

**The Health 8 implementation plan for the
International Health Partnership and related initiatives
(the 'IHP+')**

Videoconference Note for the Record

9 October 2007, 16:00-17:30 Geneva time

Participants included representatives of:

UK	GAVI
Canada	B&M Gates
France	PMNCH
Norway	UNICEF
Netherlands	UNFPA
US	UNAIDS
Norway	OECD/DAC
Germany	WHO (co-chair)
	World Bank (co-chair)

Apologies: Global Fund

1. Welcome and introductions:

Welcome made by Julian Schweitzer, World Bank Director Health, Nutrition & Population.

2. Update on events after IHP launch on 5 Sept 07

Anders Nordstrom, WHO, Assistant Director General gave a brief update. There has been considerable work at country level and informal feedback suggest that significant progress is being made in first wave countries. The Global Campaign for the Health MDGs was launched in New York on 26 of September. Representatives of the 8 International Health Agencies have formed a Health Systems Reference Group to facilitate the implementation of the various international initiatives to strengthen health systems and services. Germany and France are keen to progress quickly on the 'Providing for Health' initiative that focuses on sustainable health financing in countries.

3. The 'IHP+' work plan (circulated in advance):

The content, process and proposed management arrangements were briefly presented. The eight international health agencies involved in agreeing the plan are committed to bringing together the various global initiatives that aim to strengthen health systems and the plan will evolve as this takes place. The plan has four components:

- In country, building on what is already there to make national plans more robust, to provide strategies for investment, and to address health system bottlenecks.
- Generating and disseminating knowledge on health systems, bridging to other ongoing work streams, such as that taking place on national plans and strategies.
- Improving coordination and bringing more efficiency on how we work together at global, regional and country level.
- Strengthening accountability and monitoring, of both national agencies and international development partners, to ensure long term commitments on resources and addressing health system bottlenecks in order to scale-up.

This work-plan will have to be seen back-to-back with those relating to GAVI-HSS and existing work in related areas. To implement the work, WHO and WB have estimated that about US \$ 14 million additional resources is required quickly from development partners. This is to catalyse activities in preparing for the country compact and for making the case for scaling up. The UK have already indicated that they will provide a significant part of this.

Discussion

There was general appreciation that much has been achieved already and the efforts to bring various initiatives together will help reduce fragmentation in countries. Questions and discussion covered the following:

There needs to be an improvement in the **terminology** to better represent 'health systems strengthening for health outcomes'. The work might also gain from linking to ongoing UN reform processes. Also important to bring other in other initiatives with IHP at the centre and make sure they are all moving in the same direction.

The language on the **country compact** should also be strengthened, using what was agreed in the original concept note. Mobilizing resources for health and more efficiency, based on learning from Action Area 2, needs to be more clearly expressed as key outcomes from the work. More is required to bring in learning from elsewhere, such as with HIV/AIDS. More work will be required on drivers for change, and the institutional incentives to create a more enabling environment on the ground, and to increase the level of resources going to health.

The **validation mechanism** discussed in the preparation of the concept note is critically important, especially for Global Health Partnerships. National plans should be more of a dynamic process, rather than a long detailed plan. Plans should be used to look for gaps and constraints that need to be addressed. Any validation process should focus on in-country processes and results, with global level actions aiming to iron out problems at country level.

Need to be clear on the **management arrangements**. At country level there are already well established teams to take the work forward. Globally, a small inter-agency core team will perform the day-to-day work based in WHO (Geneva) and the World Bank (Washington). Coordination will be provided by a 'health systems' group from the 8 international health agencies. A Political Advisory Group, consisting of Ministers, Heads of Agencies and senior members of Development Partners will also meet on a regular basis. The regional Harmonization for Health in Africa mechanism has already started good work to streamline technical support, and a similar

mechanism may be required in Asia. Feedback from countries is key - an initial meeting of first wave country teams is planned for early December.

Regarding the **work-plan and budget** about 50% is to respond to country needs in addressing bottlenecks, and 50% for coordination, creating an evidence base, and monitoring and accountability, as well as organizing meetings. All of the budget is for the increase in the 'core' activities of WHO and World Bank that are not yet funded. Other international health agencies have not expressed a need for funds, but this could be reviewed over time.

More work is required on **conceptual frameworks and concrete mechanisms** to monitor aid effectiveness, mutual accountability and country results. Agreed that this is required, but most will only become clearer as the planned work takes place. OECD has endorsed health as a tracer sector for its work on aid effectiveness and wants to work closely with those taking forward many aspects of the work-plan.

The **existing mechanisms in-country** need to be emphasized, but coordination arrangements in many countries are not good enough, with insufficient ownership by government. At country level, existing partners will all be involved in the compact. At the global, there needs to be an interface with the key bilateral agencies, but there also needs to be a management structure that can function. Divisions of labour will become clearer as work progresses, but should not be over emphasized as some diversity in approaches is good, and agencies also need to be more mutually supportive to recognize how each can best contribute.

Need to be clear on how **technical assistance** is to be managed to avoid supply driven approaches. No assumption on source of technical support has been made, and this will be for country teams to decide.

4. Communications - How best to keep everyone informed?

The most important efforts will have to be at country level, and this will need to be central to the communications strategy that is in the plan. Effective communications are required in-country, across regions and globally. Different strategies will be used - web-based, face-to-face and through documentation. Communications should be two-way, with a responsibility to engage by all those involved. To be successful, there should be clear delegation - not everyone can be engaged in everything- and transparency and accountability. National information systems should be encouraged, with good use of cross-web links.

5. Wrap up and next steps:

Strong sense of support for the work. Will need good monitoring and evaluation to show added value, and baselines for this. The management process will aim to be light but intensive and there is a need to move fast. A small amount of funds are required for this to happen. Next steps:

- The work-plan document will be amended to incorporate suggestions made.
- The inter-agency core team located in Washington and Geneva will start work, and details of who they are will soon be communicated.

- The Health System Reference Group will meet on a monthly basis, to oversee the work as a whole.
- This broader group will meet again in two months time to review progress and provide feedback.

For this to be a success all the stakeholders involved in the consultation need to give their strong support, particularly in the early stages.

12 October 2007