



ihp+

IHP+ Scaling-up Reference Group

Response to the 2008 Short Term
External Review

Response from the IHP+ Scaling-up Reference Group to the 2008 Short-Term External Review of the IHP+

The IHP+ steering group, the Scaling-up Reference Group (SuRG) commissioned a short-term external review of the IHP+ from May to August 2008. This short-term review was the first of the regular annual reviews that aim to increase the accountability of international actors in health, assessing the extent to which the IHP+ signatories are adhering to their commitments and making progress in developing country compacts.

What follows is a SuRG response¹ to the recommendations put forward by *Responsible Action* after in-depth interviews with 100 key representatives from a cross-section of partner agencies, civil society and national ministries of health in the first-wave IHP+ countries and at the international level. In summary, the six major recommendations and SuRG response are:

Recommendation	SuRG response
1. Improve how the IHP+ is communicated and understood to be relevant.	A draft communications strategy, developed by a small inter-agency team, will be finalised; an external communications firm will be contracted. Timeline: end February 2009.
2. Invest in change management processes.	Plans to support change management & capacity development will be developed in Phase II of the IHP+ and include team building exercises and change management expertise. Timeline: June 2009.
3. Implement the IHP+ results framework and build in transparency mechanisms.	The North-South Consortium will use the agreed results frameworks to hold partners to account on performance and progress. Timeline: September 2009.
4. Partners must work cooperatively.	Details to be considered and taken forward by each individual agency, as noted below.
5. Facilitate and support increased cooperation between partners at the country levels.	Recommendations from a final Country Health Sector Teams report, particularly those on team-building and strengthening of incentives for improved collaboration, will be taken forward. Timeline: June 2009. Regular forums with all stakeholders to identify synergies or bottlenecks will further facilitate increased cooperation. Timeline: the first Ministerial Review will be held in February 2009.
6. Consider the idea of Local Health Partnerships underpinned by a People's Health Movement.	Civil society will proactively explore opportunities to engage with large international health movements (e.g. People's Health Movement, Health Worker Advocacy Initiative, 15% health care financing campaign). Timeline: Ongoing.

This response will serve to guide the IHP+ as it takes forward the bold agenda of achieving the health-MDGs. It is an agreement across agencies to implement adopted recommendations, of which particular high priority has been given to the development and implementation of a communications strategy, investment in change management, and identification of innovative mechanisms to sustain/expand investments in results-oriented national health plans and strategies.

As the SuRG, we welcomed this first short-term review and look forward to annual reviews to be taken forward by a recently established North-South Consortium. By holding all partners to account to commitments in Global and Country Compacts, the performance and progress of the Partnership will be strengthened.

¹ From nine Business and Steering SuRG members.

Detailed SuRG Response to Recommendations from the IHP+ Short-Term External Review

Recommendation	Response	Priority	Comments and Actions
1. Improve how the IHP+ is communicated and understood to be relevant , both within partner institutions and amongst external stakeholders.	Accepted (with some reservation on 1.1)	High	<ul style="list-style-type: none"> - Comment: The SuRG recognises that better communication, particularly at country level, is urgently needed so that all stakeholders better understand the objectives of the IHP+ and its relationship to similar initiatives. - Action: A draft communications strategy, developed by a small inter-agency team, will be finalised; an external communications firm will be contracted. Timeline: end February 2009.
1.1. Convey the message that the IHP+ is a movement for development partners and country reforms in the health sector.			<ul style="list-style-type: none"> - Comment: The IHP+ is not in a position to become a movement for reforms but is a mechanism for better coordination and alignment among countries and development partners for strengthening health systems by which effective health care can be delivered in developing countries and ultimately results, including MDGs, achieved. - Action: IHP+ messaging, with a focus on related behaviour change and results, will be finalised by a small inter-agency team. Timeline: March 2009.
1.2. Emphasize the need for more effective cooperation between partners. Develop practical guidance and training for agency staff on cooperative ways of working.			<ul style="list-style-type: none"> - This relates to completed consultancy work on Country Health Sector Teams, which looked at good practice and incentives for collaboration. - Recommendations from a, final report, particularly on team-building and change management expertise, will be taken forward. Timeline: June 2009.
1.3. Specify and demonstrate what immediate actions partners will take to honour their IHP+ commitments.			<ul style="list-style-type: none"> - Action: Partners' actions will be demonstrated during annual IHP+ Ministerial Reviews and documented in global actions plans developed after any requested inter-agency missions to countries with completed compacts. Timeline: the first Ministerial Review will be held in February 2009.
1.4. Consider increased financing for health as a non-negotiable objective of the IHP+ . Communicate IHP+ development partners' and national governments' funding commitments and disbursements.			<ul style="list-style-type: none"> - Increased and harmonised domestic and international financing for health, linked to national health plans and costing scenarios, is part of the main objective of the IHP+. - Action: Strong synergy with the work of the Taskforce on Innovative International Financing for Health Systems will be maintained. Timeline: Ongoing through till end September 2009.
1.5. Simplify terminology by using only the "IHP" label and dropping supplementary phrases such as "Related Initiatives (IHP+)" or "Scaling-up for Better Health".			<ul style="list-style-type: none"> - Action: Modified terminology by keeping the "+" to represent synergies with related initiatives. Timeline: Completed.
1.6. Identify and support organisational champions to strengthen information-sharing and collaboration			<ul style="list-style-type: none"> - Already identified champions include SuRG members, WRs/TTLs, Inter-Agency Working Group (IAWG) members; Information-sharing will form part of the above communications strategy. - Action: Champions of Civil Society will be identified after a mapping exercise is conducted at the country level. Timeline: June 2009
1.7. Conduct country-level consultations in lead-up to signing Country Compacts . Bring in other partners, including civil society and the private sector.			<ul style="list-style-type: none"> - Regarding other partners, e.g., top management in USAID and PEPFAR have now issued official support for the IHP+ making it feasible for the US to sign up to country compacts if, in country, they choose to do so.

			<ul style="list-style-type: none"> - Action: This will be addressed through implementation and monitoring of the Civil Society engagement note. Timeline: Ongoing. In addition, a note on private sector engagement will be developed after a short study on opportunities and risks planned. Timeline: June 2009.
<p>1.8. Communicate a vision of how the IHP+ might evolve as a process over the next 7 years (up to the 2015).</p>			<ul style="list-style-type: none"> - Action: The evolving vision of the IHP+ will be realised through the IHP+ workplans developed in discussion with Business and Steering SuRGs and communicated as part of the communications strategy. Timeline: the IHP+ Phase II Workplan will be completed by end March 2009.
Recommendation	Response	Priority	Comments and Actions
<p>2. Invest in change management processes within partner institutions and through developing people's competencies to implement new ways of working.</p>	<p>Accepted (with some reservation on 2.6)</p>	<p>High</p>	<ul style="list-style-type: none"> - Adhering to the IHP+ principles and objectives will require changes in the way partners work, as well as further development of various skill sets and general knowledge of health systems and IHP+ related areas. - Each partner will consider and implement necessary adjustments within individual institutions to meet its own commitments to IHP+, applying the Paris Declaration and Accra Agenda to the health sector. - Action: Plans to support change management & capacity development will be developed in Phase II of the IHP+ and include team building exercises and change management expertise. Timeline: June 2009.
<p>2.1. Partners provide supplementary budgets, staffing and training where needed to facilitate reforms, and document and communicate successful case studies.</p>			<ul style="list-style-type: none"> - Action: Documenting and communicating successful case studies will be done more rigorously and regularly in sync with annual Ministerial Reviews and Country Health Sector Team meetings. Timeline: the first Ministerial Review will be held in February 2009.
<p>2.2. Develop technical competencies of agency staff by making available appropriate training and professional development activities.</p>			<ul style="list-style-type: none"> - Action: Plans to support capacity development will be developed in Phase II of the IHP+ and include a health systems professional network and literacy on Primary Health Care. Timeline: September 2009.
<p>2.3. Hold decision-makers responsible for their actions (for example by including <i>aid effectiveness</i> criteria in their performance assessments).</p>			<ul style="list-style-type: none"> - Action: Accountability will be addressed via annual reviews performed by an external North-South Consortium. Timeline: the first review will be delivered in September 2009.
<p>2.4. Provide incentives to promote behavioural competencies, such as acknowledging and publicizing examples of good practice.</p>			<ul style="list-style-type: none"> - Part of the completed consultancy work on Country Health Sector Teams. - Action: Good practice will be documented and acknowledged via regular forums with stakeholders, including annual IHP+ Ministerial Reviews, and Country Health Sector Team meetings. Timeline: the first Ministerial Review will be held in February 2009.
<p>2.5. Undertake assessments of organisations' institutional systems to determine how they should be reformed to be more competent at the operational level.</p>			<ul style="list-style-type: none"> - Action: The IHP+ core team and individual institutions of the SuRG will review how the country benefits of the UN Reforms can be best promoted through the IHP+ process. Timeline: October 2009.
<p>2.6. Commission an assessment on structural reforms in the aid architecture (beyond behaviour change).</p>			<ul style="list-style-type: none"> - Rejected, individual institutions will pursue activities related to aid effectiveness in line with their commitments to the Paris Declaration. - This topic may in part be taken up by the Task Force on Innovative

			International Financing for Health Systems.
Recommendation	Response	Priority	Comments and Actions
3. Implement the IHP+ results framework and build in strong transparency mechanisms for mutual accountability.	Accepted	High	<ul style="list-style-type: none"> - The IHP+ emphasis on mutual accountability and managing for results are attributes that distinguish the IHP+ from other initiatives. - A common M&E Framework has been agreed upon with emphasis on strengthening national health management information system; this framework now needs to be applied in countries. - A common toolkit for M&E in HIV/AIDS, Tuberculosis and Malaria and health systems strengthening (has been agreed between key partners. - Action: The North-South Consortium will use the agreed results frameworks to hold partners to account on performance and progress; Timeline: the first review will be delivered in September 2009.
3.1. Strengthen country health information systems by pushing for 5-10% of donor funding to be used for this and for writing the implementation of the common M&E framework into Country Compacts.			<ul style="list-style-type: none"> - In particular, the Global Fund is recommending 5-10% of grants to be programmed in M&E systems improvements. - Action: Actual percentages and detailed plans for integration in Country Compacts will be determined on a country-by-country basis by the Country Health Sector Teams. Timeline: Ongoing as compacts are developed.
3.2. Develop transparency mechanisms as a core element of strengthening Monitoring, Evaluation and Reporting systems.			<ul style="list-style-type: none"> - Action: To be taken forward by an external North-South Consortium. Timeline: the first review will be delivered in September 2009.
3.3. Ensure that learning and improvement are key outcomes of M&E and that M&E demonstrates and validates actions undertaken by partners.			<ul style="list-style-type: none"> - Action: To be taken forward by an external North-South Consortium. Timeline: the first review will be delivered in September 2009.
3.4. Conduct independent research to establish the validity that Harmonisation and Alignment improves health outcomes.			<ul style="list-style-type: none"> - Rejected, the Paris Declaration and Accra Agenda, widely signed up to by signatories of the IHP+, set the agenda for improving aid effectiveness. Research is required but should be commissioned independently.
3.5. Require a more structured approach in the annual reviews of the IHP+.			<ul style="list-style-type: none"> - Action: To be taken forward by an external North-South Consortium. Timeline: the first review will be delivered in September 2009.
Recommendation	Response	Priority	Comments and Actions
4. Partners must work cooperatively to achieve reforms by initiating and reciprocating the following actions.	Accepted (with agency details under 'Comments')	High	<ul style="list-style-type: none"> - SuRG members understand and encourage continual cooperation to achieve the IHP+ objectives. Details to be considered and taken forward by each individual agency, as noted below.
4.1. The <i>World Health Organization</i> must:			<ul style="list-style-type: none"> - WHO is developing a strategy on "Strengthening Health Systems based on Primary Health Care," part of which outlines plans to further develop technical skills and knowledge. - Action: Related plans to support capacity development will be developed in Phase II of the IHP+ and include a health systems professional network and literacy on Primary Health Care. Timeline: September 2009.
4.1.1. Strengthen its technical focus and capabilities on Health Systems Strengthening through its country offices.			
4.1.2. Restructure country offices to better represent the health sector priorities in IHP+ countries			<ul style="list-style-type: none"> - The Director-General recognises that country offices need to be better supported to implement the Country Compacts. Country offices will not be

	<p>"restructured" but rather "strengthened" to do so.</p> <ul style="list-style-type: none"> - Action: In-country joint planning linked to national timetables will be explored. Timeline: As requested by countries and during development or review of WHO's Country Cooperation Strategies.
4.1.3. Update Country Assistance Plans , where relevant, to reflect new priorities	<ul style="list-style-type: none"> - Country Cooperation Strategies will undergo a detailed review to assess their ability to align WHO priorities, with any amendments agreed in country. Timeline: As requested by countries and during development or review of WHO's Country Cooperation Strategies.
4.1.4. Provide technical frameworks and evidence for establishing Local Health Partnerships	<ul style="list-style-type: none"> - Action: Work has started on encouraging Civil Society engagement in national health planning and reviews, Timeline: Ongoing. Further guidance will be developed if requested, Timeline, as demanded.
4.1.5. Develop policy guidance on how to link the IHP+ with health systems strengthening through implementing integrated Primary Health Care	<ul style="list-style-type: none"> - WHO recently published The World Health Report 2008 on Primary Health Care in October 2008. - Action: WHO is developing a strategy on "Strengthening Health Systems based on Primary Health Care". Timeline: XXX.
4.2. The <i>World Bank</i> must:	
4.2.1. Devolve more authority for decisions to the country level	<ul style="list-style-type: none"> - The World Bank has created a "Health Systems for the Health MDGs" programme bringing together resources and efforts of partners to fund and implement a coherent country-led health sector programme. - Action: The Bank will work with country authorities and partners to provide policy advice and technical support to countries (i.e. Mali, Mozambique, Ethiopia, and Nepal in 2009, and other Benin, Burundi, Cambodia, Ghana, Kenya, Madagascar, Nigeria, Rwanda, and Zambia through to 2011 (est. 3 million USD/year)), in critical health systems strengthening implementation, particularly health finance, risk pooling, results based budgeting mechanisms, human resources for health, governance and service delivery, supply chain management and infrastructure planning. Time: Ongoing.
4.2.2. Play a more strategic role getting Ministries of Finance on board with the IHP+ process and report on lessons learned	<ul style="list-style-type: none"> - With additional senior technical staff in these four countries, communication and coordination will be strengthened with key stakeholders. Additionally, two regional hubs have been established in Nairobi and Dakar with 10 health experts being recruited. This will significantly help strengthen engagement on analytical and policy work as well as implementation with partners. Finally, the Bank is continuing to leverage additional funds for scaling-up of technical assistance and strategic capacity building at the country level in order to strengthen health systems and accelerate progress towards the MDGs. - Action: The Bank will take a lead role in liaising and working with Ministries of Finance. Timeline: Ongoing.
4.2.3. Communicate more explicitly what specific steps it intends to take to reform its ways of doing business	<ul style="list-style-type: none"> - In addition to the changes noted above, a Memorandum of Understanding (MoU) on procurement processes has been finalized between the Bank and UNICEF and, pending the approval of the Bank's Board of Directors, an

	<p>interim waiver has been issued allowing borrowers to procure essential health-related goods through UNICEF.</p> <ul style="list-style-type: none"> - Action: The Bank will take steps to apply the UNICEF MoU template to other UN agencies to reach similar agreements, with the highest priority being accorded to the establishment of a Global Drug Facility for TB.
4.3. The <i>Global Fund</i> must:	
4.3.1. Effectively implement National Strategy Applications	<ul style="list-style-type: none"> - Action: The Global Fund Board will conduct a “first learning wave” of National Strategy Applications. Timeline: Launched in 2009.
4.3.2. Exercise greater flexibility in permitting in-cycle changes to existing grants, to take advantage of the new opportunities that arise under the IHP+.	<ul style="list-style-type: none"> - The Global Fund already provides a significant amount of flexibility to applicants to align with country-specific cycles and procedures and encourages countries to do this. Flexibilities include: start date and disbursement frequency to coincide with national planning and budget cycles and non-material reprogramming within approved funding ceilings. - Action: Flexibilities in the Global Fund architecture will be further explored further. Timeline: Ongoing.
4.3.3. Encourage countries to review their CCM membership and terms of reference to achieve a greater representation of interests that are supportive of alignment, harmonisation; health systems strengthening and Primary Health Care.	<ul style="list-style-type: none"> - Countries define CCM membership based on the needs of the country to fight the three diseases, taking into account minimum requirements of the Global Fund and guidelines that ask CCMs to be broadly representative. - Action: The Global Fund maintains its recommendation that CCMs applying for funds for Health Systems Strengthening (HSS) involve at least one in-country representative with a focus on HSS and one government representative with responsibility for HSS planning². Timeline: Ongoing.
4.3.4. Consider redefining its mandate to fund activities with added effect of strengthening comprehensive health services for primary care in countries with high disease burden for AIDS, TB or Malaria.	<ul style="list-style-type: none"> - The Global Fund Board has repeatedly³ reaffirmed the importance of strong public and private health systems to accomplish the mission of fighting the three diseases. The 16th Board Meeting decision on HSS provides opportunity to fund primary health care activities and further encourages investment in community systems strengthening. - Action: Implementation of Board Meeting decisions are regularly monitored, e.g. through corporate key performance indicators. Timeline: Ongoing.
4.3.5. Investigate possibilities for delegated representation at the country level.	<ul style="list-style-type: none"> - The Global Fund recognizes the importance to identify ways to ensure effective participation and representation in country-level stakeholder meetings. Delegated representation (to partner organisations) is currently not being considered as the key solution to this issue.
4.3.6. Establish more strategic linkages with the GAVI Alliance at the international level.	<ul style="list-style-type: none"> - Action: Regular dialogue and consultations to operationalize strategic collaboration issues are held, as well as regular exchange of members of the review panels. Timeline: Ongoing.

² http://www.who.int/healthsystems/round9_11.pdf

³ <http://80.80.227.97/en/files/boardmeeting15/GF-BM15-Decisions.pdf>

http://www.who.int/healthsystems/round9_11.pdf

<p>4.4. The GAVI Alliance must:</p> <p>4.4.1. Establish more strategic linkages with the Global Fund at the international level.</p>	<ul style="list-style-type: none"> - Action: GAVI and the Global Fund will maintain linkages at various levels, from regular contact between CEOs to a range of policy and operational liaisons from senior management through to programme and policy officers, as well as common members of review panels. Timeline: Ongoing.
<p>4.4.2. Investigate possibilities for delegated representation at the country level.</p>	<ul style="list-style-type: none"> - The GAVI Alliance is represented by partners at the country level, although it is recognized that there is a potential for revitalizing this representation.
<p>4.5. Other multilateral UN agencies (UNAIDS, UNICEF, UNFPA) must:</p> <p>4.5.1. Ensure that the UN Reform process and IHP+ reforms are synergistic, by undertaking a study of this and following through on its recommendations.</p>	<ul style="list-style-type: none"> - The UN is bound to follow the Triennial Comprehensive Policy recommendation that stipulates better alignment to national processes, demonstrating similar objectives of coordinated planning and optimal use of resources to achieve national development outcomes and results. - The UNDG has a position paper on a UN response to the changing aid environment and guidelines⁴ to further harmonize and align the UN processes. As such, another study is not thought to be necessary.
<p>4.5.2. Contribute to the development of Country Compacts by relating these to other (particularly multi-sectoral) development processes in countries.</p>	<ul style="list-style-type: none"> - UNFPA works within the purview of a single country development plan in general and more specifically in line with the health sector planning processes. When a country office signs a country compact, it attempts to link with UNFPA's work in the other areas, such as strengthening national capacity in collecting/analysing data, socio-economic policy planning, costing, budgeting, gender equality, and HIV/AIDS national programmes. - UNAIDS supports the Joint UN Teams on AIDS to develop its Joint Programme of Support to the national AIDS response in alignment with the National AIDS Strategic Framework, as well as in line with the UNDAF. At country-level, UNAIDS supports integrating/harmonizing processes for AIDS planning with national development planning processes, particularly relevant to countries developing compacts. UNAIDS is available to share its experience with the broader health sector.
<p>4.5.3. Review modalities for bilateral funding in countries, to align with the IHP+ commitments.</p>	<ul style="list-style-type: none"> - UNFPA has a country programme of assistance with priorities aligned with national plans and results. Available cost estimates inform the programme financial estimates and extra core sources of funds, mobilized through trust funds, are to the extent possible aligned to nationally identified needs. Programmes vary from 4 to 5 years with allocation of resources over the length of the programme (i.e. multi-year pledges) and pending availability. - UNAIDS has guidelines on bilateral funding to be focused on support to the UN Joint Programme of Support to the national AIDS response. Funding is focused on the UN role of providing policy and operational technical advice.
<p>4.6. Bilateral donors must:</p> <p>4.6.1. Demonstrate they will meet stated aid commitments through immediately</p>	<ul style="list-style-type: none"> - Partners are addressing the predictability of funds as well as the actual amount of contributions. E.g. Germany is aiming towards an increase in financing for

⁴ To insert link to guidance.

<p>scaling up contributions (preferably via multilateral financing mechanisms).</p>	<p>health as maintaining its predictability is more difficult due to its budgetary processes; Netherlands recently developed multiyear strategic plans with commitments for four years but amounts will generally not increase as they currently dedicate 0.8% of GNP to development cooperation; UK recently announced a commitment of 7 billion GBP over 7 years for health spending⁵</p> <ul style="list-style-type: none"> - At the UN General Assembly in September 2008, the United Kingdom committed an estimated £450 million over the next three years to support national health plans for eight IHP+ countries (i.e. Ethiopia, Mozambique, Kenya, Zambia, Burundi, Nigeria, Cambodia and Nepal). - Similar high-level political events will provide additional opportunities for governments and development partners to show their support for signed country compacts. - The US through PEPFAR will commit \$1.2 billion over five years to national health workforce strategies in four IHP+ countries (i.e. Ethiopia, Kenya, Mozambique, and Zambia).
<p>4.6.2. Review modalities for bilateral funding in countries, to align with the IHP+ commitments.</p>	<ul style="list-style-type: none"> - Action: Other possible funding modalities, including IHP+ linked funding via innovative mechanisms will be reviewed following recommendations by the Taskforce on Innovative International Financing for Health Systems. Timeline: December 2009.
<p>4.6.3. Use their influencing positions on the boards of multilateral institutions and global health partnerships to achieve IHP+ reforms.</p>	<ul style="list-style-type: none"> - E.g. the UK uses its position on boards to promote the inclusion of IHP and Paris principles in board decisions and institutional performance indicators. - Action: Bilateral donors, as some of the most vocal board members on multilateral institutions and global health partnerships, will continue to advocate the principles of the IHP+ and aid effectiveness. Timeline: Ongoing.
<p>4.6.4. Revise institutional agreements with multilateral agencies, as appropriate, to expect higher levels of performance through cooperation and reform.</p>	<ul style="list-style-type: none"> - Action: E.g. the UK has, or is negotiating, institutional agreements with WHO, GFATM, UNICEF, UNAIDS, UNFPA; aid effectiveness principles are reflected in each of these. - Timeline: All completed, except for that with UNICEF, which will be finalised by March 2009.
<p>4.6.5. Advocate for a stronger voice for IHP+ countries on the boards of the multilateral agencies.</p>	<ul style="list-style-type: none"> - Action: Bilateral donors, as some of the most vocal board members on multilateral agencies, will continue to advocate for the voice of IHP+ countries. Timeline: Ongoing.
<p>4.7. The <i>Gates Foundation</i> must consider 4.7.1. Using its influencing role on Board of the Global Fund and other Global Health</p>	<ul style="list-style-type: none"> - Action: Agree but with revised language of "looking and advocating for synergies across the IHP+ agenda and the priorities of GFATM and

⁵ Germany currently has bilateral agreements with Cambodia, Kenya and Nepal (as first wave IHP+ countries) in addition to health sector support in 11 more countries; Netherlands with Mali, Ethiopia and Zambia (as first-wave IHP+ countries) in addition to health sector support in 5 more countries; Norway with Malawi, Tanzania and other Global Campaign countries; UK's 6 billion GBP announcement is for total health spending for bilateral agreements, global health partnerships, UN agencies and 1 billion GBP for the GFATM; represents an increase from 2005-07 health spending. <http://www.dfid.gov.uk/news/files/pressreleases/aids-strategy-universal-access.asp>

Partnerships to promote the IHP+ reforms.			GAVI/GH Partnerships". Language as currently described conflicts with fundamental responsibility of board members to be primarily focused on the best interest of the organization. Timeline: On-going.
4.7.2. Lead the private sector agenda within the IHP+ and host technical collaborations to investigate innovative partnership models.			- Action: Currently assessing private sector activities among priority areas of focus. Timeline: July 2009.
Recommendation	Response	Priority	Comments and Actions
5. Focus on facilitating and supporting increased cooperation between partners at the country level to achieve specific reforms.	Accepted (with some reservation on 5.2)	High	<ul style="list-style-type: none"> - This is in line with the IHP+ objectives and principles, and the SuRG recognises the importance of cooperation, particularly at country level. - The SuRG is fully on board with implementing recommendations stemming from the consultancy work on Country Health Sector Team which is looking at good practice and incentives for collaboration. - Action: Recommendations from a final Country Health Sector Teams report, particularly those on team-building and change management expertise, will be taken forward. Timeline: June 2009. Regular forums with all stakeholders to identify synergies or bottlenecks will further facilitate increased cooperation. Timeline: the first Ministerial Review will be held in February 2009.
5.1. Strengthen Interagency Country Health Sector Teams by committing more resources to their work, as needed.			- Action: Recommendations for strengthening Country Health Sector Teams, e.g. team building exercises, introduction of incentives, development of related tools and training will be taken forward ~300,000 USD. Timeline: June 2009.
5.2. Establish a global task-list that gets dynamically added to by partners and ticked off as actions are completed.			- Rejected, due to the opportunity cost to maintain this list. Rather, partners' actions will be reviewed at annual IHP+ Ministerial Reviews and documented and monitored in global action plans developed from country requested joint missions to those with completed compacts.
5.3. Develop approaches to share good practices among IHP+ countries and follow up the Lusaka consultation with similar forums.			<ul style="list-style-type: none"> - Part of the completed consultancy work on Country Health Sector Team which looked at good practice and incentives for collaboration. - Action: Consultations with Country Health Sector Teams will be held regularly to share good practice. Timeline: the second Country Health Sector Team meeting will be held in April 2009.
5.4. Do not plan to expand the global level Interagency Core Team or institutionalize this as a secretariat.			- Agreed.
5.5. Change how the Inter-Agency Working Groups of the SuRG operate , making these more collaborative (including country participants, civil society) and transparent.			- Action: The IHP+ Phase II workplan includes activities to review/update Terms of Reference. Timeline: September 2009.
5.6. Review the SuRG Terms of Reference to clarify its mandate, membership, governance, accountability and operations.			- Idem.
5.7. Continue to support Civil Society involvement in the business and steering SuRGs and treat Civil Society as an equal partner.			- Action: The Civil Society engagement note and workplan will be financially supported, implemented and monitored with progress updates shared during SuRG meetings and annual Ministerial Reviews. Timeline: SuRG updates begin in January 2009, and the first Ministerial Review will be held in

5.8. At country level, proactively seek out civil society involvement in the Country Compact development process.			February 2009. - Idem. - Civil society will work with Country Health Sector Teams to map out relevant CSOs, networks and platforms to engage with the development and implementation of Country Compacts.
Recommendation	Response	Priority	Comments and Actions
6. Consider the idea of Local Health Partnerships that are underpinned by a People's Health Movement, led by Civil Society to promote meaningful coordination, cooperation and collaboration from the ground.	Accepted (but request for clarification on 6.3 & 6.4)	High	- Civil society will help strengthen existing national platforms, networks and civil society engagement in the development of national health plans and Country Compacts via planned activities in its 2009 workplan, including a mapping of existing health networks/platforms and review of how these can be strengthened to coordinate effective local health partnerships that promote meaningful coordination, cooperation and collaboration. - Action: Civil society will proactively explore opportunities to engage with large international health movements (e.g. People's Health Movement, Health Worker Advocacy Initiative, 15% health care financing campaign). Timeline: Ongoing.
6.1. Include the concept of Local Health Partnerships in Country Compacts , based on the same principles and practices of harmonisation, alignment and financing for results.			- Action: SuRG civil society representatives will consult with the Civil Society Advisory Group and wider civil society organisations on how this can be taken forward. - Action: Civil society representatives will organise (subject to adequate financial support) a consultation with People's Health Movement and other international health movements, such as the Health Worker Advocacy Initiative and the 15% health care financing campaign. Timeline: TBD.
6.2. Implement these at the level of health districts to strengthen integrated Primary Health Care services.			- Idem.
6.3. Local Health Partnerships would be inclusive of all partners working together.			- Agreed, but with a request for further clarification on whether local health partnerships will be part of the Country Health Sector Team. - Civil society representatives agree that any local health partnership, or other relevant national health platform, should be inclusive of the diversity of NGOs as well as the interests that align with the principles and concepts of the IHP+.
6.4. Engage non-state providers through validated approaches and appropriate mechanisms			- Agreed, with request for clarification on whether 'non-state actors' include the private sector as this may be more challenging for civil society to achieve.
6.5. Local Health Partnerships should implement the People's Health Charter by promoting community and individual self-reliance and participation in the planning, organization, operation and control of primary health care.			- See 6.1, with recognition that local health partnerships, or other relevant health platforms, may need to be modified to allow them to be driven by local concerns and needs. Timeline: Ongoing.