

IHP+ Executive Team Meeting, 21 July 2011 Note for the Record

Participants

DFID; GAVI; Northern & Southern Civil Society; UNAIDS; UNICEF; WB; WHO; IHP+ Results

ACTIONS:

- Core Team to share the recommendations from the Mutual Accountability Working Group, endorsed by the ET with the SuRG
- Core Team to share consultants' report on stocktaking / options for future strategic directions for IHP+ with the ET
- Core Team to follow up on side event at HLF4 in Busan in November

AGENDA: KEY ISSUES RAISED

1. Welcome to new IHP+ southern CS representatives

The Executive Team welcomed Mayowa Joel as the new southern CS focal point for IHP+. The new southern CS alternate is Innocent Laison. The Executive Team extends its thanks to Lola Dare for her work on the IHP+ over the past years. Short bios of both representatives are at the end of this note.

2. Third Round of monitoring by IHP+ Results: Working Group recommendations

Tim Martineau (UNAIDS, Mutual Accountability Working Group chair) provided an overview of the proposed approach to the third round of monitoring by IHP+ Results, and the Working Group's recommendations. The recommendations were endorsed. A summary of discussion is below.

1. *Triangulation of reported data:* Data will be collected as previously and will be reviewed by governments and partners at country level, including CS, using opportunities such as health sector coordination meetings. It was noted that CS engagement may require further discussion for those countries where CS is not as engaged in country processes. CS representatives noted that CS networks could help to identify country level CS to participate as needed.
2. *Relevance of indicators to different types of development partners:* DPs will not be able to report "not applicable (NA)" against any Standard Performance Measure (SPM), but will have the opportunity to provide comments on the back of the scorecard.
3. *Capturing qualitative data to better tell a story of change, without more transaction costs:* A limited number of voluntary questions will be included in the questionnaire to complement some of the standard performance measures (SPM).
4. *Improved indicators of CS engagement:* Agreed on the proposed minor changes to the relevant SPM, and an amplified question in the questionnaire. The proposed qualitative survey on CS engagement will not be taken forward formally as a part of round 3, due to cost and time implications. This will be considered within the context of the future IHP+ work plan discussions.
5. *Problem definitions:* Definition of "active" DP will be based on actual provision of health sector aid, for round 3 and that of General Budget Support will use a set of assumptions that will be further refined by IHP+Results.

Additionally, participation in round 3 will continue to be voluntary, though DPs agreed on the need to reach out to partners to increase voluntary participation in the process. DFID suggested the wording could be "presumed" participation, in line with signatories' IHP+ commitments.

The timeline proposed for round 3 was broadly accepted (see note on round 3), but it was noted that future rounds should be more aligned with the timing of country review processes. Civil Society requested that CS at global and country levels should also be informed of timelines.

3. Update from CSO on preparatory meeting for Busan

Mayowa Joel (CS) provided an update on the outcomes of the Second Joint Stakeholder Roundtable on EU Health Aid health 29-30 June in Brussels. The overall objective of the meeting was to jointly assess the evolution and impact of the EU aid architecture on the health sector in developing countries, and ultimately to elaborate a joint stakeholder position on EU Aid Effectiveness in preparation for the High Level Forum, Busan, 2011. Specific conclusions/recommendations included:

- Who owns health aid? Countries, not only governments. Need to promote an enabling environment which guarantees the conditions and predictable financial resources for CSOs to participate in decision making.
- How do we deliver aid to health? Through IHP+, by re-committing to principles of aid effectiveness, also as Civil Society, and ensuring better coordination at country level.
- What do we want to achieve through health aid? Impact and locally defined results for better health equity

CS suggested that there would be a benefit to having a Health as a Tracer Sector side event in Busan, including a focus on IHP+ as a good example of aid effectiveness. The Core Team will follow up with the organisers. For more information on this roundtable, see attached.

4. Future strategic directions of IHP+: status of consultation process

- Stocktaking interviews by consultants Martin Taylor/Leo Devillé near completion. An e-forum has been launched with feedback from 12 IHP+ signatories: 6 countries (Benin, Mauritania, Sudan, Cameroun, Niger, Pakistan), 4 bilaterals (Belgium, France, Germany and Spain), 1 multilateral (ILO) and 1 CS rep (North).
- The consultants stocktaking report will be ready by the end of August.

5. AOB

- The Rwanda Mid-term review / JANS is ongoing .
- A review of the IHP+ website is currently ongoing. The ET is invited to respond to a survey on how the website is organized, etc.
- The August ET meeting will be cancelled; the ET will meet again on September 15.

Bios of IHP+ Southern CS representatives

Mayowa Joel is the Program Director for Communication for Development Centre in Nigeria – an organization promoting viable and sustainable health and development programs in Africa. He is experienced in promoting health and development. He manages programs and provides technical assistance to different stakeholders on Public Health; Health Financing; Health Systems Strengthening; and Community Systems Strengthening. He plays key roles in relevant committees and networks at the country, regional and global levels; and contributes to wide range of articles and publications on Health and Development. He has been the IHP+ southern civil society alternate and now becomes the IHP+ southern CS representative.

Innocent Laison is the Senior Program Manager of the African Council of AIDS Service Organizations (AfrICASO), which he joined in 2003 as Communication Manager to support the transformation and leadership process. Since then, he had dedicated himself to an articulated and relevant community response to the HIV/AIDS in Africa. He is based in Senegal. He represents civil society organizations in several national, regional and global health-related committees and events including IHP+ Civil Society Consultative Group. He has contributed to several manuals and guidelines for community involvement in the response to HIV/AIDS in Africa. He is a sociologist with a double specialization in Urban Sociology and Sociology of Work and Organizations. He now becomes the IHP+ southern civil society alternate.