International Health Partnership + Related Initiatives

International Health Partnership and Related Initiatives (IHP+)
Business Scaling-up Reference Group (SuRG) Meeting
05 August 2008, 17h00 CET

Participants included representatives of:

Bill and Melinda Gates Foundation	UNICEF
Treatment Action Group	WHO
UNFPA	World Bank (Chair)

Action Points

- Bob Fryatt to finalise the Terms of Reference for Country Health Sector Teams based on SuRG comments by 8 August.
- Bob Fryatt to circulate the Terms of Reference for Expanding health systems investments by 8 August.
- Bob Fryatt to circulate the revised Nepal stock-taking report by 8 August.
- The Business SuRG to send comments on the Guidance Note on CSO engagement to Sue Perez (sue.perez@treatmentactiongroup.org) by 15 August.

1. ***H8 discussions on IHP+***

   The IHP+ was an agenda item at the Third H8 Informal meeting held in Washington D.C. on 22 July 2008. Key discussion points:
   - Progress varies and depends on the team. The general sense is that the IHP+ is stronger at global than country-level.
   - There is concern that the costing of plans may generate high levels of expectations which cannot be met.
   - Having multiple agencies with different mandates set by their governing boards was recognised as a challenge in the process for validating plans.
   - The H8 discussed the idea of a high-level forum to bring together all stakeholders and to conduct advocacy work with donors for national plans.
   - There is a need for:
     - Coherent and comprehensive communication, especially at country-level, and which clearly communicates the added-value of the IHP relative to other initiatives
     - Transparency and inclusive participation in developing national plans, strategies and compacts
     - Clarity and understanding on what occurs once a compact is signed
     - Clarity and understanding of objectives for high-level missions
     - Greater engagement with bilaterals, non-IHP donors, CSOs, private sector

2. ***Strengthening country health sector teams***
   - The overall purpose of this work is to define "good practices" and identify opportunities/actions for improving effectiveness in specific countries.
   - This work will entail three major deliverables:

    - Summary of evidence: case studies, inventory of tools/mechanisms, and a consultation document for discussion at country level.
    - Recommendations: short-term incentives, longer-term options across situation/sectors, and longer-term options linked to ongoing work.
    - Identify opportunities of country teams to build on work: mapping of opportunities, preparation of tools and training sessions
- The Core Team will manage this and work with an external consultant and will regularly report back to the SuRG. If the SuRG wishes, a small inter-agency working group could also be pulled together to oversee the work more closely.
- The SuRG validated the value behind this piece of work, especially in the context of other similar teams existing at country level (e.g. CCMs).
- The SuRG made the following recommendations:
    - The title of the ToRs suggests building on best practices but it may be well to consider identifying and focusing on 1-2 countries where the general perception is that country teams are performing well.
    - The ToRs should recognise that civil society engagement not only brings about increased transparency and accountability, but also local knowledge of what works and what are the gaps. The ToRs should also make reference to the Guidance Note on CSO engagement at the country-level.
    - The ToRs should also look at mechanisms that facilitate broad participation by CSOs (e.g. GF requiring CSOs in CCMs to sign off on grants).
    - The stakeholder analysis (objective 1) should make reference to the findings from the external Short-Term Review.
    - The stakeholder analysis should consider the role of private providers as part of the country team (objective 1.3)
    - Clarify what is meant by incentives (objective 2) - is this conceptual, operational or financial?
    - The ToRs should cover recommendations for those partners without country presence.
- The following clarifications were made:
    - The work will aim to be as country specific as possible (versus a general overview). This will be facilitated by the fact that country teams will be contacted country-by-country.
    - The work will be used to (i) create resources for use in countries, (ii) provide recommendations to the SuRG on how change can be facilitated at the global-level.
    - The work is based on existing country health teams where they are already in place.

3. ***Brief update on ongoing work***

UN/WB Procurement policies: (Dia Timmermans)

- During the Lusaka Meeting, countries urged partners to solve the divergence of procedures for (local) procurement.
- Financial Management Framework Agreement (FMFA) has been signed except by UNICEF and UNDP. The Fiduciary Principles Accord (FPA) for disbursement of funds for (post-)conflict countries will be reviewed by the Boards in September.
- Case studies analysing why FMFA didn't work well are being conducted and a one-pager on the inter-agency work on harmonizing procurement across the UN is being developed.

- A technical consultant is working with legal colleagues at UNICEF to help move the work along.

Expanding health systems investments: (Bob Fryatt)

- IHP+ Core Team in Geneva recently facilitated a discussion looking at options for expanding predictable, long-term financing for strengthening health systems. The Note-for-the-Record will shortly be posted on the IHP+ website.
- One of the key conclusions from this meeting was that more work is required to clarify and strengthen some of the arguments for expanding different mechanisms. Terms of Reference (to be disseminated) have been developed to contract an external consultancy group.
- A roundtable discussion/review of current work will be held on 5 September in Geneva with link-up via videoconference.
- Recommendations across the SuRG:
  - Look at different options (e.g. pooled funding, multidonor trust fund) for different country scenarios (e.g. conflict, post-conflict)
  - Consider the flexibility of IFFIm mechanics with a separate governing board
  - Conduct country-by-country costings of plans by December to build global gap
  - Assess the different mechanics between funding mechanisms for long-term health systems strengthening versus short-term immunization
  - Include implications of macroeconomic framework and policies by IMF
  - Include Jacqueline Mahon (TBC) as part of this work given her previous experience on Public Expenditure Reviews (PER) and Dan Kress (Gates) who expressed interest in to contributing to this work
- It was noted that the political timeline is rapidly advancing and thus underlines the pressure to move faster.

Common communications: (Bob Fryatt)

- A small group interagency working group composed of WB-WHO-UNICEF have drafted Terms of Reference. There has been a slight delay in taking work forward due to an unavoidable absence by a key member. An update will be provided at the next meeting.

Validation/national attributes: (Bob Fryatt on behalf of Rania Kawar)

- This work has two streams: (i) identifying key attributes of a sound national strategy, and (ii) developing options for validation.
- The first phase of the work is complete and the outputs from these two working streams will be brought together in a report to be circulated.
- Remaining follow-up work until August includes: developing a validation/ assessment tool; conducting a mapping exercise to identify sets of national documents the information pertaining to each attribute might typically be found; and defining critical competencies of a Review Team that could potentially undertake an independent review of National Strategies.
- The group aims to have a meeting with the working group on monitoring and evaluation to make sure that the category on monitoring and evaluation in the attributes is aligned with their work.

Selection of CSO representatives (Sue Perez)

- The process for selecting CSO representatives to sit on the Business and Steering SuRG is being facilitated by the International Civil Society Support (ICSS), based in Amsterdam.

- A Transitional Steering Group (TSG) for this has been created and is comprised of representatives from Oxfam GB and northern CSO SuRG representatives, Sue Perez and Elaine Ireland.
- A description of the selection process was sent to the IHP+ CSO listserv for feedback and was thereafter finalised. Subsequently, a call for nominations for selection panel members was sent to the IHP+ CSO listserv. Several CS members for the selection panel are currently being considered.
- From there, a call will be issued for a northern rep and alternate, a southern rep and alternate and a communications focal point. The selection panel will review applications and make a final selection by end September.
- Selection of CSO representatives for the IHP+ CSO Advisory group will follow after SuRG and communications focal points have been identified and agreed upon.

4. AOB

- No major media is currently planned for the IHP one-year anniversary on 5 September 2008 but rather at the one-year ministerial review on 4-5 February 2009 when IHP+ can promote signed compacts and further disseminate the findings from short-term review and reaction from SuRG.
- The CSO SuRG representative urged that the Guidance Note on Country Compacts stipulate that, at signing, donors indicate how much they are putting on the table so that the funding gap is known.
- Upcoming key dates:
  - 10 September: the next Business and Steering SuRG to present findings from the short-term external review.
  - 29 August: extended deadline for submitting proposals for the N-S Consortium (deadline postponed after multiple requests).
  - End August: Signing of Ethiopia compact
  - 5 September: Roundtable on expanding health systems investments
  - September (second-half, date TBC): High-level joint mission to Ethiopia
  - 4-5 February (tbc): provisional date for one-year ministerial review
- Requests for future agenda items:
  - Update on mission to countries
  - IHP+ common communications
  - Expanding health systems investments