

International Health Partnership and Related Initiatives (IHP+)
Business Scaling-up Reference Group (SuRG) Meeting
January 15, 2009

Participants included representatives of:

Civil Society	UNFPA
GAVI	UNICEF
The Global Fund for AIDS, Tuberculosis, and Malaria	WHO
UNAIDS	World Bank

Action Points

- o The Core Team will send guidelines for Ministerial Review panellists and chairs January 16.
- o SuRG members will ensure high-level participation of their respective agencies in the Ministerial Review.
- o The Core Team will circulate the zero draft of the Ministerial Communiqué January 21.
- o The Core Team will circulate the Phase II budget for the end of January.
- o The SuRG will send written comments on the Phase II Workplan to the Core Team by January 29.
- o The SuRG will send written comments on the Civil Society Advisory Group TORs to Sue by January 29.
- o The SuRG will send any final comments on the CHST Report to the Core Team by January 22.
- o The Core Team will circulate the agenda of the Madagascar Workshop January 16.
- o The next Business SuRG meeting is on February 12, 2009.

1. IHP+ Ministerial Review

Bob Fryatt introduced the revised agenda and noted that likely additional signatories to the Global Compact include Rwanda and Ireland. Other possible new signatories include Uganda and Spain. To date, most Ministers from developing countries have confirmed participation.

It is envisioned that one key outcome of review will be a Ministerial Communiqué, which builds on commitments made in the global and country compacts and commits partners to measureable actions over the next year of the IHP+. A drafting group for the Communiqué has been formed and includes Australia, Civil Society, Netherlands, Norway, UK, WHO, and the World Bank. The drafting group will consult with all IHP+ partners and send a draft version of the Communiqué for one round of comments before the Ministerial Review, at which time it will be negotiated and finalized.

Comments/Discussion:

- The World Bank noted its concern that participation in the Ministerial Review may be imbalanced and urged all partners to secure the participation of their agencies at the highest possible level.

2. IHP+ Phase II Workplan

Bob Fryatt introduced the Phase II Workplan of the IHP+. Phase I is set to finish in March, with Phase II to begin in April 2009. It is envisioned that this be the second and final phase of the IHP+ and that IHP+ processes be mainstreamed into standard ways of working between and amongst agencies and countries. Phase II will have an increased focus on implementation of the IHP+ process at the country-level and will also work to expand to new countries and include new partners and related initiatives.

The Phase II Workplan is largely based on 5 action areas:

1. Continued support to the country-led development and implementation of country health MDG compacts.
2. Strengthened engagement of current IHP+ partners and continued expansion of the partnership to new stakeholders (private sector, etc.).
3. Reinforcement of behaviour change and mutual accountability amongst all partners.
4. Continued generation of knowledge, guidance, and tools in technical areas related to strengthening health systems and services through IHP+ inter-agency working groups.
 - Some new areas for IAWGs are proposed (procurement, etc.)
 - Existing IAWGs will be tasked to their work to the country-level (M&E, validation, etc.)

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- There will be a one-off review of equity and reaching the poor in the IHP+.
- 5. Development and implementation of an IHP+ communications strategy.
 - Building off an existing draft, this will look at mechanisms to streamline communications across institutions.

An accompanying budget will be circulated shortly. The budget of Phase I was US\$14m for 18 months and was fully resourced. It is projected that the budget for Phase II will be between US\$20-25m for the period of April 2009 – December 2011.

Comments/Discussion:

- The World Bank raised the question as to whether the SuRG agreed upon the proposed 'exit strategy' from the IHP+.
 - The Global Fund noted the need to demonstrate success before planning an exit strategy and suggested a stock taking exercise towards the end of Phase II and that IHP+ partners remain open to the possibility of a Phase III.
 - The World Bank noted the existence of the North-South Consortium, which has been contracted to report on the progress of the IHP+ each September and suggested that all partners will need to take the forthcoming recommendations seriously on an institutional level if we are to substantively change the way we collectively 'do business' in health.
 - GAVI and UNICEF supported the idea of institutionalizing ways of working into respective organizations and exiting after Phase II. UNICEF noted the importance in continuing to engage new countries and partners in this process.
 - UNAIDS and the B&M Gates Foundation supported the proposed timeline for concluding the IHP+ after Phase II.
 - The World Bank noted the work of the IHP+ in a small portion of the world's 49 poorest countries. It was further noted that the IHP+ is filling a hole in the existing architecture for health, and that such problems may not necessarily be fixed by 2011.
 - The chair concluded that the Phase II plan would be amended to allow for a stocktaking exercise in 2011 at which time a decision can be made on whether to exit or plan for a Phase III.
- Civil Society suggested that the deliverables table of the Phase I Workplan be included in the Phase II Workplan with a checklist of progress. It was further suggested that the Ministerial Communiqué be aligned to the Phase II Workplan.

3. Civil Society Engagement -

Sue Perez (Civil Society) introduced the draft TORs for the Civil Society Advisory Group for comment. The role of the Advisory Group will be to support the four CS SuRG members, as well as to help fill the gaps of experience, representation, and constituency. After the TORs are finalized, CS will share with the SuRG for dissemination to their CS constituencies and the SuRG CS members will issue a call for nominations/application. The SuRG CS members will consult with the SuRG and other partners regarding favorable attributes of Advisory Group members, but selection will be made independently by CS.

Comments/Discussion:

- The B&M Gates Foundation suggested that CS include an activity to track the participation of CS at the country-level in the TORs of the Advisory Group (ie. CS engagement in drafting of national strategies, etc.).
- WHO asked how CS would choose Advisory Group members. CS noted that the four CSO representatives on the SuRG will oversee selection and aim to choose CS individuals who are experts in specific health and health-related areas (maternal and child health, budget monitoring, etc.). It was noted that the intent of the Advisory Group is to aid the CS SuRG members in better reflecting the broad needs of CS health constituencies.
- UNFPA noted that CS representation is already biased towards a narrow constituencies and this will need to be rectified in the choice of the Advisory Group; the SuRG could assist in the nomination and selection process.
- CS representative welcomed the offer from UNFPA.

4. Ethiopia Mission Report

Bob Fryatt brought to the attention of the SuRG that it was due to report back to Ethiopia on the actions agreed in the mission following the compact signing. Given that an HHA mission is currently underway to take stock of progress, and the upcoming Ministerial Review, this response will be deferred until February.

Comment [w1]: HELP! I missed a big section of this due to a coughing fit! Would be grateful if someone could fill in the blanks!

5. Mission to Mozambique

Nicole Klingen noted the request from the Government of Mozambique to hold a country Mission from Feb 17-20. It was noted that the costing exercise is scheduled to be complete before the mission and that it is also intended to implement the validation tool during this mission.

Comments/Discussion:

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- SuRG partners raised concern regarding the timing of the mission if all preparatory work was not completed. However it was suggested that all partners operate under the assumption that the mission will take place, and secure participation of their respective agencies at a senior level. Rifat Atun of the Global Fund volunteered to take stock of the readiness of the Mozambique CHST for the proposed mission when he is in Mozambique later this month.

6. CHST Report

Bob Fryatt noted the completion of the CHST report, suggesting that it now be circulated across agencies. It was noted that the work on CHSTs will be a topic of the upcoming H8 meeting in February.

Comments/Discussion:

- CS requested that the report be amended so as to differentiate between civil society and the private sector. WHO noted this and suggested that any final comments be sent to the Core Team by January 22, after which it will be circulated.

7. AOB

- The World Bank noted that the MoH of Madagascar will be in Washington DC with other country-level partners at the end of January and that the Minister had requested that IHP+ partners participate in a workshop to technically discuss components of a Country Compact, including the Results Framework, and outline an Action Plan for the next six months. Other country-level partners will be linked in to the workshop by videoconference.