

Ethiopia IHP+ Compact

Mission to Ethiopia: 15th - 18th September

Mission Report

Tuesday, 23 September 2008

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Mission report

Purpose and objectives

Following the signing of the compact between the Government of Ethiopia and Development Partners on '*Scaling Up For Reaching the Health MDGs*', the Federal Ministry of Health agreed to a mission from regional and HQ representatives of the IHP+ to help mobilize global support for its implementation. The overarching aim for the mission was *to identify the bottlenecks that prevent agencies from fulfilling the commitments of the IHP Compact and identify global level action that is required to address them*. Detailed terms of reference are in Annex 1.

Participants

Participants consisted of the country health sector team, including Ministry of Health and national development partners, and senior regional and HQ representatives of agencies who are signatories to the IHP+ including WHO, World Bank, UNICEF, UNFPA, UNAIDS, Civil Society, Global Fund and GAVI Alliance, see Annex 3.

Agenda

The mission agenda is attached, see Annex 2 and included one session with the Regional Health Bureau of Oromia. Following the discussion in each session, actions points for regional and global level were summarized and presented to the Minister for Health in the final session. Following feedback a final global action plan has been agreed, see Table 1.

Summary of discussion

The Mission concluded that the Ethiopian Government and wider country health sector team, under the leadership of the Minister of Health, have excelled. They have taken the agenda laid out in the global IHP compact and applied it to the country context. Ethiopia is the first country to sign a country compact, and key lessons and messages will start a new way of working for the international community. This was the first IHP+ mission to a country to understand the implications, and was recognized by all as an opportunity to learn. Specific areas covered by the mission are summarized here.

1) Mobilizing Resources

The Ethiopian compact shows the huge financial gap between what resources are currently available in the country, and what is required to make significant progress to reaching the health MDGs. The government is committed to steadily increasing resources for health, and the strength of the HSDP III plan should enable even more domestic resources to be mobilized, and for increases to come from international donors. However, this will be insufficient to fill even the smallest scenario for scaling up services, and more global efforts are required, looking at new donors and new innovative mechanisms for raising finances. To help make the case for more funds, a higher level of transparency is required from government and donors to make clear what level of resources are being committed for different parts of the national health plan, and what disbursements are

Ethiopia Health MDG Compact: Mission 15th to 18th September taking place. Donors should commit to making this information available, and government should collate and share it widely.

2) Developing new ways of working

The compact takes forward the agreements in the Paris Declaration and the global IHP compact, but raises major challenges for partners to change they work in country. In country, development partners agree to the call for more predictability and transparency, as laid out in the compact, but will need HQ support in implementing commitments to align with country systems in areas such as pooling of funds into the MDG Performance Fund, common procurement, and common reporting on progress.

A discussion on the adequacy of delegations of authority to country level highlighted the need for better communication between global and country level. There needs to be clearer and simpler rules and procedures with more flexibility allowed for their interpretation. Currently these rules are often interpreted differently across countries and more training may be required to build on this flexibility. Development partners are quite diverse, and it is particularly important to clarify the different compact implications for agencies that have a more technical rather than a donor function.

Regarding technical assistance, the principles laid out in the compact of linking this more explicitly to capacity building, and of harmonizing it delivery across partners are well accepted. As the government is about to issue new guidance on technical assistance, this provides an opportunity for development partners to further engage and put these principles into practice.

As the GAVI Alliance and Global Fund become increasingly engaged in implementation of the compact and HSDP III, mechanisms are required for them to communicate with government and development partners during compact related sector work. This should now be possible with the proposal to strengthen the unit of the Director of Planning with this purpose in mind.

3) Monitoring the changes in behaviour

Ethiopia is very advanced in its development of guidance and country agreements on the expected behaviour changes that development partners should undertake in-country. Making these changes happen are known to be difficult and will need close monitoring, hence the specific 'harmonization and alignment' indicators and targets that have been agreed in the compact.

4) Validation and appraisal of national plans and strategies

The work of the global interagency working group on validation of national plans was presented and feedback requested. In the discussion it became very clear that Ethiopia has an existing robust validation process in place, using many of the attributes in the consultation paper, including an element of independent review, through consultants hired for this purpose. The current joint reviews of progress are held with government and development partners, and linked to a 'bottom up' planning exercise. All agreed that this should be the starting point for building a common, country based, validation and appraisal process, linked to funding decisions of donors, including those without a

country presence. Additional processes and layers of approval are not required, and if changes to existing validation processes are required, then the potential benefits to countries should be made clearer up front. The only area of contention was that some development partners, particularly those with no country presence such as Global Fund and GAVI Alliance, have boards that probably require an “independent component” for the validation process. In the consequent discussions with the Minister of Health it was agreed that to accommodate for this, the already existing Joint Review Mechanisms would be complemented by an independent review, held at the same time, so that the country would benefit from both types of validation and appraisal. All partners, including Global Fund and GAVI, acknowledged that the Ethiopian process should be used as a case study to learn lessons and facilitate this global dialogue..

5) Use of common results framework

The IHP+ common monitoring framework had been discussed with the Ethiopian country health sector team. This was well aligned with the results framework in the HSDP III, summarized in the compact, and accepted by all development partners. Plans to rectify the weaknesses in the Health Management Information Systems are advanced but major investments are now required, linked to expanding the use of surveys that compliment the facility based information from HMIS. These efforts are undermined, however, by a constant deluge of requests from the regional and global level which dilute efforts for obtaining good national health data. All agreed that a global effort is required to agree a minimum set of indicators, linked to the common framework, and this would need to be promoted by senior management, boards and the H8. Global efforts are also required to gain a consensus that the common results framework in Ethiopia is adequate for all development partners. It was recognized that many partners still want to see attribution of their efforts; experience on how to handle this demand from the global level, when pooled efforts are required in-country, should be further explored.

6) Civil society engagement

Civil Society representatives from country and global level presented the level of engagement in the compact development. Concerns were expressed about the perceived lack of representation in the process from the beginning and involvement of grass root Civil Society. More clarity is required on what way CSOs themselves are best positioned to take forward the compact. It was clarified that CRDA is an umbrella organization representing hundreds of CSOs at all levels of the health sector and is participating in all fora (e.g., JCC, ARM, HPN Group, etc.). It was agreed that CRDA needs to improve its internal communications and organization at all levels to be able to more effectively engage in IHP+ processes although financial support will be needed to enable this which is available in-country by a few development partners. It was also agreed that global level CSOs should communicate frequently with their local counterparts to support them as much as possible with information and access to additional funding as needed. The Minister of Health offered a direct communication line with him and his staff, if challenges arise and problems need to be solved. CSOs raised concerns with the new CSO law that is being developed. The Minister of Health clarified that the draft law is good for the health sector and offered to have open communications lines with CSOs if they have further concerns.

7) Meeting with Regional Health Bureau of Oromia

Regional officials of Oromia presented the processes, opportunities and challenges faced in the Region. The compact and its implications are well understood in Oromia as the Woredas and Regions are engaged in the process of compact development and the linked planning. This includes development and monitoring of indicators in a bottom-up process. Currently the main challenges include the lack of skilled health and managerial workforce and the associated dire need for technical assistance at regional level. The implementation of the compact will need to address the need for capacity development and joint planning with development partners.

Next steps

The Minister gave his support to the outcome of the mission, emphasizing the need for political tracking of the response to avoid the follow up being downgraded to a technical agenda. The report of the mission and the resulting global action plan will be completed within a week, with follow up responsibilities and timelines made clear. The compact agreements and outcome of this mission will be presented to Regional Directors, HQ senior management and/or boards and to development partners in the steering SuRG. The results of these discussions will be fed back to the government and country health sector team. IHP+ Core Team will monitor implementation of the global action plan, and report back on progress to the Ethiopian FMOH & broader country health sector team. HQ and Regional staff participating in the upcoming Annual Review will be briefed on the outcome of this mission.

Table 1: Global Action Plan

Area of work	Action	Responsibility	Timeline
<p>Overall progress</p> <p>The Ethiopian Government and wider country health sector team under the leadership of the Minister of Health has excelled at taking the agenda laid out in the global IHP compact and apply it to the country context. Ethiopia is the first country to sign a country compact. Key lessons and messages will start a new way of working for the international community.</p>	<p>1. Recommendations and lessons to go to:</p> <p>1.1 Senior Management and / or Boards</p> <p>1.2 Development partners through IHP+ SuRG, with a response provided to the country</p>	<p>WHO, WB, UNICEF, UNFPA, UNAIDS, GF, GAVI (each to report back)</p> <p>IHP+ Core team</p>	By January 08
<p>Mobilizing more resources for Ethiopia</p> <p>All agreed that this was the most important action at global level.</p>	<p>2. A 'reach out programme' will start at global level to mobilize more commitments from donors (Foundations, private sector, and bilaterals) for the Ethiopian health MDG compact.</p> <p>3. A High Level Global Task Force for Innovative International financing for Health Systems aims to mobilize funds to fill financing gaps in health MDG compacts. TORs will reflect that:</p> <ul style="list-style-type: none"> - Any funds raised must be additional to already existing commitments. - Countries with completed compacts to be involved in Task Force work; - No new facility should be created but rather existing mechanism used. <p>4. Transparency of the health aid landscape in Ethiopia will be promoted by all IHP+ development partners communicating current commitments and planned disbursements in defined areas</p>	<p>IHP+ SuRG: as part of the work by taskforce on innovative finance</p> <p>IHP+ core team during completion of tor for task force.</p> <p>WHO, WB, UNICEF, UNFPA, UNAIDS, GF,</p>	<p>During 2009</p> <p>October 08</p> <p>January 08</p>

Area of work	Action	Responsibility	Timeline
		GAVI, UK (each to report back)	
<p>Developing new ways of working: Focusing initially on rules and procedures linked to use of MDG performance fund, technical assistance and common reporting mechanisms.</p>	<p>5. Analyse current incentives and existing agency rules and guidance to provide a response to compact commitments on pooled funding options and common reporting mechanism.</p> <p>6. The technical assistance guidance, when completed, will be widely circulated with a written response provided by development partners;</p> <p>7. A report on changing agency incentives and ways of working will be agreed and presented to the H8 and development partners in SuRG before end of 2008.</p> <p>8. GAVI and Global Fund will agree mechanisms for regular sector dialogue (ARM etc)</p> <p>9. Agency staff taking place in sector reviews will be briefed on implications of compact & this mission.</p>	<p>IHP+ Core Team: through CHST consultancy.</p> <p>IHP+ SuRG</p> <p>IHP+ Core Team: through CHST consultancy</p> <p>GAVI and GF</p> <p>All mission members</p>	<p>December 08</p> <p>December 08</p> <p>December 08</p> <p>October 08</p> <p>October 08</p>
<p>Monitoring the changes in behaviour Agreements made in country require close follow up, with HQ support, using indicators in compact annex 2a: eg Alignment to government planning cycle (including at regional/Woreda level), confirmation of annual commitments, no separate reporting etc</p>	<p>10. The annual external review of the IHP+ will include a review of partner specific behaviour change using the indicators in Annex 2a. These reports will feed into high level events and include political tracking of responses</p>	<p>IHP+ North-South Consortium</p>	<p>First report due August 2009</p>
<p>Validation and appraisal of national strategies Global-level work to establish common approaches to validation of national strategies/plans for investment decisions was shared and discussed.</p>	<p>11. Key messages from consultation on validation to be fed back to working group:</p> <ul style="list-style-type: none"> - All validation and appraisal should be based in-country; - Ethiopia has existing processes in place that are robust and follow most of the agreed principles; - Should not add processes or layers to approval mechanisms 	<p>IHP+ working group on validation of national plans and strategies</p>	<p>Next meeting due October 08 (date tbc)</p>

Area of work	Action	Responsibility	Timeline
	<p>12. The perceived need for an independent component varies across partners. The FMOH agreed to an independent validation of national strategies to coincide with the joint annual reviews.</p> <p>13. Ethiopia will be used as a case study to facilitate this global dialogue with donors.</p> <p>14. The potential benefits to the country of any change to existing validation mechanisms need to be made more explicit.</p>	<p>IHP+ working group to agree next steps and timetable.</p> <p>IHP+ working group to agree next steps and timetable.</p> <p>IHP+ working group to agree next steps and timetable.</p>	
<p>Use of common results framework</p> <p>Work at the global-level aims for a common approach to using national results frameworks to review progress. Key messages:</p>	<p>15. The IHP+ common monitoring and evaluation framework will be used to agree with H8 agencies a minimum set of "mandated" indicators and data required from countries;</p> <p>16. A communications exercise will take place around the common M&E framework, including the use of national timelines, to build agency ownership and to report back to country;</p> <p>17. The key messages on common M&E and related capacity building to go to next informal meeting of the H8 and to the IHP+ SuRG;</p> <p>18. Guidance will be prepared on how to handle "attribution" demands when funds are pooled and un-earmarked;</p>	<p>IHP+/H8 inter-agency group to agree next steps and timetable</p> <p>IHP+/H8 inter-agency group to agree next steps and timetable</p> <p>IHP+/H8 working group</p> <p>IHP+ Core Team</p>	<p>December 08</p> <p>January 08</p>
<p>Civil Society Engagement</p> <p>CSO engagement in the development of the compact and related issues, including related government legislation, was discussed at length.</p>	<p>19. Global CSO agencies will continue to share information about the role of Ethiopian CSO groups and stress the importance for their continued engagement.</p> <p>20. IHP+ development partners will implement the IHP+ CSO policy that encourages country health sector teams to be proactive in engaging CSOs</p>	<p>IHP+ SuRG</p> <p>IHP+ SuRG</p>	<p>Ongoing</p> <p>November 08</p>

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Area of work	Action	Responsibility	Timeline
	<p>in compact related work.</p> <p>21. IHP+ CSO representatives will clarify opportunities for national CSOs to obtain international funding to build their capacity for IHP+ implementation and monitoring.</p>	IHP+ SuRG	November 08
Follow up arrangements	<p>22. Present compact agreements and outcome of mission to Regional Directors, HQ senior management and/or boards and development partners in SuRG</p> <p>23. Brief members participating in the ARM in October 2008</p> <p>24. IHP+ Core Team to monitor implementation, including political tracking of responses, and report back to Ethiopian FMOH & broader country health sector team.</p>	<p>All mission members</p> <p>All mission members</p> <p>IHP+ core team to prepare report for February 4th & 5th Ministerial Review</p>	<p>December 08</p> <p>October 08</p> <p>February 08</p>

Annex 1: Terms of Reference of Mission

Ethiopia IHP Compact: Mission to Ethiopia: 15th - 18th September Final Terms of Reference

Overall Objective

To identify the bottlenecks that prevent agencies from fulfilling the commitments of the IHP Compact and identify global level action that is required to address them.

Specific objectives of the mission

- 1 ***Review the expectations as stated in the completed country compact***, particularly those related to Section IV (Para 41) on Development Partners Commitments and agree on global level actions required to support its implementation. The mission would aim to answer the following questions:
 - i **MDG Performance fund:** *What is status of the ongoing MDG appraisal?*
 - ii **Mobilizing finance:** *What else is required in country to increase the level of financial resources for the critical gaps outlined in the compact, such as MDG 4&5 and the strengthening of health systems? What else should be done at the global level?*
 - iii **Donor disbursements:** *What prevents development partners from making a minimum of three year commitments, as required in the compact? Can partners provide forecasts as requested by government of Ethiopia? How will shortfalls be managed? How can HQs assist in these areas?*
 - iv **Delegation of authority:** *What are the agencies that need to delegate more authority to countries so that all can 'speak the same language'?*
 - v **Civil society engagement:** *What are the current plans for civil society engagement in taking forward the compact commitments? Are there any remaining concerns?*
 - vi **Technical Assistance:** *What are the current constraints to joint, harmonized technical assistance? How should the global and regional levels respond?*
- 2 ***Consider the country opportunities arising from inter-agency work on the harmonization of health system strengthening policies*** particularly focusing on common validation and appraisal mechanisms, and use of national monitoring and evaluation systems.
 - i **Validation/appraisal of national plans and strategies:** The compact states that a common validation mechanism for the country plan will take place linked to Annual Review Mechanism. Currently, development partners in many countries, including Ethiopia, use a variety of validation and appraisal mechanisms of country plans and strategies, and often require proposals or submissions that are developed separately. To help rectify this situation, inter-agency work has developed a common, in-country validation/appraisal that would be linked to

Ethiopia Health MDG Compact: Mission 15th to 18th September funding decision across donors¹. This mission will provide an opportunity to consider²:

- *What are the attributes of a national plan and strategy that needs to be assessed in any validation process?*
- *What are the options for performing an in-country validation/appraisal of national plans and strategies linked to the ARM?*

ii **Monitoring and Evaluation:** The compact makes it clear that all development partners should be using the national health sector systems for monitoring progress, and in-country evaluations. However, whilst the existing sector monitoring framework is comprehensive, mechanisms for collecting good quality data are inadequate and require considerable further investments. Many development partners therefore continue to use their own separate monitoring processes. This situation is in many countries, so an inter-agency team has agreed on a common approach to support the development and use of national health monitoring systems and country based evaluations of progress³ with a particular focus on strengthening national data collection⁴. This mission will consider⁵:

- *What are the constraints partners face in using national monitoring and evaluation systems?*
- *What are the opportunities to strengthen national health information systems and surveys to allow use of common approaches?*

3 ***Each international health agency and development partner to prepare a set of recommendations for its board and senior management*** on how to address the bottlenecks that prevent agencies from fulfilling the commitments of the IHP Compact. Where necessary, conference calls will be set up during the mission between Addis and HQ to clarify the constraints and possible solutions. Priorities for technical support will be considered to be taken forward by the HHA. Responses to the recommendations made will be monitored by the IHP+ Core Team.

Participants:

Details of mission participants are attached [annex]. This will include HQ/Regional agency representatives from WHO, World Bank, UNFPA, UNAIDs (tbc), Civil Society (SuRG), Global Fund and GAVI Alliance, with additional conference call participation from WHO, UNICEF, EC and Global Fund. In country, participants will include Ministry of Health and members of the HPN group, with invitations extended to other national agencies as suggested by the FMOH.

Agenda

Attached. The strategic roundtables will be used to explore what additional global actions are required by development partners to allow their agency to fulfil commitments made in the compact.

¹ Consultation document available

² This will be a preliminary consultation to prepare for more detailed follow up work

³ Consultation document available

⁴ Draft discussion document

⁵ This will be a preliminary consultation to prepare for more detailed follow up work

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The two short workshops will be used to consult on the inter-agency work that has been underway to harmonize appraisals of national plans and strategies, and to improve use of the common monitoring framework.

A short action plan will be prepared with the Ministry of Health that outlines actions that can be taken forward at the global level with HQ and Boards, to enable partners to fulfil their commitments in the compact.

Background documents (to be circulated in advance)

- HSDP III
- Compact
- IHP+ M&E documents
- IHP+ Validation documents

Management arrangements

- **List of participants:** attached
- **Logistics:** An in-country logistics group has been set up involving MoH, WB, and WHO, and will work with the IHP+ core team in making preparations.
- **Venue:** The meeting will be in the Sheraton Tuesday and Wednesday morning, the WB Wednesday afternoon (for conference calls) and in the MoH on Thursday morning for the presentation to Minister.
- **Accommodation:** Visiting participants will be staying in the Hilton hotel.
- **Budget:** The logistics group has agreed a local costs budget, and the IHP+ core team will provide the finance.

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Annex 2: Agenda

**Ethiopia Health MDG Compact
Mission 15th to 19th September
Schedule**

Date & Time	Agenda	Participants	Chair & leads	Venue
Monday, September 15, 2008				
09.00 – 18.00	Mission preparations: <i>Core team and logistics group to make final preparation of mission with HPN & MoH</i>	Core team HPN, MoH		
Tuesday, September 16, 2008				
8.00	Registration			Sheraton (Lalibilla)
8.30 – 9.00	Introduction and Objectives:	Full Mission (Visitors, HPN group, MoH, National invitees)	Chair: MoH Introduction: MoH Agenda: WHO/WB	
9.00 - 09.30	Update on Compact: - Country signatories: <i>current status and future plans</i> - MDG performance fund appraisal: <i>current status</i>	Full Mission ⁶	Chair: UNFPA Lead: MoH	
09.30 – 10.30	Strategic Roundtable – Development partners: Delegation of authority/accountability to country level <i>Which agencies need to delegate more authority to countries so that all can 'speak the same language'?</i>	Full Mission ⁶	Chair: Netherlands Lead: WHO	
10.30 – 11.00	Coffee/Tea Break			
11.00 – 12.00	Update: Civil Society Engagement in the Ethiopian compact <i>What are the current plans in-country for civil society engagement in taking forward compact commitments? Are there remaining concerns?</i>	Full Mission ⁶	Chair: UK Leads: CSO representatives Compact Task Force	Sheraton
12.00 – 13.00	Strategic Roundtable – Mobilization of resources at country and global levels <i>What is being, and what else is required, to mobilize more resources to fill critical gaps outlined in the compact (eg for MDG 4&5 and for strengthening health systems)?</i> - <i>In country</i>	Full Mission ⁶ Plus – Mo FED (tbc)	Chair: US (tbc) Leads: MoFED or MoH, WHO/WB	

⁶ Visitors, HPN group, MoH, National invitees

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Date & Time	Agenda	Participants	Chair & leads	Venue
	- <i>Globally</i>			
13.00	Lunch			
14.00 – 15.30	Strategic Roundtable – Development Partner Commitments and Disbursements <i>What can be done to allow partners</i> <ul style="list-style-type: none"> - <i>To give longer term commitments and annual forecasts?</i> - <i>To pool funds?</i> - <i>To align efforts when they have their own trust funds (eg UNFPA)</i> - <i>To use common procurement mechanisms?</i> - <i>To manage shortfalls as the compact states?</i> 	Full Mission ⁶	Chair: UNICEF Lead: WB	Sheraton
15.30	Coffee/Tea Break			
16.00 – 18.00	Workshop – Consultation: Validation of national plan: attributes and appraisal options <ul style="list-style-type: none"> o <i>What are the attributes of a national plan and strategy that needs to be assessed in any validation process?</i> o <i>What are the options for performing an in-country validation/appraisal of national plans and strategies linked to the ARM?</i> <i>[Background document provided]</i>	Full Mission ⁶	Chair: MoH Lead: Member (AC) of IHP+ validation/appraisal working group	Sheraton
18.30	Reception: hosted by WHO in Sheraton Lalibilla Salon III			

Wednesday, September 17, 2008				
8.30 – 10.30	Workshop – Consultations Monitoring sector performance and country evaluation <ul style="list-style-type: none"> o <i>What are the constraints partners face in using national monitoring and evaluation systems?</i> o <i>What are the opportunities to strengthen national health information systems and surveys to allow use of common approaches?</i> <i>[Background document provided]</i>	Full Mission ⁶ , Plus Bureau of statistics (involved in M&E)	Chair: GF Lead: Member of IHP+ M&E working group (DD)	Sheraton
10.30-11.00	Coffee/tea break			
11.00 – 12.30	Meeting with Regional Health Bureau (Oromia) <ul style="list-style-type: none"> o <i>Problems of fragmentation of services from partner efforts & role of compact</i> o <i>Federal-regional management relations in terms of financial transfers (central now</i> 	Full Mission ⁶ , RHB	Chair: HPN member Lead: RHB	Sheraton

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	<i>and proposed in MDG performance fund)</i> ○ <i>Use of the common monitoring framework</i>			
12.30	Lunch			
13.30	Move to WB offices (Hotel Transport)			
14:00 – 15:00	Strategic roundtable: Harmonization of technical assistance and technical support priorities (including conference call with HHA) ○ <i>Short update on mission (for HHA members on conference call)</i> ○ <i>What are the upcoming technical support priorities?</i> ○ <i>Taking forward compact commitments on harmonized technical support</i>	Full Mission ⁶ , and HHA	Chair: GAVI Lead: MoH	WB (4 th Floor)
15.00 - 15.30	Conference call with WHO & UNICEF (New York & Geneva) <i>What are the changes required in ways of working and procedures to fulfill commitments made in compact?</i>	Full Mission ⁶	Chair: WHO/UNICEF	
15.30 - 16.00	Coffee/tea break			
16.00 - 17.00	Conference call with EC (Brussels) tbc <i>How can the EC strengthen its engagement in the health sector in Ethiopia? Are there any specific concerns that need to be addressed?</i>	Full Mission ⁶ and EC delegation (country & Brussels)	Chair: EC	WB (4 th Floor)
17.00-18.00	Short Action Plan: Brainstorm on what needs to be included?	Small working group & MoH	Core team to facilitate	WB
Thursday, September 18, 2008				
09:00 - 10.30	Preparation of Mission report, final draft short action plan and presentation to Minister	Small working group	Core team to facilitate	WB
10.30 - 11.00	Travel to MoH			
11.00 – 12.30	Presentation to Minister & discussion	Full Mission ⁶ , MoH and other invitees	Chair: MoH Lead: WHO/WB	MoH
12.30-13.00	Next steps ○ Annual review meeting of HSDO III: <i>summary of plans</i> ○ Global follow-up of action plan: <i>how to be taken forward and monitored</i>	Full Mission ⁶	Chair: MoH ARM: MoH Global: WHO/WB	
13.00	Close			
14:00 - 16.00	Core team meeting: • Completion of final report • Communications	Core team		Hilton

Annex 3: List of Participants

Name	Title	Agency	Level	Email
HQ and Regional Participants				
WHO				
Mr Denis Aitken (by conf)	Assistant Director General	WHO	global	aitkend@who.int
Dr Andrew Cassels	Director	WHO	global	casselsa@who.int
Dr Delanyo Dovlo	Health Systems Adviser	WHO	global	dovlod@who.int
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Chris Mwikisa (by conf)				
WORLD BANK				
Mr Harold Alderman	Regional Advisor to Africa HD Sector Director	World Bank	regional	halderman@worldbank.org
Ms Nicole Klingen	IHP+ Core Team (Washington)	World Bank	global	nklingen@worldbank.org
Dr Agnes Soucat (by conf)	Lead Economist	World Bank	regional	asoucat@worldbank.org
UN				
Hedia Belhadj	Executive Coordinator, Global health	UNFPA	global	-
Dr Peter Salama (by conf)	Director	UNICEF	global	psalama@unicef.org
Jan Vandemoortele,	Senior Advisor on Social Policy	UNICEF	regional	jvandemoortele@unicef.org
Ini Huijts	Country Support, UNAIDS	UNAIDS	global	huijtsi@unaids.org
Global Partnerships				
Mr Geoff Adlide	Head, Public Policy & Advocacy	GAVI	global	gadlide@gavialliance.org
Mr Linden Morrison	Portfolio Manager, Ethiopia	Global Fund	global	linden.morrison@theglobalfund.org
EC				
Juan Garay (by teleconf)	Health Policies & Programmes	EC	global	juan.GARAY@ec.europa.eu
BILATERALS				
Mr John Worley	Head, Professions for Health	DFID	global	j-worley@dfid.gov.uk
CIVIL SOCIETY				
Ms Sue Perez	Federal Policy Director	CS	global	sue.perez@treatmentactiongroup.org
COUNTRY PARTICIPANTS (upto - 11.9.08)				
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Dr Keniche Ohashi	Country Director	World Bank	country	kohashi@worldbank.org

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Dr Sunil Rajkumar	Health Specialist	World Bank	country	arajkumar@worldbank.org
Dr Nejmudin Kedir	Head of Planning & Programming	MoH	country	nejmudink@yahoo.com
Dr Nehemie Mbakuliyemo	Medical Officer, EPI	WHO	country	mbakuliyemon@et.afro.who.int
Ms Rahel Gizaw	Planning & Programming	MoH	country	rahelgizaw79@yahoo.com
Dr Chekol Kidane	Senior economic analyst	World Bank	country	ckidane@worldbank.org
Members of HPN (not complete)				
Semu Ketema Teferra (to invite)	HIV/AIDS & Health Forum of NGOs	CS	country	semuk@crdaethiopia.org
Habtamu Woldeyes (to invite)	Christian Aid Int'l	CS	country	hwoldeyes@caid-eth.org
Senait Afework (to invite)	World Vision Int'l	CS	country	senaitafework@wvi.org