

# CALL FOR NOMINATIONS

## IHP+ Civil Society Consultative Group

### Purpose

The IHP+ Civil Society Consultative Group is being established to serve as a platform for the engagement of the broad range of CS constituencies in Health Systems Strengthening (HSS) and the related priority burdens to which they must respond including but not limited to HIV/AIDS, malaria, tuberculosis, nutritional disorders, vaccine preventable diseases of women and children and priority health burdens. The Consultative Group will also support the northern and southern civil society representatives and alternate representatives to the Scaling up Reference Group (SuRG)<sup>1</sup> of the IHP+ to ensure country level engagement and participation of non-traditional CS organizations, including women's groups, faith based organizations and patient care groups in the monitoring of country level progress of the IHP+ in compact signatory countries<sup>2</sup> and to hold all IHP+ signatories accountable for delivering results.

### Key Responsibilities of Members

- Provide input into IHP+ policy, guidance and other relevant documents
- Participate in CS consultations of the IHP+, including those related to IHP+ working groups and other taskforces (such as the Taskforce on Innovative Financing for Health Systems)
- Support the CS representatives in promoting country level engagement of CS organizations in feedback on country progress and gaps in country level IHP+ processes
- Participate in the annual IHP+ CS Consultative Forum as a part of the review process of the IHP+ and in preparation for the annual IHP+ Ministerial Review meeting
- Work with national CS-led health coalitions to support country level advocacy and contribution of traditional and non-traditional CSOs to the development of country compact and national health plans, including HIV/AIDS, TB, malaria, immunizations, and HCW plans/strategies

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<sup>1</sup> The SuRG represents the management structure of the IHP+ and includes the World Bank, WHO, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, Gates Foundation, UNAIDS, UNICEF and UNFPA. This group of 8 health agencies, commonly known as the 'H8', meets monthly via videoconference and every other month a separate videoconference is organized with the H8 and IHP+ donor signatories.

<sup>2</sup> Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal, Zambia, Mali, Niger, Nigeria, Benin, Ghana, Burkina Faso, Rwanda, Uganda, Madagascar

- Identify ways of improving coordination among a range of health constituencies at global and country levels
- Assist in documenting lessons learned and best practices of CS participation in global and country level IHP+ processes including health sector needs assessment, national health plan and strategy development and compact development, implementation and monitoring

It is also desired that Consultative Group members have solid experience in advocacy; representing CS at national and international fora; and demonstrated commitment to ensuring voices of marginalized, vulnerable and less vocal groups are heard.

### **Composition & Membership**

Membership of the Consultative Group is by constituency, represented by individuals or institutional focal points. However, key organizations active in areas related to the IHP+ at country, regional and global levels may also be invited to membership of the Consultative Group by merit and track record of relevance and achievements.

The Consultative Group will be led by the IHP+ CS representatives and assisted by 2 Co-Chairs to be elected by members of the Consultative Group.

The Consultative Group will be comprised of up to 25 civil society members representing diverse health constituencies including:

- Sexual and reproductive health
- Gender
- Immunizations
- Maternal, Newborn and Child Health
- Health Systems Strengthening
- HIV/AIDS
- Tuberculosis
- Malaria
- Nutrition

[Note: This list is not exclusive. Civil society working on neglected tropical diseases, non-communicable diseases, primary health care and other health constituencies are also encouraged to apply.]

Consultative Group members should include those from non-traditional CSOs, including patient groups, health workers, unions, professional associations, faith-based organizations, refugees, and other neglected/vulnerable groups. It is expected that the Consultative Group will include representation from northern and southern civil society, especially from IHP+ developing country signatories<sup>[2]</sup> - including

civil society from IHP+ countries that have signed a compact, as well as those that have signed the global compact, but are not developing a country compact.

### **Communication & Meetings**

The majority of interaction with members of the Consultative Group will be via email and telephone. Therefore it is required that members have regular access to these forms of communication. Frequency of teleconferences will be determined collaboratively and as needed.

The IHP+ CS listserv will be strengthened and utilized by the Consultative Group as one of the platforms for communication to the broader CS community. This will be supplemented by other forms of communication, such as mobile phone texting and other country- and regional-specific modes, in order to support effective consultation across various constituencies and regions. Other CS consultations of the SuRG, IHP+ working groups (WGs) and taskforces will be facilitated and coordinated in collaboration with SuRG, WG and taskforce designates.

The Consultative Group will meet annually, ideally prior to the annual IHP+ Ministerial Review meeting or another appropriate time. This meeting will be supported by the IHP+ core team (TBC).

### **Time Commitment**

Consultative Group members are asked to commit approximately 10% of volunteer working time per month. Where membership has been identified by institution, the institution will be required to designate a focal point for the Consultative Group who will also be required to commit approximately 10% of volunteer working time. The institution should also be willing and able to provide support for the work of the institutional focal point. It is expected that participation will be for one year and can be renewable for a maximum of one additional year.

### **Nomination Process**

Nominations to membership of the Consultative Group may be made by individuals or institutions. Please note that individual nominations or nomination of an institution must come from the CS community and be capable of representing one of more of the indicated constituencies. Nomination materials should include:

1. Letter of nomination of not more than 2 pages demonstrating: (individuals or institutions cannot nominate themselves):

- Knowledge of the IHP+
- Description of the health constituency represented
- Evidence of engagement with this constituency to be represented
- Expertise or experience that can be deployed in support of the purpose and

objectives of the Consultative Group

- Related networks and partnerships that can be brought to bear on the work of the Consultative Group.

2. Resume of not more than 2 pages

3. Institutional Profile of the nominee (maximum 2 pages)
4. Letter from the nominated individual / institutional focal point of not more than one page indicating consent to the nomination as a member of the Consultative Group
5. Two letters of support from individuals of not more than one page each who can attest to the nominee's capacity to represent your respective health constituency. [These references should be from outside your institution.]

Please email nominations to – [ihpcso@gmail.com](mailto:ihpcso@gmail.com) - with “NOMINATION FOR IHP+ CS CG” in the subject line:

**Deadline for submission of nominations is Friday, 15 May 2009, midnight Eastern Time**

**Final selection of members will be announced by Monday, 25 May 2009**