



**Ministry of Health and Human Services
Federal Republic of Somalia**

**Officially Announced on November – 9th 2023
Event: Launching of the Alignment Partnership Principles in Somalia’s Health Sector at Mercure Hotel. Upper Hill Nairobi, Kenya**

**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

The Federal Ministry of Health and Human Services (FMOH), on behalf of the Federal Government of Somalia (FGS), is accountable for the work of the public sector in health. As the government’s steward, it provides leadership for, and leverages support from, Federal Member States and health sector Partners and it is responsible for coordinating, monitoring and evaluating the impact of investments into the sector by Partners, including UN agencies, multilateral organizations, bilateral donors, local and international NGOs, private sector actors and civil society. Aligning support and investments around a shared sector strategy, a joint

expenditure program, and a common approach to assessing results is intended to ensure that support is provided more effectively, efficiently, equitably, and transparently.

The goal of attaining UHC and **improving health outcomes for all Somalis faces immense challenges**, including insufficient and unpredictable funding; inadequate health infrastructure; a limited 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 the entire 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. The lack of alignment and harmonization increases transaction costs and results in gaps and in overlaps of essential support. Greater alignment can reduce these inefficiencies and produce synergies, increasing the potential impact of limited resources on health outcomes.

The global health community recognizes the importance of harmonization and has made commitments to improve country-level alignment. The International Health Partnership for UHC 2030 (UHC2030) and the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) commit global health Partners to strengthening collaboration and align support to country led national plans and strategies.

Principle: INVESTING IN GOVERNANCE AND STEWARDSHIP

Partners recognize the Ministry of Health's leadership and that as the steward of the sector, it is responsible, together with the ministries at the Federal Member States, for guiding the country toward universal health coverage (UHC). **They will increasingly work through MOH structures** as well as Region and District health leadership, while avoiding the creation of parallel entities. **They will invest in the core stewardship functions of the FMOH and FMS MOHs (Federal Member States' Ministries)** including defining sector policies and strategies, standards and regulations; and managing financial and human resources', health information, and partnerships. Partners recognize the importance of government-led sector dialogue to engage stakeholders around these stewardship functions and to facilitate alignment.

Principle: 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), the Essential Package of Health Services (EPHS) and the Investment Case for the Somali Health Sector 2022–2027 define 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 priorities:

- 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 overarching strategic priority for the Investment Case 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; and performance review. **The Investment Case identifies the key systems reforms needed to accelerate delivery of the EPHS within available resources as:**

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

FMoH policies and investments, along with the financial, physical, and technical contributions from Federal Member States, sector 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 flagship Improving Health Care Services in Somalia (Damal Caafimaad). As success is demonstrated in purchasing EPHS, other development projects which finance service delivery will be asked to adopt similar implementation modalities, while Partners supporting vertical interventions will pursue integration through opportunities to align their support with the EPHS roll out.

Principle: ENGAGE IN STRUCTURES TO FACILITATE ALIGNMENT

Consistent with FGS guidance on the Somalia Aid Architecture 3.0, the FMOH is establishing structures to facilitate dialogue and engagement, and to foster alignment and coordination. These structures will seek to increasingly expand engagement, recognizing the diversity of actors who contribute to the sector. Partners will participate in the Health Sector

Coordination meetings and in one or more Thematic or Technical Working Groups (TWGs) as is relevant to their mandates and areas of support.

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 government offices by streamlining interactions; and v) harmonize financing and investments. TWGs should facilitate standardizing approaches across Partners and across the country (for example, standardizing health worker qualifications, deployment, and compensation). The Ministry will designate the appropriate FMOH officials to lead each TWG. Where numerous Partners are engaged in a TWG, they may coordinate among themselves (e.g., agreeing on representation, key messages, the details of coordinated financing around the theme or technical area).

Development Partners will invest in the coordination structures and capacity. This will include working with the FMOH and FMS ministries to provide support to the coordination structures as needed. The Ministry's Coordination and Communication Office will work with the Department of Policy and Planning create online platforms to support sharing information by all TWGs and materials from individual Partners.

Principle: UNIFIED MONITORING AND REPORTING

The FMOH, FMS and Partners will work 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 or consolidating surveys, analysis, and research commissioned by individual Partners.

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 MERL activities which they intend to finance or conduct through the HIS TWG.**

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 can drive parallel reporting). The HSSP III includes a Monitoring and Evaluation Framework, and the Investment Case includes a Theory of Change and a Results Framework. The Results proposed therein may be expanded in response to the work of the TWGs, ensuring they incorporate the requirements of external financiers.

External Partners 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 by financiers to discuss the programming of external funds.

A Joint Annual Review will be launched in 2024 to (i) convene Government and 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 and strategies; and (v) assess progress on alignment and adherence to these Principles.

Principle: ALIGNING FINANCING

The Ministry and Partners appreciate that the ambition of pooling all external financing under the management of the government is a long-term goal. Towards that aim, the Ministry will enlist support to build the capacity of government systems from government-wide initiatives led by Finance and Planning to strengthen public financial management. It will complement those efforts with targeted technical assistance and with capacity building under Damal Caafimaad, which endeavors to demonstrate that the FMOH and FMS Ministries can execute budgets and account for funds.

The completion of a series of the Resource Mapping and Expenditure Tracking (RMET) exercises reflects the commitment of Partners to transparently share information on the allocation and disbursement of external financing. The Ministry and Partners commit to continuing to make resource information available. They will also pursue tools which reflect the entire expenditure program in One Budget and account for resource allocation and use. Partners appreciate that parallel procurement and direct financing of service providers undermines alignment, while recognizing that it has been a necessity given weak systems and pressing health service delivery needs. 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 firstly 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 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, development banks, 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.

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 and goals. While some cannot be achieved in the short term, and may be aspirational for some parties, they 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 Reviews based upon lessons of experience.