Participants: AfDB (observer), CS South, EC, GAVI, Germany, Sudan, UNFPA, UNICEF, World Bank, WHO
Apologies: DFID, Global Fund, CS North, UNAIDS, WHO (Kieny), World Bank (Klingen, Fidler)

Actions:
1. Core Team to follow up with the three new signatories, and with countries committed to supporting intensified action by development partners.
2. Core Team to present options for strengthened high level oversight of IHP+ by the end of June 2013.
3. Specific ET members: EC HQ intensifies communication on IHP+ with EU Delegations staff; on internal HQ discussions with relevant units, on FM ; Germany following up with KFW for the Financial Management Working Group.

Agenda:

1. IHP+ at the World Health Assembly: highlights from two events
   - Signing of the Global Compact by three new partners: Guinea-Bissau, Haiti and USAID.
   - IHP+ technical briefing, ‘Aligning for better results’. Hosted by WHO DG Dr Margaret Chan and WB President Dr Jim Yong Kim. 200-plus attendees including most of the country and development partner signatories, CSO representatives and journalists. 3 non-signatories - China, Angola and Tanzania - also attended. The eight panellists included three Ministers of Health (Ethiopia, Myanmar and Senegal); Permanent Secretary for Finance, Rwanda; Minister of Development Cooperation, Sweden; senior representatives from the EC, Global Fund, and civil society. A video of the whole technical briefing is up on the IHP+ website.
   - Overall:
     o There is renewed and credible global political momentum behind IHP+.
     o The ‘7 behaviours’ resonate well with different stakeholders. The messages are not new but the seniority of the people delivering them is important.
     o There are very high expectations of the partnership and a continued emphasis on results.

2. IHP+ Roadmap for intensified action by all development partners: comments from ET members
   The IHP+ Core Team briefly introduced the draft Roadmap, and noted that it will be hard work to maintain the renewed momentum behind IHP+, and face up to political realities.
   ET comments, questions and associated clarifications:
   - On the roadmap as a whole: EC and Germany welcomed its concreteness and the emphasis on country dialogue, but felt the approach on development partner action was rather rigid and needed to take account of how far development partners can change processes and procedures which go beyond the health sector and the time such changes will require. For GAVI, the roadmap is clear, relevant, and a useful basis for agency internal discussion. Sudan suggested some form of peer review mechanism. CS emphasized the need for follow up.
   - Timing of next steps: Concerns were raised about the expected pace of action by agencies. In response, the Core Team noted that the timing in the roadmap is not rigid, but there is a real need to move now on these issues while there is apparent willingness from Agency heads to support this agenda.
   - Agency follow up: EC reported they will be improving their country communication; Kristian Schmidt has offered to host a meeting with other EC departments to discuss the 7 behaviours (EC to discuss handling internal meetings with World Bank); they will continue internal discussion engage on FM. Germany will engage KFW in the financial management working group, and on south-south cooperation. GAVI noted a need to self-reflect across all sections of an organisation using the 7 behaviours, to identify where the bottlenecks are.
• **Selection of countries:** The Core Team clarified that in March all IHP+ countries were asked if they were interested in championing more intensified work on the 7 behaviours. A number of countries responded positively and are being followed up: Senegal, Burundi, Sierra Leone, Ethiopia, plus – separately – Myanmar.

• **Link of this work with the future monitoring of aid effectiveness through IHP+:** The Core Team clarified that the planned periodic monitoring of progress on 6 issues remains and - as before - all signatories will be invited to participate. It noted that those indicators capture **what** has changed, but they are not designed to capture **why and how** this happened. In countries participating in the intensified approach, additional effort will be needed to document those aspects as well.

• **Oversight within IHP+:** The Core Team noted that with the renewed commitment some form of periodic high level oversight is needed. and that the ‘SuRG’ which now has 59 members is now too large to serve this purpose on any regular basis. At the same time there is a real concern to avoid any new structures. The IHP+ Core Team will have developed some possible options for discussion by the end of June 2013.

3. **Any other business.**
   - The IHP+ Mutual Accountability Working Group will meet by teleconference on 18 June to review future monitoring indicators.
   - IHP+ Core Team is to participate in Harmonisation for Health technical coordination meeting in Brazzaville, 12 - 14 June, and present the 7 behaviours.

**Next Executive Team meeting to be held on 27 June 2013.**