

IHP+ Executive Team Meeting, 28 June 2012
Note for the Record

Participants

Australia (AusAID), Civil Society (Northern), EC, GAVI Alliance, Sierra Leone, Sudan, UNICEF, UNFPA, United Kingdom (DfID), WB, WHO.

ACTIONS:

- Harmonization of quality assurance of donor-procured essential medicines will be a topic of discussion at the country teams meeting.
- Rwanda JANS: the team will share the final JANS Report when it becomes available, likely by early August. It will share names of CSO participants with IHP+ CS representatives.
- The Country Health Teams Meeting will be held in Nairobi, Kenya from 12-14 December 2012. The IHP+ Civil Society Consultative Group will hold a pre-meeting from 10-11 December 2012 at the same venue.
- Core team will follow up with Rwanda as the 3rd country member of the ET.
- Next ET meeting: July 26th 2012, 16:30 CET.

Agenda

1. Procurement Working Group: Quality assurance of donor-procured essential medicines

- Andreas Seiter presented the findings of the IHP+ and USAID joint-financed report, "Assuring the Quality of Essential Medicines Procured with Donor Funds," which analyzes a number of approaches to assure quality of essential medicines procured with funding from international donors. [Assuring the Quality of Essential Medicines Procured with Donor Funds](#) (PDF 535kb) The report proposes a harmonized inter-agency approach that (low-income) countries can use when procuring pharmaceutical products with donor funds. A risk-based approach to drug classification has been proposed as a means to differentiate next steps. For example, drugs with high quality risk may require stringent regulatory agency approval or WHO Prequalification, while low risk drugs may pass through national regulatory systems. A number of barriers to this approach have been identified, however, namely methodological issues as many medicines fall into the high risk category. A variation on this approach is being considered.
- A number of international agencies, such as the US FDA, are in discussion with WHO to find potential ways for broadening the prequalification process. This would be done in collaboration with agencies from developing countries to ensure capacity development. In addition, development of a methodology for the prequalification of procurement agencies is also ongoing. Before the end of 2012 there should be a clearer picture of which approaches are practical and how to proceed.
- IHP+ support has been valuable in helping to elaborate different opportunities to improve quality of essential medicines for developing countries. Participation in the ongoing process for facilitation of technical dialogue between technical experts remains a challenge and continued IHP+ financial support would be welcome.

Key points discussed:

- Assuring quality pharmaceuticals requires building capacity and strengthening national systems - it is important to incorporate regulators into this process to ensure that capacity is built inside country systems. It is also critical that development partners build on and complement country systems wherever possible. In some cases, countries are in the early stages of establishing national procurement units, so there should also be some discussion on how to support this from the beginning phases.
- Country ownership is key, but assessment of all drugs developed and on the market in all 54 African countries, for example, is unmanageable given the capacity constraints. The future is in networking and

sharing work load, particularly in low capacity settings. For example, certain countries could take the lead on a particular part of the process, etc.

- The Commission on Life Saving Commodities, as well as other vertical efforts in the MDR TB area for example, are facing similar issues regarding quality of medicines in their specific areas of health as are those being encountered more generally for essential medicines. As a result, there is an opportunity to harness the existing synergies in terms of financial resources and political advocacy and clout to hasten progress in this area - they can and should be linked together rather than emerge as separate work streams.
- GAVI noted that this work has implications for the 16 countries graduating from GAVI support and was interested in working with partners to explore the possibility of providing technical assistance or other support to ensure procurement of quality vaccines.
- Broadly, the ET voiced its support of IHP+'s role as a supporter of this very important and useful work. Moving forward, the role of IHP+ is not yet clear, but it could play a role as a convenor and help to facilitate communication amongst agencies and shaping of the political discussion. The 2012 country teams meeting is an opportunity to have a structured discussion on this topic.

2. Rwanda JANS debriefing

- At the request of the Government of Rwanda (GoR), Finn Schleimann served as team leader of the Rwanda JANS. The GoR elected for a 'light-touch' application of the JANS tool – there was a thorough mid-term review around 18 months ago where the JANS tool was used as part of the analysis.
- It was noted that there was a very inclusive process of plan development, across sectors, the NGO community, and different levels of the health system. In line with MINECOFIN guidelines, the MoH will develop a realistic funding scenario to aid in the definition of the funding gaps/fiscal space and allow for prioritization of activities.
- The JANS team is awaiting comments on their report from GOR and partners. Finalization of the Report is expected by the end of July.

Key points discussed:

- With the GoR's new Economic Development and Poverty Reduction Strategy (EDPRS), which focuses a lot on health, the MoH is dealing with a number of new emerging visions for the Rwandan health sector. While domestic resources are predictable, another challenge remains the unpredictability of Development Partner resources. In addition, it's possible in light of the financial crisis that DP resources may not be as much as initially intended, which raises sustainability issues.
- The JANS team will share the names of CSO participants in the JANS with the CSCG.
- GAVI noted Rwanda's unsuccessful application for support in May, and that it would be interested in providing funding collectively with other partners. A number of DPs are already providing joint funding in Rwanda, though there is not yet a harmonized approach to financial management. The MoH has requested use of a single PIU and intends to pursue development of joint financing arrangements for partners.
- The amended JANS tool worked well. While it is impossible to go into detail for each question on the tool, the team and the government partners found both the tool and the guidelines useful.
- Rwanda also expressed interest in participating in monthly ET meetings in the future. Action by Core Team.

3. Country Health Teams Meeting

- The meeting will be held in Nairobi, Kenya from 12-14 December 2012, at the Safari Park Hotel. The IHP+ Civil Society Consultative Group will hold a pre-meeting from 10-11 December 2012 at the same venue.
- The agenda will be a topic of discussion at the September Executive Team Meeting.

AOB

- An **African Conference of Ministers of Finance and Health** will take place on July 4-5, 2012 in Tunis. It will propose a new governance framework for the health sector in Africa and focus on learning through South-South exchanges. The Conference is hosted by the African Development Bank and is organized by the

Harmonization for Health in Africa mechanism (HHA), in collaboration with the African Union (AU) and the United Nations Economic Commission for Africa (UNECA).

- **Updated Country Activities Matrix** has been circulated.
- The **Health 8 (H8) meeting** will take place on July 11-12, 2012 in London – a reminder for colleagues to flag any issues with their respective agency sherpas.