

Comments on the Civil Society Engagement Draft Concept Note

04 April 2008

Context

On February 14, 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 (see Annex 1 for full list of organizations that provided 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. Broadly, the feedback emphasized the need for improvement in the following four areas:

1. **Organizational structure:** integration into key IHP+ structures and full participation in IHP+ decision making processes.
2. **Incentives:** funding for civil society participation.
3. **Participation / representation:** self-selection of civil society representation.
4. **Country-focused implementation:** increased focus on engagement and participation at the country-level.
5. **Communication:** transparent, free flowing communication structures, especially at the country level.

Feedback

1. Organizational Structure – CSOs requested incorporation into the SuRG, thematic working groups, and for composition of an advisory/consultative group that would guide CSO representatives in the SuRG and working groups. CSOs have been incorporated into the Scaling-up Reference Group.

Oxfam International has laid out a specific plan for engaging CSOs in the IHP+ process, complete with proposed TORs and application process (Annex 2). Oxfam has proposed a three-tier approach to CSO involvement, focusing on:

1. engagement in the SuRG (2 participants) and working group (4 participants) – these 6 individuals would make up the “core group” of CSOs;
2. establishment of an “advisory group,” made up of 12 technical experts in priority disease areas and health systems strengthening – 4 of the 12 would be the participants in the IHP+ working groups (also in the “core group”);
3. composition of a broader “contact group,” which would comprise a large number of CSO organizations to provide guidance to the other two groups, but which are unable to commit to support direct representation or fuller engagement.

The self-selection process outlined by Oxfam International includes composition of a selection committee, an open call for nominations, and selection of representatives, alternates, and working group members based on established criteria.

Treatment Action Group also provided a draft proposal for structure and management of CSO Engagement in the IHP+ (Annex 3). Similar to Oxfam, they have proposed representation in the SuRG and IHP+ working groups, establishment of a consultative group through outlined self-selective processes.

Other CSOs proposed:

- 2/3 representation from southern CSOs in the consultative group;
- rotating membership in the consultative group;
- CSO representation in the country health sector teams; and
- designation of a CSO focal point on the Core Team.

2. Incentives: incentives for participation, capacity building, funding, improved communication, and further clarification of CSO constituency and representation were requested by the majority of CSO respondents in order to ensure meaningful engagement.

Treatment Action Group provided an indicative cost for funding of CSO participation based on experiences with the Global Fund (approximately 40,500 Euro per year, excluding personnel costs and overhead).

3. Participation / Representation: CSOs varied in their responses regarding mechanisms for facilitating inclusive participation/representation with the IHP+ process via a consultative group and representation in the SuRG and thematic working groups. The following criteria were highlighted:

- inclusion of non-traditional CSOs
 - providers and recipients of care;
 - health workers organizations/unions and/or medical associations;
 - faith-based organizations;
 - refugees; and
 - others
- technical expertise in health systems strengthening and health-related MDGs, especially for participants in thematic working groups
- experiential knowledge, particularly country-level/implementation experience, especially for participants in country health sector teams

It was noted that broad representation would likely serve to strengthen both the supply and demand side of the health sector and has the potential to impact structures of health care and service delivery and health seeking behavior of target populations.

4. Country-Level Engagement: At the country-level, engagement of CSOs is pivotal in ensuring results. It was stated that participation in country health sector teams, while not a requirement of the IHP+, should be strengthened and encouraged in the strongest manner possible.

Comments from a VSO affiliate in Zambia specifically noted the need to recognize the complex realities of the relationships between country-level civil society and the national government – bridging this gap may be very difficult in certain settings where poor governance, lack of trust, and lack of accountability may have created hostile relationships between national governments and civil society organizations. This deserves country-by-country consideration.

5. Communication: Meaningful engagement at the global and country-level is predicated on a transparent and free flowing communication structure. It was requested that future engagement of CSOs allow sufficient time for coordination with broader groups, improving the possibility for formation of consensus and consolidation of comments for more meaningful inputs into the IHP+ process. Mechanisms for ensuring transfer of information, particularly to grassroots CSOs, will be important throughout the entirety of the IHP+ process.

ANNEX 1: Organizations that provided comments

15% Now Campaign	Medecins du Monde
Action Aid	Medicos del Mundo
Action for Global Health	Misbah
ActionAid International	Mozambican IADS Treatment Access Movement
Africa Public Health Alliance	Multiface Development and Research Centre
AIDES	National Association of PLHA in Nepal
AIDOS	Network of Men living with HIV in Kenya
AIDS and Rights Alliance for Southern Africa	Network of Zambian People living with HIV and AIDS
Aids Fonds	Om Prakesh Network of HIV Positive People
Alliance Burundaise contre le SIDA	Organization for TB People Pakistan
Blue Diamond Society	Oxfam International
Caribbean Vulnerable Communities Coalition	OxfamNovib
Center for Economic Governance and AIDS in Africa	People living with HIV in Cali
Center for Sustainable Health and Development	Positive Families Network
Cercle des Jeunes Engages dans la lutte contre le SIDA	Positive-Generation
Cestas	Reseau Nigerien de Personnes Vivant avec le VIH/SIDA
Christian Relief and Development Association	RESULTS UK
Civil Society MDG Campaign	Save the Children UK
Coalition of NGOs in Health	Sightsavers International
Cordaid	South East Europe Network
European AIDS Treatment Group	Southern Africa Treatment Access Movement
FAMEDEV	Stop AIDS Alliance
Federacion de Planificacion Familiar Estatal	Stop AIDS in Liberia
Fundacion Huellas	Stop Aids Now
Fundashon Orguyo Korsou	STREET
Global Action for Children	TB Action Kenya
Global Health Advocates	TB Alert
Goodwill Aid	TB Patients Support Group
Grupo Portugues de Activistas sobre Tratamentos de VIH/SIDA	Terre des Hommes
Health GAP	Treatment Action Campaign
Health Triangle Trust	Treatment Action Group
Health Unlimited	Treatment Action Movement
HENNET	Treatment Advocacy and Literacy Campaign
Hope Care Foundation	VSO
Horizon Femmes	Vuka
ICCO	Welt Hunger Hilfe
Interact	Wemos
Interact Worldwide	Women's Commission on Refugee Women and Children
International Civil Society Support	World Population Foundation
International Community of Women Living with HIV/AIDS Eastern Africa	World Vision International
International Council of AIDS Service Organizations	
International HIV/AIDS Alliance	

ANNEX 2: Oxfam International propose selection process

Selection process

We propose that CS establishes its own selection process for the advisory and core groups. A number of stages need to be followed in this, including:

- Establishing a selection committee of three-four members
- Communicating the process and issuing a “call for nomination”
- Reviewing nominations and selecting the representative, alternate and four working group members
- Communicating the information to the wider NGO community
- Sending the information to WHO/WB/IHP secretariat

Establishing a selection committee

There are several options for choosing a selection committee, none of which will be perfect. We propose a simple process such as:

1. Tasking the people who attended the Lusaka IHP meeting and those who closely supported them to choose the selection committee
2. Tasking three/four NGO networks to put forward names for the selection committee. These networks must be from disease-specific and health-systems community, as well as representing south and north e.g. International Treatment Preparedness Coalition, Peoples’ Health Movement, Equinet, etc.

These three/four people, must have in-depth knowledge and experience in:

- CS representation in global health institutions
- The IHP+
- Global health issues
- Development and gender issues in the south

Tasks of the selection committee

The selection committee members will read the CV of all applicants, scoring them according to the TOR and required competencies. The names of the people chosen will be made public.

Logistics

An NGO will need to volunteer to support the logistics for the selection and communication. ICASO and now International CS Support have been responsible for similar process in GF and UNITAID and have given excellent service. However, others may wish to take up this task, in which case we strongly recommend that the new group talk with ICASO and CS Support to learn from their experience.

Proposed timelines for selection

Task	Deadline
Consultation and agreement on proposal Adaptation of ToR for alternate representative and the four other core group members	
Assignment of convenor organisation	
Issue “call for nomination”	

Agreement on the members of the selection committee	
Contact individuals nominated to the selection committee	
Deadline for nominations	
Compile and send out nominations to the selection committee	
Teleconference to review nominations	
Contact selected individuals for confirmation	
Communicate the results of selection to the IHP Secretariat	
Communicate information broadly	

Communication the process and the 'call for nomination'

The convenors will use the following fora to communicate the selection process as well as the "call for nomination":

- The IHP official website;
- Afro-net
- Drum Beat
- PHA
- INTAIDS
- PlusNews
- ProCAARE
- Break-the-silence Forum (BTS)
- Kaiser Daily HIV/AIDS report
- UN news wire
- AF-AIDS
- PWHA Net
- SEA-AIDS
- Healthgap Listserv
- Community research
- Human rights
- other electronic fora (as determined by individuals for broader posting);
- other lists used by NGOs and networks. Networks and organizations will also be requested to send the information out broadly within their own electronic lists.

ToR for SuRG representatives

The role of the representatives and the alternates is that of a volunteer - there will be no payment for participating, other than travel and per diem costs that should be covered by the IHP. The GF NGO board members have found that the position can demand up to 25% of their working time. It is expected that the representative will attend the IHP SuRG meetings including pre- and post-consultation meetings with other NGOs.

Functions (based on the IHP+ draft)

- Engage and provide guidance on the implementation of the IHP+ work-plan; assist in the facilitation of the IHP+ process at the country level by encouraging local civil society organizations to participate in all stages of the development and implementation of country compacts
- Facilitate and improve dissemination of IHP+ outputs; share good practices widely through existing networks; support implementation of locally appropriate implementation methods and strategies; establish linkages with other existing similar or complimentary efforts
- Monitor progress achieved as a result of the IHP+; advise 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)

- Ensure responsiveness of IHP+ to government-led, inter-agency country teams; hold IHP+ development partners (donors, governments, etc.) accountable for commitments.
- Engage and provide guidance on IHP+ global and national strategies and policy harmonization between institutions at global and national levels

Mandate and working methods

1. Make meaningful contribution to IHP discussions and decisions, based on areas of expertise and consultation with alternate member and advisory group
2. Participate fully in all meetings of the IHP. Study all relevant documents and provide input in the decision-making process after consultation with advisory group
3. Participate in teleconferences and other virtual means of communication among the delegation, the NGO community, networks and with the other delegations
4. Advocate for the participation of CS representatives in the design, implementation and evaluation of all policies and programs at all levels of the IHP
5. Maintain a focus on issues of importance to the NGO and community movements
6. Seek input from NGOs and communities on key issues on the IHP agenda
7. Consult with and report to a broader community of NGOs and communities living with or affected by diseases, before and after IHP meetings

Competence: qualifications, skills and experience

- In-depth understanding of health and development issues in developing countries
- In depth knowledge and proven experience of issues related to health service delivery and/or diseases specific issues in developing countries
- Proven experience of working at the global level
- An understanding of the scope of work of the IHP and opportunities it presents;
- Ability to strengthen the SuRG's understanding of NGO and communities' issues in developing countries
- Minimum of 3 years experience in front-line NGO work in health
- Ability to represent and promote the IHP publicly, as a SuRG member representing the NGO community
- Ability to act within a team setting
- Be gender sensitive
- Possess diplomatic and strategic political skills
- Ability to work in written and spoken English (additional languages are greatly desired)¹;
- Ability and capacity to communicate and network effectively
- Linkage to an organization that can facilitate communication and provide consultation and support
- Assurance from organization that the individual can dedicate up to 25% of working time for IHP related duties

Preference should be given to those candidates who have been engaged in the NGOs/communities' work around the IHP and who are willing to continue their support to the "delegation" after the end of term as a representative

¹ Documentation is generally provided in English (large volume), and group discussions will be in English.

Length of terms

The position is for two years (one year as an alternate and one year as representative). There will be a yearly evaluation of performance organized by NGOs for all representatives. (This evaluation can be based on the new system developed for UNITAID NGO representatives)

The selected candidate is expected to continue to support to the “delegation” after the end of his/her two-year mandate. This process is intended to ensure that selected candidates are well versed in the mechanics of the IHP, prepared to effectively represent NGOs at the SuRG, and are willing to share their expertise after the end of term.

Cessation of Appointment

An NGO representative's term will cease if:

- He/she resigns;
- The annual evaluation shows lack of performance
- He/she no longer has an employer who is supportive of the time commitment required or he/she no longer has links to the organizations that secured his/her nomination
- He/she is unable to perform the agreed upon tasks
- He/she is unable to work with other NGOs as part of a team;
- If a conflict of interest is declared.

Application Process

Nominated representatives need to prepare and submit a four page application (only the first 4 pages in the application will be considered) that covers the following:

- Name, contact information, age, organizational affiliation, communities served, position applied for
- Short CV outlining experience (maximum two pages);
- Short narrative outlining understanding of the IHP and vision for its future, the NGO and community linkages in terms of relevant experience (particularly in developing countries), and the most significant capabilities the applicant would bring to the SuRG that address the specified criteria (maximum two pages).

Attached to the 4-page application will be:

- Two letters of reference from relevant organizations other than the candidate's own (one page per reference only);
- One letter of reference from own organization, or closest affiliated organization, agreeing to support the additional workload and travel (one page only).

For the alternative representative

Requirements are the same as those for the representative. The main role of the alternate is to support the representative in performing all the tasks

For members of working groups

Requirements are similar to those for the representative except that members need to have in-depth technical knowledge of the themes of the working group.

ANNEX 3 Structure and Management for Civil Society Engagement and Next Steps (as proposed by TAG and others)

This note proposes an initial structure for engagement of civil society organizations in the IHP+ process. The following CS representatives would be selected via an open, transparent and competitive process developed by CS itself using lessons learned from the selection of CS representatives to the Boards of the Global Fund and UNITAID.

1. CS representation on the Scaling-up Reference Group (SuRG):
 - 1 Northern CS Rep
 - 1 Southern CS Rep
 - 1 Alternate Northern CS Rep
 - 1 Alternate Southern CS Rep
2. Establishment of a Consultative Group, with representatives who have expertise on the health-related MDGs, such as:
 - Poverty Reduction and Hunger
 - Maternal Health
 - Child Health
 - HIV and AIDS
 - Tuberculosis
 - Malaria
 - Health Systems Strengthening

These CS representatives should be drawn from a balance of southern and northern CS organizations.

3. CS representation on the IHP+ working groups: Civil society will select representatives to each of the IHP+ WGs according to their expertise.

Overall, CS representatives on the SuRG and the Consultative Group would work in conjunction with the IHP+ core team and SuRG in supporting the implementation of the IHP+. Open lines of communication would be maintained through the IHP+ website, regular email and phone consultation and VCs wherever necessary. Furthermore, CS representatives would be responsible for disseminating information from meetings and discussions they participate in to wider civil society both globally and at the country level through the IHP+ website and relevant list-serves and also be responsible for supporting dialogue amongst civil society on issues raised during these meetings and discussions.

CS representatives on the SuRG and Consultative Group will serve in their positions for no longer than two years and the mandate of CS will be assessed annually to ensure effective involvement in the implementation of the IHP+ workplan and other defined processes at the global and country levels.

Financial and technical resources will be facilitated and made available by the IHP+ core team agencies to support meaningful and effective CS participation in IHP+ in order to fulfil its mandate as outlined in the above section (I. Context and Objective for Engaging Civil Society). The level of resources available to support CS participation will be guided by similar support to CS representatives to the Boards of the Global Fund and UNITAID.

IV. Next Steps

The following next steps are envisaged:

- Dissemination of minutes from March 31 video-conference with CS: On March 31, the IHP+ core team organized a video-conference with about 20 CS representatives representing a broad range of stakeholders and geographic locations. This VC was an initial consultation on CS participation and involvement in the IHP+. The IHP+ core team will make available via email and its website notes from this VC.
- Availability of IHP+ documents: As anticipated the IHP+ core team will be launching a separate IHP+ website (the existing one is housed at the WHO website). Once functioning, the IHP+ core team will make available all relevant documents, including stocktaking reports, documents from the Feb 28-Mar 1 Lusaka meeting, working group documents, IHP+ updates, etc.
- Finalizing concept note: The IHP+ core team will provide a response to the proposed revisions to the draft concept note to CS by April 21. A final concept note will be available by early May and disseminated to IHP+ partners (H8 agencies, bilateral and multilateral donors, global health technical agencies and country health sector teams for all IHP+ countries).
- Financial support: CS will provide a budget estimate to the IHP+ core team for consideration by mid-April to support the functioning of the SuRG representatives and Consultative Group.
- Process of selection of CS representatives: By mid-April, CS will have developed an open and transparent process for selecting representatives to the SuRG and Consultative Group, including specific Terms of Reference for these members. Nomination and selection will be finalized by mid-May.
- CSO Meeting: Upon development of criteria for engaging CS and in consultation with selected SuRG CS representatives and Consultative Group members, a larger meeting will be held on the IHP+ bringing together a broader constituency of CS. The meeting will be made up of no more than 120 individuals, half of which should be affiliated with south-based organizations/networks. The agenda and determination of invited participants will be developed by the IHP+ core team and SuRG/CG representatives with input from wider civil society. This meeting is tentatively scheduled for late **May 2008**. IHP+ core team agencies will provide funding for travel and accommodation for this meeting.