IHP+ Executive Team Meeting, 25 October 2012
Note for the Record

Participants: UNFPA, WB, GAVI, EC, UNAIDS, WHO, UNICEF, CS South, DFID
Apologies received from other Executive Team members.

ACTIONS:

- **Future monitoring of health aid effectiveness**: Core team to email SURG about the online consultation
- **4th country health teams meeting**: Core team will amend agenda to reflect feedback; encourage country participation in preparation; ET members to email the Core team on sessions they will help prepare
- Next ET meeting: 29th November 2012

Agenda

1. **Report back from the 5th October meeting of the Mutual Accountability Working Group**

- Tim Martineau (Chair of the MAWG) briefed the ET on objectives and conclusions of the meeting. The MAWG was mandated by the ET to review lessons learned on monitoring and reporting, and discuss options for the future monitoring of aid effectiveness in health for IHP+ signatories.
- The 5th October consultation agreed the following **principles** for future monitoring:
  - Continue some form of voluntary health sector-specific monitoring of aid effectiveness
  - Focus on **country-level monitoring**, but continue some form of **global reporting**, to provide the peer-pressure needed at global level, but without using a global survey to collect data
  - Agree on a **minimum set of indicators**, drawing on the post-Busan indicators, but also informed by perceptions of indicator importance, relevance, measurability.
  - Indicators should reflect the commitments of both government and development partners
  - **Embed monitoring of aid effectiveness indicators** into routine country reporting systems and processes and include all major players
  - Consider **support needed for countries** who want to expand on the minimum set of indicators
  - **Find ways to address important, qualitative aspects** of aid effectiveness behaviour
  - Intensify dissemination and debate of findings. Make more use of **country based accountability mechanisms**, including a more effective role of civil society/national parliaments

**Key points discussed**

- Multilateral agencies are experiencing a variety of performance assessments on top of IHP+Results. Those by bi-laterals are both collective (MOPAN) and individual (e.g. DFID MAR). This is time consuming. Could they be consolidated?
- Agency transaction costs could be reduced if they internalized aid effectiveness indicators and made them part of routine reporting within own agencies - UNICEF is apparently doing this in 2013. It should not detract from country processes.
  The MAWG chair noted that IHP+Results is the only assessment looking specifically at health sector aid alignment with Paris principles.

**The Core Team outlined next steps for the consultative process:**

- Online-consultation of IHP+ signatories on options for future monitoring; end October - 9 November
- Circulation of proposal for future monitoring to all IHP+ signatories – mid November
- Decision on principles / broad outline of future approach at 4th Country Health Teams Meeting
2. 4th Country Health Team Meeting, 12-14 December

Key points discussed

General
- Host country Kenya MOH is involved in meeting opening and close, and the panel.
- Panel debate on evening 11 December, before the technical programme starts: aiming for a mixed and inspiring set of panelists: country MOH, MOF, one DP, a regional entity, CS. Moderator is journalist familiar with the topic.
- Meeting participants are: country teams from all 31 developing countries (5 per country), plus global development partners, approximately 200-250 people; CSO representatives in the country teams are increasingly coming from umbrella CSO organizations.
- Timeline for preparation: outline of sessions ready by 9th November, Core Team to circulate draft template.
- Give voices to country representatives in both the preparation of sessions and presentations.

On session scope and content
- Must discuss recent developments in global health initiatives and global strategies. Meeting could then get country perspectives on ways these can be appropriately integrated into existing country processes, based on IHP+ principles. Core team comment: the global update is the focus of session 1.
- JANS session: will cover Hammamet follow-up: place of JANS in funding decisions; Sudan and Kenya should have completed sector JANS with an in-depth look at selected programme strategies by the time of the meeting.
- M&E session: will include links to COIA follow up. Being led by Ties Boerma.
- Parallel session on procurement could bring up discussion of the Commodities Commission.
- Consider switching sessions 9 and 10.
- Discussions on disease specific initiatives should be integrated within current sessions, rather than having a separate one.

3. Any other business

- JANS
  - Kenya JANS ongoing, team led by Jarl Chabot;
  - Sudan JANS will start in second half of November, JANS team contains Dr Bola, chair of GF/TRP and GAVI/IRC;
  - Sharing information on upcoming JANS: this is done a) via the monthly IHP+ country overview matrix, shared before each ET, and through internal agency channels.
- GAVI Partners Forum in Tanzania, a week before the IHP+ Nairobi meeting. 2 sessions relevant for IHP: a consultation on PBF model, which started in 2012; a consultation with countries on how can GAVI support HSS, from perspective of immunization.
- UNGA side meeting of global health leaders: IHP+ Update to heads of agencies will go out early next week. All ET members to be copied.
- IHP+ country overview matrix: CS rep requested an additional column showing whether a country has a CSO umbrella organization. Core Team to pull together existing information and share with CS reps.