IHP+ Executive Team Meeting
20 October 2011
Note for the Record


Action Points:

• Final draft work plan to be circulated to ET by 31 October. Feedback to be sought in the meantime from selected countries.
• Core Team to develop a roadmap on the way forward to a meeting of JANS stakeholders, to be circulated to ET by 28 October.
• Core Team to circulate the M&E Working Group names (see annex 1 below), and document, attached here.
• Email to be sent to SuRG by 28 October including: the 'Future Directions' review report, the invitation to Round 3 of IHP+Results, an update on new signatories and initiation to volunteers for the ET (6 month rotating seat).
• Next ET meeting: 17th November.

1. Draft Work plan and budget 2012-13:

General appreciation of the draft that broadly reflects expectations at global and country level, as well as the independent review undertaken during the summer. The importance of IHP+ in the aid effectiveness agenda and in the increased emphasis by many partners on supporting countries to develop strong national health plans was acknowledged. Specific comments:

• Action Area 2 (consolidating and accelerating change through global action) could be more specific on what is expected from the global level;
• possibly over-optimistic regarding practical outcomes, such as donor harmonization of procurement policies;
• deliverables could be more clearly quantified;
• budget allocation for the Civil Society Health Policy Action Fund is slightly lower than previously, which would limit the number of grantees that can be funded in the next biennium;
• the Core Team’s proposed reduced role in supporting JANS was questioned, by some members who saw the need for a continued critical role of IHP+ in coordinating the JANS process, especially in light of the anticipated increasing country demand for JANS;
• it would be helpful to flag in the work plan the dependency between the magnitude of the IHP+’s role in supporting JANS and the outcomes of the early 2012 meeting on the future of joint assessment (discussed in detail in Agenda Item 2);
• given the light structure of the Core Team, it is important to leverage maximum experience and assets from partners, and other initiatives such as the Commission on Information and Accountability for Women’s and Children’s Health;
• there is a need to obtain country feedback on the work plan quickly so that funding decisions can be made soon.

2. JANS update and moving forward

The Core Team reported that the JANS tool and guidelines have been revised by the Working Group, based on country experience. A draft options on JANS process paper will be discussed by the WG on 24 October.
James Droop introduced the DFID email proposing a meeting to review experience with JANS and discuss ways for agencies to organise themselves to support JANS in future. He noted that JANS has been a success. It is increasingly used in the planning cycles of many agencies. Agencies such as GAVI and the Global Fund will increasingly rely on JANS outcomes for funding decisions, so a significant scale-up of demand for JANS is expected. There is a need to find ways to balance different JANS objectives - developmental and as a basis for funding decisions

Specific Comments:
- ET members welcomed the DFID proposal as a useful opportunity both to discuss lessons learned, and address questions about how to effectively support joint assessment processes in the short, medium and longer term. When discussing global processes there is a need to remember country ownership; keep a country perspective.
- It is important to take both IHP+ and non-IHP+ countries expectations and experience into account, and balance country and donor expectations.
- JANS is being used to assess disease programme as well as sector strategies. There are lessons from the experience of both processes, and from agencies that have been actively engaged.
- Country expectation tends to be that increased funding will follow a successful JANS.
- Some ET members see a critical and larger role for IHP+ Core team in coordinating JANS in the future, and engaging other players at country level such as USAID and JICA, as well as increasing the involvement of civil society in the process.
- It was agreed that the current momentum needs to be maintained; that a meeting of stakeholders should be held in the near future; it should be well planned and involve countries, civil society and donor agencies.
- The Core Team will develop a roadmap, to send out to the ET by 28 October. A small inter-agency group will be set up for preparing the meeting on JANS.

3. M&E
Ties Boerma (WHO) gave an update on M&E work. The M&E Working Group has now expanded to 15 members, including civil society, academia, and bilateral agencies. It has developed the document "Monitoring, evaluation and review of national health strategies", which is being widely used by agencies and countries. The IHP+ 'language' and approach to M&E is also being used by the Commission on Information and Accountability for Women's and Children's Health. Some countries are working towards 1 country-led M&E platform (e.g. Uganda, Nepal, Mozambique and Sierra Leone). The M&E WG will have a teleconference next week to discuss the current status of its work plan and the links with other initiatives. Discussion followed on the need to (i) harmonize around indicators; and (ii) strengthen processes of independent verification in-country - possibly a role for CSOs - with the aim of improving data quality.

4. Upcoming events
- Health side event at Busan confirmed, probably on 30 November - "Strengthening Accountability for results at country level: what can be learned from health?" 25 agencies agreed on the text of the combined proposal. Phil Hay will be the moderator.
- Aid Effectiveness in Kampala, 13-14 November (preceded by 2-day meeting of Civil Society Consultative Group, and 1 day meeting of IHP+ north and south CS reps);
- Commission on Information and Accountability for Women's and Children's Health; (Canada, November);
- HRH Community of practice (Tunis);
- Global Fund, Health System Funding Platform for Multi-stakeholders Call, 1st November.
Annex 1 M&E Working Group

T. Boerma (WHO); P. Hansen (GAVI Alliance); Daniel Low-Beer (GFATM); Nathalie Zorzi (GFATM); Laura Laski (UNFPA); T. Wardlaw (UNICEF); D. deSavigny (Univ. of Basel); 'J. Bryce (JH School); F. Schleimann (the World Bank); P. Ghys (UNAIDS); S. Germann, World Vision; Lola Dare Chestrad; I. Danel (CDC); 'E. Ecker (GH/AA/GHI); V. Walford (IHSD); W. van Damme (Antwerp School of TM); S. Conway (IHP+Results).