



GOVERNMENT OF SIERRA LEONE

HEALTH COMPACT

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GLOSSARY

AOP	Annual Operating Plans
FBO	Faith-Based Organizations
FHCI	Free Health Care Initiative
GoSL	Government of Sierra Leone
HDP	Health Development Partners
HSCC	Health Sector Coordinating Committee
HMIS	Health Management Information System
HSSG	Health Sector Steering Group
IMP	Implementing Partners
ISDWG	Working Group on Integrated Service Delivery and Associated Supportive Supervision
LMIS	Logistics Management Information System
LGWG	Working Group on leadership and Governance
MDG	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
MoFED	Ministry of Finance and Economic Development
MTEF	Medium-term expenditure framework
NGO	Non-Governmental Organization
NHSSP	National Health Sector Strategic Plan
ODA	Overseas Development Aid
PIU	Project Implementation Units
PETS	Public Expenditure Tracking Surveys
SLeSHI	Sierra Leone Health Insurance Scheme

SIERRA LEONE HEALTH COMPACT

1. INTRODUCTION

1.1 BACKGROUND AND PURPOSE OF COMPACT

A National Health Policy developed in 2002 and revised in 2009 has provided an environment for health reconstruction followed by the current development. The Government of Sierra Leone in consultation with partners has developed a 6-year National Health Sector Strategic Plan (NHSSP), which provides the framework for improving the health of the nation. The implementation of this plan will require concerted effort from all stakeholders in the health sector.

As part implementation of NHSSP and the government's Agenda for Change, the free health care initiative was launched in 2010 realising tremendous results with regard to enhancing access for the target population. Sustainability of this initiative raised concerns and became the key justification for aid effectiveness and resource utilisation efficiency through a country compact.

This Compact sets out understandings reached between the Government of Sierra Leone (GoSL) and health partners who are signatories to it. The main objective is to set out a framework for increased and more effective aid, in order to permit Sierra Leone to make faster progress towards achieving the goals of the 'Agenda for Change' for Health and Health Millennium Development Goals (MDGs).

This Compact is intended to guide all health partners working in Sierra Leone. This Compact provides a framework for adherence by all partners to the principles and approaches set out in the global IHP Compact, which reflects the goals of the Paris Declaration.

1.2 DEFINITIONS

In this document the following terms are defined as:

- I. *The Government of the Republic of Sierra Leone (GoSL)* means the entire apparatus of Government and its institutions, represented in the context of this Compact by the Sierra Leone Ministry of Health and Sanitation (MoHS), the Ministry of Finance and Economic Development (MoFED) and the Ministry of Local Government and Rural Development.
- II. *The Sierra Leone Health Sector Compact* is the voluntary agreement between the GoSL and its partners in health development that guides the ways of doing business in their joint and coordinated effort to implement the National Health Sector Strategic Plan (NHSSP) 2010-2015 through a sector-wide approach that places greater emphasis on accelerated scaling-up of priority health interventions for maximum health impact on its MDG targets, and on mutual accountability.
- III. *The Paris Declaration* contains partnership commitments aimed at improving the effectiveness of aid for sustainable development and is focused on five mutually reinforcing principles:
 - *Ownership:* Developing countries must lead their own development policies and strategies, and manage their own development work on the ground. Donors must support developing countries in building up their capacity to exercise this kind of leadership by strengthening local expertise, institutions and management systems.
 - *Alignment:* Donors must line up their aid firmly behind the priorities outlined in developing countries' national development strategies. Wherever possible, they must use local institutions and procedures for managing aid in order to build sustainable structures. Where these systems are not strong enough to manage aid effectively, donors would strengthen them including improving predictability and progressively "untying" aid.
 - *Harmonisation:* Donors must coordinate their development work better amongst themselves to avoid duplication and high transaction costs for poor countries. Aid is pooled in support of a strategy led by a recipient country - a national health plan - rather than fragmented into multiple individual projects.
 - *Managing for results:* All parties in the aid relationship must place more focus on the end result of aid, the tangible difference it makes in poor people's lives. They must develop better tools and systems to measure this impact.
 - *Mutual accountability:* Donors and developing countries must account more transparently to each other for their use

of aid funds, and to their citizens and parliaments for the impact of their aid.

- IV. *Health Partners* are all stakeholders active in the health sector i.e. the Government, bilateral and multilateral agencies, civil society organisations, local and international NGOs and the private sector.
- V. *Health Development Partners* (HDP) is used in this document to include 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 GoSL in a joint effort to support the funding, whether in pooled or non-pooled funding arrangements, and management of the implementation of the GoSL NHSSP and Annual Operational Plans (AOPs). HDPs that are signatory to this Code of Conduct are listed at the end of this document.
- VI. *Implementing Partners* (IMP) means the various non-public sector partners that implement or support implementation of health plans and activities in collaboration with the Ministry, Local Councils and/or communities in Sierra Leone

2. GUIDING PRINCIPLES

The basic principles that will guide the partnership under this Compact are:

- I. National Ownership with the GoSL exercising leadership in the development and implementation of the NHSSP, as well as in the effective functioning of the common working arrangements jointly agreed upon - through broad and meaningful consultation processes.
- II. Accountable governance and provision of accessible, effective, efficient and responsive local health services.
- III. Mutual Accountability for programme results, as well as for level of compliance of partners with the commitments made under this Compact.
- IV. Managing for Results through a transparent and monitorable performance assessment framework to (a) assess progress against the national development strategies and (b) sector programmes.
- V. Appropriate devolution of decision making and priority setting to Local Councils in line with the decentralisation policy of GoSL
- VI. One development framework (NHSSP), one results framework, one budget process, one fiduciary risk-management framework, one monitoring and evaluation framework, and one reporting.
- VII. Supporting National Capacity development (including human resources development) by using the country's own institutions, systems and processes, with additional transitional safeguards where necessary, while strengthening the country's own systems for long term sustainability.
- VIII. Affirmative action geared towards increasing access to quality health care by the poor and other vulnerable groups.
- IX. Integrating human rights, gender, equity, equality environmental protection and good governance.
- X. Broadening the base of the partnership through wider engagement with other health-related sectors of government and the non-public sector actors (such as civil society, private sector), health statutory bodies and training institutions, and Academia.

3. PREAMBLE

This Health Sector Compact, made the 27th of April, between the Government of the Republic of Sierra Leone (GoSL) represented by its Ministry of Health and Sanitation, the Ministry of Finance and Economic Development and the Ministry of Local Government and Rural Development (hereinafter referred to as the GoSL) of the one part and health partners on the other part:

WHEREAS the GoSL is desirous of implementing the NHSSP 2010-2015 with the objective of accelerating the scaling-up of the priority evidence-based health interventions that would bring Sierra Leone on track for achieving its MDG Targets;

WHEREAS the GoSL and health partners are committed to the Principles of the Paris Declaration, the 2008 Accra Agenda for Action and the IHP+ Global Compact;

WHEREAS the health partners are committed to adopting an approach which will address the health sector as a whole in planning,

financing, implementing, monitoring, evaluating and reporting;

WHEREAS all health partners signatory to this Compact are committed to implement the NHSSP, in which policy development, planning, financing, implementing, reviewing, monitoring, evaluating and reporting are carried out as joint effort through consultation;

WHEREAS all health partners are committed to supporting, regular reviewing, and updating the NHSSP and are aware that this Compact:

- a) does not constitute a legally binding instrument, but reflects the voluntary commitment of all health partners working in Sierra Leone
- b) does not supersede the legally binding agreements between the GoSL and any of the health partners, or the laws, regulations and policies of the GoSL or the health partners; and where there is a conflict between this Compact and any legally binding agreement or law, regulation or policy, the terms of the legally binding agreement, law, regulation or policy will govern. In the event of conflict between specific provisions of bilateral agreements of health partners and the Compact, the health partners concerned will inform the signatories about the discrepancies. All health partners should be committed to reduce these exceptions over time
- c) reflects a commitment to shared ownership and responsibility for the degree of success achieved in reaching the stated health sector goals, objectives and targets
- d) shall guide, regulate, and monitor the operation of the partnership in working towards achieving the health outcomes and impact targeted in the NHSSP and MDGs

NOW THEREFORE all Partners are committed to the following:

4. COMMITMENTS BY THE GOVERNMENT OF SIERRA LEONE

The Government of Sierra Leone acting within its general policies and legislation is committed to:

- I. Assure that all the structures and systems developed jointly for the operation of the partnership under this Compact are functioning effectively and in accordance with the schedules laid down.
- II. Provide overall leadership in the joint target-setting, planning, budgeting, monitoring, evaluating and reporting on the implementation of the NHSSP and its AOPs and budgets. This should include the improvement of accountability to the citizens by the implementation of service charter.
- III. Ensure that the proportion of the overall GoSL annual budget allocated to the health sector increases annually and in accordance with PRSP and the Abuja Declaration (15% of GDP).
- IV. Ensure that all overseas development assistance, including extra-budgetary resources are additional to GoSL projected commitments for the sector within the Medium-term expenditure framework (MTEF). In this regard, GoSL through its MoFED will at the commencement of each budget development cycle, clarify its position with regard to funding for the health sector.
- V. Publish in its Annual Health Sector Performance Report the proportion of total annual Overseas Development Aid (ODA) for the sector including support from non-signatory partners that is: (a) provided on budget, (b) fully aligned with NHSSP, and (c) provided through a sector pooling arrangement. And ascertain through its MoFED that resources allocated to the health sector by partners are captured as much as possible in the MTEF and annual budgets.
- VI. Notify all partners in a timely manner of negotiations between GoSL and any development partners that have a bearing on this partnership, its Compact or the NHSSP and its AOPs through the Health Sector Coordinating Committee (HSCC).
- VII. Coordinate all central MoHS and Local Council health plans, as well as ensure that the Local Council planning processes are linked to and inform the consolidated national health operational plan. GoSL will also see to it that all programmes and projects supported by development partners are aligned with the NHSSP, AOP and MTEF.
- VIII. Where appropriate foster and support expanded public-private-partnerships in health, including adopting appropriate modalities.

ties for supporting implementing partners and performance-based financing.

- IX. Ensure that funds provided are exclusively used for financing approved activities and that there is timely and effective quarterly performance monitoring and reporting to provide financial and performance information according to jointly decided formats.
- X. Develop, in consultation with all the other partners, effective and equitable modalities for supporting the various constituencies of implementing partners, using the financial and material resources mobilised.
- XI. Work closely with all partners to integrate progressively all existing parallel health sector Project Implementation Units (PIUs) operating in the country and to absorb them into the working arrangements of a re-structured MoHS.
- XII. Ascertain that any proposed changes in the jointly agreed framework of this Compact are discussed with all other partners through the consultative processes and structures spelt out in this Compact.
- XIII. Inform all partners of any adverse circumstances which might threaten the accomplishment of the commonly set goals and objectives.

5. COMMITMENTS OF THE HEALTH DEVELOPMENT PARTNERS

The Health Development Partners are committed, within their general policies and legislation to:

- I. Respect the ownership and leadership of GoSL of the partnership and this Compact, and help to support national capacity development to enable it to fulfil this role.
- II. Use the NHSSP and AOP (which includes the district plan) as the framework for their support to the health sector and to align their country policies, strategies, plans and financing with national strategies, plans and budgets and avoid creation of parallel structures.
- III. Align their own planning, financing, budgeting, review, monitoring, evaluation, and reporting systems and processes with those systems, procedures and processes established for implementation of the NHSSP.
- IV. Negotiate with the MoHS all new programmes or initiatives pertaining to health and health services to be implemented in the country before finalizing bilateral agreements with MoFED and/or implementing partners.
- V. Ensure that support to the health sector is moving increasingly to be untied, has long term commitment, predictability of resource flow, strategies of financial sustainability, continuity of implementation and exit strategies.
- VI. Ensure that financial information on all grants, credits and other disbursements, including details of procurement and technical assistance, are provided quarterly to the MoFED and MoHS in an agreed format, so that they may be reflected in the plans and budgets of the GoSL. Any changes to programmes and/or funding should also be communicated to all partners within a quarter.
- VII. Establish internal coordination mechanisms and structures to facilitate their dialogue with the GoSL and other development partners in line with good practice as described in the Paris Declaration and the Accra Action Plan.
- VIII. Where use of any particular current GoSL system is not feasible, establish jointly with the GoSL, additional safeguards and measures in ways that strengthen rather than undermine the country's systems, processes and procedures.

6. COMMITMENTS OF IMPLEMENTING PARTNERS

All participating Implementing Partners will:

- I. Organize themselves into distinct and fully representative umbrella organizations or constituencies (e.g. Faith-Based Organisations (FBOs), Non-governmental Organisations (NGOs), private clinics, private enterprises, etc.) for purposes of interacting with other stakeholders within the health partnership in the context of this Compact.
- II. Participate fully in the various governance and technical committees and working groups of the partnership including Health Sector Coordination Committee (HSCC), through formally designated representatives of constituencies as may be prescribed by the HSCC.

- III. Hold such designated members of constituencies responsible for dissemination of decisions and other information from HSCC and its structures, as well as to undertake the necessary consultation within the constituency so as to be able to represent the views and position of the constituency at the partnership consultative forums.
- IV. Ensure that all implementing partners' programs and plans, irrespective of source of funding, are consistent with the NHSSP and the integrated AOPs for the MoHS and/or Local Councils.
- V. Consult with central MoHS when engaging in negotiations with Development Partners on health matters with national scope and with the DHMTs for matters related specifically to local councils and community level plans, programs and activities.
- VI. Ensure that there is prior consultation with central MoHS on the selection of local council areas which must be supported based on needs, equitable access and distribution of health services across the country.
- VII. Ensure that their health programs are aligned with and included in the health plans of the relevant local councils or municipalities.
- VIII. Ensure that they renew their operations in accordance with the NGO policy.
- IX. Disclose freely, all support being received or solicited for health activities using an accepted format (including source of funding, amounts, purpose, duration, geographical area, etc.) for their programs, for inclusion in the health sector resource envelope.
- X. Enter into formal service level performance-based contracts or agreements with the MoHS, local councils or DHMT when these are introduced.
- XI. Report regularly on a quarterly basis on financial and technical performance in accordance or consistent with the GoSL reporting and monitoring systems and formats.

7. JOINT WORKING ARRANGEMENTS

7.1 OWNERSHIP, LEADERSHIP AND GOVERNANCE

7.1.1 Policy Environment

The health sector is guided by the National Health Policy. The National health policy should provide a clear direction for the workings of the entire health sector. The current policy will be reviewed by all health partners and revised to ensure that it is fully consistent with the health objectives of the President's Agenda for Change. This revision will occur in 2011.

7.1.2 MOHS Structure

The current structure and functioning of the MoHS have revealed areas of overlap and lack of clarity in both responsibilities and lines of reporting and accountability. An internal restructuring exercise has therefore been scheduled for the first half of 2011. Meanwhile, interim lines of accountability to guide the operational arrangements of the Ministry are in place.

Effective as of the first quarter 2011, communication and reporting within the MOHS will be strengthened and internal coordination reinforced.

7.1.3 National Coordination Mechanisms

Guidelines and Terms of Reference (TOR) of the coordination mechanism will be produced to facilitate their functioning, however below is a summary of the roles and responsibilities of each structure (also see Annex 1):

- The *Health Sector Coordination Committee* (HSCC) is the highest consultative and strategic decision making body in the sector. The Minister of Health will chair HSCC with the Deputy Minister as Vice Chair against the agreed TOR and in line with indicated membership including the CCM and National AIDS Secretariat.
- The Free Health Care Initiative (FHCI) Steering Group will have its mandate expanded to cover the entire HSSP and will henceforth be called the *Health Sector Steering Group* (HSSG), chaired by the Chief Medical Officer (CMO). The current sub-committees of the FHCI Steering Group will also be restructured to reflect the main pillars of HSSP and the needs of the

