

Effective Development Cooperation in the Health Sector in Sierra Leone

Report of joint mission 4-8 November 2013

Phyllida Travis, WHO; Max Dapaah, World Bank; Brenda Killen, OECD; Omar Sam, WHO

Background

In recent years, health outcomes in Sierra Leone have been improving but there remain big challenges. Between 2000 and 2010, high child, infant and maternal mortality rates decreased, but the health MDG targets are not currently expected to be reached by 2015, and maternal mortality remains one of the world's highest at 890/100,000. Total health spending is \$79 per capita, of which around \$12 comes from government and 20% comes from external sources. The two largest donors in health are the UK government and the Global Fund.

The government of Sierra Leone has long been active in efforts to put aid effectiveness principles into practice. It signed the Paris Declaration in 2006; committed to the principles of engagement in fragile states in Accra, and the New Deal for engagement in fragile states in 2011. The government's overall aid coordination architecture includes an Aid Policy, a development partner aid coordination committee (DEPAC), and an Aid Management Platform in the Ministry of Finance and Economic Development (MOEFD). While still poor (UDS 635 per capita), ten years after the civil war Sierra Leone now has a rapidly growing economy with rising foreign investment. Overall policy directions are contained in its five year development plan, the Agenda for Prosperity, launched in July 2013.

The government views health as 'leading the way' in sector level development cooperation, with its national health strategic plan 2010-15; the 2011 country compact, creation of a health sector coordinating committee and supporting structures; Joint Programme of Work and Funding 2012-2014; the agreement on a Results and Accountability Framework in 2012, and participation in the 2012 IHP+Results monitoring of progress on commitments to greater aid effectiveness. In 2012, the Ministry of Health and Sanitation (MoHS) also conducted a joint financial management assessment as a first step towards improved financial management in the health sector. However, an audit by GAVI in early 2013 found misuse of funds which resulted in major MoHS staff changes and consequently a delay in moving on from the assessment. In late 2013, it became an MOHS priority to reopen discussions on improving financial management, and also on ways to advance in other critical areas to increase alignment with MoHS priorities and systems, using the IHP+ seven behaviours as a guide.

At the request of the MoHS, a rapid review of harmonization and alignment mechanisms was carried out with government and development partners from 4-8 November (Annex 4 has TORs). The Sierra Leone Health Compact was used as the starting point, followed by a focus on financial management and how the new Integrated Health Project Administration Unit (IHPAU) can meet its aim of improving financial management and reducing multiple, fragmented reporting to donors. Other issues signaled by the Ministers of Finance and Health were a need for better coordination, and how to make technical assistance more responsive to MoHS priorities. The short mission involved a 2 day consultation with all major stakeholders, plus other meetings with MoHS; MoFED, the World Bank, WHO; UNFPA; UNICEF; DFID; EU; Irishaid; JICA; the Global Fund; GAVI; NGOs.

Key conclusions and follow up

Sierra Leone is in transition from post conflict fragility to a more stable state.

This transition implies the need for a gradual change in the ways development partners operate; to find ways to manage risks associated with change, and to gear financial and technical assistance to support the transition.

External resources for health will remain important for some time to come. The building blocks for effective health aid are in place, backed by strong national leadership and commitment to mutual accountability.

Working in partnership involves trust and both sides are responsible for progress. In Sierra Leone, a focus on a few commitments is a practical way to proceed. A key recommendation is to move *now* on actions with early results, at the same time as actions to develop systems for the future.

Looking forward, four areas for near term follow up over the next 6 months were agreed

1. Mutual accountability for health results is key. This needs to be monitored.

Action:

- MoHS reviews the government Mutual Accountability Framework with its traffic light system, and considers developing a health sector equivalent.

2. External health resources need to be more transparent, predictable and on budget

Three actions:

- More HDPs provide funding estimates in time for next fiscal year
- MoHS organises pre-budget meeting with all HDPs, to discuss resource needs
- MoHS organises briefing for HDP staff on GoSL planning and budget process

3. MoHS plans to strengthen financial management now need to be implemented

Three actions

- IHPAU functions, structures, linkages and performance metrics are revised by an MoHS team and shared with HDPs for comments. No separate steering committee.
- Financial Management Improvement Plan and joint financing agreement are developed jointly by MoHS, MoFED and HDP FM experts.
- Review of IHPAU readiness in early 2014.

4. Coordination and joint monitoring of progress

Action:

- Sector coordination structure meetings are revived and held quarterly to monitor progress on above commitments, and to track resources and results (domestic and donor) based on the MoHS Results and Accountability framework.

Some reflections on technical assistance are also included in this report.

Main findings from the review

A. The Health Compact commitments remain relevant and support the government's Agenda for Prosperity.

The Health Compact dates from 2011, before the new Agenda for Prosperity (Sierra Leone's third National Development Strategy) was agreed. However in the workshop it was agreed that the Health Compact commitments remain relevant and support priorities in the Agenda for Prosperity. The Health Compact reflects, for a sector, Paris principles and also the New Deal for engagement in fragile states, which Sierra Leone actively supports: transparent use of resources; strengthening and using country systems, capacity building and government leadership .

B. Progress on Compact commitments is mixed. In the near term it makes sense to focus on a few priorities.

Four compact commitments were identified as the biggest near term priorities.

1. Mutual accountability for health results is key. This needs to be monitored

Mutual accountability is a guiding principle in the Health Compact. Mutual accountability is also a central concern for GoSL as a whole. The government takes its New Deal commitments seriously: following a fragility assessment, it is developing a Mutual Accountability Framework and dashboard with targets and 'traffic lights' to monitor progress, which will be reviewed quarterly by DEPAC.

A health-specific equivalent of the Mutual Accountability Framework would have several benefits. It would facilitate systematic discussions of progress in joint health sector coordination meetings. It could show the sector's contribution to the Agenda for Prosperity. It could facilitate dialogue between MoHS and MoFED. It would need to include information both on health sector performance - derived from the MoHS Results Framework, and also on development partner performance on commitments made in the Health Compact – which could be reviewed and possibly simplified.

Agreed follow up

Local:

- MoHS will review the government's new Mutual Accountability Framework and consider developing a health sector equivalent.

Global:

- The six indicators for monitoring health aid effectiveness agreed by all IHP+ partners in 2012 could be reviewed and used locally. [Future-monitoring agreements.post-Nairobi.Jan2013.EN](#). These are based on indicators used in 2013 GPEDC monitoring.

2. Resources need to be more transparent, predictable and on budget

There is general agreement that **all** parties need to be more open about resources, when they will be available, and what they will be used for. Both MoFED and MoHS emphasized their need to have HDP estimates of resources in time for the annual budget cycle, even if

absolute final figures cannot be provided. For some donors, providing such estimates is already established practice for all country operations, but this is not the case for all: some partners who provide forward plans globally do not do so locally, including those who have been marked highly on transparency. A question was also raised about how many development partners understand GoSL's own planning and budget processes. Ghana experienced a similar problem, and its proactive response – to organise briefings on this for DPs, clearly struck a chord in the workshop.

Second, a significant share of HDP funding remains off budget. Looked at more closely, the estimates of 'on budget' from two data sources, MoFED's Aid Management Platform, and data reported to IHP+Results, vary quite substantially. But both sources show the same wide variation between individual donors in being on budget, with the World Bank, DFID, UNICEF and the EC all having part of their health funding on budget.

Continued improvement in the completeness and quality of data reporting and recording in the MoFED database is needed. The progress so far, and the database's ability to track trends over time by sector and donor, is an impressive step to greater transparency and has gone further than in many other countries. Disputes about data quality can be seen as a healthy tension, and will improve over time.

Agreed follow up

Local:

- MoHS to organize a pre-budget meeting with all HDPs, to discuss resource needs
- More HDPs to provide funding estimates in time for the next fiscal year
- MoHS organises briefings for HDP staff on GoSL planning and budget process

Global:

- The importance and feasibility of providing reasonable estimates of funding will be raised with headquarters of agencies via IHP+ and OECD channels

3. Improving and using the public financial management system is a top priority

Both MoFED and MoHS are committed to improved MoHS financial management. The Minister of Finance reaffirmed government determination to better manage fiduciary risks and rebuild trust in country systems for implementing donor financed projects, with the 'ultimate prize' being use of budget support as the instrument of choice. In the MoHS there is a sense of urgency as in the next six months at least two donors, GAVI and the Global Fund, will be making decisions on how to channel funds.

A decision had been taken to establish an MoHS Integrated Health Projects Administration Unit (IHPAU) to better and more efficiently manage external funds, and this arrangement is likely to be rolled out in other Ministries. The discussion was therefore about how to make it work effectively. Key issues discussed in the workshop were: the functions of such a unit and how it will link with other key MoHS directorates especially Finance; Planning and Information, and Internal Audit. The separation of functions vis à vis health programmes was clarified: IHPAU's role is to improve financial management and reporting to donors, and to gradually take over these functions from multiple separate PIUs within the MoHS, not to

take over programme implementation. The skills needed for IHPAU to be effective; IHPAU oversight; how to judge its performance; IHPAU's relation with MoFED and the Controller and Accountant General, and salary scales were also discussed. Annex 1 has more detail.

There were two key messages from the mission team, based on experience with similar arrangements in other countries.

- The goal of IHPAU, which is to help strengthen MoHS financial management as a whole, should not be forgotten in the face of pressure to be ready soon to receive external funds again. A stand-alone arrangement should be avoided as it will undermine this long term goal. In particular, a separate steering committee just for external resources is best avoided – this is also discussed in the next section.
- Phased implementation of a financial management improvement plan is possible and desirable, and it should not take long for MoHS to implement the minimum actions needed to begin receiving funds. These actions are listed in annex 1. GAVI is poised to release funds once the minimum actions have been implemented.

Looking ahead, as GoSL financial management systems progressively improve, this will have implications for the role of UN agencies and NGOs, as the majority of donor funds are currently channeled through these two routes.

Agreed follow up

Local:

- IHPAU functions, structures, linkages and performance metrics are revised by an MoHS team and shared with HDPs for comments. This has already been done in the week following the mission.
- A Financial Management Improvement Plan and joint financing agreement is developed jointly by MoHS, MoFED and HDP FM experts. A retreat is scheduled for late November.
- A review of IHPAU readiness is done in late February 2014.

Global

- An IHP+ Financial Management Inter-agency Working Group is being re-established. It would be good if the group could draw on the experience of Sierra Leone.
- Link Sierra Leone with the Effective Institutions Platform of the Global Partnership for Effective Development Cooperation.
- The OECD Governance Network could usefully advance its work on salary supplements for local staff.

4. Better coordination and joint monitoring of progress is needed, based on one performance assessment framework

Two years ago the MoHS established a Health Sector Coordination Committee, chaired by the Minister and with members from MoHS, and development and implementing partners. This has not met for the last year. Given the call by both the Minister of Health and Minister of Finance for better coordination, there is a need to revive and review this arrangement, and its associated Health Sector Steering Group, and consider ways to make them useful and

effective for all concerned. Quarterly meetings of the health sector coordination committee, as is done for DEPAC, could well be sufficient.

The mission team cautioned against establishing an oversight mechanism only for external funds. It is not easy in practice to divide up use of external and domestic resources as they both support government programmes. Moreover, it would make it harder for MoHS to have a comprehensive view of health resources and results, which it needs to properly fulfill its leadership and oversight function.

As part of its oversight role, in the last few years the MoHS has taken steps to improve monitoring of the NHSSP, and more collective approaches to doing so. It developed a Results and Accountability framework. It has taken action to strengthen its health information system and to more integrated reporting – for example, it was the first country in West Africa to introduce DHIS2. Progressively more partners are supporting the Service Availability and Readiness Survey, and an MoHS nutrition survey supported by multiple partners is now underway. These are small but positive steps. 2013 has however been a difficult year, as district reporting stopped while central MoHS changes were taking place.

However, while many partners are committed to using MoHS data, there remain multiple reporting requirements, formats and cycles of the different development partners and international initiatives. One person observed that ‘Sierra Leone is drowning under international mandates’. It was striking that both NGOs and MoHS staff commented on a heavy reporting burden at the same time as saying there was still insufficient information.

Agreed follow-up:

Local:

- Re-establish the quarterly sector coordination structure meetings
- Given the central place of adequate health information in effective oversight and accountability, this could be an early topic to discuss at one of the revived Health Sector Coordination meetings.

Global:

- A group of Global Health Leaders chaired by DG WHO recently agreed to take a critical look at their country reporting requirements, with the goal of reducing the burden on countries. There will be a joint session of the iERG and the IHP+ Steering Committee on the implications of global monitoring demands for countries in January 2014.

5. Technical assistance: implications of the transition underway in Sierra Leone

All recognize the need for continued TA, but the Minister of Health raised concerns about the ways some TA is provided. The government’s Aid Policy and the Health Compact both contain jointly agreed principles for technical assistance: it should be need- and demand-led, locally obtained where possible, and have strong skills transfer and institutional capacity strengthening components. This short mission obtained only a partial picture of health-related TA, but issues came up that are relevant to Sierra Leone’s transition from post conflict fragility to a more stable state.

The big question is how to best support that transition: how does the way TA is provided need to change, and how can the risks associated with changing from TA that fills gaps in national capacity to TA that supports sustained national capacity development, be managed? One example illustrates the challenge for agencies in moving from an implementing role – which is common post-conflict - towards a more capacity building approach. UNICEF is responsible for assuring distribution of drugs to districts. There continue to be leakage problems and some donors have a zero tolerance policy. As a result, UNICEF staff classified as TA are working as district logistics officers, directly supervising drug supply and distribution and reporting to UNICEF.

More generally, by all accounts the pattern of TA to the central MoHS has been changing already. There is a gradual increase in locally recruited expertise. There was a consistent view (though no solid figures) that a few years ago almost every MoHS department had 2-3 long-term TA positions, whereas today embedded external TA is rare. Another source of long term TA, even if not in full-time positions in the MoHS, comes from technical experts in local offices of international development agencies and INGOs, some of whom work closely with MoHS counterparts. On short-term consultant TA, no overall picture was obtained, though the Minister of Finance stated that 60% of current TA to Sierra Leone as a whole comes through consultancies.

There are initiatives for the MoHS and partners to build on. A National Pharmaceutical Procurement Unit is being established, with some training provided by UNICEF. Other funds to support NPPU capacity building have yet to be unlocked, and this would seem to be a priority if the planned handover to government is to take place in 2014. DFID, by far the largest 'resident' donor, is in the process of awarding a major new TA provider contract. Senior MoHS managers are involved. To be most strategic and effective it will be important that top management remains more involved. There are also some small scale models of effective TA, from which lessons could be applied to other areas: for the current national nutrition survey, MoHS staff are leading but supported by a combined effort of UN agencies, INGOs and consultants, each playing a well-defined role.

Possible actions

Local:

- A more active approach to sharing good internal examples of effective TA could be considered by MoHS and partners

Global:

- IHP+ is beginning a review of current modalities of technical assistance, with a view to producing a short paper on delivering effective and better aligned TA in today's changing environment.

C. A global recommendation is that the findings from this and other rapid country reviews be used to support a discussion at the Ministerial of the Global Partnership for Effective Development Cooperation in Mexico next April.

Annex 1: Financial Management discussions: additional information

Background and overall assessment of government commitment

The second day of the workshop focused on key principles and concepts for strengthening Ministry of Health and Sanitation (MoHS) financial management (FM). Based on the recommendations of the IHP+ supported Joint Financial Management Assessment (JFMA) carried out in 2012, the Ministry is moving ahead to establish an Integrated Health Projects Administration Unit (IHPAU). IHPAU's formation is part of a broader government effort to harmonize and align health sector donor support with government priorities as specified in the Sierra Leone 2012 Health Compact, and to also help strengthen the use of country systems for donor financed projects implementation.

The government demonstrated strong commitment and ownership over health sector financial management systems strengthening. The Minister of Finance in delivering the keynote address reaffirmed government's determination to improve upon health sector financial management systems to better manage fiduciary risks and rebuild trust in the use of country systems for implementing donor financed projects. In this regard, the minister emphasized the need to ensure that the MoHS gets IHPAU's set up right, by staffing it with people with the "right qualifications" and "right skills" set.

The Minister of Health and Sanitation in her opening remarks also emphasized government's desire use IHPAU to consolidate and rationalize the existing fragmented "PIU approach" of implementing donor financed projects in the health sector.

The mission also met with the Controller and Accountant General (CAG) of Sierra Leone. Given the government's plan to replicate the proposed IHPAU arrangement in other ministries, such as Education and Agriculture, the mission discussed how the CAG's office could play a lead role in setting up IHPAU's finance unit in Directorate of Finance. The CAG's role in ensuring the recruitment of qualified staff and alignment of the finance unit in the MoHS Directorate of Finance was underscored during the meeting.

Workshop discussions and conclusions

Following the government's presentation on the status of IHPAU's formation, the mission made a presentation on best practices for strengthening country financial management systems that support the achievement of donor harmonization and alignment. The presentation, together with the finding of the joint financial management assessment (JFMA) carried out in 2012, formed the basis of a very elaborate discussion on how to proceed with IHPAU's creation.

It was evident from the discussions that although, the government had made a policy decision to establish IHPAU, and had indeed commenced recruitment of IHPAU staff, the proposed arrangement in its current form (as a standalone entity) has shortcomings that could undermine the fiduciary risk oversight role of MoHS' Directorate of Finance if significant changes were not made to align the Finance Unit within the Directorate. The mission emphasized that, the overall goal of IHPAU's creation, as recommended in the JFMA, is to strengthen country systems (i.e. the Directorates of Finance and Internal Audit) to perform their fiduciary risk management roles effectively. It is therefore important not to set up a parallel arrangement.

While some of the JFMAs recommendations may take time to implement, it was agreed that to accelerate transition towards the use of MoHS systems for implementing donor financed projects, there is the need to prioritize, in a phased implementation approach, key actions that will lead to the achievement of a "critical bundle of improvements" or "minimum acceptable improvements" in the

shortest possible time. The minimum acceptable improvements have been defined (in Point 6) below.

The ministry will have a one week retreat between November 18-19, 2013 to develop a financial management improvement plan using the following guiding principles discussed during the consultative workshop, and also shared with the MoHS in the form of a ToR to guide the process:

1. **Alignment with country systems:** The ultimate goal of the improvement plan should be to strengthen the MoHS Directorate of Finance to adequately manage fiduciary risks for all health sector projects, regardless source of funding. The plan should also significantly strengthen the MoHS Internal Audit Directorate to deliver on its mandate of helping management identify and mitigate risks that could hinder the achievement of service delivery outcomes.
2. **Harmonization:** The improvement plan should support donor harmonization on processes for accounting, financial reporting, internal audit and external audits of projects.
3. **Sustainability:** The improvement actions should be sustainable and should not burden the government with excessive recurrent cost in the medium to long term when the incremental cost of such improvements are expected to be mainstreamed on the government budget.
4. **Cost and Funding Sources:** The plan should show what been achieved so far, including staffing recruitments and current funding sources, attributable incremental costs/ budget of the proposed future actions and possible funding sources.
5. **Broader stakeholder involvement:** Given the high priority accorded the health sector in the Agenda for Prosperity (AfP), and the government's plan to roll out a successful MoHS model for implementing donor financed projects to other line Ministries, there is need to ensure that all stakeholders in the public financial management arrangements of Sierra Leone are involved in shaping the FM improvement plan. The proposed retreat should therefore bring together MoHS officials and, at the minimum, representatives from the Controller and Accountant General's office, office of the Head of Government Internal Audit, office of the Auditor General, Ministry of Finance, PFM Reforms Unit, and the Civil Service Agency.
6. **Minimum acceptable improvements.** The following areas should be given high priority in the improvement plan as some DPs will give due consideration to their accomplishment in disbursing future funds to MoHS in the near term.

Strengthened Directorate of Finance (DoF)

- (i) IHPAU Finance Unit operationalized. Unit is anchored in DoF as a project accounting unit and staffed with qualified staff. At the minimum, a Finance/Accounting Manager, Sr Project Accountant, and a Project Accountant should be recruited.
- (ii) An accounting software (not too expensive in view of IFMIS project accounting module future rollout) with adequate inbuilt controls installed and operationalized for project accounting and financial reporting. In addition to being able to prepare donor specific financial reports, the package should be able to prepare consolidated financial reports for both donor and GoSL financed projects.

- (iii) Financial management manual developed for both government and donor financed transactions processing.
- (iv) Bank accounts opened in accordance with the country PFM systems and list of signatories

Strengthened Risk Management

- (i) Directorate of Internal Audit revamped and a risk based internal audit program introduced for both central and decentralized MoHS operations. One professionally qualified internal audit manager and two Sr. Auditors should be recruited to the directorate.
- (ii) Unit provided with basic logistics such as computers

IHPAU sustainability

- (i) Detailed budget of the running (operating) costs of IHPAU for the first 3 years of implementation period and sources of financing
- (ii) Plan the exit strategy- mainstreaming IHPAU staff into MoHS payroll taking into account reforms of civil service HR & wages management
- (iii) Financial data will be migrated from Accounting software to IFMIS when rolled to MoHS is achieved.

7. **Other improvement areas:** All other improvement areas identified in the JFMA and also discussed during the consultative workshop are considered very critical to strengthening MoHS FM arrangements and should be addressed in the improvement plan, albeit they could be pursued over the medium to long term.
8. **Timelines:** Finite timelines and measurable milestones be set for discrete actions. Improvement actions that are “continuous” in nature should also have clear benchmarks for measuring progress. The action plan should be shared with DPs for their input by November 27, 2013.

Future review of FM improvement progress by Donors

DPs present during the mission – World Bank, WHO, GAVI, Global Fund- agreed to jointly conduct a review with the GoSL the improvement plan’s implementation progress by the first quarter of 2014. The results of this review will determine MoHS readiness use its own systems for undertaking the financial management work of donor financed projects. Secondly, the results of the assessment will determine whether a Joint Financing Arrangement (JFA)¹ could be signed between donors and GoSL.

Overall deliberations were very fruitful and guidance provided will hopefully help shape the formation of IHPAU in a way that will ultimately ensure donor harmonization and strengthening of country FM systems for implementing both GoSL and Donor-financed health sector investments.

¹ A Joint Financing Arrangement (JFA) is a tool that formalizes financial management harmonization and alignment understanding between donors on hand and a recipient country. It sets out the principles for donor support and defines the fiduciary framework that applies to implementation of donor financed project. It is not a legal document and therefore non-binding.

Annex 2: People met

Government of Sierra Leone

MoHS

Minister of Health, Miatta Kargbo
Permanent Secretary, Barba Fortune
Chief Medical Officer, Brima Kargbo
Directors Disease Prevention and Control Amara Jambai; Adolescent Health, Patricia Bah;
Reproductive Health, Linda Foray
Director of Financial Resources, Sorie Kamara
Director Planning and Information, A.B. Kamara
Director of Internal Audit
Integrated Health Projects Administration Unit programme manager and team

MoFED

Minister of Finance, Kaifala Malah
Development Assistance Coordination Office: Director, Abie Kamara, Deputy director and team
Controller and Accountant General (CAG) of Sierra Leone, Keebe Kamara,
Assistant Accountant General, Raymond Coker

International development partners

DFID	Phil Evans, Head of Office; Uzo Gilpin, Health Advisor
EU	Tom Ashwanden, Head of Governance and Institutional Support
GAVI	Jean Charles Kra; Verena Oustin, financial management specialists
Global Fund	David Quaye, Manager, Assurance, Local Fund Agent
Irishaid	Sinead Walsh, Attaché; Sibida George, Programme Advisor
JICA	Fumiko Iseki, Health System Project for Strengthening Supportive Supervision
UNICEF	Roeland Monasch, Representative
UNFPA	Bannet Ndyanabangi, Representative
UNDP	Moses Muse Sichei, Economic Advisor
World Bank	Ato Brown, Country Manager
WHO	Teniin Gakuruh, acting WHO Representative

NGOs

Catholic Relief Services, Claudia Shilumani, Meredith Dyson,
Emergency, Franca Maseriti
Health for All Coalition, David Alieu
Helen Keller International, Sofia Goinhas, deputy country director and colleagues
Mamaye-Evidence for Action, Mohamed Yilla, Country Director
Medicos del Mundo, Silvia Madejon
Options, Ladi Sotimehin
Plan Sierra Leone, Santigi Bendu, Ibrahim Kamea
World Vision

Annex 3: Documents reviewed

Government policy and strategy documents

Aid Policy, Government of Sierra Leone, 2010

National Health Sector Strategic Plan 2010 – 2015, Government of Sierra Leone, Ministry of Health and Sanitation

Health Compact, Government of Sierra Leone 2011

Joint Programme of Work and Funding 2012-14, MoHS

Aid and health data

An Overview of the Development Assistance to Sierra Leone 2007 – 2011. MoFED/DACO

Sierra Leone Scorecard, IHP+Results Annual Performance Report 2012 http://ihpresults.net/country-scorecard/?country_id=17

Sierra Leone National Health Accounts Summary, WHO, 2013

Sierra Leone Service Availability and Readiness Index, 2012

From Whom to Whom? Official Development Assistance for Health, Second Edition 2000 – 2010

Sierra Leone Country Profile, Global Health Observatory, <http://www.who.int/gho/countries/sle/en/>

WHO, Accountability for Women's and Children's Health, *Sierra Leone*, 2013, http://www.who.int/woman_child_accountability/countries/sle/en/index.html

Financial management system strengthening

Harmonization and alignment of partners' financial procedures with Sierra Leone country procedures within the context of health systems strengthening, Scoping mission World Bank, GAVI, GF, WHO 2012

Republic of Sierra Leone Joint Financial Management Assessment, GAVI, World Bank, GFATM, August 2012

Institutional and Implementation Arrangement for the Integrated Health Project Administration Unit, Ministry of Health and Sanitation, 2013

Monitoring and accountability

Mutual Accountability Framework and Dashboard, MOFED/DACO, 2013

MOHS Results and Accountability Framework to measure NHSSP progress, MoHS, 2012

Sierra Leone Country Accountability Framework roadmap MoHS, 2012

Strengthening of the M&E component of the national health plan: Sierra Leone, WHO, 2011

NGOs

Grant report by Save the Children & Health Alert to Health Policy Action Fund, August 2013

European Union: Review of the 'Health Sector Interventions under the Non-State Actors and Local Authorities in Development' Thematic Programme in Sierra Leone: Final Report, Dr Maurice Coenegrachts, Dr Isabelle Stroebel

Other relevant reports, articles & news sources

Development partner websites for Sierra Leone

Republic of Sierra Leone: Implementation Support Mission to the Reproductive and Child Health Project Phase 2, Aide Memoire, World Bank 2013

Sierra Leone's progress to make health aid effective, IHP+ website 2011

International Dialogue on Peacebuilding and Statebuilding, A New Deal for Engagement in Fragile States, 2012, <http://www.pbsdialogue.org/documentupload/49151944.pdf>

Report on International Engagement in Fragile States: Sierra Leone, OECD 2011,

Statebuilding in fragile situations – How can donors 'do no harm' and maximise their positive impact? Country Case Study: Sierra Leone, OECD 2009,

Review of Sierra Leone's Aid Coordination Architecture, Nadoll, Jorg, 2009

Moving towards a SWAP for health in fragile states, Royal Tropical Institute, 2011

The Economist, various special reports on Sierra Leone, 2012 – 2013

Annex 4 Effective Development Cooperation in the health sector in Sierra Leone

Terms of Reference for Mission 4 – 8 November 2013

Background

The government of Sierra Leone has long been active in efforts to put the principles of aid effectiveness into practice, and in monitoring progress on them. It signed the Paris Declaration in 2006; committed to the principles of engagement in fragile states in Accra 2008, and the New Deal for engagement in fragile states in Busan, 2011. Its overall aid coordination architecture includes an Aid Policy, a development partner coordination committee (DEPAC), and the creation of Aid Management Platform in the Ministry of Finance. While still poor (UDS 635 per capita), ten years after the end of the civil war Sierra Leone now has a rapidly growing economy with rising foreign investment. Overall policy directions are contained in its five year development plan, the Agenda for Prosperity, launched in July 2013.

In recent years, the government has considered health to be ‘leading the way’ in sector level development cooperation, with its national health strategic plan 2010-15; 2011 country compact, creation of a health sector coordinating committee and supporting structures; joint programme of work and funding agreement 2012-2014 and agreement on a Results and Accountability Framework in 2012. In 2012, the MoHS also conducted a joint financial management assessment as a first step towards improving financial management in the health sector. However, an audit by GAVI in early 2013 found misuse of funds which resulted in major MoHS staff changes and consequently a delay in moving on from the assessment.

The Minister of Health and Sanitation considers it is now possible – and indeed a priority - to restart discussions on the joint development of a financial management improvement plan that will also lead to a joint financing arrangement. She has decided on the following three step process to have such a plan by end 2013, with the support of MoFED:

1. A 2 day joint consultative meeting on key principles and concepts for MoHS FMS strengthening through an Integrated Health Projects Administration Unit (IHPAU), as part of broader discussions on harmonization and alignment with MoHS priorities in the week of 4th November (see objectives for mission below)
2. Government of Sierra Leone’s (MoHS and MoFED financial experts and health programme representatives including the National Counterpart Team) retreat to develop drafts FMS Improvement Plan and Joint Funding Agreement week of 16th November,
3. A stakeholder meeting to review drafts FMS Improvement Plan and Joint Funding Agreement in December 2013 (dates tbd).

This approach is seen by the Minister as a key entry point to intensified action in other critical areas to enhance harmonization and alignment with MoHS priorities. These areas were crystallised following the 2012 IHP+ Nairobi meeting into ‘seven behaviours’ (listed on next page) that if improved – will help accelerate progress on the MDGs. Most are already reflected in Sierra Leone’s own health compact, but are at different stages of implementation.

Objectives of the mission

- Under the leadership of the Minister of Health, and taking Sierra Leone compact commitments as a starting point, to review how current mechanisms to improve harmonization and alignment in the health sector are working with MoHS staff and development partners, and identify opportunities for improving these in ways that could plausibly lead to improved health results.
- In addition, to facilitate a consultative workshop of MoHS and MoFED staff to agree the principles for improved financial management within the MoHS.
- Based on above, to consider practical steps that could be taken and by whom over the next 18 months to strengthen harmonization and alignment behind national health priorities.

Mission activities

- Meet with Minister, senior MOH staff and major development partners including NGOs to review current partnership practices and identify the most pressing issues in managing external assistance in health, and opportunities and obstacles to addressing them.
- Facilitate a 2 day joint consultative meeting on key principles and concepts for MoHS FMS strengthening through an Integrated Health Projects Administration Unit (IHPAU), as part of broader discussions on harmonization and alignment with MoHS priorities
- Specifically identify where changes in agencies' ways of working, or in current mechanisms to improve development cooperation, could be beneficial, and where complementary action by government is needed.
- Drawing on the Sierra Leone compact, other relevant national agreements, and on the seven behaviours of development partners endorsed through IHP+, to facilitate discussions on feasible additional actions, with timeframe and expected results, over the next 18 months, to address these issues. This would involve considering
 - what could be changed now, with early results; what later on eg with new loans/grants?
 - what can be done locally; what requires more structural change at headquarter offices?
- Agree issues that need to be discussed with headquarters of agencies, and follow up on these.

Team

- Brenda Killen, Head Global Partnerships and Policy Division, OECD
- Maxwell Dapaah, Senior FM Specialist, IHP+ Core Team, World Bank
- Omar Sam, MO-HSS IST/WA
- Phyllida Travis, Coordinator, IHP+ Core Team, WHO

Other international partners who were involved in the 2012 joint FMA may be invited by MOHS to participate specifically in the financial management principles workshop.

Key documents

- National Health Sector Strategic Plan 2010-2015
- Sierra Leone country compact
- Joint Programme of Work and Funding 2012-2014
- Results and Accountability Framework for NHSSP
- Joint FMA report and aide memoire

The Seven Behaviours identified by IHP+:

1. Agreement on priorities that are reflected in a single national health strategy and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.
2. Resource inputs recorded on budget and in line with national priorities
3. Financial management systems harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.
4. Procurement/supply systems harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.
5. Joint monitoring of process and results is based on one information and accountability platform including joint annual reviews that define actions that are implemented and reinforce mutual accountability.
6. Opportunities for systematic learning between countries developed and supported by agencies (south-south/triangular cooperation).
7. Provision of strategically planned and well-coordinated technical support.