

Scaling-up Reference Group Meeting
International Health Partnership and related initiatives
(the 'IHP+')

Videoconference Note for the Record

6 November 2007, 10:00-11:30 EST

Participants included representatives of:

| | |
|-------------|--------------------|
| GAVI | UNAIDS |
| Global Fund | WHO |
| B&M Gates | World Bank (Chair) |
| UNICEF | |
| UNFPA | |

1. Welcome and Introductions

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

2. Scaling-up Reference Group (SuRG): Terms of Reference, Composition and Ways of Operating

Anders Nordström, WHO, Assistant Director General, gave a brief overview and update of the terms of reference (TORs) for the SuRG. The title of the reference group has changed to the "Scaling-up Reference Group" to reflect the group's focus of dealing with issues related to scaling-up, the health systems agenda and harmonization and alignment. The SuRG will meet on a monthly basis; there will be a calendar of events and a list of issues the group will need to address.

Anders also gave a brief overview on the TORs of the Core Team (CT). The CT will be a group of dedicated staff conveners/facilitators for the SuRG, preparing the agenda and background papers for the meetings as required.

Discussion on the SuRG

There was a need to clarify the SuBH (IHP+) management/oversight structure:

- **The CT** will consist of 3-5 full-time staff working at WHO (Geneva and Brazzaville) and the World Bank (Washington). The CT has a coordinating and facilitating function and will be in charge of taking the work forward on a day-to-day basis to ensure that the work program is implemented.
- **The SuRG** consists of members from the Health 8 agencies and will function as steering committee, making sure that the priorities are right, overseeing the main work streams, and providing feedback on progress.
- The composition and role of the **Political Advocacy Group (PAG)** is still a work in progress. It is envisioned that it will consist of Heads of Agencies,

Ministers, and civil society representatives with the task of maintaining political engagement.

3. Technical Teams

a) National Health Plans-Andrew Cassels (WHO)

The idea of national health plans is to steer the main elements of work in order to reach agreement on the following:

1. **Improving quality and comprehensiveness:** looking hard at national strategies, plans and budgets to make sure they are comprehensive and adequate.
2. **Strengthening health service delivery:** using national plans to ensure that attention will be placed on health system development issues.
3. **Changing donor behavior:** Bringing external aid more in-line with national priorities.
4. **Addressing funding gaps:** ensuring that strategies are costed, that plans and budgets are sufficiently ambitious and funding gaps are identified.

The scope of work addresses two fundamental issues: (1) what constitutes a process and a budget? There is a need to have a clear template for alignment; and (2) how donors make funding decisions based on plans.

There are two approaches that can be taken: (1) a normative approach: use a normative procedure process and context to validate a plan according to standards; and (2) focus on evaluating the results not the process.

For the work-plan the suggestion is to start writing down what is known already and how it can be improved with refinement, as needed.

The focus will be on looking at successful countries and asking them what they found useful and what they have done; trying to get a better understanding of demand, linking this work to OECD-DAC; and looking at institutional framework and validation, drawing systems evidence, mainly from the Fast Track Initiative and other sector experiences.

The timeframe will be rapid (before 2 year period of IHP).

Discussion on national health plans

GFATM urged the group to move this work stream very fast, as the GFATM Board has endorsed the plan to support national health plans.

GAVI is looking forward to this working group, which is of high priority. GAVI currently has 49 country proposals on GAVI health system strengthening so there are 49 opportunities to look at how countries perceive health systems constraints. GAVI will be looking at policy performance and national plans on an empirical basis for national policy. UNICEF is also involved. Work will be completed by January/February 2008.

UNICEF suggested including a preamble/introductory paragraph to highlight that the national planning budget is part of a scaling-up continuum that is part of the technical teams and part of scaling-up at the country level.

The **World Bank** urged the need to be careful with taking an ex-ante normative approach to validation. It was proposed and agreed that a country-based assessment using an ex-ante approach based on benchmarking - where countries can compare themselves to other countries - would be the best way to move forward. Agnes Soucat volunteered to help with this.

It was also agreed to include references to outcomes/outputs.

UNFPA suggested adding the caveat that special attention will be given to assessment measures that did not do well in the past, for example MMR, and how we can use existing opportunities to transcend these issues as well.

UNICEF noted that the focus on outcomes can be closely linked to the service delivery process.

It was also suggested that this work stream needs to link to national development plans (PRSPs, MTEFs, etc).

b) Service Delivery-Pascal Villeneuve/Rudolph Knippenberg (UNICEF)

UNICEF is currently having an internal discussion on scaling-up for better health in the context of MDG 4, 5, and 6, with a focus on health system strengthening for outcomes/outputs.

The scaling-up package combined addresses delivery and services. The plan is to get the concept note out before the next VC (in December).

UNICEF, together with other agencies (i.e. UNFPA, AfDB), is planning to create guidelines based on the Africa strategic framework. Work has also started in Asia, where they are planning to support countries in the context of the Africa HHA with a similar type of mechanism for Asia.

c) Results-Based Financing- Amie Batson (World Bank)

Results-based financing (RBF) will examine both supply and demand side issues. (For example, it covers pay-for-performance, vouchers, conditional cash transfers, etc.) It will be mainly developed as a learning-by-doing approach. It will also be a stock-taking exercise. A stock-taking exercise would be done based on World Bank projects that have had a RBF component and other research (e.g., CGD).

RBF will finance grants for RBF in 4-6 countries with a focus on MDG 4&5 in tandem with broader IDA credits. The selection process will take 2 months and will identify countries that are good candidates for learning. It is expected that 1-2 countries will be IHP countries. Once the Bank receives the initial proposals they can be shared with the SuRG.

Most work will be done at the country level, based on country needs. Development partners will be invited to engage at the country level. There will also be a taskforce to ensure technical assistance and broader learning and dissemination. The Bank is currently talking with another group on co-chairing the taskforce and will get back to the SuRG on TORs of the taskforce and on the co-chair.

Discussion on results-based financing

WHO/GAVI noted that there needs to be more information sharing and joint agency work on RBF. The **World Bank** was encouraged to put proposals on the table at an early stage in order for partners to contribute very early in the process and

effectively work on more initiatives together. It was also noted that it would be good to synchronize RBF with the rest of the initiatives.

The **World Bank** stressed that there is currently not enough information on RBF to say that this is the right way to move forward on all counts. More needs to be learned. It is important for there to be a country initiated demand-based approach to efforts as it does add additional burden to countries. Some countries may be better off focusing on one piece (i.e. National plans) without the RBF approach. RBF is an option for countries and the more overlap with other initiatives the better.

c) Monitoring and Evaluation- Ties Boerma (WHO)

The **World Bank** and **WHO** have drafted a concept note and established a working group consisting of representatives from GAVI/Global Fund/UNAIDS/academics and possibly DFID.

The group plans to draft a paper for a common framework for monitoring and evaluation (M&E) of scaling-up. They will be looking at elements of investment sharing in information systems. (For example, health information gap analyses by the HMN highlights gaps that need to be addressed before evaluation systems can be put in place.) A time table has been set.

Discussion on monitoring and evaluation

UNFPA and UNICEF would like to be involved and contacted in this discussion.

It was noted that it is better to refrain from creating new mechanisms as there then would be less to harmonize; there are currently a lot of M&E related discussions and working groups already taking place.

There also seems to be an overlap among teams—what would be the best way to address this overlap in the future to avoid silos?

It would be good to for the paper to give clear directions on M&E functions and sector-based impact evaluations--highlighting what data to use and how to collect it.

The **Bill and Melinda Gates Foundation** noted that M&E is a high priority and of great interest for them and may also be for other donors. It is important to ensure that this gets broad coverage with the larger community. It would also be useful to see if this approach and/or hypothesis are useful.

d) Health Financing- Amie Batson (WB) and Tim Evans (WHO)

There will be a technical meeting on the “Providing for Health Initiative” in Bonn, Germany, to discuss how to finance better tools to ensure coverage. The focus of the agenda is on raising domestic funding for health not on external funding.

The **World Bank** and WHO are collaborating on fiscal space work. Studies have already been done on Rwanda and Cambodia and studies are planned for Uganda and Ghana.

d) OECD/DAC: health as a tracer sector

Due to time constraints this topic was not discussed.

4. Brief Updates on IHP+ Work Plan and Budget/ IHP+ Management and Core Team

No questions or comments were raised on the IHP+ work plan and budget and/or IHP+ management and core team.

5. Wrap up and Next Steps

It is important to ensure that country teams are fully up to speed on the ongoing discussions and to make sure that the decisions of the SuRG are brought to the attention of teams in countries. It is critical to ensure that countries are engaged. Therefore it is vital to firm up dates of country team discussion so they can fully get on board and own this.

There needs to be a firm date set for country meetings for Asia and Africa. There is currently a lot of momentum on this initiative in countries and it is important to take advantage of this and use this opportunity to move the agenda forward sooner rather than later.

Currently two meetings are planned: (1) a pre-meeting of the partners from regional and global levels (around end November/beginning December) and (2) a country-team meeting combined with a technical meeting in the first quarter next year. The **World Bank** and **WHO** need to confirm these dates no later than November 9, 2007.

Questions also need to be resolved on how **the Global Fund** and **GAVI**, which both have no country offices, can be engaged at the regional and country levels.

It is important to keep in mind that there are countries that want to move ahead (for example, Zambia, Cambodia, Kenya). It is important that the SuRG allows them to do so and not to slow down the process through bureaucratic constraints. There needs to be strong political commitment and resources to allow countries to move on and to make sure that the SuRG's agencies can respond to country needs.

| Next steps | Action |
|--------------------------------|--|
| National health plans | <ul style="list-style-type: none">• TORs revised to make the outputs and outcomes clearer as well as include resources need. This includes:<ul style="list-style-type: none">o Key products/deliverables and time lineso Confirming the working group• Agreement that benchmarking will be used.• Revised draft to be circulated. |
| Service delivery | <ul style="list-style-type: none">• Concept note to be distributed before next VC. |
| Results-based financing | <ul style="list-style-type: none">• RBF proposal to be shared with SuRG.• TORs of taskforce to be shared with SuRG. |
| Country team meetings | <ul style="list-style-type: none">• The World Bank and WHO to confirm dates of pre-meeting and country team meeting no later than November 9, 2007. |