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MINISTRY OF HEALTH - ETHIOPIA

የዜጎች ጤና ለህገር ብልጽግና!  
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

# Bilateral Cooperation in Health: Manual

January, 2022

MOH, Partnership and Cooperation Directorate,  
Partnership Coordination Case Team

## **Acknowledgement**

This manual is initiated by Partnership and Cooperation Directorate with the aim of creating clear understanding on Bilateral Cooperation in Health which entails concepts, principles, objectives, processes and frameworks. To guide this, the manual has been developed and reviewed by team of experts with n the Ministry from Maternal and Child Health, Human Resource Development, Legal Affairs, Disease Prevention and Control and Clinical Services Directorate.

## Executive Summary

The Ministry of Health of Ethiopia has set Health Sector Transformation Plan to guide and direct the focus of health program/interventions aligned with SDG/UHC. Key challenges to implementation at national and subnational levels include: lack of coordination between different levels of government and with other stakeholders, limited financial resources, high donor dependence, inadequate mainstreaming of SDGs in sub-national planning and budgeting, and lack of disaggregated and reliable data.

The overall costing for HSTP-II implementation was \$21.88 billion and \$ 27.55 billion at base and high-case scenario respectively is required for the five years to be covered in the plan, while the available financial resources during that period are projected at \$18.7 billion, \$19.7 billion, and \$21.9 billion for low, medium, and high case scenarios, respectively.

In order to realize the targets, different Partnership modality are indicated to obtain financial and technical resources to achieve access to equitable and quality health services. Global Health Diplomacy is very critical and successful in addressing many of the challenges as we have witnessed in the formulation of International Health Regulations (IHRs 2005), Universal Health Care (UHC) and Sustainable Developmental Goals (SDGs).

Resource Mobilization and Allocation decisions affect all three pillars of public health: the political, the technical (priority), and the ethical (equity). This Bilateral Cooperation Manual is intended to guide different structures with the Ministry down to Regional health Bureaus to proactively plan, engage and implement technical cooperation with countries.

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## **Acronyms and Abbreviations**

CBHC- Cross Border Health Committee

CBHI- Cross Border Health Initiative

CGPP- CORE Group Polio Project

DHO- District Health Offices

HOA- Horn of Africa

HSTP- Health Sector Strategic Plan

IHR- International health Regulation

JMC- Joint Ministerial Commission

JTC- Joint Technical Committee

LMICs- Lower and Middle Income Countries

M&E- Monitoring and Evaluation

MOF- Ministry of Finance

MOFA- Ministry of Foreign Affairs

MoU- Memorandum of Understanding

NGOs- Non Government Organizations

RHB- Regional Health Bureau

SDG- Sustainable Development Goals

UHC- Universal Health Care

UNICEF- United Nations International Children's Emergency Fund

WHO- World Health Organization

# Chapter One- Introduction of Bilateral Cooperation

## 1. Background

The past 20 years have been called a golden age for global health. Fuelled by a major increase in domestic health spending and donor funding, LMICs have vastly expanded access to health determinants and health services. These expansions have saved the lives of millions of children, men, and women, largely by averting deaths from infectious diseases.

However, these past decades were not as favorable for preventing deaths from non-communicable diseases and acute conditions, for which mortality stagnated or increased. Health systems in LMICs have been slow to change from their legacy functions focused on infectious diseases and maternal and child health, but health needs and expectations are shifting, sometimes quickly. Health crises, such as the occurrence of epidemic, acutely illustrate the need for resilient systems, defined as systems that can prepare for and effectively respond to crises while maintaining core functions and reorganizing if needed.

Ethiopia's health sector development policy and development cooperation are guided by the 2030 Agenda for Sustainable Development and HSTP-II. The newly launched HSTP-II (2020/21-2024/25), set ambitious targets to achieve on different program areas. This requires efforts to enhance the health system responsiveness which revolves in strengthening the core components or "building blocks", service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance. The overall costing for HSTP-II implementation was \$21.88 billion and \$ 27.55 billion at base and high-case scenario respectively is required for the five years to be covered in the plan, while the available financial resources during that period are projected at \$18.7 billion, \$19.7 billion, and \$21.9 billion for low, medium, and high case scenarios, respectively.

Different program level strategies and roadmaps developed by the Ministry of Health on Human Resource for Health, Emergency, injury and critical care, Health Care Finance

Strategy, Specialty and Sub-Specialty sets and others ambitious plan to build center of excellence in quality and equity health care services which requires extensive resource for infrastructure (including medical equipment), human resource for health development. The contribution of government fund for this is limited. This shows resource gap which require alternative financing mechanism; either in monetary or non-monetary.

Global Health Diplomacy is very critical and successful in addressing many of the global challenges as we have witnessed in the formulation of International Health Regulations (IHRs 2005), Universal Health Care (UHC) and Sustainable Developmental Goals (SDGs). Global health diplomacy fall into three different categories; *core diplomacy* or formal negotiations between and among nations; *multi-stakeholder diplomacy* or negotiations that are not necessarily intended to lead to binding agreements; and *informal diplomacy* or interactions between international public health actors and their counterparts in the field, including nongovernmental organizations, private-sector companies, and the public.

Resource Mobilization and Allocation decisions affect all three pillars of public health: the political, the technical (priority), and the ethical (equity). Politically, allocation processes determine which countries get what assistance, raising distributional issues at every level from the international down to individuals. Technical matters include the choice of objectives, for instance the diseases to be addressed and the strategies that will be employed, the population to be targeted, and the effectiveness of interventions and programs. Ethical considerations start with the fairness of the allocation processes, and continue through the equity of their outcomes and consequences.



## 2. Objective

To strengthen the health system through an exchange of knowledge, experience, technology and information and capacity development between developed and developing country government bodies, agencies, institutions each other or with private sectors based on the principles of equality, reciprocity and mutual or shared interest.

## 3. Modes of cooperation

The main types of cooperation are:

- **Financial Cooperation:** This is offered by assigning financial resources with the aim of promoting development projects.
- **Technical Cooperation:** This assistance is provided by transferring techniques, technologies, knowledge, abilities or experiences for the purpose of supporting the socio-economic development of countries with lesser levels of development in specific areas. With this type of cooperation technological development, human resource training and institutional capacity improvement also benefit.
- **Humanitarian and Emergency Aid:** It is used as a form of prevention and to provide aid during emergencies such as epidemics.
- **Technological and Scientific Cooperation:** It is used to promote the development of countries as a result of strengthening their technological capacity or knowledge creation ability. Primarily, it works through the exchange of researchers, joint projects and investigation networks.
- **Donations:** This particular mode of assistance is basically offered by providing equipment and materials, as well as financial resources, for the direct implementation of a given project whose beneficiaries are generally community groups and/or public entities. Generally, this line of action is carried out by certain embassies or cooperation agencies, in order to improve the conditions of the poorest sectors of the population by providing physical or financial resources.
- **Labor/human resource recruitment-** to improve the governance of labor migration flows, strengthen the protection of migrant workers, and ensure that international recruitment and placement responds to labor market needs.

## 4. Types of International Cooperation

- **Bilateral Cooperation:** It involves the participation of two different countries, or of institutions from said two countries. The sources of bilateral cooperation are the governments of countries that maintain relations based on International Cooperation. These relations are government-to-government in nature, through embassies or agencies that serve as cooperation instances, as well as technical coordination entities.
- **South-South/ Horizontal Cooperation:** This type of cooperation is mainly used to create exchange and develop technical abilities, experiences and knowledge between countries with a similar level of development, based on the concepts of equity, trust and collaborative effort.
- **Triangular Cooperation:** It is a mixed variant of International Cooperation that combines traditional or vertical cooperation with South-South Cooperation, in order to provide aid to a third developing country. Triangular Cooperation helps supplements existing strengths in developing countries, especially middle income countries and traditional donors, in order to face development challenges and advance towards common interests, using solutions that can be adapted to the contexts and realities of nations. It is a type of South-South Cooperation between two or more countries involving a developed nation.
- **Inter-Institutional Cooperation:** Within the particular framework of both private and public institutions, there can be technical exchanges, support and cooperation on an international scale with their peers in other countries. At the academic level, for example, cooperation between private universities throughout the entire world is worth highlighting, by using exchanges, visits, joint research, scholarships and other options.
- **North- South/ Vertical Cooperation:** takes place between a developed country and a developing nation or one with a lesser degree of development.
- **Cross border cooperation:** These are special type of south-south cooperation, with border countries focusing on aligned disease surveillance and control system and prevention and control of communicable disease, immunization campaigns and referral linkage in border community facility.

## 5. Principles of Cooperation

- Mutual benefit

- Mutual accountability and transparency
- Development effectiveness
- Coordination of result-based initiatives
- Multi-stakeholder approach/ applying participatory approaches
- Capacity development
- Promoting policy and program coherence

## **6. Context and Coverage of the manual**

The Health Sector Transformation Plan I and II has set targets to achieve UHC which requires both financial and non-financial resource commitment. This enquires proactive strategic planning and setting up responsive institutional arrangement and coordination in Global health diplomacy; *core diplomacy* or formal negotiations between and among nations and *multi-stakeholder diplomacy* or negotiations.

The Manual is intended to be reference guide across the Ministerial horizontal and vertical structures (from MOH directorates and agencies down to RHBs) in inception, development and implementation of bilateral cooperation in harmonized and aligned manner. Furthermore, it aims to ensure that the quality criteria of relevance, effectiveness, efficiency, impact and sustainability are met and international principles for bilateral cooperation. The Manual is only applicable to governmental technical cooperation with countries and in some cases, private sectors (other than Projects).

Chapter 1 gives an overview on Bilateral Cooperation emphasis from national and international policy perspective, types of cooperation, guiding principles and objective.

Chapter 2 explains legal and institutional framework of bilateral cooperation, role and responsibility of sectors.

Chapter 3 focuses on the phases of bilateral cooperation and provides detailed guidance are put into practice in formulating and implementing bilateral cooperation.

## **Chapter Two- Framework of Bilateral Cooperation**

### **2. Legal and Institutional framework of Bilateral cooperation**

#### **2.1 Legal framework**

Bilateral cooperation is fundamentally governed through proclamation” **Ratified on Duties of ministries in entering to contracts and international agreements** stated on Proclamation **No. 916 /2015** and **No.1097/2018**”. This provides the duties of executive

organs of the federal democratic republic of Ethiopia regarding on international cooperation.

The principles of cooperation are aligned with national SDG plan and Health Sector Transformation plan.

## **2.2 Instructional framework definition**

### **Common Powers and Duties of Ministries**

- Each Ministry shall have the powers and duties to enter into contracts and international agreements in accordance with the law;

#### **a) The Ministry of Foreign Affairs**

- The Ministry of Foreign Affairs shall have the powers and duties to:
  - Safeguard the interests and rights of the country in connection with its foreign relations and ensure that they are respected by foreign states;
  - In consultation with the concerned organs negotiate and sign, upon approval by the Government, treaties that Ethiopia enters into with other States and International Organizations, except in so far as such power is specifically given by law to other organs; and effect all formalities of ratification of treaties;
  - Ensure the enforcement of rights and obligations arising from treaties signed by the Ethiopian Government except in so far as specific power has legally been entrusted to other organs;
  - Register and keep all authentic copies of treaties concluded between Ethiopia and other States and International Organizations;
  - Perform the functions of a depository of multilateral treaties when the Ethiopian Government is a depository of such treaties;
  - Coordinate all relations of other Government Organs with Foreign States and international organizations;

#### **b) The Ministry of Finance**

- The Ministry of Finance and Economic Cooperation shall have the powers and duties to:
  - Mobilize, negotiate and sign foreign development assistance and loans, and follow-up the implementation of same;

- Manage and coordinate the bilateral economic cooperation with different countries as well as the relationship with International and Regional organizations set-up to create economic cooperation;

### **c) Ministry of Health**

#### **Ministerial Office**

- The Health Sector higher officials (minister and deputy minister) can sign high level agreements and MoU ratified by experts during Ministerial and head of state meetings.

#### **Partnership and Cooperation Directorate**

- Aggregate need assessment from agencies and directorates which serve as input for designing bilateral cooperation MoU/agreement.
- Organize and coordinate bilateral TWG meeting from different directorates and agencies in order to integrate the agreement/MoU to their action plan and implement accordingly.
- Draft, review and comment of agreement/MoU consulting relevant directorate and agencies.
- Keep registry of the newly signed agreement/MoU into data base and disseminate to respective directorates and agencies.
- Compile implementation report of bilateral health cooperation and submit to Ministry of Foreign Affairs upon request.

#### **MOH Directorates and Agencies**

- Conduct need assessment based on strategic plan and roadmaps which are priority for resource matching using bilateral cooperation.
- Support in development or review of bilateral cooperation documents.
- Assign technical expert who actively engage implementation process (develop plan, cascade and implement and submit progress report).

#### **Regional Health Bureau**

- Establish joint Committee with neighboring countries to implement the border health MoU/agreement, to track the progress of implementation and communicate on regular bases and work jointly to solve challenges which arise during implementation phase.
- Compile the cross border health initiative evaluation report and send to Ministry of Health and Ministry of Foreign Affairs.

## Chapter Three- Bilateral Cooperation in Health Phases

### 1. Major activities in the Bilateral Cooperation

- Establishing a technical working group or committee.
- Negotiation among the counterpart country to cooperate in health sector with the guiding principles for common interest of health service delivery.
- Participate and discuss issues related to health on expert and joint ministerial meeting on hosting country.
- Develop memorandum of understanding and agreements and make it ready for signing.
- Develop action plan and cascade for its implementation to specific program areas.
- Follow up the implementation process and communicate progress report to Ministry of Foreign Affairs.

Cycle phase	Description
<b>Planning/ Identification</b>	Need assessment of in country health system and matching with counter countries best experiences.
<b>Development</b>	Designing memorandum of understanding
<b>Approval/ Endorsement</b>	Critical review and justification of the draft memorandum of understanding from legal, diplomatic/political and sector perspective.
<b>Implementation</b>	Setting up implementation plan, joint technical committee
<b>Evaluation</b>	Systematic and objective based assessment of bilateral cooperation in terms of outputs, regularity and finance.
<b>Closing/renewal</b>	Termination of the cooperation or renewal based on new areas/scope of interest.

#### A. Planning/ Identification/ Formulation Phase

Bilateral Cooperation requires **operational readiness**:

- **Mobilizing resources for predictable funding of sustained cooperation initiatives.** Obtaining funds to support effective Bilateral Cooperation partnerships requires strategic decisions, but also a better articulation of needs and demands in both sides.

- **Careful planning**, matching health sector transformation needs/priorities' to the offer of assistance, integration in national health or institutional plans, performance monitoring and assurance of accountability.
- **Monitoring, evaluating and documenting the results of cooperation** in terms of capacity development, reciprocity, and mutual learning in order to be able to make a stronger business case for cooperation within the country and in the negotiations with development partners.
- **Strengthening institutional sustainability of partnerships** by including this modality of cooperation in development plans and assigning institutional responsibilities and a strong institutional engagement.

### **Deliverables of the Phase**

- Situational/need analysis: validation of the context and situation/need analysis conducted during identification using sector policy, strategy, roadmaps. Lessons learned and review of ongoing/planned initiatives in defining the cooperation approach, strategies and scope.
- Political, financial and legal analysis, including identification of responsible actors' rights, their duties and its impact on national.
- Analysis of existing inequalities analyzed and incorporated in the bilateral cooperation.
- Capacity assessment of key institution involved in bilateral programme management and implementation.

## **B. Development Phase**

### **Bilateral Cooperation MoU/Agreement Template**

The scope of cooperation has to be general not specific. This widens the loop for unforeseen opportunities during the designing phase and inclusiveness of various programs in implementation plan designing upon mutual agreement.

### **Bilateral Cooperation MoU/Agreement**

A Memorandum of Understanding (MoU) is referred to as a written legal document which completely describes the principles of an arrangement between the two or more parties forming a bilateral or multilateral agreement duly signed by the parties.

The Memorandum of Understanding between the parties must clearly mention the terms of the agreement, i.e. the objective should be definite to which they agree upon. A clear understanding should be there between the parties, regarding the intention which should be followed shortly.

A MoU lacks legal enforceability, however, if any one of the parties has done anything against the MoU and due to this the other party has suffered any loss, then the aggrieved party has the right to recover loss because the parties are bind by estoppels.

Agreement is referred to as a state when two parties agreed upon the same thing, in the same manner, to work together for achieving a common objective. The agreement consists of a proposal which is to be accepted by the party to whom the proposal is made, and when this proposal is accepted, it becomes a promise of parties to each other, to which they have been agreed upon. The parties to the agreement have the right to go to the court in the event of non-performance of the agreement.

Protocols (Additional or Optional): instruments entered into by the same parties of, and which amend, supplement or clarify a previous agreement.

### **Recommended structure of bilateral agreements and MoUs**

<b>Article title</b>	<b>Description</b>
<b>Introduction</b>	<ul style="list-style-type: none"> <li>▪ Introduce the signatories</li> <li>▪ Explain the necessity of the cooperation</li> <li>▪ Refer to relevant legislation</li> <li>▪ Provide history and background of the problem and the measures taken so far</li> <li>▪ Specify if the document is legally binding or not</li> <li>▪ Introduce briefly the key responsible bodies</li> </ul>
<b>Purpose/Areas and objectives</b>	List the economic or legal areas that the document covers, noting the desired effect from the cooperation.
<b>Term</b>	Set the time limit/duration of the agreement/MoU as well as the deadlines of regulating the national procedures according to the provisions of the document (e.g. six months).
<b>Jurisdictions and Responsibilities</b>	Explain the authority and power of each body involved in the national context and set the areas of their responsibilities in the context of the agreement/MoU.

<b>Scope of the cooperation</b>	Defines the areas of cooperation with program focus areas
<b>Use and Disclosure of Information/ Confidentiality/ Publicity</b>	Clarify any issues related to confidentiality, use and disclosure (including intellectual property rights). A good practice would be to grant access to third parties to the agreement, and to make efforts to increase the awareness and understanding of the foreseen or applied policies. This would decrease any potential misinterpretation.
<b>Storage of information</b>	Specifies how and by whom the information should be stored, as well as the period of storage.
<b>Management</b>	List the body (ies) responsible for the day-to-day control of the agreement/MoU, including their specific responsibilities.
<b>Disputes and complaints resolution</b>	Clarify the law governing disputes resolution and procedures for complaints resolution against activities generated by the operation of the agreement or memorandum. Definition of the language and the legal system which would take preference in dispute resolutions.
<b>Review/ evaluation</b>	<ul style="list-style-type: none"> <li>▪ Specify the frequency of the review of the document and the body (ies) responsible (usually joint committees that meet quarterly). A good practice would be setting concrete indicators, targets and deadlines.</li> <li>▪ The evaluations should examine: <ul style="list-style-type: none"> <li>▪ effectiveness and efficiency of the agreement/MoU</li> <li>▪ relevance of the measures and implemented activities</li> <li>▪ the coherence of the agreement/MoU with the objectives of the national strategies and the impact of the implementation</li> </ul> </li> </ul>
<b>Signatories</b>	Specify the signatories, usually Ministries.
<b>Annexes</b>	Include any technical information or templates as annexes, e.g. institutional set-up schemes, comparison of powers/ authorities of the signatories, list of relevant legislation, templates for information requests, lists of the areas that could be covered by the information requests, related legislation, detailed contacts of the signatories, etc.

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## Deliverables of the Phase

- Structuring draft MoU/agreement and inclusive of the need of different programs and legal affairs

### C. Approval/Endorsement

- The Ministry of Health will develop justification document which clarifies the impact and legal duties which arise from the MoU confirming the cooperation is beneficial will be prepared and submitted to Prime Minister Office for approval.
- **Joint expert meetings-** In this platforms, experts from both countries will have joint discussion on cooperation areas and reach on mutual consensus upon meetings coordinated by Ministry of Foreign Affairs.
- **Joint Ministerial Commission-** Based on the agreed minute on joint experts meeting, the Ministerial meeting will endorse the cooperation by signing the agreement/MoU.

### Review Criteria

The following table summarizes the key reference points that are used for pursuing quality in the bilateral health cooperation.

#### Bilateral Cooperation in Health Review criteria

Criteria	Definition
<b>Relevance</b>	Meets demonstrated and high priority needs and it is consistent with, and supportive of the Health sector Policies and relevant sector programs and bilateral cooperation policy.
<b>Effectiveness</b>	The extent that the project outcome is achieved.
<b>Impact</b>	Contribution on the wider long term results and on the achievement of the overarching policy objectives.
<b>Efficiency</b>	The degree to which the inputs/resources (costs, human resources etc) have been converted into activities in terms of quality, quantity and time and the quality of outputs achieved.
<b>Complementary</b>	The extent to which the intervention supports and supplements other policies, strategies or programs.

### D. Implementation and Evaluation

#### I. Communication and Information Dissemination

Information dissemination is an initial step and integral part of cooperation implementation. This will be design a communication and dissemination

plan after signing of the MoU/agreement. It defines the internal and external information exchange plans and activities.

### Template of MoU database

MEMORANDUM OF UNDERSTANDING							
Country	Period of agreement	Major Areas of cooperation	Implementation modalities and financing options	Implementing body (directorates, agency, hospitals regional health offices)	Ethiopian Embassy Address	Embassy	Remark
South Korea	5 year	(a) Strengthening health system	providing technical support and capacity building program	Medical service general directorate	ADDRESS Ethiopian Embassy in Seoul, Korea (Republic) 258-6, Itaewon-dong Yongsan-gu Seoul Korea (Republic) TELEPHONE (+82) (2) 790-9766 FAX (+82) (2) 790-0156 EMAIL embassy@seoulethioembassy.or.kr WEBSITE seoulethioembassy.or.kr  HEAD OF MISSION Dinberu Alemu Wisbo, Chargé d'Affaires a		
		(b) Capacity building for healthcare professionals and personnel		Human resource development directorate			
		(c) Diagnosis and treatment of non-communicable diseases and prevention & detection of communicable diseases		Medical service directorate, DPCD,			
		(d) Health financing Scheme for Universal Health Coverage		PCD, Insurance Agency			
		(e) e-health and hospital information technology systems (HIS)		PPMED, HIT directorate			
		(f) Research and development and industrialization of biotechnology		EPHI,FDA ,			
		(g) Biomedical engineering		PMED			
		(h) Other areas of mutual interest that may be jointly decided upon by the Sides.					

With a well-designed communication plan, the bilateral cooperation implementers/program owners are able to facilitate two-sided cooperation, create an active flow of information between all relevant stakeholders, and maintain transparency when it comes to the cooperation, and results. Information dissemination is also an important part of creating sustainability and ownership to bilateral program cooperation activities and results.

### Internal Information Dissemination

Internal information dissemination includes sharing of meeting invitations, minutes and reports between MoH directorates.

## **External Information Dissemination**

External Dissemination includes information dissemination to stakeholders like Ministry of Foreign Affairs, Hospitals, RHBs and others.

The level of data disclosure depends on the objective and confidentiality principles.

## **II. Establishment of Implementation and coordination structure**

### **Joint Ministerial Commission (JMC)**

The highest decision making body of bilateral cooperation is joint ministerial commission.

The meeting of a JMC is a decision making forum where proposed cooperation from joint experts meetings will be discussed, specifically on progress, results, fulfillment of agreed obligations as well as work plans and budgets for the coming period. The members of the JMC represent the Ministers from respective sectors and the partner country representative. The members of the JMC are legal representatives of countries entitled to make agreements and commitments in relation to the bilateral cooperation and also accountable for the decisions made on behalf of the MOH.

The Chairperson is usually MOFA high ranking officials. JMC ensures that the programme supports the aims of the Health sector policy, strategy and other guiding documents.

### **Joint Technical Committee (JTC)**

The technical committee is responsible for the overall steering of the bilateral cooperation implementation.

The members of the JTC are representatives of the organizations directly involved in bilateral implementation, including the MOFA represented by the Embassy.

### **Implementing Bodies and Partnership Coordination Team (PCT)**

An implementing Bodies is defined in the bilateral agreement as the organization with overall responsibility to carry out activities, monitor the programme implementation and use funds available to the programme as part of the joint technical committee led by partnership and coordination team.

The PCT may therefore design/review and endorse agreements/MoU and submit to MOFA on behalf of MOH, and disseminate and coordinate implementation of MoU's.

## **III. Develop Operational/Implementation plan**

Relevant questions for the preparation of the Work Plan will be:

- Are there on-going initiatives or upcoming events of importance for bilateral relations to build on?
- Are there areas of common bilateral interest highlighted in the MoU or identified that should be prioritized?
- Are there areas of common interest at political level which are relevant for strengthening bilateral relations?
- Could initiatives be tied to major sector initiatives?
- How can the funds best be used to promote and facilitate partnership projects under the programmes?

Annual planning should be prepared based on the Results Framework in order to guarantee that, in the end, the longer term results are reached. The planning, monitoring and reporting are aligned with the partner country strategic plans, budgeting, financial management and monitoring systems to the extent possible. Operational plan should include a list of actions, description of the work involved, possibly a justification or an explanation why the action is needed, the expected outcome (including quantitative indicators, where possible), the responsible bodies and involved actors, as well as the deadlines for the implementation of the activity and resource allocations (budgets).

Directorates might incorporate in their annual planning to secure budget from Channel two or implementing partners.

Funds for bilateral relations allocated to programmes should strengthen the bilateral profile of the programme and facilitate partnerships at project level. These funds are particularly relevant for, but not limited to:

- Search for partners for donor partnership projects prior to or during the preparation of a project application;
- Development of such partnerships and the joint preparation of an application for a donor partnership project

In the MoU, mostly the financing is flexible and defined in later stage of implementation plan but if defined during implementation plan preparation phase;

❖ **Partial financing**

Some agreements may specify matching funds. The primary reason is to share the costs of various government programs. Sometimes structure match requirements to promote sustainability of projects past the life of the grant program.

**Eg-** Specialty training offered freely but the beneficiary country cover accommodation cost

❖ **Full financial support**

❖ **Joint resource mobilization from third partner**

- Financed through multi or bilateral donors by requesting joint action plan or proposal.

**Implementation Plan template**

<b>Priority Area:</b>
GOAL:

PERFORMANCE MEASURES	
<i>Indicators</i>	<i>Description</i>
Short term	
Long term	

**OBJECTIVE #1:**

BACKGROUND:

ACTION PLAN

<i>Activity</i>	<i>Target</i>	<i>Resources Required</i>	<i>Responsible Body/actors</i>	<i>Anticipated Result</i>	<i>Time</i>	<i>Progress Notes</i>

**III. Information Exchange and Reporting**

It is a good practice that the agreements include in an annex an information request template, and a list of the contact persons. However, based on practical experience, the process could be most efficient if the relevant bodies have already established contacts even before the signature of the agreement, and these initial informal ties continue to be

utilized in a more structured way during the agreement's implementation. In that way, an agreement can be used to formalize cooperation that already exists.

Reporting usually consist of annual reports upon the request of Ministry of Foreign Affairs.

The reports:

- I. Inform stakeholders of cooperation progress (against what was planned), constraints encountered and any significant remedial or supportive action required;
- II. Provide a formal documented record of what has been achieved during the reporting period;
- III. Promote transparency and accountability. Good quality monitoring reports are also an essential input to evaluations and renewal upon best experiences acquired.
- IV. Promote learning & understanding what works, what not, and why?

## **V. Evaluation**

After the end of the joint activities, the parties involved should consider the overall impact of the collaboration and decide if similar activities will be beneficial in the future. A post evaluation can greatly contribute to this decision by providing an external view of any aspects in the implementation process that can be improved upon in the future.

Evaluations are conducted for two purposes:

- To ensure that the bilateral cooperation programme is moving towards its expected results, and
  - For lessons learned to all stakeholders.
  - Purpose of evaluation is to produce information on the results, relevance, efficiency and effectiveness. Evaluation also provides lessons learned for bilateral cooperation programs.
- Usually the implementation period for most MoU/agreement is five year.

## **Chapter Four- Cross-Border Health Initiative**

### **BACKGROUND**

Infectious disease outbreaks in the Horn of Africa (HOA) continue to be shaped by historical patterns of regional migration due to economic integration, socio-cultural practices of pastoralism and nomadism, and chronic issues of physical insecurity. Communities with large populations that move along and across formal and informal border points are highly vulnerable to the spread of infectious disease. These border

communities have common risk factors: low population immunity, under-resourced health infrastructure with weak routine immunization systems, regional or local political instability, socioeconomic disadvantages, and a similar ecology. Hence, disease surveillance and rapid response to outbreaks is critical.

The purpose of the CBHI (Cross Border Health Initiative) is to support joint inter-country collaboration and coordination efforts in disease surveillance and response. Cross-border coordination bridges the disease surveillance gaps by forming partnerships among institutions, agencies, and communities in cross-border areas. This partnership between border health operational units (referred to as County/District Health Offices) works to identify and address health issues of border populations, to map transit routes and hubs, and to track the movement of populations to prevent or contain cross-border transmission of Polio and other communicable diseases. Collaborating governments are committed to the long-term priority of combating cross-border disease transmission disease through the investment of sufficient personnel and financial resources.

The objectives from the 2015 cross-border meetings aimed to improve collaboration between the health and administrative authorities of border regions by enhancing surveillance sensitivity, increasing coverage of prevention services, and improving coverage and access to quality services in the border regions. Before the formation of the CBHI, cross-border committee meetings were first initiated by WHO in collaboration with the Intergovernmental Authority on Development (IGAD) under the “Health for Peace Initiative” in 1996. However, these cross-border committees were formed in only a few selected sites and the meetings were ad hoc, resulting in limited capacity for implementation, monitoring, accountability, resource allocation and sustainability of cross-border polio eradication activities.

The CBHI is a crucial strategy in disease surveillance and rapid response in border areas by requiring representation from key stakeholders to ensure sustainability, accountability, resources, adequate reporting, and documentation.

The Initiative is powered by a network of the national governments of Kenya, Somalia, Ethiopia, South Sudan, Uganda, Democratic Republic of Congo, the local border administration, the border health facility in charges, local and international health partners

that encompass NGOs (national and international) and community-based organizations, and key influencers such as local leaders.

## **OBJECTIVES**

- Improve cross-border collaboration between the health and administrative authorities of border regions.
- Establish a cross-border disease surveillance mechanism for polio and other diseases of public health importance.
- Harmonize cross-border vaccination and surveillance activities.
- Establish a mechanism to share disease surveillance data and joint disease investigation and response.
- Increase surveillance sensitivity through the essential participation of cross-border communities and populations.
- Develop cross-border early warning and response systems for disease outbreaks.
- Cross border inspection and quality control of pharmaceutical and medical supply.
- Cross border referral linkage and facility expansion.

## **COLLABORATING COUNTRIES**

Ethiopia, Somalia, Kenya, South Sudan, and Uganda. CBHCs are currently operational in 5 Horn of Africa countries.

## **INTERNATIONAL AND REGIONAL CROSS-BORDER HEALTH GOVERNANCE FRAMEWORK**

In response to the increasing risks to population health posed by international travel and trade, and by emergence and re-emergence of infectious diseases, WHO developed the International Health Regulations (IHR) in 2005 to prevent, protect against, control and provide a public health response to priority trans boundary diseases in the HOA.

## **NATIONAL COMMITMENTS TO THE CBHI**

The respective national Ministries of Health provide leadership and oversight of the CBHI, while the border Counties/District health offices manage the Initiative at the operational level. The operational level CBHI comply with relevant national policy and strategies on cross-border issues.

## **THE CROSS-BORDER HEALTH COMMITTEE**

The government-led Cross-Border Health Committee (CBHC) is the driving force of the CBHI. The CBHC represents the commitment of collaborating cross-border health offices to deal with common cross-border health issues. The CBHC is composed of key representatives from health offices, immigration, and the security sector. The number of members is typically equal to the collaborating border health offices, and its chairmanship is shared. On either side of the border, health officials should prioritize border health concerns and establish its committee to oversee issues internally.

## **MEMBERSHIP**

Committee members should represent various operational levels of the County Health Office/District and Sub-county/Sub-District Health Offices (DHOs) of the collaborating countries.

## **COMMITTEE FUNCTIONS**

- The cross-border health committee conducts a periodic situational analysis of the cross-border vulnerability of the spread of polio and other diseases of public health importance through the following steps:
  - Map the cross-border communities, migratory routes, cross-border entry/exit points, and transit hubs and routes for each of the cross-border facilities.
  - Document the risk factors of cross-border communities and populations of the spread of polio and other diseases of public health importance.
  - Assess the capacity of the border health facility to address border health issues.
  - Develop a situation analysis report.
- Organize a joint cross-border action planning workshop to develop joint and individual country annual work plans to address cross-border issues
- Establish effective health service delivery the border communities
- Support, document, and share the status of the implementation of the cross-border health action plan with county and national authorities
- Monitor and provide feedback on border health facilities
- Designate and share the contact information of a focal person for regular communication
- Share information with each other and with stakeholders

- Support and ensure border health facilities synchronize promotion and prevention services and surveillance activities.
- Develop a social mobilization and communication plan for increased demand and community participation among cross-border communities and populations in collaboration with respective border health facilities
- Support border health facilities to improve capacity, program coverage and quality of services for all cross-border communities and populations
- Supervise cross border health facilities with a focus on cross-border health issues
- Advocate to county administration and stakeholders for support and funding
- Hold a review meeting monthly by each country team member, sharing the minutes with the collaborating country
- Hold a review meeting regularly by the cross-border committee, alternating the venue between countries

### **THE CROSS-BORDER HEALTH INITIATIVE PROCESS**

- ❖ Formal and Informal Consultation between Border County/DHOs on CBHI
- ❖ Initiation Meeting
- ❖ Cross-border Health Situation Assessment
- ❖ Joint Action Planning Workshop
- ❖ Implementation of the Joint Action Plan
- ❖ Monitoring and Evaluation

### **CROSS-BORDER HEALTH SITUATION ASSESSMENT AND REPORT**

Following the initiation meeting, the collaborating parties should begin an assessment to analyze the past performance of border facilities on service coverage and disease surveillance based on the administrative data in the County/DHO.

The assessment includes;

- Border Health Facility Capacity- To know the current capacity and gaps of the health facility to address cross-border health concerns
- Mapping and profiling of border communities and population- To understand the number, size, and distribution of villages and the relevant socio- economic, migration and health risk factors.

- Social map of catchment villages of health facility- To visualize the village in a spatial context and identify any problems.
- Mapping and profiling of cross-border points- To understand the number, size, and distribution of border crossing points and the current efforts and gaps.
- Mapping and profiling of transit hubs and routes- To identify village/towns/city in the district through which long distance migration takes place and to make a response plan.
- Administrative data, Service coverage and Disease Surveillance data of border facilities- To identify problems pertaining to service coverage and surveillance.

### **JOINT ACTION PLANNING WORKSHOP**

After each party has completed the situation assessment, a joint action planning workshop should be convened. The workshop should include all cross-border committee members as well as border health facility in-charges. The purpose of the joint action planning meeting is to apprise other parties of the cross-border issues and to individually and collaboratively address these issues. The workshop serves as an opportunity to assemble health facility staff to enhance local level understanding and increase collaboration.

#### Suggested workshop plan

- Joint Action Planning Work
  - Border County/DHOs share situation assessment findings and work plan; develop joint work plan
  - Border health facilities share data and consolidate jointly mapped crossing points into a single map; develop joint work plan
  - Documentation and exchange of contact details
- Documentation and reporting

### **IMPLEMENTATION, REVIEW, AND REPORTING OF JOINT ACTION PLAN**

Each party should implement its part of the joint action plan and is responsible for mobilizing its resources, with support from WHO, UNICEF, CGPP, and NGOs, to support the implementation of the work plan. Proper documentation on implementation should be filed as evidence and data on results is collected.

#### **Meetings**

Each country's or county/district team member of the CBHC should meet regularly to review the work plan, document past activities, and prepare for activities to be held in the following months. Every quarter/biannually, the CBHC should meet jointly to share the progress of implementation of activities and provided in the given reporting format. The meeting will discuss success stories, challenges, and future plans. Review and planning should be conducted to assess annual progress and to develop the annual plan for next year.

## **MONITORING AND EVALUATION**

All collaborating countries should collect and document reports, training outputs, data and evidence against indicators listed in the work plan. At the end of the year, the cross-border data collection tools should be updated to reflect the changes. The supporting agencies should provide technical assistance to develop necessary M&E tools, database and in collection and management of the data needed for M&E of CBI. The supporting agency (i.e., WHO) should provide technical assistance for verification of the reports and data.

## **CBHI INDICATORS**

- Number of border health facilities.
- The total population covered by border health facilities.
- Number and % of children vaccinated in border health facilities.
- % of outpatients of a border health facility that are from other countries.
- Border regions have a plan for cross-border health issues.
- % of work plan activities of CBHC implemented.
- Number of CBHC organized by collaborating country border region.
- Health Service utilization of public health importance disease among border communities.

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