

TERMS OF REFERENCE (TOR) FOR THE PUBLIC PRIVATE PARTNERSHIP TECHNICAL WORKING GROUP UNDER TECHNICAL COMMITTEE SWAP

1.0 Background and Rationale

The Ministry of Health and Social Welfare through its Health Policy (2007) and ongoing Health Sector Strategic Plan III (2009–2015) aims to promote a healthy society, with improved social wellbeing that will contribute effectively to personal and national development. Whilst the mission is to provide basic health services, it also specifically seeks to improve partnerships between public and private sectors in the provision of health services. The HSSP III recognizing the progress undertaken in HSSP II in implementing public private partnership and suggests steps to accelerate progress in public private partnerships. Strategy Six on Public Private Partnerships of the HSSP III, proposes to continue mainstreaming PPP at all levels and proposes three key strategies.

1. Ensure conducive policy and legal environment for management of PPP
2. Ensure effective operationalisation of PPP
3. Enhance PPP in the provision of health and nutrition services.

To achieve these strategies, a PPP Office has been established within the MOHSW which will seek to promote conceptual recognition and understanding of PPP at all levels in the health sector. The PPP office will support coordination mechanisms that maximize the distinctive competencies of private and public service providers and work to facilitate that all stakeholders can deliver effective, affordable, reliable, and equitable distribution of health services. In addition the PPP office will facilitate the drafting policy guidelines which can facilitate the regulation and participation of all those engaged in PPP activities including government authorities, public and non-governmental health providers, private for profit providers, civil society organizations, academic institutions, employees, community groups, trade unions, special interest groups and the public in general.

Notwithstanding the success of the National PPP Steering Committee created in 2007, as a major contributor to improving the collaboration between the public and the private sectors in the provision of health services, the collaboration to date remains fragile and should be further strengthened. The NPPPSC which serves to facilitate interactions amongst key national stakeholders in PPP, (see TOR) will be actively supported by the MOHSW, PMORALG, and the PPP Office. In addition, to expedite implementation of PPP, the MOHSW/PMORALG in collaboration with development partners and national stakeholders proposes to set up a complementary group, known as the PPP Technical Working Group, under the Technical Committee of SWAP.

2.0 Objectives

2.1 The main objective of the PPP Technical Working Group is:

- To increase the collaboration and participation of public and private health sectors for the delivery of effective, efficient, reliable, affordable, and equitable distribution of health services through the promotion of private public partnerships.

- 2.2 Specific Objectives are to:
- Facilitate and oversee a technical dialogue and collaboration amongst all PPP stakeholders.
 - Expanding MOHSW/PMORALG capacity for PPP-enlisting effective support and participation of all stakeholders. Support the creation of sub-working groups if deemed constructive.
 - Promote compliance of policy guidelines and legal arrangements necessary for Public Private Partnership and service delivery.
 - Encourage effective operationalisation and implementation of PPP by promoting national regional and district collaboration. At national level promote inter-sectoral and inter-departmental collaboration.
 - Support the feedback and facilitate the implementation of recommendations made by the Technical Committee of SWAP pertaining to PPP.

3.0 Tasks of the PPP Technical Working Group

- 3.1 Coordinate and act as a link between the TC SWAP, the MOHSW, PMORALG and other partners supporting PPP activities.
- 3.2 Ensure that the planning of PPP activities meets health sector priorities and are in line with the HSSP III strategic objectives.
- 3.3 Establish an appropriate framework for monitoring public and private sectors activities and track the operationalisation and implementation of PPP activities in the health sector at national regional and district levels.
- 3.4 Monitor the financing and expenditure practices of PPP service agreements and the implementation of contractual arrangements within the PPP health sector at all levels.
- 3.5 Identify tasks that need to be tackled through special assignments or forming sub-working groups and making necessary adjustments based on informed analyses.
- 3.6 Report and synthesize reports and meeting minutes and submit to the TC SWAP.
- 3.7 Facilitate that the private sector become well organised and have inbuilt mechanisms for self-regulation.
- 3.8 Promote integrated solutions that effectively address public sector needs, especially in relations to the needs of rural populations and those among the underprivileged.
- 3.9 Encourage public private partnerships that address human resources staffing challenges in the health sector and facilitate creative and innovative training approaches.
- 3.10 Facilitate the coordination of Zonal, Regional and District PPP Steering teams and support their inputs at all levels including the national level
- 3.11 Support annual joint reviews and forums of the health sector addressing issues pertinent to PPP.

- 3.12 Seek to mobilise financial resources for the implementation of the PPP strategic plan
- 3.13 Encourage health service users' participation in planning and governance of service delivery at facility level

4.0 Expected Output

- 4.1 Technical Working Group Meetings held regularly and minutes available.
- 4.2 Briefing and various reports prepared and shared with TC SWAP and MOHSW management where required..

5.0 Expected outcome

- 5.1 Better information available and the understanding of the concepts of PPP among the public and private providers of health services enhanced.
- 5.2 Improved collaboration amongst the public and the private sectors with policy guidelines and regulations developed and coordination at all levels functioning.
- 5.3 An increased number of Comprehensive Council Health Plans incorporating citizen and private sector participation and a greater number of service agreements signed at all levels in the health sector.
- 5.3 Better organised private providers of health services with inbuilt self regulating mechanism and more health facilities with MOUs on HRH sharing.
- 5.4 Increased accessibility, transparency and accountability for citizens to hold service providers accountable and private sector to access public funds and more districts involved in disbursing payments for service agreements.
- 5.5 Improved access and quality of health services for the population provided by those in public private partnerships
- 5.6 Increased citizen voice and governance of health services delivery

6.0 Membership

- 6.1 The PPP Technical Working Group will have approximately 20 members including 8 representatives from the Ministry of Health and Social Welfare including 2 members of the MOHSW PPP Office, 3 representatives from the Prime Minister's Office Regional Administration & Local Government, 1 representative from the Ministry of Planning, Economy & Empowerment and 4 representatives coming from development partners. Local implementation partners, the Faith Based Organizations, Private for Profit Providers and Civil Society Organizations will each select two representatives. Additional stakeholders may be invited on observer status.

- 6.2 All invited members should confirm their commitment to the work of the Committee and willingness to participate.
- 6.3 The PPP Technical Working Group will be led by a chairperson and a deputy chairperson and will be supported by a secretariat to take minutes of the meetings.

7.0 Frequency of Meetings

- 7.1 It is expected that the Committee will have a fixed date within each month for standing meetings (the second Tuesday of each month) for the first 3 months and then a bimonthly meeting date subsequently. Extraordinary meetings may be convened as required.
- 7.2 Given the many issues that are to be addressed, the PPP Technical Working Group may decide to form smaller sub-groups that can focus on specific issues/topics and these may define their own meeting schedules.

**PPP TA
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