

Mozambique IHP Compact Update-December 2008

Mozambique is one of the signatory countries of the IHP and has been implementing the SWAP since 2000. In order to develop a Compact for Mozambique, further work needs to be facilitated in a number of areas in order to better define key commitments, as well as identify additional resource requirements for accelerating progress towards the MDGs.

Following Lusaka meeting Mozambique proposed to work in six areas of work as follows:

1. Strengthening NGO engagement in health system strengthening and provincial level capacity building. Technical assistance will be required in order to facilitate a dialogue with a number of NGOs to identify ways of working and best practice to support and develop health sector capacity at that provincial level. Consultants need to be recruited to develop tools for effective functioning of the NGOs Unit at MISAU including the development of the NGOs database, document current practice, to identify case histories of good and poor practice and to facilitate a dialogue with NGOs to achieve consensus on how to strengthen collaboration between NGOs and health authorities at provincial level.

Level of implementation: Ongoing

Terms of Reference for NGO Unit at DPC –Ministry of Health has been developed and staff requirements and profiles identified. There is a discussion with partners on Technical Assistance that might be required to be attached to the Unit.

2. Build capacity to consolidate existing costed plans, which are elements of the PESS (Health Sector Strategic Plan) , such as the Malaria Business Plan, the MDG 4 and 5 Plan and the newly developed HRDP, and to compare the cost implications of each of these with the overall costing of the PESS - identifying additional work that needs to be undertaken to update the costing of the PESS, and taking forward this work as appropriate. The financing needs should be compared with projected levels of funding from the sector from the MTEF, in order to identify the potential size of the funding gap for scaling up health sector performance to achieve the MDGs.

Level of implementation: Good progress

Completed adaptation of PESS Costing so that it could be used as an effective tool to prepare the health sector's MTEF - was based on MPD guidelines to the sectors for the preparation of this document for 2010-2012, including a programmatic classification of expenditure. In this light, projected expenditure in the PESS costing was reorganized into programs, sub-programs and actions, based on the programs and sub-programs already identified by MISAU (DPC). This tool will be used help prepare and update the MTEF. This objective was attained in that a revised version of the PESS costing, was left with national authorities.

In addition a number of indicators have been included and associated with specific lines of expenditure for key areas of interventions, particularly for HIV/AIDS, TB, Malaria, Reproductive and Child Health (with particular focus on vaccination). Wherever possible, the indicators and corresponding yearly targets were taken for the health Performance Assessment Framework (PAF) matrix. This, in turn, has enabled a direct link to be established between expenditure and results for a number of priority areas.

Next steps for 2009 include additional support on 2010-12 MTEF and help finalize medium-term projections with financial gaps, linked with outcomes, using the MBB model.

Mozambique proposal for IHP funding

3. Review of existing and potential funding mechanisms, including GFATM round 8 and GAVI proposals, to identify if these funding channels are being used effectively in order to mobilise funds for system strengthening, including strengthening M&E capacity to the Global Fund Monitoring Unit at MISAU.

Level of implementation: In progress. Capacity building for provincial managers completed through local consultants in collaboration with Ministry of Health.

4. To review studies on abolition of user fees, and to document the revenue implications of abolition of user fees, discussing options for covering any funding gap that might result from abolition of user fees. To identify the process and the policy and legislative steps (including drafting of legal support documents) that would need to be taken in order to translate an abolition of user fee policy into practice.

Level of implementation: In progress. Briefing note prepared for the Ministry to facilitate internal consultation.

5. To project future financial needs and identify how these needs can be translated into the 2010-2012 MTEF, identifying indicators of system performance which could be used to map funding against policy priorities - so that the MTEF can be used to link funding to key measures of sector performance. The infrastructure and commodity needs multi-year Plan, including cost projections should also be considered in the programme based MTEF.

Level of implementation: Good progress. Three Joint World Bank, UNICEF, WHO Missions carried out (May 26-June 6, Maputo 15-26 September, December 1-12) with the following outcomes:

Review of the 2009-2011 MTEF and suggestions for 2010-2012 MTEF.

Extensive discussions were held on the 2009-2011 MTEF which the MoH team had just completed in collaboration with the Ministry of Planning and Development (MPD) and the Ministry of Finance (MF)

A workshop was held from June 2-4, 2008 at the Ministry of Health. The three objectives of the workshop were: (i) to strengthen the Health MTEF process to improve health outcomes and facilitate Health MDGs achievement; (ii) to improve medium-term budgeting in the health sector based on the lessons learned from the MOH MTEF 2009-2011 process; and (iii) to introduce a modeling tool to develop simulated costing scenarios linking planning and budgeting to health outcomes.

1. Missing components incorporated into PESS costing and adjusted to accommodate changes (e.g., if changes in salary policy or APE plan)
2. Finalized PESS costing including Annex with Costs
3. Link PESS costing (systems) and program plans for preparation of next MTEF
4. MTEF is about intra-sectoral allocation. Therefore beneficial for each program to demonstrate resource needs and link to health outcome simulations.
5. Reviewed the execution of the 2008-2010 MTEF, as well as the arrangements being made for the execution of the 2009-2011 MTEF
6. ToRs for thematic MTEFs being proposed for HIV/AIDS, Malaria and TB developed

In addition ToRs for the development of Infrastructure Plan were approved by MoH. Contracting process ongoing with WB.

Mozambique proposal for IHP funding

Progress in IHP Road Map and draft compact. Preparation towards the finalization of a Compact has progressed steadily. The Ministry of Health and partners undertook a sector assessment and prepared a report which was presented at the IHP/HHA meeting in February held in Lusaka in March 2008. A post Lusaka meeting was held to review the issues to be addressed with a proposal to have a Compact signed by September 2008.

6. Coordination and facilitation for the Country Compact development and approval.

Level of implementation: Good progress Compact signed on 16 September 2008, following a consultation process that included a one day Workshop. In addition the secretariat has provided support to prepare to the major IHP related events, led. The New York meeting on September 25th.

One Workshop and 1 consultation on Compact meeting held. Support provided to facilitate Compact related events.