Follow-up interviews conducted with members of the Core Team and Oversight Group

Name	Organization	Name	Organization	Name	Organization
Rifat Atun	Global Fund	Bob Fryatt	WHO	Chris Mwikisa	WHO
Geoff Adlide	GAVI	Juan Garay	European Commission	Sue Perez	Treatment Action Group
Hedia Belhadj	UNFPA	Elisabeth Heidbrink	German government	Ian Pett	UNICEF
Peter Berman	World Bank	Justine Hsu	WHO	Tim Poletti	Australian government
Ties Boerma	WHO	Ini Huijts	WHO	Namita Pradhan	WHO
Andrew Cassels	WHO	Tshinko Ilunga	African Development Bank	Stefanie Ruff	German government
Collins Chansa	Zambia MOH	Elaine Ireland	Int'l HIV/AIDS Alliance	Salif Samake	Mali MOH
Mukesh Chawla	World Bank	Tarik Jasarevic	WHO	Gerard Schmets	WHO
Peter Colenso	DFID	Mayowa Joel	Africa Public Health Alliance	Julian Schweitzer	World Bank
Shaun Conway	Human-Scale	Brenda Killen	OECD	Tim Shorten	Human-Scale
Lola Dare	ACOSHED	Nicole Klingen	World Bank	Phyllida Travis	WHO
James Droop	DFID	Kate Krackenberger	World Bank	Wim Van Lerberghe	WHO
Jane Dyrhaug	WHO	Dan Kress	Bill & Melinda Gates Foundation	Marijke Wijnroks	Netherlands MOFA
Carissa Etienne	WHO	Ralf-Mattias Mohs	German government	Shona Wynd	UNAIDS
Paul Fife	NORAD	Anders Molin	SIDA		

Bold indicates Oversight Group; **Green** indicates Core Team

Numerous common themes emerged from the interviews

Common themes

Perceptions of high level IHP+ strategy

- The IHP+ objective of harmonization is a difficult but important undertaking
- IHP+ should be a temporary coordinating group aimed at changing behavior, not a formal institution
- Mixed views on whether primary "customers" of IHP+ are donors or countries

Some concerns about resources, representation and structure

- Core Team functioning well, may require additional resources as IHP+ countries and activities expand
- Inconsistent SuRG participation and insufficient country-level representation
- Confusion about the two SuRGs and overall responsibilities of each internal group

Decision-making responsibility and process not clear

- Lack of clear understanding of decision-making process by most participants
- Greater clarity needed on who makes decisions and how decisions are made
- Communication of outcomes following decisions insufficient

Roles and responsibilities muddled for some groups

- Relationships between the different groups is also not well understood
- Charter and longevity of IAWGs not clear
- Lack of clarity about the respective roles of IHP+, HHA and other related initiatives

Current approach to communication is uneven

- IHP+ uses its website well to foster transparency and make information readily available
- Breakdown in communication exists between the global and country level about IHP+ purpose
- Distinctions between IHP+, related initiatives, HHA not well understood or communicated

Mechanisms needed to establish accountability

- Compacts and working groups need "teeth" to make partners follow through
- These actions must be tracked/measured in Phase II
- Anticipating positive impact from the IHP+Results reports/scorecards

Perceptions vary regarding high-level IHP+ strategy

Common themes

The IHP+ objective of harmonization is a difficult but very important undertaking

IHP+ should be a coordinating group aimed at changing behavior, not a formal institution

IHP+ should be set up in way that it can be dissolved after goals are met

- Exact goals, timing and exit strategy not clear

Mixed views on whether IHP+'s primary "customers" are donors or countries

- Whose behavior does the IHP+ want to change

Recognition that IHP+ model may be less impactful in countries with good coordination already

- Likewise, countries whose health systems need the most help may have too far to go for the IHP+ process to be useful at this point

Sample quotes from interviews

- "Huge potential benefits from harmonization"
- "IHP+ is not an initiative, it's a way to change behavior. It is a process for change management"
- "When the work has been internalized by partners, then the IHP+ should dissolve"
- "You must involve developing countries in the strategic process"
- "Donor organizations must change the way they do business for this to be successful"
- "There's disagreement over whether the IHP+ is about more health for your money or more money for health"
- "Harmonization is good, but does the current IHP+ process just add another transaction cost?"
- "The IHP+ seems to be helping many countries who already have fairly good national plans"

Resources, representation, and structure

Some concerns exist about how the IHP+ is currently set up

Common themes

Core Team viewed as strong despite small size

- Great example of interagency collaboration
- May require additional capacity to execute effectively on Phase II
- More time spent in IHP+ countries necessary

Questions over reporting of IHP+ within the WHO

- Suggestions raised: perhaps report directly to DG's office or reside within the Partnerships cluster

Insufficient country level participation in various IHP+ groups

Significant confusion over dual SuRGs

- Differences between the two not clear
- Steering SuRG not viewed as a steering body

Some SuRG representatives lack seniority to drive change within their respective organizations

IAWG and SuRG participation is inconsistent

Sample quotes from interviews

- "Core Team is highly effective, in part because of its small, nimble structure"
- "Given the extensive work required, especially with more investments in communication, increasing the size of the Core Team may be valuable"
- "The IHP+ may get more attention and results within the WHO if it reported through a different cluster"
- "It does not make sense that a process built to support the countries does not have more country participation"
- "Steering SuRG just provides updates; no real feedback"
- "Not all SuRG members can effect change at their own organizations"
- "If other SuRG reps don't seem engaged or high-level, we might reduce our involvement too"
- "Don't always know who is on the conference calls"

Decision-making not clear

Common themes

Decisions appear to be made without major objections, but the decision-making process is not well understood

- Lack of clarity exists even among active partners

Partners would appreciate a clear explanation of how important decisions are made within the IHP+

- A clear delineation of what groups make which decisions, when and how

Countries should participate more in the decision-making process, especially regarding decisions that will directly affect them

SuRG meetings often lack clear structure and focus

- Hinders the ability to reach real decisions or consensus

July SuRG session on the Joint Assessment viewed as a significant improvement

Sample quotes from interviews

- "Things seem to be working ok, but I have no idea how decisions are made"
- "Often it feels as if the Core Team makes the decisions because the process is not clear and precise"
- "Countries need to have a greater say in these matters"
- "How do you know what makes a country compact a country compact? Who makes that judgment?"
- "I'm not sure who decided to start that working group."
- "Not clear exactly what decisions are made by the SuRGs"
- "the last [16 July] meeting was very constructive... finally some consensus is emerging"

Roles and responsibilities are muddled for some groups

Common themes

Lack of clarity about the respective roles of IHP+, HHA, and other related initiatives

- Also few details about the relationship between groups

Combining related initiatives would help simplify the landscape, but political considerations could make this difficult

- At a minimum, a better understanding of the status and activities of each related initiatives is critical

The initial charters and expected lifespan of each Inter-agency Working Group (IAWG) are not clear

Sample quotes from interviews

- "Many people are confused about what the different groups are doing"
- "Before there were many different initiatives, but now they are supposed to be related to the IHP+"
- "Having 'the plus' is nice, but not everyone knows what this really means"
- "We've lost track of who's doing what"
- "The IHP and HHA meetings in Bamako were separate yet also in the city during the same week. People there were not sure exactly what HHA is doing"
- "Hard to rationalize the existence of both [the IHP+ and HHA]"
- "The IHP+ budget should not fund HHA"
- "IAWGs are confusing – a lack of coordination"
- "Not sure how they come up with the working groups"

Current approach to communication is uneven

Common themes

IHP+ uses its website well to foster transparency

- Documents and information readily available

Breakdown in communication exists between the global and country level about IHP+ purpose

- Also confusion around the end result of IHP+ and if it will include greater levels of funding

Distinctions between IHP+, related initiatives, HHA not well understood or communicated

Communication and document distribution for SuRG process not always clear or timely

- Partners need more time to work through issues on their own before meetings

Sample quotes from interviews

- "The website is helpful and transparent"
- "Objectives of IHP+ not made clear to countries – many envision a pot of gold at the end of the rainbow with the IHP+"
- "The partnership overall does not have a coherent communications strategy"
- "Could be more successful at communicating what the IHP+ is and what it is not"
- "If you can't explain the linked relationships in a few sentences, then they're not working"
- "Some related initiatives have whole staffs devoted to communication while others don't have anyone"
- "More information needs to be shared between groups in real time"
- "Need documents earlier than the night before"
- "Videoconference problems can undermine meetings"

Mechanisms are needed to establish greater accountability

Common themes

Compacts and IAWGs do not have real "teeth" yet to make partners follow through on agreements

Active participation and motivation to change behavior varies across partner landscape

Countries skeptical about value of IHP+ given lack of strong mechanisms to enforce accountability and uncertainty of future behavior change by partners

Actions in Phase II must be tracked/measured

- This is a critical time the work shifts more to the country level
- Looking forward to first IHP+ Results report/scorecards (expected by the end of the year)

Sample quotes from interviews

- "Need to clarify what IHP+ Results is doing"
- "Members of the SuRG often come to listen and make a few comments, but they should really be the ones driving change in their respective organizations"
- "Don't have mechanisms today to hold people accountable"
- "Enforcement can be tricky"
- "Donors have to commit and 'put some runs on the board' to demonstrate to developing country partners that this is a valuable thing"

Bridging the diagnostic to concrete recommendations for enhancing management arrangements

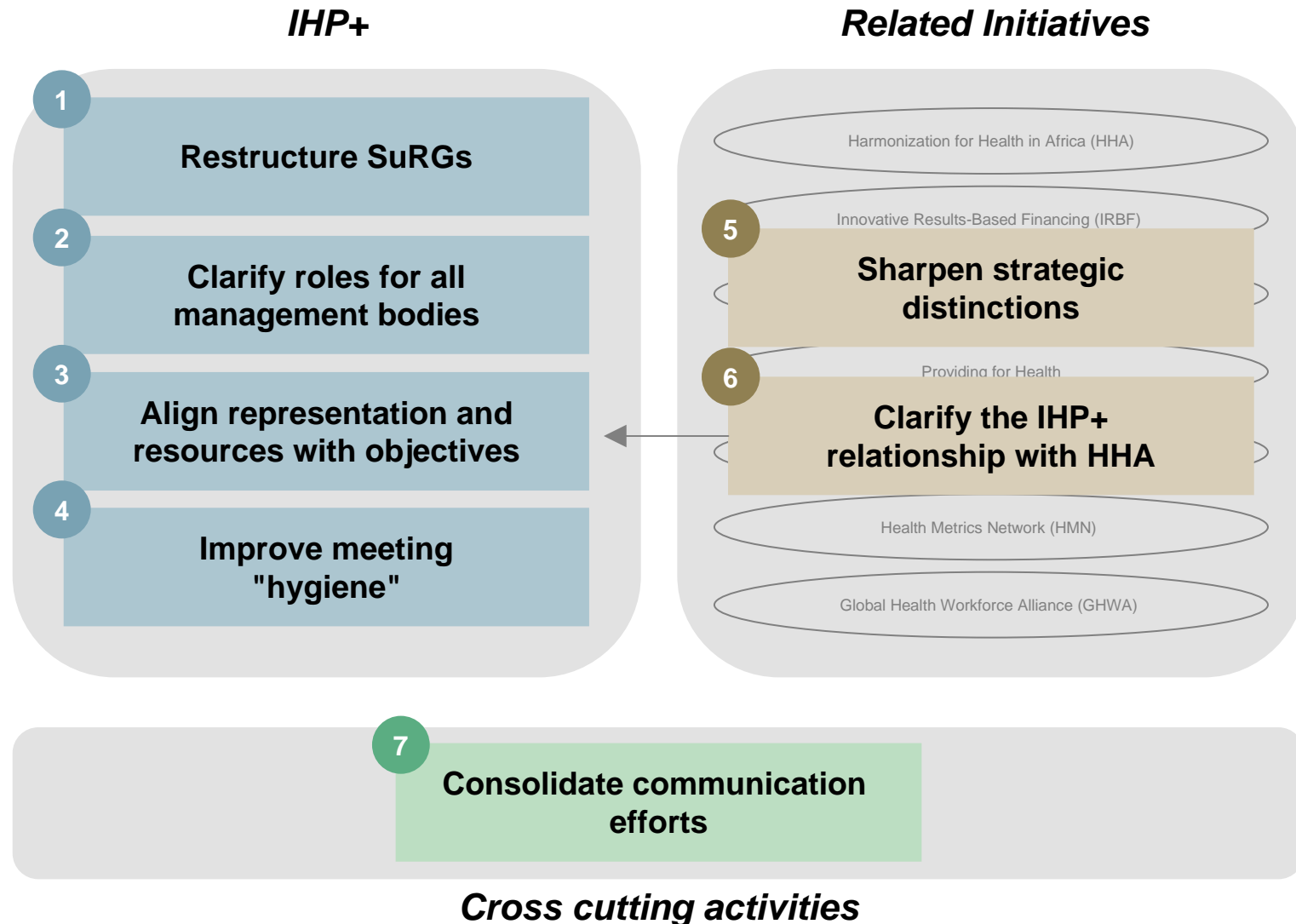
Interviews served as the primary source of evidence to the diagnostic

- Several key themes were also tested via specific deep drive analyses, for example:
 - Analysis of the detailed composition of the management bodies
 - Assessment of country activity overlap in the related initiatives

Recommendations seek to affect the primary drivers of the pain points highlighted in the diagnostic phase

- Thus, a common theme from the diagnostic may or may not be directly addressed by a specific recommendation
 - Depends on whether this theme requires a specific change to improve the performance of the management arrangements

Seven key recommendations for enhancing the global management arrangements



Recommendations specific to internal IHP+ functions

IHP+

1

Restructure SuRGs

Collapse Business and Steering SuRG into one body named Scaling-up Reference Group (SuRG)

- New SuRG to hold standing meetings twice per year, plus one-off sessions to decide upon key policy / strategic issues which affect most stakeholders
- Virtual meetings recommended, though an annual in-person session around the Ministerial review an option

Form an Executive Team within the broader SuRG to manage the IHP+ Core Team and provide direction on the ongoing activities within IHP+

- Executive Team to meet monthly via phone or videoconference

Scaling-up Reference Group: sets overall strategic direction and serves as information distribution network

- Confirms final recommendations from working groups; influences respective organizations to adopt IHP+ principles / recommendations; communicates decisions to relevant stakeholders

Executive Team: manages the technical content and policy development

- Reviews interim working group analyses / recommendations; ratifies workplan; agrees on topics requiring SuRG review and ratification; convenes additional working groups (if required) and closes down working groups (when deliverables are met)

Working Groups: propose harmonized, technical solutions

- Develop recommendations on specific content elements related to harmonization (Joint Assessment, M&E); incorporate perspective of respective organizations into the work product; dissolve when complete

Core Team: facilitates the process

- Manages daily operations; drives agenda and calendar of SuRG; monitors working group progress and highlights issues to Executive Team; sets and executes communication strategy

2

Clarify roles for all management bodies

3

Align representation and resources with objectives

Expand SuRG to include representation from developing countries

Constitute the Executive Team with representatives from: H8, Civil Society, bilaterals, developing countries

- Constituency representation necessary to keep Executive Team membership to 15 or less

Ensure sufficient seniority and consistency of participation of representatives on SuRG, Executive Team

Expand Core Team

- Add capacity equal to 1-2 people, either internal or contract resources, ideally co-located in DC or Geneva
- Primary role: lead the communication effort from global level to countries
- Consider incremental resources for Core Team depending on activity load resulting from these recommendations

Reduce overall size of working groups, though adding developing country representation where the technical skill is accessible

4

Improve meeting "hygiene"

SuRG to meet twice per year (at least once as virtual session, if not both); materials sent 3 weeks in advance

Executive Team to meet monthly (virtual sessions); materials sent 3 business days in advance

Structure meetings robustly with set objectives, questions to resolve, and designated facilitator(s)

Clear action items and next steps communicated within 3 business days of each session

Recommendations specific to Related Initiatives and communication

Related Initiatives

5

Sharpen strategic distinctions

Initiate brief, planned interactions between IHP+ Core Team and individual Related Initiative leaders

- Goals of sessions: well-structured updates to map specific activities and resources which currently overlap at the global, regional, and country level; understand changing Related Initiative resources and activities

Core Team to identify areas where altering IHP+ or Related Initiative strategies mitigate confusion or harness synergies at the country level. Examples may include merging or discontinuing where there is overlap in:

- Geographies
- Disease areas
- Population groups (e.g. maternal and newborn child health)
- Functions (e.g. results based financing, social health insurance)

Executive Team to discuss twice per year and recommend any potential strategic shifts to SuRG

6

Clarify the IHP+ relationship with HHA

Do not continue the status quo

- Partial structural overlap exists today (funding from IHP+ to HHA; cross representation on Core Team and HHA)
- Pervasive confusion and perceptions of overlap

Clarify how HHA relates to IHP+. Convene the SuRG to decide to either:

- Merge the two into one common entity, or
- Structure more distance between them to eliminate existing confusion over the overlap

Cross cutting activities

7

Consolidate communication efforts

IHP+ Core Team to finish comprehensive communication strategy for its own operations

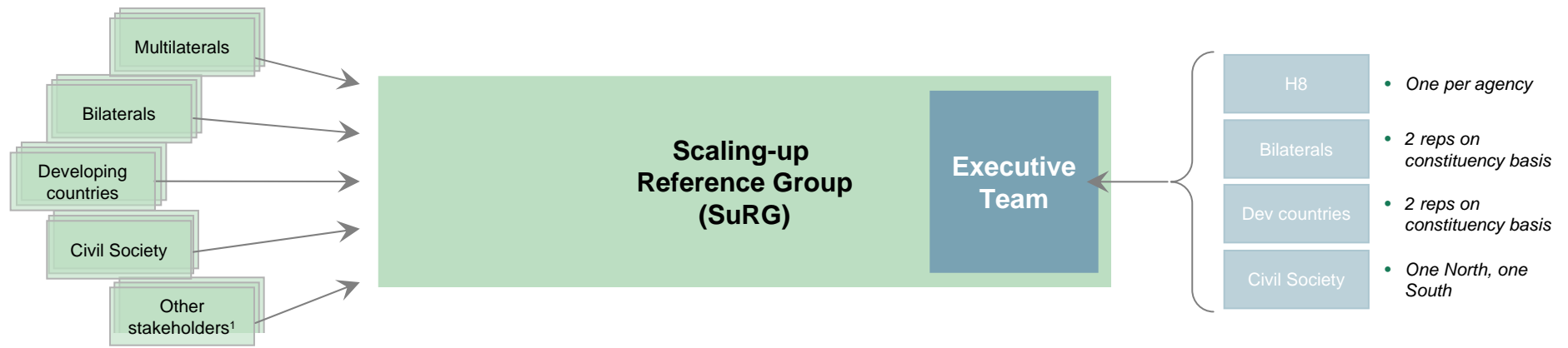
- Key component: ensuring proper messages reach the country level audience

IHP+ Core Team, Related Initiatives and HHA leads to evaluate building a common communication "department" with incremental, shared resources

- Share a pool of commonly funded resources dedicated to communication
 - may require stepwise implementation: initial step of combining efforts of smaller initiatives with limited or non-existent communication resources
- Role of shared resources: create a unified communication strategy for IHP+, Related Initiatives, HHA; define common lexicon; support the external communication requirements; execute communications (e.g. newsletters, country briefings, websites, etc.); ensure proper messages are reaching the country level

Convene working group leaders to share best practices and relevant content on a regular basis

Restructuring the SuRG



Key considerations

Recommendations

Most people interviewed were confused by the current setup with two SuRGs

- Some interviewees (including some which were SuRG members) did not know the difference
- Most respondents did not know what decisions were made by which group

Many viewed the Steering SuRG as an information sharing body

- Considered a valuable function by all, though not necessarily the charter of that body

Broad desire for swift input and decisions on technical and policy issues as well as input to Core Team activities

Business and Steering SuRGs to be collapsed into one body, named the Scaling-up Reference Group

The new SuRG will serve as a broad information sharing platform as well as decision maker on critical strategic issues, thus:

- Representation can be broad
- Meetings less frequent, prepared well in advance

An Executive Team from within the SuRG will guide the Core Team and address technical and policy topics

- Relative frequent meetings (monthly via teleconference or videoconference)
- Smaller body to facilitate discussion and rapid decision making

1. e.g. USAID or other non-signatory stakeholders, Related Initiative representatives or Working Group chairs if not already present representing a bilateral or multilateral. Some non-signatory stakeholders may participate on the SuRG at the invitation of the Executive Team (but they will not be represented on the Executive Team).

Clarify roles for each management body

Scaling-up Reference Group (SuRG)

- Sign off on significant strategy or policy decisions which affect a majority of IHP+ stakeholders
- Serve as an information exchange for all IHP+ partners to get updates about IHP+ activities and voice questions or concerns
- Represent their respective organizations concerning strategy and policy adoption
- Ensure views of all constituents are represented

DECISIONS: sign off on critical strategy or policy matters

Executive Team

- Provide oversight, coordination, and steering to the Core Team
 - e.g. sign off on workplan or modifications to that plan
- Review content and recommendations from working groups
- Set agenda for topics to be discussed and decided upon by SuRG
- Resolve and / or escalate problems of interagency cooperation
- Represent their respective organizations concerning strategy and policy adoption

DECISIONS: approve budget, workplan, new efforts (e.g., IAWGs) or major changes to strategic operations

Core Team

- Manage process to ensure effective decisions are reached at the Executive Team and SuRG
- Respond to existing country needs and demands
- Facilitate working group activities and escalate issues to Executive Team
- Develop and implement a comprehensive communications strategy

DECISIONS: timing and content of IHP+ communications, recommendations on SuRG and ET meeting agendas

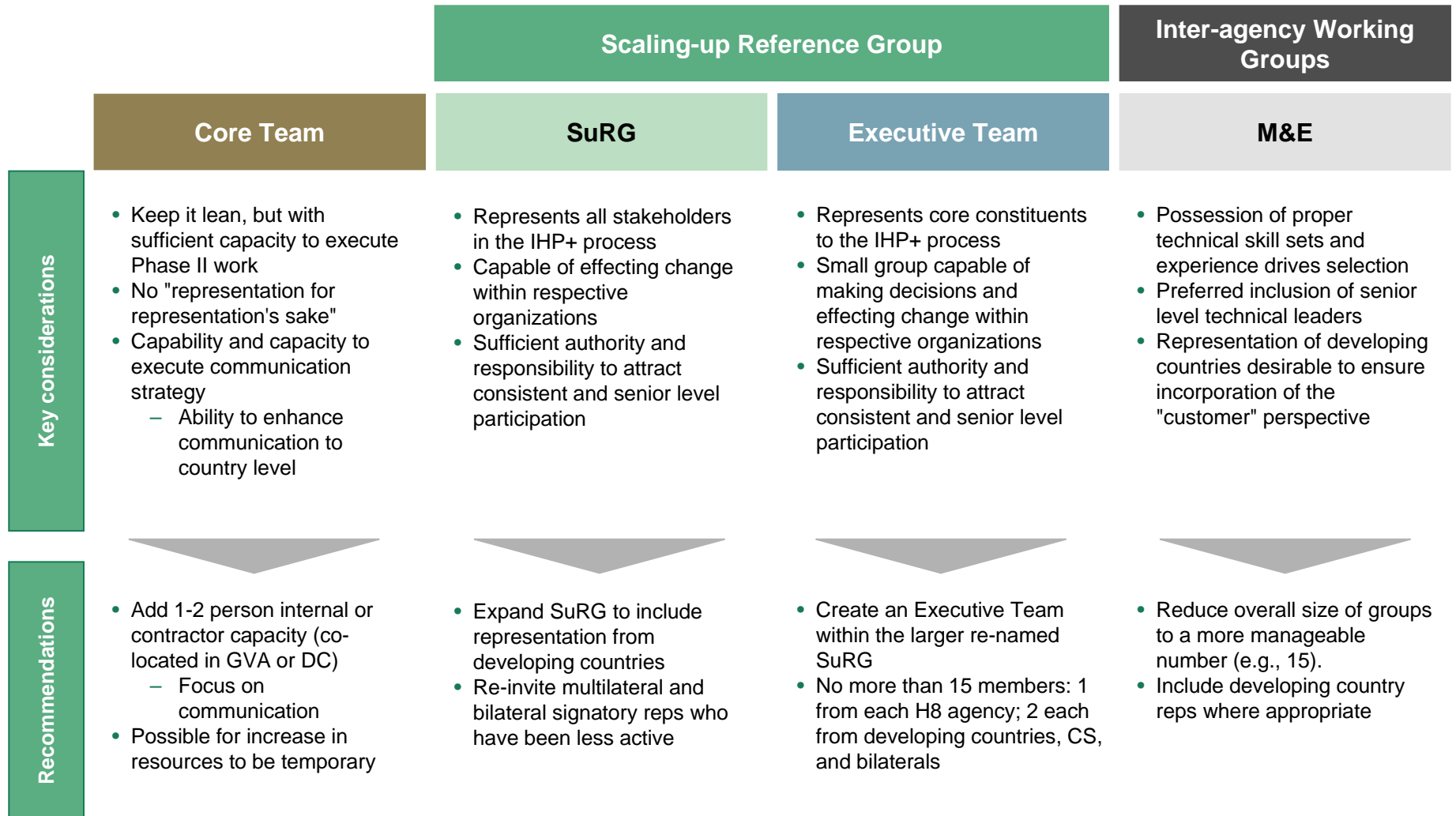
IAWG

- Generate and disseminate knowledge, guidance, and tools in specific technical areas
- Incorporate perspective of respective organizations into the work product
- Dissolve once technical work product has been agreed upon by the Executive Team and subsequently delivered to relevant "customers"

DECISIONS: recommendations to ET and SuRG on final content

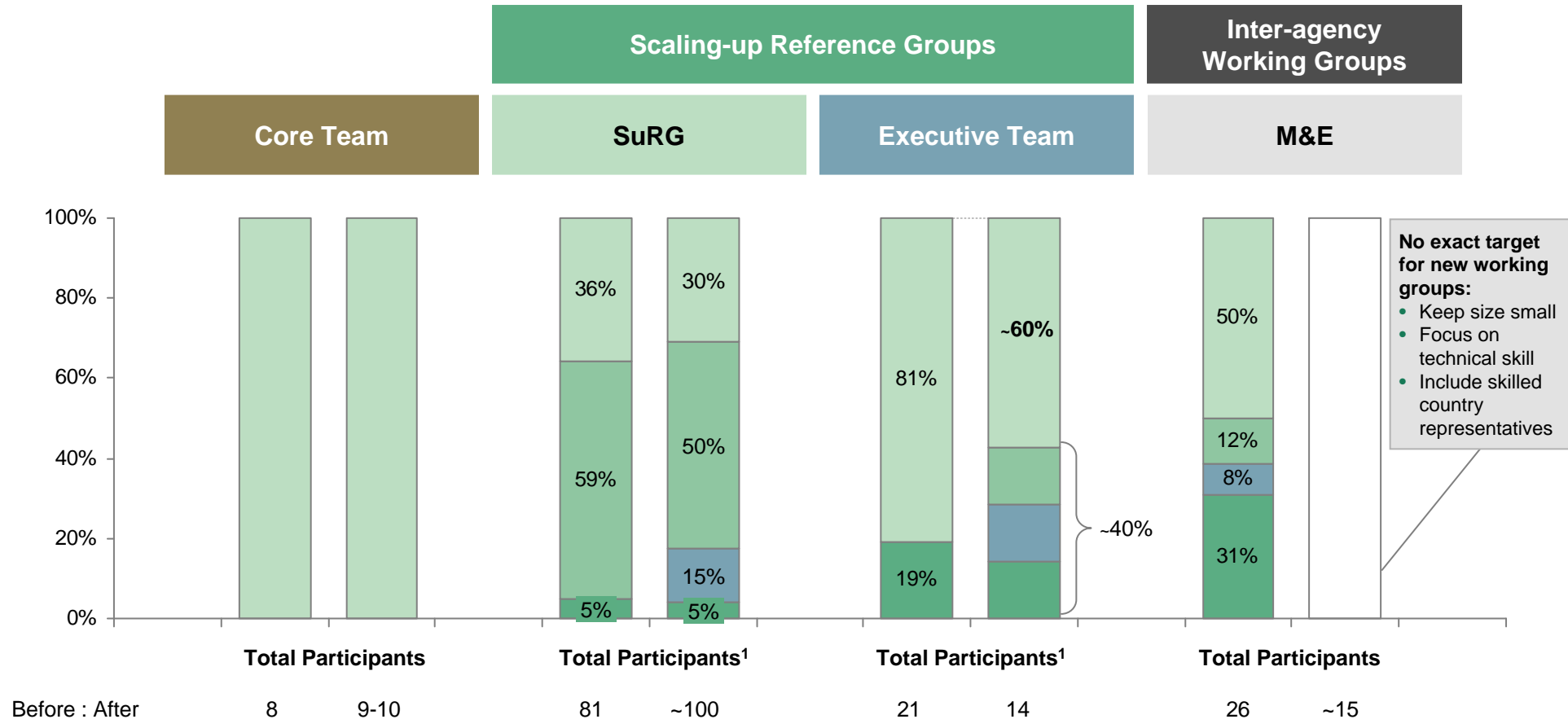
Modify representation on management arrangements

In particular, the developing country voice is to be emphasized in decision-making bodies



Specific changes sought for key group representation

Changes suggested to overall numbers as well as the relative weight of each constituency



No exact target for new working groups:

- Keep size small
- Focus on technical skill
- Include skilled country representatives

■ Multilaterals/H8 ■ Bilaterals
■ Countries ■ Civil Society & other

1. Does not include Core Team members
 Source: IHP+ Core Team, BCG analysis

Better meeting "hygiene" will improve productivity

Key considerations

Some IHP+ groups (Steering SuRG, certain working groups) are quite large

- Diminishes ability to function effectively

Teleconferences are hampered by difficulties with technology and communication between so many parties

Materials and agenda not consistently distributed with sufficient time for participants to:

- Come prepared for discussion
- Align expectations and decisions within their respective organizations

Some meetings have "laundry list" style rather than a few key issues and specific actionable objectives

Recommendations

Reduce frequency of broader SuRG and focus on key strategic topics

- Meeting twice per year (via videoconference) unless significant strategic issues require additional convening
- Consider one in person session per year, in conjunction with Ministerial meeting

Prepare and distribute materials in advance

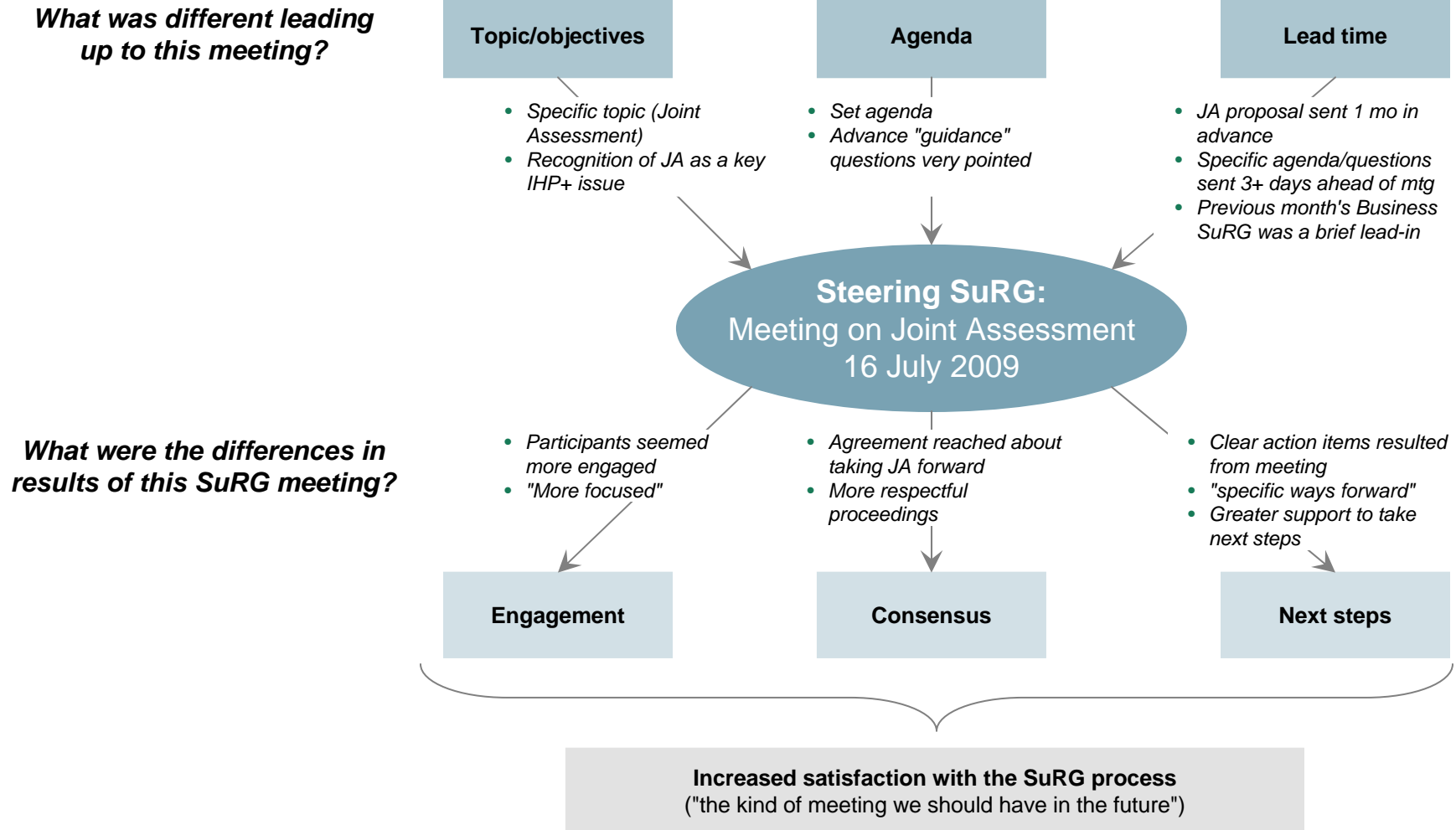
- SuRG session materials to be distributed 3 weeks in advance, with a clear agenda and objectives
- Executive Team materials distributed 3 business days in advance, given monthly meeting cadence

Keep actual meetings lively and on-topic with specific objectives and discussion questions

- Facilitators prepped by Core Team in advance
- Key decisions required highlighted up front

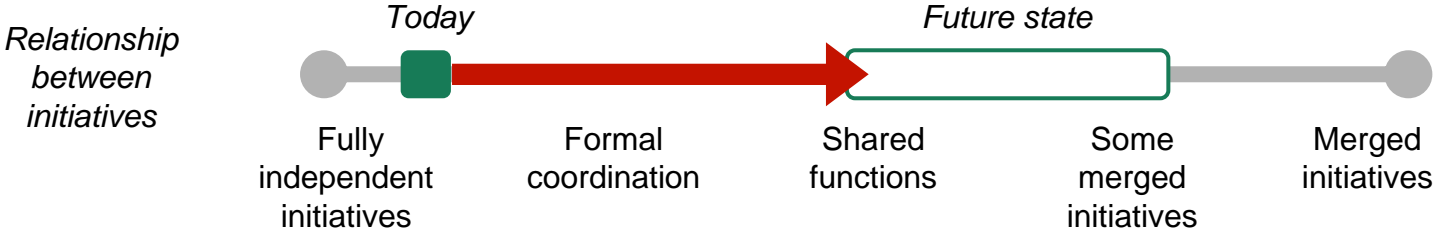
Action items to be decided and next steps communicated within 3 business days after each meeting

Case study: recent SuRG meeting on Joint Assessment an example of effective meeting management



Sharpen strategic distinctions between Related Initiatives

Clarifying the "plus" in IHP+ for both an internal and external audience



Key considerations

Overlapping or similar strategic objectives across the respective initiative strategies, e.g.

- CI and IHP+ leverage monitoring and evaluation frameworks for health system strengthening (as do GAVI, Global Fund, etc.)
- Deliver Now and GHC are global advocacy vehicles for achieving MDGs

Related Initiatives (RIs) are at different levels of maturity and resource levels

- Presents an opportunity to benefit from the experiences and investments of others

Patchwork country presence leads to loss of synergy potential

Limited coordination and communication between and about RIs and IHP+

Recommendations

Establish consistent interactions between IHP+ Core

Team and individual Related Initiative leaders to:

- Update map of specific activities and resources which overlap at the global, regional, and country levels
- Understand changing Related Initiative resources and activities









Identify areas to merge or rationalize strategic differences

- Initiate working sessions to detail overlaps and explore options, including assessment of global as well as in-country efforts

Executive Team to monitor situation and highlight to SuRG recommendations on potential changes

- e.g., ways to improve integration of the recent health systems funding platform from GAVI, the Global Fund and the World Bank

Related initiatives overlap across multiple country lines

									Other HSS stakeholders
Angola							X	X	
Benin		X	X	X			X	X	
Burkina Faso		X		X		X	X		
Burundi	X	X					X		
Cameroon					X		X	X	
DRC			X		X		X		
Egypt					X		X		
Eritrea			X				X		
Ethiopia	X	X		X		X	X	X	
Ghana		X	X	X			X		
Guinea-Bissau		X					X		
Kenya	X	X				X	X		
Malawi					X		X		
Mali	X	X		X			X		
Madagascar	X	X		X	X				
Mozambique	X	X		X		X	X		
Niger	X	X		X			X		
Nigeria	X	X			X		X		
Rwanda	X	X	X				X		
Senegal		X			X		X		
Sierra Leone		X					X		
Sri Lanka					X		X		
Sudan							X	X	
Tanzania					X		X		
Tunisia					X		X		
Uganda	X	X			X		X		
Zambia	X	X	X	X			X	X	
Other (Africa)		X			X		X		
<hr/>									
Cambodia	X				X		X		
Nepal	X				X				
Other (non-Africa)			X	X	X	X	X	X	

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OECD HATS



MDG AI

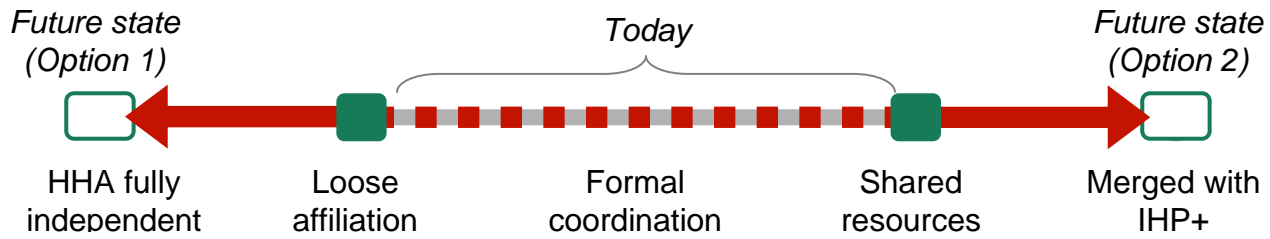
Others?

↓

Note: Matrix lists all IHP+ countries and any African country with operations of two or more related initiatives. "Other" categories marked if initiative operates in a country not otherwise listed.
 Source: WHO; World Bank; German government; HMN; HHA; Partnership for Maternal and Child Health; DFID paper "Improving coherence across the IHP+ and the Global Health Campaign" (June 2009); BCG analysis

Clarify the relationship between IHP+ and HHA

Too much confusion exists today; must either merge or make fully independent



Key considerations

A mixed relationship exists between HHA and IHP+

- HHA interacts with a wider set of African countries
- IHP+ and HHA have objective of harmonization, but of different, complementary activities
 - IHP+ for broad principles and health system tools
 - HHA for technical assistance (TA)
- Cross membership of HHA on IHP+ Core Team
- Portion of HHA's budget comes from IHP+ and more funds expected during Phase II

Many stakeholders confused about the relationship between IHP+ and HHA

- Distinctions and roles not clear

Limited HHA activity during current Phase I ramp-up

- "Rolling" workplan should be explained better to stakeholders and existing TA work highlighted to improve country and partner understanding

Recommendations

Clarify how HHA relates to IHP+. Must either:

- Merge the two into one common entity, or
- Make HHA fully independent and keep a structural distance between the two
 - Discontinue IHP+ funding; no cross staffing; separate communications and meetings

In either situation, maintain mandate for HHA to provide technical assistance to all countries in Africa, not limited to IHP+ countries

- Long term potential: consider replicating the HHA model for TA services to ex-Africa countries (if model proves successful in Africa)

If merge option is chosen, implement fully with:

- Single communication strategy and platform
- Defined interactions between HHA and IHP+ working groups to ensure understanding of TA
- Regular updates to the Executive Team
- Support from Core Team to guide efforts

Revamp IHP+ and Related Initiatives communications

Key considerations

Communication insufficient and inadequate to provide the proper messages to all IHP+ stakeholders

- Messages often differ at the global and country levels
- Working groups have limited interactions with each other

Level of coordination between IHP+, Related Initiatives, and HHA not sufficient

- IHP+ and Related Initiatives currently have different approaches and capacities for communication

Enhanced communications a recommendation of the Phase I progress report and is included in the proposed Phase II workplan

Recommendations

A comprehensive communication strategy must be completed for IHP+ itself. This should include:

- Overall objectives of the strategy
- Matching of messages with recipients
- Timing and frequency of communication
- Modes of information dissemination

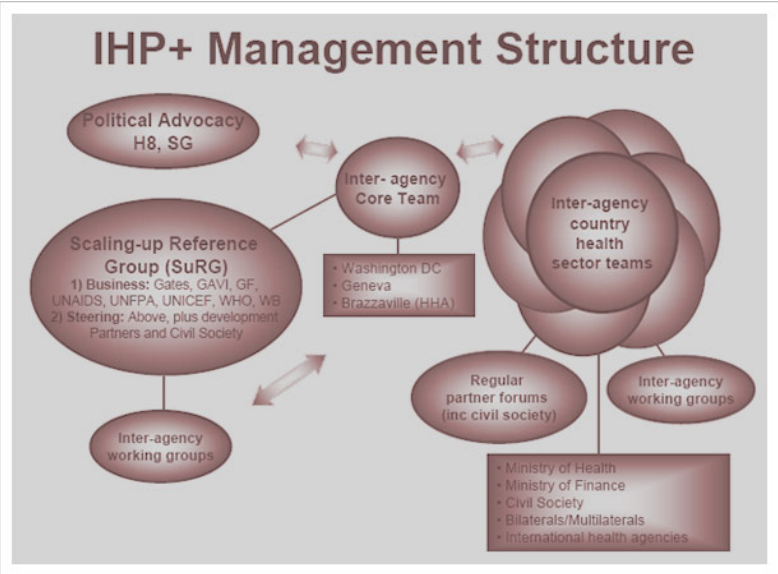
Move towards a shared communication function across IHP+, Related Initiatives, and HHA

- Common resources to develop and execute communication strategy
 - Shared platforms (e.g. website, newsletters)
 - Common language and references to each other
- May require incremental implementation
 - Sharing resources across Related Initiatives which currently have limited communication capacity

Core Team can explore better methods of communications for SuRG meetings (perhaps one per year in person)

Convene IAWG leaders on a regular basis to share information and not duplicate efforts

External communication of IHP+ currently complex



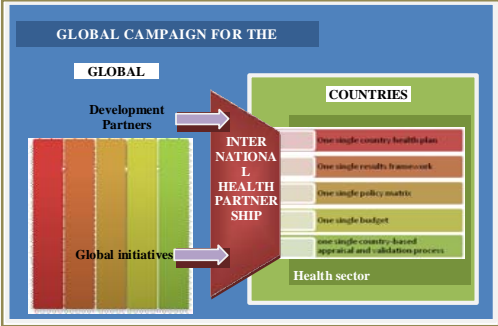
Key considerations

Existing picture of the IHP+ management structure not clear, for example:

- Multiple SuRGs not differentiated
- IAWGs in multiple places
- Related Initiatives, HHA not represented
- Meaning of lines and arrows between groups is unclear

An alternative representation (from a recent DFID paper) attempts to simplify the representation

- Aligning on one view is a key element of a communication strategy



Source: Large graphic from IHP+ website; small graphic from DFID paper "Improving coherence across the IHP+ and the Global Health Campaign" (June 2009)

Conclusion

We hope these recommendations will be useful and that improving the management arrangements of the IHP+ leads to even greater success of the partnership.

Thank you all very much for your time and for considering these recommendations. Additional thanks to everyone who provided us with their valuable thoughts and feedback during this project.