

International Health Partnership and related initiatives (IHP+) PHASE II WORKPLAN April 2009 – end 2011

I. Background

The International Health Partnership (IHP+) is a renewed effort to accelerate progress towards the health MDGs and other health outcomes, by making international development assistance more effectively address underlying health system barriers to improved delivery of health services.

International health aid architecture has become increasingly complicated in the last ten years. And - despite increases - health aid remains insufficient, inefficient, unpredictable and often with high transaction costs for countries. These factors slow down implementation of national health policies and strategies. IHP+ work is based on the following principles, from the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action:

- Keep a focus on **health results**
- **Build on what already exists**, in terms of national health policies, systems and partner coordination mechanisms
- Enhance **country led health development**, by getting multiple national and international stakeholders to unite around a single health sector strategy
- **Reduce transaction costs** arising from multiple initiatives, by changing ways of working of different partners
- **Longer term, more predictable financing**
- Promote **mutual accountability**, by holding all partners explicitly accountable for agreed commitments to change behaviour, set out in Global and Country Compacts.

At global level, the Partnership brings together *signatories to IHP¹* and a number of *related partnerships and initiatives* including the Global Campaign for Health MDGs with a focus on women and children, the Catalytic Initiative, Health Metrics Network, Global Health Workforce Alliance and Providing for Health (P4H), to work according to these common principles.

IHP's role is to act as a catalyst for change, and work through existing institutions rather than establish new ones. Current ways of working and management arrangements are in Annex 2. In Africa, the IHP+ builds on work of 'Harmonization for Health in Africa'.

This is a large and complex agenda, bringing together many stakeholders. There will be reversals as well as progress. But evidence and experience have demonstrated that inaction is not an option if there is to be greater and sustained progress towards the MDGs.

II. Phase I Achievements

The Phase I IHP+ workplan, Scaling up for Better Health, September 2007 – March 2009, was agreed by all IHP+ development partners. It focused on supporting countries that had signed the Global Compact in developing Country Compacts; on developing a tool for joint assessment of national health strategies and a common framework for monitoring and evaluation, and on establishing light management and communication arrangements across

¹ See Annex 1 for full list of IHP+ signatories

the Partnership. Since its launch in late 2007, the IHP+ has grown to 37 signatories to the Global Compact.

Achievements during the 18 months of Phase I include:

- Four Country Compacts signed: Ethiopia, Mali; Mozambique, Nepal
- New partners at global level: Five new country signatories including Rwanda, Uganda, Niger, Madagascar and Nigeria
- Increased engagement of Civil Society at global and country-level
- Common framework for monitoring and evaluation developed, that when implemented could help reduce transaction costs of reporting
- Joint assessment of country health strategies: essential attributes of good national health strategies agreed; tool and proposed processes for joint assessment drafted
- Mutual accountability: approach to annual monitoring of implementation of commitments in compacts developed by an independent North-South Consortium
- High-Level Taskforce on Innovative International Financing for Health Systems launched
- Agreement between the World Bank and UNICEF to harmonize procurement policies in health
- Completion of a first set of independent reviews of the IHP+ at global and country level, which have guided development of the Phase II workplan.

III. Phase II Directions

Phase II focuses on generating tangible positive results in countries, ultimately judged by evidence of improved health services and health outcomes. It will do this by pursuing three lines of action: by mobilizing international support around single national health strategies and plans, and more co-ordinated support for strengthening health systems; by ensuring more predictable domestic and international funding for health, and by promoting mechanisms for mutual accountability.

This workplan summarises proposed activities from April 2009 to December 2011. While the broad directions will remain constant, specifics will be adjusted to reflect country and global developments, in consultation with partners. The report of the Taskforce on Innovative International Financing for Health Systems² is already having a major influence on the IHP+.

Expected achievements by the end of 2011 are that more effective and efficient ways of working will have been established and mainstreamed across developing countries and the international community, thereby contributing to improved health outcomes.

It is critical that IHP+ is not seen as an exclusive club or separate project. It should rather be seen as an open Partnership to which anyone ready to commit to the basic principles can belong, and from which lessons and experiences can benefit all low-income countries. It is also critical that IHP+ is not seen as a permanent fixture. In 2011 there will be a review of the degree to which the IHP+ principles and ways of working have been integrated across all partners/stakeholders. This will inform decisions regarding any Phase III of the IHP+.

² <http://www.internationalhealthpartnership.net/taskforce.html>

The challenge of mobilizing additional resources, and using existing resources more efficiently, has been the focus of the Taskforce on Innovative International Financing for Health Systems. Recommendations specific to IHP+ are included in this Phase II workplan. In addition, the IHP+ Partnership as a whole will continue to draw on work in specific partner institutions and initiatives. Examples include the work on results based financing supported by Norway, and on social protection by Providing for Health (P4H).

Phase II focuses on four action areas. These build on Phase I activities³, and reflect recommendations from recent global and country level reviews of IHP+ performance.

- Action Area 1** Country-led health and HIV/AIDS strategies, and Country Compacts.
- Action Area 2** Promoting global-level partner engagement and harmonization
- Action Area 3** Tracking partner behaviour change; ensuring mutual accountability.
- Action Area 4** IHP+ ways of working and management arrangements

Progress on delivering against each of the activities under the above action areas will be marked by the achievement of key milestones.⁴ While all milestones are critical to hastening progress towards achieving the health MDGs, work on implementing joint assessment of national strategies and the common framework for monitoring results are of particular importance during Phase II.

IV. Phase II Work Plan

Action Area 1: Country-led health and HIV/AIDS strategies, and Country Compacts

Two challenges to obtaining and sustaining better health results are (a) to get more international agencies to allow genuine country leadership in defining coherent national health and HIV/AIDS strategies and priorities and (b) to find ways to give investors the confidence to invest in those strategies, and so reduce dependence on multiple projects which are commonly associated with high transaction costs.

National health and HIV/AIDS strategies should reflect country specific priorities but are also guided by international agreements that countries have signed, such as reaching the MDGs and prioritising the needs of the poorest and most vulnerable - the latter being most recently reinforced in the WHO resolution on Primary Health Care.

IHP+ is using two approaches to move this agenda. First, and central to building greater confidence in national strategies, and to reducing the transaction costs for countries arising from multiple separate assessments, is a proposed process of joint assessment supported by all stakeholders. This will involve reviewing national strategies against a set of agreed, desirable attributes: for example, strategies are results-based and costed, with clear performance benchmarks for all parties, and monitored using a common monitoring and evaluation framework.

Second, 'Country Compacts'. A compact is a set of negotiated commitments by the signatories to change their ways of working so as to better support strategy implementation. Implementation of these compact commitments will be monitored. One core IHP+ principle is to build on existing agreements, and many countries already have agreements with development partners. Where this is the case, new IHP+ country signatories review their existing agreement against the compact benchmarks agreed by IHP+ partners, identify areas in which additional negotiation or greater precision is judged desirable, and signal how this will be handled.

³ See footnote 2.

⁴ Milestones for each Action Area are further detailed in Annex 2.

1.1 Country policy dialogue; compact development and implementation

A *Country grants to catalyse compact development*

In Phase I, as part of the process of Country Compact development, initial country signatories were asked to do a stock-taking exercise of current strategies, plans and partner agreements, and based on that propose a 'road map' setting out how any additional negotiations towards a Country Compact would be managed. Catalytic 'Country Grants' were provided that could be used on a variety of activities including analyses of constraints to improved system performance and aid coordination, and for encouraging more effective partner coordination and policy dialogue. The evaluation of Country Grants has recommended a narrowing of the scope of activities under the Grants, which will be incorporated in guidance for Phase II.

Phase II activities will involve completion of Country Compact negotiation processes still under way from Phase I, plus support to new signatories. Phase I countries may need continued technical support but their Grants - earmarked in Phase I - will be carried over. Costs under this item therefore relate to Country Grants to new signatories over the next two years, based on an estimate of a maximum of 10 new Global Compact signatories. Some flexibility will be introduced in the size of grants, allowing for some adjustment according to specific circumstances. Some small funding to World Bank and WHO country offices is included, to help move the harmonization and alignment agenda forward. This predicted expansion means that around half of all low-income countries will be directly involved in IHP+, allowing a critical mass of experience to be generated relevant also to countries not directly involved in IHP.

B *Compact follow-up support*

In some cases, inter-agency missions are being requested following compact signing, to define follow up action. The precise terms of reference will be defined country-by-country, however the overall aim of such missions is to collectively and explicitly outline regional and global actions to be taken by partners to fulfil their commitments made under the Country Compact.

C *Incorporating an equity perspective into policy dialogue*

The Global Compact speaks to increasing access to healthcare for the poor and most vulnerable. A comparison between pro-poor focus as stated in policy documents, and the actual implementation of those policies, will be carried out and discussed with national policy makers in four IHP+ countries. Experience will be shared with all IHP+ partners, and existing health equity networks.

1.2 Implementing joint assessment of national health and HIV/AIDS strategies

Joint assessment of national strategies is not new. In countries with long experience of SWAPs, Ministries and local representatives of development agencies already do it. But this is not the case everywhere; new investors without direct country presence are not always involved, and multiple assessments by different partners, using different standards and approaches, remain common. The inter-agency working group on joint assessment has developed a systematic assessment tool with a set of agreed attributes, and proposed an assessment process that aims to balance country leadership with a measure of independent review. This is a complex and sensitive exercise. There is a clear recognition that any assessment must build on existing national processes and be as simple as possible. The next step is to undertake joint assessments in a few countries using this tool, adapt it as needed so that it can be endorsed by IHP+ partners, and also build a greater body of experience on approaches to joint assessment that will encourage more stakeholders to engage in the process.

Costs under this item relate to piloting of joint assessment in interested countries.

1.3 Implementing the common monitoring and evaluation framework

A common framework for monitoring results was developed in Phase I, with the aim of progressively reducing transaction costs in reporting. The next step is to build the necessary national institutional capacities and regional support mechanisms for using the framework in countries. There will be a focus on improving data availability, data quality and use of information to inform country health sector policy reviews and subsequent strategy direction.

Costs under this item relate to supporting implementation in four countries.

1.4 Strengthening country teams

This activity is designed to support and strengthen existing country level coordination mechanisms with multiple different stakeholders. It draw on recommendations from the Phase I assessment of country teams and from the SuRG. The IHP+ will seek to strengthen incentives and skills for improved collaboration and more inclusive policy dialogue.

Stronger country health sector coordination is expected to result from processes to improve participation in health strategy development as agreed in Country Compacts, and partner efforts to progressively align with management support and reporting systems. However, a specific focus is needed on building the capacity of national civil society organizations to engage effectively in national health sector policy dialogue, through national health-focused civil society platforms to coordinate inputs and activities. In addition, the role of the private sector in the development and implementation of national health policy will be examined with a view to their appropriate engagement in country health sector teams.

Costs under this item relate primarily to building civil society capacity to engage in health policy dialogue, but also to exploring opportunities and challenges in private sector engagement.

Action Area 1 Budget Overview

Area	Country led national plans, and Country Compacts	Budget
1.1	Policy dialogue; compact development and implementation * Catalytic country grants for 10 new partners * World Bank and WHO country funds for H&A support, 20 countries * Compact follow up in countries, on request * Introducing an equity perspective into policy dialogue, in four countries	\$4,000,000 \$2,000,000 \$225,000 \$150,000
1.2	Piloting of Joint assessment of national strategies, four-five countries	\$750,000
1.3	Implementing common M&E framework in four countries, over two years	\$1,360,000
1.4	Strengthening country teams * Improved civil society engagement in policy dialogue at country level * Appropriate private sector engagement in policy dialogue	\$800,000 \$80,000
	TOTAL	\$9,365,000

Action Area 2: Promoting global IHP+ partner engagement and harmonization

A wide range of global stakeholders are involved in harmonization and alignment of financial, technical, and political support for achieving the health-related MDGs at country-level. This includes civil society, the private sector, and other related partnerships or initiatives. In addition, there are some specific topics where efforts to harmonize guidance or procedures across international agencies have been specifically requested in Ministerial meetings or other fora. There are of course harmonization activities not funded by IHP+, as is the case for procurement procedures, which was an important item in the Ministerial Review. An OECD working party on procurement, with representatives from richer and poorer countries, already exists. To move the procurement harmonization agenda within

health forward, the most appropriate action, which has been agreed with OECD, is to link this group to the OECD group on health as a tracer sector (HATT). The partnership still needs to ensure effective dissemination of the products and agreements derived from these activities. One area where there has been definite progress over the last year is in developing a unified tool for costing health sector strategies.

2.1 Improving representation of civil society within IHP+ at global level

In Phase I, Civil Society representation was established on the Business and Steering SuRGs, and also in key working groups and review meetings. In Phase II, a Civil Society Consultative Group is to be established to facilitate greater inclusion, communication, and coordination of a wider range of health-focused civil society constituencies in IHP+ bodies and oversight processes.

Costs will cover general communications and conference calls and one or two face-to-face meeting per year. Awaiting revised work plan

2.2 Piloting of the unified UN costing tool

An inter-agency working group composed of UNAIDS, UNDP, UNFPA, UNICEF, WHO and World Bank staff has been working since January 2008 on the harmonization of costing and impact assessment tools used in the health sector. This IAWG has reviewed existing planning, costing and budgeting tools and is now developing a single UN tool. The unified tool is planned to be ready for piloting of individual modules in early 2010, and piloting the full unified tool by mid-2010. IHP+ funds will contribute to finalizing the development of the tool and testing it in a number of countries.

2.3 Health service delivery: promoting consistency of guidance across agencies

Sound national health plans are a key condition for mobilizing resources for their implementation. An inter-agency technical working group on service delivery (UNICEF, UNFPA, WHO, World Bank) has now been properly established, which aims to ensure that such investments are likely to bring returns in terms of improved access and quality of health services, by providing guidance on ways to strengthen primary care services and move towards universal coverage. This working group differs from other more IHP+ specific working groups in that it has a long term horizon and broad mandate. IHP+ funds will be catalytic - i.e. used to launch the programme of work. Initial work will entail three steps: a desk review of a sample of national health plans from IHP+ countries to look at the content of the service delivery plans plus selected country visits to see to what extent plans reflect real needs and implementation capacities. This will contribute to the development of guidance on ways to improve service delivery plans and their implementation. Any country specific work will be clearly linked to other country activities, especially any joint assessment exercises.

Action Area 2 Budget Overview

Area	Global level partner engagement and harmonization	Budget
2.1	Improving civil society representation at global level	\$300,000
2.2	Piloting of single, unified UN health sector strategy costing tool	\$400,000
2.3	Service delivery	\$300,000
	Area 2 sub-total	\$1,000,000

Action Area 3: Monitoring partner behaviour change; ensuring mutual accountability

Adhering to the IHP+ principles of mutual accountability and managing for results will require behaviour change and accountability mechanisms to gauge progress and performance of all stakeholders to commitments made in Global and Country Compacts.

Several mechanisms are proposed as part of the IHP+. Meetings of country health teams; ministerial-level reviews - expanded to include non IHP+ countries, and an independent monitoring exercise by the North-South Consortium.

3.1 Inter-country teams meetings

These meetings are the principle ways in which senior health managers in countries share experience and give feedback on progress in health plan implementation and changes in development partner behaviour at country level, and experience in using some of the instruments developed through IHP+ working groups. It is planned as a global meeting at around the mid-point of Phase II.

3.2 Ministerial review through an expanded Health and Development Forum

The Financing Taskforce has proposed that the IHP+ Ministerial Review is extended to become a Health and Development Forum that includes all 49 low-income countries, and serves as a broader mutual accountability mechanism. The meeting would focus on the extent to which partners are delivering on the commitments made in Paris and Accra, and reinforced in the IHP+ Global Compact. The reviews will provide an open forum for discussion of behaviour change, and agree upon an action plan for resolving bottlenecks.

3.3 Independent monitoring by the North-South Consortium of civil society

A North-South Consortium ("IHP+ Results") will perform annual independent reviews of the IHP+ to assess the progress and performance of the Partnership and adherence to commitments made in Global and Country Compacts. IHP+ civil society representatives are engaged with the North-South Consortium and will draw on country CSO representatives as appropriate to support the process. The Consortium is drawing on a wide range of existing national and international information plus selected interviews. It will report its findings in the form of country and partner 'scorecards'. Its first report will be out in December 2009.

Action Area 3 Budget Overview

Area	Partner behaviour change, mutual accountability	Budget
3.1	Inter-country teams meeting	\$1,000,000
3.2	Annual Ministerial review / Health and Development Forum (2)	\$1,000,000
3.3	North South Consortium compact monitoring	\$2,500,000
TOTAL		\$4,500,000

Action Area 4: IHP+ operations and communication

The effectiveness of IHP+ depends on two things. First, how the country teams, Inter-Agency Working Groups, the SuRGs, the Core Team and other bodies are functioning, how complementary they are and how well they interact. Second, it depends on thorough understanding at country level of the objectives of IHP and its relationship to and difference from other global initiatives.

The first external evaluation made key recommendations in both these areas. First, that (as planned) a review of global management arrangements was needed as structures had multiplied in response to a very rapid start up, and now needed re-appraisal in relation to IHP+'s objective of being a catalytic partnership implemented through partner organizations and not another new initiative. Second, that there was still a lack of understanding the objectives of the IHP+, and that better communication, particularly at country-level, was urgently needed.

4.1 Improved overall IHP+ management and core team operations

Funds are primarily needed for core team operations not covered by World Bank and WHO regular budgets - staff (3), plus operating costs including travel. The

recommended Global Management Review is now under way. Its findings will inform revisions to the terms of references for the different IHP+ management bodies, and linkages and reporting arrangements. And based on the Country Grants review, core team reporting systems will be reviewed and improved.

4.2 Support to Secretariat of HHA

HHA is an Africa region specific partnership designed to improve coordination of health sector technical support being provided within the Africa region by six HHA partner agencies - the UN health agencies, the World Bank, and the Africa Development Bank. It provides substantial support to IHP+ countries, among others. It is proposed that IHP+ funds would be made available upon receipt of a plan and budget showing how IHP+ funds will be used.

4.3 Improved communications

This will involve three sets of activities. First, by finalising a communications strategy that more successfully conveys the message that IHP+ is about mobilising partners and related initiatives, each with their own strengths, around national sector strategies. Second, by promoting learning across countries and institutions, for example through the Country Teams meetings. Third, by reporting on progress at high-level events. Communication material on progress and any unresolved constraints will be prepared for political events, e.g. ministerial reviews, in order to maintain the momentum for resources and needed changes by partners. Funds are required for the development and translation of communication materials for specific groups of stakeholders.

Action Area 4 Budget Overview

Area	IHP+ working arrangements	Budget
4.1	Improved IHP+ management and core team operations * Global Management Review * Core team operations (3 staff plus travel)	\$155,000 \$1,200,000
4.2	Support to Regional secretariat of HHA	\$500,000
4.3	IHP+ communications	\$700,000
	TOTAL	\$2,555,000

Summary Table: IHP+ Phase II Workplan Budget and Funding Gap

Total budget required

Action Area 1	Country-led national and HIV/AIDS strategies linked to Country Compacts.	\$ 9,365,000
Action Area 2	Global level partner engagement and harmonization	\$1,000,000
Action Area 3	Behaviour change and mutual accountability	\$4,500,000
Action Area 4	Strengthen IHP+ management structures and ways of working.	\$2,555,000
TOTAL IHP+ PHASE II WORKPLAN		\$17,420,000

Resources already available

	Estimated carryover from Phase I (unearmarked)⁵	\$1,484,000
	Funds for Phase II (as of July 2009)	\$1,484,384
	Norway (specified for Action Areas 1 and 3)	\$870,000
	UK (specified for civil society activities)	\$614,384
TOTAL resources available (as of May 2009)		\$2,968,384

FUNDING GAP for IHP+ PHASE II WORKPLAN: \$14,451,616⁶

⁵ In addition to approximately \$3.2 million earmarked for the second instalment of country grants.

⁶ Not including WHO internal administrative support costs in its capacity as the main financial router for the IHP+.

Annex 1: IHP+ members

Country Partners

Benin
Burundi
Cambodia
Djibouti
DR Congo
Ethiopia
Kenya
Mali
Madagascar
Mozambique
Nepal
Niger
Nigeria
Rwanda
Senegal
Uganda
Zambia

Development Partners

Australia
Canada
European Commission
Finland
France
Germany
Italy
Netherlands
Norway
Portugal
Sweden
United Kingdom

International Organizations, agencies and funds

GAVI Alliance
Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
International Labor Organization (ILO)
Joint United Nations Programme on HIV/AIDS (UNAIDS)
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Population Fund (UNFPA)
World Bank (WB)
World Health Organization (WHO)
African Development Bank (ADB)
Bill and Melinda Gates Foundation (BMGF)

Annex 2: IHP+ Ways of Working and Management Structures

The IHP+ management structure at regional and global levels can be summarized as having three components, each involving a mix of key stakeholders (e.g. international agencies, bilaterals and multilaterals, foundations, and civil society). A review of these management arrangements will take place in early 2009 to provide guidance on how these three components might be strengthened.

- **Inter-agency Core Team** based in three locations - WHO (Geneva), World Bank (Washington DC) and WHO (Brazzaville, as part of the Harmonization for Health in Africa). The IHP+ Core Team oversees and supports the day-to-day operations related to the IHP+ workplan at the global, regional and country levels;
- **Scaling-up Reference Group (SuRG)** - The SuRG is jointly chaired by WHO and the World Bank and is responsible for providing oversight and strategic direction to the IHP+ process, advising the Core Team on implementation of the IHP+ process and identifying and fixing existing and/or potential bottlenecks. The SuRG has two components: Business and Steering.
 - **Business SuRG** - consists of focal points from the eight international health agencies and civil society. The Business SuRG meets monthly, and performs most of its work through inter-agency working groups, engaging a wider group of partners and civil society organisations.
 - **Steering SuRG** - consists of representatives from bilateral and multilateral institutions in addition to the Business SuRG focal points from civil society and the eight international health agencies. The Steering SuRG meets every two months and provides oversight and feedback from a broader group.
- **Civil Society Consultative Group** - The structure and make-up of this group will be developed in Phase II through an open and transparent process led by the IHP+ civil society representatives.

In addition to the above, high quality guidance (e.g. policy options, evidence, best practices, etc) and tools are needed to support decision-making at the country-level. The required analytical work will be taken forward by Inter-Agency Working Groups (IAWG) set up by the SuRG and informed by country experiences.

The IAWGs have diverse mandates/objectives, but all have been set up to develop harmonised approaches to countries. They share the following common attributes:

- They are topic-based, deepening knowledge in specific technical/ analytical areas.
- Work is informed by experience at the country-level, evidence, and good practices.
- All groups have a clear workplan and budget, with key milestones and deliverables.
- Work is time-bound; working groups will only remain active as long as there is a demand for their products at the country-level.
- Relevance of working groups will be re-assessed on an annual basis by the Core Team, in broad consultation with the Business SuRG. At such a time when work is no longer needed, working groups will disband.
- Composition of IAWGs will be open to all partners, focusing on expertise rather than representation, and must include members of civil society.

The following inter-agency working groups build off work started in Phase I but with a focus in Phase II on implementation.

- Joint assessment of national health and HIV/AIDS plans and strategies
- Common M&E framework at country-level
- Costing and budgeting exercises at country-level (not set up by SuRG, but highly relevant work)

Annex 3: Additional Budget Details

Action Area 1: Country led health and HIV/AIDS strategies, and Country Compacts

1.1 Country grants

Expenditures are based on proposals received from countries on a case by case basis

1.2 Joint Assessment

This is being revised

1.3 Strengthening Monitoring and Evaluation in Country Health Sector Plans and IHP+ Country Compacts (Budget per country over a two-year period)

	2009	2010	TOTAL
Country stakeholder process	10,000	10,000	20,000
Technical support and coordination for evaluation and strengthening of country institutional and individual capacities (0.25 FTE at P3/P4 level)	40,000	40,000	80,000
Institutional support grants to regional (and local) institutions for technical support and capacity-building	30,000	20,000	50,000
Data collection, analysis (country average) (additional funds to be raised in-country as appropriate)	60,000	20,000	80,000
Establishment and maintenance of data warehouse or "observatory", including IT support	40,000	20,000	60,000
Report writing, editing and publication	5,000	5,000	10,000
Travel and per diem (including regional participation)	15,000	15,000	30,000
Total per country	200,000	140,000	340,000
TOTAL 4 countries	800,000	560,000	1,360,000

1.4 Strengthening country teams: civil society component

Not yet approved by SuRG

Action Area 2: Promoting global IHP+ partner engagement and harmonization

2.2 Development of a Unified Health Model - a UN health sector costing tool

Proposal submitted by the World Health Organization on behalf of the UN inter-agency working group on costing. Out of this total budget, \$400,000 is sought from IHP+.

Budget details:

Item	Costs (US\$)
P4 to coordinate project (2.5 years)	470,000
Programming and writing of technical manual including participation in pilot testing and training**	694,888
External technical review	50,000
Improving user-friendliness	50,000
Regional Training of trainers workshops (3)	150,000
Development of on-line training materials	100,000
Communication and Promotion including website design	50,000
Total	\$1,564,888
Total rounded	\$1,570,000

* Monies might not necessarily go through WHO - any of the other agencies involved could also be the host. PSC of WHO used only as an example.