IHP+ Executive Team Meeting, 24 April 2012

Note for the Record

Participants
EC, UNAIDS, UNICEF, UNFPA, GAVI, WB, WHO, Sudan, Australia, Netherlands, CS South, CS North, ReAction

ACTIONS:
- IHP+Results to develop a proposal for triangulation of data from development partners, to be discussed at the next ET meeting
- Core Team to assess opportunities around the UNGA in September for wide dissemination of IHP+Results report and report back to the ET
- Core Team to circulate concept paper and other relevant information on the WHA side event on strengthening accountability for results at country level
- Next ET meeting: May 31st 2012, 16:30 CET.

Agenda Items

1. Update on OneHealth costing tool – UNDP, UNFPA and WHO.
   - The tool is built on principles of accountability and transparency; it uses the building blocks of the health system as a framework, and integrates the best features of previous tools developed by different UN agencies; it contains impact modules to assess relationships between outcomes, costs of interventions and coverage; within the one common database it contains a significant amount of preloaded data, for example epidemiology reference models, demographics, coverage targets, costs, prices, GDP, ODA, national health accounts etc. The tool is hosted on the IHP+ website.
   
   Key points discussed:
   - The design of the tool makes it adaptable to different contexts and the level of information required can be changed depending on the purpose.
   - Tool has been well received in countries, experience very positive; demand for technical support in the use of tool is rising, requests come through the IAWG.
   - The marketing strategy for the tool currently is about coping with the demand; short term plans include regional training workshops through partners, consultants, and IAWG staff. Web-based approaches for training were suggested, need serious consideration.
   - Partners should advocate for its use as a tool during the strategic planning process, not only at the end of it to cost the final plan. For example, Burkina Faso tried to incorporate the outputs of OneHealth into the JANS.

2. Feedback from IHP+Results on 2012 data collection – Tim Shorten
   - Third round of IHP+Results data collection will end by 30 April. 70% returns by 19 April. Process is clearly maturing. Increase in accuracy of data reported, still challenges for consistency (need a pragmatic approach to balance the two).
   - Transaction costs associated with the process, despite the efforts to minimize that; having 9 additional countries placed an additional burden to agencies. Need to reflect on the scope and timing of future processes. Will table this discussion with the Core Team
   - Triangulation: some steps taken to work with CS and MOH to make sure there is at least a prospect of discussion at national level on the findings of the tool. Some triangulation will be needed for the aggregated information in the score cards for the agencies; a proposal will be submitted to the ET.
   - On track with finalizing the report by September. Draft score cards will be sent out shortly. Envison a forward looking report and reflect on examples from countries, how monitoring has been incorporated in country processes and how CS have been integrated in the process, how IHP+Results have contributed, and provide useful thinking for future monitoring.

   Key points discussed:
   - Still too many monitoring processes by different agencies going on at the same time, needs further discussion on how to better harmonize them.
   - Transaction costs might be reduced if the process of data collection is located at country level and geared towards strengthening national ownership: ex. Mozambique Joint Annual Review was supported by the IHP results monitoring process.
• CS can play a role in dissemination of results of accountability monitoring at country level.
• There is a need to assess opportunities to ensure wide disseminate of final report in events around the UNGA. So far, IHP+Results coordinates with the Commission on Accountability and the Countdown process.

3. World Health Assembly side event, Wednesday 23 May – Core Team
• The focus of the side event will be on strengthening accountability for results at country level; the event was requested by Spain and Sierra Leone; the Core team will circulate the information.

4. AOB
• Launch of new IHP+ website: Planned for 14th May, the domain name will not change.
• Health Policy Action Fund – Round 2: the call for proposals was advertised in all IHP+ countries. 107 proposals were received from 24 countries by the closing date of 28 February. The Project Technical Committee reviewed 25 proposals, and ten were selected to receive grants, from the following countries: Cameroon, Kenya (2), Mali, Nepal, Pakistan, Sierra Leone, Togo, and Uganda (2).