

**Scaling-up Reference Group Meeting**  
**International Health Partnership and Related Initiatives (the 'IHP+')**  
**Videoconference Note for the Record, 6 December 2007, 10:00-11:30 EST**

Participants included representatives of:

AfDB	UNFPA
GAVI	UNAIDS
Global Fund	WHO
B&M Gates Foundation	World Bank (Chair)
OECD-DAC (item 4)	
UNICEF	

### **1. Welcome and Introductions**

Welcome made by Julian Schweitzer, World Bank Director Health, Nutrition & Population.

A brief update was given on the outcomes of discussions at WHO earlier in the day on how to work better across the Agencies in the Africa region.

The role and function of the SuRG was clarified. It will provide a supervisory function of the Core Team and the IHP+ work-plan. The Core Team will facilitate and coordinate the IHP+ work. ***Minutes from the earlier meeting on working in Africa will be circulated shortly.***

### **2. Service Delivery- UNICEF (Rudolf Knippenberg)**

Rudolf Knippenberg provided a brief outline of a proposed framework on Service Delivery, composed of three areas: (1) programmatic alignment of highly effective interventions into packages in-country; (2) analysis of system bottlenecks of packages; and (3) phasing-in the scaling-up of packages within a clear M&E system.

Service Delivery will be a combination of bottom-up approaches (i.e. best practices and case studies), preparation of guidelines, and peer exchange and review between countries and will have close linkages to the IHP+ M&E and RBF technical work streams.

### **Discussion and Next Steps**

Discussions took place on whether an inter-agency working group in this area is required; work in other agencies was discussed:

**WHO** has an internal task force across its programmes working on essential packages of care and integrated service delivery.

The **World Bank** together with UNICEF, WHO and John Hopkins University has an extensive programme on service delivery covering a coordinated review of community health, innovators of service delivery, and impact evaluations, with several country case studies (e.g. Ethiopia and Uganda). In addition complimentary work has been done on human resources.

***Agreed that an inter-agency Working Group on Service Delivery should be considered. It is important to first produce a common definition. UNICEF (Rudi Knippenberg) will prepare draft terms of reference working with World Bank (Agnes Soucat) and WHO (Phyllida Travis). Key outcomes would need to be clear in relation to countries.***

### **3. Results-Based Financing- World Bank (Amie Batson)**

The World Bank has received a Norwegian grant to finance RBF grants in tandem (link) with existing or new IDA credits in 4-6 countries, focusing on MDG 4&5 outputs. Work will cover both supply and demand side results mechanisms.

There are three main goals: (1) achievement of outputs that are linked to the progress towards MDG4 & 5 health achievements in 4-6 countries (includes: how the achievement will be sustained); (2) knowledge generation and dissemination possibly through a task force; and (3) evaluating experiences.

The World Bank has a list of candidate countries, which includes some countries also engaged in the IHP+ work; however the decision to pilot RBF is based on country demand and needs. The countries interested in RBF will have to prepare a short concept note; the World Bank will provide seed money to support governments in developing the concept notes. It is expected that development partners at the country level will be involved through the existing in-country partnership mechanism.

There will also be an RBF task force at the global level, to provide technical assistance and broader knowledge dissemination and learning. This task force will be chaired by the Center for Global Development (CGD) and the World Bank.

### **Discussion and Next Steps**

Questions on RBF focused on how RBF would relate to the work of the Global Fund and GAVI and work in countries covered by the IHP+, and how other partners would be involved during the design phase.

The World Bank is open to learning from all work from partners; the RBF fits with the IHP+ process as one of many tools for governments to use when defining their national health plans and creating incentives for better service delivery and access. The work will need to be closely linked to related inter-agency work, such as the Health Metrics Network and the ongoing work on the results framework development and its focus on system indicators in many countries.

Most of the RBF work will be done at the country level based on country demand and needs, where a broader group of development partners will be encouraged to actively engage with government.

***TORs for the Task Force will be shared with partners once they have been prepared. It would be useful for agencies to share information and better communicate their experiences in this area; this should happen initially electronically, and contact details will be provided for this. The Global Fund and GAVI will share case studies, evaluations and information on RBF.***

### **4. Health as a Tracer Sector - OECD-DAC (Brenda Killen, Elisabeth Sandor)**

OECD-DAC is examining Aid Effectiveness, not only in health, for the upcoming Third High Level Forum in Accra, Ghana in September, 2008.

They are currently in the process of determining how the Accra event will be shaped. There will be 9 round tables. A two-page note for the round tables had been circulated widely and forms a

first basis for identifying the potential inputs to Accra. It needs to be revisited in order to reflect more strongly the sector's contributions to aid effectiveness. Round tables discussion will reflect the 5 Principles of the Paris Declaration: ownership, harmonization, alignment, managing for results and mutual accountability. In addition, there will be Roundtables on the role of CSOs in advancing aid effectiveness, Fragile States, the aid architecture and sectoral applications of the Paris Declaration which will mainly focus on health. The round tables will have strong country participation and be based on country studies. 6 issues have also been highlighted as important by partner countries and should be incorporated in the discussion of RTs: conditionality, predictability of aid, untying, division of labor, incentives and capacity development.

The timeline for organizing the round table is tight and needs to start now. It is important that the chairs ( it could be 3 in this case: one country partner, one donor agency, one GHP) are nominated and agreed ASAP. The deadline for making a proposal to the DAC secretariat is December 20; Ghana will coordinate with partner countries on who will be the country representative co-chair of the round tables.

The health sectoral work would be helped considerably if a small number (2-3) of international organizations commit to organize work on the health sector on behalf of others. One possible suggestion was to have one representative from the Global Fund; one representative from an international finance organization; and one representative from a multilateral organization.

***Agreed that WHO, World Bank, and those working on the Global Learning Group will form with OECD DCD (DCD-EFF) a small group to prepare this work on behalf of other agencies. The Core Team will come back to the SuRG with suggestions on how best to do this. The names and contacts for the technical working groups will be made available to the SuRG.***

## **5. National Health Plans**

***As time was limited, it was decided that members of the SuRG will provide feedback for the revised draft of the "National Health Sector Policies, Strategies, Budgets and Plans: Rationale, Scope of Work, and TORs." And a report on progress will be made at future SuRG meetings.***

## **6. Update on CIDA/UNICEF's Catalytic Initiative (Peter Salama)**

The Catalytic Initiative (CI) was officially launched by the Canadian Prime Minister last week. Possible CI countries include: Afghanistan, Burkina Faso, Cambodia, Benin, Ghana, Ethiopia, Liberia, Mali, Mozambique, Niger, Pakistan, India, Malawi, and Tanzania. Country eligibility criteria were that the countries needed to have a high mortality burden, there is buy-in from government and partners, and that the government is interested in receiving support. The work is aligned with IHP+ principles of alignment and performance based financing, and it will contribute to the development of country compacts, monitoring and evaluation, and country scale-up of interventions.

## **7. Other Issues**

The work of the SuRG and the Core Team requires further clarification. There could be a potential missed opportunity if the SuRG only focuses on thematic work and does not also address political issues and advocate for long-term financing for health by Donors. It may be necessary to better integrate some of the technical work streams to avoid technical work being done in silos, which does not represent the reality in countries. Having clarification on the overall management process will help.