

**Scaling-up Reference Group (SuRG)**  
25 February 2010

**"Strengthening Accountability to Reach the Health MDGs"**  
**Discussion of draft interim progress report from IHP+Results**

**Note for the Record - Draft**

**Participants:**

Australia	Belgium*	Kenya *
Burundi *	Ethiopia *	France
Canada	EC	Global Fund
GAVI Alliance	Germany	Nigeria *
Mali *	Netherlands	Sweden
Norway	Spain *	United Kingdom
Civil Society	IHP+ Results	World Bank
USAID	WHO	

\* First time participant at SuRG

**Apologies received from: UNFPA, UNAIDS, UNICEF, ILO, OECD, Gates Foundation, African Development Bank.**

This was the first SuRG videoconference under the new IHP+ management structure.

**ACTIONS:**

- A small, time-limited Working Group of experts will be convened. Its task will be to make recommendations to the IHP+ Executive Team on revised methods and process for the second round of monitoring. The first feedback on progress will be at the next Executive Team meeting on 29<sup>th</sup> March.
- Core Team and SuRG to follow up with non-active signatories, in an effort for enhanced engagement in the monitoring exercise.
- A technical side event on promoting mutual accountability will be held for IHP+ signatories during the World Health Assembly in May 2010. IHP+Results will produce a brief Monitoring Baseline Report, to be ready for public release in May.

**Background and preparation for the SuRG discussion**

All signatories to the IHP+ Global Compact commit to be held to account through an independent monitoring mechanism. An NGO consortium called IHP+ Results was contracted in late 2008 to develop the approach, and implement it annually over three years. The draft of IHP+ Results' first progress report was circulated to SuRG members on 27 January 2010. It reported efforts to document progress against commitments made in the global IHP+ Compact by different signatories - developed and developing country governments, and international health agencies and foundations. At this SuRG, signatories were asked to review the approach, its added value and the proposed next steps as set out the guidance note circulated ahead of the SuRG. Written feedback was also sent by Australia, Burundi, Germany, the ILO, and the UK.

**Introduction to the discussion by IHP+ Results**

- IHP+ Results provided a short overview of the key elements of the approach, and some of the issues and challenges encountered in the first year of operation (powerpoint presentation attached).
- IHP+ Results' main lessons included:
  - Political commitments are not easy for agencies to translate into measurable actions, and these are not monitored routinely.

- The current tools and procedures need to be adapted and simplified, based on what works and mutual agreement by all parties on the way forward.
  - A key challenge is that the process is seen by countries as being externally driven.
  - Being able to monitor and measure mutual accountability is vital if IHP+ is to be effective over time, but it will take time to build mutual accountability mechanisms.
- IHP+Results had seven recommendations that included: creating a time-limited IHP+ Working Group to recommend how to improve methods and process; developing a standard set of monitoring questions, that could be incorporated into routine monitoring exercises and Joint Annual Reviews, or their equivalent; releasing a Baseline Monitoring Report in May. IHP+Results also stated that it viewed the annual Ministerial Review as an important opportunity for stocktaking progress, and that it should not be postponed.

The Chair of the IHP+Results Advisory Group<sup>1</sup> clarified that, though it had not been directly involved once the active data collection exercise had begun, it supported the IHP+Results interim report and emphasized the dual responsibilities of IHP+Results, and of IHP+ partners, in promoting mutual accountability.

The meeting's discussion was then divided into two parts: "Looking Back" and "Moving Forward". In each discussion, SuRG members were invited to address two questions.

### Part 1: Looking Back

The SuRG was asked:

- i. Are the Partner Scorecard and the Country Report Card useful ways to present critical information on progress against commitments, and generate real discussion?
- ii. Does the SuRG agree that this approach can be a catalyst for improved mutual accountability, provided that it becomes more systematic and less onerous?

### **Discussion**

- Overall, developing country signatories attending the SuRG were positive about the need for mutual accountability and the need for a common approach, provided it reflected national needs and built on existing national processes. While two countries have their own tool for monitoring their compact commitments, the three others did not. Specific comments were:
  - **Nigeria** noted the need for a streamlined approach to data collection, and to incorporate indicators into the National Health Planning process.
  - **Burundi** had much appreciated the evaluation, as it had no equivalent process of its own. In terms of improvements, it noted that the Country Report Card should be simplified, linked to a database, and made available in French. Clarification was also needed on how scores are determined. Finally, it suggested a need to consider separating external and private funding in the financing section.
  - **Kenya** said there was a need to adapt the process of evaluation to national needs not just the international agenda, and to keep a flexible approach.
  - **Mali** said the tool was relevant and that it contained the major elements. It provided a major 'missing piece' of information for countries - independent evaluation of their partners' performance, because country level evaluations focus almost solely on government actions and do not take enough account of partner actions.
- **Other comments**
  - **The EC** underscored concerns about weaknesses in the methodology. There should be more clarity in the Partner Scorecards, and avoidance of duplication and overlap with other exercises such as OECD/DAC work and UN agency monitoring. It noted some commitments are not measurable.

---

<sup>1</sup> Advisory Group Members: Ronald Labonte, Gill Walt, David McCoy, Gita Sen, Devi Sridhar, David Sanders, Rene Loewenson, Ravi M. Ram, Adrienne Germain, Anna Marriott, Lola Dare.

- **GAVI** noted that many Partner Scorecards had question marks in progress areas, and that the Country Report Cards in particular are too crowded with information. It agreed with the statement posed to the SuRG, that the approach could be useful, provided it was made more systematic and less onerous.
- **Southern Civil Society** said it was preparing a response and would circulate it to the SuRG.

## **Part 2: Moving Forward**

The SuRG was presented with five 'next steps', distilled from suggestions in the initial SuRG guidance note, and the Consortium and its advisory group. These were:

1. The interim progress report remains internal, but a brief monitoring baseline report is prepared for May 2010.
2. A small, time-limited Working Group is convened immediately, to jointly agree a revised tool and lighter process. This WG would present its progress to the next Executive Team meeting on 25 March.
3. The IHP+ Executive Team is responsible for reviewing and endorsing the plan, and receiving intermittent reports from the Consortium on progress with implementation.
4. The IHP+ Core Team, supported by SuRG members, to engage with signatories not on this conference call.
5. All IHP+ signatories to contribute to promoting mutual accountability by considering ways to enhance their own reporting, and opportunities for discussing progress (including with senior policy makers and agency heads), as the revised process is developed.

The SuRg was asked

i Does the SuRG support these suggested next steps and the timeline?

ii Does the SuRG have additional suggestions to make?

## **Discussion**

- There was general support for the proposed process, and agreement that the Working Group should agree a small set of 'core' indicators linked to compact agreements and the Paris Declaration, that can be used across agencies and countries. Ways to incorporate these into national Joint Annual review processes or their equivalent should also be explored. In terms of presentation of findings, not all partners were convinced about Partner Scorecards, which as currently designed were thought to risk allowing partners to overstate success.
- Some partners emphasized the need for increased buy-in from IHP+ signatories on how to improve their own performance. Some 'non-responders' in the first round said they remained committed and would engage in the second round. Participation in the IHP+ Results process should continue to be on a voluntary basis.
- The need for IHP+ to make an impact on results at country level, and be added value for existing health system strengthening processes, rather than a burden, was repeated, with the corollary that country governments' participation in any mutual accountability exercise is therefore essential.
- The need to have sufficiently reliable data before publication was noted.
- There was a note of caution about how quickly the revisions to methods and process could be done, but an acceptance also of the need to maintain momentum.

## **Conclusions**

- The tool is useful, but needs extensive modification. It is essential to avoid duplication of existing international efforts. Its application should align with other existing country processes. The focus of effort should be at country level.
- A Working Group will be convened immediately, and present recommendations to the Executive Team.
- The revised approach, along with a Monitoring Baseline Report, will be presented at a technical side event for IHP+ partners during the World Health Assembly, 18 May.
- The Core Team and SuRG members will make an effort to reach less active IHP+ signatories.
- Materials will be made available in French.