
7th IHP+ Steering Committee Meeting

Tuesday, 21st June 2016

Salle A, WHO Headquarters, Geneva

Note for the Record

Introduction

The IHP+ Steering Committee met for the seventh time on 21st June 2016 in Geneva to discuss the transformation of IHP+ into UHC 2030 with consideration of implications for functions, scope of work and expected outcomes as well as key governance and working arrangements.

The agenda and list of Steering Committee members are in Annexes 1 and 2. Documents and presentations are on the IHP+ website, with links provided embedded in the Note for the Record (NfR) text. This NfR captures decisions and main issues raised in the discussions.

Summary of decisions, recommendations & agreed actions

- a. **The framing of functions** (as per the Concept Note – draft 17th June). The Core Team is requested to:
 - Refine the functions to align them with objectives
 - Translate the functions into an updated workplan for 2017, with clear and measurable deliverables (showing value added), focusing on quick wins to demonstrate progress / value added while longer-term work program is developed
 - Further explore how collaboration among various partnerships can work in practice
- b. **Name:** The International Health Partnership for UHC 2030
- c. **Steering Committee:**
 - Time-bound transitional arrangement: continuation of current members with additional interested members as observers (Core Team to work on identifying potential observers e.g. MICs, private sector, foundations, etc.)
 - Be clear about role: what it does and what it does not do (terms of reference)
- d. **Global Compact:**
 - Draft new Global Compact to advise on the extent of change from the existing Compact
 - Depending on the extent of change, decide if addendum will be appropriate as an option for existing signatories
- e. **Process:** Intensified Action Working Group will be re-convened with time-bound ToRs to assist the Core Team with the transitional Steering Committee and revised Global Compact

Discussions & Decisions

Session 1: Introduction and objectives of the day

Co-chairs: Amir Hagos, State Minister Federal Ministry of Health Ethiopia, and Damon Bristow, Team Leader, Health Service Team Human Development Department DFID UK.

The objectives of the 7th IHP+ Steering Committee meeting were to:

- Discuss the revised concept note and implications for UHC 2030 strategy, priorities and work programme
- Decide on the way forward for key governance issues, including the content and form of the Global Compact and the composition of the Steering Committee.

Session 2: Update on ongoing work

This session provided an update on some of the ongoing work, on IHP+ results, monitoring and accountability, and joint Public Financial Management (PFM) assessments. These updates are reminders of the firm base of work that the transformation of IHP+ can build on.

- **IHP+ results**

[Presentation](#) by Maria Skarphedinsdottir, IHP+ core team, WHO, provided an overview of the context and background to the 2016 IHP+ mutual accountability monitoring round that is ongoing, which consists of: the country-level monitoring underway, including efforts to improve the use and sustainability of this work; the survey of development partner policies, procedures and practices in relation to effective development cooperation behaviours; and the planned global report on ‘The State of Effective Development Cooperation in Health’.

- **Monitoring and accountability**

Ties Boerma, Director of Health Statistics and Information Systems, WHO, provided an update on work on monitoring and accountability, drawing on the IHP+ framework for monitoring and accountability, which was published in 2011, and remains relevant and important. This has influenced recommendations of the Commission on Information and Accountability for Women’s and Children’s Health and shaped the [Health Data Collaborative](#), launched in March 2016 following the 2015 Measurement and Accountability for Results in Health Summit.

- **Public financial management harmonization and alignment**

[Presentation](#) by Maxwell Dapaah, IHP+ core team, World Bank, outlined the IHP+ approach to strengthening harmonization and alignment of public financial management systems (PFM)

including the Technical Working Group, general principles and responsibilities, as well as ongoing studies. Examples of work that has been done to date in countries were provided, with a summary of challenges and opportunities moving forwards.

Discussion: The presentation raised a lot of interest, with some members asking how to engage on this in selected countries. The favourable cost-benefit of joint frameworks for alignment on PFM was noted as an opportunity for significant efficiency gains. This has strong links to the accountability function of IHP+. There has been an impressive level of country demand for such support.

Session 3: Discussion on operationalizing UHC 2030: Functions, scope of work and expected outcomes update on the transformation process

Marie-Paule Kieny, Assistant Director General, WHO, and Tim Evans, Senior Director Health, Nutrition and Population Global Practice, World Bank provided [a joint presentation](#) to introduce the discussion. This presentation included the rationale for change, the aim of UHC 2030, progress to date and current areas of consensus. It outlined the proposed functions and what success might look like, as per the Concept Note, and summarized highlights from the feedback received to date, noting key remaining questions, and proposing next steps to operationalize UHC 2030.

Discussion: While there is consensus on objectives and on the broad framing of the functions, there was agreement that functions should better align with the objectives and be refined as part of the updated programme of work for 2017. For instance, the advocacy objective was not adequately captured in the proposed functions and several SC members raised the need to see the work on IHP+ principles better reflected in the functions.

The need to strike a balance through a gradual transition between reaching out to new partners (such as MICs) under the new UHC2030 and maintaining a focus on development effectiveness principles was emphasized, especially in developing countries that still receive a large share of ODA from development partners. For the latter, the discussion reiterated the importance of country ownership, which calls for strong support for national health policies and strategies, and use of country systems, including through joint financing arrangements. Also emphasized in the discussion was the imperative to demonstrate the value added of the new partnership through prioritizing and sequencing within the functions and activities planned for the short- and medium- term. Further, more work is needed to conceptualize the role of the International Health Partnership for UHC 2030 on accountability and to define how this translates operationally.

Next steps will include developing the programme of work for the short- and medium- term including quick wins if and where possible. In this context there is an opportunity to build on other initiatives, including the Healthy Systems-Healthy Lives Roadmap.

Some partner countries raised the concern that in some cases there are challenges in translating the UHC concept. At country level, government budget allocations to the health sector are often insufficient, with out-of-pocket payments constituting a large share of health expenditures. The disproportionate investment in disease specific efforts to the neglect of the health system remains problematic. A major obstacle is the capacity to implement and when countries move to middle-income status this is compounded by reduced technical assistance from partners. Countries are asked to participate in various initiatives and the need to avoid overlapping roles and objectives, which create confusion, was underlined.

Session 4: Discussion and decisions on the governance of the UHC 2030

This session included discussion and decisions on the name, the approach to reconfiguring the Steering Committee, and the approach to adjusting the Global Compact, in response to what was proposed in the [background note](#).

- **Name**

Discussion: Marjolaine Nicod, IHP+ Core Team, WHO, summarized the feedback received from an online poll, reflecting the popularity of UHC 2030 and the strong interest, particularly among countries, to retain a reference to IHP. Various options were proposed and considered. The risk of playing with acronyms was raised, and the importance of keeping the name short and self-explanatory emphasized. Consistency with UHC 2030, as per the G7 Declaration, would be important. There are still questions about what the ‘plus’ in IHP+ refers to so it was proposed that this be dropped. A vote was taken on two final options, with the chair asking if there were objections to choosing the name with most votes, which was not the case.

Decision: The International Health Partnership for UHC 2030 was agreed as the name.

- **Steering Committee: approach to reconfiguration**

Discussion: The composition of the updated Steering Committee was discussed, with various concerns raised and suggestions proposed. These included: how to ensure the country seats are not diluted by other constituencies; how best to classify countries, with regional representation as one option and the Gavi approach (developing and donor country governments) as another; what type of private sector and civil society should be represented with a proposal for associations rather than individual organizations; greater clarity on how to involve other networks; and how decisions would be made. Terms of reference would be necessary for the new IHP for UHC 2030 Steering Committee specifying size, constituency representation, and the tenure of seats.

Decision: There was consensus that a transitional Steering Committee should be formed for the transformation process, and cease to exist once a new International Health Partnership for UHC 2030 Steering Committee is formed. This would build on the existing IHP+ Steering Committee with the addition of prospective new signatories as observers, particularly middle-income countries. Terms of reference for the transitional Steering Committee will be developed to specify the role, and what decisions would need to be reached. It was agreed that a pragmatic approach should be taken to identify observers to the transitional Steering Committee, and that the Intensified Action Working Group will be revived to support the Core Team through this process.

- **Global Compact: options for adjustments**

Discussion: There was insufficient time for Steering Committee members to consult on the approach and main adjustments, as set out in the background note. The importance of maintaining the focus on effective development cooperation was raised. It was agreed that a new Compact would be necessary to secure ownership of new signatories and would help overall to show change and renew political commitment. A revised Compact, signed by all, could strengthen ownership of the agenda and political buy-in. However, if the differences between the new Compact and the existing one are deemed minimal, an addendum could be an alternative option for existing signatories to prevent substantial delays. If the process to approve the addendum is equivalent to that for a new Compact, then there is no need to compromise with an addendum. Greater clarity on the extent of changes from the existing compact would be needed to inform this decision. It will be important to have a pragmatic approach to avoid substantial delay.

Decision: A new Compact will be developed, which will be necessary for new signatories. This will clarify the extent of changes from the existing Compact, and inform the decision as to whether an addendum is developed as an alternative option for existing signatories. The revived Intensified Action Working Group will advise on this process.

Session 5: Discussion on IHP for UHC 2030 ways of working

- **Links to other partnerships: joint discussion with the P4H Steering Board and Health Data Collaborative**

Claude Meyer, Coordinator, Providing for Health (P4H), provided an overview of the history and work modalities of the P4H network. Since 2007, P4H has worked to improve the coherence in development assistance on health financing and social protection. Initially the network included a small number of partners including three multilaterals (ILO, World Bank and WHO). This has now expanded to 11 partners working in more than 30 countries, many of which are IHP+ signatories. It is a flexible network with no central budget and funds managed by partners. The

management structure is lean with a joint WHO and World Bank secretariat of 3 persons with networks of focal points at country level.

An update on the Health Data Collaborative (HDC) was provided by Ties Boerma, Director, WHO. This included an outline of the informal steering committee, the core group with designated staff time among partners, and the technical networks. The objective is to harmonise and align on a common agenda, and to improve the efficiency of operations at country level. Reflecting on what IHP for UHC 2030 can do for the HDC, it was noted that the IHP+ agenda of partner behaviour remains problematic, and compacts and mutual accountability still have added value, cutting across the health system. There is need for stronger accountability in the era of the SDGs. IHP for UHC 2030 will provide an important platform for the HDC to connect with other health system initiatives.

Discussion: The discussion focused on the expected added value of the International Health Partnership for UHC 2030 facilitating greater coordination between global partnerships (such as the P4H network for social health protection, or the Health Data Collaborative) and bringing the full system into view. The role of the International Health Partnership for UHC 2030 in accountability needs further definition, including how it will support SDG reporting. A comparative advantage of P4H is its strong links with actors outside the health sector, ensuring cross-sector support for necessary reforms to achieve UHC. Similarly the HDC focus on outcomes and support to strengthening country information systems is one key element of health system support towards UHC. As implied in the UHC 2030 Concept Note, the coordination platform could facilitate access to actors who are not normally within the purview of the individual network's area of work. With resources being limited, there is need to optimize and improve efficiencies. Further work is needed to carve out specific modalities of cooperation but preliminary thinking includes identifying pragmatic ways of collaborating at secretariat level possibly through staff sharing depending on defined areas of added value and interest. There may be scope to leverage the P4H country focal points for the work on harmonization and alignment and vice versa. It will be important to keep the overall approach to coordination lean and flexible, to identify some initial priorities, and to learn as we go. The discussion also helped to clarify that every network would maintain their existing reporting and accountability lines.

- **Civil society engagement mechanism in IHP for UHC 2030**

A [presentation](#) by Bruno Rivalan, Policy and Advocacy Manager, Global Health Advocates, and the IHP+ Steering Committee Northern Civil Society representative. He presented an overview of progress and challenges for civil society engagement under the current IHP+ civil society mechanism. While there had been some progress, for example increased participation of civil society in sector reviews, relatively few civil society organisations were engaged in cross-system work. There are examples of important civil society advocacy in this area, for example on the

current debate regarding the SDG indicator 3.8.2 on financial protection. Challenges have included the difficulty of linking civil society advocacy on health policy from community to national and global levels. Given the diversity of civil society groups and mandates, there are also difficulties in defining civil society representation mechanisms. Support to UHC is a long-term engagement and accordingly sustained resources must be available for effective engagement and advocacy. The proposed new mechanism for civil society engagement in the International Health Partnership for UHC 2030 includes three levels of participation: existing country-level platforms, a global CSO advisory group and representation in the International Health Partnership for UHC 2030's Steering Committee. Different options for secretariat support are being considered.

Discussion: Steering Committee members raised the importance of stronger engagement with civil society service providers at the local level, some of which operate on a significant scale. Some countries have well defined platforms for civil society engagement and, where present, work should build on and link to these. A mapping of major civil society actors in countries with less clear coordination mechanisms may be helpful in identifying key stakeholders to engage.

Session 6: Next steps

- **Core Team:** Produce Summary of discussions (incl. ToRs for IAWG); to be shared by 5 July, comments from Steering Committee 12 July; and convene Intensified Action Working Group, with TOR and timeframe (by end August)
- **22-23 June:** Multi stakeholder consultation, marking the launch of the transformation process of IHP+ to IHP for UHC 2030
- **July-September:**
 - Further consultation, including on civil society engagement mechanism, and targeted constituency outreach (based on suggestions from Steering Committee members)
 - Rapid independent review of IHP+
- **September:** Update on IHP for UHC 2030 during side event at UNGA, NYC
- **December:** IHP for UHC 2030 transitional Steering Committee meeting to approve:
 - Updated Global Compact and working arrangements
 - Workplan for 2017, focusing on quick wins to demonstrate progress / value added, while longer term work program is developed
- **2017:** New members formally join IHP for UHC 2030 (e.g. World Health Assembly, IMF/WB spring meeting)

Annex 1

Seventh IHP+ Steering Committee Meeting

21 June 2016

Salle A, 1st floor, Main building, World Health Organization (WHO)

20, avenue Appia, 1211 Genève 27, Switzerland

Agenda

Objectives

- Discuss the revised concept note and implications for UHC 2030 strategy, priorities and work programme
- Decide on the way forward for key governance issues, including the content and form of the global compact and the composition of the Steering Committee

09:00 – 09:15 *WELCOME COFFEE*

09:15 – 9:30 **Introduction and objectives of the day**

9:30 – 10:30 **Update on ongoing work: IHP+ results and monitoring, joint PFM assessments, HDC**

10:30 – 12:00 **Discussion on operationalizing UHC 2030:**

- **Functions, scope of work and expected outcomes**

12:00– 13:00 *LUNCH (provided)*

13:00 – 14:30 **Discussion and decisions on the governance of the UHC 2030:**

- **Global Compact: options for adjustments**
- **Steering Committee: approach to reconfiguration**

14:30 – 15:00 *COFFEE/TEA BREAK*

15:00 – 16:30 **Discussion on UHC 2030 ways of working:**

- **Links to other partnerships: joint discussion with the P4H Steering Board and Health Data Collaborative**
- **Civil society engagement mechanism in UHC 2030**

16:30 – 17:00 **Next steps**

Background documents:

- *Revised draft UHC 2030 Concept Note*
- *Background note on transformation process and governance implications*
- *Note on Civil society engagement mechanisms in UHC 2030*

Annex 2

7th IHP+ Steering Committee Meeting
21 June 2016
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