

**Strategy for supporting
GLOBAL HEALTH PARTNERSHIPS
2006 - 2010**



(Image free web version 27th March 2007)

FOREWORD

I am delighted to introduce the Irish Aid Strategy for Global Health Partnerships. It is a key strategy for the fulfilment of our commitments in the White Paper on Irish Aid and implementation of our Policies on Health and HIV.

The scale of poor health in developing countries, especially from communicable diseases, is an immense challenge. Today there are 40 million people infected with HIV and almost three million die annually from AIDS. We have witnessed a resurgence of TB and malaria which cause 2 million and one million deaths annually.

It requires a major international response to address these challenges. We need additional resources to improve coverage of existing interventions while also investing in the development of new and better interventions.

The international community has responded positively with the emergence of Global Health Partnerships (GHPs). These public-private partnerships have brought together the major development players in concerted efforts to tackle the world's priority health problems.

As GHPs have grown in importance within the health aid architecture, Irish Aid has increased its support to a number of key partnerships to €50 million in 2007.

Our largest contributions are to the Global Fund to Fight AIDS, TB and Malaria and the GAVI Alliance which have mobilised billions of Euros to tackle the three major communicable diseases and increase coverage of life-saving immunisation.

Countries are experiencing the benefits of these efforts. Thousands more people have received anti-retroviral treatment for HIV/AIDS and 2 million deaths of children under-five have been averted by GAVI support.

Irish Aid also supports GHPs engaged in research and development of new drugs and vaccines for HIV/AIDS, TB and malaria. This is an important long term investment and millions of people in poor countries stand to benefit from the availability of new products.

This strategy provides an excellent framework for planning and monitoring Irish Aid's support to GHPs over the next four years. I am confident it will help us achieve the best possible results through this mechanism of support for health and HIV.

Conor Lenihan, T.D.
Minister of State for Irish Aid and Human Rights

EXECUTIVE SUMMARY

This strategy for Irish Aid's support to Global Health Partnerships (GHPs) is a key strategy for the implementation of Irish Aid's policies in health and HIV/AIDS. It was developed following a review of Irish Aid's engagement with and support to GHPs in 2005. It also follows the Taoiseach's announcement in September 2005 of a new Initiative on HIV/AIDS and other Global Communicable Diseases. Under this initiative funding for major diseases has increased to €100 million in 2006.

Since the late 1990s, there has been a rapid proliferation of Global Health Partnerships (GHPs). They provide new channels for additional development assistance, seek to utilise business models to accelerate the scale-up of disease control; and mobilise private sector expertise for the development of new interventions.

Irish Aid's support to new GHPs has grown sharply since 2000, and reached €48.5 million in 2006:

- (i) Systems focused GHPs that aim to bring additional funds to support the delivery of specific interventions, notably the Global Fund to Fight Aids, TB and Malaria (GFATM); the GAVI Alliance; the Global Polio Eradication Initiative; and the Global Health Workforce Alliance.
- (ii) Product Development Partnerships which work with pharmaceutical companies and aim to produce new tools – drugs, vaccines, diagnostics, and preventive technologies such as microbicides – for disease control. Ireland supports the International AIDS Vaccine Initiative, the International Partnership for Microbicides, the European Malaria Vaccine Initiative, the Global Alliance for TB Drug Development and the Medicines for Malaria Venture

Irish Aid's strategy is for 5 years from 2006 – 2010. The goal is to make an effective contribution to global health initiatives and partnerships, complementary to Irish Aid support for health and HIV through bilateral and multilateral programmes. The following objectives have been established in pursuit of this goal:

- (i) Support GHPs for the timely delivery of effective interventions that tackle the major diseases of poverty.
- (ii) Maximise Irish Aid's policy influence at the global level to ensure optimal GHP performance and coordination.
- (iii) Promote best practice in country-level performance of GHPs, in line with Irish Aid principles.

- (iv) Ensure coherence between Irish Aid's support to GHPs and the different modalities of Irish Aid's support to countries (PRSPs, SWAPs, budget support, projects, etc.)

Irish Aid will provide medium to long term support to GHPs whose performance is consistent with Irish Aid principles, policies and priorities. Irish Aid staff will engage with GHPs at international level through governance structures and the secretariats. They will also participate in wider global policy dialogue on the role and functioning of GHPs. At country level Irish Aid will participate in country management structures, where possible through donor coordination mechanisms. Communication between Irish Aid staff at headquarters and country programmes will be strengthened to improve coherence and effectiveness at all levels. Irish Aid will conduct a mid-term review of the strategy after 3 years.

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ABBREVIATIONS

ARV	Antiretroviral drug
CCM	Country Co-ordination Mechanism
CIDA	Canadian International Development Assistance
DAC	Development Assistance Committee
DCG	Donor Coordination Group (monitors and supports PD PPPs)
DCI	Development Cooperation Ireland (previous name for 'Irish Aid')
DFID	UK Department for International Development
DGIS	Netherlands Directorate-General for International Co-operation
EDCTP	European and Developing Countries Clinical Trials Partnership
EMVI	European Malaria Vaccine Initiative
ESAC	Expert Scientific Advisory Group
GAVI	Global Alliance for Vaccines and Immunization
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
GHP	Global Health Partnership
GTT	Global Task Team
HQ	Headquarters
IAVI	International AIDS Vaccine Initiative
IPM	International Partnership for Microbicides
LFA	Local Fund Agent
MAP	Multi-Country AIDS Program (of the World Bank)
MDG	Millennium Development Goals
MoF	Ministry of Finance
MoH	Ministry of Health
MMV	Medicines for Malaria Venture
OECD	Organisation for Economic Cooperation and Development
NGO	Non-Governmental Association
PDP	Product Development Partnership
PD PPP	Product Development Public Private Partnership
PEI	Polio Eradication Initiative
PEPFAR	US President's Emergency Program for AIDS Relief
PRSP	Poverty Reduction Strategy Paper
SSA	Sub-Saharan Africa
SWAp	Sector Wide Approach
TA	Technical Assistance

1. INTRODUCTION and BACKGROUND

This strategy for Irish Aid's support to Global Health Partnerships (GHPs) is a key strategy for the implementation of Irish Aid's policies in health and HIV/AIDS. It was developed following a review of Irish Aid's engagement with and support to GHPs in 2005¹. It also follows the Taoiseach's announcement in September 2005 of a new **Initiative on HIV/AIDS and other Global Communicable Diseases**. Doubling of spending under this Initiative to €100 million a year has facilitated the strengthening of Irish Aid's support to tackle these diseases through all modalities, including GHPs. Priority is attached to HIV/AIDS, TB, Malaria and major diseases of children.

A growing body of evidence supports the view that investment in health for development will have a major positive cost-benefit, both for recipient developing countries and ultimately for the global community. Since the late 1990s, there has been a rapid proliferation of Global Health Partnerships (GHPs) and other global initiatives, which are now seen as potentially powerful mechanisms to increase funding for health and to intensify global efforts towards the poverty, health and HIV Millennium Development Goals (MDGs).

GHPs provide new channels for additional development assistance, seek to utilise business models to accelerate the scale-up of disease control; and mobilise private sector expertise for the development of new interventions, which are direly needed for more effective control of HIV/AIDS, Tuberculosis (TB) and malaria.

Irish Aid's support to new Global Health Initiatives (GHIs) has grown sharply since 2000. Most of the initiatives that Irish Aid is supporting have been established as global partnerships involving bilateral donors, recipient countries, multilateral agencies, private foundations and industry; and in some cases civil society. A simple functional classification of the GHPs that Irish Aid supports is into two types:

- (iii) Systems focused GHPs that aim to bring additional funds to support the delivery of specific interventions, notably the Global Fund to Fight Aids, TB and Malaria (GFATM); the GAVI Alliance; and the Global Polio Eradication Initiative.
- (iv) Product Development Public Private Partnerships ('PDPs' or 'PD PPPs'), which work with pharmaceutical companies and aim to produce new tools – drugs, vaccines, diagnostics, and preventive technologies such as microbicides – for disease control (see Table 1).²

GHPs have the ability to absorb large levels of funds, which makes them an attractive option for a donor when development aid budgets are growing rapidly without a parallel growth in the number of a development agency's technical specialists. Irish Aid's increased support to GHPs over the past few years has kept pace with the growth in these initiatives – both in number and in the volume of resources they disburse. Support also reflects health as a

¹ *Engagement and Support to Global Health Partnerships: A Review for Development Cooperation Ireland*, May 2005

² The term GHP is used in this report as an umbrella term for both these types of global partnership.

priority in Irish Aid's programmes (approximately 20% of total Irish Aid expenditure) and in Irish Aid's commitment to working towards achievement of the MDGs.

Irish Aid's approach to supporting GHPs was initially based on an analysis undertaken in 2001³, which included a set of principles that guided Irish Aid's funding decisions and engagement with them.

The global context has changed radically since 2001 and in 2005 Irish Aid undertook a review of its support to and engagement with GHPs⁴. The report describes the important role of GHPs in global health today and the positive engagement and contribution that Irish Aid has made to a number of them.

Irish Aid's support to GHPs has been timely and positive and enabled it to play an important role in shaping how they are evolving, while advancing Irish Aid policy goals.

The review report recommended that Irish Aid's engagement with GHPs should continue and be strengthened, subject to careful monitoring and evidence of GHP adherence to Irish Aid principles and policy priorities (see *Annex A* for Executive Summary and Recommendations; and *Table 1* for a set of Principles to guide Irish Aid).

³ *Global Health Initiatives for the Major Diseases of Poverty: Opportunities and Challenges for Ireland Aid*, technical report commissioned by Ireland Aid, 2001.

⁴ *Engagement and Support to Global Health Partnerships: A Review for Development Cooperation Ireland*, May 2005

TABLE 1

Global health partnerships and initiatives supported by Irish Aid in 2006:		
	2006 Funding	Budget line
Global Fund to Fight AIDS, TB and Malaria	€20,000,000	HIV/AIDS
Global Alliance for Vaccines and Immunisation	€6,000,000	Global Health
Polio Eradication Initiative	€4,500,000	Global Health
Global Health Workforce Alliance	€1,000,000	Global Health
European Malaria Vaccine Initiative	€1,000,000	Global Health
International Partnership for Microbicides	€5,000,000	HIV/AIDS
International Aids Vaccine Initiative	€5,000,000	HIV/AIDS
Global Alliance for TB Drug Development	€3,000,000	Global Health
Medicines for Malaria Venture	€3,000,000	Global Health
Clinton Foundation	€13,000,000	HIV/AIDS

2. IRISH AID'S CURRENT ENGAGEMENT WITH GHPs

2.1 Systems-focused GHPs

2.1.1 Global engagement

Irish Aid's engagement with the Global Fund at the global level reflects the relatively large level of Irish Aid support that the Fund receives (€10 m. annually since 2002, increased to €20 million in 2006). Irish Aid is a member of the 0.7 donor constituency (Denmark, Ireland, Netherlands, Norway, Sweden and Luxembourg), which share a seat on the Global Fund Board. The constituency Chair, a diplomat level staff, sits on the Board and is the constituency link with the Global Fund Secretariat, enabling Irish Aid to exert policy level influence. Irish Aid has also engaged an independent consultant who attends Board and committee meetings.

By 2007-08, the Global Fund will be reaching a critical juncture, if replenishment of its funds has been less than hoped for. Irish Aid, with its recognised track record in health systems development, could play a critical role in helping to chart the way forward at the global level. Irish Aid, alone of its constituency (apart from Luxembourg), has yet to take on the role of Board member and constituency Chair or alternate Chair.⁵ Given the level of its support to the Global Fund, Irish Aid would be in a position in 2-3 years time to become a member of the Global Fund Board. There would be implications for Irish Aid in terms of availability and commitment of senior management, and the provision of sufficient technical and administrative staff to support this important and high profile role.

Irish Aid engagement with GAVI, which has received less Irish Aid support, has been more limited. Support increased significantly in 2006 and Irish Aid approved a new 3-year funding commitment of €6 million annually. The OECD group of countries, which includes Ireland, has four seats on GAVI's Board, and Irish Aid staff participate as an observer at these meetings. Irish Aid coordinates inputs with the OECD donor group and will become part of the new constituency system from 2007. Irish Aid also provides direct inputs through ad hoc meetings and contacts with GAVI secretariat staff. With the scaling up of support, Irish Aid has engaged independent consultants to support engagement and has been seeking opportunities to strengthen contribution to policy fora and technical working groups. Pertinent issues, regarding GAVI and the Global Fund, are discussed at meetings of the '7+ group' of donors.

Irish Aid's engagement with the Polio Eradication Initiative (PEI) has been limited to funding at global level and on request at country level (e.g. €100 thousand for immunisation campaigns in Uganda in 2005). Ireland has been an advocate for the PEI, notably during the EU Presidency in 2004. Repeated polio immunisation campaigns have put a strain on routine health work in some countries. Consequently it is a global priority, through maintaining momentum, to achieve polio eradication as soon as is feasible.

The High Level Forum (HLF) on the Health MDGs identified the performance of global partnerships at country level as a priority for improving health. Irish Aid was a member of the HLF Working Group on GHPs which developed a set of Best Practice Principles for Global

⁵ Between 2002 and 2004, Sweden provided the Chair and Netherlands the alternate Chair. From 2005, Denmark will be the Chair with Norway as the alternate.

Health Partnership Activities at Country Level, based on the Paris Declaration on Aid Effectiveness and Harmonisation (*Annex B*). These were discussed at the final meeting of the High Level Forum in Paris in November 2005. The major GHPs have, to varying degrees, approved or endorsed the principles and taken steps to operationalise them. The set of principles provide a good basis for Irish Aid to promote best practice by the GHPs.

The performance of GHPs working in HIV/AIDS, especially the Global Fund, has been improved through the work of the Global Task Team (GTT) on improving coordination among multilateral institutions and international donors to further strengthen the AIDS response in countries. Established in March 2005 and facilitated by UNAIDS, the GTT has developed principles for improving the institutional architecture of the response to HIV and AIDS. It has focused on how the multilateral system and other players can streamline, simplify and further harmonize procedures and practices to improve the effectiveness of country-led responses and reduce the burden placed on countries.

2.1.2 Country engagement

Irish Aid's track record in health systems support and development makes it well placed to assess and improve the performance of systems-focused GHPs, such as the Global Fund and GAVI, at the country level. Irish Aid HQ technical staff utilise regular opportunities – country visits, feedback from country Irish Aid offices, independent evaluations (notably the 4-country Global Fund Tracking Study), as well as regular communications with other donors – to keep abreast of challenges and opportunities presented by GHPs at the country level. Engagement with Global Fund processes at the country level, by bilateral and multilateral agency country offices, has generally been uneven and not systematic – better in some countries than in others.

Reasons for variable donor engagement include: different levels of openness of governments to involving donors in Global Fund processes; the degree to which different country-based donors have been coordinating their positions around the Global Fund; pressure of competing priorities on country based staff; and possibly a perception among country-based staff that maintaining an overview of Global Fund country processes was not a core part of their remit, reinforced by lack of strategic direction from development agency HQs. Recent reports point to a lack of resources among multilateral agencies – WHO and UNAIDS – for funding technical support to country-level Global Fund activities. Donor engagement with GAVI has also been limited; however, its country-level processes have been much less problematic than those of the Global Fund.

2.1.3 Country-Global connect

A conclusion of the 2005 Irish Aid GHP review was that the country-global connect is an area that merits more attention by Irish Aid, because of the potential for a greater role for bilateral donors in improving the alignment and harmonisation of GHPs with recipient country systems, and in improving GHP performance in systems strengthening. The Global Fund, like other GHPs, lacks a country presence, relying instead on Local Fund Agents, which often lack experience of the health sector. Multilateral and bilateral donors have been slow to fill this vacuum. Hence, there is need for a more active engagement by country-based donors in supporting governments to engage with systems-focused GHPs, as new global initiatives increasingly impact on health care delivery services with the potential for great good and/or harm. Lessons can be learned from Mozambique, where Irish Aid has been played a

significant role, in the context of a strong sector-wide approach (SWAp), to influence the Global Fund to align with national processes and contribute to sector pooled funds.

Irish Aid needs to strengthen its upward and downward channels of communication around the country level effects of GHPs. If Irish Aid chooses to increase its level of support to the new global financing mechanisms, such as the Global Fund and GAVI, this should be accompanied by more careful and systematic monitoring of their country level effects. Some form of more systematic collection and collation of information from Irish Aid country offices would provide a useful adjunct to externally commissioned studies and country visits by HQ staff. Irish Aid should also use any added financial leverage, from increased support to GHPs, to effect greater policy influence at the global level, in line with Irish Aid policies and principles.

2.2 Product Development Public Private Partnerships (PDPs)

Irish Aid has been aware of the need for new tools for disease control, especially for HIV/AIDS, and has allocated funds to support PDPs over the last five years, with significant contributions to the International AIDS Vaccine Initiative (IAVI) from 2000 and to the International Partnership for Microbicides (IPM) from its launch in 2002 (Table 1). Irish Aid initiated funding contributions to the Global Alliance for TB Drug Development and the Medicines for Malaria Venture (MMV) in 2005 and 2006 respectively. This brought the overall level of funding to PDPs to €17 million in 2006. As recommended in the 2005 GHP Review, Irish Aid will prioritise the addressing of product demand and access issues in recipient countries and promoting greater coordination between PDPs. Irish Aid also wishes to see strengthening of recipient country Research and Development capacity. The recently established European Development Country Clinical Trials Partnership (EDCTP) provides a new opportunity in the European context for Irish Aid to increase support for product development while also strengthening developing country capacity.

2.2.1 Current Irish Aid engagement with PDPs

Engagement by Irish Aid with PDPs has been through a range of mechanisms:

- Annual bilateral meetings of Irish Aid senior management and technical staff with senior PDP staff, as well as frequent informal and *ad hoc* communications.
- Desk reviews of IAVI and IPM commissioned by Irish Aid.
- An external technical consultant on a draw-down Irish Aid contract represents Ireland as a donor on the Board of the European Malaria Vaccine Initiative (EMVI).
- Irish Aid is a member of the PDP Donor Co-ordination Group (DCG), which was established in April 2004. The purpose of the DCG is to facilitate donors in supporting and monitoring the performance of PDPs through information sharing, policy analysis and advocacy. Irish Aid hosted a meeting of the DCG in January 2006 and has taken on an active role in the group.
- Joint donor commissioned independent evaluations of EMVI and MMV (Medicines for Malaria Venture) were conducted in 2005 – the former funded by Irish Aid and

Netherlands, on behalf of a larger group of European donors; the latter by a subgroup of the DCG.

2.2.2 Opportunities for strengthening Irish Aid engagement with PDPs

The PDP field is an attractive one for channelling future increases in Irish Aid assistance, in that management responsibilities are not onerous if the partnership provides up-to-date business plans and regular financial statements. However, for a development agency whose expertise has been mainly in supporting and monitoring developing country systems and programmes, ensuring accountability in the technically specialised field of product development presents a new and different challenge. As Irish Aid increases its level of aid to PDPs⁶, it needs to give careful consideration to ensuring reliable monitoring systems are in place and that Irish Aid has the technical capacity – in-house and/or through contracting out – to utilise them.

- Irish Aid’s use of consultants on draw-down contracts to undertake specific monitoring activities has worked well, in that it frees up Irish Aid technical staff to maintain a broad overview of its engagement across the GHP field. If Irish Aid is invited to take on more prominent roles, such as board chairmanship, it will require a much greater involvement of its own technical staff. The high workload on a relatively small number of technical development specialists would preclude this option, unless Irish Aid strengthens its technical section. Pending strengthening, Irish Aid should expand its use of external consultants, given availability of suitable expertise. The possibility of outsourcing management of support to PDPs should also be considered.
- Independent external evaluations of individual PDPs can provide Irish Aid with added assurance that the performance of partnerships it supports is in line with agreed objectives and Irish Aid’s principles and policy priorities; or, if not, to recommend corrective action. An important recommendation of the MMV report was to review and strengthen mechanisms of collaboration between MMV and its downstream partners, including WHO. This is consistent with Recommendation 9 to Irish Aid on preparing for product access (*Annex A*).
- A donor coordinated approach offers Irish Aid an alternative and additional model for monitoring and engaging with PDPs. Advantages include: (i) improved quality of decision-making, (ii) policy influence as part of a larger group of donors, (iii) reduced transaction costs, on Irish Aid and PDPs; and (iv) increased capacity of Irish Aid to oversee and monitor the PDP field. *Annex C* presents a more detailed analysis of the *pros* and *cons* of donor coordination and different DCG models, including use of expert scientific advisory committees. Strategies to promote coordination and overall coherence in Irish Aid strategies around product development and country systems include:
 - (i) Increased Irish Aid engagement in the DCG together with consultations with like minded donors on future donor coordination strategies for monitoring PDPs.

⁶ For justification of this use of development assistance, see Section 3 (pp 9-14) of *Engagement and Support to Global Health Partnerships: A Review for Development Cooperation Ireland*. May 2005.

- (ii) Ensure that Ireland's involvement in EDCTP, through the Health Research Board, is informed by Irish Aid policies and principles, and
- (iii) Irish Aid country offices are kept informed by Irish Aid HQ of major developments in the field of product access and roll-out that might impact on country systems.

2.3 Technical Support and Advice to Irish Aid Health and HIV strategies

Over the last 10 years, Irish Aid technical staff have intermittently sought and obtained strategic advice and support from development health specialists, as individual consultants and through occasional or *ad hoc* meetings of groups of experts. In view of the rapid growth in its Health and HIV/AIDS budgets and the increasing technical complexity of the areas in which Irish Aid is now investing, it is timely for Irish Aid to invest in putting these support arrangements on a more formal and systematic footing.

In March 2006, the Minister of State for Development Cooperation and Human Rights established an independent expert Technical Advisory Group.

Its function is to advise on the Taoiseach's Initiative on HIV and Other Global Communicable Diseases. It will advise on the balance of the portfolio of the initiative and to serve as a resource on which Irish Aid technical specialists can call on a regular basis. It will advise on the balance between investing in upstream (product development) and downstream (systems and delivery strategies), and promote overall quality and coherence across Irish Aid's global and country development strategies. It also serves to broaden ownership and bring a degree of validation to initiatives supported.

3. IRISH AID STRATEGY 2006 – 2010

3.1 Overall Goal

To make an effective contribution to global health initiatives and partnerships, complementary to Irish Aid support for health and HIV through bilateral and multilateral programmes.

3.2 Strategic Approach

- (i) Support selected GHPs, which have a pivotal role in achieving global HIV and health goals and where Irish Aid can have strategic influence.
- (ii) Prioritise a focused and incremental approach to increasing depth of engagement with GHPs currently supported by Irish Aid.
- (iii) Promote overall coherence between Irish Aid's support to GHPs and other forms of Irish Aid official development assistance at the global, regional and country levels.
- (iv) Use adherence to the 2005 Irish Aid principles as a touchstone for assessing GHP performance at the global and country levels.
- (v) Ensure rigorous GHP monitoring and accountability systems are in place, in coordination with other donors.
- (vi) Embed Irish Aid GHP strategy within Irish Aid policies for the achievement of the Health, HIV and broader poverty reduction and MDGs.

3.3 Specific Objectives and Strategies

Objective 1: Support GHPs for the timely delivery of effective interventions that tackle the major diseases of poverty

Strategy:

- (i) Provide medium – long term support to GHPs whose performance is consistent with Irish Aid principles, policies and priorities
- (ii) Provide support for key meetings and events related to the work of GHPs (conferences, workshops, technical meetings, etc.)

Indicators⁷:

- GHPs selected for support are in alignment with Irish Aid’s health and HIV/AIDS policies and are pivotal for achievement of the MDGs.
- Time-frame of Irish Aid support to GHPs (e.g. multi-annual 3 year indicative budgets)
- Year-on-year Irish Aid budget allocations on-track
- Monitoring systems (see below) show GHP adherence to Irish Aid principles (see *Table 1*), which include best practice criteria for the performance of PDPs and systems focused GHPs at the global and country levels.
- GHP performance and outputs on-track in relation to agreed delivery milestones

Objective 2: Maximise Irish Aid’s policy influence at the global level to ensure optimal GHP performance and coordination.

Strategy:

- (i) Irish Aid participates in governance structures (executive Boards and expert committees) and strategically engages with GHP Secretariats, where possible through agreed donor coordination mechanisms, supplemented by direct engagement by Irish Aid staff and through Irish Aid nominated representatives.
- (ii) Irish Aid uses its engagement to ensure effective GHP performance at the global level, based on sound policies and strategies, which promote coordination and harmonisation across GHPs and with existing multilateral UN agencies.
- (iii) Irish Aid participates in global policy dialogue on the role and functioning of GHPs in overall global development architecture (e.g. OECD DAC, HLF, UN, EU fora, 7+ donor group).
- (iv) Irish Aid participates in the PDP Donor Coordination Group.
- (v) Irish Aid country programmes follow progress of GHPs and communicate key developments and issues at country level to HQ so as to inform global policy dialogue.
- (vi) Ensure adequate monitoring and accountability systems are in place, supplemented by independent evaluations, to meet Irish Aid’s information and accountability needs.

⁷ A comprehensive set of indicators is listed under each strategy. It is intended that, for each GHP supported by Irish Aid, a sub-set with the relevant key indicators will be selected as part of Irish Aid’s monitoring framework for that GHP.

Indicators:

(i) Governance

- Compositions of governing boards reflect their overall goals, including (but not limited to) representatives of multilateral UN agencies, major donors, recipient governments and civil society.
- Board and partnership committees reflect an appropriate North-South and gender balance; the latter where there is a risk of gender discrimination in decision-making.
- GHPs have clear objectives and clear specification of intended outputs. PDPs specify the types of products they aim to produce, making a clear case for the niches they will fill in developing country disease control systems.
- GHPs have strategic, operational and business plans, with clear definitions of the roles and responsibilities of all major partners, with up-to-date estimates of budget and budget gaps.
- Expert scientific advisory committees (ESACs) of PDPs and other GHP technical committees include the relevant expertise necessary for the achievement of agreed partnership goals.
- Conflicts of interest of members (boards, partnerships, committees) are either avoided or clearly and publicly visible and managed without compromising overall goals.
- Irish Aid staff or nominated consultants participating as members of executive boards, partnerships or expert committees in GHPs where Irish Aid has committed significant levels of medium to long term support.
- Irish Aid participation in global dialogue and normative bodies (UN, OECD, etc.), in coordination with like minded donors, has contributed to coordination and alignment of GHPs within an overall coherent and effective development framework, which promotes achievement of the MDGs.
- Irish Aid, through its senior staff or nominated consultants, participating in coordinated approaches with like-minded donors on GHP boards and similar policy-making forums.
- Senior GHP staff follow due process by engaging with Irish Aid through its technical staff, without bypassing them to exert influence at senior management or political levels.

(ii) Performance

- GHP policy and strategy documents demonstrate adherence to, and intention to operationalise, principles of coordination and harmonisation of country level programmes and activities, covering: financing mechanisms, strategic planning, programme management, human resources, and monitoring and evaluation.
- GHPs better manage relationships with recipient countries and are more responsive to country needs and concerns.
- GHP policy and practices, at the country level, support and are increasingly aligned with Irish Aid pro-poor policy objectives and principles as evidenced by (i) GHP reports, (ii) Irish Aid and donor coordinated monitoring systems, (iii) independent external evaluations and commissioned studies.
- PDP policies and strategy documents demonstrate a recipient country, demand-led approach to prioritising the development of new products.
- PDP policies and strategy documents demonstrate appropriate and timely preparation for the introduction of new products into developing country health systems, in collaboration with recipient countries and the relevant multilateral agencies.

(iii) *Monitoring*

- Monitoring and Accountability systems in place, as evidenced by timely, transparent and wide dissemination of information on (a) board decisions, (b) decision-making processes, (c) financial performance, (d) progress towards agreed objectives and goals.
- Essential GHP monitoring and accountability information made available to Irish Aid, as evidenced in Irish Aid staff reports, through consultants' reports, and through minutes of donor coordination meetings.
- Conclusions and recommendations of (donor coordinated) independent evaluations.
- Summaries of GHP performance with regard to Irish Aid principles and criteria for support included in annual internal and publicly available Irish Aid reports.

Objective 3: Promote best practice in country-level performance of GHPs, in line with Irish Aid principles (*next chapter*)

Strategy:

- (i) Participate in GHP country management structures, where possible through donor coordination mechanisms; providing support to government in its governance and stewardship roles, and support and advocacy for civil society interests, especially intended Health/HIV programme beneficiaries.

- (ii) Maintain up to date knowledge of the programmes and activities of the GHPs in all Irish Aid programme countries.
- (iii) Promote adherence by GHPs to the High Level Forum 'Best Practice Principles for Global health Partnership Activities at Country Level'.
- (iv) Seek opportunities through Irish Aid regional programmes to strengthen performance of GHPs in countries.
- (v) Use policy dialogue processes to promote GHP best practice and raise issues of concern related to GHP performance.
- (vi) Ensure adequate monitoring and accountability systems are in place, supplemented by independent evaluations, to meet Irish Aid's information and accountability needs.
- (vii) Support implementation of research into the health systems effects of GHPs to identify good practice and feed into policy formulation.

Indicators:

(i) *Management*

- Composition of GHP country committees (e.g. Global Fund CCMs) show gender equity and reflect overall goals of the partnership, through including representatives of the relevant constituencies: government bodies, multilateral and bilateral donors, and civil society – intended beneficiaries, faith-based groups, NGOs and the private sector.
- Effective partnership structures, guidelines and supports in place, which ensure and demonstrate equitable representation and participation by constituency representatives, as evidenced by feedback at periodic meetings of Irish Aid country staff with constituency representatives, summarised in Irish Aid reports (see *Monitoring*)
- Conflicts of interest of members (boards, partnerships, committees) are either avoided or clearly and publicly visible and managed without compromising overall goals.
- GHP country coordination and management mechanisms are well harmonised and demonstrate minimal duplication or unnecessary overlap with pre-existing country coordination and strategic planning bodies (health sector committees, national AIDS councils, development partner committees, etc), as evidenced by clearly defined and separate roles and responsibilities, and effective communication.
- GHP country systems for policy formulation, strategic planning, programming, budgeting, and monitoring and evaluation are well harmonised and – where possible – integrated into existing national systems: i.e. poverty reduction strategies, health sector strategies, comprehensive national AIDS frameworks, sector wide approaches and national expenditure frameworks (see *Monitoring* for indicators).

- GHP policies and practices strengthen (and do not undermine) public sector capacity and human resource management at the country level.

(ii) *Monitoring*

- Joint donor: Irish Aid systems for monitoring country-level GHP activities to be based as far as possible on agreed donor coordination mechanisms, such as joint donor reports, where these meet Irish Aid monitoring and information needs.
- Internal: Review of GHP committee meeting minutes and feedback from donor representatives included in Irish Aid monitoring reports, covering (i) extent of harmonisation and systems fit of individual GHPs, (ii) updates on GHP performance, and (iii) effects of GHP activities on human resources.
- External: periodic external evaluations, commissioned as necessary by Irish Aid or donor coordination mechanisms.
- Research: reports of independent commissioned studies on extent of harmonisation, systems effects and contribution to disease control goals of GHPs, at the national and district levels.

Objective 4: Ensure coherence between Irish Aid’s support to GHPs and the different modalities of Irish Aid’s support to countries (PRSPs, SWAps, budget support, projects, etc.).

Strategy:

- (i) Strengthen communication interface through regular meetings of Irish Aid advisers and HQ staff and support complementary actions by HQ and country offices to promote optimal GHP performance and ensure GHPs adherence to Irish Aid principles.
- (ii) Irish Aid, at HQ and country level, promotes harmonisation and coordination of GHPs with national budgets and other major development assistance instruments.
- (iii) Irish Aid HQ, in coordination with other donors, ensures timely implementation of country level preparedness activities for the introduction of new products.

Indicators:

- Irish Aid country strategy papers to specify how the performance and country systems effects of GHPs will be monitored and what strategies will be taken to align GHP effects with Irish Aid principles around harmonisation and country stewardship.
- Periodic HQ updates to countries offices on GHP developments and decisions that have potentially important implications for country level Irish Aid priorities and programmes, alerting country offices to HQ information needs.
- Irish Aid quarterly and annual country reports to HQ to routinely include reporting on GHP roll-out and their effects on country level Irish Aid priorities and programmes.
- Periodic minuted discussions between HQ and country offices around GHP effects, specifying agreed actions at a global and country level.
- Irish Aid inputs to, and outputs from, multilateral agency (WHO, UNAIDS, etc.) and other relevant global body (OECD DAC, HLF, etc.) meetings reflect progress in bringing GHPs into alignment with other major aid instruments.
- Product preparedness activities and outputs (country registration, acceptability studies, policy positions, etc.) on-track.

4. PRINCIPLES FOR IRISH AID ENGAGEMENT WITH GLOBAL HEALTH PARTNERSHIPS

Irish Aid's engagement with global health partnerships will be guided by a set of principles developed as part of Irish Aid GHP Review in 2005⁸. They are described below.

Principles for Irish Aid engagement with Global Health Partnerships

1. Irish Aid should target its support to those GHPs that focus on HIV/AIDS and other major diseases of poverty that are key to achieving the MDGs, and which demonstrate clear advantages over – and potential complementarities with – existing aid mechanisms.
2. Irish Aid support to GHPs should be conditional on their demonstrating implementation of best-practice approaches, good governance (at global and country levels), transparency and accountability for their actions.
3. Irish Aid should only support GHPs that help to strengthen recipient country governments in their stewardship and democratic accountability roles.
4. Where it is supporting a GHP, Irish Aid should facilitate the representation, participation and interests of the important, relevant stakeholders, including government and civil society representatives, in global and country level partnerships.
5. Irish Aid should ensure balance and coherence in the magnitude, content and fit of its support to GHPs and country level development assistance, which includes budget support, poverty reduction strategies, SWAp and bilateral programmes.
6. Any GHP selected for support by Irish Aid should, where appropriate, demonstrate clear commitment and adherence to principles of harmonisation and alignment with existing country systems. Country activities should be financed through the SWAp or government budget, where these are effective, or through other agreed coordination mechanisms.
7. GHPs, wherever possible, should work through and aim to strengthen existing country partnerships, and should strive to minimise transaction costs on governments and their development partners.

⁸ Set of principles developed as part of Irish Aid GHP Review in 2005 - Engagement and Support to Global Health Partnerships: A Review for Development Cooperation Ireland, Dr. Ruairi Brugha, 2005.

8. Irish Aid should ensure country lessons on GHPs are channelled into global level policy and strategy formulation, through effective communication between its country offices and HQ; and HQ should ensure that country offices are well briefed on major GHP developments.
9. Irish Aid should only initiate support to new GHPs, where it has the capacity to monitor, engage and ensure accountability and value for money, or where these functions are undertaken within a wider donor coordinated approach, in line with Irish Aid's policies.
10. Irish Aid should coordinate its monitoring of the GHPs, which it supports, with like-minded donors, at the global and country levels, in order to maintain coherence between donor policies and to strengthen such donor influence at the international and national levels.
11. Irish Aid support to GHPs should act to strengthen country public sector capacity and human resources (HR), at all levels. Irish Aid should seek to have principles of good HR practice adhered to, at all levels – including through working with Irelands Department of Health and Children – so as to discourage the poaching of scarce developing country health workers.
12. Irish Aid support to a GHP should be of medium to long term duration [6 yrs.], subject to ongoing monitoring to ensure adherence to agreed principles and evidence of good practice.
13. Irish Aid should work with countries, other donors and global policy makers to develop codes of good practice for GHPs, especially at the country level, which are consistent with and help to operationalise these principles.

5. MANAGEMENT

- The Technical Section will manage implementation of the strategy reporting to the Senior Management Group and the Divisional Committee for HIV/AIDS and Other Global Communicable Diseases.
- The GHP sub-committee of the Divisional Committee will identify areas to be supported and facilitate implementation of the strategy.
- The Policy and Planning Unit, when established, will undertake a role in overview of support to GHPs under the Initiative on HIV and Global Communicable Diseases.
- Irish Aid technical and management staff will engage with and oversee the performance of GHPs that Irish Aid supports, both directly and through review of the monitoring and evaluation outputs of external consultants and donor coordination mechanisms
- GHP support will be coordinated across Sections of Irish Aid: Technical, Programme Countries, Evaluation and Audit, Multilateral (UN, EU).
- Irish Aid will coordinate support and engagement with GHPs between Health, HIV and other sectors at HQ and country levels.
- Administrative staff will support Irish Aid development specialists to fulfil their oversight and accountability roles.
- Suitable experienced Technical Assistance (TA) consultants will be employed on draw down contracts to support Irish Aid's engagement with the GHPs.
- Irish Aid will explore the option of outsourcing management of its support to PDPs to an external institution with appropriate management and technical capacity.
- The Technical Advisory Group will advise Irish Aid on strategic and technical issues around Health, HIV and GHPs.
- Irish Aid will manage the interface with other bilateral donor and multilateral agencies

6. MONITORING AND REVIEW

6.1 Monitoring and Review of Irish Aid Engagement

- Conduct mid-term review of Irish Aid’s Strategy for Supporting GHPs within 3 years of it being implemented.
- A monitoring framework, with indicators and means of verification, will be included in GHP proposals submitted for funding approval. The framework will include selected indicators drawn from the comprehensive set of indicators under each strategy in Section 3 of this document.
- The Divisional Committee and the GHP sub-committee will engage in monitoring and review processes related to the GHPs funded under the Initiative on HIV/AIDS and Global Communicable Diseases.

6.2 Monitoring and Review of Impact of GHPs on Health and HIV

- Develop a monitoring framework for GHPs that will include the tracking of GHP performance and whether they are delivering on their objectives.
- Support research into the outcomes and impact of GHPs and promote appropriate action based on research findings.
- Advocate for GHPs to conduct timely outcome/impact evaluations and provide support for independent evaluations of GHPs supported.
- Review Irish Aid support to GHPs based on results of performance reviews and evaluations.

7. KEY ISSUES / ASSUMPTIONS / RISKS

- Sustained political commitment as a basis for the long term financial investment required for GHPs to achieve their goals.
- Year on year increases in Irish Aid's budget, in line with national policy, so that increased support to GHPs is sustained and is not at the expense of other modalities of development assistance.
- Irish Aid retains and strengthens its complement of expertise, essential to providing close monitoring and engagement with GHPs over the medium to long term.
- Ability of GHPs to deliver, as they (especially PDPs) are relatively speaking in their infancy and are not as yet proven mechanisms for achieving their stated objectives.
- Capacity of GHP governance structures and accountability mechanisms to ensure optimum organisational performance and effective use of donor funds.
- Ability of country systems to access GHP funds and effectively absorb large volumes of additional earmarked funding.

8. BUDGET IMPLICATIONS

Irish Aid support to GHPs will be planned and budgeted from Global Health and HIV/AIDS budget lines in line with the GHP strategy and overall budget levels. In general support to GHPs will be approved as multi-annual (usually 3-year) funding commitments.

ANNEX A

ENGAGEMENT WITH AND SUPPORT TO GLOBAL HEALTH PARTNERSHIPS: A REVIEW FOR DEVELOPMENT COOPERATION IRELAND⁹, 5 MAY 2005 (EXECUTIVE SUMMARY)

This 2005 report reviews the terrain of Global Health Partnerships (GHPs) for Development Cooperation Ireland (DCI). It updates a 2001 review, in the light of the plethora of GHPs that have recently appeared and DCI's experiences in supporting several of them. The focus is on: (i) GHPs that interact with and impact on recipient country health systems, notably the Global Fund to Fight AIDS, TB and Malaria; and (ii) Product Development Public Private Partnerships (PD PPPs), which aim to produce new tools for disease control.

GHPs are an attractive field of investment for a development agency with a growing budget and a comparatively limited number of technical staff, because they can absorb and account for the use of large amounts of development funds. This report presents an overview of both types of GHP, comments on DCI's current engagement with them; and concludes with an updated set of principles and recommendations to DCI to guide its future engagement with GHPs, at the global and country levels.

Investment in health for development – especially to control HIV/AIDS, TB and malaria – will have a major positive cost-benefit, both for recipient developing countries and ultimately for the global community. New tools – drugs, vaccines, and microbicides – are needed and the limited evidence suggests that PD PPPs, which mobilise private sector expertise, are likely to be an efficient mechanism for developing them. Common to both types of GHP is that large amounts of funds need to be invested up-front, at least several years in advance in the case of PD PPPs, before their benefits will be experienced. Major differences, for donors, are the unfamiliar and technically specialised nature of the product development field, its inherent uncertainties; and the different nature of the investment risks involved.

Governance issues that are common to both types of GHP at the global level include: ensuring effective representation of key stakeholders on governing boards, defining clear roles and responsibilities for all partners; and having systems in place to ensure accountability, transparency and performance monitoring. Problems in country governance, primarily an issue for systems-focused GHPs, have been most visible with the Global Fund. These include ineffective representation of some (notably civil society) constituencies on Country Coordination Mechanisms, their contested legitimacy, poor participation in partnership meetings; and a perception of competition, especially between civil society and government.

Systems-focused GHPs, such as the Global Fund and GAVI, have direct effects on country health systems, some of which have been more negative than positive, including: partnership overlap and duplication, variable degrees of country ownership, significant opportunity costs to government and donors from having to deal with multiple parallel initiatives; and lack of harmonisation and alignment across GHPs and with country systems, undermining the latter. Many of the problems reflect long standing weaknesses of country systems, which can be aggravated by GHPs. An important systemic weakness is poor intersectoral coordination and failure to mainstream HIV/AIDS control across ministries at the national level.

⁹ The name of the Government's official development assistance programme changed from 'Development Cooperation Ireland' to 'Irish Aid' in February 2006.

As GHPs and major new global HIV/AIDS financing initiatives, such as the US PEPFAR and the World Bank Multi-Country AIDS Program (MAP), roll out, similar problems may be encountered at the district level, if new global initiatives are allowed distort health sector priorities and re-verticalise planning, financing, monitoring and reporting systems. Agreement and adherence to principles to ensure responsible human resource management will be critical to disease control scale-up. Such principles should be applied in donor countries, to prevent poaching of scarce developing country staff.

There is a need for greater policy coherence around the macroeconomic effects of aid, as well as systems to track and monitor if new global funds are additional to, or are substituting for, other sources of funds, including government funds. The rapidity with which this new and more complex donor architecture has developed at the country level has increased the pressure on all country development partners, highlighting the need for greater congruence and better communication between donor HQs and country offices.

PD PPP characteristics of good operational practice include use of a portfolio management approach, the weeding out of less promising product candidates, expert scientific advisory committees and effective management of intellectual property rights to promote the public good. Critical issues, where DCI, other donors and PD PPPs require better information, are: how to measure performance; the interface of future products with country systems, including the funding and sequencing of country preparatory activities; how to prioritise between different PD PPPs, as resource needs grow and decisions on future investment (and disinvestment) may be needed; and where to find the balance between upstream funding to product development and downstream funding to strengthen country systems.

Donor engagement will depend on the type of GHP. DCI's engagement with PD PPPs (it currently supports IAVI, IPM, PEI and EMVI) has been through a nominated consultant as a representative on EMVI's governing board, occasional participation in a Donor Coordination Group, meetings with senior PD PPP staff and desk reviews. Future participation in donor coordinated approaches to monitoring performance, jointly commissioned evaluations and the results of desk studies (to be available in 2005) will provide DCI with greater assurance about how its funds are used; and will enable future expansion in its support to PD PPPs, when more systematic monitoring systems are in place. DCI's engagement with systems focused GHPs, notably the Global Fund, has worked well through a donor coordinated approach, supplemented by use of an external consultant and a commissioned study of the country-level effects of the Global Fund. Strengthening of DCI's monitoring and engagement with such GHPs at the country level is needed, because of their major (positive and/or negative) systems effects.

Ongoing increases in DCI's budget will provide opportunities for it to increase its support to GHPs, building on experience to-date, commitments from GHPs (Global Fund and GAVI) to greater harmonisation with country systems, and strengthening of donor coordination in monitoring GHPs. However, given the need for oversight of how its funds are used, DCI must ensure that it has sufficient technical support – in-house and/or contracted out – to monitor and ensure best practice in the GHPs it supports.

Principles for DCI's engagement with GHPs are presented, covering: criteria for the selection of GHPs for support, conditions for such support, DCI's responsibility for monitoring and accounting for how its support is used, the importance of building and participating in donor coordinated approaches to monitoring GHPs, responsible practices at the recipient country level (especially around human resource management); and strengthening the links between

DCI HQ and country offices, ensuring that the latter are able to play a more effective role in monitoring country level effects. DCI's support to systems focused GHPs and PD PPPs has been timely and positive, and should continue. It has enabled DCI to play an important role in shaping their evolution, while advancing its policy goals. DCI's engagement with GHPs now needs to be strengthened.

RECOMMENDATIONS

Development Cooperation Ireland should:

1. Seek endorsement of this report by senior management, with a view to agreeing that it constitutes a good basis for development of a strategic framework for DCI's engagement with GHPs.
2. Contribute to developing common principles for engagement and codes of best practice for GHPs, especially at the country level, in conjunction with other global and country level partners.
3. Given planned increases in DCI's development assistance budget, build on experiences to date and utilise opportunities to increase funding to GHPs, subject to their adherence to principles and codes of good practice
4. Maintain a balance between support to GHPs and other modalities of support to health and HIV at international and country levels.
5. Develop a 6 year strategy for DCI to both deepen and broaden its engagement with GHPs.
6. Strengthen DCI capacity to undertake requisite oversight and performance monitoring of GHPs that it supports.
7. Agree and participate in a donor coordinated approach to systematically engage with, support and monitor PD PPPs. In view of DCI's limited number of technical staff, support to its participation could be contracted out to consultants.
8. Given technical features of PD PPPs and the demands of monitoring and ensuring accountability for how Irish development assistance funds are spent, await the outcomes of ongoing studies – both generic desk studies and individual evaluations (EMVI and MMV) – so as to be more confident that adequate monitoring and accountability systems are in place, before deciding to start supporting additional PD PPPs.
9. Should explore, in coordination with other donors, if it has a role to play in strengthening the interface of future products with developing country systems, identifying and supporting preparatory activities at the country level.
10. Seek to strengthen the engagement of country staff with GHP country processes, and support and strengthen the capacity of governments and their development partners to engage with GHPs.

11. Consider nominating representatives to sit on the governing boards of GHPs that DCI supports, recognising that this will require investment of time and energy by senior DCI staff; and specifically undertake membership of the Global Fund Board when the opportunity arises in 2007, ensuring adequate support to DCI senior staff to undertake this role.
12. DCI, working in coordination with other donors, should consider commissioning independent research and analysis of the performance of GHPs it supports; and specifically of their health systems effects at sub-national and district levels, so as identify and ensure good practice

ANNEX B

BEST PRACTICE PRINCIPLES FOR ENGAGEMENT OF GLOBAL HEALTH PARTNERSHIPS AT COUNTRY LEVEL¹⁰

Global Health Partnerships (GHPs) commit themselves to the following best practice principles:

OWNERSHIP

1	<p>To respect partner country leadership and help strengthen their capacity to exercise it.</p> <p>GHPs will contribute, as relevant, with donor partners to supporting countries fulfil their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritised results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.</p>
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ALIGNMENT

2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing
4	<p>To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures.</p> <p><i>Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.</i></p>
5	To avoid, to the maximum extent possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes (<i>e.g. Project Management Units</i>)
6	To align analytic, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonise support for capacity development accordingly.

¹⁰ Set of principles discussed at the meeting of the High Level Forum on the Health MDGs, Paris, November 2005.

7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.
8	To rely to the maximum extent possible on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement when the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance ¹³ . To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations.
HARMONISATION	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.
11	To work together with other GHPs and donor agencies in the health sector to reduce the number of separate, duplicative missions to the field and diagnostic reviews assessing country systems and procedures. To encourage shared analytical work, technical support and lessons learned; and to promote joint training, (<i>e.g. common induction of new Board members</i>).
12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
MANAGING FOR RESULTS	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, refraining from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
ACCOUNTABILITY	

17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.
GOVERNANCE	
18	<p>In the interest of public accountability, to ensure that GHP purpose, goals and objectives are clear; procedures are transparent; and timely and comprehensive information is provided to publicly.</p> <p><i>Key documents should be published on the internet, including annual plans, budgets and performance reports (including income and expenditure reports); evaluations; standing orders, including processes for appointments of Board members and Chairs; and papers and reports of key meetings, especially Board meetings.</i></p>
19	To be subject to regular external audit. There should be a strong commitment to minimizing overhead costs and achieving value for money.
20	To make clear and public the allocation of roles and responsibilities within the management structure of the partnership or fund. Overall decision-making powers Should rest with a governing board or steering committee with broad representation and a strong developing country voice.
21	To make clear and public the respective roles of the partnership and relevant multilateral agencies (especially where one of the latter houses the partnership).

ANNEX C

Donor coordinated monitoring of Product Development Public Private Partnerships¹¹

Considerable progress has been made towards understanding the PD PPP field. However, it remains an uncertain and risky field of investment; and one that is characterised by competition between PD PPPs for donor funds. Work to-date has not produced criteria or clarified for donors how they can make comparative judgements and choices between different PD PPP options. The outcomes of desk studies, commissioned by the DCG, are awaited.

Assessments of the core activities of PD PPPs require (i) an understanding of best practice in commodity portfolio management; (ii) establishing a basis for making such judgements; and (iii) metrics for measuring and comparing performance across partnerships. These challenges have given rise to two recent donor initiatives:

1. The PD PPP **Donor Co-ordination Group** (DCG), established in April 2004, is composed of: Irish Aid, UK DFID, Wellcome Trust, World Bank, DGIS (Netherlands), Gates Foundation, SDC (Switzerland), Rockefeller Foundation, CIDA (Canada), NORAD (Norway), USAID and US National Institute for Health (NIH). DCG goals are to:
 - Facilitate improved decision making of individual donors in the PD PPP field. An early DCG initiative was to commission a series of desk reviews on: (i) the metrics for assessing PD PPP performance, (ii) the Pathway from product development to delivery, (iii) the comparative cost benefits of different targets for investment
 - Encourage an increased number of donors to support the PD PPPs, and
 - Monitor and ensure follow up to the April 15-16 2004 PD PPP Financing Strategies meeting and the donor consultation that followed it.

An additional rationale for the DCG was that donors and PD PPP representatives agreed on the need to reduce monitoring and engagement transaction costs on both sides, through coordinated monitoring initiatives. Irish Aid has been a mainly silent partner in the DCG following the 2004 inception meeting, receiving minutes but not participating in the monthly or bimonthly conference calls. The DCG is planning a 2 day 'Donor Meeting on Access' for the first quarter of 2006, where the future of the DCG will be reviewed.

Re-engagement by Irish Aid in the PD PPP DCG is warranted and could be through direct engagement by Irish Aid technical staff or by contracting out to a draw-down technical consultant. However, it is not yet clear if there is the same degree of like-mindedness' in the DCG, as is found in the 0.7 and 0.7+ donor constituency groups. As every member of the 0.7(+) is a donor to one or more of the major PD PPPs that Irish Aid supports, Irish Aid may wish to put 'support and engagement with PD PPPs' on the agenda for a future meeting of the 0.7+ group of donors.

2. Joint donor commissioned **independent evaluations** of EMVI and MMV (Medicines for Malaria Venture) were conducted in 2005 – the former funded by Irish Aid and DGIS, on behalf of a larger group of European donors; the latter by a subgroup of the DCG: DFID, Wellcome Trust, World Bank, SDC, Gates, DGIS. One of the objectives of the MMV

¹¹ Prepared for Irish Aid by Dr. Ruairi Brugha, 2005.

review¹² was to provide a template for future donor evaluations of PD PPPs. The main recommendations focused on the capacity and scope of expertise of the independent expert scientific advisory committee (ESAC), and on the need for greater attention to downstream preparation and collaboration with other partners for the delivery of future health products:

- Sub-divide the MMV ESAC into sub-committees covering drug discovery and drug development, strengthening capacity for both functions
- Make greater use of project and portfolio management tools, such as critical path analysis, to ensure that country preparatory activities are correctly sequenced
- Involve WHO and other relevant normative multilateral agencies (in the case of MMV – WHO Tropical Disease Research [TDR] and Roll Back Malaria [RBM]) as full partners with the PD PPP.¹³

As product candidates progress towards expensive Phase 3 clinical trials, donors will be faced with difficult and crucial decisions around which partnerships to prioritise for ongoing and scaled-up funding. Irish Aid should consider three additional and complementary monitoring and technical support options, not alluded to in the May 2005 Review, and bring these forward to discussions with like minded donors and the DCG:

- Seek greater transparency and **Access to Expert Scientific Advisory Committee (ESAC) reports** on portfolio management and overall performance of PD PPPs. This option would require careful consideration in terms of:

(i) feasibility,

(ii) issues of confidentiality and commercial sensitivity, and (iii) the current burden on members of such expert committees.

ESACs are likely to play an increasingly important role in supporting and monitoring PD PPP performance. Therefore, appropriate remuneration to their members for their expert time inputs will be necessary, as recommended in the MMV Review.¹⁴ A donor coordinated approach would definitely be preferable if reporting channels were to be established between donors and PD PPP-specific ESACs.

- **Establish a Generic ESAC** to report to a group of like minded donors with the overall purpose of providing them with an overview of the performance of the portfolio of PD PPPs that they jointly support. Its role would be to report to donors on the comparative performance of PD PPPs and inform decisions on how to distribute, sequence and rationalise donor support. Careful consideration would need to be given to ensuring that a generic ESAC did not become an added layer of reporting and burden for PD PPPs. As with individual PD PPP ESACs, donors would need to invest to secure high level expertise. Where there is sufficient like-mindedness among a group of donors, a donor-coordinated approach would have definite advantages over donor-specific advisory committees.

¹² Independent Review of Medicines for Malaria Venture. DFID Health Resource Centre, May 2005 (final draft).

¹³ The importance of new downstream partnerships, as recommended by the MMV review, is consistent with recommendation 9 to Irish Aid in the 2005 Review of GHPs (Annex A).

¹⁴ *Independent Review of Medicines for Malaria Venture*. Fairlamb et al. DFID Health Resource Centre, May 2005.

- The importance of the **Interface between Product Development and Product Delivery** has been highlighted by the recent DFID-commissioned Product Development Pathway desk study, and by the MMV Review. The latter recommended “a high level independent review of MMV’s interaction with TDR and RBM to ensure the timely delivery of new and affordable drugs to disease endemic countries”. However, past experience shows the risks associated with a not adequately thought through introduction of new products into fragile health systems, even though the spectrum of advising agencies appeared appropriate.¹⁵

Rather than addressing the upstream-downstream interface on a product-by-product case, or only by individual PD PPPs, which carries the risk of product or disease-specific verticalisation, Irish Aid and other donors may want to consider a more generic health-systems focused and led approach to product access in recipient countries.

- It will be vital to ensure that all the major stakeholders including developing country policy makers and programme managers are involved in timely planning and preparations for the introduction of new products. If Irish Aid is to continue and expand its investment in PD PPPs, it should ensure that a recipient country demand driven perspective is given adequate attention vis-a-vis an upstream supply-driven approach, taking into account country systems strengths and limitations, and capacity needs.

¹⁵ Shretta R et al. A Political Analysis of Corporate Drug Donations: the example of *Malarone*® in Kenya *Health Policy Planning* 16(2): 161-70 2001