Strengthening Alignment in Somalia's Health Sector

May 10-12, 2023

Nairobi, Kenya

Workshop Report

BACKGROUND & INTRODUCTION

Somalia's Federal Ministry of Health (FMoH) has prioritized alignment and harmonization of external assistance to respond to both the national mandate from the Prime Minister's Office regarding the revised 'Somalia Aid Architecture 3.0: Proposal for a renewed Partnership with the International Community' and commitments to harmonization by the global health community, including UHC2030 and the Sustainable Development Goals Global Action Plan. These efforts build on the ambitions articulated within the Somalia Health Sector Strategic Plan 2022–2026 (HSSP III) which commits to "*Building effective collaborative partnerships and coordination mechanisms engaging local community, national to and international stakeholders and pursuing the aid effectiveness approaches*," and the Investment Case for the Somali Health Sector 2022–2026 which identifies reform priorities, and states "*Investments and policies of the FMoH, and the financial, physical, and technical contributions from Federal Member State (FMS) Ministries of Health, development partners and the private sector should all be aligned in support of these investment priorities*".

In May 2022, Somalia's Federal Ministry of Health (FMoH) requested assistance from the Global Financing Facility (GFF) and the World Bank with efforts to strengthen alignment of development assistance, ensuring that resources available to the sector are allocated and used as effectively and efficiently as possible in support of the Government's health sector strategies and towards attaining the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). To inform alignment strategies, the GFF and World Bank supported a scoping of alignment options together with the major external financiers and UN partners, seeking to understand the institutional and implementation dynamics which enable alignment of health sector partner resources. The scoping has identified key alignment milestones over the short, medium, and long term. Following this, the FMoH and Development Partners have held multiple discussions from 2022-2023 on opportunities to better align and harmonize development assistance.

To expand engagement in, and further this agenda, the FMoH invited bilateral and multilateral development partners, UN agencies and prominent NGOs to a Workshop on Strengthening Alignment of External Assistance in Somalia's Health Sector which was convened May 10-12, 2023, at the Radisson Blu Upper Hill Hotel in Nairobi, Kenya. This workshop aimed to collaboratively identify specific strategies to strengthen the alignment of domestic and external resources including the technical, financial and physical support to further the government defined priorities and launch a collective effort to achieve key alignment milestones.

Over the three-day workshop, 43 Partner representatives along with 25 FMoH and Federal Member State (FMS) officials (see Annex 2 for a list of attendees) made a sincere effort – each within their own mandates and capabilities – to engage in developing explicit strategies to facilitate partner alignment and harmonization.

OUTCOMES

- Commitment to seek required authorization to **endorse the Statement of Partnership Principles** within the next month (see Annex 3 for the end of workshop draft).
- Consensus to build on the commitment to the jointly defined Essential Package of Health Services (EPHS) by i) **further prioritizing and clarifying the Package** towards expanding health service coverage and ensuring consistent, harmonized delivery of the package within available resources; and ii) developing a clear mechanism to **monitor progress and expansion of EPHS coverage.**
- Recognition of the **need to align M&E activities**, and an agreement to move towards aligned support for surveys, DHIS2 including data quality assurance methods, human resources, data use, and technical assistance.
- Appreciation of the **role of the Investment Case for the Somali Health Sector 2022–2026** in communicating the Government's sector reform and investment priorities, and a commitment to align support around these priorities.
- Agreement to initiate **Joint Annual Reviews** with an Annual Health Sector Report, as the penultimate joint event within an annual calendar of coordinated M&E activities which endeavour to meet the requirements of Government and Partners to review sectoral progress and implementation.
- Restatement of **support for the Somali Health Sector Coordination Committee (HSCC)** and a commitment to expand its role beyond that of the Health Sector Coordination Meeting to more actively support decision making and harmonize technical, financial, and physical investments.
- Endorsement of the **role of the Technical and Thematic Working Groups (TWGs)** to go beyond sharing information to coordinating technical inputs, consolidating initiatives to maximize synergies, streamlining demand on the MOH, and working to better align financing.
- Agreement to launch additional **Thematic Working Groups on Supply Chain and on Health Financing** and to strengthen the role of the HIS, HRH and newly launched EPHS Delivery TWGs to support the reform priorities.
- Proposal to develop an **Alignment Action Plan** led by the HSCC to facilitate execution of the action items agreed during the workshop.

PRESENTATIONS & DISCUSSIONS

The two-and-a-half-day workshop was **opened by the Director General of the FMoH, Ahmed Yusuf Abdulle**, who underlined the importance of partner alignment towards improving health, population and nutrition outcome in Somalia. His presentation on the Current Status of Somalia's Health Sector was followed by six sessions which each engaged participants in small group and plenary discussions. All presentations were delivered by a Ministry official and -- modelling how Partners wish to support

government leadership -- a Partner performed the role of facilitator for each session (see Annex 1 for the detailed agenda and Annex 6 for each of the presentations).

Session 1 on the Somali Health Sector Investment Case aimed to socialize partners on the Investment Case (IC) and expectations for its use as a tool for improving alignment and accountability. Participants exchanged ideas on how to jointly tackle the main challenges in the operationalization of IC priorities -- the implementation of EPHS and five health system strengthening priorities.

In the discussion, participants recognized that steps to ensure implementation of the Investment Case are still needed at all levels. Participants agreed that the EPHS and the priority reforms described in the Investment Case provide guidance to Partners. FCDO, Gavi and Italian Cooperation acknowledged that EPHS and the IC can/already does influence their decisions on external financing, but each Partner has its own processing requirements and timelines. Some they still have large programs of humanitarian support for service delivery which can also better align around the EPHS. The IC implementation plan is a starting point as a monitoring tool to assess progress on various areas.

Participants noted the opportunity for Thematic and Technical Working Groups (TWGs) to facilitate alignment around the Investment Case, and the DG noted that there was previously an active aid coordination body, responsible for coordinating NGOs and the UN agencies. Knowing which offices within the FMOH and at FMS level hold which responsibilities can assist further, appreciating that the FMoH is developing its stewardship and leadership role and will increasingly assume ownership of projects and strategies. A transition period will take time and require investments in additional capacity.

Session 2 on the preliminary findings of the Resource Mapping & Expenditure Tracking (RMET) reviewed the process and results of the most recent RMET and presented investment needs for the implementation of the Investment Case. The session considered the financial gap for implementation of EPHS and five priority reform areas.

There is widespread appreciation of the need to employ tools like RMET which can help the FMOH recognize the full sector expenditure program – encompassing the range of financiers, including those not represented at the workshop. The discussion highlighted the funding gap for EPHS, while accepting the weaknesses in the preliminary data being shared. Clearly the roll-out of the full content of EPHS needs to be even more deliberately phased.

There were suggestions to simplify and broaden the expenditure categories as one way to obtain more consistent information across financiers, while focusing on activities financed more than objectives. Although this kind of budget data can identify large gaps, it may play less of a role in identifying overlaps in initiatives around thematic sectoral collaboration among Partners. There is an expectation that information on the allocation, flow and use of funds from the federal level to FMS be shared. The discussions also noted the need to coordinate with the Ministry of Planning on collection of budget data.

Participants valued a comprehensive understanding of the financing of the health sector including the government's budget support, external support and other domestic sources, and want to discuss long-

term fiscal sustainability. Government needs to think through the costing and look at the resources available and priority areas, as highlighted by the RMET finding that current available resources will finance implementation of the Government's 2020 EPHS to cover only 20 percent of the population.

Participants also raised question about luck clarity role of FGS vs FMS and flow of fund to FMS from FGS. Concise and consistent budgetary allocations will drive change in reform/policy at FMS where the service delivery is happening.

Session 3 on EPHS Implementation (Challenges and Options for Expanding Coverage of EPHS) reviewed the major challenges in the implementation and expansion of EPHS geographic coverage, considering current limited coverage and service delivery fragmentation. The session also discussed solutions and options for improving EPHS coverage and quality within available resources.

All participants recognized a need for strong oversight from the FMoH to ensure partners fully align their technical, financial and physical inputs with the EPHS package. The discussions highlighted that given limited available resources to implement the EPHS, there is a need to revisit the interventions covered in the first phase of EPHS rollout to maximize health service coverage in the country, within available resources. There was broad agreement that to maximize coverage and address fragmentation, the prioritized sub-set of interventions will guide EPHS implementation across partners.

Employing standardized EPHS contracts can help donors to 'purchase' the prioritized sub-set of phase-one interventions in a manner which ensures consistent mechanisms of service delivery, ideally across multiple years. Though we may not be able to quickly achieve EPHS delivery across the country, Partners can help improve coordination by the government. The workshop suggested that the government should aim to rationalize implementation partners per region (1-2 partners based on population and access). There was a further suggestion that the government should map delivery of the EPHS by partners to identify current support (who, what, and where) as well as elaborate a plan for harmonized partner EPHS implementation and FMS supervisory roles at the facility, regional and district level.

There is a need to review and finalize the EPHS implementation plan and develop an EPHS monitoring framework. More work is also required to identify gaps by thematic and geographical areas, and a mapping of facilities based on the services being provided. Greater clarity is needed on the roles and responsibility of NGOs, government and partners. Regional and district health officers need to be "capacitated" to understand what implementing EPHS means in terms of their roles and responsibilities.

Socialization at all levels is critical and the Ministry needs to play a leadership role. Fully establishing the EPHS TWG (at State and Federal level) could assist with coordinating and ensuring a consistent approach to the many aspects of EPHS implementation: geography, staffing, community health, M&E, procurement and logistics, etc, while ensuring the government acts as the "gate keeper" for all donors and implementing agencies.

Session 4 on Alignment and Harmonization shared the background and rational for improving alignment and harmonization. It proposed milestones and considered practical options and approaches

from which the Ministry and development partners could choose. The session also reviewed the draft Joint Statement on Alignment (now, 'Partnership') Principles.

Participants discussed what Partners are being asked to align around, noting this is not only delivering the EPHS and reform priorities articulated in the Investment Case, but also ensuring that the FMoH and FMS Ministries (as the FGS representative) are supported as the leaders and stewards of the health sector and that Partners do not undermine, but support that role and function. Somalia has an advantage in that the FMoH is committed to prioritizing its stewardship role. It appreciates it can outsource many functions, including service delivery, whereas stewardship is a role that only the government can execute (leadership, partnerships, decision making, quality assurance, regulation, accountability, financial protection). Clearly defined roles and responsibilities within the government structures (the Federal and State levels) are essential to facilitate Partners effectively "getting behind" the FMoH's leadership role. Participants noted that we need to ensure alignment is not only financial, but programmatic and operational. While pooling funds and mainstreaming procurement may not be possible in the short-term, alignment of activities and processes is a feasible and critical step towards efficient execution of the Government's health sector strategies.

Regarding the draft Joint Statement shared with participants, the FMOH was asked to consider how it aligns with the instructions coming from the Prime Minister's office on the Somali Aid Architecture 3.0, as well as global strategies and initiatives on the SDGs. The Ministry noted that they are expected to implement but also inform the Aid Architecture from a sectoral perspective, so they believe this work is consistent. The importance of a mutual accountability framework was noted, and a suggestion was made to revise the title of the Joint Statement on Alignment to a Statement of Partnership Principles. Several Partners need to seek internal authorization to endorse the Statement. The Director General thus proposed that any objections to the Statement be raised within a month (by June 11, 2023).

In considering how each Partner can contribute, the UN agencies and multilaterals recognize their role in visibly and actively participate in the stakeholder meetings to understand the priorities and directions, providing the necessary support for planning and coordinating. The private sector appreciates its role in providing primary care health services, adopting existing country guidelines and policies to ensure quality and standardization. Supporting health professional councils with registration and licensing of health workforce providers will play a key role as can working with academia on the training of the health workforce. NGOs need to understand the gaps and priorities when securing funds to support harmonized EPHS implementation, and there needs to be a capacity building and sustainability plan. There was also a recognition that some private sector actors could also be donors and thus need to be engaged from that perspective. Alignment around government owned and led plans and priorities does not eliminate the individuality of all Partner's types of support, but rather ensures complementarity - - building on relative comparative advantages.

Some obstacles recognized are competing interests from donors, a lack of engagement from some Partners, and the desire to apply 'silver bullets' rather than put the time and effort into developing locally viable solutions. The is a recognized need to strengthen coordination mechanisms – structures, communication and engagement during the program development by external financiers – and to

cascade this to the FMS/regional levels. An advantage to be exploited is the recognized foundation for aligning around DHIS2 and the definition of the EPHS.

Session 5 on Structures to Strengthen Coordination proposed organizational arrangements to facilitate alignment and coordination. Break-out sessions around five key cross-cutting themes of Health Information/M&E, Human Resources for Health, Health Financing, Supply Chain and Delivery of EPHS were asked to propose concrete actions which could be accomplished over the next 12 months and to suggest indicators of success.

Participants discussed whether the Health Committee Advisory Board, which was previously used as a supreme decision-making body, should resume or if only the technical committee should be retained. The discussion further touched on whether the TOR of the Health Sector Coordination Committee (see Annex 5) is too focused on process and how a focus on outcomes can be emphasized. The discussions emphasized the challenge of ensuring that sectoral and coordination meetings serve not only an information sharing function, but are inclusive, include clearly identified processes and roles and responsibilities amongst partners, review progress against targets, ensure action towards a common goal, and facilitate substantive and routine feedback beyond annual reviews while ensuring that there is not a plethora of meetings which lack substantive actions. Specific suggestions by each break-out group are summarized in Annex 4.

How we can ensure that the FMOH truly leads the health sector, while Partners provide *support* to the FMoH, is a critical question that was discussed. Planning is currently happening outside government – when people come to the table they have already planned and come with their interests, rather than initiating planning *with* the government. A key question asked was whether the current Somali Health Donor Group work might organize itself with a thematic focus, providing representatives in the TWGs to ensure more streamlined participation. It needs to be further discussed which efforts to harmonize donors before approaching government are worthwhile or which simply create additional burdens.

Humanitarian efforts should not be side-lined in alignment efforts given so much supports the sector's goals. The country needs simultaneous development and humanitarian assistance to ensure strong systems are rebuilt for UHC while addressing the urgent conflict and climate crises. Partners might reduce the number of meetings by creating one umbrella – whether humanitarian or development – to ensure all actors know what everyone is doing.

Session 6 on a Joint Approach to Monitoring and Evaluation provided an overview of the planned approach to strengthening M&E in the health sector, especially in monitoring the delivery, quality, and coverage of health services. It also sought to obtain commitments from stakeholders to collaborate with and harmonize M&E. This session recognized the critical importance of collectively tracking progress and of the role of the government in ensuring that reliable data is collected, analysed and acted upon. As one part of the joint efforts to consolidate M&E initiatives, the Workshop proposed a Joint Annual Review to become part of the joint M&E workplan and a mechanism for fostering alignment. Participants discussed the proposed scope and process and timing for such a JAR.

Participants appreciated that much has already been done to develop and integrate the DHIS2 system, which can be built on to align M&E efforts. Discussions of each aspect of M&E underlined the need to map current work and align this around existing health sector strategies and plans to ensure reliable routine (DHIS2) and survey data are available for timely decision making. Increasing the frequency of surveys to better understand progress on health service coverage and quality is particularly important. The discussions, in plenary and in the M&E break-out session, underlined the HIS TWG's commitment to mapping M&E activities will help facilitate these efforts and that the TWG has a critical role in facilitating discussions between stakeholders.

Monitoring and evaluation are key stewardship functions. Although the Ministry will outsource (often through Development Partners) the collection and analysis of data, it must build capacity to lead, coordinate and use the resulting analyses to inform sector strategies. Development of a common results framework that can be used by all partners to track progress is a critical next step. This can begin with prioritizing indicators in the existing results frameworks in the IC and HSSP III, as well as the list of indicators in DHIS2 and surveys developed during the DHIS2 update process. The workshop noted current duplication and gaps in surveys. For example, four separate household surveys are currently planned to be financed by key partners. Harmonizing surveys is an important step to ensure reliable survey data through the expansion of survey indicators, geographic areas, and potentially survey frequency. There is a need for the HIS TWG to assess, identify, and align all the household and health facility surveys, ensuring that the MOH is clearly engaged in the design stage and has an opportunity to lead.

Strong HIS capacity is critical to ensuring the FMoH can execute its M&E stewardship role. There are current investments in building the stewardship capacity of the M&E functions at different levels and there is a need to map and harmonize these efforts. There is a further need to clarify M&E roles at each level, including the health facility and for the government to agree on the roles of the government at the regional, FMS, and Federal levels.

Processes to regularly analyse and triangulate different data sources (DHIS2, household surveys, financial data, health facility assessments, beneficiary feedback, etc.) are critical. Further, processes to jointly review these data, identify actions, and review progress on actions are needed. The HSCC was recognized as the platform to review results and progress on the sector's priorities. This will be supported by the HIS TWG, as well as TWGs for other areas (EPHS, HRH, supply chain, etc.), which will identify actions based on review of data and a feedback loop, to ensure everything is addressed and to share as well as disseminate information.

There was broad agreement on holding a JAR. There is a need to clarify the scope and depth of what will be reviewed, but it is expected to be the whole sector's performance. The JAR will look at high-level indicators and cannot serve as the review for all programmatic needs, but should reduce the demand for parallel sector reviews, and can have an annual focus on select priority programmatic issues (e.g., polio eradication or TB) and reform issues (e.g., accreditation). Participants noted that we will not assess the impact of our collective investments in the 1st JAR, which might better serve as a baseline and opportunity to consider how to assess performance across the sector. It was agreed that the JAR should

share an annual sector performance report, and that the timing of the JAR should allow the FMOH to link the review with the budget planning process, incorporating lessons from experience. However, all participants noted that the JAR cannot be the sole moment in the year when data is collected and reported; it is essential that data are reviewed throughout the year.

NEXT STEPS

Critical follow-up actions were identified around specific priorities:

- ✓ **Finalize Statement of Partnership Principles**
  - Share Updated Draft with all Partners and Workshop Participants
  - Any objections to the draft Statement or an inability to endorse the principles to be shared with the FMoH, Run Fuad Ali dgoffice@moh.gov.so by June 15
- ✓ **Focus on EPHS Alignment**
  - Finalize plan for phased rollout of EPHS
    - EPHS TWG to identify a small task force to finalize EPHS phased rollout plan
    - Develop criteria for the phased introduction of interventions
    - Based on resource mapping, review and further prioritize EPHS including across the main delivery channels.
    - Clarify the EPHS to ensure each service is clear at each level
  - Map partner support for EPHS
  - Develop EPHS monitoring framework
- ✓ **Harmonize M&E Activities**
  - Develop a common Results Framework based on existing results frameworks and identified indicators as well as clear strategy for routinely measuring and reviewing the results framework throughout the year. This Results Framework should serve as the basis for the JAR.
  - Map M&E partner activities to be facilitated by the HIS TWG to harmonize and implement a single M&E plan.
  - Review partners' existing health facility and household survey plans and develop a single harmonized survey plan to be supported by all partners.
- ✓ **Operationalize Alignment & Harmonization Structures**
  - Assign FMOH official and enlist key Partners to develop program to fully implement Health Sector Coordination Committee (HSCC) TOR.
    - Work on communication plan to ensure all parties have the same information even if not actively participating.
    - Clarify the links between the HSCC and TWGs, to ensure information flow in both directions and decision-making processes.

- FMOH to communicate establishment of each TWG – including designated FMOH leader, and proposed TORs, (and ask partners to express interest in joining TWG.
    - Discuss proposed list of TWGs with the Health Sector Coordination Committee (a TWG on Private Sector Engagement has been previously proposed but was not discussed during the Workshop).
    - Enlist support as need to draft TORs.
    - Develop workplan and deliverables for the next year with the objective of aligning partner work in that thematic area.
    - Ask Partners to express interest in supporting each TWG – e.g., as members of a secretariat.

✓ **Investment Case Implementation**

- Finalize IC implementation plans to be led by the respective TWGs
- Mapping partner technical and financial support for different priorities
- Review progress and necessary updates during JAR

✓ **Initiate Joint Annual Review**

- Develop JAR Concept Note including: defining FMoH Focal Point(s), participation that ensures representation of all stakeholders, JAR technical scope (planned to cover EPHS service delivery, health systems, and progress on alignment), identifying how to execute the JAR Report and related analytical work, and JAR structures and processes.
- Confirm date, tentatively planned for June annually (to commence in 2024) and communicate date and leadership to Participants and other Partners.
- Establish JAR Task Force to execute details: logistics, detailed TOR, inputs (e.g., Sector Progress Report as discussed during workshop).

✓ **Pursue opportunities to ensure alignment of external financing**

- Damal Caafimaad should model expectations for alignment and harmonization – including continually sharing updates on implementation progress, engaging others who finance service delivery around the purchasing and contracting of EPHS, fostering joint missions, consolidating third party monitoring as well as joint efforts towards the stewardship building.
- The new Global Fund and Gavi Programmes, as well as the FCDO financed Better Lives for Somalia Women and Children, offer opportunities to demonstrate alignment around EPHS and the Investment Case which need to be pursued by the FMOH, the financiers and implementing agencies.

✓ **Finalize Alignment Action Plan**

- Establish a small task force under the HSCC, charged with finalizing the alignment action plan.
- Identify FMoH focal point to monitor progress and implementation of Alignment Action Plan and report to HSCC.
- Enlist TWGs in submitting workplan with milestones/deliverables/accomplishments and indicators of success for next 12 months and ambitions for next 3 years.
- Share elaborated Action Plan with HSC Committee for Review by August 2023, building upon UHC2030 and GFF experience.

ANNEX 1: AGENDA

Workshop on Strengthening Alignment in Somalia's Health Sector

May 10-12, 2023, Radisson Blu Hotel, Nairobi

AGENDA

OBJECTIVES:

This high-level workshop is an outcome of discussions between the senior leadership of the Federal Ministry of Health and Development Partners about how to ensure the resources available to Somalia's health sector are effectively and efficiently utilized to make progress toward the attainment of Sustainable Development Goals (SDGs) and Universal Health Coverage. The workshop builds upon country-level and global-level commitments to strengthen harmonization and alignment of external resources in support of government priorities. Intended outcomes are (i) an agreement to prioritize the Government of Somalia's Investment Case for the Somali Health Sector 2022–2026 in allocating technical and financial support; and (ii) a commitment to specific strategies intended to strengthen the alignment of domestic and external resources.

Day 1: Wednesday, May 10, 2023	
Time	**Activity**
8h00 – 8h30	Registration
OPENING	
8h30 – 9h15	Welcome and Introductions by the Chair, Mr. Ahmed Yusuf Abdulle Ibrahim, Director General, FMOH Remarks on behalf of Health Sector Development Partners by Vincent Kutai, SHDG Chair and Millhia Kader, Chief of Health, UNICEF
9h15 – 9h45	The Context: The Current State of Somalia's Health Sector, Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH
SESSION 1: SOMALI HEALTH SECTOR INVESTMENT CASE	

OBJECTIVES: This session aims to socialize health sector partners on the Investment Case and expectations for its use as a tool for improving alignment and accountability. The session involves the exchange of ideas on how to jointly tackle the main challenges in the operationalization of IC priorities -- the implementation of EPHS and five health system strengthening priorities.

Chair: Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH

Session facilitator: Tawab Hashemi, GFF

09h45 – 10h15	Presentation by Abdifatah Ahmed Mohamed, Director Policy & Planning
10h15 – 11h15	Discussion
11h15 – 11h30	Summary of the Discussion and Conclusions
11h30 – 11h45	COFFEE/TEA BREAK

SESSION 2: FINANCING & RMET FINDINGS

OBJECTIVES: The primary objective of this session is to share the preliminary findings of the most recent Resource Mapping & Expenditure Tracking (RMET) and to present investment needs for the implementation of IC. The session will examine the financial gap in the implementation of EPHS and five priority areas.

Chair: Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH

Session facilitator: Job Muriuki, Fund Portfolio Manager, The Global Fund

Time	**Activity**
11h45 –12h15	Presentation on Investment Case Financing, Anna Gibson Conn, Global Financing Facility
12h15 –13h15	Discussion
13h15 – 14h15	LUNCH BREAK
14h15 – 14h30	Summary Conclusions and Next Steps

SESSION 3: EPHS IMPLEMENTATION (CHALLENGES AND OPTIONS FOR EXPANDING COVERAGE OF EPHS)

OBJECTIVES: This session will review the major challenges in the implementation and expansion of EPHS geographic coverage. The session will also discuss the solutions and options for improving the coverage and quality of EPHS.

Chair: Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH

Session facilitator: Caroline Mwangi, Health Advisor, FCDO

Time	**Activity**
14:30 – 15h00	Presentation on Implementing EPHS by Dr. Nur Ali Mohamud, Daamal Caafimaad Project Coordination & Implementation Unit
15h100 – 16h00	Discussion In small groups at the tables
16h00 – 16h15	COFFEE/TEA BREAK
16h15 – 16h45	Report back
16h45 – 17h00	Summary of the session
CLOSING Day 1	
17h00 – 17h15	Summary of the day by DG

Day 2: Thursday, May 11, 2023	
SESSION 4: ALIGNMENT AND HARMONIZATION	
OBJECTIVES: This session will share the background and rational for improving the alignment and harmonization of programs. It will deliberate the milestones (long and short-term) and provide a menu of practical options and approaches that the Ministry and development partners could choose from. The session will also review a draft joint statement of Partnership Principles intended to guide alignment. **Chair**: Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH **Session Facilitator:** Bernard Olayo, Senior Health Specialist, Team Leader for Damal Caafimaad	
Time	**Activity**
8h30 – 9h30	Presentation on Alignment and Harmonization, Mohamed Abdi Hassan, Advisor, Partnership & Donor Engagement
9h30 – 11h00	Discussion
11h00 - 11h15	Summary of Discussion
11h15 – 11h30	COFFEE/TEA BREAK
SESSION 5: STRUCTURES TO STRENGTHEN COORDINATION	
OBJECTIVES: The session aims to (i) agree on structures which will facilitate alignment and coordination; and (ii) draft a workplan for the next 12 months for strengthening alignment in key cross-cutting areas. **Chair**: Abdifatah Ahmed Mohamed, Dir Policy & Planning **Session Facilitator:** Patience Musanhu, Senior Country Manager, GAVI	
11h30 – 12h00	Presentation on Structures to Support Alignment, Mohamed Abdi Hassan, Advisor, Partnership & Donor Engagement
12h00 – 13h00	Discussion and Endorsement of Proposed Structures and Roles
13h00 – 14h00	Lunch Break
14h00 – 15h30	Part II: Parallel Discussions by Cross-Cutting Thematic Working Groups

	-- HIS, HRH, Supply Chain, Health Financing, EPHS Delivery Convene in parallel
15h30 – 15h45	COFFEE BREAK
15h45 – 16h30	Report Back and Plenary Discussion
16h30 – 16h45	Summary of the session.
CLOSING Day 2	
16h45 – 17h00	Summary of the day and agenda for Day 3

Day 3: Friday, May 12, 2023	
SESSION 6: JOINT APPROACH TO MONITORING AND EVALUATION	
OBJECTIVES: The session aims to provide an overview of the planned approach to strengthening the Monitoring and Evaluation of the health sector, especially the delivery, quality and coverage of health services. This session is also intended to foster commitments from amongst stakeholders to collaborate with and harmonize MERL-related efforts. This session will propose a Joint Annual Review to become part of the joint M&E workplan and a mechanism for fostering alignment. The session will review the scope and process of JAR and propose a draft TOR and date. Chair: Mr. Ahmed Yusuf Abdulle Ibrahim, DG, FMOH Session Facilitator: Jessica Flannery, Health Specialist, World Bank and GFF	
Time	**Activity**
08h30 – 9h15	Reconvene
9h15 – 10h00	Presentation on MOH plans for M&E, Abdulkadir Mohamed Muuse, Head of M&E and Hassan Sheikh Ahmed, Head of HIS
10h00 – 11h15	Discussion
11h15 – 11h30	COFFEE BREAK
11h30 – 11h40	Summary
11h40 – 12h00	Proposed Joint Annual Review, Abdifatah Ahmed Mohamed, Dir Policy & Planning
12h00 – 12h20	Discussion and Summary
WORKSHOP CONCLUSIONS, NEXT STEPS AND CLOSING	
12h20 – 12h30	Summary and Closing, Ahmed Yusuf Abdulle Ibrahim, Director General

ANNEX 2: LIST OF PARTICIPANTS

S/N	Name	Position	Organization
1.	Ahmed Yusuf Abdulle	Director General	FMOH
2.	Abdifatah Ahmed Mohamed	Director of Policy & Planning	FMOH
3.	Abdulkadir Mahamed Muuse	Head of M&E	FMOH
4.	Dr. Abdulahi Nur Omar	Head of Governance	FMOH
5.	Dr Mustafa Awil Jama	Director of Family Health	FMOH
6.	Dr Mohammed Abdullahi Abdulle	National EPHS Coordinator	FMOH
7.	Dr. Abdirahman Hassan Awale	Head of Public Private Partnership Section	FMOH
8.	Dr. Abdirizak H. Hassan	MoH Advisor	FMOH
9.	Dr. Mohamed Abdi Hassan	Partnership and Donor Engagement Advisor	FMOH
10.	Dr. Mohamed Hussein Alasow	Director of Human Resources for Health	FMOH
11.	Dr. Nur Ali Mohamud	PCIU Senior Programme Coordinator	FMOH
12.	Khadar Hussein Mohamoud	Communication Coordinator	FMOH
13.	Mahamed Mahamoud Adow	Director of Medical Services	FMOH
14.	Mohamed Abdulkadir		FMOH
15.	Mr Ali Abdirahman Osman	Director of Public Health	FMOH
16.	Mr Hassan Sheikh Ahmed	Head of HMIS, Research and Statistics	FMOH

17.	Mukhtar Abdi Shube		FMOH
18.	Sadia Abdisamad	Head of HIV Unit	FMOH
19.	Said Aden, FMOH		FMOH
20.	Said Waray	Head of Health Finance Unit	FMOH
21.	Dr. Abdiwali Mohamed Ahmed	Director General	Galmudug – MOH
22.	Dr. Abdirashid Mohamed Hussein	Director General	Hirshabelle-MOH
23.	Dr. Mohamed Mohamud	Director General	Puntland – MOH
24.	Abdirasaq Artan	Head of HMIS	Puntland – MOH
25.	Abdi Ali Dogey	Director General	South West – MOH
26.	Ahmed Khalif	Country Director	Action Against Hunger
27.	Asma Ali	Senior Program Officer	BMGF
28.	Dr. Abdirahman Ahmed Mohamud	Director of Health	BRA
29.	Elisha Ogonji	Senior Development Officer	Canadian High Commission
30.	Caroline Mwangi	Health and Nutrition Adviser	FCDO
31.	Ahmed Haji Omar Awa	Coordinator, Embassy of Finland	Finland
32.	Johanna Laukkanen	Desk Officer	Foreign Ministry of Finland
33.	Serawit Bruck-Landais	Regional Global Health Advisor	French Embassy
34.	Dr Harry Jeene	Consultant	GAVI
35.	Patience Musanhu	Senior Country Manager	GAVI

36.	Job Muriuki	Fund Portfolio Manager	Global Fund
37.	Dalshad Al-Jaaf	Health Coordination	ICRC
38.	Bishara Abdullahi Suleiman	Health Coordination	ICRC
39.	Sikhulile Dhlamini	Program Manager	IOM Somalia
40.	Paolo Giambelli	Health Consultant	Italian Agency for Development Cooperation (AICS)
41.	Francesco Giulietti	Consultant	Italian Agency for Development Cooperation (AICS)
42.	Winfred Mundia	Manager, Development Advisory	KPMG
43.	Rocco Triebel	Assistant Professor of Health Policy	London School of Economics
44.	Dr Martilord Ifeanyichi	Health Economist	London School of Economics
45.	Saba Khan	Senior Technical Advisor	PSI
46.	Dr. Binyam Gebru	Deputy Country Director	Save the Children
47.	Mohamed Ali Magan	Health Technical Specialist	Save the Children
48.	Vincent Kutai	Technical Health Specialist for GAC/SHDG	SHDG
49.	Daniel Magnusson	First Secretary, Senior Programme Manager	Sweden
50.	Corinne Corradi	Health Advisor	Swiss Embassy/SDC
51.	Maryam Qasim	Senior Advisor for Policy and Advocacy	UNFPA

52.	Dr. Achu Lordfred	Deputy Representative	UNFPA
53.	Sanne Frankin	Evaluation Analyst	UNFPA Somalia
54.	Dr. Millhia Kader	Chief of Health	UNICEF
55.	Jaime Oberlander	Social Services Office Director	USAID
56.	Tawab Hashemi	Senior Health Specialist	GFF
57.	Peter Okwero	Senior Health Specialist	World Bank
58.	Bernard Olayo	Senior Health Specialist	World Bank
59.	Abdisalam Ahmed	Health Specialist	World Bank
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61.	Julie McLaughlin	Lead Consultant on Alignment	GFF
62.	Aimee Fidele Mukunde	Communication Consultant	GFF
63.	Anna Gibson Conn	Health Financing Specialist	GFF
64.	Jessica Leete Werner Flannery	Health Specialist	World Bank
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68.	Janerose Muboka Lubisia	Program Assistant	World Bank

ANNEX 3: DRAFT JOINT STATEMENT

DRAFT

May 12, 2023

Joint Statement of Partnership Principles

Supporting Alignment and Harmonization in Somalia's Health Sector

PRELUDE

From May 10-12, 2023, Somalia's Federal Ministry of Health convened representatives of health development partners in Nairobi, Kenya to agree on modalities for mutual accountability in working together towards Universal Health Coverage (UHC) in Somalia. Partners who deliver services, finance services, invest in systems strengthening, and provide technical support to Somalia's health sector attended to identify ways to strengthen the alignment of domestic and external resources in support of the Government of Somalia's strategies for the health sector. This Joint Statement articulates commitments to this goal. Building on these initial commitments, Partners and the Ministry will together develop the workplans and mutual accountability frameworks which support specific alignment milestones.

BACKGROUND

As the steward of the health sector, the Federal Ministry of Health recognizes that it has the unique responsibility to provide leadership for, and to leverage support from, all health sector actors, including UN partners, multilateral organizations, bilateral donors, local and international NGOs, private sector actors, and civil society. Aligning this support around a shared sector strategy, a joint expenditure program, and a common approach to assessing results can help to ensure that this support to the health sector is provided effectively, efficiently, equitably, and transparently.

The goal of attaining UHC and improving health outcomes for all Somalis faces immense challenges. including inadequate and unpredictable funding; inadequate health infrastructure; inadequate health workforce; poor health sector coordination and fragmentation of aid; protracted complex emergencies; and security challenges which restrict the ability to deliver and monitor quality health care services to parts of the population.

Somalia cannot afford the inefficiencies and inequalities which arise from a lack of harmonization. Currently, such inefficiencies and inequalities manifest through multiple financing streams, parallel reporting procedures, and inconsistent standards for service delivery, resulting in increased transaction costs. The lack of alignment and harmonization results in gaps and in overlaps of essential support, whereas greater alignment can produce synergies, increasing efficiency in support of strengthened health outcomes.

The global health community recognizes the imperative of harmonization and has made numerous commitments to improve country-level alignment. The International Health Partnership+ (IHP+), UHC2030 and the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) all commit global health partners to strengthening collaboration and aligning support to country led national plans and strategies. The jointly produced Investment Case for the Somali Health Sector 2022–2027 states: "Investments and policies of the FMoH, and the financial, physical, and technical contributions from Federal Member State (FMS) Ministries of Health, development partners and the private sector should all be aligned in support of these investment priorities".

INVESTING IN STEWARDSHIP

Partners recognize the Ministry of Health's leadership, as the Federal Government of Somalia's steward of the country's health sector. Partners commit to working through, and investing in, the core stewardship functions of the FMOH and FMS MOHs including defining sector strategies, standards and regulations as well as managing public expenditure, health information, communications, and partnerships. Partners recognize the importance of government-led sector dialogue to engage stakeholders around these stewardship functions and to facilitate alignment. As the steward of the sector, the FMoH, together with the ministries at the Federal Member States, is responsible for guiding the country toward universal health coverage (UHC). Partners commit to working through and investing in MOH Structures, as well as Region and District health leadership, while avoiding the creation of parallel entities.

SUPPORTING ONE COUNTRY-LED PLAN

The Government of Somalia consulted with a wide range of stakeholders in defining its priorities and strategies. The Somalia Health Sector Strategic Plan 2022–2026 (HSSP III), together with the Essential Package of Health Services (EPHS) and the Investment Case for the Somali Health Sector 2022–2027) defines the strategic directions and the immediate actions needed to expand access to quality

essential health services in Somalia. Partners endorse these national plans and strategies and are committed to working in support of these priorities.

The HSSP III, was informed by the national health policy and the ninth National Development Plan (NDP-9) with a goal of improving the health status of the population through health system strengthening interventions and providing quality, accessible, acceptable and affordable health services that facilitate moving towards achieving UHC. Core values underpin the health policy priority directions:

- Universal and equitable access to acceptable, affordable, cost-effective, and quality health services with maximum impact on Somali populations' health to ensure the realization of the right to health.
- Effective, transparent and accountable governance and leadership in managing the different components of the health system with decentralized management of health care service delivery.
- Building effective collaborative partnerships and coordination mechanisms engaging local community, national and international stakeholders and pursuing aid effectiveness approaches.

The Investment Case' overarching strategic priority is to expand health service access and coverage with the EPHS. The EPHS Implementation strategies are:

- Geographic expansion of EPHS
- EPHS financing and efficiency gains
- Efficient use of essential staff
- Purchasing and contract management
- Performance Review

The Investment Case also identifies the key systems reforms needed to accelerate delivery of the EPHS within available resources. The sector reform priorities outlined reflect the levers the public sector will employ to rapidly deploy the EPHS:

1. Strengthening health financing and financial management
2. Building human resources for health
3. Improving the supply chain for essential medicines and supplies
1. Improved information systems, and
5. Effective engagement of the private sector.

FMoH policies and investments, along with the financial, physical, and technical contributions from Federal Member State (FMS) Ministries of Health, development partners and the private sector are expected to align in support of these investment priorities. Partners commit to working to ensure that their contributions adhere to the defined package and standards for delivery of the first phase of the EPHS, appreciating that the full EPHS will entail a phased roll-out. This commitment is exemplified in the Ministry's Improving Health Care Services in Somalia (Damal Caafimaad) which is being financed by the FGS, World Bank and Global Financing Facility. Other development projects financed by other partners, which align to the priorities in the investment case, should ideally aim to employ similar implementation modalities, and Partners supporting vertical interventions will pursue integration through opportunities to align their support with the EPHS roll out.

STRUCTURES TO FACILITATE ALIGNMENT

The Federal Government of Somalia (FGS) has issued guidance on the Somalia Aid Architecture 3.0. Consistent with this guidance, the FMOH is establishing structures to facilitate dialogue and engagement, and to foster alignment and coordination. Partners will participate -- as is relevant to their mandates and areas of interest -- in one or more Thematic or Technical Working Group and in the Health Sector Coordination Meetings. Thematic Groups focus on cross-cutting system reform issues (e.g., HIS, HRH), whereas Technical Working Groups are organized around specific health needs (e.g., nutrition, RNMACH, AIDS). These TWGs aim to facilitate standardizing approaches between partners and across the country (for example, harmonizing health worker qualifications, deployment, and compensation) towards reducing inequalities.

All TWGs serve as a platform for representatives of stakeholders to: i) share information, (ii) coordinate technical inputs to strategies and protocols, capitalizing on each organization's comparative advantage, iii) identify and consolidate activities to maximize synergies, iv) reduce demand on Ministry offices by streamlining interactions; and v) harmonize financing. As the steward of the health sector, the Ministry will designate the appropriate FMOH officials to lead each TWG. Where multiple Donors are engaged in a TWG, they will endeavor to coordinate themselves (e.g., agreeing on representation, key messages, the details of coordinated financing around the theme or technical area) to participate more efficiently in the TWGs.

The Health Donor Group will assist in fostering structures to support this coordination. This will include working with the FMOH and FMS ministries to provide support to the coordination structure. The Ministry's Coordination and Communication Office will help the Department of Policy and Planning

create online platforms to support sharing information by all TWGs and materials from individual Partners.

UNIFIED MONITORING AND REPORTING

The FMOH, FMS and Partners will aim to harmonize initiatives to monitor, evaluate, analyze, and learn from the sector's needs, performance, and results. The collaboration between the Ministry and Partners in support of the DHIS2 as the single system for all routine data collection creates a foundation for collaboration around monitoring, evaluation, research and learning (MERL), while serving as an example of collaboration for other thematic and technical areas. Further progress can be made by coordinating surveys, analysis, and research individually commissioned for each external financier.

The Health Information System (HIS) Thematic Working Group has been launched with a mandate to strengthen partner coordination, promoting joint efforts around data review, feedback, dissemination and use of data. Increasingly, Partners will seek the Ministry's review and endorsement of all MERL activities which they intend to finance or conduct through the HIS TWG. The HIS TWG may assist the Department of Policy and Planning in creating online platforms to support information sharing by all TWGs.

Partners commit to work together to endorse a single results framework which can serve the needs of all Development Partners (particularly external financiers who often have institutional requirements which drive parallel reporting). The HSSPIII includes a Monitoring and Evaluation Framework, and the Investment Case proposes a Theory of Change and a Results Framework. The Results proposed therein may be expanded in response to the work of the TWGs and to consider whether they incorporate the requirements of all external financiers. The HIS TWG may commission a subgroup to assist in defining an inclusive and responsive Results Framework and accompanying plan for monitoring the agreed indicators in order to reduce the inefficiencies resulting from parallel data collection.

External Financiers will work together to coordinate their monitoring visits (increasingly conducting joint rather than individual missions) to Somalia to facilitate the above aims, and to reduce parallel demands on the system. Quarterly virtual joint meetings with the MOH leadership will assist in reducing parallel transactions for these financiers to discuss the programming of external funds.

A Joint Annual Review will be launched in 2024 to (i) convene partners to assess progress against the Results Framework – considering inputs, outputs and impact; (ii) assess the utilization of all recognized sources of financing; (iii) share and discuss findings of analyses, which reveal information on bottlenecks

and successes; (iv) discuss lessons learned and agree upon implied adjustments to objectives, targets, strategies and the Results Framework; and (v) assess progress on alignment and adherence to these Principles.

ALIGNING FINANCING

The Ministry and Partners appreciate that the ambition of pooling all external financing under the management of the FMOH is a long-term goal. Towards that aim, the Ministry will enlist support to build the capacity of government systems from government-wide initiatives to strengthen public financial management and through the Damal Caafimaad project, parties will endeavor to demonstrate that the FMOH and FMS Ministries can execute budgets and account for funds.

The completion of two Resource Mapping and Expenditure Tracking (RMET) exercises has demonstrated the commitment of Partners to transparently share information on the allocation and disbursement of external financing. The RMET has uncovered differences in budget approaches and categories between external and domestic financiers, underlining differing approaches to health sector support. The Ministry and Partners commit to continuing to make resource mapping information available and to pursuing tools which reflect the entire expenditure program in One Budget while accounting for resource allocation and use. Partners appreciate that parallel procurement and direct financing of service providers undermines alignment, recognizing that it has been a necessity given weak systems and pressing health service delivery needs in the country. Longer-term ambitions are to align financial management, audit, and procurement procedures. Towards this aim, the core external financiers are exploring options to enable them to pool funds over the medium term. Such initiatives rely upon the public sector demonstrating its ability to manage funds under Damal Caafimaad.

Partners are investing with the Ministry to build capacity, and demonstrate the ability, to purchase essential health services from non-state actors while effectively holding those service providers accountable for meeting quality and coverage standards. Credibly implementing the contracting of health services can create an opportunity for external financiers -- donors, MDBs, but also contributors from the Somali diaspora – to utilize the same systems and procedures to finance services under the Ministry's leadership. Partners recognize the opportunity to support greater coverage, standardization and accountability and will observe the Ministry's piloting of health service contracting to consider when and how contracting might be utilized to expand Government-led EPHS service delivery through additional sources of financing.

The contracting initiative will be complemented by efforts to more effectively engage the large for-profit sector who deliver health services, procure and transport medicines and supplies, and produce human resources for health. Partners recognize the impact such engagement could have on attaining universal health coverage and on improving quality and access, and the Ministry and Partners commit to investing in building the systems and capacity to engage, finance, regulate and accredit the private sector.

Partners commit to contributing expertise to, and responding to requests for information from the Financing TWG which will be established under the leadership of the Ministry in 2023. To support efforts to build systems and capacity, to collect and consolidate data on sector financing, and to pilot efforts towards greater financial alignment.

ENDORSEMENT

For the avoidance of doubt, the Partners endorsing these Principles understand and acknowledge that such an endorsement does not constitute a binding legal agreement. These principles are a statement of intentions, commitments, goals; some cannot be achieved in the short term and may be aspirational for some parties. They do describe expectations for practices and behaviors by the Ministry and its domestic and external Partners. These Principles should become more ambitious over time and may be revisited following the Joint Annual Review based upon lessons of experience.

ANNEX 4: SUGGESTIONS FOR TWGs

Feedback from Parallel Discussion Session During the Workshop

HUMAN RESOURCE FOR HEALTH - (already launched)

Overview

- 2020 there was a report on HRH from World Bank. Investment case informed HRH on IC.
- New working group: just launched a month ago (April 2023). The TOR has been defined with the chair and co-chair (see Annex 5). Over and above this, what needs to be done is to operationalize the plan of HRH.
- Ministry wants to define HRH summit to steer agenda

Membership

- WHO, UNICEFP, WFP, SRS, ICS, WB, and others are involved.
- Membership needs to include medical associations (nurses, midwives, private sector)
- Need to increase members to include medical bodies and federal member state bodies

Alignment Role

- Funds should be targeted to HRH and be harmonized to improve efficiency. Need to target most needed facilities.

Frequency of Meetings: Quarterly

Aim to Update HRH strategy

- Distribution of health care workers
- Harmonization of investment
- Retention policy

5 Key Milestones:

- Use of CHWs and expanding community-based health care workers
- Using current staff and re-vamping baseline standards
- Improving employment of health care workers
- Funded health facilities
- Advocacy
- Establishing a secretariat

Bottlenecks

- Need a secretariat attached to TWG to draft report, convene meetings, and taking forward action plans. We need to highlight how the secretariat would look. We need to update the HRH strategy (2021). We need to have advocacy around donor prioritization of HRH.
- We need the federal government and member states need to assess how many HRH individuals are available and develop standardize job descriptions

HIS/M&E TWG (already launched)

Membership

- Statistics Bureau (SNAPS)
- FGOS
- Development Partners who are supporting HMIS activity
- Private Sector
- Humanitarian Cluster
- Health Cluster

Workplan/Indicators for success

- Meetings held monthly
- Expecting to have full participation of core organizations
- Minutes taken with action points circulated in 48 hours
- Review of action point progress (quarterly)
- Updates on activities from FMOH and Partners
- Provide update on DHIS II data and data analysis (each quarter update)
- Update activity mapping (who is doing what and where) and will develop a timeline to do so
- Identify the gaps and overlaps and discuss the actions to address
- Update the investment case HMIS action plan based on the outcome we identify the template of the activity mapping
- We need to receive information from government and donors and respond with feedback within four weeks
- The data analysis guidance and use guidelines would become a dashboard

EPHS DELIVERY -- PROPOSED NEW TWG (TOR had been drafted in Mar/Apr 2023)

Proposed Membership

- Government
- Donors
- Partners
- UN Agencies

Role

- Create a common understanding of EPHS in government
- Support resource mobilization
- Coordinate the challenges and bottlenecks
- Provide information to senior ministry officials

Meetings: Quarterly

Achievements

- Make the package more realistic
- Mapping of service providers
- Provide more standardization
- Have annual performance review of EPHS

Indicators

- Package of phase I priorities
- Mapping reports
- Resource mobilization strategy
- EPHS results framework

Challenges

- The process is contested – differing views
- The working group would facilitate a common understanding of how we should implement the resource mapping working group
- We need a high-level technical working group to ease the challenges (FGON not funding, partners not funding whole package, implementing partners frustrated at structure)

PROPOSED NEW TWG ON HEALTH FINANCING

Suggested Members

- Minister of Health
- Minister of Finance
- Development Partners (UN, INGOs, Donor Community)
- Civil Society (Diaspora contributing community health financing – non-state actors that are umbrella term) (including business) – Non State Actor Association
- Private Sector (chamber of commerce)
- Consider Academia

Role

- Coordinate health financing
    - Identify partners – including non-traditional partners, their roles, then determine gaps and identify priorities (do this through Resource Mapping)
- Advise on revenue allocation/prioritization
- Internal/external resource mobilization
- Advise on purchasing of health services
- Liaise with PFM for health
- Provide sound advice on health financing strategy
- Role in alignment : Assess and evaluate external and public resources/alignment

Frequency of meetings: Quarterly (3 months) + as needed

Deliverables for the Next 12 Months

- Develop TOR/Endorse
- Identify membership
- Map donors/partners in country
- Develop resource mapping tool
- Liaise with PFM
- Follow up with HSC to understand the diaspora
- Private sector engagement
- Understand government contracting capacity
- Liaise with AIMS

5 Milestones

- Finalize TOR
- Complete membership
- Partners/donor mapping
- Liaise with PFM
- Liaise with HSC on diaspora

Indicators

- TOR approved
- Four meetings
- Established engagement with broader MoH/MoF
- Comprehensive list of donors in country
- Evidence generation for budgeting

Conditions for success:

- Stakeholders commitments
- Transparency
- Participation
- Capacity

PROPOSED NEW TWG ON SUPPLY CHAIN

Suggested Members

- FGOS
- Development Partners
- Civil Society Organization
- UN

Role:

- Oversight
- Forecasting, quantification, distribution
- National and state workshops

Frequency of Meeting: Monthly

Milestones	5 Month Achievements
• Establish national and sub national platform • Develop policies and strategies for supply program	• Set up committee • Minimize stock outs • Coordinate distribution and transportation of supplies

Indicators of Success • Minimize stock outs • Minimize the delays • Minimize the chance of wastage	Conditions for Success • Staff training • Supply workforce training • Coordination of TWG • Resource mobilization

ANNEX 5: THEMATIC and TECHNICAL WORKING GROUPS (TWGs)

Terms of Reference for Health Sector Coordination Meeting

And Established TWGs: HIS and HRH

Federal Republic of Somalia
Ministry of Health & Human Services

Terms of Reference (TOR)

Somali Health Sector Coordination Meeting

I. Background

Since the Collapse of Somali Government in 1991, the Somali Health Sector has been supported by multiple partners including development partners, bilateral and multi-lateral donors, and International/National non-governmental organizations, among other stakeholders, with lots of fragmentation of planning, implementation, monitoring and evaluation. Private Sector provides the largest health services to the population.

In 2013, with the support of Multi-donor supported programme called Joint Health and Nutrition

Programme (JHNP), Somali Health Authorities from Somaliland, Puntland and South-Central Zones together with health sector partners formulized Health sector coordination architecture into three levels which was zonal health, nutrition, WASH sector coordination, National Health Sector Committee and Health Advisory board which worked very well until 2016, due to changes to political structure and the new emerged federal member states, the health sector coordination committee has been constrained.

In line to the National Development Plan (NPD 8), Federal Government of Somalia established coordination architecture in which social development (pillar 7) working group was functional with two sub-working groups; i) Health, Nutrition and WASH sub-working group chaired by the Ministry of Health and ii) Education, Youth and Employment sub-working group chaired by the Ministry of Education, Culture and Higher Education.

The National Development Plan (NDP 9) is following similar arrangement of coordination architecture with some adjustment, where Social development working group (Pillar 4) will be re-established with sub-working group arrangement.

On the other hand, New Opportunities arose, the Global Financing Facility (GFF) is a country driven partnership that aims to accelerate efforts to end preventable maternal, new-born, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. The GFF supports countries in developing a prioritized plan (the Investment Case) for the health sector that matches the resources available in the short term and supports countries in strengthening their health financing systems to achieve efficiencies and more sustainable domestic financing. The GFF promotes an integrated health system approach and combines external support, domestic financing and the private sector in a synergistic way.

The Federal Government of Somalia has signed a commitment letter to join countries supported by GFF and particularly committed areas of 1) government-led health sector development through multi-stakeholder country coordination platform led by nominated high level government focal point with support from GFF Secretariat, 2) develop an investment case which is a consensus around a set of high priority reforms to scaling up of core health and nutrition services to advance the country's universal health coverage (UHC) agenda, 3) increasing domestic resource allocation to health, 4) ensuring equitable health services and financial protection, 5) strengthening and using data for decision making and 6) willingness to commit IDA/IBRD resources for health.

The Ministry of Health and Human Services of Federal Republic of Somalia, together with

Ministry of Finance – FGS, Ministries of Health at Federal Member States, Representation from UN Organizations and Development Partners, Civil Society Organization and Private Sector had a workshop in Addis Ababa – Ethiopia in late 2019 and agreed to re-establish an in-country coordination platform for health, nutrition and WASH sectors. Two coordination meetings took place ever since.

The Terms of Reference for the Somali Health Sector Coordination Committee has been revised to ensure its alignment to the national development plan coordination architecture and feeding into the social development (Pillar 4) working group.

2. Main objectives

The Main Objective of the Somali Health Sector Coordination Committee (sub-working Group), linked to social development working group, is:

i) To strengthen governance, ensure alignment, harmonization, mutual accountability, and transparency. ii) To enhance sectoral coordination and communication at FGS and FMS levels and among stakeholders

iii) Oversight of health programs to maximize health outcomes, especially for the poor, those in rural areas, women, and children.

3. Roles and Responsibilities

The Somali Health Sector Coordination Committee will have the following responsibilities:

- Reviewing, validating, and endorsing the sectoral policies, strategies, programme and project design (concept notes, proposals) and planning including development of Investment case and assuring their alignment to the national development plan.
- Support the development of annual (operational) workplan that is aligned to the sectoral strategic plans and the national development plan.
- Facilitation and conducting sectoral resource mapping, expenditure tracking, gap identification, prioritization, and harmonization, mobilization of resources to fill the gap and allocation of resources to an equitable integrated health, nutrition and WASH services. The resource mapping will be linked to the aid mapping flow exercise.
- Strengthen an integrated health information system and the use of information through establishing a common monitoring and evaluation framework that is aligned to the NDP indicators and Mutual accountability framework.
- Conduct regular / periodic joint review and appraisal missions to monitor progress (results) made against the sectoral policies, strategies and programmes as well as the national development plan and MAF.
- Conduct periodic (landscape) analysis and development to strengthen the institutional and stewardship capacity and to strengthen the decentralized and resilient systems to manage the service delivery.
- Prepare biannual / semi-annual sectoral report – that feeds the multi-sectoral social development semi-annual reporting – that is reported to the SDRF.
- Enhance the information sharing among the key stakeholders supporting and operating in the sector.

4. Contribution to the Social Development Working Group

Each Sector has policies and strategies in place that should alignment to the national development plan. While the Somali Health Sector coordination committee assures the operationalization of the sectoral policies and strategies, it will also support the social development working group to enhance i) multi-sectoral collaboration among the sectors towards a common goal (e.g Social & Human Development), ii) strengthen the relevant sectors and government institutions' capacity in analyzing the needs, prioritization and creating learning opportunities among the sectors at national/federal and federal member state levels, iii) support the alignment and consolidation of sectoral plans and monitoring information to the national development plans and mutual accountability framework.

5. Frequency of meetings

The Somali Health Sector Coordination Committee will meet on monthly basis (virtually) and biannual basis (physically). The monthly meetings will cover specific thematic agenda items determined by the sector and/or the social development working group while the biannual meetings will serve to review of sector progress and production of biannual/semiannual reports. The meetings will be conducted 2-3 weeks prior to the social development working group meetings so that information generated from the HNW Sub-working group will be shared with the Social development working group.

The Communication and Coordination Unit in the department of policy and planning at Ministry of Health and Human Services – FGS will prepare annual calendar of meetings which takes into consideration the meeting calendars of social development working group and SDRF Steering Committee.

6. Thematic Working group / Taskforce:

The Somali Health Sector Coordination Committee might establish and support thematic working group or taskforce to ensure specific group of people are deployed to support specific / thematic area / deliverables including analysis, planning and reporting and submit their report to the Somali Health Sector Coordination Committee for review, consolidation and endorsement of the deliverables.

7. Sectoral Coordination at Federal Member State:

As part of decentralization management of service delivery, the Somali Health Sector Coordination Committee will promote state level coordination arrangement to particularly look at operational planning and management, including supportive supervision, challenges and recommendations to improve service delivery at their respective districts and regions and sharing their information to the national Somali Health Sector Coordination Committee.

Chairing Arrangement

To ensure government-led coordination mechanism, The Director General or the Director of Policy and Planning / GFF Government Focal Point, will chair the meeting.

Technical Supporting Committee will be established – represented by key donors, and UN Organizations, those will provide technical support to the chair in engaging relevant stakeholders, reviewing the information collected and supporting the decision making process.

The communication and coordination unit, in the department of policy and planning of Ministry of Health, supported by GFF Secretariat (GFF-LO) and the established technical supporting committee, will prepare the forward looking calendar of the meeting, agenda settings, sending invitation of the meetings, taking the meeting minutes and other necessary documentations.

8. Members of the National Health, Nutrition and WASH Sector Coordination

- Director General, with support from Director of Planning, from each FMS and FGS 1 Representation from Ministry of Finance & Ministry of Water and Energy.
- 1 Representation from each Donor – supporting the sector
- 1 Representation from each UN Organization – supporting the sector
- 1 Representation from private sector
- 1 Representation from Civil Society Organization

9. Communication and Information Sharing

To enhance communication and information sharing, GFF and Other development partners will provide technical assistance and financial support to the Ministry of Health at FGS and FMs levels on establishing coordination cell(s) within the ministries of health including ICT infrastructure and operational support. An Online information sharing and dissemination platform will need to be developed. Any other support needs identified by the Ministry of Health.

10. Performance Monitoring and Tracking

The Somali Health Sector coordination will serve as a platform to conduct joint performance review, monitoring, reporting and planning among all key stakeholders supporting and operating in the health, nutrition and WASH. No separate review and planning process will be supported.

END

Terms of Reference

Somalia - Health Information System (HIS) Advisory & Technical Working Group

1. Background and introduction

Somalia health system is in transition moving from emergency-oriented phase to a sustainable long-term development system. It has started reshaping itself to embark on a new strategic direction to improve essential health services, based on the principles of the universal health coverage. It is harnessing its vision with the policy of good governance, better quality and enhanced accountability, and it is guided by certain values which inter alia include stronger partnership, sustainable financing, and focus on those with the greatest need.

Health information is one of the six building blocks of a health system. A well- functioning health information system supports the delivery of health services by ensuring the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance and health status. Strengthening Health Information system (HMIS) will ensure the use of reliable data essential to improve health outcomes and establish accountability. Data use for decision making will allow the Government to work with implementers to improve health outcomes.

To strengthen HMIS and data use, the major reform has been the revision of DHIS-2 which included indicator revision, review of tools and Server/System update as well as training of key HIS staff. However, there are challenges and gaps in strengthening the HIS system including lack of HIS policy and strategy, incomplete HMIS SOP, inadequate HIS Staffing mainly at district level and facility level, lack of DHIS-2 server management staff and limited staff capacity at HF level. There is no platform for data review, data quality assurance (DQA), data feedback loop, information sharing, dissemination, and data use at all levels. Appropriate partner coordination has been lacking; there is no HMIS TWG for technical advice to the MOH on effective implementation of HMIS. Effective implementation of the HIS system will require strengthened partner coordination for guidance and advice to FMoH. The purpose if this ToR is to highlight the objectives and responsibilities of the advisory & technical working group.

3.) Objectives of the HIS advisory & Technical working group

The main aim of the advisory working group is to provide technical advice to the FMoH in strengthening HIS and the District Health Management Information Systems (DHIS2). The group will be a platform for strengthening partner coordination and will promote data review, feedback loop, information sharing, dissemination, and data use for decision making.

4.) Roles and responsibilities of the advisory working group

- Provide guidance in the design, implementation and scale-up of routine and non-routine health information systems nationwide.
- Provide technical support and strategic guidance on HIS strategies and strategic plans
- Provide advice in the process of harmonization among all Governmental and non-Governmental stakeholders, including the private for profit sector, in applying the agreed procedures for data collection and reporting as well as the use of the national set of indicators, avoiding parallel channels of reporting and addition of data burden.
- Guide and propose to the FMoH the required policy and legislative framework to support the attainment of the goals of HIS, and support in the review of policies and guidelines related to HIS
- Participate in preparation of health sector strategic and investment plans and ensure HIS is well incorporated in the plans.
- Coordinate and provide guidance in development of service standards and service delivery standards in the health sector information systems.
- Coordinate and monitor implementation of HIS innovations in the health sector and ensure that HIS strategies and investments reflect national priorities for health.
- Strengthen dialogue among the different stakeholders to avoid duplication of efforts and to ensure that HIS strategies and investments are coordinated and aligned across stakeholders to maximize the value of investments.
- Provide technical guidance in development of a harmonized plan for routine data quality assurance activities, including routine assessment and capacity building.
- Provide advice and technical guidance in data analysis, dissemination and use at all levels of health system.
- Support mobilization of HIS resources (financial, technical and logistic) and its efficient and effective utilization.
- Provide guidance to the protocols of conducting health and nutrition research and surveys in the health sector
- Identify areas for operational research on HIS, and support the implementation of HIS operational research

5. Organization of the HIS Advisory & Technical Working Group

The National HIS Advisory & Technical Working Group will be chaired by the head of HIS, Research and statistics Unit of FMOH.

Secretary role will be provided by selected member of the group on rotation basis every six months.

Members of the HIS Advisory & Technical Working Group will include representatives from

- Government - including HMIS team at MOH FGS and FMS levels and other related technical specialists/Managers – a representation from the Somalia National Bureau of Statisticshttps://www.nbs.gov.so/ will be considered.
- Development partners supporting HIS and implementing agencies – including UNICEF, WHO, Global Fund, GAVI and World Bank/GFF among other partners; primarily SPIDER, PSI, SCI, FSNAU, ICRC and others if/when advised.
- Information management team from the health and nutrition clusters

6.1 Duties and Responsibilities of the Chair

- Ensure that the advisory group fulfills its roles and responsibilities as set forth in the ToR
- Provide leadership, foster effectiveness, and develop teamwork with the advisory group
- Guides the advisory group in establishing a consensus, when possible, on important issues and decisions, while allowing full and open debate.
- When consensus on an issue or decision cannot be achieved, the Chair will call for a vote as set forth in the Terms of Reference
- The Chair will convene Advisory meetings in accordance with the ToR and develop the agenda for meetings with the secretariat support from the selected member(s).

6.2 Duties and Responsibilities of the secretary

- Coordinating meeting times and locations, as per the request of the Chair.
- Supporting the Chair in the development and distribution of meeting agendas and meeting papers.
- Recording, preparing and distributing meeting minutes.
- Facilitating communication and coordination within the group and FMoH

7. Minutes, Agendas & Meeting Papers

- The minutes of each Advisory & Technical Working Group meeting will be prepared by the Secretariat.
- Full copies of the Minutes, including attachments, shall be provided to all group members no later than 15 working days following each meeting. Following approval of the Minutes of the previous meeting, the Minutes will be made available to members of the working group.
- The implementation of the minutes (Action Points) of each meeting will be monitored and maintained by the selected Secretariat member(s) as a complete record.

• Agendas and any meeting papers will be provided to advisory group members no later than 5 working days in advance of meeting.

8. Frequency of Meetings

The advisory & Technical Working Group shall meet on quarterly basis but a minimum of six times per fiscal year, or more frequently by the call of the chair, as required to fulfill the roles and responsibilities set out in this ToR.

Federal Republic of Somalia

Ministry of Health & Human Services

Ministry of Health- Federal Republic of Somalia

Human Resources for Health Technical Working Group

Terms of Reference

2022

1. Background and Introduction

The Somali national health system has suffered from decades of political disruption, conflicts, extensive population displacements, fraught with major security challenges, drought, and flooding. These adverse events have significantly weakened the health workforce capacity to deliver quality and effective health services to the population, affecting the entire health worker lifecycle from pre-service training and production, induction, and deployment in the health services system, to retention, regulation and the monitoring and coordination of their service provision.

Somalia's skilled health workforce quotas are well below the global standards recommended by WHO and the Sustainable Development Goals (SDGs) index: there are only 4.28 physicians, nurses, and

midwives per a population of 10,000, compared to the global standard of 44.5 per 10,000. This shortage of all categories of skilled professionals, especially physicians, pharmacists, nurses, and midwives is further compounded by their inequitable distribution, with a high concentration in larger cities and a lower concentration in the countries rural and remote population areas.

Setting and implementing uniform standards for both, the public and private health sector will undoubtedly improve the quality of care, health services utilization and impact on the health of the vulnerable and poor. Such collaborative engagements combined with good governance will facilitate the establishment of Somalia's HRH TWG so that we achieve our goals towards the SDG/UHC.

The TWG would be the most suitable mechanism to guide and inform the strategic direction of the human resources for health development and their regulation in the country. The purpose of this ToR is to highlight the objectives and responsibilities of the Technical Working Group.

2. Objectives of the Technical Working Group

The main aim of the Technical Working Group is to provide technical advice to the FMoH in strengthening HRH development and Regulation. The group will be a platform for strengthening partner coordination and will promote policy review, usable feedback, information sharing, dissemination, advocacy for resource mobilization and policy use for decision making and implementation.

3. Roles and responsibilities of the Technical Working Group

- Provide guidance in the design, implementation and scale-up of the national Human Resources for Health production strategy
- Provide guidance in the hiring and retention of Human Resources for Health, including creating career ladders to ensure long term continuity of HRH in the field
- Provide technical support and strategic guidance on all matters related to HRH in the country
- Provide advice in the process of harmonization among all Governmental and non-Governmental stakeholders in applying the agreed procedures for HRH policies and strategies.
- Guide and propose to the FMoH the required policy and legislative framework to support the attainment of the goals of HRH, and support in the review of policies and guidelines related to HRH.
- Participate in the preparation of health sector strategic and investment plans and ensure HRH is well incorporated in the plans.
- Coordinate and provide guidance in the development of service standards and service delivery standards in the health sector human resources for health development.
- Coordinate and monitor implementation of HRH innovations in the health sector and ensure that HRH strategies and investments reflect national priorities for health.

- Strengthen dialogue among the different stakeholders to avoid duplication of efforts and to ensure that HRH strategies and investments are coordinated and aligned across stakeholders to maximize the value of investments.
- Provide technical guidance in the development of a harmonized plan for routine HRH data and assurance of correct planning and distribution, including routine assessment and capacity building.
- Support mobilization of HRH resources (financial, technical and logistic) and its efficient and effective utilization.
- Identify areas for operational research on HRH, and support its implementation.

4. Membership

The membership of the HRH TWG will be based on expertise, geographical representation, and balance of national and international organizations. The following HRH TWG members are proposed:

- 2 National NGOs
- 2 International NGOs
- 1 National Union of Somali Universities
- MOH, Ministry of Labor, Federal Member States HRH Departments
- 1 donor group member
- 1 health professional association
- The Chair of the TWG will be the FMOH and will be co-chair will be elected

The HRH TWG will strive for human resources development in the country. All institutions/ organizations should provide at least one alternate to attend in case the main representative is unable to. Attendance and the membership will be reviewed after one year. Non-attendance of three consecutive meetings will result in the loss of membership. When there is a gap in membership, the current HRH TWG will decide on the inclusion of new members based on need.

5. Member Eligibility Criteria

- Operational relevance in HRH.
- Technical expertise in HRH or related issues.
- Demonstrated capacity and commitment to contribute strategically and provide technical support on HRH related issues.
- Ability to attend and actively participate in the meetings

6. Meeting Schedule and Reporting

- The TWG will be supported by a 3-member secretariat that will schedule meetings, develop meeting agendas, keep notes, and communicate with members on future steps.

- The HRH TWG meets quarterly to discuss emerging issues, review progress, challenges, and opportunities.
- When necessary, an ad-hoc meeting may be convened following consultation of the members