

Scaling up for Better Health

IHP+ Work Plan of the Health 8¹ agencies

I. Background

Countries and their development partners are seeking to make significant increases in the level of investment and activity in health. They recognize that unless they scale-up current efforts they are unlikely to achieve national or international health related outcome goals (focusing on the MDGs²). Improving health will also contribute to the achievement of other development objectives, in particular those related to poverty reduction, gender equality and education.

There is recognition that scaling-up in health requires a far more coherent approach. This recognition takes many forms: a growing awareness that health outcome related targets (i.e., MDGs) cannot be achieved without adequate investment in the health systems that underpin health service delivery; that investment in health needs to be embedded in broader social and economic development planning; that countries need long-term predictable aid from development partners; that partners need to see a clear link between financing and results; and that mechanisms to hold all partners accountable for their performance against international agreements are needed.

Several expressions of this consensus were reflected in the work to follow up the High Level Forum on the Health MDGs (HLF), the Paris Declaration on Aid Effectiveness, the development of the GAVI health systems window, the discussion within GFATM on modalities for health systems support and conditions for more programmatic funding, the G8 communiqué on scaling up for health in Africa, and most recently the **International Health Partnership (IHP)**.

The growing impetus towards scaling up for better health joined with increased political commitment at every level creates vast opportunities for countries and development partners.

This note sets out how the "Health 8" will facilitate moving forward in a coordinated manner to support countries seeking to scale up work to improve health related outcomes. It takes into consideration the conclusions of the High Level Forum on the Health MDGs (HLF) and the consequent follow up work, and puts into practice the Paris Declaration on Aid Effectiveness.

The document broadly presents a work-plan with four interlinked areas for action and suggests a process for taking this work forward in a more coordinated way in response to country needs and demands so as to ensure effective health support. The work plan covers the pilot phase which involves the seven first wave countries of the IHP+. The main objective of this phase is to develop a country-level compact

¹ The Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank.

² The health related MDGs encompass MDG1b (hunger/malnutrition), MDG4 (child mortality), MDG5 (maternal health) and MDG6 (HIV/AIDS).

between the Governments and development partners. This pilot will inform the design of the second phase which will extend the work plan to more countries through monitoring, evaluation, lessons learned and good practices. Eventually, the work plan will be judged by its contribution to the Paris Declaration on Aid Effectiveness and the degree to which major health constraints in countries have been addressed.

In doing so, those principles are of importance:

1. The focus of this process will be on **health related outcomes**. Increasing aid effectiveness, improving policy, strategy and health systems performance, mobilizing more efficiently all actors including non State actors are all means to an end.
2. Actions will be **country-focused** and **country-led**. All activities will be contingent on country circumstances and would build on already existing mechanisms and health plans in countries. They will be supported by dedicated regional and global activities, if necessary.
3. The work will include the support for the implementation of the **IHP and** related partnerships and initiatives (e.g. Global Campaign for Health MDGs, The Catalytic Initiative, Health Metrics Network, Global Health Workforce Alliance etc.).

Taking forward the agenda - 4 areas for Action

The **objectives** as reflected in the four areas (below) will be to support and empower national capacity for identifying systemic constraints and addressing them based on evidence-based policy and practice, ensuring a more coordinated approach for development partners at country level, and improved accountability and monitoring of progress.

The ultimate **goal** is to improve health related outcomes through scaling up of access to and quality of essential health services by ensuring increased, more predictable and sustainable funding as well as improved coordination and better delivery of services.

1. Enabling countries to identify, plan and address health systems constraints to improve health related outcomes in a sustainable equitable and effective manner

There is a need to further improve health systems' performance in many countries and to ensure a pro-poor focus, strengthen accountability mechanisms, better link development partner support to improvements in health related outcomes, and influence development partner behaviour. The bottom line is that much is already going on in countries and support should be demand driven and based on country realities. Depending on demand, this could take several forms:

- Strengthening and scaling-up existing National Health Plans and Strategies in order to identify results and the appropriate package of health interventions to achieve results.

- Providing demand-driven technical support and institutional capacity building, guidance and policy options in relation to strengthening national health systems, improving and scaling-up service delivery and aid effectiveness.
- Identifying and addressing the fiscal and macroeconomic implications of the scaled-up health plan to allow the government to move towards increased, sustainable and more predictable sector and programmatic funding and ensuring partners' engagement and inclusion.
- Facilitating access to additional funds through partnerships like the Global Health Workforce Alliance (GHWA), Health Metrics Network (HMN), GAVI and others.

2. Generating and disseminating knowledge, guidance and tools in specific technical areas³

High quality guidance (policy options, evidence, best practices, etc) and tools are needed to support decision-making at country level. The required analytical work will be informed by country experiences, evidence of what works, and best practices that arise from work already under way in countries (and development partners). This information will also be shared through case studies and workshops. There are four streams of work of particular importance in addition to what already exist:

- Exploring ways in which **national plans and budgets** can be further strengthened to sustain improved service delivery and health outcomes, to better engage with national partners, and to allow the development partners to increase and align their aid more closely to national health priorities and budget processes;
- Tools and guidelines on how to strengthen **health service delivery** and addressing health system constraints to improve health outcomes focusing on the health-related MDGs, strengthening Primary Health Care, and applying the Health Systems Strengthening Framework for Action;
- Lessons on **Health Systems Performance** and monitoring, continuing the work started on health systems performance in close collaboration with the HMN; and
- Exploring **results-based financing** so that results and accountability are closely linked.

3. Enhancing coordination and efficiency in aid delivery

The Paris agenda on aid effectiveness and the principles for Global Health Partnerships agreed at the High Level Forum on the Health MDGs (HLF) identified the importance of improved coordination and harmonization of partner support to countries. More recently, the OECD/DAC has adopted health as a "tracer sector"⁴ in the lead up to the Accra High-Level Forum on Aid Effectiveness, to be held in

³ Much of this work has already started through various avenues of collaboration between the WHO and the World Bank and other development partners. It is important to note that this work plan will ensure that dissemination and knowledge sharing are becoming a reality.

⁴ A WHO-World Bank programme of work has been agreed with the OECD/DAC secretariat which has four elements: developing the evidence-base on aid effectiveness; identifying donor constraints for providing long-term sustainable financing in health; strengthening the link between aid effectiveness and health systems development; and strengthening global accountability mechanisms.

September 2008. Support in this area will aim to link country, regional and global processes:

- Responding to country demands for streamlining and re-aligning development partner processes at country-level and facilitating open dialogue between governments, civil society and development partners at country level building on the concept of a Sector-Wide Approach (SWAp), but extending to broader development frameworks such as Poverty Reduction Strategies. (section 1).
- Sharing national experiences on harmonization and alignment of partners, and feeding lessons learnt into normative work on health systems strengthening (section 2).
- Reinforcing and strengthening links to key regional mechanisms such as the Harmonization for Health in Africa (HHA) to ensure interagency coordination at country level.
- Global level facilitation to improve complementarity and coordination among key agencies, ensuring global back up and support for Harmonization and Alignment efforts at country level. Key processes include the H8 (The Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank) and work in WHO, World Bank and OECD/DAC to apply the Paris Declaration on Aid Effectiveness to the Health Sector.
- Providing an appropriate forum in which countries and partners can exchange experiences and lessons learned and address any bottlenecks that may be hindering progress at country level.

4. Accountability and monitoring performance

A key concept of the Paris Declaration is mutual accountability and transparency in the use of development resources. The Paris Declaration clearly states that “partner countries and donors commit to jointly assessing through existing and increasingly objective country level mechanisms mutual progress in implementing agreed commitments on aid effectiveness, including the partnership commitments”.

This requires systems to monitor the progress and performance of all stakeholders. An accountability framework outlining milestones and processes for this work will be needed to gauge the performance of development partners working at country level, as well as the performance of countries in meeting their national commitments.

Linked to the work on Health System Metrics and use of health as a tracer sector, monitoring mechanisms will be consolidated and re-focused to build national capacity. It will include:

- Ensuring accountability from governments and development partners in adhering to commitments made in the country compact for delivering the national health plan.
- Developing a set of indicators, linked to the Paris Declaration, to monitor aid effectiveness in the health sector.
- Strengthening country progress reviews and monitoring processes to ensure accountability of all partner signatories to the local "compacts" or existing MoUs;

- Compiling data and information on country, regional and global progress based on agreed indicators on aid effectiveness and health systems performance based on the health systems metrics;
- Supporting regional coordination and continuous monitoring, learning and accountability such as regional and country health systems observatories;
- Inviting key stakeholders on an annual basis to a global progress review meeting focusing on lessons learnt and identification of still out-standing gaps.

II. Ways of working and next steps (1 year plan)

This section focuses on the pilot phase of the implementation which will cover the seven first wave countries of the IHP+. Monitoring and evaluation of the pilot will help extract lessons learned and develop good practices which will in turn inform the next phase of the work plan i.e. scaling up to more counties.

The work plan is divided into country and regional/global level activities.

1. Country level

To ensure that the process is demand-driven, under the leadership of the countries, the **existing** (if applicable) **national health sector plans, systems and processes** will form the basis for all work in country.

The objective of the first phase (1 year period) is for each country to develop a 'compact' between government, national partners, and international development partners. It is important to note that the process for achieving this result will differ significantly among the seven first wave countries depending on their level of progress. For example, in some countries, the national health plans and the in-country coordination mechanisms are well developed such that getting to the compact may be achieved in a relatively short period of time. In others, more time and effort is needed for moving forward and a compact might not be achievable in this time frame.

Definition of compact. The precise content of the compact will vary from country to country, but in all countries will provide a close-to-binding commitment by government, by national partners, and by international development agencies to long term sustainable development of health services. The process for arriving at the compact will be agreed in country, led by Ministries of Health and Ministries of Finance in collaboration with development partners. The compact will summarize the national work program to achieve agreed priorities and address main health system constraints, funding arrangements, long term financing gaps, sources of financing, national monitoring and evaluation and accountability mechanisms. In addition, it will include a summary of the main institutional/donor imposed bottlenecks that need to be removed (such as unaligned monitoring and accounting frameworks, procurement problems, and any reporting mechanisms that are not in line with the Paris Declaration).

Key steps to developing the compact

- **Stocktaking exercise⁵.** Using existing national health plans and strategies that build-on existing national development plans and coordination

mechanisms (e.g., PRSP, MTEF, etc.), countries will undertake a stock taking exercise will provide the basis for discussions on how to approach the compact.

- **In country discussions.** Discussions led by Ministries of Health and Ministries of Finance with development partners 'country teams'⁶ will define the steps for defining the compact. The specific activities that can be supported will be determined through this dialogue. In the short run, work will be based **on the existing national health plans** (which might not be comprehensive yet). It is important to note that health plans are not static but dynamic and will be continuously adjusted over time, usually through joint annual reviews.
- **Defining the Value-added.** The first two steps to developing the compact will help identify the value-added of this process at the country level. This will be important as other countries learn from the first wave countries. The value-added can take many forms (i.e., the global and international political commitment to a signed compact, filling financing gaps, aligned procurement mechanisms, harmonized reporting and mission schedule, etc.)
- **Compact.** The signing of a compact will be the international equivalent of ratification of the national health plan by ministries of finance and parliament. By signing the compact, development partners will be bound to implementing the national health plan and agreeing modifications through joint reviews. Mechanisms to strengthen the binding nature of a country compact will develop with time.

For demonstration purposes, there will be an initial focus on two countries, which could achieve a signed compact within the first 6 months. This would give a head start to the work plan and other countries could benefit from this learning experience.

2. Global and regional level

The main objective of the global and regional level work is to facilitate and support the country level efforts. This will encompass the following:

- Generating and disseminating knowledge, guidance and tools
- Enhancing coordination and efficiency in aid delivery
- Facilitating analyses of major health system constraints not covered by existing partnerships and initiatives

⁵ This should cover: (i) a description of National Health Strategy; (ii) a description of broader development plan (PRRP, MTEF, etc.); (iii) reforms/investment plans under way; (iv) financial requirements for national health plan implementation; (v) identification of funds available and financing gap by source; (vi) outputs promised in national plans and level of achievement; (vii) identification of health system and institutional bottlenecks that need to be removed; (viii) identification of required changes in process/relationship with development partners in order to implement the Paris declaration on aid effectiveness; (ix) identification of technical assistance needs and incremental funding needed to support additional TA; and (x) a timetable of key events (sector reviews, major evaluations etc.)

⁶ The Health 8 - where applies (The Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank) the Ministry of Health, other Ministries (e.g., Finance, Economy, Planning), civil society and other development partners (EC, bilaterals, PEPFAR and other).

- Facilitating HQ solutions to agency related bottlenecks at the country level
- Facilitating political engagement and monitoring of country compacts
- Creating venues for learning at global, regional and country levels (including cross fertilization of knowledge between countries)
- Monitoring and evaluation mechanisms & managing independent assessments
- Facilitating the coordination process, including organizing regular meetings, workshops, etc. as defined in work plan

More detailed terms of reference in Annex 1.

Governance structure

The work at the country level will be coordinated by a country 'health systems' support team (CST) which will include the H8 agencies and other interested national and international development partners. The composition of CSTs will be a decision to be made a country level. It is expected to use existing structures and mechanisms.

Regional mechanisms, such as the Harmonization for Health in Africa, will play an important role in facilitating an inter-agency approach to country support.

At the global level there will be a three tiered approach to coordination:

- (i) A core team (CT) based in the WHO and the World Bank will be responsible for ensuring the daily coordination
- (ii) A Health Systems Reference Group (HSRG) that will consist of focal points from the Health 8 agencies will be responsible for supporting the work plan;
- (iii) A Political Advocacy Group (PAG) will ensure political engagement at all levels and will help ensure that development partners adhere to the compact at country level. PAG will be composed of heads of the H8 agencies and other development partners.

Mechanisms for active engagement with civil society and international NGOs will be sought at the global level, as well as country level through the national health plan review mechanisms.

The following two tables show the activities at country and global level that are envisaged during the first 2-year implementation period.

Table A: Area for Action 1

Two Year Country-led Work Plan		
Activity	Responsibility at country/regional level	Milestone
<p>A.1. Develop country level compacts</p> <p>MOH/MOF in collaboration with development partners will define country level compacts that commit development partners and government to the (existing) national health plan. The precise content of the compact will vary from country to country, but in all countries will provide a close-to-binding commitment by government, by national partners, and by international development agencies to long term sustainable development of health services. The process for arriving at the compact will be agreed in country, led by Ministries of Health and Ministries of Finance in collaboration with development partners. The compact will summarize the national work program to achieve agreed priorities and address main health system constraints, funding arrangements, long term financing gaps, sources of financing, national monitoring and evaluation and accountability mechanisms. In addition, it will include a summary of the main institutional/donor imposed bottlenecks that need to be removed (such as unaligned monitoring and accounting frameworks, procurement problems, and any reporting mechanisms that are not in line with the Paris Declaration).</p> <p>To achieve this each country:</p> <p>A.1.1 All 7 first wave countries of the IHP will undertake a stocktaking exercise using existing national health plans and strategies. This is very contextual and depends on the level of progress in the countries. This analytical exercise will, if possible, provide information on the following, or if not available make this clear for inclusion in the compact.</p> <ul style="list-style-type: none"> • Existing National Health Policies and Strategies, and the broader development context (PRSP, MTEF, etc.) as well as outputs identified in the national plan and level of achievement • Health sector Reforms /investment plans, with financial requirements for national health plan implementation, and identification of funds available and financing gap by source • Identification of health system and agency bottlenecks and constraints that need to be removed and inclusion of these in national plans and review mechanisms • Identification of required changes in process/relationship with development partners in order to implement the Paris Declaration on Aid Effectiveness • Identification of technical assistance needs and incremental funding needed to support additional TA • Timetable of key events (sector reviews, major evaluations, etc). <p>A.1.2 In-country discussions to identify/discuss value-added of the international health partnership</p> <p>All 7 first wave countries will use existing reports and existing coordination mechanisms or key events to conduct dialogue with partners to summarize identify gaps in current responses and define value-added of the initiative at country level. This will be summarized and circulated for use in preparing the final country compact.</p> <p>A.1.3 Provide analysis and support process to in addressing key health system and agency constraints in country.</p> <p>According to results of analysis of constraints in country, provide technical support and resources to national institutions to create options and start dialogue on proposed solutions, to constraints identified in country 'compact'.</p>	<p>Ministries of Health, Finance a/o Planning with local development partners.</p> <p>MOH in collaboration with 'H8' agencies</p> <p>MOH and local development partners</p> <p>MoH and local development partners</p>	<p>Will vary by country, but all to be completed by end of December 2008.</p> <p>20 December 2007</p> <p>Will vary by country</p> <p>Will vary by country</p>

Table A: Area for Action 1		
Two Year Country-led Work Plan		
Activity	Responsibility at country/regional level	Milestone
A.2. Support country level coordination mechanisms <ul style="list-style-type: none"> based on existing mechanisms provide the contact details of country 'health systems' support team in the 7 IHP first wave countries, including the Health with country presence (WHO, UNICEF, WB, UNFPA, UNAIDs) and other international development partners. Organize meetings for all first wave development partner 'country teams' 	HSRG	15 Oct 2007
	WHO/UNICEF	Early Dec 2007
A.3 Agree on preferred mechanism for mobilizing resources for strengthening health systems: In-country partners, led by government, will agree on the preferred mechanism for mobilizing additional resources for catalytic and investment funds to strengthen health systems, based on in-country experience (WB, Bilateral, GAVI-HSS, GF, GHWA, HMN etc).	MOH/MOF in collaboration with development partners at country level	15 th December 2007
A.4. Liaison with Core Team (CT) <ul style="list-style-type: none"> Report on any health system and development partner bottlenecks that hinder progress as soon as they occur. Regular dialogue with CT and progress reports for inclusion in IHP monitoring framework 	MOH/MOF in collaboration with Health 8	aligned with existing country review mechanisms/schedule

Table B: Area for Action 2, 3, and 4		
Two Year Global Work Plan		
Activity	Facilitating Agency and CT Focal Points	Milestone
2. Generating and disseminating knowledge, guidance/best practices and tools on specific technical areas⁷		
B.2.1 National plans and budgets: exploring ways to strengthen so that they increase the confidence of MoF and development partners.	Led by WHO with WB, UNAIDS, GFATM (tbc)	Ongoing
B.2.2 Tools and guidelines to strengthen health service delivery: Based on cross-agency and cross-country work on what strategies are effective.	Led by UNICEF with WHO, WB, UNFPA (tbc)	Ongoing
B.2.3 Development of a common agenda to take forward the HSS framework for action: Based on the growing consensus on health systems framework, develop common communications and approaches to take forward.	Led by WHO/WB with all H8	Ongoing
B.2.4 Monitoring health systems performance: continuing the work started on the health systems matrix.	Led by HMN with WHO, WB, GAVI, GFATM (tbc)	Ongoing
B.2.5 Results based financing: consolidating the experience on results based financing for improving the health system performance.	Led by WB with WHO, GAVI, GFATM (tbc)	Ongoing
B.2.6 Aid-effectiveness and health: <ul style="list-style-type: none"> Continue the synthesis of country experience from across regions. Identify 'donor orphans' in health Examine constraints in donor agencies to provision of long-term, predictable financial support 	Led by WHO/WB in collaboration with OECD.DAC	Work program prepared
B.2.7 Synthesis and dissemination of experiences: <ul style="list-style-type: none"> Health Systems Reference Group video conferences every month Establish H8 Share Point for sharing documentation Review of the European Health Systems Observatory model of policy synthesis and dissemination Dissemination process including policy dialogues in countries 	HSRG	From Nov 07 Dec 2007 Dec 2007 April 2008

⁷ The lead agencies need to ensure knowledge dissemination through regular meeting with interested parties.

Table B: Area for Action 2, 3, and 4		
<i>Two Year Global Work Plan</i>		
Activity	Facilitating Agency and CT Focal Points	Milestone
<ul style="list-style-type: none"> Joint in-country learning events Use lessons learnt to develop 2nd phase of work plan 		Dates set in country December 2008
3. Enhancing coordination and efficiency in aid delivery		
B.3.8 Establish CT and support mechanisms <ul style="list-style-type: none"> Establish the core team (day to day operations) Establish the health systems reference group and their focal points (meetings once every month) Support to regional mechanisms, e.g. HHA Agree internal and external communication strategy Develop budget and budget mechanisms 	HSRG HSRG HSRG	Oct 2007 Nov, 2007 Nov, 2007 Nov, 2007
B.3.9 Ensure global, regional and country level coordination and progress reports: <ul style="list-style-type: none"> Establish regular dialogue with HHA, OECD/DAC, and other initiatives as needed Ensure dissemination of three monthly progress reports 	CT	Ongoing Start Nov 2007
B.3.10 Facilitate solutions to agency constraints: Based on country demands, facilitate with H8 resolving of country bottlenecks due to development partner constraints (e.g. procurement). This activity is closely linked with the Health 8 accountability framework	HSRG & PAG	ongoing
B.3.11 Learning from IHP experience: <ul style="list-style-type: none"> Regular forums with broader group (H8 and development partners) to discuss progress and address issues that may be hindering it in countries <ul style="list-style-type: none"> Partnership secretariats Civil Society Bilateral development partners 	CT	1 VC every 2 months Occasional face to face meetings
B.3.12 Improve "Health 8" capacity to strengthen health systems: for supporting countries in strengthening national health systems <ul style="list-style-type: none"> Health systems professional network and on line modules for competency development and development of 'centres of excellence' Address gaps in senior health systems expertise across agencies in first wave countries 	CT & HSRG HSRG	Starting June 2008 March 2008

Table B: Area for Action 2, 3, and 4 Cont.		
<i>Two Year Global Work Plan</i>		
Activity	Facilitating Agency and GCT Focal Points	Milestone
4. Accountability and monitoring performance		
B.4.1 Accountability for implementing country compacts <ul style="list-style-type: none"> Develop accountability framework at global level Mutual assessment reviews of progress in implementing agreed commitments outlined in compact at country level 	HSRG & Development partners CST & HSRG & PAG	January 2008 Aligned with country schedule
B.4.2 Monitoring country progress: country indicators on: <ul style="list-style-type: none"> Country specific constraints to be resolved Common set of health systems metrics to assess health system performance Harmonizing health finance, coverage, status measures 	HSRG/HMN	February 2008

Table B: Area for Action 2, 3, and 4 Cont.

<i>Two Year Global Work Plan</i>		
Activity	Facilitating Agency and GCT Focal Points	Milestone
<p>B.4.3 Monitoring aid effectiveness:</p> <ul style="list-style-type: none"> • Use country experience of constraints to develop a set of indicators, linked to the Paris Declaration, to monitor aid effectiveness in the health sector. • Include proxy indicators on measuring the performance and efficiency of global coordination based on the principles of the Paris declaration 	<p>WHO/WB & OECD/DAC</p> <p>WHO/WB & OECD/DAC</p>	<p>February 2008</p> <p>Dec 2007</p>
<p>B.4.4 Performance review at country level: Developing an approach for performance review of development partner and country behaviour according to compact:</p> <ul style="list-style-type: none"> • Compiling data and information on country, regional and global progress • Agree mechanism for independent evidence-based assessment of results at country level and of the performance of agencies by north-south international consortium 	<p>HSRG</p> <p>CT</p> <p>CT</p>	<p>December 2007</p> <p>Ongoing</p> <p>March 2008</p>
<p>B.4.5 Report on progress: Prepare progress and impact review for high level events:</p> <ul style="list-style-type: none"> • 3rd high level forum on aid effectiveness in Accra • Meetings around G8 • Annual review in first wave countries • Global meeting of IHP first wave countries 	<p>HSRG</p>	<p>Sept 2008</p> <p>June 2008</p> <p>Sept 2008</p> <p>Oct 2009</p>

Annex 1

Global and regional Support - Terms of Reference

The Global Support would support work related to the Scaling up for better health agenda including the UK initiative. Following are the specific functions for this team:

1. Responding to existing country and regional needs and demands

- Ensure and facilitate access to high-quality technical support, as required, to regional and country teams for practical operations and for documenting experiences.
- Acting as a sounding board on country demand to bring bottlenecks to the right level for solving

2. Identifying opportunities for additional funding mechanisms for health sector, programme and technical support

- Share information and advocate for more predictable funding for existing national plans, programmes and budgets.
- Facilitate identification of additional funding for carrying out specific demand driven technical work both at country level and possibly globally and regionally.

3. Management and dissemination of progress, knowledge and experiences

- Facilitate appropriate processes across agencies to work on technical areas of work such as: scaling up health services; national health plans; results based financing; accountability and performance monitoring.
- Ensure that country progress and experiences are synthesized, documented and disseminated.
- Ensure that evidence, and best practices that arise from work already under way in countries (and agencies) are extracted and would feed the process as appropriate.

4. Contributing to policy development and improved practices

- Ensure that what is learnt on the basis of country and regional experience contributes to policy development, operations and financing strategies of development partners, global partnerships, foundations and multilaterals.
- Seek opportunities to interact with bilateral partners, boards of global partnerships, civil society, foundations and bodies such as the OECD/DAC in order to demonstrate the practical impact of measures taken to improve aid effectiveness for health and accelerate progress in addressing the health MDGs.

5. Creating venues for accountability and learning

- Prepare for political engagements around signing, monitoring and implementing the country compacts.
- Provide an appropriate forum in which countries and partners can review progress, exchange experiences and lessons learned.
- Organize regular meetings across agencies to discuss progress, technical areas, and with local representatives.
- Create opportunities for discussing and bringing together different initiatives that are mutually reinforcing.