CODE OF CONDUCT FOR THE TANZANIA HEALTH SECTOR WIDE APPROACH (SWAp)

BETWEEN THE

MINISTRY OF HEALTH AND SOCIAL WELFARE (MOHSW);

PRIME MINISTER’S OFFICE - REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT (PMORALG);

MINISTRY OF FINANCE (MOF);

AND

DEVELOPMENT PARTNERS IN THE HEALTH SECTOR

FEBRUARY, 2007
1. Introduction

The Government of Tanzania (GOT) and its Development Partners (DPs) have taken a Sector Wide Approach (SWAp) to supporting the health sector since 1999. A “Code of Practice” between the Health Sector of the GOT and “Collaborating” Partners was signed in August, 2003. Since that time, the SWAp and the partnership have evolved. The implementation of the Second Health Sector Strategic Plan (HSSP 2) commenced in 2003, and the Third HSSP is expected to be jointly developed and launched in July 2008. Additionally, a number of other key strategies have been developed including the National Strategy for Growth and Reduction of Poverty (MKUKUTA) 2005/10 and the Joint Assistance Strategy for Tanzania (JAST) signed in December 2006.

Since the start of the SWAp, the number of health partners has grown. Modes of development assistance have expanded and evolved over the last few years and now the SWAp is supported through project financing; in-kind goods, services and technical support; basket (pooled) financing; as well as General Budget Support (GBS). This revised Code of Conduct responds to the new environment and builds upon lessons learned over the past seven years. The aim is to facilitate an effective partnership between government and DPs in support of the National Health Policy, Health Sector Strategic Plan, and annual workplans as articulated in the Medium Term Expenditure Framework (MTEF) and in District Comprehensive Council Health Plans.

This Code of Conduct describes expectations and commitments on the sides of all parties (Government of Tanzania and DPs) which endeavour to improve the efficiency, effectiveness and impact of the SWAp by increasing transparency on all sides; improving predictability and allocation of financing; reducing transaction costs and the administrative burden placed upon the government; and better coordinating multiple inputs and activities which serve sector objectives.
This Code of Conduct is a sector-specific instrument based on the principles of the Joint Assistant Strategy of Tanzania (JAST) endorsed in December, 2006 by the same signatories to this Code. The Code does not constitute a legally binding instrument, but reflects the commitment of all parties working in the health sector. It does not supersede any legally binding agreements between the GOT and any of the DPs, nor does it supersede the laws or policies of the GOT or the Development Partners. Where there is a conflict between the Code of Conduct and such laws, policies or agreements, such laws, policies or agreements shall govern.

2. Code of Conduct

A. Sectoral Dialogue & Coordination
   i. The MOHSW will convene at least two SWAp meetings each year to provide a forum for ongoing interaction and information sharing and discussion of progress and priority issues in relation to the health sector and DP arrangements. (One of the two SWAp meetings will be the Joint Annual Health Sector Review-JAHSR).
   ii. The Technical Committee of the SWAp will prepare a terms of reference for the JAHSR well in advance to facilitate proper preparation. The MOHSW, and its collaborating partners in the Health SWAp, will make available documentation, reports and other materials necessary to support the JAHSR available well in advance.
   iii. DPs, the MOHSW and PMORALG will utilize the Technical Committee of the SWAp (or appropriate sub-groups) to assess whether proposed projects, technical support and/or analytical activities support the HSSP, and to ensure collaboration/coordination with similar activities.
   iv. The leadership of the MOHSW and the Troika (the chair of the Development Partners Group for Health) with the outgoing chair and incoming chair\* will meet regularly in order to ensure effective sector dialogue is maintained.

\* Or equivalent structure established to lead the DPG-Health
B. Planning & Budgeting
   i. DPs will ensure that the Ministry of Health and Social Welfare (MOHSW) and respective district councils have details as regards financial, physical and technical inputs to be provided for the upcoming budget cycle.
   ii. The draft budget submission and draft MTEF will be shared with the DPs sufficiently in advance to allow for commentary.
   iii. The “Milestones” agreed during the Joint Annual Health Sector Review (JAHSR) will influence priorities for annual plans and budgets, as well as priorities for new external financing.
   iv. Direct funding of districts and of non-state actors (e.g., NGOs) by DPs will be communicated to MOHSW, PMORALG and MoF in order enhance government’s capacity to efficiently allocate resource and address financing gaps.
   v. DPs working with specific NGOs, private health providers and faith-based groups in the health sector will encourage them to register with the district(s) where they are working. While recognizing the independent nature of these non-state actors, DPs will encourage them to work towards integration of their activities within the Comprehensive Council Health Plans (CCHP) including arrangements for joint planning, implementation, supervision, monitoring and reporting.

C. Fiduciary
   i. Consistent with the JAST and Paris Declaration, DPs commit to increasingly employ GOT disbursement, procurement, audit and financial reporting systems as, and when, the MOHSW demonstrates the capacity to implement mutually agreed standards and processes.
   ii. Towards the above objective, in addition to the GOT-mandated financial audits, procurement audits will be conducted periodically by the MOHSW.
iii. The MOHSW will share audit findings and discuss responses to audit findings each at least once a year with the DPs.

iv. An annual procurement plan integrating all the planned procurement in the health sector shall be prepared and appraised by stakeholders. The plan shall endeavour to integrate all anticipated procurement by both government and development partners.

D. Monitoring & Evaluation

i. MOHSW, PMORALG and DPs will support the production of and review of one common Health Sector Performance Report submitted to the JAHSR each year. To the maximum extent possible, DPs will endeavour to reduce additional monitoring requirements.

ii. Key sectoral performance indicators -- that will be agreed on periodically -- will be employed by all as a basis for measuring progress made in the health sector.

iii. Routine Public Expenditure Reviews (PERs) will be jointly conducted to assess the extent to which expenditures on health can be expected to contribute towards improved health outcomes.

- Each Joint Annual Health Sector Review will report upon
  - key developments in the sector;
  - progress and challenges in implementing the annual workplan;
  - sector expenditures against budgets;
  - progress against the agreed Milestones
  - progress against the key performance indicators; and
  - lessons learned which should influence priority setting, strategies, policies, planning and/or budgeting.

iv. Upon agreement between GOT and Development Partners, external evaluations may be commissioned to supplement routine reporting.
E. Behaviour

i. Partners will, to the extent feasible, cooperate and adhere to collective decisions agreed between partners and the GOT during the JAHSR.

ii. As per definitions of lead, active and delegating partners under the JAST, DPs and the MOHSW and PMORALG will to the extent possible, increasingly use the Development Partners Group for Health (DPG-Health) Chair (or Troika) as the focal contact point in dialogue between the Government and DPs in that sector – avoiding “back door” bilateral meetings inconsistent with JAST.

iii. To reduce the demands upon the MOHSW and allow staff to focus upon implementation, DPs will seek, to the extent feasible, to avoid unscheduled multiple Technical Assistance (TA) visits ad hoc meetings and missions. All monitoring and review missions required by individual health partners, in relation to ongoing projects and programs, shall contribute to the monitoring of the overall performance of the health sector.

iv. The MOHSW will encourage new DPs to adhere to the SWAp Code of Conduct, and will inform the SWAp Partners about new initiatives and proposed projects which are discussed outside of existing SWAp fora.

v. Meetings deliberations and communication between GOT and Partners shall be carried out with mutual respect.

vi. Government and DPs will ensure that the “pilot” projects they support are focused, time bound and produce expected results on time, and that mechanisms for sharing lessons learned are included in such pilot projects.

vii. Development Partners and the GOT will endeavour to establish and maintain institutional memory of agreements and understandings reached. Each DP should ensure that new staff are fully briefed on the SWAp and the partnership in order to avoid confusion and misunderstandings and reduce transaction costs.