

REPUBLIQUE TOGOLAISE



**MEMORANDUM FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH STRATEGIC PLAN:
2012-2015**

COMPACT BETWEEN THE GOVERNMENT AND THE PARTNERS OF THE HEALTH SECTOR

Optimize resource mobilization and their management for the realization of the right to health of Togolese citizens through an innovative national partnership in application of the principles of the Paris Declaration and Accra Agenda for Action

Original French version
Unofficial English Translation

1. FOUNDATIONS OF THE NATIONAL COMPACT

- 1.1** Considering the Government's political will to engage in the health sector, the reforms that Togo needs to improve the health and well-being of the populations.
- 1.2** Whereas the International Health Partnership and Related Initiatives (IHP+), established in the spirit of the Paris Declaration in 2005, aims to foster cooperation with shared responsibility by avoiding competition between partners and stakeholders, by promoting the reduction of transaction costs, by improving efficiency and predictability of development aid and by working to increase funding for health managed transparently.
- 1.3** Considering the accession of the Republic of Togo to the global pact for the achievement of the Millennium Development Goals (MDGs) related to health under the International Health Partnership on May 17th 2010 in Geneva, Switzerland.
- 1.4** Recognizing that in Togo, the development of the health system must be based on a partnership between the state, public and private actors, civil society, the beneficiaries of care and the donors.
- 1.5** Considering the Memorandum of Understanding between stakeholders in the International Health Partnership in Togo to accelerate the implementation of the roadmap for the signature of the National Compact, made in Lomé, February 21, 2011.
- 1.6** Taking into account the results of the situation analysis of the health sector conducted between October 2010 and May 2011 following an inclusive and participatory approach of all stakeholders; which identified the main bottlenecks of the health system both in terms of services provision (inadequate coverage in essential care, major disparities in access to care related to an insufficient number and especially a very inequitable distribution of qualified personnel as well as the offer of health services, inadequate availability of inexpensive generic drugs and other essential inputs of quality; weak financing mechanisms, deficiency of the health information system etc.) and of demand (financial access, access to information and knowledge especially limited in rural and poor areas). Moreover, the still high level of social health inequalities show that the health system of Togo struggles to respond equitably to the health needs of populations and calls for a reorganization of care that meets the needs of populations in situations of social vulnerability. Whereas in the context of the health system reform, the Government of Togo has adopted a new National Health Policy (NHP) validated in September 2011, a National Health Strategic Plan (NHSP 2012 - 2015) in synergy with the strategic directions of the Poverty Reduction Strategy Paper (PRSP II) being developed, and a Medium Term Expenditure Framework (MTEF 2012-2014).
- 1.7** Considering that the vision of the new NHP is to ensure the highest possible level of health to the entire population by making every effort to develop an effective health system based on public and private initiatives, individual and collective, accessible and fair, and able to satisfy the right to health of all especially the most vulnerable.
- 1.8** Agreeing that the right to health does not amount only to a right to be healthy and to receive timely and adequate health care, but also encompasses the determinants of health such as access to safe drinking water and improved sanitation, a proper diet and nutrition, safe working and hygienic conditions and a healthy environment as well as access to education and health information, in particular on hygiene and maternal health.
- 1.9** Convinced that a good health policy must try to satisfy four criteria, namely: availability, accessibility, acceptability and quality.
- 1.10** Considering that the NHSP is developed according to the approach of the Results Based Management (RBM), linking the expected results with additional resources using scientific evidence on the effectiveness of a number of interventions with a strong impact on health-related MDGs.
- 1.11** Considering that the implementation of the NHSP 2012-2015 is organized around five programs, four "Action" programs aimed respectively at: (i) the reduction of maternal and neonatal mortality, (ii) the reduction of infant and child mortality, (iii) control of major communicable diseases, including neglected tropical diseases and (iv) the fight against non communicable diseases. The fifth transversal program aims to strengthen the health system in

order to support the four preceding programs and universal access to essential health services.

- 1.12** Considering that in the context of the implementation of the Paris Declaration, donors are willing to engage, to harmonize and align their support with a view to implement the NHSP 2012-2015.
- 1.13** Whereas the Government, represented by the Minister of Health requested technical and financial assistance from the community of donors to help the implementation of the NHSP.

Given the above, the Government of Togo and donors, signatories to this Compact wish to agree to the following, with the understanding that this Compact does not constitute in any way a binding legal agreement but is only a protocol by which the wishes of the signatories are recorded for framing and harmonizing their support to the implementation of the NHSP.

2. OBJECTIVES AND PRINCIPLES OF THE NATIONAL COMPACT

- 2.1** This Compact sets out a partnership agreement between the Government of Togo and the donors who are signatories to support the implementation of the NHSP. Its main objective is to establish a single and harmonized framework for increased aid that is efficient and predictable in the health sector to accelerate the achievement of the MDGs related to health in Togo. Specifically, the Compact should contribute to:
- A greater ownership by the Government of the effective implementation of the NHSP and the execution of the budget framework;
 - a reinforcement of policy dialogue by the Government with donors in a spirit of partnership;
 - a harmonization of practices in terms of donors implementation of sectoral support (terms, conditions, management, and monitoring and evaluation);
 - an alignment of sectoral support with the NSHP and the financial budgetary and accounting procedures in force in Togo and thereby reduce transaction costs;
 - an improvement in the predictability of external resources over the medium term and the alignment of donors disbursement on the budget cycle;
 - a better allocation of public spending and a strengthening of the national public financial management and accountability;
 - a better allocation of public spending and a strengthening of the national system for public finance management and for the presentation of accounts;
 - an integration of a monitoring and evaluation mechanism for donors support in the processes for monitoring and evaluation of performances of the public policies conducted by the Government while involving civil society.
- 2.2** The Compact is in line with other agreements and / or pacts concerning development assistance prevailing in Togo. The Compact will take into account existing bilateral agreements, which only have contractual force, however new cooperation agreements signed post-Compact will be based on the Compact orientations as far as possible.
- 2.3** Insofar as all donors are in sync with the NHSP 2012-2015 common framework for planning and implementation of the new national health policy, the dialogue will continue in order to support the adherence of all partners. This will help strengthen the effectiveness of the crucial aid given the need for additional resources necessary to achieve the desired results.

3. COMPONENTS OF THE NATIONAL COMPACT PROGRAMME FRAMEWORK

The Compact is the culmination of the ongoing dynamics in the sector since 2010 under the International Health Partnership and Related Initiatives (IHP+). It is therefore based on a series of updated documents and existing processes. The main elements of the program framework that underlies this Compact are presented below:

- 3.1** A single plan for the development of the health sector: the NHSP 2012-2015 developed following a long process, inclusive of all stakeholders in the health sector of Togo (Government, donors, civil society and private sector), is the common reference framework for a harmonious and sustainable health development and should therefore guide the allocations of the various internal and external resources of the sector.
- 3.2** A unique process of consultation and coordination: Under the Presidential Decree establishing the institutional mechanism for coordination, monitoring and evaluation of development policies (DIPD), the Health and HIV / AIDS Sectoral Committee was set up by order of the Prime Minister in November 2011 (Order No 2011-066/PMRT). Therefore, the Health and HIV/AIDS Sectoral Committee becomes the sole coordinating and steering body for the implementation of the NHSP, chaired by the Minister of Health, WHO serving as vice-chair. This Committee is structured on several levels (political, strategic and operational) and integrates all active players in the sector (state, private sector, civil society, donors). It monitors the commitments under this Compact.
- 3.3** A single budget framework: the Medium Term Expenditure Framework (MTEF) 2012-2014 is the new coherent framework for multi-year budgeting of the NHSP, which integrates the contributions of all sources of funding to maintain and improve the coherence of the programming resources and jobs across the various programs of NHSP. The financing of the MTEF is designed around three scenarios (maximum, average and minimum) and provides guidance allowing to make an informed choice of the financing option and this together with partners.
- 3.4** A single result framework: performance monitoring of the NHSP will be ensured through the analysis of all the outcome indicators of effect and impact defined for each of the five programs. However, to facilitate policy dialogue around the results of the NHSP, the monitoring bodies will focus on a particular list of "tracer" indicators that was taken from the exhaustive matrix to constitute the common framework of the Compact (see in annex, framework of performance indicators for monitoring / evaluation of the NHSP).
- 3.5** A single fiduciary framework: Efforts to harmonize donors' practices in the health sector are still necessary to achieve the implementation of a common fiduciary framework. In a transitional phase, in order to be open to a maximum of partners and to enable everyone to achieve its adjustments, four financing options are available for signatory donors of the Compact.
- The aid modalities ensuring additional resources for the health sector, which will be favored initially with signatory donors of the Compact are: (i) general budget support (GBS), which reduces the State budget deficit. This should contribute to increase the share of the health sector in the budget of the State in accordance with the Abuja commitments, (ii) Sectoral Budget Support (SBS) (iii) the procedures of the harmonized approach to cash transfers (HACT) to be used by agencies of the United Nations system and iv) the project / program approach.

Apart from the commitments currently implemented any new financing agreement should preferably be part of one of the procedures mentioned above. Advocacy will continue with all partners especially those of the United Nations system for rapid progress towards the national procedures.

4. RESPONSIBILITIES OF THE STAKEHOLDERS

- **Government of Togo;**

Recognizing the commitment of the Government of Togo and donors to provide long term support and in order to achieve the MDGs, the Government through the Ministry of Health will:

- 4.1** Implement the new organization of the Ministry of Health in accordance with Presidential Decree N° 2012-006/PR of March 07 establishing the organization of ministerial departments in order to facilitate the implementation of the NHSP 2012-2015.

- 4.2 Ensure the implementation and monitoring of the NHSP taking into account the common tools and processes agreed with donors and civil society.
- 4.3 Increase the budgetary allocation to the health sector (annually a one-point increase at least of the Ministry of Health allocated share in the General State Budget) in accordance with the Abuja commitments and to seek sources of funding to cover the financing needs identified in the MTEF.
- 4.4 Establish a plan including the Ministry of Health, Ministries in charge of Development and Finance, and donors to simplify procedures for disbursement of funds and allow the mechanisms of management control and regular audit (annual audits).
- 4.5 Execute the budget in a manner consistent with the assignments and priorities agreed upon and consult in advance with donors on major changes envisaged to the budget allocations during the period.
- 4.6 Ensure improvement of the financial reporting system by conducting national public expenditure reviews and producing national health accounts in accordance with the periodicity retained.
- 4.7 Facilitate the preparation of annual operational plans oriented on results at all levels through the development and implementation of a capacity building plan targeting all levels of the health system.
- 4.8 Strengthen the process of monitoring and evaluation and of surveillance for technical and financial reports through the improvement of the NHIS integrating the efforts of all sectors (public, private and civil society) within the agreed timeframe according to the mechanisms adopted by consensus.
- 4.9 Implement the process of allocating resources to different levels of the health system in accordance with the sanitary map and increase the authority delegated to decentralized structures and the structures of civil society by building the capacity of the latter to fully play their role in aligning behind government priorities and harmonization of their activities.
- 4.10 Provide an environment conducive to the participation of NGOs / civil society and the private sector for the implementation and realization of the development of the health sector, and actively seek other opportunities to strengthen partnerships with NGOs, CSOs, private sector, professional organizations and consumer groups.
- 4.11 Establish and comply strictly with a mechanism of dialogue and consultation with all parties to this compact.
- 4.12 Implement the reforms retained in the NHSP and the MTEF (structural and technical) adopted by mutual agreement with donors.
- 4.13 Facilitate public access to information at all levels on plans, budgets, expenses and results in accordance with the periodicity retained.

- **Donors**

The donors, signatories of the Compact, on the basis of trust in the good governance of the Government of Togo will:

- 4.14 Ensure predictability of their budgetary aid by informing the Government as soon as possible of the support they plan to provide for the reporting period.
- 4.15 Make available information concerning their financial commitments to the NHSP and their contributions to the gap before the finalization of the State general budget project.
- 4.16 Contribute as much as possible to reduce the financing gap of the MTEF with a view to achieve the expected results of the NHSP 2012-2015.
- 4.17 Support the Government's efforts to enhance mutual accountability and transparency in the preparation and execution of the budget at all levels.
- 4.18 Align with the process of programming, budgeting, monitoring and evaluation defined within the outcomes and accountability framework for the NHSP currently being developed.

▪ **Common responsibilities (Government and donors)**

- 4.19 Collaborate and inform in a timely manner on any matter concerning the implementation of the NHSP and this Compact.
- 4.20 Share all the lessons about aid flows, technical and financial reports, and all other relevant documentation relating to the implementation of the NHSP.
- 4.21 Create the conditions tending towards harmonization of procedures falling within the implementation of the Paris Declaration and Accra Action Plan.

5. MANAGEMENT AND MONITORING OF THE IMPLEMENTATION OF COMPACT

- 5.1 The coordination of the Compact implementation will be carried out by the Health and HIV/ AIDS Sectoral Committee of the DIPD which is now the only joint framework for consultation, monitoring and evaluation of health and HIV / AIDS sector policy. Annual Operational Action Plans and Budget Programs will follow the guidelines of the NHSP. The Health and HIV / AIDS Sectoral Committee will review at least biannually, annual actual forecasts for development assistance relative to the total commitment of the signatories.
- 5.2 For monitoring and evaluation :
- The Ministry of Health organizes a joint annual review at the end of each fiscal year to comprehensively assess policies, strategies, performance and needs of the sector compared to the NHSP. This includes analysis of past performance and determining the health priorities of the next year;
 - The Health and HIV / AIDS Sectoral Committee will monitor the implementation of the Compact;
 - The mid-term and final evaluation for the implementation of the NHSP will be expedited by the Health and HIV / AIDS Sectoral Committee.
 - The tool for measuring changes in implementation of the right to health must take into account the structural indicators, process indicators and outcome indicators.
- 5.3 In addition to the common framework of performance evaluation for the implementation of the NHSP, tracking mutual commitments of the Compact will be monitored through periodic review of the following indicators:

A) Indicators for monitoring the commitments of the Government :

- NHSP and National Compact documents are signed;
- Number of meetings of the Health sector Committee, in charge of the NHSP monitoring;
- Number of annual sessions of budgetary arbitration with the signatories of the Compact;
- Percentage of national budget allocated to the Health sector;
- Percentage of execution of national budget allocated to the Health sector;
- Allocation of at least 70% of the budget of the NHSP at regional and prefectural level and 30% at the central level in accordance with the allocation made in the NHSP and the MTEF;
- Validation of the annual report of internal and external audits of the accounts of the NHSP;
- Annual production of health statistics directories;
- Existence and validation of a Public Expenditure Review / Expenditure Tracking Report to its destination (see appendix, Survey Plan for monitoring / evaluation of the NHSP).

B) Indicators for monitoring commitments from signatory development partners:

- Percentage of donors that have signed the Compact;
- Percentage of aid flows intended for the health sector that is reported in the national budget (Paris Declaration Indicator 3);
- Percentage of donors that have signed the Compact using the modalities of aid management proposed in the Compact;
 - Percentage of payments made by donors to the Government according to agreed schedules;
 - Number / percentage of donors using the joint sector review as the only review in the health sector;
 - Percentage of joint missions conducted;

- 5.4** Any technical assistance to the Government will focus on capacity building of national institutions by enhancing staff skills and / or developing systems and procedures which are relevant locally. Technical assistance will be determined on the basis of technical support plan developed jointly according to the needs for the implementation of the NHSP 2012-2015.

6. CONFLICT PREVENTION AND RESOLUTION

- 6.1** In case of conflict, dialogue will be the primary means of settlement under the initiative of signatory donors directly involved in this conflict. Should the different continue to persist; the Minister of Health and the lead donor will personally become involved to find a consensual solution to the conflict.
The conflict will be resolved by mutual agreement or by any other means to be agreed upon in writing between the parties, without submission to a national court.
- 6.2** All parties undertake to avoid, whenever possible, to take unilateral decisions.

7. AMENDMENTS TO THE COMPACT

Any modification to this Agreement shall not come into effect without the approval of the Government and signatory donors.

8. MEMBERSHIP AND TERMINATION

- 8.1** The Ministry of Health and the signatory donors to the IHP+ and the Compact will strive to make the case to convince a maximum of partners to integrate the mechanism of aid delivery, management and monitoring as defined in this Compact.
- 8.2** Any application for membership of a new donor to this Compact shall be made by letter to the attention of the Minister of Health with copies to the Minister of Development and Planning, the Minister of Finance, and the lead of the donors in the health sector. After consultation with the signatories, the Minister of Health shall inform in writing the decision taken on the applicant's request.
- 8.3** Any withdrawal of a signatory to this Compact shall be notified in writing three (03) months in advance to the Minister of Health with copies to the Minister of Development and Planning, the Minister of Finance, and the lead of the donors in the health sector.

9. EFFECTIVE ENTRY DATE OF THE COMPACT

This Compact shall come into force upon signature by the Minister for Health, the Minister of Finance and at least four (04) signatory donors.

Ont signé :

Pour le Gouvernement de la République Togolaise :

<p>Le Ministre d'Etat, Ministre des Affaires Etrangères et de la Coopération</p>  <p>M. Elliott OHIN</p>	<p>Le Ministre de la Santé</p>  <p>Pr Kondi Charles AGBA</p>
<p>Le Ministre de l'Economie et des finances</p>  <p>M. Adji Otéth AYASSOR</p>	<p>La Ministre auprès du PR, chargée de la Planification, du Développement et de l'Aménagement du Territoire</p>  <p>Mme Dédé Ahoéfa EKOUE</p>
<p>Le Ministre du Travail, de l'Emploi et de la Sécurité Sociale</p>  <p>M. Octave Nicoué BROOHM</p>	<p>Le Ministre de l'Eau, de l'Assainissement et de l'Hydraulique villageoise</p>  <p>Général Zakari NANDJA</p>

Ont signé :

Pour les Partenaires Bilatéraux et Multilatéraux :

<p>Pour la Délégation de l'Union Européenne L'Ambassadeur de L'Union Européenne</p>  <p>M. Patrick SPIRLET</p>	<p>Pour la France L'Ambassadeur de France</p>  <p>M. Nicolas WARNERY</p>
<p>Pour l'Allemagne L'Ambassadeur d'Allemagne</p>  <p>M. Joseph Albert WEIß</p>	<p>Pour la Banque Mondiale Le Représentant de la Banque Mondiale</p>  <p>M. Hervé ASSAH</p>
<p>Pour la BAD Le Représentant de la BAD</p>  <p>M. Serge Marie N'GUESSAN</p>	



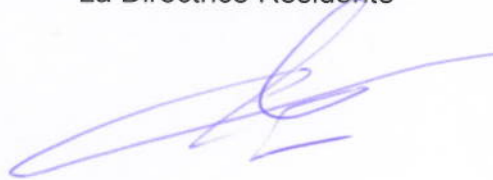
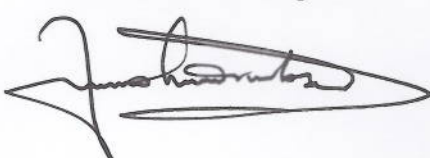
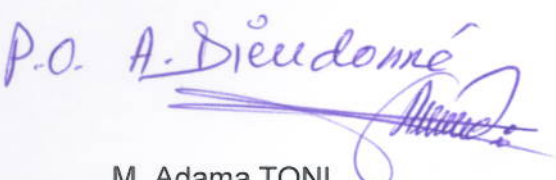



Ont signé :

Pour le Système des Nations Unies:

<p>Pour l'OMS Le Représentant de l'OMS</p>  <p>Dr Pierre K. M'PELE</p>	<p>Pour le PNUD La Représentante du PNUD</p>  <p>Mme Khardiata Lo N'DIAYE</p>
<p>Pour l'UNICEF La Représentante l'UNICEF</p>  <p>Dr Viviane VAN STEIRTEGHEM</p>	<p>Pour l'UNFPA La Représentante de l'UNFPA</p>  <p>Mme Cécile MUKARUBUGA</p>
<p>Pour le HCDH La Représentante du HCDH</p>  <p>Mme Olatokunbo IGE</p>	<p>Pour l'ONUSIDA Le Coordonnateur Pays ONUSIDA</p>  <p>M. Tamsir SALL</p>
<p>Pour le PAM Le Représentant du PAM</p>  <p>M. Moumini OUEDRAOGO</p>	

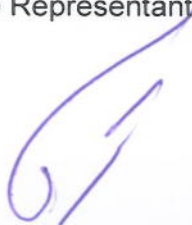




Ont signé :

Pour les Organisations et ONG Internationales :

<p>Pour Plan International Le Directeur de Plan Togo</p>  <p>M. Fritz FOSTER</p>	<p>Pour l'Association Allemande de lutte contre la Lèpre et la Tuberculose (DAHW) Le Représentant</p>  <p>M. Franz WIEDERMAN</p>
<p>Pour Eau et Assainissement en Afrique (EAA) La Directrice Résidente</p>  <p>Mme Viviane Eli DJANYIH TEPE</p>	<p>Pour Christian Blind Mission (CBM) Bureau Régional de l'Afrique de l'Ouest Le Directeur Régional</p>  <p>M. Michael KIRUMBA</p>
<p>Pour Louvain Coopération au Développement Directeur Régional pour l'Afrique de l'Ouest</p>  <p>M. Adama TONI</p>	<p>Pour Population Services International (PSI) Le Représentant Résident</p>  <p>M. Kontevi KUASSI</p>
<p>Pour Groupement d'intérêt public 'Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau' (GIP ESTHER) Le Coordonnateur National</p>  <p>M. Xavier ASSAMAGAN</p>	<p>Pour le Corps de la Paix La Directrice</p>  <p>Mme Carolina CARDONA</p>



Ont signé :

Pour les Organisations et ONG Internationales (suite) :

<p>Pour la Fondation Terre des Hommes Le Représentant</p>  <p>M. Olivier TOR</p>	<p>Pour Adventist Development and Relief Agency (ADRA) TOGO La Directrice</p>  <p>Mme Leiza M. O. AUGSBURGER</p>
<p>Pour Handicap International Le Directeur</p>  <p>Mme Cécile ROY</p>	<p>Pour l'Organisation Panafricaine de Lutte pour la Santé (OPALS) La Coordinatrice OPALS TOGO</p>  <p>Dr Léocadie FOLI</p>
<p>Pour BØRNEfonden Togo La Directrice National</p>  <p>Christa Nedergaard RASMUSSEN</p>	

Ont signé :

Pour le Secteur Privé et les Ordres Professionnels :

<p>Pour l'Association des Médecins Privés Le Président</p>  <p>Dr Kossi TSIKPLONOU</p>	<p>Pour l'Ordre des Pharmaciens Le Président</p>  <p>Dr Sakariyaou TIDJANI</p>
--	---

Ont signé :

Pour les Organisations Nationales de la Société Civile :

**Pour l'Union des Organisations Non
Gouvernementales du Togo (UONGTO)**

Le Directeur Exécutif



M. Abeyeta DJENDA

**Pour la Fédération des Organisations
Non Gouvernementales au Togo
(FONGTO)**

Le Président du Conseil d'Administration



M. Edu Koku RAVEN

Ont signé :

Pour les Associations Des Bénéficiaires :

**Pour le Réseau des Associations des
Personnes Vivant avec le VIH (RAS+)**

Le Président du Réseau



M. Augustin DOKLA

**Pour l'Association Togolaise des
Diabétiques (ATD)**

Le Secrétaire Général



M. Mawuto TETE

Ont signé :

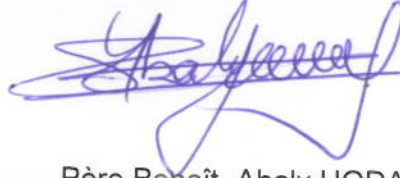
Pour les Organisations Non-Gouvernementales Nationales :

Pour la Croix Rouge Togolaise
Le Président



M. Gagno N. PANIAH

**Pour l'Organisation de la Charité pour un
Développement Intégral (OCDI)**
Le Secrétaire Général



Père Benoît Abaly HODANOU