**Options for future IHP+ Steering Committee membership**

**Note for the IHP+ Steering Committee meeting 18th November 2015**

Introduction

The IHP+ Steering Committee was formed end 2013 and had its first meeting early 2014. At the time of its formation the intention was to improve the somewhat ad hoc process used for the selection of country members as well as to examine the usefulness and modalities for including members from the private sector, both issues were to be discussed and decided by the Steering Committee during its first tenure. In addition, some areas in the TOR, attached (Annex 1), has been identified that need to be more precise.

Duration of membership for individual organizations:

The current TOR for the Steering Committee states: “Committee members will serve for a minimum of one year, with the possibility of a one year extension”. With the exception of some of the multilaterals, most members have stayed the same for the first two years. It is suggested to interpret the text not to imply that SC members need to leave after 2 years, as this would have unintended consequences, including that a large number of members would leave by the end of 2015. It is therefore proposed to change the text to say: “Committee members will serve for one year, with the possibility of being extended. Extensions are decided yearly with no upper limit.”

The other option would be to apply a maximum limit of 2 years, or higher.

Length of Co-chairs’ tenure

While the TOR text is similar to the one on SC members, there is less rationale for allowing a limitless continuation; on the contrary it could be argued that a regular change of co-chairs may be good. It is therefore suggested to rephrase the text to say: “The Co-Chairs will be selected by the Steering Committee, and will serve for one year with the possibility of maximum one year extension.”

The other option would be no limit, or a higher limit.

Selection of members:

For **DPs** the present selection by constituencies has worked well, and is proposed to be continued. This means that the bilateral DPs and the multilateral DPs will decide who will represent the two groups.

The foundations have so far been included under the multilateral group. Whether this is the optimal solution, if more foundations than the present only signatory, BMGF, were to join, will have to be discussed when the situation arises, and it is proposed that for the time being foundations remain in the multilateral group.

Currently no international NGO is a signatory to IHP+, a situation that will hopefully change for those channelling substantial resources to countries, in which case their representation will have to be decided. For both groups one possibility would be to create a separate seat.

For **countries** it is very difficult to have this large group select representatives. The current TOR says: “For the country constituency, selection criteria of representatives will include geographical distribution, language balance and experience in IHP+ processes.” It is suggested that the current criteria remain, but that the process becomes more transparent by the following addition to the TOR: ”The Core Team will, after allowing all country signatories to express interest, suggest country representatives observing the criteria specified above. The list of proposed members will be circulated to the existing Steering Committee and considered agreed if no objections are received.”

For **CSOs** the current phrasing in the TOR (that the CS constituency will put forward members) has been taken to mean that the IHP+ Civil Society Consultative Group (CSCG) will appoint members. It is proposed that this approach should continue.

Private sector

It is proposed to include two representatives of private sector, with at least one from IHP+ signatory countries. Preference will be given to associations of private actors, as they would represent a broader constituency, than individual actors. As the private sector is enormously diverse, and has no overall coordinating body, it is suggested that the Core Team identifies two candidates, including securing their interest, and that they are confirmed by the Steering Committee.

Accordingly it is proposed to amend the TOR so that the membership of the Steering Committee includes two members, and in addition add the following text: “The IHP+ Core Team suggests two private sector representatives, these should preferably represent associations, and at least one should be from a developing country. The Steering Committee may issue specific guidance on the selection. Private sector will in the context of IHP+ Steering Committee include non-profit private health service providers. The Core Team’s proposal will be circulated to the Steering Committee and considered agreed if no objections are received”.

A table attached (Annex 2) shows possible relevance to IHP+ of different categories of private sector. Based on this analysis, the Core Team proposes to start by looking for associations or networks of health service or financing providers.

**Annex 1**

**IHP+ Steering Committee**

**Terms of Reference 16 October 2013**

The IHP+ Steering Committee will be responsible for setting overall strategic directions and oversight ofthe Partnership.

**ROLES AND FUNCTIONS**

On behalf of all IHP+ signatories, whom the Committee represents

* To shape IHP+ directions and activities and to make significant strategy and policy decisions.
* To approve the IHP+ work plan and budget, oversee progress with implementation, and discuss/advise how to address problems that arise.
* To agree terms of reference for Working Groups, review their recommendations, and agree on actions to be taken forward.
* To effect change in individual organizations and associated global health partnerships, by promoting the adoption of IHP+ principles and recommendations.
* To provide a forum for mutual accountability for results among IHP+ members.

**INTERNAL ORGANIZATION**

* The Committee will consist of 16 members who represent the different constituencies in the Partnership. Six members will be from partner countries; four from multilateral agencies[[1]](#footnote-1); four from bilateral agencies and two from civil society.
* Representatives are selected through a transparent process. For the multilateral agencies, bilateral agency and civil society constituencies, each group will put forward a representative(s). For the country constituency, selection criteria of representatives will include geographical distribution, language balance and experience in IHP+ processes.
* Committee members will serve for a minimum of one year, with the possibility of a one year extension.
* Members will be of sufficient seniority to be able to represent their constituency, and influence subsequent dialogue and action related to IHP+ recommendations.
* The Steering Committee will meet twice per year, with one meeting being face-to-face. Additional sessions will be organized if issues arise that require discussion by the Committee.
* Meetings will be co-chaired by one country partner and one international development partner. The Co-Chairs will be selected by the Steering Committee, and will serve for one year with the possibility of a one year extension.
* Decisions will be taken by consensus.
* Meetings will have clear objectives and points for decision. The agenda will be prepared by the Core Team in consultation with the Reference Group and approved by the Steering Committee Co-Chairs. Materials will be distributed by the Core Team 3 weeks in advance. Comments and suggestions may be submitted by email before the meeting, during or after the meeting.
* Actions and next steps will be communicated by the Core Team within 2 weeks of each meeting to all IHP+ signatories.

**Annex 2**

## Which private sector entities should IHP+ target?

| **Component/ role of private sector** | **Interests in health sector and EDC for health** | **Good IHP+ local partner?** | **Good IHP+ global partner?** | **Interest?** |
| --- | --- | --- | --- | --- |
| * Users & funders of health services | * Healthy workforce * EDC interest: value for money | No – should work directly with gov’t | No – group too local and diffuse | Local – high  Global – low |
| * Private providers (commodities, services) * Insurers / health plans * Professional groups | * Enabling, efficient regulation * Stable funding * Want access to gov’t or external funds, supplies and TA | Yes – if present in country at scale | Yes – if multinational presence  Or umbrella group | Local – high  Global – low |
| * Foreign direct investors * Social investors * Public Private Partnerships | * Stable, predictable market * Efficient health system * Clear role for private sector, competition, transparency * Subsidies/risk reduction | Maybe (if already present at scale) | Unlikely - TBD | Local – medium  Global – low |
| * Philanthropy e.g., foundations, international NGOs, Pharma CSR | * Better outcomes and equity * Influence policy * Want to make the most of development cooperation * Should follow EDC principles | No, unless present locally as a major donor | No, already represented, so not a step forward | Medium |
| * TA providers (e.g. MSH, PWC) | * Want to continue support * May be in competition with strengthening national systems. | No | No | High |

Source: Slightly modified presentation by Kamiar Khajavi for the IAWG meeting in Brussels, 18th to 19th June 2015. It will not be included in the final IHP+ strategy document, but included here for the information of the Steering Committee.

1. For convenience, this term includes the UN agencies; development banks; GAVI and the Global Fund [↑](#footnote-ref-1)