

Supporting HSSPIII and developing a new MOU / IHP+ Country Compact

Summary of discussions 1- 4 March 2010

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Background

Uganda signed the International Health Partnership+ (IHP+) Global Compact in February 2009. At the heart of IHP+ is a commitment to get better health results by increasing support for national health strategies and plans in a well-coordinated way. There is also a strong emphasis on mutual accountability for results.

Uganda is developing its new Health Sector Strategic Plan (HSSPIII). In parallel it plans to revise its existing Memorandum of Understanding with health development partners. The MOH requested support from IHP+/HHA to carry out a joint assessment of the new HSSPIII and facilitate the development of a new MOU between MOH and partners in support of HSSPIII. The scoping mission by the IHP+ Core Team had three objectives:

- To explore the purpose and expected benefits of joint assessment of HSSPIII, using an instrument developed by an IHP+ inter-agency group and commonly called the 'JANS'
- To explore whether and how such an assessment could best fit with and support the existing processes of HSSPIII development
- To discuss how to review existing partnership arrangements and develop a new MOU or 'country compact', containing commitments of ways to support implementation of HSSPIII.

The mission was timed to coincide with the monthly meeting of the MOH Health Policy Advisory Committee (HPAC). The team met the Minister of State for Health (General Duties); Acting Director General of Health Services; IHP+ taskforce; members of HPAC; the chair of the HSSPIII taskforce; the wider health development partners group, and non-state actors.

Status of HSSPIII development

The MOH indicated that in terms of focus of HSSPIII, it has deliberately decided to follow HSSPII quite closely, but with more attention to organisational issues and efficiency. There is also a new National Development Plan to refer to. A medium term expenditure framework, 3 year financial projections and joint budget support framework exist and will all be linked. Two key aspects still need work: to get an updated costing of the agreed Minimum Service Standards, and agreement on how implementation of HSSPIII will be monitored. The draft has gone out for consultation with senior management, district authorities and CSOs. The Technical Working Groups will meet 15-19 March and the Technical Review Meeting planned for end of April will discuss an advanced draft. HSSPIII should go to Cabinet in June 2010 with implementation from July 1, 2010.

Views on added value of joint assessment of the new strategic plan

The main reason given on added value is to create an opportunity for strategic discussion and thus strengthen the plan. Related expectations are that the assessment will increase confidence in the plan; help to get more partners on-plan and on-budget, and reduce at least some of the burden of separate appraisals / proposal preparations. The independent element is desired in order to provide a fresh, systematic perspective on the plan. Overall, the proposed timing is right but tight.

Status of partnership arrangements

Development partners: Uganda was one of the earliest countries to develop a SWAp. Partnership structures and instruments are long established but by common consent some are not operating that well. There has been a shift in the health development partner landscape in recent years, arising from increased funding from Global Health Initiatives, as

well as a shift by a number of agencies to general budget support and agreements on 'division of labour' between agencies, with the results that some bilaterals have left the health sector.

Non state actors /civil society: The faith based organisations (known as PNFPs in Uganda) and other CSOs are represented on HPAC and in technical working groups. Arrangements are less formalised in terms of Memoranda of Understanding. There is a draft Public Private Partnership Policy from 2007 which is with Cabinet.

Opportunities for a revised MOU to support HSSPIII

As happened with HSSPII, there is a plan to develop a new MOU between government and partners, with some rather more explicit commitments by all signatories, that can then be monitored. The first step wanted is a rapid analysis of how existing institutional arrangements for the SWAp are working and what opportunities exist to address some of the bottlenecks. The retreat by local health development partners to reflect on progress against current commitments is an excellent start. For this complex and sensitive exercise, which involves government and development partners, there is real added value in having an independent broker with substantial SWAp experience. The MOU should be as inclusive as possible, irrespective of whether a local partner has signed the IHP+ Global Compact. There will be a question of whether to include NGOs as signatories.

Role of the IHP+ taskforce

This has been created as a time limited measure to steer the two planned activities through the next few months. It is chaired by Director Health Services Planning & Development, with the secretariat provided by Dr Tashobya, Quality Assurance Unit. Members come from the MOH, MOF, MOPS, Health Development Partners and civil society. It is working closely with the HSSPIII taskforce.

Next steps

1. **HSSPIII development:** The IHP+ taskforce will work closely with the HSSPIII taskforce. As part of HSSPIII's development, the IHP+ taskforce will facilitate an initial internal review using the JANS tool, and present preliminary impressions for discussion at the HSSPIII taskforce retreat in mid March.
2. **Joint assessment of HSSPIII IHP+ taskforce** will develop a proposed 'road map' for the JANS itself within next two weeks and present to HPAC. This will cover details of the process; mechanisms for oversight (HPAC), and the technical team skill mix and composition. Areas where outside expertise is wanted will be identified and shared with local development partners and the IHP+ Core Team. On timing, while it would be ideal to carry out the joint assessment before end April, it may be more realistic, and still acceptable, to do this in May. One important activity will be to capture lessons learned from the exercise. The framework for doing this was shared with the IHP+ taskforce.
3. **SWAp review and development of new MOU/IHP+ country compact** There is strong interest in beginning this complex and sensitive discussion sooner rather than later. The search for a person with substantial SWAp experience and excellent facilitation skills will be widened by the IHP+ core team, and names shared with the local IHP+ taskforce.
4. **IHP+ catalytic funds** A proposal will be agreed upon and sent to IHP+ core team, which will also explore a way to advance some funds urgently needed for the costing exercise.

Uganda IHP+ mission People met

MOH

Minister of State for Health (General Duties)

Dr Nathan Kenya-Mugisha, Acting Director General Health Services

Dr Francis Runumi, Acting Director Planning

Dr Christine Tashobya, Quality Assurance Unit and secretary, IHP+ taskforce

Dr Nelson Musoba, Senior Health Planner

Dr Robert Basaza, Principal Health Planner, chair of HSSPIII taskforce

Members of the MOH IHP+ taskforce, and Health Policy Advisory Committee

Development Partners

Embassy of Sweden Ulrika Hertel, Senior Programme Manager, Health Sector, chair of development partners' group

UNFPA Dr Hassan Mohtashami, Deputy Representative; Dr Wilfred Ochan, Assistant Representative (RH and HIV/AIDS)

USAID Chief, HIV/AIDS Health and Education Office; Aleathea Musah, HIV/AIDS team leader

World Bank: Dr Peter Okwero

WHO: Dr Joaquim Saweka, WHO representative; Dr Juliet Bataringaya, NPO health systems development

Plus other members of the health development partners group at the development partners retreat

Civil Society

Dr Sam Orach, Executive Secretary, Uganda Catholic Medical Bureau

Roselyn Vusia, Action Group for Health, Human Rights and HIV/AIDS (AGHA)