International Health Partnership and Related Initiatives (IHP+)
Note on Civil Society Engagement
4 June 2008

This note provides the background, objectives and options for active engagement of Civil Society (CS) in the International Health Partnership and related initiatives.

I. Background

Though issues of hunger, child mortality, maternal health, HIV/AIDS, tuberculosis, malaria, and other existing and emerging health threats continue to impact the development of the world's poorest and most vulnerable, progress towards achieving the health-related Millennium Development Goals (MDGs) is being made. For example, global child mortality rates declined by nearly 25% from 1990 to 2006, with under-5 deaths per 1,000 live births decreasing from 180 to 142 in the least-developed countries (LDCs). However, many experts have concluded that MDGs 1b, 4, 5 and 6 will not be achieved without a revised and streamlined approach to implementation, in line with the 2005 Paris Declaration on Aid Effectiveness.

In response to these MDG challenges, the International Health Partnership (IHP) was launched on 5 September 2007 and calls all signatories[1] to accelerate actions to scale up coverage and use of health services in order to deliver improved outcomes against the health-related MDGs and universal access commitments. The IHP came at the same time as a range of other initiatives aimed at accelerating achievement of health-related MDGs (see Annex 1). The eight heads of the health-related agencies[2] (H8) acknowledged this growing commitment and created a coordination process and a common work-plan called the IHP+ (International Health Partnership and related initiatives). The IHP+ plays a critical role in facilitating synergy and coordinating work across these existing initiatives. In Africa, the IHP+ builds on work already started through the 'Harmonization for Health in Africa' mechanism, launched in 2006 with similar objectives.

The IHP+ work-plan is built around four objectives:

1. Develop '**country compacts**' that commit development partners to provide sustained and predictable funding and increase harmonization and alignment in support of **results orientated national plans** and strategies that also tackle health system constraints.
2. Generate and **disseminate knowledge**, guidance, and tools in specific technical areas related to strengthening health systems and services.
3. Enhance **coordination** and efficiency as well as leverage **predictable and sustained aid** delivery for health.
4. Ensure **mutual accountability and monitoring** of performance.

II. Context and Objectives of Engaging Civil Society

Donor and participating governments, bilateral and multilateral agencies, and foundations cannot ensure achievement of the IHP+ objectives alone. Increasing aid effectiveness, scaling up delivery of services, and improving health outcomes and outputs necessitates proactive engagement of all relevant development partners, particularly those with access to and knowledge of the poorest and most

[1] As of 4 June 2008, the IHP global compact has been signed by ten Ministers from developing country governments (Burundi, Cambodia, Ethiopia, Kenya, Madagascar, Mozambique, Nepal, Nigeria, Zambia), nine international organizations (WHO, World Bank, Global Fund, GAVI Alliance, UNFPA, UNAIDS, UNICEF, UNDP, EC), eleven bilateral donors (Australia, Finland, Sweden, UK, Norway, Germany, France, Italy, Portugal, Canada and Netherlands), and other donors (Bill & Melinda Gates Foundation & African Development Bank).

[2] Bill and Melinda Gates Foundation, GAVI Alliance, Global Fund, UNAIDS, UNFPA, UNICEF, WHO, and the World Bank.

vulnerable. The role that CS (including faith-based organizations (FBOs), non-governmental organizations, (NGOs), and community-based organizations (CBOs), to name a few) play in achieving better health outcomes and outputs at the country-level is critical.

By working towards meaningful coordination and consultation with CS, it is hoped that IHP+ will be able to capitalize on the core strengths and comparative advantages of all parties involved in order to achieve increased aid effectiveness for better and sustainable health outcomes and outputs.

Dynamic engagement of these groups as full partners in the IHP+ process will also serve the necessary role of (a) bringing pressure to policy makers to ensure long-term predictable financing at the country and global levels, (b) ensuring accountability and transparency at all levels, and (c) encouraging improved and meaningful coordination and communication, all for improved health outcomes based on the following objectives:

- **(a)** Engage and provide **guidance on the implementation of the IHP+ work-plan**, assisting in the facilitation of the IHP+ process at the country level by encouraging and supporting local CS organizations to participate in all stages of the development and implementation of country compacts;
- **(b)** Facilitate and improve **dissemination of IHP+ developments and results**, sharing good practices widely through existing networks, supporting implementation of locally appropriate implementation methods and strategies, and establishing linkages with other existing similar or complimentary efforts;
- **(c)** **Monitor progress** achieved as a result of the IHP+, advising on ways to **strengthen effectiveness of the IHP+ process** and effectively relaying potential and existing bottlenecks to implementation (global and country level) for problem solving (donor bottlenecks, implementation bottlenecks, etc); and
- **(d)** Ensure responsiveness of the IHP+ to government-led, inter-agency country teams, **holding IHP+ development partners accountable** to commitments.

III. Structure and Management for Civil Society Engagement

As noted in “The Way Forward” document of the 23 May 2008 Civil Society Forum, CS shall be represented at every stage and level of the IHP+ process: the business and steering SuRGs will each include one northern and one southern member of CS; thematic working groups will each include one member of CS; a consultative group will include approximately 12 members of Civil Society; and development partners will work to promote and ensure meaningful engagement of civil society at the country level.

Selection Processes

Civil Society will develop an open and transparent mechanism of self-selecting representation in the SuRG (business and steering), thematic working groups, and consultative group. Selection processes will be defined by the end of June 2008 and will be completed by the end of July 2008. Civil Society representatives will serve as delegates of the broader CSO community, to whom they will be responsible and accountable.

Based on consultations with Civil Society (see Annex 2), the following are recommendations to guide the selection process of CS representatives in the IHP+ process:

- Consultative Group representatives should include non-traditional CSOs, including patient groups, health workers, unions, faith-based organizations, refugees, and other neglected/vulnerable groups.
- Thematic working group representatives should possess significant technical knowledge/expertise in order to ensure meaningful contributions to working documents/products of the IHP+ - specifically, technical expertise in the health-related MDGs (MNCH, TB, HIV/AIDS, Malaria, gender, poverty, nutrition, population, etc.) and/or health systems strengthening.

Sue Perez of Treatment Action Group (TAG) and Elaine Ireland of Action for Global Health are currently representing CS within the business and steering SuRGs, respectively, on behalf of northern CSOs. We look forward to the future participation of other CS representatives.

Financial Support

The IHP+ will facilitate additional financing for CS engagement in the IHP+ process. In line with agreements of the Civil Society Forum, and in conjunction with the selection process, CS will propose costed budgets for participation in the SuRG, working groups, and the consultative group by the end of June 2008. The steering SuRG will evaluate proposal for financial support and will review the proposed budget and determine financing mechanisms.

Communication and Coordination

Upon selection of CS representatives, CS should nominate at least one, but no more than two, focal points for daily interaction with the IHP+ Core Team and for active monitoring of the CS web page on the IHP+ website. Open lines of communication will be maintained through the IHP+ website, regular email and phone consultation and VCs or in-person meetings/consultations wherever necessary. Furthermore, CS representatives will be responsible for disseminating information from meetings and discussions they participate in to wider CS, both globally and at the country level, through the IHP+ website and other relevant networks. They will also be responsible for supporting dialogue amongst CS on issues raised during these meetings and discussions.

IV. The Civil Society Consultative Group

The Civil Society Consultative Group is being developed based on a transparent process of self-selection. The Consultative Group will work in conjunction with the Core Team and other CS representatives on the SuRG and thematic working groups in supporting the implementation of the IHP+ at the global and country levels. Terms of reference, mandate, and representation are currently being developed by members of Civil Society. For more information, please contact Sue Perez of Treatment Action Group (sue.perez@treatmentactiongroup.org), Elaine Ireland of Action for Global Health (eireland@aidsalliance.org), or Kate Krackenberger of the World Bank (kkrackenberger@worldbank.org).

V. Participating in the IHP+ as a Civil Society Organization or Representative.

For more information on how to engage in IHP+ Civil Society discussions, please contact Nicole Klingen (nklingen@worldbank.org) or Kate Krackenberger (kkrackenbegrer@worldbank.org).

Annex 1: Initiatives related to the International Health Partnership

The Harmonization for Health in Africa (HHA) mechanism is consolidating itself as the operational and capacity building support modality to countries and development partners to facilitate: (i) evidence- and country-based planning, costing and budgeting for health outcomes; (ii) alignment to country processes and harmonization; and (iii) systems bottleneck analysis and support to overcome them. Developed by the African Development Bank (AfDB), UNFPA, UNICEF, UNAIDS, WHO, and World Bank, the HHA is an Action Framework for 'tackling the barriers to scaling up in health'.

The Catalytic Initiative (CI) aims to intensify efforts to achieve MDGs 4&5 by strengthening the focus of national plans and budgets and the capacity of country-led systems to deliver packages of proven, high-impact and cost-effective health and nutrition interventions for children and pregnant women. Community partnerships are supported to strengthen health systems and to educate and inform families on best practices to care for women and children. The CI should be viewed as a concrete step for country-level scale-up of a continuum of care, community partnerships and health systems for outcomes with a focus on "Programme Monitoring and Results Tracking", in order to demonstrate lessons learned (learning by doing).

The **Providing for Health (P4H) Initiative** was designed to complement other initiatives and activities that are working with countries to reduce the health system constraints to scaling up. The focus is on the development of national financing plans, strategies and systems that will provide better social health protection. It aims to ensure that domestic funds for health are raised in a way that does not impose financial barriers to access, and does not result in financial catastrophe or impoverishment when people use services.

GAVI's Health System Strengthening (HSS) programme assists countries to overcome bottlenecks which often impact other child and maternal health care initiatives. GAVI's HSS mandate is intended to help countries overcome health system weaknesses that impede sustainable increases in immunization coverage. Though not endemic to all countries, the weaknesses include limited local management and supervisory skills, infrastructure failures (transport or equipment), workforce numbers and motivation and training.

Global Fund - National Strategy Applications. The Global Fund Board decided to enable requests for Global Fund financing consisting of an existing national strategy – which has been certified (or validated) by an independent review mechanism (IRM) – together with minimal additional information (a procedure referred to as "National Strategy Applications"). The aim is to increase aid effectiveness by having partners mobilize around a single common agenda – the development, financing and implementation of robust national strategies. For this reason, the Global Fund Board called upon all partners to develop a shared validation approach for national strategies.

The **Health Metrics Network** is a global partnership established to help address the lack of reliable health information available in developing countries. The network encourages civil registration as a tool for managing records of births, deaths and marriages in any particular country. These statistics are valuable because they are an indicator of the effectiveness of a national health system as well as a tool for measuring the effectiveness of development aid spending within the country.

The **Global Health Workforce Alliance** is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. A shortage of health workers is impairing provision of essential, life-saving interventions such as childhood immunization, safe pregnancy and delivery services for mothers, as well as access to treatment for HIV/AIDS, malaria and tuberculosis, chronic disease outbreaks and other health challenges. The GHWA brings together a variety of actors including national governments, CS, finance institutions, workers, international agencies, academic institutions and professional associations.

The **MDG Africa Initiative** recently launched by the UN Secretary-General has three core objectives: (i) Strengthening international mechanisms to support policy design and mobilize financing in health,

education, agriculture and food security, infrastructure and trade facilitation, and statistical systems; (ii) Improving the predictability of aid; (iii) Enhancing the coordination of joint country-level work. WHO and UNICEF will coordinate the work of the thematic group on health, and provide the link to existing coordination mechanisms.

Annex 2: IHP+ Civil Society Consultations

14 February 2008 – Circulation of Draft Note on CS Engagement

On 14 February 2008 a draft concept note on CSO engagement in the IHP+ process at the global level was circulated for comment/feedback. The draft note provided background and objectives for the IHP+, and outlined three different options for active engagement of civil society in the IHP+. The Core Team received numerous responses to the solicitation of comments. Responses varied by organization, but all commented that the best mode of engagement would be broader and deeper than any of the proposed options.

31 March 2008 – Video Consultation

On 31 March 2008 the IHP+ Core Team convened a consultation with members of civil society on mechanisms of engagement in the IHP+ processes. The objective of this consultation was to receive feedback from members of global and country-level civil society on mechanisms for meaningful engagement as part of a broader consultation with CSOs on the IHP+ process.

23 May 2008 – Civil Society Forum

On 23 May the IHP+ Core Team hosted a Forum on Civil Society Engagement in the IHP+, which was attended by over 80 members of civil society, including more than 50 southern CS, and other development partners (DfID, Norad, AusAID, UNAIDS, GAVI) to discuss mechanisms of engagement in IHP+ processes, criteria for convening a representative group of individual members of civil society to represent a broad group of CSO stakeholders at the global and country level, and country-level implementation of the IHP+.

For complete summary of the responses to the 14 February 2008 draft note, minutes of the 31 March 2008 Videoconference and 23 May 2008 CS Forum, and agreement on "the Way Forward" from the 23 May 2008 CS Forum please visit www.internationalhealthpartnership.net