

International Health Partnership and Related Initiatives (IHP+) Business Scaling-up Reference Group (SuRG) Meeting 22 September 2008, 17h00 CET

Participants included representatives of:

Action for Global Health	UNAIDS
Bill and Melinda Gates Foundation	UNFPA
GAVI	UNICEF
Global Fund	WHO
Treatment Action Group	World Bank (Chair)

Action Points

- M. Taylor to continue consultations on CHST work with remaining SuRG members and to follow up on other issues via email within the week.
- SuRG members are requested to send nominations for a CHST small reference group to M. Taylor (m.taylor@globalhealthconsult.net) within the week.
- The Core Team will share with the SuRG a draft concept note regarding draft terms of reference for the High-Level Task Force on Innovative International Finance for Health Systems.

1. Country Health Sector Team (CHST)

M. Taylor introduced the scope of work, its purpose, methodology, and key outputs and issues (please refer to previously circulated presentation).

- The SuRG recommended that the work focus on CHST and what that means in country rather than to stray into broader Paris Declaration issues (e.g. it was already noted that issues of predictability go beyond this work).
- GF questioned the validity of the statement that GF programmes are outside of country priorities (refer to Slide 8).
- It was generally agreed that the key issues (drawn from lit reviews and stocktaking reports) are there, but other issues to be raised and/or further emphasised include:
 - Communications between headquarters and CHST members so as to align views and troubleshoot any issues that arise, as well as often times weaker communications across CHSTs.
 - Optimal CHST composition and extent to which it includes all stakeholders, e.g. CSO and private sector. How to bring in groups not physically present at country level but whose practices and procedures have impact at country-level (e.g. GF, GAVI, Gates).
 - How do CHSTs get led, convened, represented? And what are best practises for this (e.g. rotating, electing)?
 - Different levels of decentralised authority and of understanding (e.g. health specialists versus those involved across sectors) often resulting in 'disjointed' discussions.
 - More emphasis on managing for results, including which results framework are used and how these can be maximised to assess progress on health MDGS and thereby success on IHP+.
 - The extent to which there is transparency, particularly with respect to commitments.
 - Harmonising procedures but also technical assistance.
 - Reducing transaction costs.

- Interviews will focus on those with CHST experience in order to pull out good practices/tools and lessons learnt.
- SuRG members recognised that country consultations are vital for this work but assessed it better to present one larger request for consultation with a clear framework and set of questions and adequate time for review. Country consultations will build on specific issues, where already identified, rather than generalities.
- Next steps:
 - M. Taylor to continue consultations with remaining SuRG members and to follow up on other minor issues via email.
 - SuRG members are requested to nominate people with CHST experience to form a small reference group that will provide overall guidance of key documents before going out for wider consultation at the end of Sept/early Oct.

2. Ethiopia Mission

- Appreciation was expressed to B. Fryatt and N. Klingen for organising the joint mission which involved representatives from regional and/or head offices and enjoyed strong leadership from the MoH.
- The Government of Ethiopia (GoE) has identified a \$2.8 billion resource gap (2008-2010), and would like to see this clearly addressed.
- The GoE is keen to see the MDG Performance Fund used as the central channel for external resources. Appraisal of the Fund is underway and will be finalised in the coming weeks. Following positive appraisal, five/six donor agencies stand ready to re-channel funds.
- Monitoring of the compact was agreed to be done via indicators attached to the compact. There was concern that building M&E capacity would be primarily undertaken by academic institutions with little participation from local counterparts. Partners of this monitoring framework should also be partners in capacity building.
- Results framework - clear message to look at this and confirm that each agency can use this framework as its own form of measurement of results in Ethiopia.
- CS clarified that the GoE is open to increased CS engagement and that CS has representatives at all layers/structures, however challenges in communication and representation remain given the size and diversity of CS groups.
- It was noted that although support of CS at the global level has been strong, support needs to be strengthened at the country level.
- Technical assistance in planning, budgeting and costing also requires attention from global and regional levels.
- Future missions should be linked to country processes, e.g. annual reviews, and the duration could be shortened. While some members cautioned against such missions for every IHP+ country, it was also recognized that each has specific issues to be resolved.
- The SuRG is to determine the best forum to bring back collective response to these issues. E.g. one agency is writing back to GoE with stated actions to support implementation of the country compact.

3. Announcements on 25th September in NY

- Events/announcements on 25 Sept include a breakfast hosted by WHO DG, a 10am press conference to launch the report of the Global Campaign and announce the Task Force on Innovative International Finance for Health Systems, and an 11am session on MDG 4/5.
- IHP+ specific announcements will concern recent compact signing and related funds for specific IHP+ countries and overall health systems strengthening (HSS).
- A High-level Task Force on Innovative International Finance for Health Systems will be launched at 10am by PM UK.

- Composition (TBC) includes: WHO DG, WB President, PM of UK, PM of Norway, President of Liberia, MoF of Italy, Ministry representative from France, Former First Lady of Mozambique and South Africa, UN Special Adviser on Innovative Financing for Development
 - The Task Force will make recommendations on the mix of innovative international financing mechanisms for health systems strengthening and will meet at high-level events over the next one year, e.g. Doha, WB Spring meetings. It will be further supported by technical working groups, and the IHP+ Core Team with the SuRG providing oversight as now.
 - Draft ToRS and background work have been done with a consultant from HLSP. These have built on initial work and discussions held in Geneva in anticipation of this announcement, and will form the basis for messaging and briefings.
 - The Core Team will share a draft concept note regarding management arrangements for the Task Force with SuRG for views.
- The WB President will be announcing additional funds for teams based in Africa to provide assistance to countries in dealing with broader health issues of financing predictability and raising domestic resources. This will be stand alone from IDA process.

4. AoB

- External Reviews
 - Short-Term: The Core Team will prepare a draft response on proposed recommendations from the Short-Term Review. These will be presented to the Business and Steering SuRGs for reaction before being finalised and made public.
 - North-South Consortium: The selection committee met to review proposals but have sent back additional questions to two short-listed bidders in order to make a more informed decision. A final selection is expected by end September.
- Selection process for CS representation: A call for applications went out with a deadline set for 10 October. A selection panel will determine a Northern, Southern and communications liaison. Both E. Ireland and S. Perez will apply for current positions, but will be involved in the transition process if not selected.
- Correspondence to H8:
 - raised on the relationship between one single country health plan and related national strategies on specific diseases. Must be clear that countries have many plans and many of these are multi-sectoral (e.g. AIDs, water and sanitation, etc). We need to improve the way this is articulated at the global level so as not to lose the importance of multi-sector planning, in particular for HIV/AIDs, and not to give the impression that broad health planning does not equate to displacing plans/funds for AIDS, malaria, etc.
 - regarding stance on IMF policies. IHP+ will work with S. Perez and colleagues to determine an appropriate way to respond to these concerns based on specific country evidence.
- Joint mission in Zambia: took place last week to work on joint planning, costing, budgeting processes to lead into a national health plan, SWAp review and MTEF. A meeting in New York later this week will further harmonize this work.