

**International Health Partnership and Related Initiatives (IHP+)**  
**Business Scaling-up Reference Group (SuRG) Meeting**  
June 11, 2009, 17.00 CEST /Draft July 6, 2009 (Kate Krackenberg)

**Participants included representatives of:**

Civil Society	UNFPA
GAVI	WHO
Global Fund	World Bank
UNAIDS	

**Action Points**

- Julian Schweitzer will link discussions on financing of global health to the global economic crisis in his presentation in Bamako.
- The Core Team agreed to review the CS budget after receiving the final CS Action Agenda.
- The Core Team agreed to rework the text in section 2.2 of the Phase II Workplan in order to better communicate existing flexibilities.

**1. *IHP+ Country Teams Meeting***

Nicole Klingen provided an update on the upcoming IHP+ Country Teams meeting, to be held in Bamako June 15-16, 2009. The updated agenda includes time for presentations, panel reflections, and group discussions of key IHP+ focus areas, such as joint assessment of country strategies, monitoring and evaluation, etc. There is also significant time allocated for group work to outline areas for action and a way forward for the IHP+ process at the country level.

Comments:

- It was noted that IHP+ discussions, particularly regarding financing of country health strategies, should take into consideration the ongoing financial crisis. It was agreed that Julian Schweitzer would integrate this into his presentation during the session on financing.
- It was suggested that there should be a strong focus on implementation of country compacts, particularly in session 2.

**2. *IHP+ Phase II Workplan***

Phyllida Travis provided an update on the finalized Phase II Workplan. While the structure has been streamlined, the action areas remain the same. Additionally, the overall Phase II Budget has been reduced by over \$10 million, with cuts having been made across all areas.

Comments:

- Civil Society voiced its disappointment in the budget reduction from \$5 million to \$1.1 million, noting that this amount is not sufficient for maintaining work in 13 countries or providing the necessary financial support to global-level CS representatives.
  - o The Core Team agreed to review the CS budget after receiving the final CS Action Agenda. It also noted the need for CS to ensure synergy with the North-South Consortium, rather than duplication, in the Action Agenda.
- UNICEF noted the value of a streamlined workplan, but noted the importance of the IHP+ to remain flexible in order to meet the needs of country health teams, particularly regarding section 2.2
  - o The Core Team agreed to rework the text in section 2.2 in order to better communicate these flexibilities.
- UNFPA requested clarification on the selection of only 4 countries for work under area 1.3. It also requested further information regarding support to WHO/World Bank representatives at the country level. Finally, it noted that the \$2.5 million budget for the North-South Consortium under section 3.3 was very large.
  - o The Core Team noted that the intention of working 4 IHP+ countries under action area 1.3 was to test the approach over a 2-year period. Further discussion is required regarding how to support other IHP+ countries in this area.

- The Core Team noted that the funds associated with section 1.1 would be provided to TTLs and WRs and were meant to support their leadership of the IHP+ process at the country-level. These funds are to support country team activities and will not go towards staff salaries. For further analysis of the use of these funds, please see [the report](#) by Martin Taylor on Country Team Grants.
- The Core team noted that the North-South Consortium has already been contracted. The TORs, as well as the criteria for selecting the winning bidder (Boston Consulting Group), have previously been shared with the SuRG. It was further noted that the winning bidder was 40% cheaper than other respondents.
- The Global Fund noted that the piloting of joint assessment would be a large and financially intensive process if done properly. It also noted that the revised framework would be available in the next few weeks.
- GAVI requested clarification regarding the \$.5 million allocated to the HHA. GAVI further stated that it may be beneficial to note in the budget where funds would be appropriated (re: which agencies would be beneficiaries and at what level). GAVI also asked how business would be carried out until the necessary \$15.3 million for Phase II was raised.
  - The Core Team noted that the \$.5 million to HHA is for regional support mechanisms.
  - The Core Team noted it had already received some funds from the UK and more funding is anticipated. The Core Team is also in discussion with bilateral partners, including Australia, the Netherlands, Norway, and Sweden.

### 3. *Joint Assessment of Country Health Strategies*

Nicole Klingen noted that a special SuRG on joint assessment, tentatively scheduled for July 6, would address specific questions and concerns regarding this process, taking into consideration any comments received at the upcoming country teams meeting in Bamako.

Daniel Davies noted that Joint Assessment is an interactive process and that the testing/piloting would require ample preparation.

Julian Schweitzer noted the need for the IHP+ to deliver on this and particularly to reduce the burden on IHP+ countries. He further expressed the danger in over designing and emphasized the importance of ensuring linkages with the ongoing work of the High-level Taskforce on Innovative International Financing for Health Systems and the joint work of GAVI, the Global Fund, and the World Bank. Finally, he also noted the importance in engaging actors such as the US in this work.

In preparation for the special SuRG on joint assessment, partners were requested to provide more detailed technical comments to the working group. Partners were also requested to begin strategizing on how to use the joint assessment process to move forward changes at the individual organization level (Boards, etc.).

### 4. *The High-level Taskforce on Innovative International Financing for Health Systems*

Julian Schweitzer gave an update on the third meeting of the HLTF in Paris, noting the finalization of the HLTF recommendations for the G8. The HLTF report noted the need to raise an additional \$10 billion for health, but also explicitly stated the need to make better use of existing funds. For more on the recommendations, see the [final report](#) of the HLTF. Julian also noted the movement in some donor countries on areas such as IFF, buy downs, RBF, and solidarity levies, some of which may be announced at the upcoming G8 meeting.

### 5. *AOB*

- Ini Huijts noted the ongoing work of the IHP+ management review. Interviews have been started and the final report is expected by the end of July.
- The final IHP+ Country Grant Review was circulated. Key recommendations included the need to better focus the scope of objectives and country activities in the country grant guidance, to ensure funds provided served a catalytic purpose, and to have a better system for tracking supportive finances.
- Civil Society noted the closing of applications for the CS Consultative Group on June 15. A decision regarding the make-up of the Consultative Group is expected by early July, after consultation with the SuRG.
- It was suggested by Civil Society that it would be useful to have similar updates on ongoing work from other IHP+ partners at future SuRGs. The SuRG agreed to this.
  - SuRG partners requested to see the list of applicants to the CS Consultative Group. CS agreed to this.
  - UNFPA noted the need to engage more southern CS. CS noted that they will most likely do another call for applications due to insufficient applicants from the south.