Participants:

Australia
GAVI
Global Fund
United Kingdom

Civil Society (North and South)
Kenya
Netherlands
WHO

European Commission
UNICEF
World Bank

ACTIONS:
1. Dates of the Country Health Teams meeting are confirmed: Brussels, 9 and 10 December
2. The Core Team will share a draft agenda for the country health teams meeting for comments
3. Date of next Executive Team Meeting: 23 September 2010

AGENDA:
1. Follow-up to the July SuRG Meeting on Mutual Accountability
The Core Team noted that ten developing country and 12 development partner IHP+ Global Compact signatories have confirmed participation in the second round of monitoring of IHP+ Results. Confirmation from other IHP+ signatories is expected throughout July.

The Core Team assured partners that reporting would under the second round of monitoring of IHP+ Results would be based on existing processes as much as possible, to be discussed with country focal points, as agreed in the working group on mutual accountability.

2. 2010 Country Health Sector Teams Meeting
The Core Team noted that the third annual IHP+ Country Health Sector Teams Meeting is scheduled for December 2010 in Brussels. The Core Team will confirm the dates of the meeting and will circulate a draft agenda for Executive Team inputs.

The Executive Team supported the inclusion of joint assessment and the health systems funding platform as key agenda items for this meeting, underlined the importance of sharing of experience at this stage of the partnership, and suggested that presentations and panelists be limited in number in favour of increased discussion and dialogue amongst country teams.

3. JANS & Health Systems Funding Platform Update

Uganda A JANS mission took place 24 June - 2 July. Of those present at this ET, Finn Schleimann (World Bank) and Lola Dare (southern civil society) participated and provided an overview of the process.

For the MOH, the main objective of the JANS process was to create an opportunity for strategic discussion and thus strengthen the national health strategy. A scoping mission was held in March 2010. MOH Uganda, in collaboration with local partners, decided on the composition of the JANS team in June. The team involved technical experts in a range of JANS related areas, including staff from the Global Fund, USAID, WHO and the World Bank. It was led by an independent consultant.

Some issues mentioned:
• The JANS mission highlighted the need for further work on costing of the plan and on priority setting. A second review, after the costing is completed, has been proposed - possibly as a desk review.
• Partner engagement in the health sector. Several points were made: partner engagement in the health sector has reduced as more have moved to budget support; it is unclear which partnership body currently provides the main forum in which MOH and partners can hold each other accountable; processes of partner engagement are time consuming and should be simplified where possible.
• Contrary to some expectations, - the mission may have been too short, as a lot of information had to be reviewed.

In the discussion the question of considering that a JANS may be most useful if implemented over a series of phases in order to facilitate response to technical issues was raised. It was also observed that, while it may be desirable to time such assessments to fit with budget cycles, this is rarely possible in reality and a pragmatic approach is needed.

Ethiopia A JANS workshop was held in July. Phyllida Travis (WHO) and Johannes Hunger (Global Fund) participated and provided some informal feedback on the process.
The JANS process began with a scoping mission in February. A small working group, led by MoH, was then formed to facilitate the JANS process. A roadmap was developed and three working groups reviewed different components of the draft plan, using the JANS tool. A Civil Society workshop also took place. Comments and findings from the working group reviews and CSO workshops were presented at the final 2-day JANS workshop, with in-depth discussion taken forward through small group work. This workshop was different in that all external partners/donors were free to participate with as many participants as desired.

Some issues:

- Early feedback was that the process in Ethiopia was well organized and resulted in a robust and fair assessment of the plan, including a balanced view of the weaknesses. These weaknesses include issues of priority setting, costing; linkages between sub-sector plans and some of the governance aspects of the plan. The recommendations will be used in the final revisions to the plan.
- In the last session, partners were asked to comment on their support for the plan. The health system funding platform agencies made a joint statement. Some concrete areas proposed for consideration by the MOH were: a joint financial management assessment and utilizing joint annual reviews as the basis for monitoring by platform partners. The issue of making linkages between the 5 year plan and annual operational plans was noted. The GF also noted that the links between different governance structures - the CCM and joint health sector governance, need clarification.

The World Bank noted the progress being made on strengthened governance under the Health Systems Funding Platform work plan, particularly in the areas of financial management and procurement.

Lessons learning: Veronica Walford, the consultant compiling ‘lessons learned’ from the different JANS country processes has taken part in both the Uganda and Ethiopia missions and worked with a local consultant in Ethiopia. Her reports will be shared when available.

4. Any Other Business
A call for nominations for the northern Civil Society representative to the Executive Team and SuRG has recently been circulated to the Executive Team, as well as to other networks. A selection panel of northern Civil Society representatives has been assembled to assess applications for this position. Nominations or applications may be sent to Sue Perez – sue.perez@treatmentactiongroup.org.