### 2016 IHP+ MONITORING ROUND

#### National performance review

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (9 DPs out of 9 participated), civil society organisations (12 CSOs participated) and private sector representatives (5 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/togo.

#### How to read the country profile

- **NATIONAL HEALTH EXPENDITURE**
  - Total health expenditure per capita: $33.89
  - Sources of national health expenditure:
    - Domestic: 77%
    - Public: 38%
    - External: 23%
    - Private: 62%

  Source: WHO, National Health Accounts 2014

- **Alignment of support against the Health Sector Strategy**
  - 100% of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.

- **Was the national health sector plan jointly assessed?**
  - PD: 67%
  - OSC: Yes
  - SP: Yes

  Stakeholders that supported the joint assessment: DP interventions are part of national strategic documents that are developed and monitored jointly.

- **Was the health sector plan jointly assessed?**
  - Yes

- **56% of participating DPs only use national health sector indicators to monitor their support.**

- **78% of participating DPs confirm they participated in the mutual accountability processes.**

  Mutual accountability is enhanced by working within the framework of an institutional coordination mechanism.

- **Health Development Cooperation is more predictable**
  - Government funds disbursed according to agreed schedules:
    - 2005/07: 94%
    - 2010/11: 85%
    - 2012/13: 89%
    - 2014/15: 100%

  - DP funds disbursed to the government according to agreed schedules:
    - 2005/07: 63%
    - 2010/11: 83%
    - 2012/13: 100%
    - 2014/15: 100%

  Predictability of funds for the future:
  - Rolling 3 year budget or Mid-Term Expenditure Framework in place:
    - 2005/07: Yes
    - 2010/11: Yes
    - 2012/13: Yes
    - 2014/15: Yes

- **78% of participating DPs confirm they participated in the mutual accountability processes.**

- **22% of participating DPs have communicated their planned resources for the next 3 years to the MoH.**

DPs sign multi-annual funding agreements with the government that make interventions clear.

### Sources of national health expenditure

- **Domestic: 77%**
- **Public: 38%**
- **External: 23%**
- **Private: 62%**
**COMMITMENT**

**TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS**

**PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED**

<table>
<thead>
<tr>
<th>Are PFM systems of sufficiently good quality?</th>
<th>Percentage of DP funds using PFM systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
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<tr>
<td>25%</td>
<td>75%</td>
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<tr>
<td>Source: World Bank, CPIA data 2014</td>
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80% of CSOs confirm they are consulted

17% of CSOs receive financial resources

78% of DPs consult CSOs when developing their cooperation programme

36% of CSO's confirm they are consulted

55% of CSO’s receive financial resources

44% of DPs provide technical assistance

55% of CSO’s receive technical assistance

30% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

All DPs use national budgeting procedures, which are reinforced as needed.

**PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED**

A government plan for national procurement and supply exist? 57%

70% of participating DPs use the national procurement and supply systems.

33% 40% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Procurement and supply use national procedures and those specific to the DPs.

**TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING**

An agreed national TA plan exists? 0%

N/A of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation? 89%

80% of participating DPs support South-South cooperation.

Each DP provides technical assistance on the basis of a bilateral agreement with the government.

**COMMITMENT**

**TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR**

**CIVIL SOCIETY ORGANISATIONS ENGAGEMENT**

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- Government consults CSOs in the design, implementation or monitoring of national health policies
  - 83% of CSOs confirm they are consulted

- Government provides financial resources
  - 17% of CSOs receive financial resources

- Government provides training support
  - 17% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

- 78% of DPs consult CSOs when developing their cooperation programme
  - 83% of CSOs confirm they are consulted

- 67% of DPs provide financial resources
  - 55% of CSOs receive financial resources

- 44% of DPs provide technical assistance
  - 55% of CSOs receive technical assistance

**PRIVATE SECTOR ENGAGEMENT**

- The PS is increasingly involved in the development of national strategic documents
- Not all the PS activities are aligned with national health priorities
- There is little involvement of the PS in priority programmes
- The PS is very diverse and is currently being structured
- DPs do not consult the PS in developing their different programmes

http://www.ihpplusresults.net/togo