

International Health Partnership and Related Initiatives (IHP+)
Steering Scaling-up Reference Group (SuRG) Meeting
 December 8, 17.00-18.30 Geneva time

Participants included representatives of:

Martin Taylor, Consultant	Sweden
Canada	UK
Civil Society	UNICEF
GAVI	UNFPA
Global Fund	UNAIDs
The Bill & Melinda Gates Foundation	US
Norway	WHO
OECD	World Bank

Action Points

- Contact Martin Taylor ((martintaylor69@googlemail.com) directly with any comments by December 15.
- Ministerial Review documents will be shared with the Steering SuRG in December for comment.
- The report of the Taskforce meeting will be circulated once finalized.
- The next Steering SuRG is on January 29, 2009.

1. Country Health Sector Teams – Martin Taylor

Martin Taylor presented the preliminary findings of an assessment of the IHP+ Country Health Sector Teams (CHSTs), which included two draft documents on good practices in CHST partnership and options for strengthening partnership in CHSTs. For more information, see Martin's presentation to the SuRG and the NfR.

- Work is based on interviews with IHP+ partners (40 people). Feedback was generally positive, with the exception of some Governments and members of Civil Society.
- Leadership is vital to the success of CHST work. It will be important to consider ways to increase leadership of the government and what to be done in cases where national leadership is lacking.
- The CHSTs should capitalize on the interest and will of Civil Society and the private sector to engage at the country level.
- Incentivizing is also critical to the successful work of CHSTs. The OECD has a document on the role of incentives on aid effectiveness in donor agencies, which includes a self-assessment tool. This may be valuable to IHP+ partners. Tackling the role of hidden constraints is also important, so disincentives should also be considered.
- Whilst financial management requirements and other quality standards of development partners are difficult for countries to meet, it is important not to lower standards, but to harmonize standards amongst partners and develop capacity at the country level.
- Feedback from the business SuRG included:
 - More analysis should be done on the possible relationship between CHSTs and Country Coordination Mechanisms (CMMs), National AIDS Councils, ICCs on Immunization, and CHSTs
 - CHSTs should link better to macroeconomic frameworks
 - It was suggested that this work should provide recommendations on how to address the varying levels of representation/authority of development partners at the country level.

Comments/Discussion:

- OECD specifically noted that clearer linkages to the country development framework could be made (page 12 of the "Options" document). It was also noted that the results framework and mutual accountability should be linked more closely and that the procurement assessments piloted in Kenya and Zambia should be noted and used to leverage donor s to use country systems.
- Martin Taylor should be contacted directly for any comments by December 15. A final report will be ready for the end of December.

2. IHP+ Ministerial Review February 4th and 5th – Kate Krackenberg, World Bank

Kate Krackenberg noted that invitations to the IHP+ Ministerial Review have been sent out to all IHP+ partners and requested that SuRG members follow up with their respective organizations directly regarding confirmation of participation. It was requested that participation be limited to two individuals per IHP+ partner country/organization. A draft agenda has been prepared, focusing

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on the commitments made in the IHP+ Global Compact, and has been sent to the SuRG for comment. The IHP+ Ministerial Review will be held from February 4-5, 2009.

3. Response to the IHP+ External Review – Justine Hsu, WHO

Justine Hsu reminded SuRG members that the template response to the External Review has been sent out to partners and that the feedback is requested by December 15, particularly on section 4.6 related to specific recommendations to development partners. The IHP+ External Review will be one area of discussion of the IHP+ Ministerial Review.

5. Inter-agency work on monitoring health performance – Ties Boerma, WHO

Ties Boerma provided an update on the inter-agency meeting on health information in Bellagio, Italy.

- The critical problem at hand is poor data quality or lack of availability of good data, thus underlining the need to strengthen capacity for data collection and data quality at the country level.
- The proposal for a Country Health Systems Survey (CHeSS), which would collect data on the indicators in a significant number of countries and potentially monitor change over time. The objectives of CHeSS are to:
 1. Enhance institutional capacity for data analysis;
 2. Review existing data and data sources and improve analysis by bringing different forms of data together;
 3. Identify gaps in existing data; and
 4. Strengthen overall data quality.
- It is envisioned that this multi-partner effort take this forward in 2009, working with countries such as Pakistan, South Africa, and Zambia and others that are part of the IHP+.

Comments/Discussion:

- Sweden asked whether there was a distinct need for another new initiative for this work. Ties commented that this work is unique and there are not currently any other initiatives examining the use of data country by country. Norway suggested that this work might be taken forward through existing CHSTs, and this was agreed by Ties.

6. High-level Taskforce on Innovative International Financing for Health Systems – Bob Fryatt, WHO

Bob Fryatt provided an update on the first meeting of the Taskforce, which took place in Doha in the margins of the Financing for Development Conference.

- With the exception of President Sirleaf-Johnson of Liberia and Mrs. Graca Machel all Taskforce members were represented.
- The meeting was very positive and helped gain momentum and given a sense of urgency to the work of the Taskforce. It underlined the need fact that current donor funding is not sufficiently predictable nor sufficiently large to support reaching the health MDGs and that innovative financing will continue to play an important role. The Taskforce recognized the considerable experience and new ideas ideas that already exist in this area, and encouraged very close collaboration between Taskforce working groups.
- The report on this meeting will be circulated once finalized. The next meeting of the Taskforce will likely take place in the margins of the G20 meeting in London, April 1-2, 2009.

Nicole Klingen noted that the Taskforce will have two phases; in phase I there are two working groups:

- Working Group 1, co-chaired by Julio Frenk and Anne Mills, will focus on defining the needs, clarifying the gaps, and understanding the opportunities for resolving constraints to scaling up to reach health MDGs at the country level.
- Working Group 2, chaired by Anders Nordstrom, will focus on mechanisms to raise and channel funds.
- Working Groups 1 and 2 will draft recommendations for consideration in the lead up to the G20 Taskforce meeting
- The Phase II will not begin until mid-2009, but will focus on securing support to the final recommendations of the Taskforce.

Comments/Discussion:

- OECD inquired whether they would be engaged in the Taskforce. It was noted that the OECD would be consulted in Taskforce activities.

6. AOB

- Elaine Ireland noted the selection of Civil Society representatives to the SuRG:
 - Northern Civil Society: Sue Perez of Treatment Action Group (TAG) will serve as primary representative; Elaine Ireland of Action for Global Health will serve as alternate.
 - Southern Civil Society: Lola Dare of enter for Health Sciences Training, Research and Development (CHESTRAD), will serve as primary representative; Mayowa Joel of Communication for Development Center will serve as alternate.