

International Health Partnership and Related Initiatives (IHP+)
Business Scaling-up Reference Group (SuRG) Meeting
 21 October 2008, 18h00 CET

Participants included representatives of:

Bill and Melinda Gates Foundation	UNAIDS
GAVI	UNFPA
The Global Fund	UNICEF
McKinsey and Co.	WHO (Chair)
Treatment Action Group	World Bank

Action Points

- The IHP+ Core Team will circulate Terms of Reference for the Taskforce when they are finalized and agreed upon.
- The IHP+ Core Team will amend the Compact Guidance Note to reflect the clarification on agreement of monitoring and reporting processes and re-circulate the document.
- Members of the SuRG will disseminate the note on CS engagement in CHST to their country-level counterparts.
- The working group on validation will be asked to present at the November SuRG.
- The next Business SuRG will be November 25, 2008

1. Taskforce for Innovative International Financing for Health Systems

Bob Fryatt (WHO) provided a brief update on the recently established Taskforce on Innovative International Financing for Health Systems. The TORs are with the co-chairs and will be shared as soon as they are released to the full Taskforce.

- The overall objective of the Taskforce is to contribute to achieving the health-related MDGs by garnering additional aid for health, increasing the efficiency of health financing, and helping to make sure that additional aid is spent and absorbed.
- The members of the Taskforce include:
 - PM Gordon Brown (UK) (co-chair)
 - Robert Zoellick (President, World Bank) (co-chair)
 - President Ellen Johnson-Sirleaf (Liberia)
 - PM Jens Stoltenberg (Norway)
 - Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia)
 - Bernard Kouchner (Foreign Minister, France)
 - Giulio Tremonti (Finance Minister, Italy)
 - Heidemarie Wierczorek-Zeul (Development Minister, Germany)
 - Margaret Chan (Director-General, World Health Organization)
 - Graca Machel (Representing Civil Society)
- Phillippe Douste-Blazy, UN SG Special Advisor for Innovative Financing, will act as special advisor to the Taskforce.
- The Taskforce will meet 3-4 times over a 12 month period.
- Taskforce members will nominate one 'Sherpa' each; the Sherpas will oversee work in preparation of the Taskforce meetings.
- The Taskforce will have three working groups:
 1. Constraints to scaling up & costs – This group is a technical working group that will focus on understanding the health systems financing gaps and needs and seeking out/creating opportunities to resolve constraints and how to ensure absorption of additional aid.
 2. Raising and channelling funds – This working group will focus on reviewing a range of approaches to raise additional revenue. It will also examine opportunities to engage the private sector and provide recommendations regarding useful financing instruments.
 3. Promote international support for recommendations – This working group will consult a wide range of stakeholders, promoting support of the recommendations of the Taskforce and ensuring implementation of such recommendations.

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- The IHP+ Core Team will serve as the virtual secretariat to the Taskforce under the guidance of the sherpas. The Core Team will provide overall coordination and support to working groups.
- The Taskforce will have a comprehensive communications strategy which will clearly define and disseminate Taskforce developments, namely regarding streamlining of global aid architecture for health.
- The proposed first meeting of the Taskforce is 1 December 2008 in Doha; this is not yet confirmed.

Comments/Discussion:

- Civil Society voiced a concern about the inconsistency of messaging in the draft TOR (i.e. title references health systems, introductory paragraph discusses MDGs 4 and 5 only, and objective states filling financing gaps to reach all health MDGs). Civil Society suggested taking out "systems" from the title and revising the introductory paragraph to reference all health MDGs. Civil Society asked if the Phase I working group will address fiscal space constraints and the World Bank stated that issues around absorptive capacity are part of the TORs. Civil Society recommended that the paragraph on the Phase I working group explicitly mention fiscal space constraints.
- UNFPA inquired about the role of the IHP+ as the "virtual secretariat" of the Taskforce.
 - Julian Schweitzer stated that this arrangement will ensure synergies between the Taskforce and the IHP+ and that work will dovetail wherever possible. The IHP+ Core Team will coordinate much of this work, with input from the broader IHP+ (SuRGs, etc.).

1. Compact Guidance Note

Nicole Klingen (World Bank) updated partners on the finalized compact guidance note. It was noted that the recent signing of the Ethiopia and Mozambique compacts highlighted compact quality and consistency as an area of attention for the SuRG. While country Compacts are flexible and will be different in both form and content, it was noted that the IHP+ process may be undermined without some sort of requisite minimum level of quality.

Comments/Discussion:

- WHO noted that the compact signing in Mozambique was a positive step. It was recognized that the compact may not have been sufficiently robust. It was agreed that minimum levels of quality for country compacts may be helpful in the long term.
- UNICEF echoed WHO comments and suggested that the SuRG may wish to advise in-country partners to work on an addendum to the country Compact to address some key issues.
- The Global Fund inquired about the status of the ongoing validation work and requested clarification regarding which stage of compact development agreement on monitoring processes should take place.
 - Nicole noted that agreement on monitoring and reporting should ideally take place before the country Compact is signed. The compact guidance note will be amended to reflect this clarification.
 - It was noted that some countries, such as Ethiopia, have established and strong mechanisms for validation. In such cases, existing validation plans can and have been used, being adapted, as needed, at the country-level.
 - WHO noted that the working group for validation of country health strategies and plans met 3 weeks ago and agreed upon the attributes of country health strategies and plans, and discussed tools for validation. A final draft of the validation framework will be available by the end of October. It is intended that this framework be tested at the country-level in order to discuss possible areas for improvement.
- UNFPA suggested that the working group on validation provide an update at the November SuRG.

2. Civil Society Engagement in Country Health Sector Teams

Sue Perez (TAG) introduced the final note on Civil Society Engagement at the country-level. This note was revised subsequent to the Ethiopia post-compact mission to reflect a number of issues raised during the mission, particularly with respect to differences in partner expectations.

- This note outlines the responsibility of partners at the country level to proactively engage Civil Society; it also includes key responsibilities of Civil Society within the IHP+ process at the country level.
- Moving forward, it was requested that all HQ development partners distribute the guidance at the country level and identify members of Civil Society already engaged in the IHP+ process in-country.
 - It is envisioned that Civil Society representatives to the SuRG (and eventually the Civil Society Advisory Group) work with civil society in the IHP+ countries to support implementation of the guidance, but they will need support from SuRG members.

Comments/Discussion:

- GAVI requested clarification regarding the details of how to select Civil Society to engage at the country-level. Sue noted that the first step would be CHSTs identifying existing CS representatives. As in Ethiopia and Mozambique,

civil society members were participating in the existing health sector coordinating committee or group before IHP+ was introduced.. Having learned lessons from the Global Fund's CCM model, this should be the minimum standard.

- UNFPA congratulated CS on this work and reinforced the notion that country-level engagement should be based on existing channels, with space for capacity building and with an emphasis on mutual accountability. UNFPA also urged caution against having the guidance be seen as too top-down.
- As a next step, it was agreed that the IHP+ core team would draft a cover note that SuRG members could adapt when sending the guidance to their country level counterparts.

3. Strengthening Technical Support and HSS Tracking

Craig Burgess (GAVI) updated the SuRG on work recently commissioned by GAVI.

A review of technical support is being undertaken in response to requests from countries for a more country-driven approach to technical support. McKinsey and Co. has been commissioned for this review. Work is set to be completed for the end of November and will set out for consideration by the SuRG different models to strengthen country-level support. Craig introduced a colleague from McKinsey to give an overview:

- The methodology of the study is based on: 1) literature review; 2) surveys; 3) landscape analysis of models of technical support and technical support providers; 4) interviews; and 5) country visits.
- Key findings include identification of gaps in the market regarding types of technical support provided. Much emphasis is traditionally placed on program design and preparation, with little space for implementation and monitoring.
 - There are barriers to get access to flexible funding when technical support is needed.
 - There is a lack of transparency in the market.
 - Challenges in procurement have been identified and countries request additional assistance on this.
- Recommendations for action include:
 - Providing options to increase access to funds for technical support in all aspects of program activities (implementation, monitoring, etc.).
 - Open an online database to focus on and reinforce local technical support.
 - Establish a mechanism for feedback which is open and public and which will provide an opportunity for future learning.
 - Encourage more institutional capacity building.
 - Challenges in procurement have been identified and countries request additional assistance on this.

GAVI has contracted JSI to undertake an HSS Tracking Study. See attached PowerPoint.

- The primary objective is to improve the quality of project design/applications and strengthen implementation
- This work will be taken forward in three phases and is set to be completed in November 2009.
- Countries selected include: DR Congo, Ethiopia, Kyrgyzstan, Nepal, Viet Nam, and Zambia
- The methodology for this work is based on: document review, interviews, and field visits.

Comments/Discussion:

- The Global Fund suggested that it would be valuable to coordinate this work with the WHO-led 'Maximising Positive Synergies between health systems and Global Health Initiatives' work, as some countries will have overlapping initiatives.
- The World Bank noted that the incentive system will need to change in order to make progress in improving technical support. For this to take place, development partners need to change behaviours and increase focus on implementation.
- UNFPA noted its concern over this work due to the probability of high transaction costs at the country-level. It was suggested that this work should link with HHA and its processes. It was further noted that regional engagement should be examined.
- UNICEF requested that GAVI copy the Business SuRG when this work is sent out.

4. Other Business

- Bob Fryatt (WHO) noted that final selection for the North-South Consortium had been made; an announcement is expected soon. The SuRG's draft response to the short-term external review has been completed and will be circulated to the SuRG for comment. It is suggested that development partners respond directly regarding agency-specific recommendations.
- Sue Perez (TAG) noted that selection of CS representatives to the business and steering SuRGs will be finalized next week.

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- Nicole Klingen (World Bank) reminded the SuRG that the Ministerial Review will be held February 4-5, 2009 in Geneva. A draft agenda will be ready in the next few weeks.