

Scaling up for Better Health

Final Draft: 1st November 2007

IHP+ Work Plan of the 8 International Health agencies ¹

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 health priorities 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 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) and other related initiatives linked to the Global Campaign on Health MDGs (such as the Catalytic Initiative to Save a Million Lives, Providing for Health, and the Results Based Financing in the World Bank) which broadly all have similar aims - better coordination of development assistance and increased investment in health systems strengthening to accelerate the achievement of the health MDGs.

The growing impetus towards scaling up for better health, the increased political commitment at every level, joined with greater focus on addressing health system constraints to improve outcomes create vast opportunities for countries and development partners.

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).

This note sets out how the International Health Agencies will facilitate moving forward in a coordinated manner to support countries seeking to scale up work to improve health related outcomes. It builds on the conclusions and follow up to the High Level Forum on the Health MDGs (HLF), and the learning from various initiatives aimed at health system strengthening at country level, for example the work of GAVI/HSS and the Harmonization for Health in Africa.

The work plan covers the pilot phase which involves the eight first wave countries of the IHP+. The main objective of this phase is to develop a country-level compact between the Governments, development partners and national stakeholders. This pilot will inform the expansion to more countries in the second phase, 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, the increase in funds raised for health, and the degree to which major health constraints in countries have been addressed and health service delivery expanded.

The work will be taken forward following some key principles:

- 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.
- 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.
- The work will evolve as it brings together the support for the implementation of the **IHP and related partnerships and initiatives** (e.g. Global Campaign for Health MDGs with focus on women and children according to MDG4 & 5, The Catalytic Initiative, Health Metrics Network, Global Health Workforce Alliance, Providing for Health, etc.).

Taking forward the agenda - 4 areas for Action

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. The specific **objectives** are defined here, with timetables summarized in the attached Tables.

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

1.1 Country Compacts:

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. Key steps to developing the compact are

- **Stocktaking exercise.** All 7 first wave countries of the IHP will undertake a stocktaking exercise on national health plans and strategies and status of support to this, so that the global and regional audience all have a common understanding of country status. This is very contextual and depends on the level of progress in the countries. This analytical exercise will, if possible, provide summary information on the following, or if not available make this clear.
 - 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.
 - Summary of current national domestic health sector financing strategies and structures.
 - Health system and agency bottlenecks and constraints that have already been recognized as needing to be removed by inclusion 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 for preparing the compact;
 - Timetable of key events (sector reviews, major evaluations, etc).
- **Clarify a road map for defining the country compact.** Discussions led by Ministries of Health and Ministries of Finance with development partners 'country health sector teams'³ 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

³ 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).

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 signing.** 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 (see 'Ways of working').

1.2 Strengthen country level coordination mechanisms

The existing inter-agency country sector teams that works under the government lead will be taking forward the work. The details of the who is in these teams, how they work, and any plans to streamline different mechanisms will be shared across countries. Guidance for the proper running of health sector teams will be prepared based on agreed good practice from current experience, to inform the future roll out of IHP. This work will focus on:

- The capacities of the agencies and units in government to address any gaps in necessary expertise.
- Mechanisms to strengthen and scaling-up existing National Health Plans and Strategies by identifying priorities, defining results, identify the appropriate package of health interventions and ensure that national health plans become the main framework for aligning international aid with national priorities;
- 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.
- Providing demand-driven technical support and institutional capacity building, using the full range of sources of technical assistance, including national and regional institutions, NGOs, UN and development partners.
- Prepare national consultations on policy options arising from knowledge gained from innovations in strengthening national health systems, in particular, scaling-up service delivery, results based financing, aid effectiveness, and health financing and social protection, to build national consensus with government, civil society and local academia.

1.3 Agree on preferred mechanism for mobilizing domestic and international resources for strengthening health systems:

In-country partners, led by government, will agree on the preferred mechanism for mobilizing additional resources for innovative and investment funds to strengthen health systems, based on in-country experience (WB, Bilateral, GAVI-HSS, GF, GHWA, HMN etc). This will include

- 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 World Bank, EC and Bilateral investments and through partnerships like the GAVI Alliance, the Global Fund, the Global Health Workforce Alliance (GHWA), Alliance for Health Policy and Systems Research (HPSR), and Health Metrics Network (HMN);
- Supporting countries in creating sustainable financing structures and systems so as to mobilize and sustain additional internal resources.

1.4 Regular liaison with IHP+ Core Team

The country health sector teams will need to be in regular communication with the core team, to obtain support for in-country work, and to report on any health system and development partner bottlenecks that hinder progress. The country teams will also take place in occasional 'learning' events and exchanges at regional and global level, to share information and experience. The teams will continue regular dialogue with the Core Team and partners to provide updates and to guide the international response.

2. Generating and disseminating knowledge, guidance and tools in specific technical areas⁴

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). The work will be taken forward by cross-agency task set up by the Scaling Up Reference Group (see later), consisting of The Gates Foundation, GAVI Alliance, The Global Fund, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank. The work will use expertise and country case studies, in a transparent manner with regular briefings and updates for wider groups of national stakeholders, and IHP+ partners. The following are priority streams of work that have been identified:

2.1 HSS common communications strategy: Develop a common cross-agency agenda for health systems strengthening and scaling up based on the HSS framework for action paper. The HSS framework will be used as the basis for a communications strategy for agency staff, government and development partners.

2.2 Priority areas for pooling evidence and knowledge generation:

- **National plans, strategies and budgets:** Explore how these national instruments can be further strengthened to sustain improved service delivery and health outcomes, to increase investments by MoF, to allow development partners to increase and align their aid more closely, and to better engage national state and non-state stakeholders. This will include ongoing work to define approaches (including criteria) to assess the robustness of national health plans and strategies as the basis for funding.
- **Health Service Delivery:** Based on cross-agency and cross-country work on what strategies are effective, develop tools and guidelines to strengthen health

⁴ 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.

service delivery through addressing health system constraints, focusing on the health-related MDGs and strengthening Primary Health Care.

- **Results-based financing** consolidating the in-country experience on results based financing, so that results and accountability are closely linked, and financing is managed predictably and transparently in relation to results and capacity strengthening actions;
- **Aid effectiveness and health:** Recently, the OECD/DAC has adopted health as a "tracer sector"⁵ in the lead up to the Accra High-Level Forum on Aid Effectiveness, to be held in September 2008. WHO and WB have agreed a joint work program focusing on synthesis of country experience, identification of donor orphans in health, and examination of constraints in donor agencies to the provision of long term, predictable financial support.
- **Health Financing and social protection:** Use the Providing for Health Initiative to increase attention on sustainable and equitable health financing, with a particular focus on Africa⁶.

2.3 Harmonization and alignment of health systems research: Consider options for strengthening national capacity in health systems research so that learning and innovation happens locally, and supporting governments in aligning health research with national health priorities.

2.4 Cross-country synthesis and dissemination of experience: Arrange for cross-country face to face meetings and exchanges of experience, and regular meetings of the international agencies working engaged in the IHP+, so that all stakeholders can learn the lessons from the first wave countries. This will also be used to feed into innovations and policy dialogue at the country level, and to prepare for the roll out of country compacts in the IHP second wave. This will include drawing on lessons from the UNAIDs-led work to rationalize the architecture around AIDS, reflected in the Three Ones Framework and the Global task Team, and from other reform efforts such as the one UN pilots.

3. Enhancing coordination and efficiency in aid delivery and strengthening health systems

The Paris agenda on aid effectiveness and the principles for Global Health Partnerships agreed at the High Level Forum on the Health MDGs (HLF) included the importance of improved coordination and harmonization of partner support to countries. Support in this area will aim to link country, regional and global processes: At the core of the work are the **in-country 'health sector' teams**; efforts will continue to build consensus and ways of working that empower the country 'health sector' teams (consisting of government and national and international partners) in taking forward the IHP+ related work at national level, as defined in section 1 of the work-plan. To support these team, at global and regional level the following is expected:

3.1 Establish an IHP+ core team: Develop a team that oversees and supports day to day operations related to the IHP+ work plan at global, regional and country level. This would cover staffing, budget and priority areas for work including:

⁵ 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.

⁶ Bonn Conference: 29th-30th November 2007

- Reinforce regional mechanisms such as the Harmonization for Health in Africa (HHA) to ensure interagency coordination of technical support and capacity building at country level, and consider expansion of this model to the Asia regions.
- Ensure systematic global level facilitation to improve complementarity and coordination among key agencies and initiatives, providing support to agency Boards, streamlining political advocacy processes, and work with OECD/DAC to apply the Paris Declaration on Aid Effectiveness to the Health Sector.
- Pull together lessons learnt from first wave countries, and with related initiatives, such as GAVI-HSS, and prepare proposal for IHP+ Phase II.

3.2 IHP + communications strategy: A common communication strategy is required for the IHP+ and all the related initiatives aimed at harmonizing and aligning international support to strengthen national health systems and to scaling up health service. This would include:

- Revisiting key messages, titles of initiatives and core scripts for use across agencies;
- Ensuring regular feedback on country and international level progress to internal and external stakeholders.
- Regular dialogue and information sharing across international health agencies, development partners, OECD/DAC, partnerships, private sector and NGOs who are engaged in the IHP+ and 'scaling up' agenda.
- Provide twice monthly updates on progress of different elements of the IHP+ work-plan, and three monthly reports on progress.

3.3 Facilitation of solutions to agency constraints: Implementation of the IHP requires significant institutional behaviour changes which will need to be supported by appropriate institutional incentive structures. Also, country specific demands, will require the International Health Agencies and OECD/DAC partners to resolve country bottlenecks due to development partner constraints (e.g. procurement, unpredictable donor funding).

- Prepare a study on institutional incentives and behaviour change required for implementation of the Paris principles in the health sector, to supplement work already under-way on donor constraints (under 'Health as a Tracer Sector').
- Where requested provide analytical support to assess constraints, and prepare reports for submission to agency senior management and boards.
- Support inter-agency and country-HQ consultation communication on constraints and proposed resolutions.

3.4 Improve agency capacity to address harmonization and alignment for strengthening national health systems. In addition to the country by country actions to strengthen country health sector team capacity, a strategy for cross-agency and government strengthening of 'health systems' capacity will be developed. This will have two forms:

- Develop a health systems professional network for international health agency staff, with dedicated database and access to common learning materials and opportunities.
- Prepare a set of learning tools for agency staff and national and regional institutions to build competencies around a common understanding of health systems strengthening.

4. Accountability and monitoring performance

Key concepts of the Paris Declaration and the IHP launch documentation are mutual accountability, transparency and managing by results in the use of development resources - "*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. Accountability mechanisms are required to gauge the performance of development partners working at country level, as well as the performance of countries in meeting their national commitments. This will be linked to ongoing work across agencies, with the Health System Metrics and with the work on use of health as a tracer sector for aid effectiveness. The key steps are:

4.1 Accountability for implementing country compacts: as the structure of compacts become clearer, the indicators and changes to behaviours and procedures will be collated at the global level, to communicate expected changes. This will be match by assessments of progress in country, linked to national timetables for sector reviews etc. In addition options for a cross-country review of progress, managed by civil society through a commissioned process, will be explored.

4.2 Monitoring and evaluation framework of country progress: The two main intertwined components of the evaluation of the scale-up are (i) monitoring and evaluation of country progress and (ii) monitoring aid effectiveness in the health sector, linked to the Paris declaration. Both require an initial consensus around indicators and measurement tools, and evaluation protocols for countries, including baselines. This will be the start for agreeing institutional mechanisms for independent evidence-based assessment of results at country level and of the performance of agencies by north-south international consortium.

4.3 Prepare progress reports for high level events: Reports and communications on progress and unresolved constraints will be prepare for political events, to maintain the momentum for resources and changes in agencies.

IHP+ Ways of working

This section focuses on how the work will be taken forward during the pilot phase of implementation which covers 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 countries. The work plan is divided into country and regional/global level activities.

1. Country level

The key objective of the first phase (18 month period) is for each country to develop a 'compact' between government, national partners, and international development partners, to strengthen coordination and to mobilize technical and financial resources, as detailed in section 1 of the work-plan. The work will be taken forward by the **country health sector teams**, that already exist in all first wave countries, under the leadership of government. The working of these teams will need to be inclusive (including key stakeholders - government entities, development partners, civil society and the private sector), transparent and collaborative. Technical assistance to address constraints will be demand driven by country teams, and resources will be available for country teams to mobilize assistance from national or international sources according to their preference.

The **definition of a country compact** will vary from country to country, but in all countries it will provide a close-to-binding commitment by government, by non-state stakeholders, and by international development agencies to focus on **existing national strategic plans** strategies and processes for aligning external and national assistance; to identify and mobilize the resources to act on health systems constraints for the achievement of more ambitious health outcomes - particularly in relation to the health MDGs; to better use existing aid resources through the application of the Paris Principles in the health sector; and to have more effective accountability between governments, civil society and their development partners. 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 and civil society. Mechanisms will be developed to ensure full engagement of those without a country presence.

2. Global and regional level

The main objective of the global and regional level work is support the country level efforts, as detailed in sections 2, 3 and 4 of the work-plan. Regional mechanisms will be strengthened for harmonizing technical support and country level capacity building, such as has already started with the Harmonization for Health in Africa initiative. The management structure can be summarized as having three components:

- **A inter-agency core team (CT)** will be based in four locations - WHO Geneva, World Bank Washington, WHO Brazzaville (as part of the Harmonization for Health in Africa Initiative) and a location in Asia (not yet confirmed). Terms of reference are attached in Annex 1, and details are available in a separate document.
- **A Scaling up Reference Group (SuRG)** will consist of focal points from the 8 International Health agencies will be responsible for supporting the work

- plan; terms of reference are attached in Annex 2. The SuRG will meet monthly, and perform most of its work through working groups and task forces, engaging a wider group of partners and civil society agencies. Regular forums will be arranged to get feedback and promote a greater understanding of the work of the IHP+.
- **A Political Advocacy Group (PAG)** consisting of ministers (bilateral and first wave), civil society representatives, and heads of agencies or their representatives, they will have the task of maintaining political engagement. This will cover working at all levels to ensure that that development partners adhere to the commitments made in the compacts at country level. Detailed terms of reference and ways of working are to be defined, and links will need to be agreed with other political advocacy efforts, in particular those related to the Global Campaign for Health MDGs and the Un Secretary-General's initiative on MDGs in Africa.

The following tables show the activities at country and global level that are envisaged during the first phase 18 month period.

Area for Action 1		
18 month Country-led Work Plan		
Outputs and activities	Responsibility at country/regional level	Milestones/Means of verification
<p>1.1. Develop country level compacts in 8 first wave countries</p> <ul style="list-style-type: none"> • Complete a stocktaking exercise of sector work; • Prepare a road map for defining the country compact; • Define the value-added of the IHP • Signing of country compacts 	<p>Lead by Ministries of Health, Finance a/o Planning with country health sector teams</p>	<ul style="list-style-type: none"> • Stock-take reports available by Feb 08 • Other events to be defined in-country • All countries define timetable to sign compact: target is for all by Dec 08.
<p>1.2. Strengthen country level coordination mechanisms</p> <ul style="list-style-type: none"> • Share current composition, ways of working and plans to streamline, as part of compact road-map • Prepare plans to strengthen ways of working: eg <ul style="list-style-type: none"> ○ strengthened coordination in agency & govt ○ perform system/constraints analysis, ○ National dissemination of knowledge, learning events & consensus building on HSS policy options • Contribute to development of guidance on good practice for country health sector planning & coordination, eg: <ul style="list-style-type: none"> ○ Composition, including civil society engagement ○ Preparation of proposals for GHPs/HSS/sector investment ○ MoUs, Codes of Conduct, Joint sector planning and reviews 	<p>Country health sector teams</p>	<ul style="list-style-type: none"> • Share composition of country teams: Dec 2007 • Country team proposals: Mar 08 • Guidance on sector coordination: May 08
<p>1.3 Agree on preferred mechanism for mobilizing resources for strengthening health systems:</p> <ul style="list-style-type: none"> • Using existing mechanisms (SWAp reviews, costings, MTEF etc) make case for additional investment of international and domestic resources • Agree on preferred mechanism for mobilizing resources 	<p>MOH/MOF and country health sector teams</p>	<ul style="list-style-type: none"> • Timetable agreed in country linked to sector reviews and preparation of compact.
<p>1.4. Regular liaison with Core Team (CT)</p> <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 Core Team and to allow contribution to progress reports 	<p>Country health sector teams</p>	<ul style="list-style-type: none"> • Contribution provided to IHP+ updates • 3 monthly reports on progress

Area for Action 2, 3 & 4		
18 month Global Work Plan		
Outputs and activities	Facilitating Agency and Focal Points	Milestone/means of verification
2. Generating & disseminating knowledge, guidance/best practices and tools on specific technical areas⁷		
2.1 Health Systems Strengthening communication strategy	Core team	<ul style="list-style-type: none"> HSS communication strategy defined: Dec 07
2.2 Priority areas for evidence and knowledge generation: <ul style="list-style-type: none"> National plans, strategies and budgets <ul style="list-style-type: none"> Outline guidance Physical reference of documents Study of guidance used by countries Understanding demand Validation experience Health service delivery: (details tbc) Results based financing: (details tbc) Aid-effectiveness and health: <ul style="list-style-type: none"> Synthesis of country experience from across regions. Identify 'donor orphans' in health Examine constraints in donor agencies Health financing and social protection: 	<p>Led by WHO with WB, UNAIDS, GFATM</p> <p>Led by UNICEF with WHO, WB, UNFPA (tbc)</p> <p>Led by WB with WHO, GAVI, GFATM (tbc)</p> <p>Led by WHO/WB in collaboration with OECD.DAC</p> <p>WHO & WB with bilaterals</p>	<ul style="list-style-type: none"> Scope and responsibilities: Nov 07 Clarify work-program and deadlines: Dec 07 Work-programme and deadlines: Jan 08 Work-programme and deadlines: Dec 07 Provide update on progress: Feb 08 Present at Accra round-table: Sept 08 Bonn Conference: Dec 07
2.3 Harmonization & alignment of HS Research	Geneva based research partnerships (tbc)	<ul style="list-style-type: none"> Concept paper finalized to consider in Phase II IHP. May 08
2.4 Synthesis and dissemination of experiences:		
<ul style="list-style-type: none"> Scaling Up Reference Group: monthly video conferences Establish IHP+ web-space for sharing documentation Review of Regional Health Systems Observatory models Review of lessons from UNAIDS GTT experience Cross-country sharing of lessons and experience Consultation on Private Sector engagement (tbc) Use of lessons learnt to develop 2nd phase of IHP 	<p>Core team</p> <p>Core team</p> <p>Core team</p> <p>UNAIDS</p> <p>Core team</p> <p>tbc</p> <p>Core team</p>	<ul style="list-style-type: none"> Monthly VDC: From Nov 07 IHP web-site: Dec 07 Regional Options Jan 08 Seminar: Jan 08 (tbc) Meet of country sector teams Feb 08 (tbc) Consultation: Jun 08 (tbc) Synthesis of lessons for input into IHP Phase II

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

3. Improve agency capacity to address harmonization and alignment for strengthening national health systems		
<p>3.1 Establish IHP+ Core Team</p> <ul style="list-style-type: none"> • Complete proposal for core team including staffing, ways of working, plans & budget • Strengthen regional mechanisms for harmonization of technical assistance and capacity building - Africa and Asia • Synthesize lessons and plan with partners for IHP Phase II 	<p>Core Team</p> <p>Core Team: HH Africa</p> <p>Core Team: HH Asia (tbc)</p>	<ul style="list-style-type: none"> • Proposal completed Nov 07 • Full time HH Africa staff in Brazzaville: Jan 08 • Proposal for HH Asia: Mar 08 (tbc) • Plan for IHP Phase II: Jun 08
<p>3.2 Establish IHP+ communication strategy</p> <ul style="list-style-type: none"> • Prepare communication documentation & mechanisms • Regular international forums with all stakeholder groups to discuss progress and address issues that may be hindering it in countries <ul style="list-style-type: none"> ▪ Partnership secretariats ▪ Civil Society ▪ Development partners • Regular progress reports of IHP+ work-plan 	<p>Core Team & SuRG</p> <p>Core Team</p> <p>Core Team</p>	<ul style="list-style-type: none"> • Communications strategy: Dec 07 • DPs every 2 months: next Dec 07 • NGOs every 3 months: Next Jan 08 • Geneva GHPs: every 3 months: Next Jan 08 • Three monthly reports to SuRG: next due Nov 07
<p>3.3 Facilitate solutions to agency constraints:</p> <ul style="list-style-type: none"> • Study of institutional incentives to support Paris Principles in the health sector • Country specific constraints: tbc 	<p>Core Team, SuRG & PAG</p>	<ul style="list-style-type: none"> • Study of institutional incentives: Jun 08 • Milestones to be prepared based on country feedback
<p>3.4 Improve agency capacity to strengthen health systems:</p> <ul style="list-style-type: none"> • Health systems professional network • Tools, inventories and events for staff development 	<p>Core team</p>	<ul style="list-style-type: none"> • Health Systems Professional Network: first phase Jan 08 • Staff development strategy using existing tools: Defined June 2008

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

Two Year Global Work Plan		
Activity	Facilitating Agency and GCT Focal Points	Milestone
4. Accountability and monitoring performance		
4.1 Accountability for implementing country compacts <ul style="list-style-type: none"> Develop accountability framework at global level Mutual assessment of progress at country level Civil Society cross-country review of progress in implementation of compacts 	SuRG & Development partners Country health sector teams Commissioned agency	<ul style="list-style-type: none"> Global level framework: Mar 08 Country level assessments: aligned with country schedule Options & RFP for cross-country review: May 08
4.2 Monitoring and evaluating country progress: <ul style="list-style-type: none"> Consensus on country M&E framework: progress & aid effectiveness Appraisal of options for independent assessment of results 	WHO and WB	<ul style="list-style-type: none"> Country M&E framework: Feb 08 Institutional options for independent assessment: May 08
4.3 Prepare progress for high level events:	Core team with SuRG	<ul style="list-style-type: none"> G8: June 08 Round table in Accra: Sept 08 Ministerial meeting: Sept 08 2nd Ministerial Meeting: Sept 09

Annex 1

Terms of reference for the IHP+ Core Team.

The inter-agency Core Team will be responsible for coordinating the efforts of the international health agencies and the required support for the country inter-agency 'health sector' teams. Its terms of reference can be summarized as:

1. Responding to existing country 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. Preparing work for the Scaling up Reference Group

- Act as secretariat to monthly meetings
- Management and dissemination of progress, knowledge and experiences
- Monitor performance and identifying constraints to progress

4. Creating venues for accountability and learning to contribute to policy development and improved practices

- Seek opportunities to interact with bilateral partners, boards of global partnerships, civil society, foundations and bodies such as the OECD/DAC to facilitate a learning process so that what is learnt on the basis of country and regional experience contributes to policy development, operations and financing strategies
- Provide an appropriate forum in which countries and partners can review progress, exchange experiences and lessons learned.
- Facilitate a learning process that contributes to applying what is learnt on the basis of country and regional experience to policy development, operations and financing strategies of development partners, global partnerships, foundations and multilaterals.
- Organize regular meetings across agencies to discuss progress, technical areas, and create opportunities for discussing and bringing together different initiatives that are mutually reinforcing.

6. Develop a IHP+ communications strategy

- Develop a set of key messages that summarize and help promote the various initiatives aimed at strengthening health systems and services, and to provide a common communications platform.
- Develop a comprehensive communications strategy aimed at specified target audiences (politicians, heads of agencies, civil society, partners and national institutions central to the scaling up agenda, and the staff of the 8 international health agencies overseeing the IHP work).

Annex 2

Scaling-up Reference Group⁸ Terms of Reference

Background

The Scaling-up Reference Group (SuRG) was established in the context of the launch of a cluster of initiatives (International Health Partnership, Catalytic Initiative to Save a Million Lives, Global Campaign for the Health MDGs, Providing for Health, etc) which broadly have similar aims - better coordination of development assistance and increased investment in health systems strengthening to accelerate the achievement of the health MDGs. While each initiative may have some of its own institutional mechanisms, the SuRG will necessarily be concerned with the success of scaling up as a whole, and will seek to build linkages between the related initiatives (IHP+ is used in this note as a shorthand to refer to the newly established cluster of initiatives).

The SuRG will provide oversight, coordination and a steering function to the interagency Core Team based in WHO and the World Bank. Its membership comprises representatives of 8 leading global health agencies (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).

Scope of Work

Overall the SuRG will oversee and steer the delivery of the outputs defined in the joint IHP+ work plan. They will add value to the work of the Core Team by:

- a) making available the resources (in terms of experience and knowledge) of member organizations - particularly in relation to joint analytic and technical work;
- b) helping to gain legitimacy for and uptake of the outputs of the Core Team among a wider audience;
- c) ensuring that the views of their respective constituencies (which include among others developing countries, bilateral and multilateral donors and civil society groups with whom they have relations) help shape the overall orientation of IHP+, and
- d) helping to resolve problems of inter-agency coordination that arise in the process of providing scaling-up support to countries (including ensuring the necessary synergy between global and regional operations).

The SuRG derives authority from members acting through their own organizations and the individual members remain accountable to their own management and

⁸ Initially called Health Systems Reference Group

governing bodies. Issues of common concern to all eight agencies may, when appropriate, be brought up at meetings of H8 principals.

Modus Operandi

The SuRG will meet monthly - face-to-face when circumstances allow - or by video conference. The Core Team will prepare agendas and background papers as required. The SuRG will be chaired on a rotating basis.

Specific activities

1. Track progress and oversee the further development of a common IHP+ work-plan.

- Work with the core team to update and further develop the work-plan;
- Initial focus on IHP+ but whenever possible creating opportunities for bringing together mutually reinforcing initiatives.

2. Management and dissemination of progress, knowledge and experiences

The SuRG has a particularly important role to play in relation to the joint programme of analytic work which will be managed by the Core Team. Specifically

- Clarify responsibilities, agree terms of reference and facilitate appropriate processes for work across agencies on areas in which the synthesis of evidence and experience is required. These include in the first instance: national health plans and strategies; scaling up service delivery; results based financing; and accountability and performance monitoring. Joint work may well involve partners outside of the direct membership of SuRG (e.g. work on performance-based financing, the development of compacts, etc).
- Further develop this agenda of work as new challenges arise, and ensure that country progress and experiences are synthesized and properly incorporated into the evidence and best practices;
- Contribute to the dissemination of knowledge within agencies and within countries, so that what is learnt contributes to national and international policy development, plans and strategies of governments, development partners, global partnerships, foundations and multilaterals.

3. Support the Core Team by ensuring that within member agencies reliable systems are in place for responding to country requests for support for activities linked to the scaling-up agenda:

- Maintain close working relationships with regional initiatives for harmonizing technical support to countries;
- Share within and between agencies documentary outputs from selected countries;

- Identify and act on (through individual organizations) any human and financial resource gaps that limit agency effectiveness in providing country support;
- Contribute to the development of a cross-agency network of individuals and institutions with the capacity to offer country support.

4. Monitor performance and identifying constraints to progress

- Use the framework for accountability and monitoring performance in the IHP+ work-plan to report on progress and on any bottlenecks that may hinder it as soon as they occur;
- Ensure that country constraints requiring global action are brought up to the attention of the appropriate level within agencies for action and, where necessary, propose solutions and actions by agency governing bodies.
- Regular dialogue with the Core Team and progress reports for inclusion in the monitoring framework.

5. Communicate internally (within agencies) and externally (meetings and forums) on developments as appropriate

- Agree a common set of messages on health systems strengthening, scaling-up and aid effectiveness in the health sector;
- Work closely with the Core Team to develop a common communications strategy aimed at specified target audiences (politicians, heads of agencies, civil society, partners and national institutions central to the scaling up agenda).