



THE REPUBLIC OF THE GAMBIA

Ministry of Health and Social Welfare



Compact between the Government of the Republic of The Gambia and the Development Partners on accelerating the achievement of UNIVERSAL ACCESS to high quality health care through the National Health Sector Strategic Plan 2014-2020 (NHSSP) in the framework of International Health Partnership plus (IHP+)

The Gambia IHP+ Country Compact – Final March 2016

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INTRODUCTION

This Country Compact sets out the understanding and agreement between the Government of The Gambia (GOTG) and its Health Development Partners (HDPs), with the express purpose of accelerating the achievement of UNIVERSAL ACCESS to high quality health care, that would lead to improved and equitable health outcomes for all who live in The Gambia.

The Gambia International Health Partnership and allied initiatives (IHP+) Country Compact is built on the principles of the 2005 Paris Declaration (PD) on Aid Effectiveness; the 2008 Accra Agenda for Action (AAA); the 2011 Fourth High Level Forum on Aid Effectiveness that was held in Busan, Republic of Korea; and the findings and recommendations of the December 2014 Fifth IHP+ Country Teams Meeting, held in Siem Reap, Cambodia.

The Cambodia Meeting of IHP+ Country Teams (In which Gambia participated) while lamenting the decline in use of national systems and processes by Partners over the past two years, calls for - among other actions, increased emphasis on the use of single country specific information and accountability platform; use of strengthened country financing and financial management systems; improved mutual accountability using IHP+ Country Score Cards; and more effective use of Technical Assistance, including South/ South cooperation.

This document is intended to act as a guide not only for the national stakeholders, but also for the Health Development Partners - both current and potential. Similarly, all Implementing Partners (IMPs) including Non-governmental, Private and other civil society actors in the health and health related sectors are also expected to be guided by this Compact, irrespective of whether or not they have signed up to the Global IHP+ Compact.

Following broad in-country consultations, consensus was reached for The Gambia to sign up to the IHP+ Global Compact. This was achieved in May 2012 when the Gambian Minister of Health and Social Welfare signed the document during the 64th World Health Assembly in Geneva, Switzerland.

The need for an appropriate framework around which a Country Compact could be built made it imperative for the long expected medium term National Health Sector Strategic Plan 2014-2020 (NHSSP) to be completed.

The development of NHSSP 2014-2020 was eventually initiated in earnest in mid September 2013 using a multisectoral and multidisciplinary approach throughout the process. In October 2013, the Ministry of Health and Social Welfare (MHSW) requested for WHO support to finalize the National Health Sector Strategic Plan, as well as to develop the Gambia's IHP+ Country Compact. With WHO Country Office support, the proposal was submitted to IHP+ Secretariat in Geneva and approved in January 2014.

As the final stages of the development of NHSSP drew nearer, MOH&SW obtained the services of a short term Consultant to facilitate the development of Gambia's IHP+ Country Compact.

The process of developing the Country Compact finally commenced in July 2014 following the validation of the NHSSP 2014-2020 and its costed activities (investment plan) at the Health Partnership Retreat of June, 2014.

In view of the intensive and consistent joint development of the NHSSP, it was considered reasonable to proceed with the consultations and Compact development process. However,

any relevant findings from the Joint Assessment of Country Strategies (JANS) which will be undertaken in the first half of 2015, will be incorporated into the implementation arrangements of both the NHSSP and this Country Compact.

1.1. PREAMBLE

This Country Compact is made this 10th day of March 2016 between the Government of the Republic of The Gambia here represented by its Ministry of Health and Social Welfare (MOH&SW), the Quadrangle, Banjul; the Office of the President (OP), State House, Banjul; the Ministry of Finance and Economic Affairs (MOFEA), the Quadrangle, Banjul; the Ministry of Fisheries and Water Resources, Marina Parade, Banjul; and the Ministry of Lands and Rural Administration (MOLRA); hereinafter referred to as the GOTG of the one part, and the Health Development Partners, and the Implementing Partners (IMP) active in the field of health here represented by the Association of Non-Governmental Organizations in The Gambia (TANGO), of the other part.

Whereas:

- 1.1.1 The GOTG has expressed the desire to implement its NHSSP 2014-2020 and investment programme through an advanced Sector-wide Approach in the form of the IHP+ Country Compact;
- 1.1.2 The Development Partners and the Implementing Partners are equally committed to this approach which would involve *inter alia*, the alignment and harmonization of their policies and support programmes within the health sector in line with the principles of the Paris Declaration on Aid Effectiveness; and to move progressively towards reinforcing national ownership and leadership by strengthening national systems and institutional development;
- 1.1.3 The Development Partners and the Implementing Partners are steadfast in addressing the health sector as a WHOLE in planning, financing, implementing, monitoring, evaluating and reporting;
- 1.1.4 GOTG, HDPs and Implementing Partners are committed to supporting and working within the NHSSP, its rolling 3-year Health Sector Medium Term Expenditure Framework (MTEF) and its Annual Operational Plans (AOPs) and Budgets;
- 1.1.5 And whereas all Partners are committed to shared ownership of and responsibility for any achievement of the jointly set goals and targets of the NHSSP and its AOPs;
- 1.1.6 All partners understand that:- this Gambia Country Compact is not a legally binding instrument, but a solemn commitment of the partners working within the health sector for improved effectiveness of development cooperation; that this Country Compact does not in any way supersede any legally binding agreements between GOTG and any of the cooperating partners; nor any laws, regulations or policies of GOTG; and that where there is any conflict between this Country Compact and any legally binding agreement, law, regulations or policies, the terms of the agreement, law, regulations or policies will prevail.

1.2 Background

1.2.1 Policy Basis

During the early days of The Gambia's Second Republic, GOTG embarked upon a countrywide consultative process to define a long-term vision for the nation under the leadership of a national "Think Tank". In May 1996, His Excellency, Yahya A. J. J. Jammeh, President of the Republic launched "**The Gambia Incorporated..... Vision 2020**" which has since been the guiding framework for all national development plans and an "*expression by the Gambian people of their aspirations and socio-economic development strategy for the period*

1996-2020 *(HE's Foreword to the Vision 2020 Doc)* - going through the various **Poverty Reduction Strategies** (PRSPs) to the current **Programme for Accelerated Growth and Employment or PAGE** (2012-2015) which aims to fast-track attainment of the goals of Vision 2020.

In each of these national medium term development plans, the social sectors feature jointly as an essential pillar in the strategy for human capital development, with high priority being given to education, the health and welfare of women and children, developing and broadening the partnerships in the key development sectors including health; good governance; implementation of Government's decentralization programme "*to enhance local participation through empowerment and devolution*"; *(VP at Donors Conf for PAGE, 12 July 2012; and improved coordination of development assistance.*

The National Health Policy

The updated National Health Policy (NHP - "Health is Wealth") was approved by Cabinet in 2012. The need for updating the NHP was dictated by, *inter alia*: persisting "*general health system challenges including the effects of previous high population growth rate; inadequate financial and logistic support; weak health information system; uncoordinated donor support; shortage of adequately and appropriately trained health staff; high attrition rate and lack of efficient and effective referral system. In addition, poverty, low awareness of health issues and poor attitude of service providers have led to inappropriate health seeking behaviours and contributed to ill health. These factors have seriously constrained efforts to reduce morbidity and mortality rates as desired, as a result health care delivery throughout the country has not lived up to expectation*"; and that the "*frequent changes in top management positions at the Ministry of Health have been hampering continuity, institutional memory and policy flow*" (NHP).

The NHP is fully consistent with the national development frameworks and plans; as well as with regional and global agreements and initiatives such as the Millennium Development Goals (MDGs), the Ouagadougou Declaration on Revitalization of PHC; as well as the various health related initiatives and declarations of ECOWAS, the African Union, the World Health Organization and the emerging post-MDG **Sustainable Development Goals** which include **UNIVERSAL ACCESS TO HEALTH CARE**.

The National Decentralization Policy and Legislation

The 2002 Local Government Decentralization Act provides for extensive degrees of devolution of responsibility and authority to the Area Councils and Local Service Commissions that are to be established.

Local Area Councils are to be responsible *inter alia*, for the promotion and preservation of the health of the communities under their jurisdiction, subject to national policy guidelines as the Public Health Act and regulations that the Minister responsible for Health may stipulate. The Act further empowers Area Councils to be responsible for Health Centres and all primary care services within their area of jurisdiction, including distribution of medicines, vaccines and other health supplies to the health facilities under their purview.

The NHSSP calls for MOH&SW to work with MOLRA to bring the Decentralization policy and Act to reality.

1.2.2 Strengthened and Broadened Partnerships for Health Development

In January 2014, with support from the Office of the United Nations Resident Coordinator, the Ministry of Finance and Economic Affairs convened a high level consultation with all the key development partners to forge the way for actualizing government's long declared intension to improve the management and efficiency of development cooperation through the application of the principles of the 2005 Paris Declaration on Aid Effectiveness and other associated initiatives such as IHP+. At that landmark consultation, GOTG also declared its intension to broaden the partnership for development of the health sector.

1.3 DEFINITIONS

For the purposes of this Country Compact the following terms are defined as:-

- a. **Alignment** refers to the process by which HDPs direct their support to address identified and agreed upon national priorities (Policies, strategies and plans); and as far as possible, to manage such support through joint working arrangements using national systems and structures where appropriate; and strengthening the national processes and systems where these are not up to internationally accepted standards; and progressively moving from Project to Programme support mode.
- b. **Civil Society Organizations** shall be taken to include national or international not for-profit non-governmental organizations; community based organizations; faith based organizations; women's and youth groups; and advocacy groups such as consumer groups active in the health or health related sectors in The Gambia.
- c. **Consultation** in the context of this compact will mean the accepted form of frank and constructive discussion between and within the various Partners on any subject matter related to the operations of the Partnership. Such discussions will always be conducted in an environment of TRUST and mutual respect.
- d. **Government of The Gambia (GOTG)** denotes the entire machinery of the Gambia Government and its various structures and institutions.
- e. **Harmonization** means the process through which HDPs and IMPs work within the partnership using **common arrangements** among themselves for processes/activities such as consultation, planning, financing, budgeting, procurement, joint missions, monitoring, evaluation, reporting and mutual accountability.

- f. **Harmonization for Health in Africa (HHA)** refers to the mechanism through which a group of development partners (African Development Bank, JICA, NORAD, UNAIDS, UNFPA, UNICEF, USAID, WHO and the World Bank) coordinate and pool their efforts towards providing support to countries in the African Region in strengthening their national health systems for accelerated action towards achieving the Millennium Development Goals (MDGs).
- g. **Implementing Partners (IMP)** - unless otherwise specifically defined, is used to include:
- i. National and international Non-Governmental Organizations (NGOs), Faith Based Non-Governmental Organizations (FBOs), community based organizations and other civil society organizations active in the health sector;
 - ii. Private enterprises such as private hospitals, clinics, nursing homes, maternity homes, pharmacies and industry;
 - iii. National, regional and international academic and research institutions that may wish to collaborate with the Partnership; and
 - iv. Other non-government institutions or entities which may become signatories to this Compact in accordance with Section 11 below.
- h. **Joint Funding Arrangement (JFA)** refers to the arrangement between the GOTG and those HDPs who have agreed to fund jointly the NHSSP 2014-2020, its MTEF and AOPs or components thereof, through pooled funding (actual and real – through depositing their contributions into a common account; or virtual – by intimate synchronization of their contributions but not necessarily into a specific common account).
- i. **Joint Working Arrangements (JWA)** means the set of joint structures and processes through which the consenting partners will work together in such areas as planning, financing, budgeting, procuring, implementing, supervising, mentoring, monitoring, accounting, evaluating and reporting on the implementation of the NHSSP 2014-2020.
- j. National **Joint Interagency Coordination Committee (JICC)** means the supreme consultative and advisory body of the Gambia IHP+ Country Partnership. The JICC will recommend approval of policies, AOPs and Budgets, procurement plans and all reports from its various Technical Working Groups. The JICC is made up of high level representatives of the GOTG, and the various constituencies (HDPs and the various groups of implementing partners) of the partnership.
- k. The JICC which is chaired by the Minister responsible for Health approves policies, strategies plans and budgets, as well as reports and submissions from its various Technical Working Groups
- l. **Technical Assistance (TA)** refers to the provision of services, technologies and capacity development support from experts not being persons in the employ of GOTG. TA generally involves the provision of short-term or long-term, national or international consultants to provide critical skills and services not available within

the MOH&SW; to develop national capacity, or provide urgent products/services within set target dates. Provision of such TA must always be demand driven.

PRINCIPLES AND OBJECTIVES OF THE GAMBIA IHP+ Country Compact

The Gambia Country Compact is based directly on the principles that underpin the Global International Health Partnership and allied initiatives (IHP+), which are themselves based on the principles of the 2005 Paris Declaration on Aid Effectiveness, with particular emphasis on mutual accountability for development results, achieving improved health services and health outcomes for all, with special attention to the poor and otherwise most vulnerable.

Among the key principles are:-

- 2.1 Stronger National Ownership and Leadership
- 2.2 Alignment of support to One National Health Policy and Strategic Plan, One Budget and One Monitoring and Reporting Framework
- 2.3 Joint Assessment of National Strategies
- 2.4 Harmonization of HDP processes, systems and working arrangements
- 2.5 Joint use of National Sector Planning Processes
- 2.6 Use of Common Working Arrangements
- 2.7 HDPs move towards programme support and away from self-standing projects
- 2.8 Longer term and more predictable HDP support
- 2.9 Strengthening of national capacity and avoiding further weakening of national systems and institutions
- 2.10 Mutual Accountability through regular monitoring of Compact Commitments.

COMMITMENTS OF THE GOVERNMENT OF THE GAMBIA

Subject to Subsection 1.1.6 above, the Government of The Gambia, is committed to:-

- 3.1. Provide stronger leadership of the Partnership in all phases of implementing the Health Sector Strategic Plan, its MTEF, the AOPs and budgets through an effective consultative process;
- 3.2 Lay out the path to universal health coverage for The Gambia, in particular, establishing mechanisms to ensure equitable access to essential health services including social health insurance, while ensuring other effective safety nets to protect vulnerable individuals, households and communities;
- 3.3 Ensure that the MOH&SW will provide to the MOFEA and all HDPs and in a timely manner, the details of financial requirements for the Draft Three-year Rolling MTEF and Draft Annual Budget for the sector; identifying the amounts already secured or committed (by source, period covered, any shortfalls and the areas so affected) in the MTEF and Annual Budget;
- 3.4 Strive to attain its declared commitment to an annual increase in real terms, in the GOTG allocation to the health sector - at a pace that is commensurate with attainment of the jointly set goals and health outcome targets through effective implementation of the NHSSP and its AOPs;

- 3.5 Ensure that increased HDP support to the health sector does not substitute for increased GOTG funding of the sector budget. In this regard, GOTG through its Ministry of Finance and Economic Affairs, will publish as a part of its Budget Outlook Paper, the position of the GOTG with regard to budget allocation to the health sector in general and the NHSSP MTEF and AOP in particular;
- 3.6 Ensure that, as far as possible, resources from all sources allocated for the implementation of NHSSP are reflected in the MTEF and overall resource envelope of the sector; and are applied to implementing the NHSSP and its AOPs;
- 3.7 Ensure that funds and other resources provided for the sector are used exclusively for supporting the activities as spelt out in the approved AOP of the NHSSP; and to release such funds and other resources promptly;
- 3.8 Ensure that AOPs of the Districts, Health Regions and Central MOH&SW, as well as those of other programmes and/or projects supported by HDPs are aligned with the NHSSP 2014-2020 and its MTEF and national AOPs;
- 3.9 Harness and synergise support and appropriate resources of other sectors and institutions of GOTG in pursuit of the goals and targets of Vision 2020, PAGE, the National Health Policy 2012-2020 and NHSSP 2014-2020;
- 3.10 Promote and give leadership through concrete action, the attainment of the desired equity among implementing partners both in their participation in the consultative processes of the Partnership, and in access to resources mobilized through the IHP+ Country Partnership wherever possible;
- 3.11 Consult consistently with ALL cooperating partners in the manner and mechanisms agreed upon in this Compact, prior to any changes in the approved National Health Policy 2012-2020, the Health Sector Strategic Plan 2014-2020, the sector MTEF, AOPs and Annual Budget;
- 3.12 Make sure that any fresh consultations or negotiations between GOTG and/or its MOH&SW and Cooperating Partners (Existing or prospective) that have a bearing on the NHP, NHSSP or this Partnership will be made known to all stakeholders in a timely manner;
- 3.13 Report to the Partners all incidents, actions or circumstances which might compromise the level of attainment of the set goals and objectives of the NHP and NHSSP 20152020;
- 3.14 Ensure that as part of the ongoing health sector reform process, all the management structures of the sector are reviewed and restructured to **be fit-for-purpose** for the effective implementation of NHSSP;
- 3.15 Take all necessary steps to ensure that the various structures and mechanisms put in place for the smooth and efficient operation of this Compact are fully operational.

COMMITMENTS OF THE HEALTH DEVELOPMENT PARTNERS

In The Gambia, the United Nations Agencies together constitute the most consistent direct partners of the Health Sector. The United Nations Country Team (UNCT), through their United Nations Development Assistance Framework (UNDAF 2012-2016), have agreed to support GOTG to institutionalize functional donor coordination for effective planning, monitoring, reporting and harmonization of development assistance.

The UNDAF aims to help strengthen capacity of Government sectors to improve transparency and accountability of Public Finance Management (PFM), with target indicators that include: the number of sectors with SWAps in place and operational; and the number of MTEFs in place - commencing with Basic and Secondary Education, Agriculture and Health.

Multilateral and bilateral cooperation in health development in The Gambia takes many forms such as general budget support as for the EU, World Bank for example; or through global funding initiatives such as the Global Fund to fight AIDS, TB and Malaria; and the GAVI Alliance. Others such as the African Development Bank; Islamic Development Bank; JICA; WAHO; and individual Governments such as Cuba, Venezuela, Nigeria, Turkey, Egypt, Spain, Canada, etc cooperate through specific bilateral projects or programmes.

In this regard, the health development partners are committed to:-

- 4.1 Use the NHSSP 2014-2020 as the main framework for their support to the health sector and to align their country cooperation planning documents and financing with national health sector strategies, priorities, operational plans and budgets;
- 4.2 Align their own planning, financing, budgeting, review, monitoring, evaluation, and reporting systems and processes with those systems, procedures, structures and processes established jointly for implementation of the NHSSP, thereby avoiding the creation of parallel systems and structures;
- 4.3 Negotiate with the MOH&SW all new programmes or initiatives pertaining to health and health services to be implemented in the country before finalizing bilateral agreements with MOFEA, MOFA, other GOTG stakeholders, and/or the Implementing Partners;
- 4.4 Ensure that financial information on all grants, credits and other disbursements, including details of procurement and technical assistance, are provided quarterly to the MOFEA and MOH&SW in an agreed format, so that they may be reflected in the plans and budgets of the GOTG. Any changes to programmes and/or funding will also be communicated to all partners;
- 4.5 Release tranches of HDP financial support based on pre-agreed schedules on GOTG's fulfillment of undertakings jointly developed and agreed upon during the biannual Joint Review Missions;
- 4.6 Establish internal coordination mechanisms and structures to facilitate their dialogue with the GOTG and other development partners in line with good practice as described in the Paris Declaration, the Accra Agenda for Action, and the Busan Partnership Agreement for Effective Development Cooperation;

4.7 Where use of any particular current GOTG (and/or MOH&SW) system is not feasible, establish jointly with the GOTG, additional safeguards and measures in ways that strengthen rather than undermine the country's systems, processes and procedures.

COMMITMENTS OF IMPLEMENTING PARTNERS (IMP)

All participating Implementing Partners will:

- 5.1 Organize themselves into distinct and fully representative umbrella organizations or **constituencies** (e.g. FBOs, NGOs, private enterprises, women's groups, youth groups, etc.) for purposes of interacting with other stakeholders of the IHP+ country partnership in the context of this Compact;
- 5.2 Conform with the principles and provisions of the May 2008 (updated in 2009) NGO Code of Conduct for Health Systems Strengthening;
- 5.3 Ensure that the programmes and implementation plans of all Implementing Partners, irrespective of source(s) of funding, are consistent with the NHP, NHSSP 2014-2020, its investment plan and three-year rolling MTEF;
- 5.4 Consult with both the central MOH&SW and the relevant RHMT(s) when engaging in negotiations with Development Partners on matters connected with health in The Gambia;
- 5.5 Ensure that their health programmes and plans are included in the AOPs of the RHMT and the District Health Teams;
- 5.6 Disclose freely, all significant support for health and/or health related activities received from HDPs and other sources, for inclusion in the overall health resource envelope, MTEF and AOPs;
- 5.7 In this regard, IMPs are also encouraged to include any significant funding gaps in their medium term and annual budgets for consideration during the national and RHMTs' planning and budgeting processes;
- 5.8 Provide in a timely manner, the necessary financial and programme performance reports as required by the monitoring and evaluation framework of this Country Compact.

THE JOINT WORKING ARRANGEMENTS (JWA)

Ownership, Leadership and Governance

The partnership will be governed by the **Joint Interagency Coordinating Committee (JICC)** - formerly the Health Stakeholders Committee, which is the supreme consultative and advisory structure of the Partnership. JICC is chaired by the Minister of Health & Social Welfare, with the Permanent Secretary of the MOH&SW as Alternate Chairperson. In addition to the Technical Working Groups listed below, JICC may establish additional Working Groups or *ad hoc* Task Forces as it deems fit;

The joint working arrangements for implementation of the Gambia Country Compact will be through the Technical Working Groups (**TWGs**) outlined below. Detailed functions, guidelines and Terms of Reference (TOR) for each TWG are described in Annex 1) of this Compact document. The main roles and functions of the TWGs are summarized below.

Draft TORs for each of the Committees and Technical Working Groups are attached in the annexure to this Document.

6.1 Ownership, Leadership and Governance

- a) The **Health Sector Coordinating Group (HSCG)**, will review all reports and submissions from the Technical Working Groups, and submit a résumé and recommendations on each submission to JICC for approval and/or decision. It will also act as filter for all new project proposals that impact on the NHSSP;
- b) HSCG will lead and coordinate the **planning, budgeting and implementation** processes for NHSSP. Each of the other TWGs will submit their draft proposals and plans which will already incorporate the Regional and district plans, for review, and consolidation by HSCG before submission to JICC for final review and approval;
- c) The Implementation of NHSSP 2014-2020 will, as much as possible, adopt and adapt the process developed by the Ministry of Basic and Secondary Education (Taking into account the differing complexities of the health sector) which is now well proven and accepted as an exemplary success by both the MOFEA and Development Partners.
- d) The annual process will include Sector-wide planning, implementation and supervision of the NHSSP annual Operational Plans (AOPs) that will be undertaken jointly by all health partners following the agreed planning cycle and processes in the context of the programme of work as in Table 1 on appendix 1. All partners commit themselves to the agreed planning timelines.

The 6 Technical Working Groups (TWGs) which shall each be made up of suitably qualified members of the respective partners under this Compact are:

6.2 The Primary Health Coordinating Committee (PHCCC)

The Primary Health Care Coordinating Committee that had served the Gambia's First PHC Implementation Plan so effectively, was recently resuscitated and charged with the responsibility for coordinating the revitalization of PHC in The Gambia. Its terms of reference and composition will be reviewed to satisfy its broader mandate as part of the initial activities of implementing this Compact. An appropriate working draft is a part of the attachments to this Compact document.

Achieving the objectives of the NHSSP 2014-2020, calls for integrated delivery of the national **Basic Health Care Package (BHCP)**. The Primary Health Care Coordinating Committee or PHCCC will be responsible for coordinating the integrated delivery of the BHCP, including strengthening the entire referral chain. It will provide strategic guidance in the selection of the most appropriate and cost effective interventions in each of the technical programme areas in the BHCP and see to it that these are provided to the communities in an integrated and equitable manner at both the primary and secondary levels of the national health care delivery system.

The WG will make recommendations on targets set in NHSSP and its AOPs; set standards and norms for service delivery at all levels of the national health system and oversee the enforcement of their compliance. The Director of Health Services (DHS) will continue to Chair the PHCCC with the Deputy DHS as Alternate. The **Programme Management Unit** (former Project Management Unit) will provide the secretariat.

6.3 Human Resources Development and Management (WGHRH)

This WG, as already incorporated in the 5 year Human Resources for Health Strategic Plan, will oversee health workforce planning for the immediate, medium and long-term.

Its functions include planning for up-skilling of existing staff and the training of new staff in response to evolving needs in the country, always taking into consideration both the resources (current and projected) available to make the workforce motivated, effective and efficient. It will also propose innovative means of improving recruitment, deployment and retention of required skills including the operationalization of the Integrated Human Resource Information System (IHRIS).

6.4 Health Infrastructure Development and Maintenance (WGHIDM)

The Working Group on Health Infrastructure Development and Management (WGHIDM) will be responsible for the formulation and implementation of the National Short and Medium Term Health Infrastructure Development and Maintenance Plan, with projections beyond the period of NHSSP 2014-2020. As is the case with NHSSP, in this document health infrastructure is taken to include physical infrastructure, including staff housing; furniture, equipment, utilities; transport, biotechnology and preventive maintenance and repair of all assets as necessary. The existing Maintenance Unit within the MOH&SW's Department of Planning and Information will provide the secretariat of the WG. The Maintenance Unit will be appropriately strengthened to provide the extensive needs for implementing NHSSP.

6.5 Procurement and Management of Medical Products and Health Technology (PSCMTWG)

This WG will be responsible for implementing the provisions of the NHSSP with regard to planning, costing and execution of the national integrated Procurement Plan for medicines, vaccines and other health supplies; expansion and strengthening of the National Public Health Laboratory services; strengthening of the National Blood Transfusion services; and further development of the Medical Imaging Services throughout the country. It will also manage the strengthening of the national supply chain management system to overcome the current challenges of frequent stock-outs of essential supplies.

The WG will be made of experts from the various constituent units/departments of the MOH&SW, as well as interested HDPs and IMPs. NMS will provide the secretariat.

6.6 Health Financing and Financial Management System

This WG will spearhead the implementation of the national Health Financing Policy, Strategy and Plan, as well as the effective implementation of the national **Integrated Financial Management System (IFMIS)**. Its responsibilities will also include collaborating with MOFEA and the Ministry of Lands and Regional Administration in strengthening and supporting the central and district financial management systems.

6.7 Health Information, M&E and Supportive Supervision

This WG will be overall responsible for the **Health Management Information System (HMIS)** and **Logistics Management Information System (LMIS)** development and strengthening, including supportive supervision for their effective implementation.

COMMON MANAGEMENT ARRANGEMENTS

7.1 Coordination

As indicated in 6.1 above, the partnership will be governed by the Joint Interagency Coordinating Committee (JICC) and Health Sector Coordinating Group (HSCG).

7.2 Planning

The three-year programme of work that derives from the health sector rolling MTEF will form the basis for formulating the Annual Operational Plans (AOPs). The planning process itself will be in accordance with that laid down by MOFEA. The planning cycle of the health sector will be adapted to ensure that MOH&SW will always be able to comply with the planning schedule of the Ministry of Finance and Economic Affairs. A direct implication of this partnership commitment is that the Annual JICC Summit i.e. The Joint Review Mission (JRM) will take place at least two weeks before the date for submission of the Draft Budget proposal to the MOFEA.

7.3 Monitoring and Review

7.3.1 A **Joint Review Mission (JRM)** will be held at least once every year, as stipulated in the NHSSP. The JRM will review the performance of the health sector during the previous financial year and jointly determine sector priorities and resource allocation for the ensuing Financial Year. The inputs into the JRM will include reports from the joint interagency and multidisciplinary teams that will conduct field visits that will provide all partners the opportunity for reality check on the quarterly technical and financial reports of the MOH&SW;

7.3.2 The various Technical Working Groups will submit the following reports to HSCG at the times predetermined by JICC:-

- a. Quarterly Sector Performance Reports by MOH&SW that will include summary reports from the District Health Teams (DHTs) and RHMTs covering the same periods. Each quarterly Performance Report will give special attention to a predetermined and jointly identified set of **issues and/or undertakings**;
- b. Biannual reports on progress towards partnership benchmarks and targets, including partnership commitments;
- c. The reports under a and b above will be presented for discussion and decision making during the twice-yearly **Joint Technical Review Meeting (JTRM)** which is akin to the CCM of MOBSE;
- d. **Report and action plan of the JRM** conducted by the Partners, including, where necessary, reports of independent consultants (E.g. on fiduciary matters, PSM, HRD, etc) to the Health Review Summit.
- e. The GOTG will produce and publish an **Annual Report** on the performance of the sector within three months of the end of every financial year. The annual report will contain tables of performance against jointly defined indicators for districts including community health services, RHMTs, semi-autonomous

hospitals, central MOH&SW including its departments and directorates, and non-MOH&SW Implementing Partners.

f. Report of the **Midterm Review**.

g. Report of the formal **End Evaluation of NHSSP 2014-2020**.

HSCG will make each such report available to the Cooperating Partners in a timely manner.

7.3.3 The GOTG will organize a **Joint Midterm Review** (MTR) and an **End Evaluation** of the implementation of NHSSP 2014-2020, which will take place before the end of the third year and the last quarter of implementation of NHSSP respectively.

All Partners will together determine the timing, terms of reference and composition of the review mission for the MTR and the End Evaluation, and for any preparatory studies to be undertaken in advance of these missions;

7.3.4 A single, jointly agreed **Monitoring and Evaluation Matrix** of the NHSSP 2015-2020 will include process and outcome indicators for monitoring both the performance of the sector and the state of the partnership and its structures. This Monitoring and Evaluation Matrix will provide a basis for JRMs, the MTR and the End Evaluation.

7.4 Health Financing and Financial Management

The signatory development partners to the Compact will assure the predictability of their respective support to the sector by providing MOH&SW with an indication (in a form mutually agreed upon) of their medium-term financial contributions, preferably on a rolling basis over at least three consecutive years, based on the budget needs of the NHSSP and consistent with the sector's Medium Term Expenditure Framework (MTEF). In order to facilitate an integrated planning and annual budget preparation process in accordance with GOTG's budget cycle, signatory HDPs will communicate the total financial contributions which they intend to make available to the sector for the following year, within 2 months following the end of the Annual Joint Review.

The preferred funding modality of the NHSSP implementation will be through a **single central Pool or Basket** that will fund priority interventions of NHSSP at both central and service delivery levels. Expenditure items that qualify for funding from the basket will be clearly specified and approved by JICC. Contributors to the pool will be GOTG through transfers of the appropriate vote(s) in the approved health budget(s), and those development partners and global health initiatives, charities and foundations willing to join into such an arrangement. The Implementing Partners such as NGOs and FBOs are not expected to join the pooling arrangement.

Over the initial period of the Compact there will also be **off-budget financing** for partners whose mandates do not allow them to co-mingle their funds. However, all activities with corresponding budgets will have to be aligned with NHSSP and its MTEF and AOPs and captured in the Programme of Work and overall sector resource envelope.

Financial reports will be produced on a quarterly basis using the Integrated Financial Management Information System (**IFMIS**) already being implemented by the GOTG.

The **Internal Audit Department** will undertake audits to validate the financial management system on a day-to-day basis at central level. The MOH&SW will ensure that external audits are conducted annually by the Auditor General's Department or by an auditor appointed or approved by the Auditor General. Implementing partners will be audited

annually through an accepted mechanism, and Fiduciary Risk Assessment will be conducted periodically and the findings presented to JICC/HSCG and JRM, along with all other audits. The audit reports will also be made available to all Partners.

7.5 Procurement

7.5.1 Procurement of goods, services and works will follow national procurement procedures as defined in the Gambia Public Procurement Act, 2014.

7.5.2 Each procuring entity will be required to prepare an annual procurement plan consistent with its budget allocation. To the extent possible, all procurement will follow the items on the procurement plan. Quarterly progress report on the implementation of the procurement plan will be availed to stakeholders.

7.5.3 Routine, pooled procurement by MOH&SW and HDPs through the national procurement and common logistics management systems is the preferred option where feasible and where adequate systems are in place. In the case of specialized procurement or requirements outside the scope or capacity of the national procurement system, other procurement modalities may be used; always bearing in mind the commitment to national institutional development and alignment with national systems.

7.5.4 Transparency, efficiency, cost effectiveness, value for money, and compliance with the regulations and guidelines of the Gambia Public Procurement Authority (GPPA), will be guiding principles in procurement. GPPA will provide oversight of all major procurements under this Compact.

7.5.5 The provisions in paragraphs 7.5.1, 7.5.2 and 7.5.3 will not necessarily apply to nonpublic sector implementing partners.

7.6 Human Resources Development and Management (HRD)

Using the HRH Strategic Plan, the MOH&SW and partners will ensure that The Gambia has adequate, well-managed, efficient and motivated human resources for health and social welfare. Provision of the human resources that are capable of providing equitable access and distribution of services leading to a healthy and productive Gambia will be achieved through the implementation of the following strategies:

7.6.1 Strengthen health systems organizational and management structures in support of HRH processes;

7.6.2 Develop and/or strengthen the mechanisms for consultation and coordination between MOH&SW and Ministry of Higher Education, Research, Science and Technology so as to better match Human Resources for Health needs to HRH production;

7.6.3 Support specialized training of MOH&SW staff based on a comprehensive training plan;

7.6.4 Support education, and skills development in line with national health and social welfare priorities;

7.6.5 Promote equitable distribution and appropriate utilization of available HRH;

7.6.6 Support effective administration and management of available HRH to enhance motivation and retention;

- 7.6.7 Reinforce adherence to professional regulations and promote quality service delivery;
- 7.6.8 Support Resource Mobilization, alternative financing and partnerships for Human Resource Development.

7.7 Technical Assistance

7.7.1 The determination of needs for technical assistance will be demand-driven in response to the sector's needs, priorities and absorptive capacity. All TA will be designed to support institutional capacity strengthening. The TA needs should, as far as possible, be identified during the development of the AOPs, and will be set out in an Annual TA Procurement Plan.

7.7.2 Short Term Technical Assistance will be identified and determined on a demand driven basis according to the needs and priorities of the GOTG in consultation with Cooperating Partners. Wherever possible, the GOTG and HDPs may wish to contribute voluntarily into a special account maintained exclusively for procuring emergency and other unforeseen but critical TA.

7.7.3 Long term technical assistance that falls outside of any formal technical cooperation arrangements with GOTG will similarly be determined on a demand driven basis according to the identified capacity gaps in the health sector and as endorsed by the HSCG. Terms of reference will be developed by the MOH&SW, and posts will be advertised nationally, regionally and internationally. Caution will be taken to ensure that any recruited long term technical assistance is not used merely as extra pairs of hands, but will offer high level technical advice and build the capacity of relevant people and systems in the department of assignment. Terms of reference for all long term technical assistance will clearly specify the technical assistant's counterpart and to which government officer the technical assistant will be directly accountable.

7.7.4 National or regional consultants will be given first priority whenever the appropriate expertise is available. In every case, detailed TORs will be developed by MOH&SW and approved by the appropriate TWG and HSCG.

MONITORING & EVALUATION, SUPPORT & SUPERVISION

The NHSSP will be monitored using the comprehensive M&E Plan developed within NHSSP 2014-2020 that includes routine data from the HMIS, and periodic national surveys, as appropriate. The processes for review of implementation include quarterly meetings, biannual consultations and annual reviews.

Annex VIII outlines the key indicators which signatories to the Gambia Health Compact will hold each other to account. At the end of each year, an independent entity will be contracted to assess the level of compliance of both Government and development partners with the Compact commitments, using the indicators in **Annex VIII**. The report of this assessment will be jointly reviewed by Government and its partners and recommendations made on how to improve in areas where progress would be needed. It should also be noted that in 2014 the major funding partners worked together in reducing the core list of indicators from over 600 to about 100. The Gambia Country IHP+ Partnership will collaborate with the **IHP+ Results Consortium** in the annual monitoring process including development of the appropriate tools and Scorecard.

PREVENTION AND SETTLEMENT OF DISAGREEMENTS AND CONFLICT

- 9.1** All Partners will work in a spirit of openness, transparency and mutual respect. Effective information flow and constructive dialogue are crucial for building and sustaining confidence and trust.
- 9.2** In the event of disagreement or conflict, dialogue will be the first option for resolving the situation; this will be initiated immediately by the Partners directly involved. Should a way out not result from this initial dialogue, the Chair of JICC and the Coordinator of DPs should be consulted and be involved in the resolution of the conflict. The issue under discussion will only be brought to the full JICC should the first two steps fail to reconcile the disputing Partners.
- 9.3** The Chair of JICC and the Coordinators of HDPs and of the Implementing Partners will consult early over sensitive or potentially divisive situations in an effort to resolve the problem and avert avoidable conflict. The JICC and the JRMs offer opportunity to identify and address potential problems.
- 9.4** The Partners will always seek to avoid unilateral action. In the event of persistent disagreement, a JICC meeting will be convened to discuss and resolve the conflict.
- 9.5** In the case of persistent non-compliance with the provisions of this Compact, the Partners reserve the right to take corrective measures including suspension of the Partner concerned or suspension of disbursements to the Partner concerned, as the case may be.
- 9.6** Non-compliance may include:
- 9.6.1 Substantial deviation from jointly determined policy, strategy, plan or budget without due consultation;
 - 9.6.2 Introduction of conditionality (ies) that is (are) not implicit in this Compact;
 - 9.6.3 Implementation of the program stalls as a result of action or inaction by a Partner or Partners;
 - 9.6.4 Persistent failure of a Partner to honour its obligations to the partnership in a timely manner;
 - 9.6.5 Concrete evidence of serious fraud or other mis-procurement, and/or lack of accountability;
 - 9.6.6 Persistent breach of the basic principles and provisions of this Compact.

AMENDMENT/TERMINATION

- 10.1** Modifications to the terms of this Compact may be made only through a written amendment between the GOTG and the Cooperating Partners who are signatories to the Compact.
- 10.2** Notwithstanding the provisions of article 10.1 above, the GOTG will discourage the inclusion of activities that are inconsistent with the sector program defined in the NHSSP 2014-2020 and its MTEF and Joint Programme of Work.
- 10.3** Withdrawal from this Compact may be effected by any signatory on giving **90 days** notice in writing under the signature of the designated **Head of the Partner** concerned. The 90-day period will permit a detailed analysis of the possible impact

of the withdrawal on the JPW, MTEF and AOP and Budget; and/or resolution of the reason for the notice of withdrawal.

INCLUSION OF NEW PARTNERS

11.1 Any new Partner wishing to cooperate with the MOH&SW should do so in accordance with the provisions of this Compact and upon signing it.

11.2 Application for membership to this IHP+ country partnership will be made in writing and will be accompanied by a summary of the intending partner's programme(s). The letter of application will be addressed to the Permanent Secretary Ministry of Health and Social Welfare, as Alternate Chairperson of the JICC.

DATE OF EFFECTIVENESS

12.1 This Compact will be deemed to have come into effect upon signing by the respective authorized representatives of the GOTG and at least two of the HDPs and two of the Implementing Partners.

12.2 Unless otherwise amended in writing by the Partners, this Compact will be effective for a period up to three months after the official ending of the Gambia's Health Sector Strategic Plan 2014-2020, i.e. **31 March 2021**. The Compact will be revised through a joint process and in conformity with each successor Health Sector Strategic Plan.

ANNEXES AND DOCUMENTS

The following annexes will be taken to be integral parts of this IHP+ Country Compact:

- I. The Gambia National Health Policy 2012 to 2020; Annexure 1
- II. The National Health Sector Strategic Plan 2014-2020; Annexure 2
- III. Governance Structure of the Gambia IHP+ Country Compact; Annexure 3
- IV. Joint Interagency Coordinating Committee (JICC) Terms of Reference
- V. Terms of Reference of the Health Sector Coordinating Committee (HSCG) Annexure 5
- VI. Terms of Reference of the 6 Technical Working Groups; Annexure 6
- VII. Structure of the Joint Financing Arrangement - Basket Funding; Annexure 7
- VIII. Key indicators for monitoring Health sector performance with respect to the NHSSP; Annexure 8

Table 1 : Annual Calendar
Appendix 1

	EFY1		EFY 2017			Quarter 1	Quarter 2		Quarter 3		Quarter 4		
	Quarter 3	Jan-Feb	March	April	Quarter 4	July	August -Sept	Oct	Nov-Dec	Jan	Feb-March	April	May June
Performance Plans and review													
DPs provide indicative commitments to JCM		X									X		
Resource mapping		X									X		
Core Indicative Annual Plan		X									X		
Regional draft core plans			X								X		
JAR Mission to feed into annual plan			X								X		
MOH&SW budget proposal			X								X		
Six monthly sector results report to JCM			X									X	
DP survey on IHP commitments											X		X
Consolidated report on sector							X				X		X
Performance for the ARM									X				X
Draft sector annual plan prepared								X					X
RHTs prepare annual plans													X
ARM reviews sector policy and Mutual performance				X	X	X							X
JCM meeting to review the draft plans and resource allocation				X									X
DPs confirm commitments to JCM				X					X				X
													X
Budget Approval and Releases													
Approval of budget and 12 months Cash flow							X						X
First release equivalent to 6 months expenditure								X					
Second and final release										X			
Progress and Financial Reporting													
Basket FundQtr 1													
Basket FundQtr 2									X				
Basket FundQtr 3											X		
Basket FundQtr 4													X
Cash Flow Forecast for 6 months													
Submission date									X		X		X

SIGNATORIES TO THE GAMBIA IHP+ COUNTRY COMPACT

GOVERNMENT OF THE GAMBIA

OFFICE/MINISTRY	NAME OF SIGNATORY	DESIGNATION	SIGNATURE & DATE
OFFICE OF THE PRESIDENT			
HEALTH & SOCIAL WELFARE			
FINANCE & ECONOMIC AFFAIRS			
FOREIGN AFFAIRS			
HIGHER EDUCATION			
LANDS & REGIONAL ADMINISTRATION			
WATER RESOURCES & FISHERIES			
GOVERNORATES			

HEALTH DEVELOPMENT PARTNERS IN ALPHABETICAL ORDER

ORGANIZATION	SIGNATORY	DESIGNATION	SIGNATURE & DATE
African Union			
Canada			
Cuba			
Egypt			
European Union			
GAVI Alliance			
Global Fund to fight AIDS, Tuberculosis and Malaria			
International Monetary Fund			
Islamic Development Bank			
Japan International Cooperation Agency			
Nigeria			
Spain			
Turkey			
UNAIDS			
UNFPA			
UNDP			
UNICEF			
United Kingdom			
United States of America			
Venezuela			
WAHO			
WHO			
World Bank			

HEALTH IMPLEMENTING PARTNERS IN ALPHABETICAL ORDER

ORGANIZATION	SIGNATORY	DESIGNATION	SIGNATURE & DATE
Action Aid The Gambia			
AFRIMED			
BAFROW			
Child Fund			
CIAM			
CRS			
Eco Bank Gambia Ltd			
Gambia Chamber of Commerce			
Gambia Medical and Dental Council			
GAMTEL			
GBOS			
GFPA			
Guarantee Trust			
Mega Bank			
MRC			
NaNA			
NGO Affairs Agency			
Project AID -Third World			
SOS Bakoteh			
Standard Chartered			
TANGO			
The Gambia Red Cross Society			
Trust Bank Gambia Ltd			
UTG			

