

"tackling the barriers to scaling up in health.....a coordinated response"

Programs Assistance Facilitation for Health

A Joint Action Framework for the African Region

Final Draft 23 September 2006



African Development Bank

*Building today,
a better Africa tomorrow*



UNICEF

*For every child, health, education,
equality, protection,
advance humanity*



World Bank

*Working for a world
free of poverty*



World Health Organization

*Attainment all people
of the highest possible
level of health*

Brazzaville, September 2006

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1. Background rationale for PAFH

The twin effect of poverty¹ and low investment in health² has led to an increasing burden of diseases notably HIV/AIDS, malaria, TB, high maternal and child mortality and morbidity, non-communicable diseases. This challenges the achievement of the health Millennium Development Goals in the African region. To support African states, most health partners agree that multilateral and bilateral assistance to the African region will remain a major source of funding to health development for a long while. In 2005, the G8 collectively increased aid to Sub-Saharan Africa, providing US\$18.6 billion. The WHO through its “Strategic Orientations for WHO Action in the African Region – 2005-2009”, the World Bank through its poverty reduction strategy initiative and UNICEF through its child survival initiatives have all expressed their commitment towards strengthening partnerships for scaling up essential services such as for HIV/AIDS, TB, Malaria, maternal and child health, for health systems strengthening, and for tackling the determinants of health.

Despite the increased goodwill to continue providing aid assistance in all forms, the outputs achieved have been less than desirable. In most countries, policies, strategies and plans are developed without the necessary evidence to support their basis. Overall linkages between the health sector and broader development processes such as public sector and budget reform, poverty reduction strategies, and macroeconomic and fiscal planning, remain inadequate or at best tentative. The continuing low outputs from earlier and current support has been attributed to poor alignment with national policies and inadequate harmonisation of international effort, as well as the continuing targeting of single disease and discrete programmes without any attendant support to strengthening health systems. This has led to frequent expression of ‘frustration’ on the part of ministers of health³. The result has been a plethora of problems including multiple management and accountability systems in a single environment, unpredictable support, and disproportional resource allocation to few priorities (e.g. HIV/AIDS). In addition systemic problems such as insufficient qualified staff and weak procurement and financing systems remain unaddressed. There is also little attention to healthcare legislation that protects the vulnerable, to monitoring and evaluation mechanisms, and to promoting equity. On the demand side, there is little attention paid to client needs such as health information, convenience and quality in care, opportunity cost and the availability of well regulated services that promote choice.

In addition, concerns have been raised that countries classified as middle income countries requiring minimal additional support to accelerate towards achieving the MDGs have been left out due to overly narrow donor policies. Many of these countries still require international support to develop more effective national health policies, and for raising resources, both internationally and domestically.

¹ The World Health Statistics 2006: <http://www.who.int/whosis/whostat2006/en/index/html>

² The current per capita expenditure on health in most countries is below \$10 per capita against the recommended \$34 by the Commission on Macroeconomics for Health

³ Consultation with ministers of health/partners at the 56th Regional Committee for Africa on “tackling the barriers to scaling up in health ... a coordinated response” 1st September 2006, Addis Ababa, Ethiopia

The Paris Declaration on Aid Effectiveness⁴, adopted in March 2005, committed international development agencies to harmonize their support and align around nationally defined development priorities and systems so as to better help countries meet the MDGs by 2015. The World Health Organization (see resolution WHA 58/25), the Global Alliance for Vaccines and Immunization, the World Bank and other partners have firmly committed to the implementation of the declaration. Progress is currently being monitored⁵ at country-level and a second monitoring round will take place in 2008 ahead of the High-Level Forum on Aid Effectiveness in 2008 in Ghana.

In a related development the High Level Forum to accelerate progress towards the health MDGs⁶ has identified a series of additional upstream policy-level constraints that need to be urgently addressed. These include:

- the lack of robust sectoral policies, strategies, plans and budgets;
- weak linkages between the health sector and broader development processes such as better governance, public sector reform, poverty reduction strategies, and macroeconomic and fiscal planning;
- weak domestic resource mobilization;
- limited attention to the staffing and systems issues that impede service delivery;
- inadequate monitoring systems for tracking resource flows, progress and outcomes; and
- limited progress in translating global commitments on aid effectiveness into concrete action at country level - most particularly in relation to the provision of predictable long-term financing.

At the last follow-up meeting to the High Level Forum⁷, participants recommended the establishment of a mechanism that will facilitate and coordinate the process of harmonisation and alignment with needs in the African region and to strengthen health systems and service delivery targeting the poor and vulnerable. The PAFH is a partnership between AfDB, UNICEF, World Bank, WHO and other partners and has been set up in response to the recommendations of the Paris Declaration and the follow-on meeting of the High Level Forum. The conviction to combine efforts is guided by the understanding that little can be achieved unless development partners work together to translate the international consensus reached into country-led, country-based and region facilitated action.

2. The purpose of PAFH

The *Program Assistance for Facilitating Health* (PAFH) aims ***to tackle key barriers to scaling up in health in the Africa Region through a coordinated response***, focusing on developing and middle income countries. The overall goal is that by the year 2015 it is expected that at least 23

⁴ The five key principles of the Paris Declaration are: ownership, alignment, harmonisation, managing for results and mutual accountability.

⁵ OECD/DAC is currently undertaking a survey to establish baselines for the 12 indicators; and the World Bank is conducting an Aid Effectiveness Review to complement the OECD/DAC survey.

⁶ www.hlfhealthmdgs.org

⁷ High Level Forum for Health Follow-up, June 12-13 2006, Tunis, Tunisia - see www.hlfhealthmdgs.org

countries will have made progress in halting deteriorating trends, stabilizing and start advancing towards the achievement of the health MDGs that are linked to an effective and equitable health system. This will have been achieved by the following outcomes:

- National governments have in place evidence based, policies and plans for a sustainable scaling up of health systems that support catalytic action and innovation towards attaining the MDGs;
- A comprehensive regional system of donor coordination in which development partners have harmonized systems that are aligned with country priorities;
- A regional network of institutions that provides effective and timely response to national and sub-national needs in addressing the systemic constraints to achieving the health-related MDGs;

The PAFH will be the hub of a global, regional and country network that coordinates efforts dedicated to ensuring that global commitments on harmonization and alignment, and health systems strengthening, are met and the momentum is maintained in the African region. Countries will be provided with relevant and timely support tailored to their specific needs.

Progress will require that adequate incentives are provided to agencies on the ground. The PAFH will facilitate joint communication and interaction between the partners and the country based agencies, with a view to building a common platform for engagement. This will allow partner agencies to better collaborate with government to clarify problems that require addressing, to mobilize resources, and to jointly advocate on global policy responses. The work will take place in-countries where in-depth analysis has already started, and commitments have already been made.

3. Strategic intervention areas

The sum of the inadequacies listed above has led to growing demands on multilateral and bilateral partners for technical assistance and advice to resolve the complex issues that have arisen. These agencies are inundated with several questions and requests to which they neither have the finances nor resources to respond to individually. Examples are:

“How do we create fiscal space and mobilise adequate resources in support of health priorities”

“Can you help us to make health central to national poverty reduction strategies and expenditure plans?”

“Donor support is increasingly fragmented: how can we make sure that donor funds including general budget support national priorities?”

"How can we get better cross-sectoral support for achieving health outcomes?"

"How can we get support for identifying and acting on the health systems constraints that limit progress in achieving the MDGs?"

The focus of this initiative is directed towards changing aid provision, management and health systems development over the long term. This will require a combination of skills and activities that produce excellence, innovation, and persuasiveness across a large mixture of agencies. The work will build on existing development and financing frameworks such as Poverty Reduction Strategy Papers (PRSP), Sector-wide approaches (SWAp), Multi-budget support (MDBS) approaches, Medium Term Expenditure Framework (MTEF), Sector Investment Plans (SIP) or any other national development frameworks that draw on a country led and participatory approaches. The following menu of products is considered as an initial set deriving from existing requests to the sponsoring partners and may be reviewed with experience.

At the country level:

A. **Evidence-based planning and budgeting:** Based on country needs and demands, support the development of evidence-based outcome oriented health development policies, strategies and plans towards achieving the MDGs. The program of work will include but not be limited to:

- Working with national actors to perform MDGs needs assessments
- Analytical and technical support for the development of national health policies, legislation, strategy and plans
- Program costing and development of results oriented budgets
- Linking health investments with broader development frameworks;
- Engagement with ministries of finance and planning to identify funding gaps for health systems and for performing fiscal space analysis
- Agree long term resource mobilization plans for governments and donors: taking into account existing funds, volatility, predictability and misalignment

B. **Harmonization and alignment:** Based on knowledge of operating systems in countries, support development partners/potential development partners to design their interventions, support and aid mechanisms that harmonise and align donor systems with minimal disruption to the dominant country systems. Essentially, this will include but not be limited to support for:

- Designing programs and interventions to align and/or correcting misalignment with national health priorities and needs
- Integrating donor funding and accounting systems with overall fiscal framework
- Developing mutual accountability MoUs and their common management framework

C. **Strengthening health systems:** Work with countries and their development partners/potential development partners for the design, redesign, development and the improvement of health systems. This will include support for the development of:

- Services and institutional management systems, including health sector reforms
- District and community-based health service delivery systems
- Human Resources strategies/plans
- Wage policies and implementation plans
- Service and performance contracting systems
- Procurement and financial management systems

At the regional level

The focus of work at the Regional level will include a conscious effort to improve institutional capacity at the regional level to improve and better coordinate technical support to countries. Additionally it will do the following:

- Build a common platform:** to undertake or support the implementation of work as identified for the country level above using a network approach to mobilize expertise from across the four agencies and beyond;
- Synthesis and analysis:** Based on evidence from the country level, develop regular analysis and produce reports for presentation to boards and global decision-makers;
- Act as neutral broker:** Serve as a broker, and where appropriate provide support, in facilitating resource mobilization, release and allocation to countries;
- Link with global functions:** Perform advocacy to influence and inform the global decision making process for health development in the African region.

At the global level⁸

The global level will not be involved itself with implementation at the country level. Instead, it will provide advice, general guidance and back-up for regional operations by focusing on:

A: Influencing policy and practice. Ensure that what is learnt on the basis of country and regional experience influences the policy, operations and financing strategies of donors, global partnerships, foundations and multilaterals. It will facilitate opportunities for PAFH and national stakeholders to interact with bilateral donors, boards of global partnerships, foundations and bodies such as the OECD/DAC in order to demonstrate the practical impact of measures taken to improve aid effectiveness for health and accelerate progress in addressing the health MDGs

B: Technical support. Ensure and facilitate access to high-quality technical support, as required, to regional and country operations in Africa - and establish similar operations in other regions.

C: Innovation. Explore potential for new financing instruments and mechanisms - for addressing the needs of countries with limited donor support; providing long-term financial

⁸ Extracted from draft Concept Note: "Scaling up for better health" for interim steering committee, Paris 24-25 2006

security including managing funding discontinuities; and facilitating policy and strategy development.

D: Provide a global forum: This will be similar to the health HLF, with countries and partners holding each other accountable, based on sound principles and experience from countries.

4. The institutional framework

The *Program Assistance for Facilitating Health* (PAFH) for the African region will with the global post-HLF arrangements and will be overseen by a Joint Coordinating and Review Council (JCRC). The PAFH will have a small secretariat; the following provides a summary.

4.1 Follow up to the high level forum⁹

A core leadership group will have a responsibility for helping to increase coherence in the international health community. It would not be responsible itself for delivery of support at country level. Its influence would come primarily from the skills and professional standing of its members in relation to the challenges and the legitimacy conferred by partners. Functions to include: overall direction, negotiation, representation, convening, and commissioning. The secretariat will have dedicated capacity with relevant skills and experience. Creating a new board that is sufficiently manageable, representative, inclusive etc. will be a challenge. Clearly an interim steering committee will be important, but different options are being considered for what happens thereafter.

4.2 The Joint Coordination and Review Council for PAFH in Africa

The World Health Organisation, World Bank, UNICEF and the African Development Bank and all partners directly contributing to fund the PAFH Secretariat will constitute the business forum for mobilising, reviewing, approving and providing oversight management and direction for the resources of PAFH. They will be known as the *Joint Coordinating and Review Council (JCRC)*. The chairmanship of the JCRC will be rotated among the heads of member institutions or their delegated staff who are members of the JCRC for fixed periods according to the order in which they were admitted into membership; see annex B for the draft terms of reference.

4.3 The PAFH Secretariat

A PAFH Secretariat consisting of full time staff, mainly seconded to it by contributing partners, will be established. It is proposed that the Secretariat be composed of a total of 15 core staff: 11 technical and 4 administrative, to be based in the Africa Region. The full compliment and profile of staff follows on the programs and interventions expected to be delivered; see Annex D for draft terms of reference. They will work to empower a network of partner agencies and related institutions and individuals to respond to country requests for technical expert needs

⁹ Extracted from draft Concept Note: “Scaling up for better health” for interim steering committee, Paris 24-25 2006

and analysis. The PAFH Director will be accountable to the Regional Director, WHO Africa Region for the management of the secretariat, in line with WHO administrative rules and guidance, and be accountable to the JCRC on policy matters related its programmes of work. Oversight responsibility for Secretariat between JCRC meetings shall fall to the Regional Director, WHO Africa Region and the sitting chairman of the JCRC.

The secretariat will not have management systems of its own in countries but work through existing partner mechanisms. The intervention in all countries will be sensitive to the specific country context based on clear donor/host country systems with respect to the country specific desires and needs. Where a UN theme/SWAp/partner group already exists, the platform created by this group will be explored as the basis of work in-country.

5. Provisional Budget and its justification for PAFH operations

The summary one and five year budget is presented in Annex C. The cost of operations of PAFH will be **US\$ 6.42 million for the first year, and US\$ 29.82 million for the full five year period**; the four partner agencies will contribute an estimated 32% of costs, with the remaining 68% to be raised through contributions from external partners. A considerable amount of work is already underway across the four agencies and the PAFH secretariat will enable this work to expand, in a more coordinated and effective manner. The break down is as follows:

Staffing/personnel

Most staff costs will be in-kind secondments from partner agencies, although are included in the budget to show the level of contributing by partners. Being a ‘consultancy-like secretariat’, professional staff will provide expertise for the complex work involved and will also be at the hub of a network of professional practitioners related to their area of expertise. The total amount per annum is US\$ 2.77 million and US\$ 13.85 million, of which 55% is expected to be covered by in-kind secondments from the original partner agencies. The remuneration of personnel is based on the UN remuneration for staff of equal grade located in Brazzaville.

Office accommodation and infrastructure

It is currently assumed that the secretariat will be hosted in a partner agency so as to reduce costs of office accommodation and infrastructure; however all costs are indicated in the budget. The calculations were based on running a typical WHO country office in a low income country in the African region. The total amount for this is US\$ 1.3 for first year and US\$ 4.59 million dollars over the five years, of which 69% is expected to be covered by partner agencies.

Programs and interventions

All the professionals associated with this project will be expected to directly deliver or facilitate the delivery of interventions in the following intervention areas linked to the three overarching objectives:

- facilitate the development of evidence-based policy and planning systems for decision making, monitoring and evaluation;
- support the harmonisation and alignment of donor systems with minimal disruption to the dominant country systems;
- support countries in health systems development and strengthening.

The work will include multiple sub-contracts in relation to critical components of this effort. The work will require the coordination of activities and dissemination of information to multiple collaborating institutions. This will be aided by an electronic database of expertise and an actively managed network of practitioners in five key areas: policy analysis and planning; financial and budgetary analysis; management support systems; human resource development; and harmonization and alignment. All knowledge products will be managed in a user-friendly internet based virtual library available to all stakeholders. The amount estimated is US\$ 2.34 million for the first year and US\$ 11.38 million over the five years. The proposal factors in the travel costs and per diems of a staff member working from Brazzaville using a random selection of countries, but not detailed in-country follow-up work.

6. Financing and resource mobilization plan

The AfDB, UNICEF, World Bank and WHO will contribute personnel and infrastructure support to the secretariat. A resource allocation system will be developed once financial pledges have been secured; the budget presented here is only for work in the African Region. Resources will be mobilized from across the four partner agencies and others who have indicated their interest, covering (i) direct financial contributions and the seconding of skilled staff to the PAFH secretariat (ii) direct financial contributions in support of programs and interventions by development partners and (iii) in kind contributions in the area of office infrastructure. A resource mobilization strategy will have two phases – the first will cover year 1, including the initial development of the secretariat and its systems for working; and the second phase will be to secure long term support for the full five year program of work.

7. Monitoring and Evaluation

The cross-cutting nature of the PAFH work means it will not be able to easily utilise outcomes from disease specific programmes. Monitoring will take place using a logical framework agreed with partner agencies through the JCRC and will be complemented by annual independent evaluations of the work of the PAFH secretariat. Measuring the impact of activities of the PAFH will focus on harmonization and alignment and on health systems strengthening.

Measuring impact of harmonization and alignment

This will primarily focus on indicators developed for the Paris Declaration, adapted for the health sector. In addition, the process by which improved harmonization and alignment will

improved will be assessed by: Marker group opinion evaluation, institutionalisation analysis, and financial support diversification. By developing instruments to measure these, it will be possible to measure success through behaviour change, institutional mainstreaming and financial and aid mechanism reorganization in the countries and organizations involved with PAFH.

Health systems strengthening and development

This will primarily focus on indicators being developed as part of the health system metrics in the Health Metrics Network. Direct outputs from PAFH work e.g. a policy, strategy, legislation or financial report developed for a country, will be measured as will their translation into action through money, skills and motivation following PAFH activities and support. Health or program outcomes that may have changed significantly based on the interventions in these areas by PAFH will also be tracked.

Annex A: Terms of reference for PAFH Secretariat

1) Short-term - up to January 2007 (see Annex E for details)

Business Plan: A 3 month business plan and way of working of interim-secretariat, has been developed, and will be taken forward an interim secretariat in Brazzaville. This covers:

- Human Resource Plan for PAFH secretariat
- Office infrastructure Plan
- Resource mobilization and financial management systems
- Communications strategy
- Initial communications and assessments in 6 countries
- Start regional governance process and global engagement, including policy dialogue with GFATM, GAVI & bilaterals

Indicative Medium Term Plan - upto September 2007

Secretariat

- Agree a detailed medium-term business plan for PAFH through JCRC. Complete establishment of secretariat, including the knowledge management systems.
- Build on the initiatives started by development partners in the six countries (Democratic Republic of Congo, Ethiopia, Rwanda and Madagascar);
- Develop mechanisms and criteria for engagement in wider number of countries, including assistance in preparing government proposals for development partners to mobilize resources;
- Develop communication strategy to promote improved ownership and transparency

Evidence based planning

- Assist in advocating for the development of sustainable evidence based health, strategies and plans;

Harmonization and Alignment

- Facilitate the harmonisation and alignment of all contributing partners financing and reporting requirements and produce annual audited financial reports
- Adaptation of Monitoring of follow-up of Paris Declaration to the health sector in countries;

Health systems strengthening

- Mobilise and/or manage technical, financial and human resources mobilised in support of countries under a defined programme for health systems strengthening and universal access to essential services through PRSP, MTEF, & SWAps
- Stimulate community and corporate responsibility for health development to facilitate improved local generation of resources for health.

Indicative long-term plan - upto 2011

- As requested by government and the donor community, develop 10 year costed plans for country-level scaling up of services and financial and human resources for health to be used in advocating for resources for these countries;

- Assist in the development of a sustainable funding and resource mobilisation system for health development in the African Region which reduces volatility and shocks due to uncertainties in the flow of external aid and thereby providing collective assurance of support to countries;
- Produce, review and evaluate reports on the implementation of programmes supported through funds provided by PAFH and technical appraisal reports on all activities consistent with the requirements;
- Develop mechanisms and systems for sound management and accountability of mobilised resources including regular public media presentation of progress reports and updates ;
- Facilitate the holding of contributing development partners orientation forums to provide policy and strategy direction to PAFH;
- Strengthen capacities of regional institutions and build networks to support countries and to disseminate best practices.

Annex B. The Joint Coordination and Review Council for PAFH, Africa - terms of reference¹⁰

Approve the programmes and budget of PAFH and perform partnership governance duties in line with agreed good practice principles and rules and regulations of WHO.

Advocate for mobilisation of resource for the work of PAFH, and solicit funds and resources from development partners and donors; contribute at least 10% annually to the funds and resources used by PAFH as ameliorating seed funds; oversee financial management and appoint the external auditor for the purpose of auditing the activities of PAFH.

Approve the institutional structure, salaries, fund access, release and other institutional mechanisms of PAFH to facilitate its operations

Ensure proper monitoring and performance evaluation of PAFH consistent with the Results Based Management standards in WHO and other partner agencies.

Make recommendations to high level forums, donors and development partners on matters with regard to health development in the region, arising from the work of the PAFH mechanism.

Facilitate the organisation of contributing partners meetings and advise development partners on matters of due importance that require consideration in plenary, round table, panel discussion or special session and, at the same time, submit preliminary suggestions to assist it in making its decisions.

¹⁰ These are indicative and final terms of reference will be developed with reference to WHO legal and institutional guidance on governance of WHO hosted partnerships.

Annex C: Provisional 1 and 5 year budget for PAFH

PAFH Budget Summary						
_ \$000						
	1st year total	Partner contribution	%	External contribution	%	
Staffing	2,770	1,252	45%	1,519	55%	
Programmes	2,340	0	0%	2,340	100%	
Office & consumables	1,305	889	68%	416	32%	
total	6,415	2,140	33%	4,275	67%	
	5 year total	Partner contribution	%	External contribution	%	
Staffing	13,850	6,258	45%	7,593	55%	
Programmes	11,380	0	0%	11,380	100%	
Office & consumables	4,585	3,159	69%	1,426	31%	
total	29,815	9,416	32%	20,399	68%	
Notes						
Partners here refers to one of the four initial partners (AfDB, World Bank, UNICEF, WHO)						
External partners may also want to make some contributions in-kind (eg secondments)						

Annex D: Terms of reference for PAFH Secretariat

Director PAF-H

The Director will:

- Provide the long term vision for the PAFH secretariat and lead the dialogue and communication with partners, JCRC and related agencies;
- Will seek out opportunities to make contacts with the country level in order to assist with the attainment of the health goals for the MDGs.
- Be responsible for the day to day running of the secretariat and will ensure good team work, provide clear direction and performance management of all PAFH team members, and be responsible for all administrative and internal management systems;
- Be a proven strategist, with excellent communication skills, and considerable experience of working in the African region of health policy and systems development;
- Be accountable to the Regional Director of the WHO African Regional Office for the proper administration of the office, in line with WHO rules and guidelines,
- The Director will be accountable to the JCRC for the overall performance of PAF-H and will be required to make half yearly and annual reports on the progress made to the sponsoring Agencies through the JCRC.

Health Policy and System Analysts (x2)

The health policy and systems analysts will:

- Provide policy analysis on the health policy situation of the individual countries with which s/he is dealing, covering political and economic context, health policy content and process, and stakeholder analysis;
- Use evidence to provide a short medium and long term policy direction for the various programs that are in the offing at country level.
- Assess the systemic constraints to the implementation of national policies and plans, and develop programmes of work to address these constraints, and to build sustainable management systems in government and national institutions;
- Act as a focal point for a network of practitioners with the necessary skills and experience to provide high quality technical support to countries in the area of:
 - evidence based planning and budgeting and systems analysis, and
 - harmonization of and alignment
 - Public health management systems
- Have considerable experience in policy analysis and strategy development, have in-depth experience of work in the African Continent, and have experience of brokering relationships with stakeholders so that partners align work to attain national and internationally agreed goals.

Health Economist (x2)

The health economists will:

- Analyze the micro- and macro- economic environment for health development in the various countries;
- Present economic analysis to inform decision-making on the allocation of resources across government so as to gain the maximum return in terms of health outcomes;
- Provide advice on operational research on fiscal policies to tease out what is feasible in terms of long term sustainable financing in the African setting;
- Act as focal points for a network of practitioners with the necessary skills and experience to provide high quality technical support to countries in the area of
 - Macro-economics and health, economic evaluation and fiscal space analysis
- Have considerable experience in the use of economic analysis to inform decision making, have experience of working with ministries of finance and economic planning.

Human Resource Development Expert

The human resource development expert will:

- Assist governments and national institutions in human resource planning for the short and long term in order to meet the longer term health policy goals;
- Provide the latest evidence on the most effective use of training and workforce development techniques;
- Act as focal points for a network of practitioners with the necessary skills and experience to provide high quality technical support to countries in the area of
 - Development of human resources for health
- Be familiar with the status of health workforce in the African, and have considerable experience of human resource development in the public sector;

Financial Expert

The financial expert will:

- Assist countries in analysing and setting out strategies to strengthen financial management systems;
- Performing budgetary and expenditure analysis with a view to assisting in the alignment of financing systems;
- Act as focal points for a network of practitioners with the necessary skills and experience to provide high quality technical support to countries in the area of
 - Financial systems and budgetary analysis
- Be experienced in analysis of public sector financial systems, and building financial and accounting systems.

Information Management Expert

The information management expert will:

- Be responsible for developing and maintaining knowledge management systems for PAFH and the communities of practitioners that will be working within its networks;

- Establish effective information communication systems for the PAFH secretariat;
- Maintain PAFH web-site, web-based databases and work-spaces, and integrate content with internet systems of partners and national institutions in focal African countries;

Monitoring and Evaluation Expert

The M&E expert will:

- Design and oversee the monitoring and evaluation plan for the PAFH programme of work;
- Facilitate links with the OECD/DAC monitoring systems set up following the Paris Declaration on aid effectiveness and the harmonization plans developed at national level;
- Advise on the development of health system indicators and their related measurement and reporting systems, in line with the latest evidence and guidance from the Health Metrics Network;
- Have experience of monitoring and evaluation in the field of health, and in working with national health statistics institutions;

Technical analysis and facilitation officers (x2)

The technical officers will:

- Provide research and analytical support to the PAFH programmes;
- Facilitate the technical missions to countries;
- Be responsible for preparing communications with PAFH networks of expertise, with partners, and with external stakeholders

Administrative Officer (x1) and administrative assistants (x3)

The Administrative officer will:

- Be responsible for the day to day administration of the PAFH secretariat, ensuring effective systems in line with WHO/UN standards and procedures;
- Manage the PAFH accounts and budget in line with priorities and oversee resource mobilisation and resource allocation systems;
- Compile financial disbursement reports for presentation to the JCRC and donors;
- Manage the team of administrative assistants who will provide administrative support to all of the PAFH secretariat.

Annex E: Timetable for establishment and official launching

(July 2006 – January 2007)

Activity	Key dates
Business Plan: Initiate, consult and finalise operations mechanism - prepare 3 month business plan and way of working of interim-secretariat	September
Human Resource Plan: Preparing staffing plan for PAFH secretariat - 3 month staff plan for interim secretariat - Long terms plan including job descriptions - Identify the staff to be seconded - Finalise, advertise and recruit the direct PAFH staff - office retreat for new secretariat	October
Office infrastructure - set-up interim office & contact details in Brazzaville - agree office space for interim secretariat - agree location and long term establishment plan for Secretariat	October
Resource mobilisation and financial management - Agree resource mobilisation strategy with four partners - Set up financial management & reporting systems - secure pledges from partners and external donors	October
Communications - prepare PAFH communications strategy for ---- within WHO ---- with partners ---- with Ministers and national stakeholder - set-up web-site & share-point for document management - prepare for an official launch	November
Country engagement - agree 6 initial countries (DRC, Rwanda, Ethiopia, Madagascar, plus 2?) - agree joint letter from partners to heads of country agencies & to Ministers - initial facilitation & clarification visits - Prepare terms of reference & locate expertise from across agencies - joint missions to countries	November
Global engagement - Present PAFH strategy to post-HLF steering committee - Policy dialogue with GFATM, GAVI & bilaterals - Formal launch of PATH	December