

**COMPACT BETWEEN  
GOVERNMENT OF UGANDA  
AND  
PARTNERS**

**FOR IMPLEMENTATION OF THE  
HEALTH SECTOR STRATEGIC AND  
INVESTMENT PLAN  
2010/11 – 2014/15**

**July 2010**

# **COMPACT FOR IMPLEMENTATION OF THE HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN 2010/11 – 2014/15**

**Commencement date:**

This Compact shall be deemed to have come into effect upon signing by the Government of Uganda and health Partners. It shall be effective for the duration of HSSIP 2010/11 – 2014/15.

# COMPACT FOR IMPLEMENTATION OF THE HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN 2010/11 – 2014/15

## Introduction

This is a Compact between the Government of Uganda and its partners in the health sector for the purpose of maintaining policy dialogue, promoting joint planning and effective implementation and monitoring of the Health Sector Strategic and Investment Plan (HSSIP) 2010/11 - 2014/15. The partners include Health Development Partners, Private-Not-For-Profit Organizations (PNFP), the Private Health Practitioners (PHP) and Civil Society Organisations (CSO) and are collectively referred to as Health Sector Partners.

## Section 1: Partnership Objective and Principles

The overall objective of the partnership under this Compact is to contribute to the national development goal of accelerating economic growth and reducing poverty by facilitating implementation of the National Health Policy II (2010/11 – 2019/20) and HSSIP (2010/11 – 2014/15) through a sector-wide approach. This approach will address the health sector as a whole in planning and management, and in resource mobilization and allocation.

The principles guiding this Compact are:

- Ownership and leadership by government;
- Alignment of all partner programmes, activities and funding to one national plan (HSSIP) and harmonized annual health plan;
- Use of common management arrangements;
- Value for money; and
- One monitoring framework to promote accountability.

The principles are consistent with national policies, with bilateral and multilateral agreements between the Government of Uganda and its development partners and with international agreements ratified by Uganda, including the Paris Declaration on Aid Effectiveness, Accra Agenda for Action, Harmonization for Health in Africa (HHA) Action Framework and the Global International Health Partnerships and related Initiatives (IHP+). Key definitions are outlined in Annex 1.

## Section 2: Commitment of Government

Recognizing that partners' willingness to commit to longer term partnerships or financial support depends on strong and consistent leadership and mutual confidence in the transparency, predictability and efficiency of governments' planning and budgeting systems and processes, Government will:

### Ownership and Leadership

- 2.1 Demonstrate its stewardship role in the health sector by initiating and coordinating all components of the HSSIP.

- 2.2 Ensure that Top Management of the Ministry of Health is adequately and continuously equipped with skills and material inputs to provide leadership consistent with the demands of a major sector of the national economy.
- 2.3 To function optimally the Ministry of Health will continuously strengthen its functional links with the Office of Prime Minister, Ministry of Finance, Planning and Economic Development, Ministry of Local Government and other health-related sectors.

#### **Planning**

- 2.4 Ensure that all central level and district health plans are consistent with HSSIP and all Partners are informed about agreements with district councils' service delivery at district level.
- 2.5 Demonstrate transparency by involving its Partners in developing annual central and district level plans derived from the HSSIP. To this end, Government shall maintain a comprehensive and updated inventory of health projects to be used in the strategic and annual planning process.

#### **Budget and Finance**

- 2.6 Demonstrate financial commitment towards implementation of HSSIP as detailed in the annual approved work-plan and budget and ensure timely release of such funds to its programmes and beneficiary Partners (Annex 2).
- 2.7 Implement the budget in a manner consistent with the priorities of the HSSIP by regular monitoring and providing feedback to all the relevant stakeholders on any envisaged major changes to priorities and budget allocations during the course of the financial year.
- 2.8 Strengthen its internal measures to improve timely submission of its operational plans and budgets to Ministry of Finance as part of the overall strategy to get timely and adequate releases of Government Funds. Government will inform all Partners about submissions and delays that may arise.
- 2.9 Continue to improve the quality of public financial management and procurement systems through strengthening capacities at national and local council levels for financial management and procurement.
- 2.10 Ensure improved aid effectiveness by demonstrating cost-effective use of its resources and by encouraging all partners to align to the One Plan, One Budget, One Monitoring and Evaluation Framework.
- 2.11 Coordinate Technical Assistance (TA) to support implementation of the HSSIP. Such TA will be focus on capacity building at national and local government levels and will be developed jointly as part of a multi-year and annual planning process.

## **Monitoring and Evaluation**

- 2.12 Provide complete, accurate and timely feedback on health sector performance towards the HSSIP targets and discuss these with all Partners each quarter.
- 2.13 Initiate and oversee the annual Joint Review Mission to comprehensively assess policies, strategies, performance and capacity needs in line with the HSSIP and to determine future health priorities.

## **Section 3: Commitment of Health Sector Partners**

The health sector Partners commit to:

- 3.1 Enhance the capacity of the Government to meet its commitments under the HSSIP by engaging in policy dialogue, supporting appropriate capacity building and working within processes as stipulated under this Compact.
- 3.2 Use the HSSIP and its prescribed structures and processes as their standard reference for designing, monitoring performance, reviewing and updating development assistance programmes.
- 3.3 Promote transparency by providing complete, accurate and timely reports and provide any additional information that will enhance the quality of discussions with Government on planning for health services, allocating resources and monitoring performance.
- 3.4 Participate fully in the Joint Review Mission to review health sector performance of the previous financial year and agree on sector priorities and resource allocation for the subsequent financial year.
- 3.5 Promote predictability in their operations by basing discussions and assessments of Government performance on the commonly agreed Joint Assistance Framework (JAF), HSSIP results framework and underlying principles in the manner outlined in this Compact.
- 3.6 Partners providing funding and other resources to implementing Partners in support of the health sector in Uganda commit to:
  - Provide comprehensive information regarding funding and other resources.
  - Align their financial and technical assistance to the HSSIP and fully participate in all processes to ensure successful implementation of the strategic plan.
  - Fully participate in the preparation of the Technical Assistance (TA) plan to support the health sector, and align any funding to the agreed TA plan.
- 3.7 Partners primarily involved in service delivery commit to:
  - Fully participate in the planning processes at the relevant levels promoting harmonization and alignment.
  - Share on a routine basis, service data and financial returns.
  - Comply with mandatory reporting for epidemiological surveillance purposes.

- Provide any other operational reports as required within the National Health Management Information System.
- 3.8 Partners with lead advocacy and oversight functions commit to:
- Promote the dissemination of the key principles and obligations of the HSSIP to the general population.
  - Advocate for improved access to health information and quality health services for underserved communities, households and individuals in particular.
  - Advocate for increasing use of community structures defined in HSSIP.
  - Independently monitor compliance of the Government and other partners within the Compact.

#### **Section 4: Common Working Arrangements**

4.1 Structures for implementing the Compact. All Partners will use the Ministry of Health organizational framework and health partnership structures for implementing this compact. The key structures include Top Management Committee (TMC), Health Policy Advisory Committee (HPAC), Senior Management Committee and Technical Working Groups. The organisational structure and Terms of Reference for the different bodies are provided in Annex 3.

##### **Planning and Budgeting cycle**

- 4.2 All Partners will make an effort to increasingly align their consultations, appraisals, decisions and disbursement with the Government planning and budgeting cycle to maximise impact of their support and minimise transaction cost. The calendar of activities to guide planning and budgeting is outlined in Annex 5.
- 4.3 The Planning Department will initiate the planning cycle each year and ensure that each partner has prior and timely information on the planning calendar and receives invitation to key planning forums and activities.
- 4.4 The Sector Budget Working Group (SWG) will review on-going and new projects and present its recommendations to HPAC for its endorsement. The Terms of Reference for the Sector Working Group are in Annex 3.

##### **Financing the Sector Plans**

- 4.5 Government's preferred mode of financing for the HSSIP is general budget support. However, other modalities such as projects and programme support may be negotiated while maintaining a harmonized process for prioritization, planning and management of health programmes.
- 4.6 Financial Management. All Partners recognise various efforts within MOFPED and relevant sector ministries to improve financial management in the public sector and will seek or provide assistance to improve the performance of the health sector in order to align to overall Government initiatives.

4.7 Auditing. The Ministry of Health expenditure shall be audited by Auditor General once annually, supplemented by periodic external independent audit as agreed by all Partners. Financial flow audits (tracking studies), covering previous financial years and audits of agreed financial sub-systems such as payroll and value-for-money audits shall also be conducted as and when necessary.

The Ministry of Health will respond to the Auditor-General's queries in a timely manner and present progress on the implementation of the Auditor-General's recommendations to HPAC.

#### 4.8 Procurement

- An annual procurement plan integrating all the planned procurement in the health sector shall be prepared and appraised by stakeholders as part of the annual planning process. The plan shall integrate all procurement by both government and development partners.
- Development partners shall work towards strengthening and the use of Government procurement procedures, taking into account the legal obligations of the development partners. Cost effectiveness and value for money will be guiding principles in procurement. Annex 5 and 6 details the requirements for compliance with national specifications and standards e.g. for compatibility of equipment, harmonized form and dosage size for medicines, etc.
- The Government will progressively increase the proportion of agreed priority commodities financed by government to ensure availability and sustainability of the same commodities.
- The Ministry of Health will provide consolidated quarterly progress reports on the implementation of the procurement plan to all stakeholders.

#### Review and reporting

4.9 The Ministry of Health will organize a review of the HSSIP at mid-term and in the last year of the HSSIP.

4.10 The Planning Department of the Ministry of Health will have lead responsibility for preparing the terms of reference for these reviews. The TOR should specify among other things, the objectives, timing, composition of team and preparatory studies for the assignment.

4.11 The Government shall, based on annual output targets, produce an annual report on the performance of the sector within three months of the end of every financial year. The annual report shall contain league tables of performance against agreed indicators for districts, hospitals and the Ministry of Health departments and divisions.

#### 4.12 Technical Assistance

- The Government, in consultation with its partners will prepare a multi-year technical assistance plan based on the HSSIP. This will be the reference for a harmonised annual TA plan to be discussed and endorsed by HPAC.

#### Monitoring the HSSIP

- 4.13 The HPAC will review the following monitoring reports and recommend action to the Top management or the Technical Working Groups as appropriate:
- Area Teams monitoring reports quarterly.
  - Annual Health Sector Performance Report – annual.
  - Progress report from Planning Department on implementation of JRM aide-memoires - quarterly.
  - Technical Review meeting reports- quarterly.
- The HPAC will use indicators for monitoring the HSSIP (Annex 7) for monitoring overall performance of the health sector.

## **Section 5: Monitoring the Compact**

- 5.1 The HPAC will serve as the main oversight and steering body for monitoring the implementation of the Compact. It will specifically review:
- At least quarterly, whether signatories are on track with their commitments to support implementation of the HSSIP.
  - At least quarterly, attendance at meetings and measures taken to discourage non-participation and encourage full participation.
  - At least annually, whether Government has met its commitments with respect to the implementation of HSSIP including achievement of the results. This will be based on the evidence from the annual review meetings and HSSIP reviews and from quarterly and annual budget implementation reports, including information on resources used and outputs achieved.
  - At least annually, whether Government and its Partners have met their mutual commitments to dialogue effectively, to finance and support and monitor the implementation of the HSSIP. This will include following the participatory processes set out in the fiscal calendar and the specified reporting arrangements. It will also include processes for public expenditure and public finance management reviews and any other reviews to be carried out by the government and its partners.
- A detailed list of Indicators with targets for monitoring progress of this Compact is in Annex 8.
- 5.2 Promoting compliance:
- This Compact is prepared in the spirit of cooperation. Signatories to this Compact will, within six months of its commencement, develop and implement a set of guidelines to encourage good performance and sanction non-compliance with the commitments made. Monitoring of the Compact will aim to identify partners who may need encouragement and support. The measures include:
- Regular publication of monitoring results and distribution to partners.
  - Setting up a Panel of Eminent Members to address cases of non-compliance as well as recognise well-performing partners. (Membership of this body will include at least WHO as lead agency for Health, Chairperson of the HDP, a top management member from MOH, a senior representative of the PNFP and a senior representative of the CSO). This panel will also have responsibility to develop the guidelines indicated in this sub-section.

## **Section 6: Prevention and Settlement of Disagreements and Conflicts**

- 6.1 The Partners shall work in a spirit of openness, transparency and consultation.
- 6.2 In the spirit of supporting each other to meet their obligations and recognising the need to minimise default and encourage adherence to these commitments the Partners agree to document and disseminate among themselves the performance of each member using guidelines to be developed by the Panel of Eminent Members.
- 6.3 In the event of disagreement or conflict, dialogue will be the first recourse for resolving the problem. The Health Policy Advisory Committee and the Joint Review Missions offer opportunity to identify and address potential problems. Unilateral actions shall be avoided.

### **Section 7: Amendment/Termination of Compact**

- 7.1 Any amendments to the terms and provisions of this Compact may only be made through a written agreement by all Partners.
- 7.2 Any signatory may terminate their obligations to the partnership on giving three months' notice (which will include the reasons for the termination) to all Partners. Termination from this Compact will be interpreted to mean a partner is unwilling or unable to meet the obligations set out in this Compact.

### **Section 8: Inclusion of new partners**

Any new partner wishing to support the implementation of the Health Sector Strategic and Investment Plan under the provisions of this Compact is free to do so upon signing this Compact. The new partner must present their development assistance programme to the Government of Uganda and health partners in accordance with the principle of harmonization and alignment.

### **Section 9: Interpretation**

The Compact complements bilateral and multilateral agreements/arrangements between the Government of Uganda and relevant partners. It reflects a moral and ethical commitment of all Partners to the national goal of reducing morbidity and mortality through the implementation of the Health Sector Strategic and Investment Plan (HSSIP). The Partners to the Compact will, to the extent possible under their statutory frameworks, respect the principles of this Compact.

While this Compact represents a moral and ethical commitment among the Partners hereto, this compact is neither a binding agreement, nor does it constitute a treaty or create any rights or obligations under international law, the laws of Uganda, or any other foreign domestic laws. In the event of any discrepancy between this Compact and the terms of any arrangement between or among the Partners hereto, or with any contractor or implementer in connection with activities under this Compact, the terms of such arrangements will take

precedence. Any and all funding commitments are to be effected through separate arrangements, with such funding commitments subject to the availability of funds.


**Section 10: Signatures and addresses of parties**



DR. RICHARD NDUHURA MP  
MINISTER OF STATE FOR HEALTH (GENERAL DUTIES)  
FOR GOVERNMENT OF UGANDA



For AFRICAN DEVELOPMENT BANK



For WORLD BANK



For KINGDOM OF BELGIUM



For COMMISSION OF THE EUROPEAN  
UNION



For WORLD HEALTH ORGANIZATION

For DEVELOPMENT COOPERATION OF  
IRELAND

For DANISH INTERNATIONAL  
DEVELOPMENT ASSISTANCE



For DEPARTMENT FOR  
INTERNATIONAL DEVELOPMENT (UK)

For EMBASSY OF JAPAN

For NETHERLANDS COOPERATION

precedence. Any and all funding commitments are to be effected through separate arrangements, with such funding commitments subject to the availability of funds.

**Section 10: Signatures and addresses of parties**



DR. RICHARD NDUHURA MP  
MINISTER OF STATE FOR HEALTH (GENERAL DUTIES)  
FOR GOVERNMENT OF UGANDA



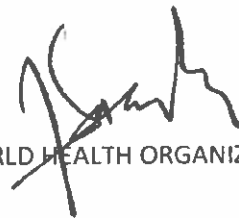
For AFRICAN DEVELOPMENT BANK



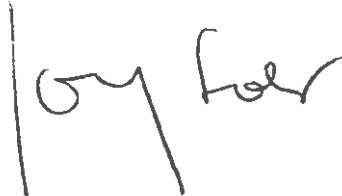
For WORLD BANK



For KINGDOM OF BELGIUM



For WORLD HEALTH ORGANIZATION



For COMMISSION OF THE EUROPEAN  
UNION

For DEVELOPMENT COOPERATION OF  
IRELAND

For DANISH INTERNATIONAL  
DEVELOPMENT ASSISTANCE



For DEPARTMENT FOR  
INTERNATIONAL DEVELOPMENT (UK)

For EMBASSY OF JAPAN

For NETHERLANDS COOPERATION

For UNITED NATIONS DEVELOPMENT  
PROGRAMME

For FRENCH COOPERATION

For ITALIAN COOPERATION

For UNITED STATES AGENCY FOR  
INTERNATIONAL DEVELOPMENT

For UNITED NATIONS JOINT  
PROGRAMME ON HIV/AIDS

For US CENTERS FOR DISEASE  
CONTROL AND PREVENTION

For GLOBAL ALLIANCE ON VACCINES  
AND IMMUNIZATION

For GLOBAL FUND TO FIGHT HIV/AIDS,  
TB AND MALARIA

For SWEDISH INTERNATIONAL  
DEVELOPMENT COOPERATION  
AGENCY

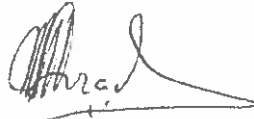
For NORWEGIAN AGENCY FOR  
INTERNATIONAL DEVELOPMENT

For UNITED NATIONS CHILDREN'S  
FUND

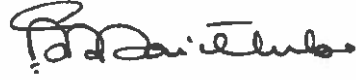
For UNITED NATIONS POPULATION  
FUND

For UNITED NATIONS HIGH  
COMMISSION FOR REFUGEES

For PRIVATE NOT-FOR-PROFIT  
ORGANIZATIONS

A handwritten signature in black ink, appearing to be 'Amal', written over a horizontal line.

For PRIVATE NOT-FOR-PROFIT  
ORGANIZATIONS

A handwritten signature in black ink, appearing to be 'P. D. A. I. L. S.', written over a horizontal line.

For CIVIL SOCIETY ORGANIZATIONS

For ISLAMIC DEVELOPMENT BANK

## **Annexes**

- Annex 1: Definitions**
- Annex 2: Government of Uganda's Commitment to Financing the Health Sector**
- Annex 3: Structure and Functions of the Health Sector**
- Annex 4: Schedule of Events**
- Annex 5: Guidelines on Programme Implementation, Procurement and Financial Management for Public and Private Sector Recipients in the Health Sector**
- Annex 6: Compliance with National Specifications and Standards for Medicines, Medical Supplies and Medical Equipment**
- Annex 7: HSSIP Monitoring Indicators**
- Annex 8: Monitoring the Compact**
- Annex 9: Key Reference Documents**

## Annex 1: Definitions

*Accra Agenda for Action (AAA)*, An agenda adopted in Accra on September 4 2008 focuses the aid effectiveness agenda on the main technical, institutional, and political challenges to full implementation of the Paris principles. The Accra Principles include:

- *Predictability* – donors will provide 3-5 year forward information on their planned aid to partner countries.
- *Country systems* – partner country systems will be used to deliver aid as the first option, rather than donor systems.
- *Conditionality* – donors will switch from reliance on prescriptive conditions about how and when aid money is spent to conditions based on the developing country's own development objectives.
- *Untying* – donors will relax restrictions that prevent developing countries from buying the goods and services they need from whomever and wherever they can get the best quality at the lowest price

*Alignment*: means that Development Partners base their overall support to the GOU on the National Development Plan and HSSIP , and its Annual Plans; using GOU institutions, systems and procedures that will be strengthened progressively through joint effort to meet internationally accepted standards

*Development partner (DP)*: includes each and all of external Governments, bilateral agencies, multilateral agencies, funding foundations and global/regional health initiatives that are committed to working together and with the GOU in a joint effort to support the funding, whether in pooled or non-pooled funding arrangements, and management of the implementation of the NDP/HSSIP and Annual Plans.

*Government of Uganda*: means the entire apparatus of Government and its institutions, represented in this context by the Ministry of Health (MOH) unless a specific distinction is made from other government ministries.

*Harmonisation*: Extent to which all parties use common arrangements or procedures and encourage shared analysis of performance

*International Health Partnership Plus (IHP+)*: a partnership that focuses on ways to put into practice the principles of aid effectiveness elaborated in the Paris Declaration and Accra Agenda for Action, namely; National ownership; Alignment with national systems; Harmonization between agencies; Managing for results; and Mutual accountability. IHP+ is regarded as a logical extension of what governments and partners are already doing under the SWAp and builds on the Harmonisation for Health in Africa Initiative (HHA)

*Joint Assistance Framework (JAF)*. This provides indicators and actions against which Government performance is assessed on an annual basis and lays the basis for donor disbursement of funds. It was jointly developed under the Joint Budget Support Framework-JBSF between the Government of Uganda and Development Partners.

*Mutual accountability*: an agreement between two or more parties under which each can hold the other responsible for delivering on its commitments.

*Party/Parties:* encompasses all institutions or entities which may become signatories to this MOU and includes the Development Partners and:

- a) Faith Based Non-Governmental Organizations
- b) Other Non-Governmental Organizations, including civil society organizations
- c) Private enterprises such as private hospitals, clinics, nursing homes, maternity homes, pharmacies and industry

*Paris Declaration on Aid Effectiveness, Ownership, Harmonisation, Alignment. Results and Mutual Accountability:* The global commitment by governments and funding agencies in 2005 to reform their ways of delivering and managing aid to increase the impact aid has in reducing poverty and inequality, increasing growth, building capacity and accelerating achievement of the MDGs

*Sector wide Approach (SWAp):* "a sustained partnership led by national authorities, with the goal of achieving improvements in people's health in the context of a coherent sector. It is defined by an appropriate institutional structure and national financing programme through a collaborative programme of work. It uses established structures and processes for negotiating strategic and management issues, and reviewing sectoral performance against jointly agreed milestones and targets". Its core principles are; it is sector-wide in the sense that it includes all key players in the sector; the Ministry of Health provides national leadership; it uses a programme of work derived from national development framework; it requires joint planning and budgeting with flexible funding modality among all key players and who agree to use common management arrangements based on national systems of accounting, monitoring and evaluation; there is joint ownership of results – successes as well as failures; it is built upon strong partnerships and trust; and, it promotes national capacity development

*Technical Assistance:* refers to the transfer, adaptation, mobilization and utilisation of services, skills, knowledge and technology. In practical terms it is mostly the provision of national and international consultants/experts needed to support the MOH in its work. This support is often in the form of advice, skills, expertise and knowledge. It ideally should increase capacity through at least the transfer of skills and knowledge, and it usually involves the production of one or more documents such as a manual or report

*Transparency:* Full, accurate, and timely disclosure of information. In this context it often refers to financial information. Greater transparency provides everyone a better understanding of how the partnership and programmes are working and in turn, places greater pressure on management to produce results that are acceptable to all stakeholders.

**Annex 2: Government of Uganda's Commitment to Financing  
the Health Sector**

**OFFICIAL STATEMENT ON THE GOVERNMENT OF UGANDA'S COMMITMENT TO FINANCING  
THE HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN 2010/11 – 2014/15**

**C. M. Kassami  
PERMANENT SECRETARY/SECRETARY TO THE TREASURY**

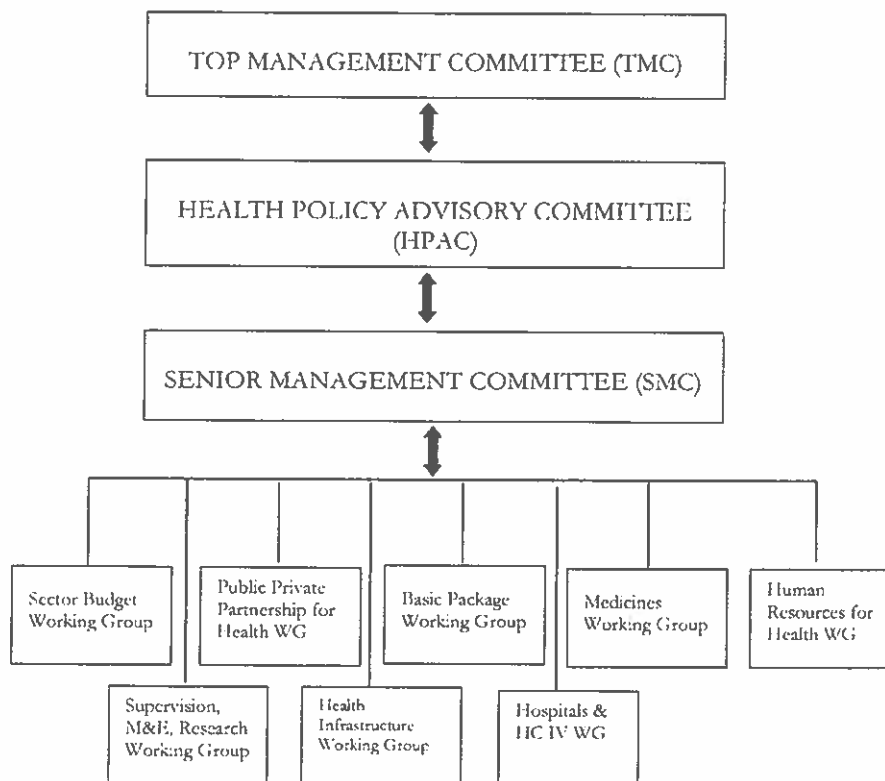
### Annex 3: Structure and Functions of the Health Sector

The health sector has three oversight structures

- Governance structure: This looks at defining the sector's strategic direction and following up on the operation of interventions. It is largely defined through formal legislation, with members and functions formally gazetted by the Government.
- Management structure: This guides internal Ministry coordination of implementation of defined interventions and activities at all levels.
- Partnership structure: This guides external coordination of service delivery and sector support by all stakeholders at the respective levels of care. All partners providing services at a given level of care engage with each other through this structure.

The governance and partnership structures described below are intended to establish a sector-wide governance mechanism that will foster agreement on other common procedures for consultation and decision-making.

Figure 1: Organogram of Health Sector oversight structure



#### Partnership Structures

The existing partnership instrument, the Compact, will serve as the formal instrument to guide the functioning of the partnership in health.

#### **Health Policy Advisory Committee: Terms of Reference**

The Health Policy Advisory Committee (HPAC) was established as a forum for the Government, Development Partners and other stakeholders to discuss health policy and to advise on the implementation of the Health Sector Strategic and Investment Plan. HPAC is a donor/ stakeholder coordination mechanism. HPAC works through the established Technical Working Groups. HPAC provides a forum for information and experience sharing, and resolution of disagreements or conflicts among health sector stakeholders. HPAC identifies tasks that need to be undertaken through special assignments and approves terms of reference for each such assignment. HPAC approves the work plan, budget and other project expenditures for the Health sector. HPAC membership consists of:

- Ministry of Health, Chair of HDP, Co-Chair of HDP and two selected members of HDP, Ministry of Local Government, National Medical Stores, Ministry of Finance, Planning and Economic Development, Ministry of Education and Sports, Ministry of Public Service, Private not-for profit representative, Civil Society Representative

HPAC co-opts members to address specific issues that may arise. HPAC is chaired by the Permanent Secretary, who is the accounting officer of the Ministry of Health. In the absence of the Permanent Secretary vice chair of HPAC or other designated representative will act in his/her place. The HPAC Secretariat is in the Health Planning Department. HPAC will meet at least once quarterly. HPAC will remain in operation for the duration of HSSIP. The Terms of Reference of HPAC will be reviewed at the MTR of HSSIP to reflect appropriate response to changing health needs. All HPAC activities including special assignments will be funded from the Health sector budget and other agreed sources.

#### **Technical Working Groups (WG) and sub-committees:**

Technical coordination will be through the technical working groups, each focused on specific technical areas. All the technical working groups and committees report to Senior Management Committee to synthesize issues that need HPAC attention. TWG reporting is a standing HPAC agenda. Working groups are:

1. Health Sector Budget WG;
2. Human Resources WG;
3. Health Infrastructure WG;
4. Medicines Management & Procurement WG;
5. Supervision, Monitoring & Evaluation and Research WG;
6. Public Private Partnership for Health WG; and,
7. Basic Package WG.
8. Hospital and Health Centre IV WG

#### **Generic Terms of Reference/Assignments for Working Groups**

- Preparation of health sector strategic and investment plans
- Mid- and end-term evaluation of HSSIP;
- Preparation for AHSPR, JRM/NHA
- Follow up of JRM Undertakings & Actions;
- Consideration of new interventions and projects;

#### **Health Sector Budget Working Group**

Chairman: CHS (P)  
Secretary: SHE/Desk Officer Health MoFPED

MOH units: HPD; F&A; All heads of departments;  
 Development Partners: selected representation from Health Development Partners Group (HDPG);  
 Other Stakeholders: MoFPED; Bureaus; Districts; Hospitals; HSC; UAC; UBTS; other national level health institutions; MoLG; MoW&Environment; MoE&S; MoPS;

**Specific Terms of Reference:**

- Assess existing health sector financing sources and mechanisms to determine application to the HSSIP; and analyse efficiency and equity in the channelling and utilisation of these resources;
- Assess the potential of alternative financing sources and mechanisms for capturing significant additional resources for the sector given HSSIP priorities, and efficiency and equity considerations;
- Prepare Annual Budget Framework Papers in line with the HSSIP and annual sector priorities as agreed by the National Health Assembly and Joint Review Mission;
- Regularly review the resource projections for the sector versus the actual budget outturns, and relationship with sector outputs;
- Review existing procurement systems and advise on how best to harmonize them;
- Propose a comprehensive procurement plan for the health sector;

**Human Resources Working Group**

Chairman: Under Secretary Finance & Administration  
 Secretary: ACHS Human Resource Department  
 MOH Units: HRD; Personnel; HPD; CS;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: HSC; MoPS; MoE&S; Professional Councils; Health Training Institutions; Bureaus; Districts; Hospitals; MoLG; MoGLS; CSOs

**Specific TORs:**

- Review health workers production, deployment/recruitment and exit from workforce with the view to improving proportion of approved staff position that are filled with appropriately trained and motivated health workers;
- Identify ways to strengthen inter-sectoral collaboration, especially with MoPS, MoES, MoFPED, and MoLG
- Review the funding for HRH and recommend ways of improving its adequacy and effectiveness;
- Review the role of the private sector including PNFPs in HRH development and propose ways to improve the collaboration with the MOH

**Health Infrastructure Working Group**

Chairman: CHS (CS)  
 Secretary: ACHS (HI)  
 MOH Units: CS – HI; HPD; F&A; Reproductive Health Division;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: MoFPED; NDA; NMS; JMS; Bureaus; Districts; Hospitals; MoWT

**Specific TORs:**

- Review the Health Infrastructure Policy and Development Plan;
- Review standards for physical facilities, equipment, transport and logistics and

- propose ways and means to ensure equity in access;
- Propose effective methods/systems for ensuring quality and value for money, in contract management for infrastructure development at national & district levels;
- Propose ways to engage development partners in efficient and equitable health infrastructure development;

#### **Medicines Management & Procurement Working Group**

Chairman: DHS (C&C)  
 Secretary: Principal Pharmacist  
 MOH Units: Pharmacy; HPD; Finance & Administration: Depts. of Community Health & National Disease Control; Laboratory Programme;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: NDA; NMS; JMS; Pharmacy Council; Bureaus; Districts; Hospitals; MoFPED

#### **Specific TORs:**

- Regularly review sector performance with the view to achieving zero-tolerance for essential medicines stock-outs in the HSSIP;

#### **Supervision, Monitoring & Evaluation Working Group**

Chairman: Director of Health Services (P&D)  
 Secretary: Assistant Commissioner of Health Services (Quality Assurance)  
 MOH Units: Quality Assurance; RC; HPD; Depts. of Community Health & National Disease Control; Finance & Administration;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: UNHRO; Academic & Research Institutions; Bureaus; Districts; Hospitals; MoFPED; Civil Society

#### **Specific TORs:**

- Review and document sector performance (different levels and entities, and entire sector) by level using the HSSIP monitoring framework – quarterly, annually, mid-term and end-term as appropriate;
- Support the process of streamlining/harmonisation of various Information systems in the health sector for improved efficiency and easy availability of information;
- Regularly review the various support supervision mechanisms in the sector (Area Teams, Consultant's Outreach Programmes, Technical Programme) with the view to determine their performance and recommend improvements;
- Identify research agenda for the health sector strategic plan and recommend mechanisms to fund and implement research for the health sector strategic plan;
- Propose mechanisms for integrating and coordinating research activities at levels of health service delivery;

#### **Public Private Partnership for Health**

Chairman: Director Natural Chemotherapeutics Laboratory  
 Secretary: SHP/Desk Officer for PPPH  
 MOH Units: HPD; Human Resource Dept; Pharmaceutical Section; F&A;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: Medical Bureaus; Civil Society; Traditional Healers; Private Health Providers; the Professional Councils;

#### **Specific TORs:**

- Support the process of finalization of the PPPH policy and initial implementation of the policy;
- Ensure sustainability of partnership and collaboration, forging the bond and enrolling new partners;

#### **Basic Package Working Group**

Chairman: Director-General HS  
 Secretary: Assistant Commissioner HS (National Disease Control)  
 MOH Units: Departments of Child Health & National Disease Control & CS;  
 Development Partners: selected representation from HDPs  
 Other Stakeholders: Districts; Hospitals

#### **Specific TORs:**

- Regularly review the Uganda National Minimum Health Care Package UNMHCP (clusters, elements, interventions) with the view to improving efficiency and equity through prioritization and appropriate integration of activities at various levels;
- Sub-committees of the Working Group are to provide in-depth assessment of the various technical programmes within their mandate;

#### **Basic Package Working Group Sub-committees**

- a) Maternal & Child Health, including Sexual & Reproductive Health & Rights; New-born Health & Survival; Integrated Management of Childhood Infections; Expanded Programme on Immunisation; and Nutrition  
 Chairman: CHS (Community Health);  
 Secretary: ACHS (RH);
- b) Communicable Disease Control including TB, Malaria, HIV/AIDS, Civil society and Diseases for Eradication  
 Chairman: CHS (National Disease Control);  
 Secretary: ACHS (National Disease Control);
- c) Prevention & Control of Non-communicable Diseases including Non-Communicable Diseases; Injuries, Disabilities and Rehabilitative Health; Gender-based Violence; Mental Health & Control of Substance Abuse; Integrated Essential Clinical Care; Oral Health; Palliative Care;  
 Chairman: Director Butabika National Psychiatric Hospital  
 Secretary: PMO NCDs
- d) Health Promotion including Health Promotion & Education; Environmental Health; Control of Diarrhoeal Diseases; School Health; and Epidemic & Disaster Prevention, Preparedness & Response;  
 Chairman: ACHS (HP&E);  
 Secretary: ACHS (EH);

**Annex 4: Schedule of Events**

No	Item	Qtr 1			Qtr 2			Qtr 3			Qtr 4			Comment
		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>1</b>	<b>Planning and Budgeting</b>													
1.1	BCC and Expenditure Ceilings													For next FY
1.2	JRM - Identification of priorities													For next FY
1.3	GoU/Partners Health Planning Meeting													For next FY
1.4	Regional Planning Meetings													For next FY
1.5	National Budget Meeting													For next FY
1.6	Sector Budget Framework Paper													For next FY
1.7	National Budget Framework Paper													For next FY
1.8	MoH and District Annual Workplans													For next FY
1.9	Parliament Approval of Budget													For current FY
<b>2</b>	<b>Monitoring Programme Implementation and Performance</b>													
2.1	Area Team Visits - Quarterly Reports													
2.2	Technical Review Meeting													
2.3	Technical Working Group meetings													Held monthly, additional meetings as necessary
2.4	Annual Health Sector Performance Report													For previous FY
2.5	Joint Review Mission													For previous FY
2.6	National Health Assembly													Held every two years
<b>3</b>	<b>Policy Guidance and monitoring</b>													
3.1	Senior Management Committee													Every 2nd last Thurs.
3.2	Health Policy Advisory Committee													Every first Wed.
3.3	Top Management Committee													Every two weeks
3.4	CCM													

## **Annex 5: Guidelines on Programme Implementation, Procurement and Financial Management for Public and Private Sector Recipients in the Health Sector**

Uganda has a decentralized service delivery system with central ministries retaining the role for policy formulation, standards setting, resource mobilization, and overall sector performance monitoring, while the Local Governments carry out the delivery of services to the population across all sectors. Service delivery is also carried out by implementing partners in the Private not-for Profit Sector, Private Health Practitioners and Civil Society Organizations.

### **Programme Implementation**

- a) MOH maintains oversight on actions of implementers within their mandate to ensure attainment of strategic plan objectives.
- b) All interventions with appropriate costs are reflected in the comprehensive sector annual operational plans that are derived from the HSSIP.
- c) The interventions are linked to agreed performance indicators to be achieved by all stakeholders through collective attribution.

### **Financial Management**

- a) In line with the Public Finance and Accountability Act (2003), the disbursement of funds is conditional on the receipt of quarterly and cumulative progress reports accompanied by a budget request form. The requests, reports and approval of releases are tracked electronically under the Integrated Financial Management System (IFMS).
- b) Accountability statements shall be prepared by implementers and submitted to central government in line with government financial and accounting regulations.
- c) In accordance with Public Finance and Accountability Act (2003), all health grants shall be audited annually (or as needed) by Auditor General and reports submitted to Parliament.
- d) The Treasury Inspectorate of MoFPED, Inspectorate Department, MoLG, other line ministries and the Inspector General of Government shall undertake monitoring of financial flows and ensuring value for money for all health grants.
- e) Disbursement and accountability for non-government actors is against an agreed workplan and outputs to be achieved, governed by a signed MoU.
- f) Civil society and private sector actors shall ensure transparency, financial and programmatic accountability and demonstrate effective and efficient use of resources.

### **Procurement**

- a) Procurement of health and non-health products is governed by the PPDA (2002) and its Regulations at the central and local government levels.
- b) The procurement and distribution of health and non-health products to follow an overall sector Procurement and Supply Management (PSM) plan agreed by stakeholders.
- c) Procurement will be undertaken using both government and third party procurement for public actors.
- d) The statutory mandate and role of the National Medical Stores in the procurement, storage and distribution of medicines and medical supplies shall be recognized.
- e) Joint Medical Stores (JMS) shall participate in procurement and supply management in line with the Public Private Partnership principles.

## Annex 6: Compliance with National Specifications and Standards for Medicines, Medical Supplies and Medical Equipment.

All pharmaceutical products must be registered in Uganda before sale or distribution. This is to ensure quality, safety and efficacy of these products, be they imported or locally manufactured. The Ministry of Health provides guidance on selection through reference to standard therapeutic guidelines (e.g. The Uganda Clinical Guidelines), compilation of an essential medicines list, essential medical equipment list, essential medical supplies list and essential laboratory reagents list to guide national procurement and supply agencies. There are standardized specifications, inventories and catalogues designed to meet the requirements of health care providers. The suppliers and users benefit from continuity of supply, which promotes knowledge, familiarity and ultimately, appropriate utilization of resources. The National Advisory Committee on Medical Equipment (NACME) provides guidelines, selection criteria and standard specifications by level to ensure compatibility with existing equipment, user requirements, and locally available capacity for maintenance and repair.

Area of interest	Source/Reference	Responsible Agency	Contact
<b>Specific Guidance on essential medicines, health supplies and laboratory reagents.</b>			
Guidance on selection	Uganda Clinical Guidelines 2009 Uganda Essential Medicines List	Ministry of Health	Director General of Health Services  Permanent Secretary
Procurement/supply (government)	Inventory/Catalogues	National Medical Stores	<a href="mailto:sales@natmedstores.org">sales@natmedstores.org</a> Fax+256-414-321323
Procurement/supply (PNFP)	Inventory/Catalogues	Joint Medical Store	<a href="mailto:store@jms.co.ug">store@jms.co.ug</a> Fax +256-414-510098
Registration, importation, sale/distribution, donation, disposal	Guidelines and regulations	National Drug Authority	<a href="mailto:ndaug@nda.or.ug">ndaug@nda.or.ug</a> Fax +256-414-255758
<b>Specific Guidance on Medical Equipment and Appliances</b>			
Guidance on selection	Medical Equipment Policy and Guidelines	Ministry of Health	NACME Health Infrastructure Division (HID);
Procurement/supply	Inventory Catalogues Procurement Act (PPDA Act 2003) and Regulations	Ministry of Health Procurement Authority (PPDA)	Permanent Secretary HID MoH Procurement Unit

## Annex 7: HSSIP Core Performance indicators

Indicator domain	Indicator	Baseline, (year)	2014/15
<b>Health Impact</b>			
	Maternal Mortality Ratio (per 100,000 live birth)	435 (2006)	131
	Neonatal Mortality rate (per 1000)	70 (2006)	23
	Infant Mortality Rate (per 1000)	76 (2006)	41
	Under 5 mortality rate (per 1000)	137 (2006)	56
	% of households experiencing catastrophic payments	28 (2009)	13
	% clients expressing satisfaction with health services (waiting time)	46 (2008)	70
<b>Coverage for Health Services</b>			
	% pregnant women attending 4 ANC sessions	47 (09/10)	60
	% deliveries in health facilities	33 (09/10)	90
	% children under one year immunised with 3 <sup>rd</sup> dose Pentavalent vaccine	76 (09/10)	85
	% one year old children immunised against measles	72 (09/10)	95
	% pregnant women who have completed IPT 2	47 (09/10)	70
	% of children exposed to HIV from their mothers accessing HIV testing within 12 months	29 (08/09)	75
	% U5s with fever receiving malaria treatment within 24 hours from VHT	13.7 (09/10)	85
	% eligible persons receiving ARV therapy	53 (2009)	75
	% of new smear + cases notified compared to expected	56 (09/10)	70
<b>Coverage's for other health determinants</b>			
	% of households with a pit latrine	69.7 (09/10)	72
	% U5 children with height /age below lower line (PR)	38 (2006)	28
	% U5 children with weight /age below lower line (PR)	16 (2006)	10
<b>Coverage's for risk factors</b>			
	Contraceptive Prevalence Rate	24	35
<b>Health System outputs (availability, access, quality, safety)</b>			
	Per capita OPD utilisation rate (m/f)	0.9 (09/10)	1
	% of villages/ wards with trained VHTs, by district	31 (09/10)	100
	% of health facilities without stockouts of any of the six tracer medicines in previous 3 months (1st line antimalarials, DepoProvera, Sphadoxine/pyrimethamine, measles vaccine, ORS, Cotrimoxazole)	41 (09/10)	80
	% of functional Health Centre IVs (providing EMOC)	23 (09/10)	50
	Annual reduction in absenteeism rate (m/f)?	-	20
<b>Health investments</b>			
	% of approved posts filled by trained health workers	56 (09/10)	75
	General Government allocation for health as % of total government budget	9.6 (09/10)	10

## Annex 8: Monitoring the Compact

No	Indicator	Compliance	Non-compliance	Measurement
<b>1 Planning and Budgeting</b>				
1.1	M&H Annual Workplan reflecting stakeholder contribution (all resources on-plan)	Partners' support is captured in the plan	Partners' support is partially/not captured in plan	Annual Workplan analysed and Report submitted to 1st HPAC of FY
1.2	All new sector investments are appraised by SBWG	Submission of new projects to SBWG	Programming of new projects without SBWG appraisal	Reports from SBWG on appraised Projects submitted to HPAC bi-annually
1.3	All planned procurements reflected in the Comprehensive procurement plan	Adherence to procurement plan	Parallel procurements	Quarterly assessment of implementation of procurement plan to HPAC
1.4	Response to Auditor General's report	Timely response to AG's report	non-response to AG report	Response to AG report presented to HPAC
1.5	Implementation of harmonized TA Plan	HPAC approval of TORs & procurement of short & long term TA	Unsubmitted TA, non-compliance to guidelines for Technical Assistance	Progress towards implementation of agreed TA Plan
<b>2 Monitoring Programme Implementation and Performance</b>				
2.1	Area Team Visits - Quarterly Reports	Area Team visits held	Unjustified rescheduling, cancellation of visits	Presentation of reports to HPAC within 30 days after completion of Area Team visits
2.2	M&H Quarterly Performance Assessment	Quarterly Performance Assessment	Cancellation of meeting	
2.3	Technical Review Meeting	Timely holding of report	Delayed scheduling of TRM	Present of report from TRM to HPAC by 30 April
2.4	Technical Working Group meetings	Meetings held/ minutes available	Meetings not held/no record of meetings	Target 80% of TWG meetings held
2.5	Annual Health Sector Performance Report	Timely compilation of report	Delayed compilation	Submission of Final Report by 30 Sept
2.6	Submission of Annual Report to OPM	Timely reporting to OPM	Delayed/non-reporting	Submission to OPM by 30 September
2.7	Joint Review Mission - review of performance	Timely holding of JRM	Unjustified rescheduling, cancellation of JRM	Aide Memoire presented to HPAC by 30 Nov
2.8	MTR of HSSIP	Timely MTR	Unjustified rescheduling, cancellation of JRM	Completion of MTR of HSSIP by May 2013
2.9	End of HSSIP Evaluation	Timely end of HSSIP evaluation	Unjustified rescheduling, cancellation of JRM	Completion of end of HSSIP review by December 2015
<b>3 Policy Guidance and monitoring</b>				
3.1	Senior Management Committee	Regular scheduling of meetings	Cancellation of meeting	Proportion of planned meetings held
3.2	Health Policy Advisory Committee	Regular attendance of members or alternates	Absence without apology	Attendance of at least 3/4 of meetings by all members
3.3	CCM	Regular attendance of members or alternates	Absence without apology	Attendance of at least 3/4 of meetings by all members

## **Annex 9: Key Reference Documents**

1. National Development Plan 2010/11 – 2014/15
2. National Health Policy 2010/11 – 2019/20
3. Health Sector Strategic and Investment Plan 2010/11 – 2014/15
4. Global Compact for the International Health Partnerships and related Initiatives (IHP+) 2009
5. Paris Declaration on Aid Effectiveness
6. Accra Agenda for Action
- 7.