3rd IHP+ Steering Committee Meeting

WHO, Geneva, 12 December 2014

Note for the record 15 December

Introduction

This Steering Committee reviewed progress on IHP+ strategic directions 2014-2015, and advised on ways to address selected priorities. Ms Jane Edmondson, Head of Human Development, DFID and Dr Vandine Or, Director General for Health, Ministry of Health Cambodia kindly agreed to stand in for Steering Committee co-chairs Ms Veronique Lorenzo, European Commission and Dr Amir Hagos, State Minister, Federal Ministry of Health Ethiopia, who were unable to attend. The agenda and list of Steering Committee members are in Annexes 1 and 2. Documents and presentations are on the IHP+ website[1]. This Note for the Record captures decisions and main issues raised in the discussions.

Summary of decisions, recommendations and agreed actions

1. ***Dissemination of findings from the 4th round of monitoring***: Steering Committee members will follow up within their institutions, and encourage discussion of the findings at country level; the IHP+ Core Team will disseminate results to agency and government health leaders; a review of this round of monitoring will be organised in early 2015.
2. ***Concluding exploration of the case for a multi-agency fund for southern CSO support***: the Core Team will talk with organizations expressing interest in hosting such a fund, and follow up with potential funders identified by Dalberg. Steering Committee to be informed of the conclusions
3. ***Decision on IHP+s role in procurement and supply chain management:*** This is a critical area, but not a big priority for IHP+. As a minimum, IHP+ signatories should promote the principles of harmonization and alignment with country PSM systems. The Steering Committee should review progress periodically. The Core Team will follow up the idea of case studies on PSM harmonization in the first half of 2015.
4. ***Recommendations on improving technical assistance****:* Steering Committee members will follow up on the messages from Siem Reap within their own institutions. The Core Team will explore work on rethinking TA with interested agencies, in 2-3 countries; develop a TA policy brief.
5. ***Next steps in defining the role of IHP+ post 2015:*** The Core Team will organise an online consultation with all IHP+ country signatories in first quarter 2015; organise a special Steering Committee teleconference end March 2015, and aim for a mature programme of work end 2015.
6. ***The proposed date for the next Steering Committee meeting*** is Friday 12 June 2015, in Geneva, the day after the next GAVI Board meeting. To be confirmed in early January.

[1] http://www.internationalhealthpartnership.net/en/news-events/article/ihp-second-steering-committee-meeting-20-june-2014-328268/

Discussions

5th IHP+ Country Health Teams Meeting: feedback and main messages

The IHP+ Core Team reported highlights and key messages from the recent meeting in Siem Reap (Annex 3).

Discussion: The Steering Committee reinforced the point that continued political support is critical for IHP+'s agenda. The IHP+ CSO representatives noted that their annual CS Consultative Group meeting was held immediately before the CHTM and its messages, which were similar to those of the main meeting, will also be shared with other Steering Committee members.

Follow up: The messages from the meeting will be circulated widely: to health leaders in countries and agencies; to the co-chairs of the Global Partnership for Effective Development Cooperation, and to the chair of the OECD Development Assistance Committee.

Results from the 4th round of monitoring of aid effectiveness commitments

The draft results from the 4th round of monitoring of progress with aid/development effectiveness commitments were presented. 24 country governments and 37 international development partners participated in this round. A key finding is that countries continue to make progress, albeit gradually. For development partners the most notable finding is that use of country financial management systems has declined since 2012.

Discussion: This mainly covered ways to ensure the results are discussed and acted upon at country level and within agency HQs, and thoughts on future approaches to monitoring progress.

There was overall appreciation of the exercise. The Committee focused most on the use of findings at country and global level, observing that without this it would be 'an exercise in futility'. Where progress is needed, such as in greater use of country systems, the need to understand incentives for change was emphasized. Ideas on ways to generate discussion and action included: share the final report with government health leaders and heads of agencies; in country, ensure the results are discussed in country partnership bodies such as health partners' groups; by national CSO platforms and by parliamentarians; local champions would help this, as would external facilitation by IHP+ if asked. The report will also be shared with the Global Partnership for Effective Development Co-operation, to help disseminate results to a non-health audience.

On future approaches to monitoring, there was support for continuing the more country-based, country-led approach, and to involve more large NGOs and non-DAC donors. Country level self-assessments, without waiting for a global report, could increase local visibility and help integrate indicators into local monitoring processes. IHP+ should continue to support these developments, as well as maintain a periodic global report.

Follow-up: Steering Committee members will follow up within their institutions, and encourage their country networks to discuss findings; the IHP+ Core Team will ensure results are disseminated to agency and government health leaders; devise ways to facilitate local discussions if asked, and ensure countries know the assessment tools are publicly available; a review of this round of monitoring will be organised in early 2015.

Supporting southern CSO engagement in policy, planning and accountability processes: is there a case for a multi-agency fund?

In the June IHP+ Steering Committee meeting, it was agreed that, short term, existing IHP+ funds could be used for one more round of CSO small grants, while the case for a possible larger multi-donor fund de-linked from IHP+ was developed. The Core Team commissioned Dalberg to explore the latter. The conclusions, presented to the Steering Committee, were: there is little appetite for a new stand-alone fund but there are 3-5 donors who might support channelling funds for health CSOs to engage in national policy dialogue and accountability processes through an existing organization. However, those donors would need a more specific concept note before going any further.
Discussion: There was agreement that CSO's are important in domestic policy processes. A new stand-alone fund was not supported. Other simpler ways to achieve the same objective were discussed. Different hosting and funding options for southern CSO support were mentioned, including the Global Partnership on Social Accountability (GPSA) already identified by Dalberg.

Decision: To conclude this exploration, the Core Team will talk with organizations that have expressed tentative interest in hosting such a fund, specifically the GPSA, and follow up with potential funders identified by Dalberg. The Steering Committee will be informed of the conclusions, and only consulted again if there are significant resource implications for IHP+.

Procurement and supply chain management: potential roles for IHP+

Options on possible roles for IHP+ in procurement and supply chain management were outlined to the Steering Committee. These were: to review how harmonization and alignment efforts in procurement and supply chain management are playing out at country level, and to document how global procurement mechanisms play out at country level. Both would involve case studies.

Discussion: The main observation was that PSM is a critical and complex area, but not necessarily a big priority for IHP+. Individual UN agencies should include PSM strengthening within their own 'standing capacity'. The informal Inter-agency Supply Chain Group (ISG)[2] has a programme of work on PSM harmonization, but lacks any formal oversight or accountability mechanism. There was support for IHP+ documenting experience at country level in the two proposed areas of PSM harmonization and alignment, in countries. The studies would need to be carefully designed and well-disseminated. Some work on PSM harmonization has begun in DRC and Nigeria, and Senegal would be interested. The Core Team itself does not have the capacity for such work, but could commission it.

Decision: As a minimum, IHP+ signatories should promote the principles of harmonization and alignment with country PSM systems, and the Steering Committee should review progress periodically. Within WHO, PSM harmonization will be raised in a Health Systems Senior Management Meeting. The IHP+ Core Team will follow up the idea of case studies in the first half of 2015.

[2] The ISG includes but is not limited to: UNICEF; UNFPA; WHO; Global Fund; GAVI; Gates Foundation; World Bank; USAID; NORAD; DFID

Improving technical assistance: issues and opportunities

IHP+'s programme of work on technical assistance during 2014, and priorities for action on the demand, supply and accountability of TA including south-south cooperation from the Country Health Teams Meeting in Siem Reap were presented.

Discussion: The main comment was that TA is an important topic whose problems are old and well-known; that new, more radical thinking is needed to tackle them, and there are new opportunities to do so, such as new technologies; the growing importance of south-south technical cooperation and also partnerships which provide opportunities for new approaches to TA. Additional points were: IHP+ should focus on health policy and systems TA; the need to distinguish between TA for policy versus implementation support; between experience sharing and capacity building. On possible actions, suggestions were: IHP+ could identify events where TA could be discussed; a policy brief on 'TA looking forward' could be prepared; at country level, MOH and DPs could be encouraged to create public depositories of TA reports; IHP+ to consider links with other constituencies interested in TA, and capture lessons from new approaches. Some agencies have already expressed interest in 'rethinking TA' in 2-3 countries.

Recommendations: Steering Committee members will follow up on the messages from Siem Reap within their own institutions. The Core Team will explore work on rethinking TA with interested agencies, in 2-3 countries; develop a TA policy brief; identify events in which TA issues and new opportunities could be discussed.

Global aid architecture post 2015 and the future of IHP+

The Steering Committee discussed the role of IHP+ post 2015, based on four options presented in the background paper: 1) continue comprehensive IHP+; 2) a more slimline IHP+; 3) IHP+++ (merge with another partnership) and 4) end IHP+, with key functions continued in individual agencies.

*Discussion***:** There was consensus that IHP+ should not end in 2015. The arguments against ending were that IHP+ highlights important, unresolved issues not raised elsewhere; that IHP+ principles will become more important post 2015, so it is not the time to 'drop the baton'; that the agenda still needs a dedicated partnership to maintain visibility and momentum on the agenda, and that the secretariat is already 'slim'. There were more mixed views regarding the other three options. Most Steering Committee members supported option 1 or a variant of this, provided funds are available i.e. IHP+ maintains its scope of work, modified to ensure relevance post 2015, and with a clear articulation of how IHP+ relates to other initiatives. It was agreed that work is needed to develop the options further, including a consultation with all IHP+ country signatories on their demand for IHP+. Practical issues were also discussed: mobilizing new funds takes time, and needs to start in the 2nd quarter of 2015. It was therefore agreed that by end of March 2015 sufficient information should be compiled so a decision to be made on which broad option to pursue. Refinements can continue after this, and the mature strategy and programme of work be drafted by end of 2015. Several Steering Committee members noted that, eventually, WHO could take over core IHP+ functions. For the time being, WHO and the World Bank committed to continue to staff the IHP+ Core Team.

Decision: The Core Team will organise an online consultation with all IHP+ country signatories in first quarter 2015; organise a special Steering Committee teleconference end March 2015, and prepare a note for the next face-to-face Steering Committee.

Annex 1

Third IHP+ Steering Committee Meeting, 12 December 2014, Room M505, WHO

Agenda

Objectives

- To review progress on IHP+ overall strategic directions 2014-15
- To advise on ways to more effectively address selected priorities through IHP+

0900 - 0915	**Session 1: Introduction, confirmation of co-chairs, objectives of the day** For this Steering Committee Meeting only: Co-chairs: Jane Edmondson; DFID and Vandine Or, MOH Cambodia
0915 - 0945	**Session 2: IHP+ Country Health Teams Meeting feedback and main messages** Introduced by IHP+ Core Team
0945 – 1045	**Session 3: Main findings from 4th round of monitoring of aid effectiveness commitments** Leo Devillé, IHP+Results Consortium
1045 - 1115	*BREAK*
1115 – 1215	**Session 4: The case for a multi-agency fund to support southern CSO engagement in policy dialogue and performance monitoring.** Introduced by Carlijn Nouwen, Dalberg Consultants
1215 – 1315	*LUNCH (provided)*
1315 - 1415	**Session 5: Procurement and supply chain management: potential roles for IHP+** Introduced by IHP+ Core Team
1415 – 1515	**Session 6: Improving technical assistance: issues and opportunities** Work in 2014 introduced by IHP+ Core Team
1515 – 1545	*TEA*
1545 - 1715	**Session 7: Global aid architecture post 2015 and the place of IHP+** Introduced by IHP+ core team
1715 – 1730	**Summary of decisions, follow up, upcoming events and close**
1730 - 1830	Reception

Annex 2

3rd IHP+ Steering Committee Meeting

Friday, 12 December 2014
Room M505, WHO Headquarters, Geneva

LIST OF PARTICIPANTS

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Annex 3

Key Messages from the Fifth IHP+ Country Health Teams Meeting Siem Reap, Cambodia, December 2014

Two hundred representatives from 34 country governments, 20 international development partners and many civil society organizations met in Siem Reap 2-5 December 2014. They analysed progress over the last two years on effective cooperation in health; reviewed likely developments post 2015 and discussed priorities for action. The meeting took place during the global public health emergency caused by the Ebola Virus Disease outbreak.

The results from the 2014 round of IHP+ performance monitoring show that - overall - countries continue to make progress on effective development cooperation commitments, albeit gradually. On average, the longer a country has been an IHP+ signatory, the better the performance. For development partners, the most notable finding is that use of country financial management systems has declined over the last two years.

In the last two years since IHP+ partners met in Nairobi, the most critical areas for action have become known as the 'seven behaviours'. Participants agreed that the **seven behaviours continue to be relevant** in a wide variety of situations, including public health emergencies. Specific approaches need to be adapted to the local environment, for example in fragile states.

There was a strong message that **political action is essential to move this agenda**. In the last two years, WHO's Director General and the World Bank's President have helped get all major development agencies to agree to a core list of 100 indicators (down from over 600) in order to streamline global reporting requirements. This is an important and highly appreciated step towards easing the reporting burden on countries. Other areas would benefit from similar support.

Improving performance requires action by all partners – by governments; development partners at HQ and country level; CSOs; the private sector and new development actors such as the BRICS. There remains a need to better understand the underlying causes of poor performance, and incentives for change within different organizations. Frank and transparent dialogue to address longstanding persistent issues was called for.

Priority actions were identified for four areas where there is both need and opportunity for greater progress:

1. ***Strengthen and use country information and accountability platforms***. Good decisions need good information on health sector performance and results. Country information systems are improving but progress remains slow. In 2014, heads of development agencies agreed to tackle uncoordinated efforts to strengthen national M&E systems by combining support behind one single country information platform. Now this needs to happen in more countries. Two actions were reinforced in discussions in Siem Reap. Sound national information system investment plans need to be developed by government together with partners. And development partners need to increase joint investment in those country plans. A related point was that joint sector performance reviews would benefit from the more effective engagement of CSOs, the private sector and new development partners.

2. ***Strengthen and use country financing and financial management systems.*** Opportunities for action to strengthen and use country financial management systems are greater today than before: FM is more explicitly recognised as a major issue by both governments and development agencies, as are the transaction costs and wasted resources from multiple separate FM assessments and funding arrangements. There are tools available, and progress has been shown to be possible even in fragile states. Three priority actions were identified in Siem Reap. First, there was a call for joint financial management assessments to become standard practice, followed by development of a national FM system strengthening plan by government in consultation with development partners, in which multiple partners can invest. Second, civil society organizations and formal elected bodies need to play a stronger role in scrutinising use of funds. Third, being on budget needs to become the default mode for all development agencies. This requires governments to prepare timely and transparent budgets. It also requires agencies to give stronger messages to their country staff that providing financial information in time for the annual country budget process, so it can be recorded on budget, should be standard practice.

3. ***Improve technical assistance (TA) including south-south cooperation*** There remains a need for TA to be more country-led, strategically planned and well-coordinated, and new ways of looking at TA are needed. Approaches to technical cooperation are changing, with increased assistance provided by emerging economies. Three actions were identified. TA needs to be more clearly based on health sector priorities, and more demand-driven: country governments need to articulate TA needs more clearly, and engage in open dialogue with DPs based on those needs. Development partners could be much clearer to governments about what TA is available and how to access it, including through support for south-south and triangular cooperation. Third, terms of reference should be jointly defined with clear lines of accountability; and explicit capacity building objectives, and better ways to monitor the relevance and quality of TA developed. New approaches to assessing the impact of TA on building and sustaining individual and institutional capacity need to be explored and adopted.

4. ***Enhance mutual accountability.*** The fourth round of IHP+ performance monitoring has just been completed, with higher participation than before: 24 countries, 37 development agencies and international NGOs. Four actions were identified in Siem Reap. The shift in 2014 towards more country-level and country-led mutual accountability processes is positive and should continue. The IHP+Results scorecards can provide a useful starting point for in-depth discussion about areas in which there is less progress, why and what can be done: governments need to ensure local dialogue on the 2014 findings, and explore incentives to change behaviour in areas with poor progress. Looking forward, selected aid effectiveness indicators could usefully be included in national M&E frameworks. Development agency HQs should also discuss findings from the 2014 round of monitoring, and consider actions that could be taken, and incentives needed. CSOs have a major role to play by focusing on accountability of both governments and development partners for progress on the seven behaviours.