

Scaling-up Reference Group Meeting
International Health Partnership and Related Initiatives (the 'IHP+')
Videoconference Note for the Record, 18 March 2008, 11:00-12:30 EST

Participants included representatives of:

GAVI	WHO
Global Fund	World Bank (Chair)
The Bill & Melinda Gates Foundation	
UNICEF	
UNFPA	
Apologies: UNAIDS	

1. The Outcome of the Lusaka Meeting (IHP+ Core Team)

The IHP+ Core Team outlined the key outcomes for a proposed way forward, which were discussed at the 28 February -1 March, 2008, Country Health Sector Teams Meeting in Lusaka, Zambia. Key outcomes include (see *IHP+/HHA Interregional Country Health Sector Teams Meeting Proposed Way Forward for more information*):

- **A better understanding on what is a 'compact', the key elements of a compact, and the importance of benchmarking, monitoring performance, and mutual accountability.**
- **The importance of strengthening country M&E systems** to achieve harmonization and align M&E to country planning and budgeting processes at all levels and **the importance of strengthening Health Management Information Systems (HMIS)** in a comprehensive manner.
- **The need to change development partner culture, behavior, and procedures.**
- **Acknowledgement of the need to increase civil society engagement.**
- **The role of Harmonization for Health in Africa (HHA) in providing harmonized support for technical assistance and capacity development support in Africa.**

Discussion

During the discussion it was decided that the tone/wording of Lusaka Report needs to change to accurately reflect the dynamic process of the meeting. The report also needs to better emphasize the participatory role (as opposed to consultative role) of CSOs in the IHP+ process.

Post-Lusaka progress has been made with regards to World Bank/UNICEF/UNFPA procurement procedures. However there is currently no set date for when these issues will be fixed.

Also discussed was the issue of validation of national plans and strategies and the need to ensure consistency with what is being proposed in the IHP+ working group on National Plans and Strategies, which is still working out many of the issues.

Next Steps

1) The final Lusaka Report along with marketplace summaries will be e-mailed to all participants of the Lusaka Meeting no later than 12pm EST March 20, 2008 with a hardcopy/CDROM to follow. Suggested/comments changes should be sent to the IHP+ Core Team by March 19, 2008. The IHP+ Core Team will try to take the SuRG comments into account in the revised report.

2) A draft guidance note on the critical elements of a country compact will be widely distributed by the IHP+ Core Team in April 2008.

2. Working Group Updates

a. M&E Framework and Independent Monitoring of the IHP+ (Ties Boerma, Ed Bos, and IHP+ Core Team)

Ties Boerma (WHO) and Ed Bos (World Bank) opened discussion on the M&E Framework. Work is being done to disseminate ideas and align work across global level initiatives through various upcoming meetings. To prepare for country evaluation designs and investment plans-meetings have been planned (i.e. Global Fund partners meeting (March), Norway post-Countdown meeting (April) and a technical meeting for monitoring HSS (April). These meetings represent a good opportunity to hear countries talk about what they have done and will help the working group think through how to move forward at country level.

Independent monitoring of the IHP+: The IHP+ Core Team **presented** the concept note and outlined terms of reference for independent monitoring and evaluation of the IHP+ (*See Independent Monitoring and Evaluation of the IHP+ Concept Note and Outline Terms of Reference for more information*). This has two aspects: (1) commissioning an external review which can be made available for upcoming high-level political events (September 2008); and (2) A regular review by a north-south consortium of agencies that will prepare an annual global independent report on IHP+ using the M&E Framework as a guide.

Discussion

On the M&E Framework, it was suggested that it may be useful to put together an inventory of the existing landscape of initiatives and how and where they link to the M&E Framework. It was important to note that the M&E Framework cannot go beyond whatever data is collected in-country. All initiatives are dealing with the same country institutions for evaluations, the only thing that differs are the monitoring and analysis requirements. Therefore, it makes sense to harmonize the monitoring of these initiatives by decreasing the number of indicators that have to be measured. The focus should be on helping countries strengthen their HMIS and increase the quality of their data collected.

It was agreed that it is important to accept country-led M&E Frameworks. The Framework should not be limited to narrow definitions of MDG 4 and 5.

During the discussion, **Andrew Cassels (WHO)** briefed the SuRG on the Roundtable for the Third High Level Forum in Accra, Ghana. There are two main outcomes that are important: the first is that the Task Team on “health as a tracer sector” is helping to organize Roundtable 8 on Health, Education, Infrastructure and Agriculture, which will be Co-chaired by Anders Nordstrom (Sweden) and Ricardo Arias (Honduras). The second important outcome is a more detailed report on health as a tracer sector, which will be presented in Accra.

Regarding the independent evaluation, it was agreed to use “external” instead of “independent”. The SuRG also asked the IHP+ to provide a more detailed Terms of Reference for the north-south consortium and more detail on the selection process.

It was agreed that the IHP+ Core Team should move ahead to commission an independent group to conduct an external review and perform a short-term assessment of the IHP+ progress.

Next Steps

1) IHP+ working group on M&E will share approach for management/monitoring with the SuRG in the coming weeks.

2) IHP+ Core Team to take the lead and move ahead to commission an independent group to conduct an “external” review; IHP+ Core Team will also provide TORs on the process for setting up the North-South consortium.

b. National Plans and Strategies (Andrew Cassels)

Andrew Cassels (WHO) provided an update on progress within the working group, including discussions at the Policy and Strategy Committee of the Global Fund.

Two preliminary options for validation/appraisal of national plans and strategies have come up, among other options, in previous discussions (especially during the Lusaka meeting):

1. Set up criteria for the appraisal/validation and countries will be free to choose evaluation based on criteria.
2. Institute a peer review process-where “peers” constitute people who are involved in similar work and have similar responsibilities.

At Lusaka, IHP+ countries have shown strong interest in the peer review process. By having a peer review process countries can engage in peer learning. Donors present in Lusaka tend to also prefer the peer review process as it tends to be more critical.

The Global Fund Policy and Strategy Committee, at its 9th meeting (12 – 14 March), also discussed an update on this work provided by Andrew Cassels and:

- stressed the importance of the validation/appraisal of national plans and reiterated the urgency of setting up such a validation/appraisal approach;
- reiterated the need for the validation/appraisal to cater to both health and disease-specific strategies; and
- reaffirmed the need to ensure the appropriate inclusion of Civil Society and the private sector.

Discussion

During the discussion, it was agreed that validation is important.. There is a strong desire to move quickly to present concrete principles and ideas while taking into account different agency mandates. The validation/appraisal process will need to be compatible with both the Health Sector plan and disease specific plans and it is important to ensure the meaningful inclusion of Civil Society in the process.

Next Steps

1) The IHP+ Working Group on National Plans and Strategies will meet to agree and commit to critical next steps/ milestones with timelines and to an approach stipulating when and how to move forward the work on national plans and strategies, particularly regarding the element of validation/ appraisal of national plans.

3. Widening Engagement in the IHP+ (IHP+ Core Team)

The IHP+ Core Team began discussions on the options for expanding IHP+ engagement to other countries and development partners (see *Expanding the Engagement, Paper for Scaling-up Reference Group, 13 March 2008 for more information*).

Priority development partners include: G8 members, the US, SWAp Donors to officially sign up, and new Donors (i.e. China, India, Brasil, etc.). Countries that have requested to join the IHP include: Madagascar, and Nigeria.

An IHP+ briefing is planned during the World Health Assembly on 22 May 2008, to show progress. This opportunity will be used to discuss the expanding IHP+ engagement. The IHP+ Core Team is currently examining the various ways countries can sign on (E.g., more binding ways such as the Framework Convention on Tobacco Control). Wider engagement of development partners is important and needs to work at the country level. It is important to recognize that progress can still be made with partners at the country level even though there may be no formal commitment made by development partners at the global level.

The IHP+ Core Team is currently looking at widening CSO engagement. A videoconference with CSOs is planned for March 31 with a self selected group of CSOs. A bigger event for CSOs will be planned around the World Health Assembly. The IHP+ Core Team requested assistance from UNAIDS, GAVI, and the Global Fund to help organize this event and help make it a success.

Discussion

The feasibility of bringing up the IHP+ during the G8 meetings was discussed. While both the World Bank and WHO have been invited, they have both been asked to talk about narrower issues. Also discussed was the eligibility of countries to sign up to the IHP+. It was agreed that all countries should be able to sign up to the IHP+ and that there should not be any restrictions for countries who want to participate and join, but it is important also to recognize that the IHP+ has limited resources so must be careful to match expectations with what can be delivered.

Next Steps

- 1) The IHP+ Core Team to revise paper on widening engagement in the IHP+. Comments from the SuRG are welcome.
- 2) UNFPA expressed interest in providing support to the IHP+ Core Team.
- 3) GAVI will be happy to help with the World Health Assembly CSO event.

NEXT MEETING: Tuesday 8 April 2008, 16.00-17.30 hrs Geneva time; 10-11:30 am EST.