

# **TERMS OF REFERENCE FOR Development Partners Group on Health (DPG Health)**

## **1. Background**

*The Health Sector Wide Approach (SWAP) in Tanzania was established in 1999. Since then the SWAP Committee provides a forum for consultations and exchange of ideas and experiences between the different stakeholders involved in the health sector. It is expected to assist the Government to further develop the sector wide approach, and to monitor sector performance and output of reform activities with regard to quality of health services and health status improvement. The SWAP Committee also provides a forum for harmonization of donor support as well as policy consultation and advice on future development.*

*With a view to improving consultation with the SWAP committee and other forums, the bi- and multilateral organizations had agreed to form a Bi- and Multilateral Health Forum (BMHF).*

As a consequence of the momentum generated by the Rome Meeting on Harmonization, the (formerly DAC) Development Partners Group revisited its mandate, Terms of Reference and architecture. The BMHF has taken this opportunity to do the same.

According to the TOR of the DPG Tanzania the Development Partners Sub-Group on Health (DPG Health) is established to deal with the specific issues related to the health sector and the health sector reform.

## **2. DPG's Mandate:**

In mandating the formation and operation of this sub-group, the Development Partner Group in Tanzania recognises its establishment within the context of the Terms of Reference of the DPG; to increase the effectiveness of development assistance in support of the Government of Tanzania's national goals and systems. This will be achieved through improved effectiveness and closer cooperation with national partners.

DPG's TORs note that;

- The DPG may gauge consistency of DPG assistance with Mkukuta and JAST and assess quality of inputs to key processes and promotion of Government leadership;
- The DPG should facilitate timely, comprehensive and coordinated inputs to the budget exercise, Mkukuta Review and other major processes.
- DPG Tanzania may establish sub-groups to deal with specific issues and to advise it on its work and that the DPG should seek to identify common positions on certain policy issues.

The DPG Health has been established to support the Government of Tanzania in its efforts to achieve the objectives of the National Health Policy, the Health Sector Strategic Plan (HSSP) and the health related objectives in the Mkukuta.

The DPG therefore mandates the group

- To update the DPG on the progress of the HSSP and other issues regarding the Health Sector. *This will be achieved through a regular report circulated in advance to DPG meetings, and attendance by at least one member of the sub-group at each regular DPG meeting.*
- To facilitate the harmonization of donor activities in support of the HSSP. The DPG Health will promote consensus on issues relating to the Health Sector in both process and content terms and coordinate collective responses by the DPG to the GoT in issues regarding the Health Sector
- Where mandated to do so, represent the collective views and position of the DPG in Government forum, for example Joint Annual Health Sector Review and SWAP Committee

### **3. Aim and objectives of the Development Partners Group on Health**

**The overall aim of the DPG Health is to enhance commitment to support the Government of Tanzania in improving the health and well-being of all Tanzanians and to promote co-ordination among development partners for the most effective use of development partner resources in this regard.**

The specific objectives of the **Development Partners Group on Health** are:

- To provide technical advice and support to the main DPG group.
- To maintain a high level focus on Health issues among development partners, particularly through the Consultative Group, Mkukuta, PER/MTEF processes and to identify issues that need to be taken up by the Development Partners Group (DPG).
- To promote greater alignment between development assistance and national processes.
- To continuously promote closer harmonization in the health sector among development partners, international funds, NGOs and other stakeholders.
- To promote partnership and collaboration among development partners through Joint Missions, Reviews and Analytical work.
- To endeavor for coherent, consistent and predictable technical and financial support to the Health Sector.
- To increase consultation around thematic issues, to raise issues that need special attention and to reach agreement in response to issues raised by the SWAP committee
- To advance cross-cutting issues of gender, HIV/AIDS, governance and environment (as outlined in the Mkukuta) within health sector policies and processes.

- To support Ministry of Finance, Ministry of Health and Social Welfare and Prime Minister's Office Regional Administration and Local Government in the co-ordination of development partner support to the Health Sector Reform Strategy as defined in the HSSP.
- Sub-groups might be formed under the leadership of members appointed by the group to address specific issues on an as needed basis. The terms of reference and duration of any such task force will be based on needs agreed upon within the DPG Health. Participants in thematic task forces may very well include individuals outside of the DPG Health membership.
- To assist in the formation of and to participate in task forces and working groups as required by MoF, MoHSW and PMORALG.

#### **4. Schedule of meetings, planning, reporting and information sharing**

The DPG Health will meet on a monthly basis (10am, First Wednesday of the month).

The group should establish a yearly work plan in relation to events relevant to the Health Sector in Tanzania.

The Group, represented by the troika chairing structure, will report monthly on progress and bottlenecks in the Health Sector to the regular DPG meetings, incl. recommend joint high-level decisions/actions as appropriate.

Members are requested to share information on upcoming events, missions, studies and their results, projects etc. in the earliest stage possible.

The troika chairing structure and Secretariat will share all necessary information to all members.

#### **5. Members**

Membership of the DPG Health is open to all institutional members of the Development Partners Group.

In order to ensure the necessary continuity and functionality of the work of the group, members will appoint one permanent representative and one substitute, which will have full authority to speak on behalf of the agency. (Members of the group act solely for themselves and the agencies they represent in this.)

In order to support broader stakeholder coordination, other stakeholders may be invited to meetings or become co-opted members.

#### **6. Leadership**

In the health retreat in September 2005, it was agreed to re-organize the chairing of the DPG-Health in troika structure with an out-going, present and in-coming chairing arrangement. It was felt that this would ensure better continuity between chairs, better share the workload and allow cover and continuity in the case of leave/absence. In January 2006, to initiate the process a present and in-coming chair were elected to start from July 2006. From hereafter, the in-coming chair will be elected yearly where each country and multi-lateral organization is allowed one vote each.

The chair can be elected out of any of the members representing either bi-lateral or multi-lateral stakeholders.

It is the responsibility of the out-going chairperson to ensure proper handover to the incoming chairperson.

The chairperson (and in-coming/out-going chairperson in his/her absence) will play an important role of setting the meeting agenda, facilitating meetings, being a focal point for development partners, Ministry of Health, PMO-RALG and other stakeholders to raise issues to the Development Partners Group on Health (DPG Health).

She / he is the spokesperson for the Development Partners Group (DPG) to the Government regarding the health sector. She / he consults on routine issues with MoHSW, PMO-RALG, the DPG or other appropriate organizations and reports back on progress.

The Development Partners Group on Health (DPG Health) may nominate any other member to speak on their behalf if this is felt more appropriate.

Where substantive issues are at stake, several members of the Development Partners Group on Health (DPG Health) with the troika may be delegated representatives to meet with MoHSW or other appropriate organizations.

## **7. Secretariat:**

In the health retreat in September 2005, it was agreed that a funded secretariat was necessary for the DPG-Health in order to strengthen linkages and meet information and communication needs. This will be operational from July 2006 onwards and will be housed in WHO. The secretariat will be responsible for collaborating with the chairperson to set and communicate the agenda; writing, circulating and maintaining a file of meeting minutes; sharing relevant information among the members of the group and any other duties as determined by the Development Partners Group on Health (DPG-Health).