

**International Health Partnership (IHP+)**  
**Steering Scaling-up Reference Group (SuRG) Meeting**  
29 January 2009, 17.00 CET

**Participants included representatives of:**

|                                 |             |
|---------------------------------|-------------|
| Acoshed                         | Netherlands |
| AUSAID                          | Norad       |
| BMZ                             | OECD        |
| EC                              | UK          |
| Gates Foundation                | UNAIDS      |
| GAVI                            | UNICEF      |
| Global Fund                     | WHO         |
| Italy                           | World Bank  |
| International HIV/AIDS Alliance |             |

**Action Points**

- Core Team to circulate latest Ministerial Review agenda, list of participants and communiqué.
- SuRG to send comments to the communiqué to Tarik Jasarevic ([jasarevict@who.int](mailto:jasarevict@who.int)).
- Core Team to draft a cover message to accompany documents on strengthening country health sector teams.
- Core Team to circulate Phase II Workplan, ToRs for review of management structure, and latest information on Mozambique mission as received.

**1. IHP+ Ministerial Review, 4-5 February**

Kate Krackenberger (WB) introduced the latest agenda and provided an update on participants to the Ministerial Review.

- Participation is expected to be ~100-120 individuals for the open 4 February events and ~80 for the closed 5 February sessions. Levels of participation vary with minister-level for developing countries, highest-level for H8 agencies, and varying levels for multi/bilaterals.
- Partners have previously decided to restrict the meeting to signatories of the Global Compact (i.e. adjunct IHP+ countries will not be participating).
- Rwanda and Uganda will become signatories on 4 February.

*Comments/Discussion:*

- Following a question from Elaine Ireland on how progress with compacts would be covered in the Ministerial Review, WB clarified that this would be achieved by:
  - The selection of commitments from the Global Compact as themes for each session, during which progress or lack of would be reported on progress or lack thereof; Participation aimed at the highest level/signatories of the Compact and with a limited number; Chatham House Rules for frank discussion.
  - A communiqué reflecting a shared vision of IHP+ actions in 2009 and specific commitment of signatories.
  - WHO further clarified that a post-compact report from Ethiopia will be available next week and will clearly state what is and isn't changing.

## **2. Ministerial Review Communiqué**

Anna Guthrie (UK) informed the SuRG that an inter-agency/institution drafting group has been established to draft the Communiqué, which will be tied to a press release. The Communiqué has two major sections - (i) summary of progress to date and (ii) specific, time-bound commitments for moving forward.

### *Comments/Discussion:*

- Elaine Ireland expressed concern over CSO engagement and objectives of the Taskforce
  - WHO clarified that the two technical working groups of the Taskforce have CSO representatives and that there is a commitment for a wide consultation with CSOs in London in early March. It was further clarified that the Taskforce ToRs refer to raising additional ODA or better use of ODA.
- It was agreed to include a section for specific commitments from developing countries and CSOs
- WHO clarified that it had been agreed with the US that they are to be considered as signatories to the IHP+, especially at country level. As such, they have been included in the Communiqué.
- The drafting group will continue to work on the flow, balance/clustering across institutions, coherence across commitments, and specific editorial changes to text. SuRG members to submit specific comments to Tarik Jasarevic ([jasarevict@who.int](mailto:jasarevict@who.int)). A small group will be convened to finalise the document - details to come.

## **3. Strengthening Country Health Sector Teams**

Bob Fryatt (WHO) introduced the outputs from consultancy work on strengthening country health sector teams, including a report on good practice, an inventory of tools, and options for improving country collaboration.

- Country Health Sector Teams refer to those already working with ministries/government in the health sector. It refers to existing teams in country and virtual members and recognises that teams vary across countries.
- These drafts have tried to incorporate comments received however SuRG members are invited to review these versions and to submit major requests for changes within the next seven days.
- Agencies/institutions are requested to disseminate these pieces of work to the country level for discussion on taking forward recommendations in Phase II of the IHP+.

### *Comments/Discussion:*

- At the request of UNICEF, the Core Team has agreed to draft a cover message to accompany the documents.
- OECD welcomed the opportunity presented by this work, particularly around promoting best practices and the use of existing tools. OECD informed that a website of health as a tracer sector will be shortly launched.
- The EC questioned the balance of individuals consulted (Annex 1 of the Good practice).
  - WHO clarified that all governments were contacted as well as civil society.

## **4. AOB**

- The IHP+ Phase II Workplan (April 2009 to December 2011) is under development and will be electronically shared with the Steering SurG the week of 9 February. This will be followed by discussion at the next Steering SuRG videoconference.
- ToRs to review all management structures are being developed and will be circulated to the SuRG. This work follows a recommendation from the Short Term External Review.
- The inter-agency mission to Mozambique has been postponed to March (exact dates TBD). ToRs for this mission are still being finalized but will review expectations as stated in the country compact and cover inter-agency work on validation and monitoring and evaluation.
- ToRs for the Civil Society Advisory Group is being finalised. Members are to support CSO reps by bringing additional expertise and perspectives.