REPUBLIC OF RWANDA



REPUBLIC OF RWANDA MINISTRY OF HEALTH

Introduction

The Government of the Republic of Rwanda (represented by the Rwandan Ministry of Health, herein after referred to as the "GoR"), and Rwanda's health sector development partners active in the health sector (identified at the end of this document, and referred to hereinafter as the "Partners", and together with the GoR, the "Participants").

Desiring to ensure the continued implementation of the National Health Sector Strategic Plan (HSSP 2005 - 2009) (the "HSSP"), Economic Development and Poverty Reduction Strategy (EDPRS 2008-2012) (the "EDPRS") and Vision 2020;

Understanding that the adoption of a sector-wide approach, which will address the health sector as whole in planning, monitoring and in allocation of resources, will facilitate the attainment of the goals set out in the HSSP;

Underlining their commitment to support a common program of work in which strategy, policy development, planning, monitoring and review are carried out as a joint effort through consultation between the government and signing partners to this Memorandum of Understanding (MoU);

Hereby agree as follows:

PARAGRAPH 1: INTERPRETATION

- 1.1. This MoU reflects the commitment of all Participants, who recognise it as a framework in the implementation of the National Health Sector Policy and the HSSP. It expresses a convergence of will between the GoR and Partners, indicating an intended common line of action, rather than a legal commitment.
- 1.2. This MoU is not a binding legal agreement and does not create any rights or obligations under international law.
- 1.3. This MOU is intended to comply fully with the provisions of the Government of Rwanda Aid Policy.
- 1.4. **The Sector-Wide Approach** (**SWAp**) is hereby defined as an approach adopted in the partnership between the Ministry of Health (the "MoH") and its Partners to support the health sector's development and reform programs that are based on Rwanda's long-term vision for health sector development. It is used to improve the efficiency and effectiveness with which resources are used in the Rwandan health sector.

1.5. Objective and Structure of this Memorandum of Understanding

The Ministry of Health and the undersigned Development Partners share the common goal of enabling Rwanda to reach the Millennium Development Goals in the health sector. To this end, they intend to coordinate their support to Rwanda's health sector in accordance with the provisions of this MoU. The understandings reached by the GoR and Partners and recorded in this MOU aim to improve the efficiency, effectiveness and impact of the health sector policy and health sector strategic plan by increasing transparency on all sides; improving the predictability and allocation of financing and better coordinating the multiple inputs and activities which serve sector objectives. The implementation of the MoU will provide a sound foundation for scaling up health sector interventions in order to achieve the

objectives of the HSSP, and make faster progress towards reaching the Millennium Development Goals.

PARAGRAPH 2: OBJECTIVES OF THE SECTOR-WIDE COOPERATION

2.1 The overall objective of this cooperation is to implement the National Health policy, HSSP and the EDPRS through a sector wide approach, which addresses the Health Sector as a whole in planning, monitoring, reporting and resource mobilization and allocation as per this MoU. This will be in a bid to build stronger development partnerships, strengthening national ownership, supporting country–led programs, improving performance of country institutions and harmonizing procedures.

2.2 HSSP as a Common Framework

The HSSP provides the overarching framework for a sector-wide approach to the development and delivery of health services in Rwanda. Any significant changes that are made to the HSSP will be endorsed by the government and signing partners to this MoU at the Joint Health Sector Review.

PARAGRAPH 3: COMMITMENTS OF THE GOR

The GoR will carry out, where practically possible and in accordance with general GoR policy, to:

- 3.1 Assume overall leadership in the development and implementation of the HSSP, ensuring that it is aligned with the EDPRS.
- 3.2 Ensure that all resources for the HSSP are reflected in the Medium Term Expenditure Framework (the "MTEF").
- 3.3 Ensure that there is consistency between health district plans and the HSSP.
- 3.4 Ensure that the Joint Reviews of the Health Sector take place each year.
- 3.5 Consult all Partners on any major amendments to the health policy or strategic plan in accordance with agreed means of consultation.
- 3.6 Consult all Partners if significant changes in budget allocations to, or within, the Health Sector are necessary in the course of a financial year.

PARAGRAPH 4: OBLIGATIONS OF PARTNERS

The Partners recognise that the number of agencies active in the Health Sector can place a burden on the GoR if not effectively coordinated. Therefore, the Partners will appoint a lead donor representative to coordinate donor views, act as co-chair in sector meetings and activities, and ensure harmonisation of dialogue (the "representative"). The Representative will establish sufficient capacity to coordinate donor positions on health policy issues, and manage the flow of information and documentation between development partners, as well as providing administrative support as required by the MoH to facilitate coordination.

General budget support is the aid modality preferred by the GoR followed by sector budget support. Partners are encouraged but not limited to use these modalities as far as possible.

Partners, where practical and in accordance with the policy of their government or organization, will carry out as far as possible the following:

- 4.1 Align and harmonize their own planning, performance monitoring and reviewing activities as much as possible with those processes established in the sector-wide approach.
- 4.2 Plan, negotiate and implement future initiatives or new programmes regarding support to the Health Sector in cooperation with the GoR and other Partners.
- 4.3 Support and avoid distortion of the existing government health system and strategies.
- 4.4 Harmonize policy dialogue, consultation and information sharing.
- 4.5 Support an aligned approach to capacity building.
- 4.6 In addition to formal reporting requirements, development partners will share with the GoR and other Partners as much information as possible on the nature, value, timing and financing modality of future support to the Health Sector.

PARAGRAPH 5:COLLECTIVE RESPONSIBILITIES OF THE GOR AND PARTNERS

All Participants will:

- 5.1 Fund activities related to objectives as defined in the HSSP.
- 5.2 Disburse funds in a timely manner, matching the agreed commitments specified in the budget and the annual operational work plan.
- 5.3 Ensure that health policies and strategies are consistent with national development plans as expressed in Vision 2020 and the EDPRS.
- 5.4 Aim to increase annually total funding by all participants to the Health Sector, the efficiency of the utilization of resources and thus the impact over the duration of the HSSP.
- 5.5 Manage future development assistance using existing structures, as far as possible in order to reduce transactions costs and improve sustainability
- 5.6 Carry out meetings, deliberations and communications between the GoR and Partners with mutual respect.

- 5.7 Ensure information on all relevant interventions in the Health Sector (including consultancies, project and programme initiatives, requests for assistance made by GoR, project appraisals, implementation and progress reports, technical assistance report, evaluation reports, reports on budget and expenditures) is freely available to all Partners.
- 5.8 Strive for an increasing number of joint and harmonised activities (*e.g.*, joint planning and evaluation missions).
- 5.9 Recognise the Health Sector Cluster Group as the highest advisory and coordination body within the Health Sector.
- 5.10 Promote active participation of all relevant stakeholders in the Health Sector Cluster Group.

PARAGRAPH 6: COOPERATION AMONG PARTNERS

6.1 PLANNING

- 6.1.1 The annual work plan and the mid term expenditure framework (MTEF) will be submitted to all participants for review in the Joint Health Sector Review in October of each year.
- 6.1.2 Partner representatives, will contribute to the planning process.
- 6.1.3 Health sector projects will respond to needs identified in the HSSP, EDPRS, MTEF and ANNUAL WORK PLAN and in the Joint Sector Review.

6.2 MONITORING AND EVALUATION

- 6.2.1 Government and Development Partners will approve a common monitoring and evaluation (M&E) framework for the Health Sector. This M&E framework will consist of a common set of key performance indicators and targets for the Health Sector presented in the HSSP and the EDPRS, and a system for the collection, analysis and dissemination of information on progress against these indicators. Data to assess progress against the indicators will be provided by the Health Sector management information system. This will be supplemented by independent monitoring and evaluation teams (comprising GoR officials, stakeholders and externally contracted experts) who carry out field reviews and report to the HSCG.
- 6.2.2 A Joint Health Sector Review will be held annually led by the MoH and will review:

- i. Progress in the previous year, based on a MoH report that will utilise the agreed monitoring framework and sources and will report on the agreed performance indicators.
- ii. The budget execution reports for the previous year, including analysis of outputs achieved as well as resources expended.
- iii. Such additional reports and analysis as may have been commissioned by the cluster in order to inform the review. This will normally include a public expenditure review. It may include further independent analysis to help focus discussion at the review.
- iv. Resources likely to be available from domestic and donor sources in the coming year. Donors will provide indications of their future support for as many years as possible, including at least the MTEF period starting in the following January. This will help the review to assess the extent of any funding gaps.
- v. Policy and expenditure priorities to guide budget and MTEF preparation, including discussion of how identified financing gaps may be met from new commitments or re-allocations within the budget. This will include considerations of geographical balance and correspondence to the broad expenditure allocations identified in the EDPRS and the MTEF.
- 6.2.3 The annual Joint Review will forwardly review the budget and MTEF proposals for the MoH in the coming financial year, set priorities, and endorse the annual operational work plans and budget. Prior to the Joint Health Sector Review, Partners will, where possible, confirm the levels of financial support they will make available to the Health Sector in the coming year, together with expected quarterly disbursement, in order to assist budget finalisation and the preparation of the cash-flow forecast for the coming year.
- 6.2.4 A joint mid-term review will be held in the third year of implementation of the HSSP, led by the GoR.
- 6.2.5 The GoR will produce and submit to the an annual report reviewing the performance of the health sector.
- 6.2.6 The Representative will take responsibility for submitting to the Joint Health Sector Review an annual report on Partner performance, covering:
 - i. Disbursements by Partner compared to previously advised commitments and disbursement forecasts.
 - ii. Compliance with GoR reporting requirements.

6.3 FINANCIAL PROCEDURES

- 6.3.1 Consistent with the Rwanda Aid Policy and Paris Declaration, Partners commit as far as possible to increasingly employing GoR disbursement and financial reporting systems. Where necessary, they will make efforts to support the GoR to further strengthen these systems.
- 6.3.2 Partners will endeavor to ensure that funds are disbursed in a timely manner and, where possible, synchronize their support with the GoR financial year (January to December).
- 6.3.3 Partners will endeavor to ensure that all external support to the GoR Health Sector is aligned with the HSSP (on plan) and the Health MTEF (on budget) and is reflected in annual GoR budgets as required by the Budget Law, regardless of the financing modality used. In the context of the Rwanda Aid Policy, resources are deemed to be *on-budget* where they are reflected in the GoR's budget. Resources are *on-plan* when clear alignment with a strategic plan is demonstrated.
- 6.3.4 Where financing, procurement or contracting is not provided through MoH systems, Partners will provide the MoH with detailed information on the costs, cost- effectiveness and implementation status of Health programmes and projects, in a standardised format to be agreed between the GoR and the Partners.

6.4 TECHNICAL AND FINANCIAL REPORTING

6.4.1 The MoH and partners will summarise reports from all partners and prepare an integrated annual report based on performance against output targets of the Health Sector components and financial reports.

6.5 CAPACITY DEVELOPMENT

- 6.5.1 Short term technical assistance to the MoH, will be identified on a demand or needs driven basis, and their terms of reference will in effect be formulated according to the MoH priorities in consultation with the Partners
- 6.5.2 Long term technical assistance will be identified on a needs basis according to the capacity limitations of the Health Sector, recognizing the importance for Partner support to build local human capacity. The long term technical assistant's terms of reference will be developed and agreed between the GoR and the Partners.
- 6.5.3 The technical assistants are to offer high level technical advice and efforts towards capacity building for continuity following the terms of their contract.

Multilateral, bilateral and non-governmental cooperation agencies will identify, in consultation with the MoH and other Partners, the needs concerning long-term technical assistance representing their respective institutions or governments, assuring progressive alignment and harmonisation of their contributions to the health sector.

PARAGRAPH 7: COLLABORATION WITH THE PRIVATE SECTOR

- 7.1 All Participants acknowledge the role of religious non-governmental organizations, other non-governmental organizations (including community-based organizations), and private enterprises (collectively referred to as the private sector), in the provision of health services.
- 7.2 All Participants will vigorously promote the involvement of the private sector in planning, implementing and monitoring the HSSP.

PARAGRAPH 8: PREVENTION AND SETTLEMENT OF DISAGREEMENTS

8.1 This MoU is not a binding legal agreement and does not create any rights or obligations under international law. In the event of any conflict between the provisions of the MoU and bilateral understandings, or arrangements, the conflicting partners will consult on measures to resolve the problem and possible courses of action.

This MoU is intended to comply fully with the provisions of the GoR Aid Policy. The Participants will discuss through dialogue at the Joint Health Sector Review or at any other time prior to or after the Joint Health Sector Review when necessary and at a meeting of the Health Sector Cluster comprised of representatives of the GoR and Partners, any misunderstanding or conflict.

The GoR and Partners to this MoU will co-operate with the intention of reaching a mutually acceptable resolution to any problem arising out of the interpretation or implementation of this MoU.

PARAGRAPH 9: AMENDMENT OF THE MOU

9.1 The Participants will approve, in writing, any amendment of the MoU. Any amendments to the provisions, operational modalities, and change of status or names of participants to this MOU may only be made through written understanding between the GoR and Partners.

PARAGRAPH 10: ADMISSION TO THE MOU

10.1 The MoU is open to participation by additional development partners upon signature of this MoU by their authorised representative.

PARAGRAPH 11: COMMENCEMENT DATE

This MoU will come into effect from the date of signature of the MoU by the Ministry of Health and at least three Partners.

PARAGRAPH 12: ANNEXES AND DOCUMENTS

Annex A	Health Sector Strategic Plan 2005-2009 (bound separately)
Annex B	Economic Development and Poverty Reduction Strategy (bound separately)

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