

**International Health Partnership and Related Initiatives (the 'IHP+')
Scaling-up Reference Group (SuRG)-Steering SuRG
Videoconference (VC) Note for the Record
June 17, 2008, 10:00-11:30 EST**

Participants included representatives of:

Australia (co-chair)	Action for Global Health
Canada	GAVI
European Commission	Kenya Country Health Sector Team ¹
France	OECD
Germany	UNFPA
Italy	UNICEF
Norway	WHO (co-chair)
Sweden	World Bank
United Kingdom	

Apologies: African Development Bank; The Bill & Melinda Gates Foundation; The Global Fund for AIDS, Tuberculosis, and Malaria; Netherlands.

1. Country Update - Kenya

Dr. Francis Kimani, Director of Medical Services, gave a brief update on the current situation in Kenya, noting that the country was back to normal after the violent outbreaks earlier this year. He commented on the changes in structures within the Ministry of Health, noting that there are two ministries now: the Ministry of Medical Services works in service provision, while the Ministry of Public Health and Sanitation works in issues such as environmental health and prevention. Each Ministry has a minister and assistant minister and separate budget lines.

Discussion

The representative of HENNET (a member of the Kenya country health team) commented that the existence of two separate ministries presented challenges, particularly given the recent violence and political situation in Kenya. Discussions of improved coordination and continued involvement of CS in the health sector are ongoing.

¹ The Kenya Country Health Sector Team included Dr Nyikal, Director of Medical Services, 2 representatives of WHO, 1 representative of the World Bank, and 4 representatives of Kenyan Civil Society.

It was noted by the Kenyan Country Health Sector Team that functions of the two ministries need to be better defined and roles need to be quickly clarified for better coordination internally and externally. The roadmap developed last year is being discussed to decide how to move forward.

Norway inquired about the context of organizational changes within the Ministry. The Country Health Sector Team noted extreme challenges during the crisis and that restructuring was, in part, to address challenges that arose from the crisis. They stated that health sector worked quite well during the crisis, which could be broken into two phases: 1) very violent, with many injuries and strained hospitals; 2) internal displacement, with large populations lacking access to services. Treatment of the internally displaced is ongoing. The Country Health Sector Team also commented that division into two separate ministries may be beneficial in that it may provide additional financial resources for health.

2. Communication Strategy for health-related MDG initiatives.

Tim Poletti of AusAID introduced the topic of coherent communications for the health-related MDG initiatives, suggesting that a strategy to better connect the various initiatives would improve their impact and significance at the country level. He **suggested the possibility of a merger** of a few initiatives for simplicity purposes and also suggested the following as starting points for discussion on this topic:

- Development of a document noting the relations of each of the initiatives
- Policy brief on each initiative
- Encourage each initiative to have an M&E framework based on that of the IHP+
- Use IHP+ Updates to show the linkages between initiatives
- Have a “common brand”
- Utilize the IHP+ as a shared knowledge platform that is linked to programming at the country level

Discussion

DfID noted its strong support of Tim’s suggestion to merge some of the existing initiatives, but commented that there would be political challenges in taking this forward. **An informal discussion on merger of initiatives was proposed.**

SIDA echoed DfID’s support of a merger and similarly noted that complementary initiatives need to go beyond sharing information, using the IHP+ as a country level platform. Germany also welcomed the idea of strengthening information sharing and use of the IHP+ as a common platform and noted that discussion of mergers needs to be further examined.

The Kenya Country Health Sector Team stated that in Kenya, MDG tracking is done by the Ministry of Planning. The Government of Kenya performs MDG tracking but tracking implementation in just the health sector is difficult, as duplication of effort is common and there is often confusion on the definition of “health-related MDGs.” It was noted that all

MDGs have a bearing on health and that the health sector tracking entails attaining data from others (i.e. MDG 7 on environment and health).

Tim reinforced that coherence is a critical factor and suggested that we revisit this topic more seriously at the next VC. The IHP Core Team was asked by Norway to prepare a paper on this topic for the following VC and that this would be done in collaboration with some development partners.

3. Providing for Health (P4H) Update.

Ralf-Mathias Mohs of BMZ Germany provided an update on P4H. After the meetings in Bonn and Paris, he noted that the core partners are clarifying the operational framework of the initiative. He stated that the global goal was to strengthen health systems through social health protection, especially to the poor. He stated that the four objectives of P4H were:

- 1) To enhance the level of external and domestic financing
- 2) To facilitate the share of expenditure
- 3) To direct timely, coordinated support
- 4) To incorporate and improve use of domestic and external resources for health

Ralf-Matthias reiterated that P4H is not a funding mechanism, but a working mechanism. It is an open framework with no prescribed channel for providing support. The proposal to be discussed in the next P4H meeting in Geneva includes discussion of the following working mechanisms:

- P4H Steering Group
- Secretariat (to be established within WHO Geneva)
- Pool of experts
- Local P4H networks

The next meeting of P4H will be held in Geneva 17-18 July, 2008 and will be hosted by WHO.

Discussion

Action for Global Health (AfGH) asked whether Civil Society (CS) would be participating in the upcoming July meeting. Ralf-Mathias responded that the July meeting would be limited to a core group and a few participants from developing countries, but that **there would be opportunities to involve CS in future meetings**. He also commented that there were no barriers to CS participation in P4H and that it was largely dependent on the local P4H networks at the country level.

Norway noted that local P4H networks will need to look into taking this forward at the country level. Norway inquired as to whether local academia/think tanks had been involved and suggested that academia be used as a resource at the country level.

The World Bank noted that the link between P4H and IHP+ was very important, particularly as the first draft compact (Ethiopia) is almost ready for signature. Compacts include plans on how to finance health systems. The Bank also expressed its concern at the formation of a separate secretariat and noted the need to focus on better harmonization. This may be an important point of discussion for the July P4H meeting.

The Bank also commented that risk pooling is a long-term activity and therefore commitments need to be predictable and long term.

SIDA suggested that the discussions around the IHP+ be taken into account and that development partners' work not duplicate the mandate of the WHO.

The Kenya Country Health Sector Team commented that there were challenges in coordinating global initiatives at the country level and that country engagement in new initiatives often included extra work, new indicators, and new M&E frameworks. **It was suggested that a considerable number of representatives from the south be invited to the July P4H meeting to express this concern directly and to have the opportunity to express their perspectives from the beginning.**

The EC echoed Kenya's point and again raised the topic of merging initiatives. Clarification on the IHP+ thematic working group on health financing and social protection was also requested. Dr. Etienne, WHO, explained that **the working group is P4H and that there is no separate working group, but that P4H is involved in IHP+ by serving as the "working group" on health financing and social protection.**

Ralf-Mathias commented that it was never the intention to duplicate efforts. Rather, P4H, which was launched prior to the IHP+, presents opportunities (including in non-IHP+ countries – MICs, etc.) for improving long term commitments to financing.

4. Update on September MDG UN HLM.

Pascal Villeneuve of UNICEF noted three upcoming events of importance to the IHP+:

- 1) 2-4 September: Third High Level Forum on Aid Effectiveness in Accra**
- 2) 25 September: High Level MDG event in NYC**
- 3) 29 November – 2 December: International Conference on Financing for Development in Doha**

Regarding the HL MDG Event, a call to action was launched last year to discuss ways to improve results for the MDGs. It was suggested that the format could be jointly convened by the Secretary General and the General Assembly. This event includes 3 Roundtables:

- 1) Poverty and Hunger
- 2) Education and Health
- 3) Environmental Sustainability

Each roundtable will be co-chaired by 2 heads of state (one north, one south) and with 2 lead discussants (one north, one south); background papers are being prepared for each of the roundtable. A special summit on MDGs is planned for 2010 for a comprehensive review of progress.

There are also a number of side events planned. On **24 September 2008, the Prime Minister of Norway will host a dinner on MDGs 4 and 5.** There will also be a "first spouses" dinner meeting on maternal mortality.

Pascal noted that it was important that we harmonize initiatives and messages and noted the recent joint letter from the heads of the H8 agencies to the G8 with a set of key messages.

5. Update on Accra HLF on Aid Effectiveness.

Elisabeth Sandor of the OECD gave an update on the third HLF on Aid Effectiveness, which will be in Accra 2-4 September. She noted that the **Roundtable 8 on Sectoral Application of the Paris Declaration: health, education, environment, agriculture, infrastructure, will be jointly chaired by Anders Nordstrom, SIDA and Ricardo Arias, Vice Minister, Office of the President, Honduras. The second full report on Aid Effectiveness and Health is also being prepared** and may be discussed during a possible side event at the HLF. The report will include a review of ODA constraints to long-term health financing, report about funding resources, and clear messages from the health sector in the following six priority areas:

- 1) Conditionality
- 2) Predictability
- 3) Untying of aid
- 4) Complementary/Division of labor
- 5) Incentives
- 6) Capacity building

Elisabeth commented that the IHP+ is a platform both for improved communication and behavior change. She reminded the business-SuRG that **the task team for HLF3 would be meeting next week.**

Discussion

Action for Global Health (AfGH) asked if there would be an opportunity to link Aid Effectiveness to health outcomes at the meeting and if the events would provide an opportunity to look at financing gaps to country compacts. Elisabeth stated that the results impact would be the center of the discussion and that there would also be a marketplace to provide lessons. Regarding financing, Elisabeth said that she was unclear as to whether HLF3 was the appropriate place to discuss funding, but that this will likely be one component of the conversation.

UNICEF called that we work hard to stop the vertical-horizontal debate. It was also noted that harmonization and alignment through the Global Health Initiatives (GHI) was moving forward with multi-sectoral plans led by governments and with inputs from Civil Society and the Private Sector.

The EC commented that the EU agenda for action would make an explicit link to IHP+.

6. Update on the Civil Society Forum (CSF), 23 May, 2008.

Elaine Ireland of Action for Global Health gave a brief update on outcomes of the May 23 CSF. She noted that **two CS representatives would be on each SuRG (one north, one south) and that a formal selection process for these representatives was ongoing and would be finalized by the end of July**. She noted that commitments had been made by both DfID and Norway to meet financing gaps in country plans and to finance the participation of CS, but commented that it was important that the level of commitment of other donors be explicit.

Elaine noted that a concept note on CS engagement at the country level had been circulated for comment and that CS had developed a consensus paper around 3 key messages on the IHP+, which states the importance of:

- 1) Comprehensive Primary Health Care for all
- 2) Engagement of Civil Society
- 3) Meeting the financing gaps

Discussion

The Kenya Health Sector Team added to Elaine's summary, stating that in Kenya, one product of the CSF was the importance of working in/with country health sector teams. They also urged the Steering-SuRG and CS representatives not to forget the south in developing mechanisms for representation.

GAVI commented that it would be important that difficulties to representation be addressed in the selection criteria/process for the CS representatives.

The World Bank noted that the **revised concept note on CS Engagement had been completed and would be circulated**. Regarding financial support of CS, the Bank noted that different agencies have different mandates. The Bank also noted that while efficiency gains could be made in health spending, they were not sufficient to improve results - additional financial resources are needed.

Elaine commented that the panel working on CS selection processes was conscious of the importance to balance CS representatives. **She noted that a consultative group would also be formed to work in coordination with representatives on the SuRGs and the working groups**. She echoed the comments of the Bank, that efficiency was important but that additional funds are necessary. She also noted that CS would certainly adhere to the principles of the IHP+.