

## Developing a compact / partnership agreement – is it worth the effort?<sup>1</sup>

### Introduction

Country compacts and similar partnership agreement documents<sup>2</sup> (Memorandum of Understanding, Code of Conduct, etc) aim to define the relationships between governments and development partners and outline their respective roles and responsibilities. As such, they crystallize the aspirations of national and international partners of working more effectively together. Compacts are not a new tool in government-donor relationships: sector and sub-sector agreements have long been used to jointly identify priorities and align strategies and financing needs. In practice, the process of jointly developing and negotiating an agreement has been a test of the political commitment a government and its partners are willing to take. At the same time, the fact that an agreement is not a legally-binding contract, even if it is officially signed by top-level officials, and has no immediate financial benefits, stresses the political nature of the document.

The notion of developing country compacts has been one of the key features of IHP+ from its inception. Countries with existing agreements have been encouraged to review them, to make commitments more explicit if needed, and to have specific indicators to monitor their implementation. In 2008/9 Ethiopia, Nepal, Mali and Mozambique negotiated and signed compacts. This year, more countries are revising partnership agreements or developing them for the first time.

This paper provides an overview of the process in 2010 of developing country agreements in Benin, Nigeria, Sierra Leone and Uganda and the preliminary results of a quick, qualitative review of the content of nine partnership agreements<sup>3</sup>. Benin, Nigeria and Sierra Leone have just developed new agreements, while Uganda developed a revised agreement building on 10 years of SWAP experience. The process review was based on analysis of key documents and a few interviews with participants in each country. The content review was based on a desk analysis: the usual limitations of these exercises -i.e. a certain degree of subjective interpretation and judgement- apply.

The purpose of the paper is to outline issues to inform debate at the Brussels meeting. It is hoped that it will encourage countries to share experience and suggestions for improving coordination, alignment and accountability at country level:

The paper includes six sections:

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<sup>1</sup> This paper has been prepared for the IHP+ Country Health Sector Teams Meeting by Martin Taylor, with inputs from a range of MOH and development agency staff. The objective has been to document some recent experience of developing partnership agreements and draw some preliminary lessons learned. It is hoped that it will help the participants have a fruitful discussion on this topic. It is a working document, which may be revised following the meeting.

<sup>2</sup> From now the term **agreements** will encompass, whenever possible, in this document both new IHP+ "compacts" and similar pre-existing partnership agreements

<sup>3</sup> Benin, Cambodia, Ethiopia, Kenya, Mali, Mozambique, Nepal, Nigeria and Uganda

1. Why develop an agreement and what does it take?
2. What outputs has the agreement process achieved?
3. What achievements from developing a partnership agreement have been reported?
4. Constraints, challenges and the unexpected – how are they addressed?
5. What has worked well in these countries during the process?
6. Preliminary Conclusions and questions for Brussels

## 1. Why develop an agreement and what does it take?

There are multiple reasons why countries develop an agreement. The country context is critical, because an agreement is a political document that does not sit in isolation, but links with multiple other agreements and processes. The key motivations expressed for developing such an agreement include:

- As an agreement to bring all stakeholders efforts and resources together in support of one single national health plan. Benin, Sierra Leone and Nigeria developed agreements after agreeing a new national health plan. Uganda developed the agreement at the same time as the new national health plan.
- To improve harmonisation and alignment. Sierra Leone intends its agreement to improve aid effectiveness as the country moves from rehabilitation to longer term systems development.
- To mobilise additional resources and bring new partners to health sector coordination. While not an explicit resource mobilisation tool countries hope to increase confidence and support in their efforts to implement national health plans.
- A demonstration of political commitment, which is at the same time a pre-requisite and a logical next step after signing the IHP+ Global Compact.

The development of an agreement benefits from strong leadership, effective management, and the participation of all stakeholders. These are all country specific but with some common themes:

- Political leadership from above the health sector can be beneficial to the process. In Nigeria and Sierra Leone the Presidents and Vice-President's offices demonstrated real commitment to the process. In Sierra Leone the development of the agreement linked to the new national Free Health Care Initiative with a strong focus on mother and child health.
- Leadership and management by the Ministry of Health is essential. The MOH champion was often, but not always, the Director of Planning. They often played a very important role of bringing other parts of MOH and important other government ministries on board and building consensus.
- Defining the desired breadth of the partnership. Countries view a tactical choice between negotiating an agreement with a core of most critical partners (equating in practice to the largest donors) or a potentially more time consuming, and more inclusive process, with a wider range of partners.
- Health partners groups (for example in Sierra Leone and Nigeria) have supported MOH leadership and provided comments and inputs to draft agreements in some countries.
- In some countries, like Uganda and Sierra Leone, civil society has engaged and been engaged in the process, contributing to the development of the agreement.

Countries have utilised a range of tools and mechanisms to build consensus around the key elements of an agreement:

- Agreeing a roadmap and objectives. Countries have generally agreed a roadmap and objectives for the agreement at the start of the process. In Benin this was in the form of an MOU between government and partners. The overall process has taken between 5 and 12 months to develop a draft final compact.
- Joint Working Groups, Reference Groups or Writing Groups. Sierra Leone used joint working groups, led and chaired by MOH officials with development partner or CSO co-chairs to develop new joint working arrangements which are central to the compact. The joint working group process also helped build consensus.
- Retreats have been used to bring disparate points of view and build a shared vision.
- Independent facilitators have been used to facilitate the process, review past progress and principles, draft documents, understand concerns, and build consensus.
- There has been a flow of ideas from countries with early signed compacts, including country visits assisted by independent facilitators.

## 2. What outputs has the agreement process achieved?

The agreement document is the concrete output from the process, while there are intangible outcomes and benefits that are harder to quantify. Three main dimensions of content have been analysed:

- *Coherence, both internal and with the context*: are the objectives clearly defined? Are the key elements of the agreement in line with the objectives and with the broader coordination arrangements and policy/planning processes (as described in the document)?
- *Completeness*: are key elements<sup>4</sup> of an "ideal" agreement specifically included and clearly defined in the document?
- *Commitments (and measurement of progress)*: are there strong indications in the document that it will be used for improving alignment, harmonisation and mutual accountability among partners<sup>5</sup>?

Table1 Countries' partnership agreements that were reviewed, grouped into four categories

| Agreement 'category'  | Country                           |
|---|-----------------------------------|
| First time for an agreement   | Benin, Nigeria, Sierra Leone      |
| Compact developed as complement to an existing partnership agreement  | Ethiopia, Mali; Mozambique; Nepal |
| Compact developed as part of periodic revision of existing partnership agreement  | Uganda                            |
| Existing partnership agreement reviewed and considered equivalent to compact; not to be amended until renewal due, together with new plan | Cambodia, Kenya                   |

<sup>4</sup> Agreement objectives; Links with existing NHSP processes and coordination mechanisms; Common arrangements for policy, planning, aid management, monitoring and reporting; Governments / partners commitments on one plan, one budget and one M&E framework; Dispute resolution.

<sup>5</sup> specificity of commitments, management arrangements in place for putting the commitments in practice, presence of indicators and targets for monitoring the agreement, dispute resolution modalities, etc

Table 2 summarises the results of the review in relation to the above dimensions.

| Feature                                 | Observations  |
|---|---|
| Coherence                               | <p>Overall, there is a good fit between the key elements of the agreement and with the context:</p> <ul style="list-style-type: none"> <li>– compacts set out clear objectives,</li> <li>– present clear links with ongoing policy and planning processes</li> <li>– complement other agreements and common arrangements</li> </ul>   |
| Completeness                            | <ul style="list-style-type: none"> <li>– most agreements are comprehensive in their scope;</li> <li>– some key elements (particularly common coordination arrangements and aid modalities) are not that explicit in some documents;</li> <li>– commitments are not specific in some compacts,</li> <li>– key elements are missing in some agreements (particularly the early ones): indicators for monitoring adherence to commitments, dispute resolution mechanisms</li> </ul>  |
| Commitments and measurement of progress | <p>The formulation of some agreements raises questions about how realistic they are, and how feasible it will be to track progress:</p> <ul style="list-style-type: none"> <li>– commitments and / or targets very ambitious in relation to the timeframe and baseline;</li> <li>– very general commitments for which it can be difficult to measure progress;</li> <li>– lack of a specific indicators and targets for measuring adherence to compacts;</li> <li>– lack of clear arrangements for the revision of the agreement, if / when needed</li> </ul> |

### 3. What achievements from developing a partnership agreement have been reported?

‘The most important aspect of the agreement is the process of in-country development, building trust and common systems, ways of working, and mutual accountability.’<sup>6</sup> Reports from Benin, Nigeria, Sierra Leone and Uganda suggest that participants view the process of developing an agreement as a positive one which aligns their efforts and builds consensus and trust. The perceived benefits included strengthened government leadership and ownership, stronger and more inclusive partnerships, and clearer commitments to take forward Paris and Accra agreements.

Government leadership and ownership has been strengthened through:

- Increased involvement of non-health ministries. In Benin the agreement process increased dialogue with Ministry of Finance and Ministry of Development, bringing them into the consensus around the national health plan. In Sierra Leone the Ministry of Interior, Local Government and Rural Development and Ministry of Finance, Planning and Economic Development engaged in the process.

<sup>6</sup> IHP+ Guidance Note – Development of a Country Compact

- Unconfirmed reports of increased domestic funding for health in Benin as a result of increased government dialogue.
- Increased engagement of all departments within the Ministry of Health. The agreement focuses on the whole health sector, and brings in all parts of the Ministry of Health. For example previous annual reviews did not involve all MOH departments in Benin.
- Increased government leadership. The process of developing a agreement is itself a concrete opportunity for the ministry of health to exercise leadership by building consensus with development partners and civil society to support the national plan.

Developing an agreement can bring opportunities for strengthening the partnership:

- The agreement process has brought new partners into discussions about strengthening the health sector and implementing national health plans. In Nigeria USAID and JICA have engaged, in Benin WHO, Swiss, USAID, JICA, UNFPA joined the funding donors, and in Sierra Leone US, EU and Ireland Aid joined the discussions. Even if partners like the USAID don't sign they have constructively engaged in the dialogue.
- Increasing confidence and trust. The process of developing an agreement creates space for discussions and an exchange of views and positions on health sector reform and joint working. The process of negotiating and writing the documents (national health plan and compact) is a real test case of how to work together, how to build a common vision, and how to hold each other accountable. The process increases mutual understanding and builds confidence that the partnership can work and deliver.
- Strengthening country teams or health partners groups. The agreement process can also bring purpose to new country health teams or development partners group as they have a tangible role and concrete outcome to work towards.

It has been reported that developing an agreement creates space for partners to debate how to meet global Paris Declaration<sup>7</sup> and Accra Agenda<sup>8</sup> commitments. This might have also happened without such a document, or perhaps at a slower rate. The fact that country team members have all signed up to Paris and Accra provides a consensual foundation for discussing how to improve aid effectiveness, and the agreement discussions in return provide concrete opportunities for countries and partners to do something real towards their global Paris and Accra commitments.

- Developing new joint working arrangements. In Sierra Leone the development of new common working arrangements was cited as an example of a new concrete measure.
- Directly addressing an IHP+ or Paris commitment. In Nigeria a new results framework<sup>9</sup> was developed simultaneously to the agreement as a tangible outcome which takes forward Paris and most importantly is a useful, practical tool for government.

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<sup>7</sup> The Paris Declaration, endorsed on 2 March 2005, is an international agreement to which over one hundred Ministers, Heads of Agencies and other Senior Officials adhered and committed their countries and organizations to continue to increase efforts in harmonization, alignment and managing aid for results with a set of monitorable actions and indicators.

[http://www.oecd.org/document/18/0,3343,en\\_2649\\_3236398\\_35401554\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html)

<sup>8</sup> The Accra Agenda for Action (AAA) was drawn up in 2008 and builds on the commitments agreed in the Paris Declaration. [http://www.oecd.org/document/18/0,3343,en\\_2649\\_3236398\\_35401554\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html)

<sup>9</sup> the National Result Framework for the National Strategic Health Development Plan 2010-2015

- The agreement process has helped the analysis of large number of parallel procurement mechanisms in Benin. It has led to mapping and rationalisation of vertical projects and CSO and NGO projects in Sierra Leone as the country transits from rehabilitation into an evolving SWAP
- Addressing distrust of country systems. There are reports that direct discussions on using country systems results in heightened scrutiny of financial management and procurement systems within the health sector, not only by donors but also by other government ministries. The process can result in government questioning itself as to why its systems aren't trusted, and donors questioning themselves as to what basis they decide to trust a system or not.
- Increasing transparency over funding commitments. In both Benin and Sierra Leone the agreement resulted in enhanced transparency of funding commitments as development partners make plans available to government for the first time.
- Increasing mutual accountability. In Uganda the agreement has more concrete indicators for the partners commitments which increases the moral obligation to meet commitments and provides a stronger basis for mutual accountability.

#### **4. Constraints, challenges and the unexpected – how are they addressed?**

Negotiating an agreement brings challenges and constraints, anticipated and unexpected. Some of the issues that arose in these four countries included:

- High level of ambition. Expectations that the agreement could address all outstanding health coordination issues resulted in first drafts with ambitious lists of commitments, sometimes copied from other countries. Discussion and debate allowed a focus on a realistic set of commitments and indicators.
- Defining the breadth of partnership and bringing in new partners. In large or decentralised countries it may not be possible, or feasible, to engage health sector partners at all levels – for example in Nigeria or Benin. Nigeria will follow the national compact with state level agreements.
- Bringing on board new partners requires time to explain objectives, address anxieties and ensure there is full understanding and that all partners are on the same page.
- Engaging non-resident donors, such as GAVI, the Global Fund or Bill and Melinda Gates Foundation who are signatories to IHP+, and yet constrained in their ability to engage in country level compact discussions. In some cases, while unwilling to sign the agreement itself, they have sent signed letters of support (e.g GAVI and Global Fund for Mozambique).
- Engaging civil society. In a number of countries the health sector team faced a challenge in engaging civil society. In one instance this was because of a diverse and active civil society without an umbrella organisation or mechanism to elect a representative. In another the realisation came too late in the process, which had evolved organically from discussions with funding donors about funding.
- Reconciling diverse and competing agendas and priorities. Bringing together the priorities of different organisations, and addressing their diverse concerns, is at the heart of the agreement negotiation process. Time to listen, discuss, debate and understand is required.

- Sustaining government leadership throughout the entire period of developing the compact, ranging from the presence of high level political leaders to the day to day management of the process is important. In some cases this waxed and waned.
- Resourcing the work of writing a compact. Governments, development partners and civil society representatives need to allocate time and resources to participating in developing a compact. This requires a budget, which is not always available.

## 5. What has worked well during the agreement process?

An agreement can address as much or as little as the partners want and the context demands or permits – so the starting point of the process needs to be a clear definition of the purpose of the compact. Beyond that there is no single process for developing an agreement– flexibility in response to the specifics of a country's situation is essential. There are some measures that have helped the process in some countries:

- Consultation and inclusiveness. A participatory situation analysis of all levels of the health sector, insiders and outsiders, health and non-health providers, grounds the agreement and identifies the stakeholders. Establishing a roadmap with sufficient time to allow full consultation can promote inclusiveness and consensus.
- Leadership. Maintaining strong government leadership throughout the process is vital. Government's exercise leadership in different ways but common themes include a high level champion and the capacity to facilitate dialogue and draft and manage coordination of partners.
- Grounding the agreement in the country reality is an essential challenge. It cannot solve all problems, and it does not stand in isolation from, but adds value to, the sum of other existing arrangements and processes, including SWAP agreements, MOUs, Codes of Conducts, joint annual reviews, coordination mechanisms.
- Making it real. The agreement can seem abstract and political. Simultaneously addressing a live technical issue in the country (like developing a results framework in Nigeria) can bring real value and be mutually reinforcing. Real live joint working can inform the discussions about future joint working and bring greater confidence that it is possible.
- Technical advice and support. Development partners, and in particular WHO and the World Bank, have supported the process of developing agreements. This support is highly regarded, but has not been consistently available when needed in all countries.
- Time. Allow sufficient time for bringing people on board, getting everyone on the same page, consultation, understanding concerns and addressing them.

## 6. Preliminary Conclusions and questions for Brussels

There is not sufficient evidence for this paper to produce definitive conclusions or statements on 'good practice'. The real test of whether it was worthwhile to develop an agreement will only come after a number of years when the desired outcomes of changed partner behaviour will be visible and making a significant contribution to strengthening health systems and achieving health outcomes. However there are some encouraging outcomes being reported in countries recently developing agreements:

- consensus built in support of the implementation of country plan, with increased confidence and trust between partners;
- increased participation and support of domestic and international partners;
- increased government leadership and engagement of non-health ministries;
- stronger mutual accountability mechanisms and new ways of joint working;
- development of concrete, country level actions, with targets, to achieve Paris and Accra commitments;
- increased transparency around future donor funding plans;
- strengthened country teams or health partners groups;
- unconfirmed reports of increased domestic funding for health.

Together these suggest that the value of an agreement is greater than the sum of the words in it.

The session on compacts / partnership agreements in the IHP+ meeting in Brussels is an opportunity for validating these preliminary conclusions. Participants will be able to reflect, debate and learn from colleagues in other countries when asked to address the following key questions on partnership agreements:

- have they been worth the effort? what have they achieved so far?
- how have any barriers /constraints in their implementation / adherence been addressed?
- what are your 3 key messages to those considering to develop a new agreement?