

# International Health Partnership and Related Initiatives (IHP+)

## Civil Society Engagement Draft Concept Note

This draft note provides the background, objectives and options for active engagement of civil society in the International Health Partnership and related initiatives..

### I. Background

Though issues of hunger, child mortality, maternal health, HIV/AIDS, malaria, and other existing and emerging health threats continue to impact the development of the world's poorest and most vulnerable, progress towards achieving the health-related Millennium Development Goals (MDGs) is being made. For example, global child mortality rates declined by nearly 25% from 1990 to 2006, with under-5 deaths per 1,000 live births decreasing from 180 to 142 in the least-developed countries (LDCs). However, many experts have concluded that MDGs 1b, 4, 5 and 6 will not be achieved without a revised and streamlined approach to implementation, in line with the 2005 Paris Declaration on Aid Effectiveness.

In response to these MDG challenges, the International Health Partnership was launched on September 5, 2007 and calls for international agencies, bilateral donors and partner countries to accelerate action to scale up coverage and use of health services, and deliver improved outcomes against the health-related MDGs and universal access commitments. Closely related key initiatives, such as the 'Catalytic Initiative', Deliver Now Initiative, the Harmonization for Health in Africa (HHA), GAVI's Health System Strengthening, the Global Fund to fight AIDS, tuberculosis and malaria - National Strategy Applications, the Health Metrics Network, the Global Health Workforce Alliance, the UN Secretary General High Level Initiative to support the MDG in Africa, and the 'Providing for Health Initiative' (P4H), have also been launched to scale-up access to interventions and address health systems bottlenecks that hinder the progress in achieving outcomes. The common goal of all these initiatives is to accelerate the achievement of the health-related MDGs in line with the Paris Declaration. IHP and the related initiatives have created a coordination process and common work-plan, so-called the IHP+.

The IHP+ work-plan is built around four objectives:

- **Objective 1:** Develop 'country compacts' that commit development partners to provide sustained and predictable funding and increase harmonization and alignment in support of results-orientated national plans and strategies that also tackle health systems constraints;

Country health sector teams are undertaking stocktaking exercises to assist in the design of roadmaps towards development of country compacts. The focus of this stocktaking is on the existing national health plan and strategies, the link to broader development plans of the country (PRS, MTEF, etc.), and the existing structures and processes (joint reviews etc) in each country. The details of the 'compact' will vary by country but are all expected to have common elements. IHP+ grants are being provided to strengthen coordination capacity, to perform joint analytical work and explore policy options for scaling up services.

- **Objective 2:** Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services for improved outcomes;

In areas where evidence is weak or where there is lack of a cross-agency consensus for guidance to countries, inter-agency working groups have been established, some building on work started before the IHP+ was developed. Work focuses on: (a) National plans and strategies: covering criteria and options for appraisal, and the links between national HIV/AIDS strategies and national plans; (b) Results-based financing: covering supply- and demand-side innovations in several countries; (c) Aid effectiveness and health: covering preparations for the September 2008 Accra Conference (3<sup>rd</sup> High Level Forum) on aid effectiveness; (d) Service Delivery: pulling together World Bank work on strategies to strengthen service delivery, UNICEF work on scaling up access to services, and the WHO internal task force on service delivery; (e) Health financing and social protection: taking forward plans as agreed in the recent Bonn conference on the Providing for Health initiative; (f) Monitoring and evaluation (see objective 4).

- **Objective 3:** Enhance coordination and efficiency as well as leverage predictable and sustained aid delivery for health service;

At the country level, coordination will be done by **existing partner groups** led by government (the 'country health sector teams'). At the global level a Scaling-up Reference Group (SuRG) meets monthly to review progress and provide guidance on the IHP+ work-plan, and an inter-agency Core Team based in World Bank (Washington), WHO (Geneva) and Brazzaville (WHO AFRO) facilitates the work overall; the unit in Brazzaville facilitates the work of the HHA. An IHP+ communications strategy includes regular IHP+ Updates, focusing mainly on progress in countries. Bi-monthly video-conferences are held with a wide range of development partners to report on progress, in particular at country level. The IHP+ Core Team and HHA also coordinate efforts across agencies and initiatives to strengthen results-based planning and budgeting, increase harmonization and alignment of aid, and build health systems strengthening capacities.

- **Objective 4:** Ensure mutual accountability and monitoring of performance.

Agency constraints will be addressed at HQ and regional levels as bottlenecks are identified in-country; the first priority has been to review procurement policies across international agencies, in particular the World Bank and UNICEF. An inter-agency group have made significant progress in developing a unified approach to health sector monitoring and evaluation and several countries have shown interest in considering how this could be implemented, linked to strengthening national institutions. Regarding continued political engagement, plans are underway for a high-level event at the World Health Assembly to review progress with Ministers and to formally engage a broader group of development partners in the IHP+. At the same time discussions are underway of how to effectively engage civil society at the country and global levels.

## II. Context and Objectives of Engaging Civil Society

Donor and participating governments, bilateral and multilateral agencies, and foundations cannot ensure achievement of the IHP+ objectives alone. Increasing aid effectiveness, scaling up delivery of services, and improving health outcomes and outputs necessitates proactive engagement of all relevant development partners, particularly those with access to and knowledge of the poorest and most vulnerable. The role that the private sector and civil society (including faith-based organizations (FBOs), non-governmental organizations, (NGOs), and community-based organizations (CBOs), to name a few) play in achieving better health outcomes and outputs at the country level is undeniable. It is important that such entities be actively engaged in all aspects of the IHP+ processes.

By working towards meaningful coordination and consultation with civil society, it is hoped that IHP+ will be able to capitalize on the core strengths and comparative advantages of all parties involved in order to achieve increased aid effectiveness for better health outcomes and outputs. Some key areas of value-added for civil society include strong professional relationships, local knowledge and experience, and broad and dynamic constituencies, particularly at the country level.

In addition to benefiting from the immense knowledge, constituent, and experience bases of such stakeholder groups, dynamic engagement of these groups will also serve the necessary role of ensuring accountability, transparency, and deeper and more meaningful coordination. With this in mind, the objectives for civil society engagement are to:

- (a) Engage and provide guidance on the implementation of the IHP+ work-plan, assisting in the facilitation of the IHP+ process at the country level by encouraging local civil society organizations to participate in all stage of the development and implementation of country compacts;
- (b) Facilitate and improve dissemination of IHP+ outputs, sharing good practices widely through existing networks, supporting implementation of locally appropriate implementation methods and strategies, and establishing linkages with other existing similar or complimentary efforts;
- (c) Monitor progress achieved as a result of the IHP+, advising on ways to strengthen effectiveness of the IHP+ process and effectively relaying potential and existing bottlenecks to implementation (global and country level) for problem solving (donor bottlenecks, implementation bottlenecks, etc);
- (d) Ensure responsiveness of IHP+ to government-led, inter-agency country teams, holding IHP+ development partners (donors, governments, etc.) accountable for commitments.

### III. Option for Structure and Management

This note proposes three options for engagement of civil society organizations in the IHP+ process. All options have advantages and disadvantages and should be carefully considered. The overall goal is to have as “light” of a structure as possible.

*(a) Option 1: Establishment of a Consultative Group of CSOs.*

This option proposes that a Consultative Group (CG) be established to formally and meaningfully incorporate strategic inputs from civil society, both globally and, most importantly, at the country level.

The Consultative Group would have a maximum of 12 participants, who would be nominated by their constituencies. It would be preferable that the members of the CG represented global civil society leaders in the field of global health and/or public accountability and possibly one or two participants from the academic field (from the south). We expect that more than half of the participants would be from developing countries (if possible some participants from IHP+ countries).

The Consultative Group would work in conjunction with the SuRG and the Inter-agency Core Team in supporting the implementation of the IHP+. Open lines of communication would be maintained through the independent IHP+ website (to be launched in March), regular email and phone consultation, and VCs wherever necessary.

The CG would be chaired on a rotating basis and members would have an advisory term of no longer than 2 years. The mandate of the CG would expire four years from the date of its first formal meeting, at which time the mandate may be reassessed and formally renewed depending on the status of the implementation plan for the IHP+.

*(b) Option 2: Use Existing Channels for CSO engagement.*

This option proposes to use current channels of CSO engagement through the Global Fund, the GAVI Alliance, UNAIDS and others. Using existing networks and mechanisms to engage members of civil society through IHP+ constituent bases will serve to minimize creation of parallel structures, while simultaneously engaging with civil society through a sustained, structured process. Constituencies for the Global Fund, GAVI, and UNAIDS, and other organizations would be engaged through their respective meeting schedules and processes. Inputs generated from such meetings with civil society constituencies would be shared with by the SuRG representatives of GAVI, Global Fund, UNAIDS and others. Lines of communication would also be maintained through the independent IHP+ website (to be launched in March).

*(c) Option 3: Engage through Ad Hoc organization of meetings twice a year.*

This option proposes twice yearly meeting that would serve as an open forum to discuss implementation of the key objectives set out for engaging civil society in the IHP+ process. Global and local civil society leaders in the field of global

health and/or public accountability and possibly from the academic field would be invited to participate in structured meetings on IHP+ implementation.

Participation in the meeting would be limited to approximately 200 individuals representing a wide array of civil society from both the north and the south, giving preference to representation of constituencies in IHP+ member countries or other countries with linkages or good practices. IHP+ will provide funding for travel and accommodation for this meeting.

#### IV. Next Steps

The following next steps are envisaged:

- **Feedback.** Disseminate widely this draft Concept Note and receive feedback from CSOs on the three options. *The feedback should be received by April 1.*
- **Mapping and Consultation.** The IHP+ Core team will do a mapping of global civil society in the fields of global health and public accountability and possibly academic institutions. Based on this exercise, a small group of about ten leaders representing a broad range of stakeholders and geographic locations will be asked to participate in an in-depth consultation via video conference. This meeting is tentatively planned for **early-March 2008**.
- **CSO Meeting.** Upon development of criteria for engaging civil society a larger meeting will be held on the IHP+ and inclusion of CSOs. The meeting will be made up of no more than 120 individuals, half of which should be affiliated with south-based organizations/networks. It is planned that this meeting will be organized based on inputs from CSOs. This meeting is tentatively scheduled for late **May 2008**. IHP+ will provide funding for travel and accommodation for this meeting.
- **Begin formal engagement of Civil Society.** In the hopes of creating an inclusive and transparent process for engaging CSOs, we hope to have terms of reference for the chosen method of engagement (consultative group, existing networks, or *ad hoc*) fully developed and provide a finalized framework for engagement by early **May 2008**.