

**International Health Partnership and Related Initiatives  
(‘IHP+’)  
and Development Partners  
Videoconference Note for the Record, 13 December 2007,  
10:00-11:30 EST**

Participants included representatives of:

Norway	UNFPA
Germany	WHO (Chair)
UK	World Bank
Canada	UNICEF
Sweden	UNAIDS
Australia	GAVI Alliance
Netherlands	Gates Foundation
	Country Health Sector Team, Zambia

Global Fund (not connected because of technical problems  
in conference facility)

**1. Country Update, Zambia**

The IHP was launched in November by the Minister of Health. A road map which guides IHP implementation was disseminated. The process revealed a few issues which needed attention:

1. Very little is done in coordinating NGOs. In response, a meeting between the Ministry of Health and NGOs was organized to understand the challenges of collaboration. The meeting concluded that NGOs should have a platform to coordinate themselves. A lead NGO will be responsible for engaging in dialogue with the MOH. NGOs will have a meeting on 27 December 2007 to select the lead NGO.
2. Resistance of some development partners to align to national priorities. In response, the MOH will carry out a study in January 2008 to understand the constraints to alignment.

Discussion:

**The Netherlands** noted that the Minister of Health focused on MDG4 and MDG5 in his speech and requested clarification on how the link is being made with MDG6 particularly on AIDS. **GAVI** wanted to know whether the proposal writing process helped IHP work in any way, particularly in setting up monitoring programmes. **DFID** requested more information on how work on health workers, with focus on HIV/AIDS, will be taken forward, particularly since it is a theme in the IHP process. **GATES** asked whether any benefits or tangible results in process or input terms were

produced from process so far. **Norway** requested more information on how Zambia was planning to manage the AIDS response - coordinated through one mechanism? with coordination of health?

In response to the Netherlands question, Zambia responded that the focus on MDG4 & MDG5 is because child and maternal mortality are a problem in Zambia that is not receiving sufficient attention in terms of investments but this focus is not exclusive of HIV/AIDS.

In response to GAVI question: The Road map has some benchmarks included, but there is not yet extensive work on monitoring and evaluation; it is difficult to say at this point of time how the GAVI process helped in setting up monitoring programmes.

In response to DFID question: The MOH developed a HRH plan 2006-2010. The plan focuses on scaling up the health workforce, and recruitment and retention of HR. They also established a scaling up basket pulling resources- both in kind and cash - from partners. The money is used to give monetary incentives in outreach districts.

In response to GATES question: there are significant benefits from the process so far: The MOH and partners have worked closely together in developing the roadmap. This allowed them to re-examine how they are progressing on harmonization and alignment. NGO participation improved significantly, such that they participated for the first time and spoke in one voice during the annual consultation of the health sector.

In response to Norway, Zambia explained that AIDS response is coordinated through the National AIDS Council (NAC), while the Sector Advisory Group (SAG) which is multisectoral and broader than NAC has bi-annual meetings on monitoring implementation. AIDS discussion dominates in both mechanisms. Zambia is thinking of merging both the NAC and SAG into one.

## **2. International Health Partnership + Report on Progress – WHO & World Bank (Bob Fryatt and Nicole Klingen)**

- A formal request to join the IHP+ has been received from Madagascar.
- **Lusaka Inter-Regional Country Health Teams' Meeting**: Significant progress has been made in each of the eight IHP countries to date. The upcoming meeting of country health sector teams February 28 – March 1, 2007 in Lusaka will build on progress to date and serve to take stock of situation in each country, share experience on 'road maps' to develop country compacts, provide a forum for peer review of approaches to costed, results-oriented national plans for health, and stronger monitoring and evaluation and mutual accountability frameworks.
- **Additional Grants**: Each of the eight 'first wave' countries will receive grants up to \$800,000 in FY08. The use of these grants will be defined by the existing inter-agency country health teams working under a government lead. Their use will vary by country and will aim to (1) strengthen ways of working between stakeholders in health; (2) strengthen coordination capacity in agencies & governments; (3) perform joint analytical work on constraints to scaling up health services; (4) support national events on policy options for scaling up services; and (5) contribute to inter-regional guidance on 'good practice' for health sector planning, monitoring, review & coordination.

- **Management of the IHP+** is distributed between the Scaling-up Reference Group, the Inter-agency Core Team in Washington, Geneva and Brazzaville (for HHA, see below), the Political Advocacy Group, and the Inter-agency country Health Sector Teams and will receive significant inputs from consultative groups consisting of Bilateral Donors and Civil Society Organizations. Consultation on civil society engagement is currently taking place.
  - The SuRG meets monthly to fulfill its roles to track progress and steer the work of the Core Team and review the work of thematic groups. Work on three inter-agency working groups is underway.
  - The Inter-agency Core Team serves to facilitate IHP+ work-plan; prepare SuRG monthly meetings and facilitate working groups; develop joint communication strategy and represent IHP+ at high level events; and, through regional mechanisms, coordinate country support and capacity building.
- **Harmonization for Health in Africa (HHA)** has a joint work-plan and recent communication to country representatives from all regional directors (WHO, WB, UNICEF, UNFPA, UNAIDs, African Development Bank).
- **A Communication strategy for IHP+** is currently being developed (core scripts, country matrix, web-sites).
- **Thematic Working Groups Updates:**
  - **National Plans and strategies (Andrew Cassels, WHO):** A working group led by WHO has developed terms of reference for an inter-agency working group on "National health sector policies, strategies, budgets and plan: rationale, scope of work"
  - **Results based financing (Amie Batson, World Bank):** A Norwegian grant to World Bank being used to change incentives in country systems in tandem (link) with existing or new IDA credits in 4-6 countries, focusing on MDG4 & 5 outputs. A global Task Force being established to enhance learning mechanisms, knowledge exchange, dissemination, and provide technical support to countries.
  - **Aid effectiveness: 'health as a tracer sector' (Elisabeth Sandor, OECD/DAC):** The work focuses on preparations for Accra Round Table. OECD-DAC is examining Aid Effectiveness for the upcoming Third High Level Forum in Accra, Ghana in September, 2008. WHO, World Bank, UNICEF and those working on the Global Learning Group will form with OECD DCD (DCD-EFF) a small group to prepare this work on behalf of other agencies.
  - **Service Delivery (Rudi Knippenberg, UNICEF):** Inter-agency working group being set up with coordination led by UNICEF.
  - **Country M&E working Group (Ties Boerma, WHO and Ed Bos WB):** Work is underway.
- **IHP+ Country M&E Framework:** A paper on a common framework for M&E is being prepared by an inter-agency working-group, including independent experts. Technical review has been completed with the a WHO Advisory Committee on Health Monitoring and Statistics; Lessons can be learnt from other large scale evaluations that are underway or in preparation: PEPFAR, Global Fund, PMNCH

and Catalytic Initiative; Next step will be consultation with countries and development partners, to take place on, January 10-11, 2008 in Geneva.

- Summary of Recent & Upcoming High-Level Events Relevant to IHP+
  - **Catalytic Initiative:** Aims to accelerate progress towards MDG 4 and 5 as an initiative (not a “fund”) with a focus on results. Will support countries in three ways: (1) Programs for a package of cost-effective interventions; (2) Support to SWAp; (3) Budget support.
  - **Provider for Health Initiative:** P4H will work on demand from countries to develop national health financing strategies with a focus on: (1) Reducing Out of Pocket Payments by increasing the extent of pre-payments and risk pooling; (2) Improving efficiency and equity of available resources; and (3) Raising more funds where necessary. Working group led by WHO will prepare a work program.
  - **UN Secretary-General's MDG Africa Initiative:** Three objectives: (1) Identify effective mechanisms for implementing commitments; (2) Improve aid predictability; (3) Strengthen joint efforts at the country level in support of the MDGs. Health Working Group led by UNICEF and WHO with wide participation. Agreed that existing coordination mechanisms under H8, IHP+ and HHA are sufficient, but increased political support from SG welcome.
  - **H8: Heads of Agencies meeting January 08:** Agenda will include: (1) Update on IHP and the global campaign; (2) Mutual Accountability Framework; (3) Role of SG in health; and (4) Harmonized approach to G8 Summit in Japan.
  - **PEPFAR consultation with GHWA on IHP:** Taking place in January, this will explore how PEPFAR might be able to better support national workforce strategies in some countries.
  - **WHA high level event:** to review progress and announce new partners.
  - **G8 Summit:** The G8 Summit health has a prominent role with major focus on health, emphasizing importance of maternal and child health and health systems. Consistent line of H8 agencies important, with emphasis on health and harmonization in Africa
  - **3rd High Level Forum on Aid effectiveness:** Preparations underway as discussed for the meeting in Accra in September 2008.

#### **Discussion and Next Steps:**

**Monitoring & Evaluation:** Comments on the IHP+ M&E Framework focused on the possibility of evaluation and/or validation of data on a sub-national level, the use of third party monitoring for objectivity purposes, and the development of indicators, such as in-country pooling and division of labor.

The development of the IHP+ M&E Framework will be clearer in February after further meetings and discussions. The tentative plan, however, is to ensure that there is an M&E plan at the country level using peer review and independent M&E. While there remain different understandings of this process, it is important to note that the country compacts will serve to identify important areas for specific focus of M&E with respect to existing gaps and constraints at the country level. At the global level, it is necessary to view current problems and outline the extent to which a

global response using existing mechanisms at the country level may or may not be appropriate. The country compacts serve as the chief method of validation of M&E.

**Consolidation of the IHP+:** IHP+ is a fundamental process and is accessible *through* other initiatives. Initiatives taking place in many countries will be integrated into the IHP+ framework. In this vein, global working groups will always be secondary to work at the country level, as the starting point is country-level capacity assessment and building. As such, global working groups should focus on bringing clarity of issues and be informed by country experience, with dialogue at country level respecting national timetables and mechanisms. Similarly, though, it will be important to respect the board-level timetables of IHP+ partners such as the GFATM. Country work is the prime task of the IHP+ and continuous contact at the country level is of chief importance.

**HIV/AIDS:** HIV/AIDS *must* be incorporated in the National Health Plans. While a separate MOU for HIV is appropriate, a separate compact for HIV is not.