Steering Scaling-up Reference Group (SuRG)

10 December 2009

Draft Note for the Record

Participants:

African Development Bank
Civil Society
GAVI Alliance
Italy
Norway
UNAIDS
USAID
Australia
EC
Germany
Netherlands
Spain
UNFPA
WHO
Belgium
France
Global Fund
OECD
Sweden
United Kingdom
World Bank

ACTIONS:

1. IHP+ Partners will inform the Core Team of the members of the Executive Team before the end of December 2009.
2. IHP+ Core Team will produce a document to guide JANS scoping mission discussions and a timetable for JANS pre-missions and actual Joint Assessments.
3. A concept note on the Health & Development forum will be shared with partners in the lead up to the February 2010 SuRG meeting.

AGENDA:

1. IHP+ Management Arrangements

Carissa Etienne (WHO) noted that, as agreed in the last SuRG, updated TORs for IHP+ have been circulated to partners for comment. Discussions are ongoing regarding representation in the Executive Team (ET) and should be finalized before January 2010. As previously agreed, the ET will be made up of 4 H8 members, 3 bilaterals, 3 country representatives, and 2 CS members.

Civil Society suggested minor edits to the TORs, which were agreed:

- SuRG: edits should be made to include ‘constituencies’ as well as ‘organizations;’ there should be opportunity for submission of written comments after SuRG meetings.
- Core Team: edits should be made to account for the Core Team’s role as fundraisers and holding funds for limited IHP+ activities.
- IAWGs: size of IAWGs should not be as strict; mention should be made of coordination between existing IAWGs; IAWGs should provide regular updates to partners.

GAVI noted the need to be mindful not to move towards institutionalization of the IHP+. Instead, partners ought to focus on changing/improving traditional ways of working.

The United Kingdom noted that the bilateral constituency on the ET will likely consist of three representatives of one large bilateral community. Representatives are still being determined.

The Core Team noted that country representatives on the ET will likely be Nepal, Kenya, and possibly either Mali or Rwanda.

Civil Society noted that representation will continue to be one northern and one southern CS representative, but took the opportunity to mention that, as agreed in CS representative terms of reference, terms of primary representatives (Sue and Lola) are set to expire at the end of 2009. Civil Society will work to ensure smooth transitions to new primary representatives.

2. Joint Assessment of National Strategies (JANS)
Nicole Klinge (World Bank) noted that key JANS documents have been shared, including an updated version of the FAQs. The tension between moving quickly with the JANS process and following country timelines was raised. A pre-JANS scoping mission to Rwanda took place in November in which the MoH signalled readiness to pursue the JANS in line with the mid-term review in February 2011. Similarly, Ethiopia will likely pursue the JANS in April/May 2010; Mali will possibly follow in mid-2010. A scoping mission to Nepal is scheduled for January 4, 2010; Nepal has also signalled interest in the Joint Health Systems Funding Platform. Interest in the JANS process has also been expressed by Vietnam (letter) and Ghana (informal discussions). IHP+ partners have also noted possible interest in Tajikistan and Timor Leste.

The EC suggested a more transparent information process for JANS scoping missions and having other IHP+ partners participate in such visits.

The World Bank noted that missions were based on government demand and, to date, had come up quite suddenly. It clarified the difference between a ‘scoping mission’ and a ‘JANS,’ noting that scoping missions are meant to facilitate countries and partners in considering how the country may wish to carry out the JANS. It was further noted that other IHP+ members will be welcomed to take the lead in JANS scoping missions moving forward. The Core Team will develop a timetable for the JANS scoping missions and the actual JANS.

Partners (WB, Germany, Netherlands) also emphasized that it may be preferable to keep such missions small to facilitate country ownership of the process and minimize the ‘fly-in, fly-out’ perception of global level partners.

GAVI mentioned that it may be valuable to consider inclusion of GAVI and/or the Global Fund in JANS scoping missions, particularly given their lack of in-country presence.

UK suggested that possibly a wider group of countries needs to be informed about the possibility of doing a Joint Assessment, given the current small number and the fragile timescale as the Rwanda experience shows.

The World Bank reminded that it was agreed in the July 2009 SuRG that the tool, while complex, is ‘good enough’ and that it was important to roll out the JANS in 2-3 countries and learn from those experiences.

- Civil Society suggested developing a brief note on key issues to be addressed in JANS scoping missions, which could be used in future scoping missions led by the Core Team or other non-Core Team partners.
- The World Bank noted, however, that scoping missions are meant to respond to country questions regarding the JANS process.

The EC also requested further clarification regarding the linkages between the IHP+ JANS process and the Health Systems Funding Platform. Partners (GAVI, Global Fund) noted that JANS was linked to the Platform, as JANS is one option being considered as a precursor to provision of financial support. It was further noted that it is critical that all partners understand the Platform as a mechanism for simplifying the aid architecture in health. Whilst initially proposed by the Taskforce regarding the World Bank, GAVI, and Global Fund, the Platform can be used for all health partners and that the discussions should be country-driven. The platform and IHP+ are interrelated considering the use of a Joint Assessment as well as by their intent.

Sweden noted that the Platform was initiated by three organizations and proposed that IHP+ partners discuss what type of joint funding platform IHP+ would like to see and how that might relate to bilateral support. UK agreed that it is difficult at this point to engage in the process.

WHO noted the ability to utilize the JANS attributes in the planning processes so as to allow countries some guidance during periods of health strategy development. It is critical, however, that partners are not interpreted as pushing a ‘prototype’ health strategy, as they will necessarily vary by country.

3. Other Business
Health & Development Forum: Building on Recommendation 10 of the Taskforce, WHO and the World Bank have been tasked with convening an informal Health & Development forum for the 49 low-income countries. A concept note on this is forthcoming and will be ready for discussion in the February SuRG.

US Global Health Initiative: Civil Society has prepared a thorough response to the US GHI, proposing a bold agenda ($95 billion over 6 years). Please visit [http://www.theglobalhealthinitiative.org/](http://www.theglobalhealthinitiative.org/) for more information or contact Sue Perez.

CS Call to Action: (Sue Perez) Document on GAVI website.
Sue Perez from Civil Society shared the recent Civil Society Call to Action for Greater Involvement in the GAVI Alliance, which was developed and endorsed by civil society members who attended the recent GAVI Partners' Forum in Hanoi, Vietnam. The Call to Action has been circulated to broader civil society members and will be gathering signatures until the end of December. The Call to Action can be found at: [http://www.gaviorganisation.org/about/index.php](http://www.gaviorganisation.org/about/index.php)

IHP+ Support for Civil Society Capacity Building at the Country Level
In line with the Phase II Workplan, an RFP was issued for an organization to act as Grant Manager to distribute funds to country-level Civil Society Organizations, to help them build capacity to better engage in national health policy dialogue. A review panel was convened in mid-November and a top candidate has been identified. The contract is currently under negotiation and updates will be provided at the upcoming January Executive Team meeting and February SuRG.