

Note for the Record

UHC2030 Working Group on Support to Countries with Fragile or Challenging Operating Environment

Audio conference 21st December 2016 13:30–14:30 CET

Participants: WHO: Finn Schleimann, Andre Griekspoor, Dirk Horemans; Denis Porignon; USAID: Amelia Peltz, Amy Kay; GFATM: Olga Bornemisza; Japan: Noriko Fujita; EC: Cornelius Oepen, Ian van Engelgem; CORDAID: Maarten Oranje; REPOA: Guy Benissan; UNF: Kristina Yarrow; GIZ: Natalia Lohmeyer (standing in for Holger Thies)

Regrets: Independent: Enrico Pavignani; GIZ: Holger Thies; BRAC: Kaosar Afsana

Absent: IFRC: Julie Hall; World Bank: Tekabe Belay; Japan: Shin-ichiro Noda; GAVI: Judith Kallenberg; Afghanistan: Abdul Qadir; Liberia: Benedict Harris; OECD: Rachel Scott

Decisions on agenda items

1. Selection of Co-Chairs

Consultations still ongoing, so postponed till next meeting, and Finn chaired the meeting. *Since the meeting Kaosar Afsana, BRAC's Director of Health, has accepted to co-chair the group, pending no-objection from the working group.*

2. Agree on TOR

TOR: There were a few additional comments, in addition Kristina Yarrow and Andre Griekspoor would send written comments following the meeting. Finn will try to incorporate all, and circulate to the group for no-objection, upon which the final TOR will go for approval by the Core Team leads and for information to the Steering Committee.

Additional members were discussed. Finn was reluctant to include more organisations with a more general not health specific mandate (e.g. G7+, UNHCR, & OCHA) given the need to keep the group at a functional size. There is a need to get more members from the countries concerned. Finn will follow up with suggested countries. One problem is Francophone countries, as we cannot provide simultaneous translation for our calls, but some could be invited when we have a face-to-face meeting.

3. Prioritisation of the scope of work

It was agreed to initially focus on doing the literature review and the case studies. For the latter a number of criteria were agreed for the choice of countries:

- The country's circumstances should be such that the study would be beneficial to developments in the country itself, not only serve a global or academic purpose.
- Countries representing the three, or at least scenario 1 and 2, main scenarios should be chosen.
- Issues to look at would include: coordination; funding models; short term service delivery (essential package of services); longer term HSS (e.g. HRH); contracting models; level of fragility; useful in-country contacts.

Finn would circulate a draft table of possible countries with columns indicating for which areas they would be particularly useful. Based on this we will make a selection during the next meeting.

A number of countries were proposed: DRC, Cote d'Ivoire, Jordan (vast number of actors during a refugee crisis); the Ebola countries; CAR (successful trust fund model); South Sudan; Sudan: Syria: Somalia: Cambodia; North-east Nigeria; Afghanistan; Yemen (where we have good people in country).

Regarding the literature review, a number of studies were mentioned in addition to those already listed in the TOR including: A number of OECD papers; CCS guidance; Enrico Pavignani & Peter Hill's review.

4. AOB

Nothing

Follow up

- Identify the other co-chair – Finn
- Both co-chairs approved by no-objection – All
- Identify additional working group members from countries - Finn
- Final comments on TOR - Kristina and Andre indicated they would submit comments, Ian already did
- Finalise TOR & circulate for no-objection to group - Finn
- Final TOR approved by Core Team Leads and circulate to Steering Committee – Max Dapaah & Marjolaine Nicod
- Circulate template for making choice of countries – Finn
- Comments on template and populate it – All
- Finalise Template – Finn
- Draft TOR for literature review – Finn and Enrico + others interested (*this was not actually discussed in the meeting, but is a needed step*)
- Next meeting mid-January (date will be based on Doodle) - Finn