Executive Team Meeting
27 May 2010
Note for the Record

Participants:
Australia Civil Society – North, South
GAVI Global Fund Nepal
Spain UNAIDS United Kingdom
WHO World Bank

ACTIONS:
1. A special SuRG will be held on 2 July 2010 to discuss the recommendations of the Working Group on mutual accountability.
2. The Core Team will circulate a preparatory note by June 11, 2010 to guide these discussions.
3. Information on IHP+ funds allocated for activities involving civil society will be provided by the Core team.
4. Better engagement and information sharing on the Health Systems Funding Platform will be an agenda item in the next Executive Team meeting.
5. Date of next Executive Team Meeting: 24 June 2010

AGENDA:
1. Mutual Accountability Working Group

Carissa Etienne (WHO) opened this agenda item noting how much IHP+ has grown, and that all IHP+ partners have a moral obligation to deliver on their commitments and support mutual accountability.

Tim Martineau (UNAIDS), Chair of the Working Group, presented the recommendations. Following 3 teleconference and a face to face meeting on May 19, 2010, the Working Group arrived at six conclusions:

1. There will be 13 standard measured for the 2010 monitoring round by IHP+ Results.
2. The results of the 2010 monitoring round will be presented in 2 simplified scorecards (country, partner).
3. Participation in the 2010 monitoring round is encouraged, but remains voluntary (‘opt-in’).
4. Data collection processes will be decided on an individual partner/agency basis, but must be finalized soon in order that the 2010 Report be delivered on schedule.
5. A special SuRG will be held at the end of June 2010 to discuss the recommendations of the Working Group. The Core Team will circulate a preparatory note by June 9, 2010 to guide these discussions.
6. IHP+ Results will periodically update the Executive Team on the 2010 monitoring round.

Two outstanding issues were noted, that the working group will address by email or one last teleconference:

1. IHP+ Results has suggested targets be established for the indicators. The working group will make a recommendation.
2. How to reshape the longitudinal studies so that they contribute to the overall IHP+Results package. The working group will discuss options provided by IHP+Results.

Discussion:
There was general appreciation for the progress made on agreeing a standard set of indicators and simplifying the presentation of information, and for the inclusive way the Working Group had operated.

Australia raised a question about the indicators on increased and more predictable funding and procurement systems.

- Tim Martineau noted that the emphasis of the funding indicator for development partners is increased predictability of funding. Regarding procurement, Paris indicators were selected to gauge use of country systems, but this does not detract from the need to build capacity in some areas.

The EC requested clarification on how communication of this work will be taken forward, linkages with TTHATS work under the OECD/DAC, and why there was a specific sub-area on HRH in the indicator on support based on country plans. He noted an upcoming EC Member States meeting 8-9 June, that will be used to encourage IHP+ signatories to participate in the second round of monitoring.

- Tim Martineau noted that HRH work was a specific area mentioned in the IHP+ Global Compact and that it was widely seen as a cross-cutting and effective proxy measure for health systems strengthening support.

- The Core Team noted that IHP+ Results is in regular discussion with OECD/DAC, especially the TTHATS group and survey experts. All Working Group notes for the record and related documents are

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1 Participants included representatives of Burundi, Ethiopia, GAVI, Global Fund, IHP+ Results, Netherlands, United Kingdom, UNAIDS, WHO, and the World Bank. Germany (KfW) has taken part in all teleconferences, but could not attend the 19 May meeting.
on the IHP+ website and the IHP+ Results website. Communication of this work will also be done through the SuRG. Each IHP+ partner should communicate within their respective agencies. Communication this time round will be helped by the fact that there are now contacts for IHP+ in each IHP+ partner country MOH.

Northern Civil Society noted the absence of an indicator to gauge progress of donors filling financing gaps identified by countries. Clarification was requested regarding the Civil Society indicator and how the 2010 monitoring round would be implemented at the country level with respect to timing and national processes, such as Joint Annual Reviews, etc. Finally, it was asked whether IHP+ had formally reached out to the US Government for participation in this process.

· **Tim Martineau** noted that the timing will be a challenge given the scheduled delivery of the next report in early 2011. While use of existing country data and processes is the goal, some processes eg annual reviews may have already been held this year. It was also noted that there is no current method for capturing data on financing gaps, which is why the Working Group opted for the indicator on predictability of financing instead. The Civil Society indicator was developed after agreement that it should be a ‘benchmark’ indicator and that it could be reviewed and changed as needed moving forward.

· **The Core Team** noted that while the US Government has not yet been engaged in these discussions at the global level, they have a representative on the SuRG. And at the country level, the US is engaged on a country-by-country basis.

Carissa Etienne closed the discussion noting that there was general acceptance of the Working Group recommendations. Notes for the SuRG discussion will be sent around by 11 June.

2. **Civil Society**

   **The Core Team** provided an update on country and global level work with Civil Society. The IHP+ has provided resources for the Civil Society Health Policy Action Fund, managed by Oxfam, to support capacity building for Civil Society engagement in health policy processes in IHP+ Countries. At the global level, Civil Society representatives have established a consultative group, for which IHP+ will provide some financial support.

   **Southern Civil Society** provided an overview of the budget and workplan for Southern Civil Society activity in 2010-2011. With a budget of $100,000, they will work in 5 program areas:
   1. Conduct orientation of Southern Civil Society representatives on the IHP+ (dovetailing with existing meetings).
   2. Conduct a landscape mapping of Civil Society active in IHP+ countries and develop a set of operational guidelines for engaging in partnerships like the IHP+, in collaboration with CSOs in other GHIs including GAVI and GHWA.
   3. Work with IHP+ Results to increase contributions of Southern Civil Society to country scorecards.
   4. Strengthen communication between Southern Civil Society organizations, possibly through an SMS based platform.
   5. Establish a Communications Hub and provide support to Civil Society Consultative Group members.

   Discussion:
   **The EC** noted that many development partners are already active in strengthening Civil Society capacity, and that efforts should be made to minimize duplication of efforts. Clarification was requested on the mapping activity, give the large number of organizations in countries; on how Civil Society would be monitored to deliver on the workplan, and on the selection of the Civil Society Consultative Group. He suggested that JANS was an opportunity to gauge level and strength of Civil Society involvement.

   **Civil Society** noted a call for nominations for the Consultative Group was issued last year. The SuRG was asked to circulate it to their constituencies. It was noted that a major challenge for Civil Society engagement is lack of information which could be addressed by making transparent the membership of country health sector teams (as recommended in the IHP+ Guidance on CS Engagement in CHSTs) and by in-country development partners being proactive in organizing CS-specific meetings to provide an opportunity for CS to gain a clearer understanding about the IHP+. UNAIDS has committed to supporting these types of meetings and has helped to facilitate them in Vietnam and Ethiopia in conjunction with core team missions, but more support is needed from other development partners. Another challenge is shortage of funds for the CS reps and broader CS to fulfill on the IHP+ global compact and CS Action Agenda for the IHP+. On the mapping activity, CSO reps stressed that this list would be opportunistic not exhaustive, and start simply by combining existing contacts held by different GHIs.

   **GAVI** welcomed the effort to link up with existing global CSO activities; agreed the range of actual and proposed activities was reasonable, and that the Core Team was responsible for monitoring implementation.
He noted that the ET and all IHP+ partners need to continue to work for increased engagement of Civil Society within our respective organizations.

The UK cautioned about creating new structures solely to service IHP+, and that the main focus should be on strengthening civil society engagement in country health policy processes, communication, etc.

The Core team will share information on IHP+ funds allocated for activities involving civil society.

3. JANS & Health Systems Funding Platform
The Core Team provided an update on the status of JANS and the Platform at the country level and it was noted that both GAVI and the Global Fund Boards have approved the use of the platform in 4-5 countries.

- The Ethiopia JANS process has been developed. The JANS Workshop has been postponed until the July 19-20.
- The Uganda JANS has also been postponed to July 2, 2010, as the government did not feel the original timeline was feasible.
- JANS processes are being considered in Bangladesh and Tajikistan.
- A Platform mission (Track 1) will take place next week to Cambodia and will have a special emphasis on monitoring and evaluation.
- In Nepal, a JFA is being developed. AusAID, KfW, UNFPA, and GAVI are all considering signing up to the JFA.
- Benin is discussing the possibility of using the platform (Track 1).

At the global level, progress is being made in each of the work areas:

- Work Area 1: Progress is being made on country visits.
- Work Area 2: GAVI and the Global Fund are working to develop a common proposal form and review processes, though this needs to be discussed at the PSC of the Global Fund.
- Work Area 3: Harmonization and alignment of financial management and procurement are moving. Discussions between GAVI, the Global Fund, and the Bank were held in the margins of the WHA in Geneva on how the agencies could agree on international standards and TORs for financial management assessment. Single audits were also discussed.
- Work Area 4a: A meeting will take place in mid-July to discuss how to operationalize CHeSS.
- Work Area 4b: Discussions were held in the margins of the WHA. The note for the record is available on the platform website (http://go.worldbank.org/0D4C6GPQU0).

The Bank raised the question on how better to share information on the Platform with a wider community while still avoiding the possibility of discussions becoming too large and unmanageable and inhibiting the speed of action at the country level. WHO suggested that as time was short this should be an agenda item in the next ET meeting.

Lastly, Civil Society asked that the Executive Team be kept better up to date with upcoming IHP+ activities - for example country visits on compact development, in order to inform its own networks and support the process. Civil Society suggested to add a column for compacts to the current JANS/HSS platform matrix.