

**SCALING-UP REFERENCE GROUP (SuRG)  
VIDEOCONFERENCE  
Tuesday 8 January 2008**

**NOTE FOR THE RECORD**

**Present:** WHO, GAVI, Global Fund, World Bank, UNICEF, UNFPA, UNAIDS  
**Apologies:** Gates Foundation

**Management Structure**

The management arrangements for the IHP+ were discussed. Some concerns were expressed on how the Core Team, SuRG and Working Groups inter-relate. It was acknowledged that striking the right balance between inclusiveness and effectiveness can be a challenge. Concerns were expressed that there is the potential for overlap and duplication in the remit of the Working Groups. However the aim is to enable the various initiatives under the IHP 'umbrella' to work better, and the working groups should be flexible on how they proceed. It is important to avoid fragmentation; the WGs should agree coherent outcomes in terms of reference and develop concrete results and provide clarity on what will happen after the WGs report back to SuRG. A suggestion was made for some kind of formal process to be developed under the SuRG for aggregating the outcomes of the activities of the different WGs. The WGs were meant to be an informal way to engage on specific areas and the SuRG will need to be careful not to constrain their work. The WG arrangements will be addressed again in two months, after they have had opportunity to meet more than twice.

The political advocacy group has not yet been formed, but instead is using ad hoc events for advocacy purposes. This work programme will be clarified in early February.

Agreed that a management review of the IHP+ work, including the progress of the working groups will take place in a few months, but work on this will not start until after the Lusaka meeting.

**Action:** Prepare a list of high profile political events involving IHP+.

**Lusaka Meeting**

The objectives of the Lusaka meeting were discussed, together with the expected level of participation. Thirteen countries will be invited - 11 from Africa and 2 from Asia. It is not intended to primarily be a political meeting, and Ministers of Health are not going to attend, although senior participation from partners will be necessary to achieve the expected outcomes. At the country level, it is hoped that the Director of Planning from the Ministry of Health will attend, together with other relevant technical experts, and the chair person of the existing country team with members of such team (a lead donor or chair of an existing) partners group UN agencies and CSOs if they are active in the existing country health sector team. Composition will vary from country to country. At the global level, members of the SuRG, H8 agencies and key bilaterals will be invited.

The Ministry of Health in Zambia has offered to co-host the meeting together with WHO and partners in Zambia. The Core Team will need to clarify who else, apart from MoH Zambia, will be chairing sessions. The meeting should primarily focus on sharing of country experiences and the development of compacts at country level. Countries are preparing stock-taking papers for the meeting, but otherwise it is not anticipated that other background papers need to be prepared.

The meeting should better reflect the concept of mutual accountability, which is not well represented in the current Terms of Reference - it was proposed that a fifth objective should be added, "To review progress made at national level by governments and other national stakeholders on the "road towards the compact".

**Action:** Finalise ToRs

### **Working Group on National Policies, Strategies, Plans & Budgets**

A report of the first meeting of the Working Group on National Policies, Strategies, Plans and Budgets was circulated. The meeting agreed on the scope of work, which will also lead towards a consultation:

- defining what are the minimum attributes or elements for a successful national Health Sector Plan;
- defining options for appraisal/validation/decision making on health financing;
- looking at issues of multisectorality, specifically the divide between national strategies for HIV/AIDS and for health, and the links between health sector plans and national disease strategies; a sub-group led by UNAIDS is developing a paper.

### **Engagement with Bilateral Institutions**

World Bank proposed visiting key bilateral institutions to discuss with them the implications of the country compacts and their likely emphasis on greater and longer term financial commitments to address financing bottlenecks. It was agreed that a series of one-to-one meetings would be more effective than group meetings. The Core Team will prepare a proposal for a series of meetings. It was also suggested that a simple mapping of donor funding mechanisms be undertaken, as responses to bottlenecks will vary.

**Action:** Proposal for series of meeting with bilaterals after Lusaka

### **Consultative Group**

The Core Team reported that plenty of ad hoc activities are taking place, with regular communications with CSOs. There are plans for a consultative group at global level, and advocacy at country level for greater CSO involvement with the health sector teams.

There is already a strong interest in the IHP from CSOs, who wish to engage at global level to influence the work and directions of the IHP. The Global Fund stressed that CSO/private sector inclusion is crucial - for the IHP to succeed, it cannot be seen as just a UN initiative; a positive response to the recent communications from CSOs is required. UNFPA emphasized the need to involve CSOs in the 'south', not just the 'north'. The role of activist CSOs in influencing donors and policy, both globally and regionally, was acknowledged. The Core Team is preparing a paper by the end of January that will reflect options for inclusion of CSOs and the private sector in the work of the IHP.

**Action:** Core Team prepare Consultative Group paper

**Next Meeting:**           **Tuesday 5 February**