
6th IHP+ Steering Committee Meeting

Friday, 8 April 2016

Room R8B (8th floor), Global Fund to Fight AIDS, TB and Malaria (GFATM)
Chemin de Blandonnet 8, 1214 Vernier Geneva.

Note for the Record

Introduction

The IHP+ Steering Committee (SC) met for the 6th time on 8th of April 2016 (in Geneva) for an extraordinary meeting called to discuss and decide whether to evolve and update the scope for IHP+ to become a UHC (Universal Health Coverage) partnership or alliance (name not yet decided) and the way forward.

The agenda and list of Steering Committee members are in Annexes 1 and 2. Documents and presentations are on the IHP+ website, with links provided embedded in the NfR text. This Note for the Record captures decisions and main issues raised in the discussions.

Summary of decisions, recommendations and agreed actions

A. The change from MDGs to SDGs implies a need to evolve and update the scope of IHP+, and the IHP+ Steering Committee (SC) decided to recommend to the IHP+ Signatories to broaden the scope of IHP+ to include facilitating moving towards UHC and better coordinated HSS and offer participation to a broader range of partners.

B. Agreed next steps:

- **Core Team: Prepare a summary of discussions and share with SC by 15 April, comments from SC by 22 April; SC discussions to be incorporated into a revised Concept Note (CN) that also describes options for the scope of the proposed Alliance or Partnership by end April; comments on revised CN from SC and IHP+ Partners by mid-May**
- **End April ask agreement/no objection from IHP+ Signatories on broadening the scope of IHP+, reply by Mid May**
- **May: G7 may mention IHP+ transformation to new partnership & help signal level of ambition**
- **21st June: IHP+ Steering Committee discuss revised CN and decides on composition of the revised partnership Steering Committee, other key governance issues and the content of the global compact.**
- **22nd to 23rd June: Multi stakeholder consultation on UHC 2030 including a focus on fragile states as an example of how to work together**
- **September: Revised Partnership launched during UNGA in NYC**

Discussions & decisions

Session 1: Introduction confirmation of co-chairs and objectives of the day

Co-chairs Dr. Amir Hagos, State Minister Federal Ministry of Health Ethiopia, and Jane Edmondson, Head of Human Development DFID

The objectives of the 6th IHP+ Steering Committee meeting were to:

- Introduce and discuss the concept of broadening the scope of IHP+ to become a UHC Alliance
- Decide on whether to change IHP+ to a UHC Alliance, and the way forward

Session 2: Introduction of the UHC Alliance

Presentation by Marie –Paul Kieny WHO Assistant Director General. The presentation outlined the background to the UHC 2030 building on the IHP+ structure, highlighting the possible roles as well as areas outside the scope of this initiative and potential operational implication for IHP+. Roles of UHC 2030 could include promoting UHC, facilitating the existing UHC measurement & accountability mechanisms in close cooperation with the SDG3 accountability mechanism, the Health Data Collaborative (HDC) and CSOs; facilitating countries obtaining well-coordinated funding & technical advice, including linking with related technical networks & partnerships; continuing work on effective development cooperation (EDC) as the most effective way of fostering coordination and alignment of HSS (health system strengthening) in countries receiving external assistance; and convening an annual Forum on UHC. Like IHP+, UHC 2030 will not be a funding body, but be advocating for more and better coordinated and aligned resources for HSS; and its secretariat is not providing advice on technical matters in relation to HSS/UHC, but advocating for and facilitating better coordinated and aligned technical advice. Dr. Kieny then highlighted some key changes that are needed: Adapting the IHP+ Global Compact to reflect a focus on health systems toward UHC for equity and health security; diversifying and expanding membership to a broader range of countries and civil society as well as other stakeholders; and reconfiguring the UHC 2030 Steering Committee accordingly.

Session 3: G7 discussions on the UHC Alliance

Presentation by Ambassador Keizo Takewaka Deputy Director-General International Cooperation Bureau Ministry of Foreign Affairs Japan

The presentation highlighted Japan's high level commitment and vision for global health improvement and health system strengthening for UHC evident through several high level events and Japan's G7 leadership championing UHC. The need to improve the global health architecture to respond to global health emergencies was emphasised, as was the importance of UHC for preparedness and prevention including for antimicrobial resistance AMR.

The presentation was followed by Dr. Dagmar Lohan Senior Policy Officer, Division of Health, population policy and social protection, German Federal Ministry for Economic Cooperation and Development (BMZ) who underlined Germany's support for the UHC 2030 Alliance. She provided an

up-date on the Roadmap “Healthy Systems – Healthy Lives”, to the elaboration of which many IHP+ members contributed. She stressed that the Roadmap aims to consolidate existing efforts on HSS and UHC to optimize work to deliver on the targets set for 2030. She further emphasized the UHC Alliance and the Roadmap complement each other: the Roadmap could underpin the work of the UHC 2030 Alliance, while the Alliance’s secretariat could assume a coordinating role for the monitoring of the Roadmap’s implementation.

Session 4: The experience of IHP+

Presentation by Marjolaine Nicod, the new WHO Coordinator for IHP+, who gave a presentation highlighting IHP+ original objectives and progress emphasising its continued high relevance for effectiveness of health system support. IHP+ has maintained strong country focus and continues to be valued by both countries and many development partners.

Session 5: Country perspectives

Three countries gave their reflections on lessons from IHP+ and considerations for the future. Dr Vinntak Sung Director, Department of International Cooperation Ministry of Health Cambodia, Dr Amir Aman Hagos State Minister Federal Ministry of Health Ethiopia, Dr Samuel Sheku Kargbo Director Health Systems, Policy, Planning and Information, Ministry of Health and Sanitation Sierra Leone.

All countries expressed appreciation of IHP+ and agreement with plans to expand the mandate, but underscored the importance of a continued focus on LMIC and fragile states. The importance of service quality aspect of UHC was emphasised and the high opportunity costs of poor quality services. The countries also highlighted the need to strengthen development partner’s (DPs) ownership and accountability for their work on UHC. Finally the importance of keeping not only the principles but the IHP+ name in some way in future elaborations given that IHP+ is now well known brand and appreciated in many countries was emphasized.

The results of a survey among the MoH focal persons for IHP+ in the signatory countries plus the “southern” civil society representatives in IHP+ Civil Society Consultative Group were presented by Finn Schleimann, IHP+ Core Team. It showed overwhelming support for the proposed broadening of the scope, as well as strong support for maintaining the current IHP+ activities as a component of this broader partnership.

Session 6: Discussion on the purpose of the UHC 2030 Alliance

The discussion covered SC member views on a transformed IHP+, with a general consensus emerging on the importance of a global platform to discuss and support progress on health system strengthening while at the same time maintaining commitment to IHP+ core principles and work plan.

Discussion: IHP+ has been highly valued by countries and development partners. Given the move to SDGs and UHC revisions of IHP+ membership and governance are needed, calling for a more inclusive partnership open to new emerging partners looking for ways to engage in a global discourse on health system strengthening. Domestic resources account for the large majority of health spending even in fragile states and low income countries (LIC) and there is need to focus on

levers to strengthen institutions and efficient use of these resources for increased health security and equity. There is need for one discourse on health systems encompassing the full scope of SDG3 and the Ebola tragedy has reminded everyone of the importance of public health systems and better ways of engaging with other sectors.

Adaption of the UHC target under SDG3 was a massive step forward and a UHC partnership or alliance can help give muscle to this. The global health architecture has many coordination mechanisms and it is critical to carefully examine added value of any suggested additions. Ways to engage with other sectors, private sector and the global health security agenda all call for further elaboration and there is need to minimize overlaps with other accountability mechanisms e.g. the Every Woman Every Child initiative (EWAC).

Another area mentioned by several SC members was the need to increase focus on countries transitioning from donor funds, where several challenges arise e.g. sustained access to TB drugs and harm reduction programs. Here a UHC alliance could have a role in sharing good practise and guiding harmonization of approaches.

The potentially mutually reinforcing linkage between the UHC 2030 and initiatives such as the “Healthy Systems – Healthy Lives” was highlighted not least to help raise and maintain political momentum.

While moving forward towards an updated scope for IHP+ SC members also underlined the importance of maintaining commitment to the IHP+ principles and the approved IHP+ work plan – not least given the strong support at country level, evident from the recent meeting of the EU/Lux partnership and survey feedback. SC members also raised the importance of finding ways the UHC alliance could strengthen DPs accountability for commitments made including in countries hit by the Ebola epidemic to optimally make use of opportunities for health system strengthening.

Ultimately it is country choices that matter – choices on ways to finance and structure different parts of the health system. A compact, on moving towards UHC, between the state and its citizens that extends beyond time bound elections is the ultimate prize. A UHC Alliance building on the IHP+ structure can be a global forum to discuss and support health system strengthening towards UHC, advocating and holding each other accountable.

Session 7: Discussion on the governance of the UHC 2030 Alliance

As the scope of the updated IHP+ mandate has yet to be determined under the proposed Alliance or Partnership, the discussion on governance arrangements did not take place as planned. Rather, the discussion was slightly modified to cover possible focus areas for a UHC alliance and operational implications of an updated scope.

Discussion: The UHC alliance can have a knowledge management role for global public goods and a cascading rather than direct role in countries. The IHP+ work plan continues to have full relevance. The updating of membership and evolving of tasks of the UHC alliance should be gradual and there is a need to strike a balance between reaching out to new partners and maintaining effectiveness. The post-2015 global health architecture is not yet set, there is an opportunity to be part of shaping elements of the future architecture.

Decision / recommendation:

- The UHC Alliance should be a platform for discussions on global health and health system strengthening.
- Expanding the IHP+ membership to reflect the universality of SDGs beyond LIC and the traditional development partners focusing on the efficient use of domestic resources including for equity and health security.
- The UHC alliance can have a role in coordination and act as a clearing house to help absorb and guide new initiatives.
- A place for mutual accountability drawing on existing initiatives.
- The UHC alliance can build on the IHP+ work plan but gradually add new products e.g. development of guidance on HSS in fragile states linked to the health security agenda, guidance on multi sector engagement, and working with partners to harmonize different frameworks on health system performance.

Session 8: Next steps

Decision / recommendation:

IHP+ SC decides to recommend to the IHP+ Signatories to broaden the scope of IHP+ to include facilitating moving towards UHC and better coordinated HSS and offer participation to a broader range of partners

- **Core Team:** Produce Summary of discussions; to be shared by **15 April**, comments from SC **22 April**, to be incorporated into Concept Note(CN) with options, revised CN **end April**. Comments on CN from SC by **mid May**.
- **13th April:** **Global Health Leader's** meeting discuss changed IHP+
- **End April:** ask Agreement/no objection from **IHP+ Signatories**, **reply by Mid May**
- **May:** **G7** may mention IHP+ transformation to new partnership & help signal level of ambition
- **21st June:** **IHP+ Steering Committee** discuss revised CN and decides on composition of the revised partnership Steering Committee, other key governance issues & the content of the global compact.
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Annex 1.

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Agenda

Objectives

- Introduce and discuss the concept of broadening the scope of IHP+ to become a UHC Alliance
- Decide on whether to change IHP+ to a UHC Alliance, and the way forward

Morning: 9:30 – 12:30 – Briefing and discussion

09:30 – 09:45	<i>WELCOME COFFEE</i>
09:45 – 10:00	Introduction and objectives of the day - <i>Co-chairs Amir Hagos, FMOH Ethiopia, and Jane Edmondson, DfID</i>
10:00 – 10:30	Introduction of UHC 2030 Alliance - <i>Marie-Paule Kieny, WHO</i>
10:30 – 10:50	G7 discussions on UHC Alliance - <i>Amb. Keizo Takewaka, Japan MoFA, followed by perspectives from Germany – Dr. Dagmar Lohan, Germany BMZ</i>
10:50 – 11:00	The experience of IHP+ - <i>Marjolaine Nicod, WHO Coordinator for IHP+</i>
11:00 – 11:30	Country perspectives
11:30 – 12:30	Discussion of the purposes of the UHC 2030 Alliance <ul style="list-style-type: none"> a) Objectives b) Functions, areas of work and expected outcomes c) Associated accountability mechanism
12:30 – 13:30	<i>LUNCH (provided)</i>
13:30 – 14:30	Discussion of the governance of the alliance: <ul style="list-style-type: none"> a) Who could be signatories b) Steering Committee c) Secretariat d) Link to other partnerships
14:30 – 15:00	Other issues
15:00 – 15:30	<i>COFFEE/TEA BREAK</i>
15:30 – 16:30	Next steps

Background document: Draft UHC 2030 Alliance Concept Note

Annex 2.

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LIST OF PARTICIPANTS

STEERING COMMITTEE MEMBERS

Dr Jennifer ADAMS

Deputy Assistant Administrator in Global Health
United States Agency for International
Development (USAID)
United States of America
Email: jeadams@usaid.gov

Dr Than AUNG (unable to attend)

Minister of Health
Ministry of Health
Myanmar
Email : ihdmoh@mptmail.net.mm

Dr Awa COLL SECK (unable to attend)

Ministre de la Santé et de l'Action sociale
Ministère de la Santé et de l'Action sociale
Senegal
Email: amcollseck@yahoo.fr

Ms Jane EDMONDSON

Head of Human Development
Department of International Development
(DfID)
United Kingdom
Email: j-edmondson@dfid.gov.uk

Dr Timothy EVANS

Senior Director
Health, Nutrition and Population Global Practice
World Bank
United States of America
Email: tgevans@worldbank.org

Dr Amir Aman HAGOS

Joint Chair, IHP+ Steering Committee
State Minister
Federal Ministry of Health
Ethiopia
Email: amire_amine@yahoo.com

Mr Andreas HILMERSSON

Counsellor
Permanent Mission of Sweden to the UN
Sweden
Email: andreas.hilmersson@gov.se
*Representing Mr Lennarth Hjelmaker
Ambassador for Global Health
Ministry of Foreign Affairs, Sweden*

Dr Samuel Sheku KARGBO (via WebEx)

Director
Health Systems, Policy, Planning and
Information
Ministry of Health and Sanitation
Sierra Leone
Email: saskargbo@yahoo.com

Dr Marie-Paule KIENY

Assistant Director-General
Health Systems and Innovation
World Health Organization
Switzerland
Email: kienym@who.int

Mr Jackson KINYANJUI (unable to attend)

Director
External Resources Division
The National Treasury
Kenya
Email: njasu1955@yahoo.com

Dr Dagmar LOHAN

Senior Policy Officer, Division of health,
population policies and social protection
Federal Ministry for Economic Cooperation and
Development
Germany
Email : Dagmar.Lohan@bmz.bund.de
*Representing Mr Heiko Warnken
Head of Division, Health Population Policies
Federal Ministry for Economic Cooperation and
Development, Germany*

Dr Rozina MISTRY

Southern Civil Society Representative
Senior Health Consultant
Aga Khan University
Pakistan
Email: rozinamistry@aya.yale.edu

Dr Stefan PETERSON

Associate Director
Chief health Section
United Nations Children’s Fund (UNICEF)
United States of America
Email: speterson@unicef.org
*Representing Dr David Hipgrave
Chief, Health Systems Strengthening unit
UNICEF*

Dr Matthias REINICKE

Health Sector Advisor, EuropeAid
European Commission
Belgium
Email: Matthias-REINICKE@ec.europa.eu

Mr Bruno RIVALAN

Northern Civil Society Representative
Policy and Advocacy Manager
Global Health Advocates
France
Email: brivalan@ghadvocates.org

Dr Vinntak SUNG

Director, Department of International
Cooperation
Ministry of Health
Cambodia
Email: dicpm@online.com.kh
*Representing Dr Vandine Or
Director General for Health
Ministry of Health, Cambodia*

Ambassador Keizo TAKEWAKA

Deputy Director-General
International Cooperation Bureau
Ministry of Foreign Affairs
Japan
Email: keizo.takewaka@mofa.go.jp

Dr Marijke WIJNROKS

Chief of Staff
Office of the Executive Director
Global Fund to Fight AIDS, Tuberculosis and
Malaria (GFATM)
Switzerland
Email: Marijke.Wijnroks@theglobalfund.org

NON-STEERING COMMITTEE ATTENDEES

Dr Akihito WATABE

Health Financing Officer
Health System Governance and Financing
World Health Organization
Switzerland
Email: watabea@who.int

Ms Lara BREARLEY (via WebEx)

Independent consultant
United Kingdom
Email: larabrearley@hotmail.com

Mr Damon BRISTOW

Team Leader, Health Service Team
Human Development Department
Department of International Development
(DfID)
United Kingdom
Email: D-Bristow@dfid.gov.uk

Mr Alan BROOKS

Senior Policy Specialist
GAVI Alliance
Switzerland
Email: abrooks@gavi.org

Dr Emanuele CAPOBIANCO

Senior Policy Advisor, Policy Hub
Office of the Executive Director
Global Fund to Fight AIDS, Tuberculosis and
Malaria (GFATM)
Switzerland
Email:
Emanuele.Capobianco@theglobalfund.org

Ms Natacha GOMES (via WebEx)

Advisor, Global Health and Multilateral Affairs
Ministry of Foreign Affairs
Luxembourg
Email: Natacha.Gomes@mae.etat.lu

Ms Annick JEANTET

Consultant
Health System Governance and Financing
World Health Organization
Switzerland
Email: jeanteta@who.int; annickjeantet@free.fr

Dr Benoit KALASA

Director, Technical Division
United Nations Population Fund (UNFPA)
United States of America
Email: kalasa@unfpa.org

Dr Edward KELLEY

Director
Service Delivery and Safety
World Health Organization
Switzerland
Email : kelleve@who.int

Dr Kamiar KHAJAVI

Principal Strategy Advisor, Global Health
Initiative
United States Agency for International
Development (USAID)
United States of America
Email: kkhajavi@usaid.gov

Dr Hind KHATIB-OTHMAN

Managing Director, Country Programmes
GAVI Alliance
Switzerland
Email: hkhatib@gavialliance.org

Ms Lene LOTHE (via WebEx)

Head of Health Section
Department for Global Health, Education and
Research
Norwegian Agency for Development
Cooperation
Norway
Email: lene.jeanette.lothe@norad.no

Minister Kansuke NAGAOKA

Permanent Mission of Japan to the UN
Switzerland
Email:

Mr Hideaki NISHIZAWA

First Secretary
Permanent Mission of Japan to the UN
Switzerland
Email: hideaki.nishizawa@mofa.go.jp

Ms Ramesh SHADEMANI

Technical Officer
Office of the Assistant Director-General
Health Systems and Innovation
World Health Organization
Switzerland
Email: shademanir@who.int

Ms Lori SLOATE

Deputy Director, Advocacy and Public Policy
GAVI Alliance
Switzerland
Email: lsloate@gavi.org

Dr Agnes SOUCAT

Director
Health Systems Governance and Financing
World Health Organization
Switzerland
Email: soucata@who.int

Dr Tomohiko SUGISHITA

Senior Advisor (Health)
Japan International Cooperation Agency (JICA)
Japan
Email: Sugishita.Tomohiko@jica.go.jp

Mr Holger THIES

Health Advisor
Deutsche Gesellschaft für Internationale
Zusammenarbeit (GIZ)
Germany
Email: holger.thies@giz.de

Dr Koenraad VANORMELINGEN

Principal Advisor, HSS in Africa
United Nations Children's Fund (UNICEF)
United States of America
Email: kvanormelingen@unicef.org

IHP+ CORE TEAM**Mr Maxwell DAPAAH, Joint Lead, IHP+ Core Team**

Senior Financial Management Specialist
Governance Global Practice
World Bank
United States of America
Email: mdapaah@worldbank.org

Ms Alison DUNN

IHP+ Communications Consultant
United Kingdom
Email: alisonjdunn@gmail.com

Ms Marjolaine NICOD, Joint Lead, IHP+ Core Team

Coordinator, IHP+
Health Systems Governance and Financing
World Health Organization
Switzerland
Email: nicodm@who.int

Mrs Victoria PASCUAL

Team Assistant, IHP+
Health Systems Governance and Financing
World Health Organization
Switzerland
Email: pascualv@who.int

Dr Maria SKARPHEDINSDOTTIR

Technical Officer, IHP+
Health Systems Governance and Financing
World Health Organization
Switzerland
Email: skarphedinsdottirm@who.int

Dr Finn SCHLEIMANN

Technical Officer, HGF
Health Systems Governance and Financing
World Health Organization
Switzerland
Email: schleimannf@who.int