



REPUBLIC OF CAMEROON
MINISTRY OF PUBLIC HEALTH
GENERAL SECRETARIAT

**NATIONAL COMPACT BETWEEN THE
GOVERNMENT OF THE REPUBLIC OF
CAMEROON AND ITS PARTNERS OF
DEVELOPMENT**

*Increase efforts and resources in the health sector to accelerate the achievement of the SDGs,
notably the UHC.*

July 2023

**TECHNICAL SECRETARIAT OF THE
HEALTH SECTOR SUB-COMMITTEE**

CONTENTS

FOREWORD	4
1. CONTEXT	5
2. CURRENT SITUATION AND DIAGNOSIS	7
N°. 1: Reducing morbidity and early mortality in the population to increase life expectancy.....	9
3. OBJECTIFS DU COMPACT NATIONAL	12
4. EXPECTATIONS OF THE NATIONAL COMPACT	13
5. ITS POSITION IN THE AREA OF COPPERATION	14
6. ELEMENTS OF THE COMMON PROGRAMMATIC AND BUDGETARY FRAMEWORK SUPPORTING THE NATIONAL COMPACT	15
6.1. A Strategic document as a single Framework defining health sector Policy: la SSS.....	15
6.2. Un A single priority plan as a reference for the implementation of healthcare interventions in the country.....	15
6.3. A single coordination and consultation process.....	15
6.4. A single budgetary framework.....	16
6.5. A Common matrix for sectoral polices and reforms.....	17
6.6. A Common results framework.....	18
6.7. A common framework for managing financing	18
7. GENERAL PRINCIPLES AND MANAGEMENT PROCEDURES FOR SUPPORTING DEVELOPMENT	19
7.1. General Provisions	19
7.2. Procedures agreed with the signatories of the Compact	19
7.3. Responsibilities and Mobilising and managing development support.....	20
7.4. Global initiatives and vertical funds.....	20
7.5. Technical Assistance	20
7.6. Technical and Financial Partners who are not signatories to the National Compact.....	21
8. CAMEROON'S COMMITMENTS AS PART OF THE IMPLEMENTATION OF THE COMPACT	22
9. COMMITMENTS MADE BY THE TECHNICAL AND FINANCIAL PARTNERS WHO ARE SIGNATORIES TO THE COMPACT	24
10. COMMITMENTS BY CIVIL SOCIETY AND ACCADEMIC SOCIETIES	25
11. COMMITMENTS BY PRIVATE SECTOR	26
12. FOLLOW UP OF COMMITMENTS AND CONFLICTS RESOLUTION	27
12.1. Framework for monitoring and evaluation mutual commitments.....	27
12.2. Conflicts Resolution	28

FOREWORD

Implementing public health policy with a view to achieve the SDGs and the objectives of the NHDS30 requires an integrated and coordinated approach between government interventions and those of development partners.

The signing of the National Compact is expected to create positive synergies with all stakeholders in the health sector, to contribute more effectively to the country's social and health development. It is an opportunity to strengthen the Public-Private Partnership and consolidate the participation of civil society and learned societies, making them strategic partners of the State.

The process of engaging stakeholders in the National Compact comes at the end of the process of drawing up and adopting the NDS30, the SSS 2020-2030 and its implementation plan, i.e. the PNDS 2021-2025. This is an urgent measure following the review of the implementation of the SND30 in the health sector. In other words, the Compact is a lever on which the Government is relying to correct shortcomings and accelerate progress towards achieving the United Nations' 2020-2030 Agenda (SDGs) and the African Union's 2063 Agenda.

This document sets out the key issues to be addressed in accordance with the national vision, with strong interaction between the national sectors and the Technical and Financial Partners to agree on operational options, in line with the Paris Declaration on the effectiveness of the Effectiveness of Official Development Assistance (ODA), the International Health Partnership (IHP+) and the expected results of the National Compact.

The process of elaborating a National Compact, was led by the Technical Secretariat of the Health Sectoral Strategy (ST/HSS) with support from the World Health Organization (WHO). This was a participatory and inclusive, drawing on the existing sectoral steering mechanism. A consensual and multi-sectoral approach was used at various stages of the process, through: (i) participatory consultations, during which negotiations between the stakeholders took place; (ii) drafting of the first version; and (iii) validation of the document.

The National Compact establishes a permanent dialogue not only between the signatory stakeholders, but also with all the other stakeholders in the health sector involved in the implementation of the NHSP 2021-2025.

1. CONTEXT

Government action in Cameroon is guided by the 2035 Development Vision. The second phase of implementing this vision is the National Development Strategy 2020-2030 (NDS30). This is broken down into strategies for seven sectors (Health, Infrastructure, Education, Rural, Industry and Services, Social Protection and Governance).

The health sector has a Health Sector Strategy (HSS) 2020-2030, which is linked to the National Development Strategy 2020-2030. The priorities of the health domain for the first program cycle of HSS 2020-30 are contained in the National Health Strategy Plan (NHSP) 2021-2025, which was finalized and validated in June 2022. These documents have been technically validated but have not been sufficiently disseminated because of the difficulties encountered in mobilizing the resources needed to publish and disseminate them. This weakness is having a negative impact on the entire program cycle, which will soon be coming to an end, while these reference documents continue to be little known and little used by those involved in their implementation.

A retrospective view of the mid-term evaluation of the SSS 2001-2015 already provided guidelines for drawing up a National Compact to support its implementation.

The final evaluation of the 2016-2020 NHSP found that, despite the progress made, many objectives had not been achieved, mainly because of shortcomings in governance and strategic management. In fact, duplications were noted, due to the poor implementation of the "Three Ones" principle (One plan, one budget and one monitoring and evaluation framework) of IHP+ (now called UHC2030 , which Cameroon joined in 2010.

In accordance with its international commitments, particularly those of the Paris Declaration on the ODA and its membership of the IHP+ initiative, Cameroon has undertaken to elaborate a national compact to accompany the implementation of the NHSP 2021-2025. The aim of this Declaration is for the Government and the Technical and Financial Partners (TFPs) to agree on greater effectiveness and efficiency in the health sector so that: i) the Government (Ministry in charge of Health) assumes leadership on the basis of a health sector strategy drawn up in collaboration with all stakeholders; ii) the TFPs provide support that is aligned with this strategy; iii) the TFPs harmonize their support and monitoring arrangements; iv) sector management is focused on tangible results; and v) these results and management is subject to mutual responsibility and accountability based on transparency.

One of the challenges to be met by the 2021-2025 NHSP is to get the stakeholders in the healthcare sector to combine their efforts effectively. The recommended approach is to sign a National Compact. This is an agreement negotiated and signed for a fixed period, by which all stakeholders in the health sector undertake to implement and respect the national health priorities defined and described in the NHSP .

The effectiveness of this approach will also make it possible to: (i) strengthen the strategic alignment of stakeholders, (ii) improve consultation and collaboration between the government and development partners, (iii) improve visibility on long-term funding for the sector and enhance results-based management, (iv) strengthen the coordination of players and reduce transaction costs

for the management of development aid, (v) strengthen the transparency and mutual accountability of all development partners, (vi) accelerate the implementation of the priorities of the PNDS, in particular those contained in the health system transformation agenda.

The National Compact was drawn up based on the data collected in the document review and the interviews conducted during the first stage, the lessons learned from the evaluation of the implementation of previous PNDSs, the analysis of the major conditions for the success of the new PNDS and the risks to be mitigated to ensure its successful implementation.

2. CURRENT SITUATION AND DIAGNOSIS

2.1. Overview of the health sector

The current epidemiological situation is marked by a predominance of communicable diseases (HIV/AIDS, malaria, tuberculosis, etc.) and a significant increase in non-communicable diseases, in particular cardiovascular diseases, cancers, mental illnesses, and road traffic injuries. Many Epidemic Prone Diseases (EPDs), such as COVID 19, cholera and poliomyelitis, are still closely monitored.

Life expectancy at birth in Cameroon rose from 53.4 years to 59.3 years between 1990 and 2019, an increase of 5.9 years. This situation reflects the major efforts made by the government and its technical and financial partners to ensure that people live long and healthy lives. If this trend continues, life expectancy at birth will increase considerably, and by 2030 it could reach the target set in the NDS30 of 62.1 years. Achieving this performance implies maintaining the efforts made to ensure satisfactory universal health coverage (UHC) and, more generally, the strengthening of the health system (HSS). Similarly, general mortality has fallen significantly. Compared with the period 2004-2011, the probability of dying between the ages of 15 and 50 has fallen for both men and women. Similarly, maternal mortality has reduced from 782 deaths per 100,000 live births in 2011 to 406 deaths per 100,000 live births in 2018. The same applies to infant and child mortality, which reduced from 122 deaths per 1000 live births to 79 deaths per 1000 live births over the same period.

Ranked 164th out of 191 countries, according to an evaluation carried out by the WHO in 2011, Cameroon's healthcare system remains fragile and consequently does not respond effectively to the needs of the population, despite the progress made. The main bottlenecks identified were grouped around 05 themes: Health Promotion and nutrition (HPN); Disease prevention (DP); Case management (CM); Health system strengthening (HSS); Governance and strategic management of the health system (GSS).

2.2. Main bottlenecks and administrative constraints in the health sector

HEALT PROMOTION AND NUTRITION

- Weak consideration of the social determinants of health in the delivery of healthcare services and public policies (nutrition, sanitation, environmental health, etc.)
- Insufficient synergy of intersectoral interventions.
- Weak involvement of decentralized local authorities in health promotion initiatives.
- Weak mechanisms for public support of UHC.
- Weak community mobilization and commitment to health promotion and nutrition.

DISEASES PREVENTION

- Underestimate the comparative advantages of disease prevention compared to case management by health sector players.
- Disease prevention and screening campaigns poorly implemented, particularly in health areas.
- Limited data available for better decision-making on disease prevention.
- Utilization of preventive services offered by the population is low
- Inadequate consideration of the aspect of prevention during the process of elaborating response strategies in the event of an epidemic.
- Inadequate decentralization of the response to epidemics.
- Inadequate implementation of high-impact interventions for maternal, child, newborn and adolescent health and nutrition;
- Inadequate community mobilization and commitment to disease prevention.

CASE MANAGEMENT

- Inadequate development of the national SONUB and SONUC network;
- Inadequate quality of health care services (PMA and PCA);
- Delays in preparing for, detecting, and responding to cases of EPD
- Weak organization of community case management.
- Poor compliance with national guidelines on case management.
- Weak procurement system for inputs and stock management
- Poor case management of emerging and re-emerging diseases, including neglected tropical diseases;
- Insufficient attention paid to non-communicable diseases in health policy;
- Weak system for dealing with correctable disabilities.

HEALTH SYSTEMS STRENGTHENING

- Insufficient implementation of co-financing and co-management in accordance with the Bamako Initiative with a view to the harmonious operation of dialogue structures;
- Insufficient awareness of health risk mutualization mechanisms ;
- Poor geographical and financial access to health facilities.
 - Lack of a mechanism for monitoring resources allocated to health in the various partner administrations and decentralized local authorities.
 - Poor mobilization of resources allocated to the implementation of the national health strategy (PNDS) in all strategic areas;

- Poor access to quality health care and services for vulnerable populations;
- Insufficient quality and quantity of human resources, as well as inequitable distribution in the health districts (DS);
- Poor implementation of mechanisms for motivating and retaining Health Human Resources (HHR);
- Inadequate and unevenly distributed infrastructure and equipment.
- Insufficient and inequitable provision of District Health Services (DHS) with rolling stock and logistics;
- Structural weakness in the development of health districts towards sustainability;
- Weak management of the supply system for quality medicines and pharmaceutical products;
- Persistence of counterfeit medicines and illicit trafficking in pharmaceutical products;
- Poor development of local pharmaceutical potential;
- Poor development of health research;
- Inadequate health information system, particularly in the area of civil status data collection;
- Inadequate evidence-based decision-making.
- Weaknesses in preparing for and responding to emergencies and humanitarian crises.
- Weaknesses in prioritizing community health and Primary Health Care (PHC).

5. GOVERNANCE AND STRATEGIC PLANNING

- Insufficient implementation of mechanisms for planning, coordinating and monitoring-evaluating health sector interventions at all levels of the health pyramid.
- Poor implementation of mechanisms for accountability, reporting and audits of health facilities (FOSA);
- Poor dissemination and appropriation of strategic reference documents at all levels of the health pyramid.
- Poor inclusion of key stakeholders of the health sector in planning, coordination, and monitoring-evaluation activities.

2.3. The stakes and challenges in the context of achieving the SDGs

Nº. 1: Reducing morbidity and early mortality in the population to increase life expectancy

The challenges to be addressed in this area are as follows:

- Strengthening the functionality of health structures and reference frameworks for consultation and coordination.
- Improving the availability and use of quality Essential and Generic Medicines;
- Strengthening intersectoral consultation framework for health promotion, disease prevention and case management;
- Evidence-based decision-making;
- Strengthening community health (extending community-based and community-directed interventions) and primary health care.

N° 2: Improving universal access to quality healthcare and services.

The challenges to be addressed in this area are as follows:

- Defining a sustainable health risk-sharing mechanism;
- Mobilizing sufficient funding to set up a national risk-sharing system;
- Ensuring Coverage of vulnerable populations, including those living in crisis zones;
- Strengthening the availability of quality health services and care;
- Coordinating efforts between the Ministry of Public Health and partner ministries in charge of the UHC.

N° 3: Health Systems Strengthening

The challenges to be addressed in this area are as follows:

- Strengthening the institutional framework and management skills of health facility managers at all levels of the health pyramid.
- Making health districts functional;
- Speeding up the implementation of the health decentralization process;
- Implementing quality approach at all levels of the health system;
- Improving regulation of the sector;
- Developing human resources in the field of health and related sciences and techniques by increasing the number of staff, optimizing their distribution throughout the country and improving working conditions;
- Improving the match between the health map and the demand for care;
- Strengthening operational planning mechanisms;
- Improving availability and use of inputs and quality Essential and Generic Medicines;

- Strengthening health information system, particularly monitoring and evaluation;
- Operationalizing health financing strategy.

N° 4: Strengthening partnerships in the health sector

The challenges to be addressed in this area are as follows:

- Strengthening intra- and inter-sectoral coordination;
- Strengthen the participation and commitment of communities in meeting their healthcare needs;
- Strengthen public-private partnerships.
- Strengthen coordination with development partners.

N° 5: Strengthening the decentralization of the healthcare system

The challenges to be addressed in this area are as follows:

- Transferring responsibilities from central to intermediate and peripheral levels;
- Involvement of decentralized local authorities in the management of health establishments and in strengthening community participation and commitment.
- Decentralizing human resources management.

3. OBJECTIFS DU COMPACT NATIONAL

The national compact is an agreement negotiated and signed for a given period, by which all the players involved in the health sector undertake to implement and respect the national health priorities defined and described in the NHSP. The overall aim of the compact is to pool the efforts of all stakeholders in the healthcare sector to effectively implement the NHSP 2021-2025. The Compact will :

- Ensure that the NHSP is fully consistent and aligned with strategic documents (SDGs, NDS30);
- Have a single framework to better assess the effectiveness and efficiency of support in the health sector;
- Harmonize and align donors with national procedures (government leadership) for achieving measurable results from the funding scenario;
- Ensure compliance with the common monitoring and evaluation framework.

4. EXPECTATIONS OF THE NATIONAL COMPACT

As part of the pooling of efforts by the various stakeholders to ensure effective and efficient implementation of the NHSP, the signing of the National compact will bring the following improvements :

- Strengthen the Leadership of MoH ;
- Strengthen Political dialogue;
- Strengthen sectoral management;
- Increase predictability and efficiency;
- Pooling to optimize the use of mobilized resources;
- Greater mutual accountability.
- Greater complementarity and coordination between stakeholders ;
- Analysis of problems and search for more global solutions within a single framework;
- Accelerate achievement of results;
- Strengthen healthcare system.

5. ITS POSITION IN THE AREA OF COPPERATION

The Compact is in line with existing developmental accords, conventions, agreements and/or commitments in Cameroon, in particular:

- The United Nations Cooperation Framework for Sustainable Development in Cameroon 2022-2026;
- Work plans with international organizations and NGOs;
- The National Integrated Financing Framework (NIFF) for accelerating the achievement of the Sustainable Development Goals;
- The Paris Declaration on Aid Effectiveness.

The Compact embodies the principles of the Paris Declaration on Aid Effectiveness in the health sector. It is linked to the public policy management system, both at national level (National Committee for Monitoring and Evaluation of the implementation of the NDS30) and at health sector level (Integrated Monitoring and Evaluation Plan).

The aid modalities favored by the Compact are aligned with national policies and procedures. The government implements the NDS30 through general or sectoral budget support, the terms of which are defined in the framework and specific arrangements.

For partners who are signatories to the International Health Partnership (IHP), the Compact takes account of existing cooperation agreements. In addition, new cooperation agreements signed after signing the Compact will be based on the Compact's current guidelines.

Given that all technical and financial partners are involved in the NHSP, the sole framework for planning and implementing health policy in Cameroon, dialogue will continue with a view to securing the support of all partners. This will help strengthen the effectiveness of crucial aid in view of the need for additional resources to accelerate the achievement of the MDGs.

6. ELEMENTS OF THE COMMON PROGRAMMATIC AND BUDGETARY FRAMEWORK SUPPORTING THE NATIONAL COMPACT

6.1. A Strategic document as a single Framework defining health sector Policy: la SSS

In the second phase of implementing Cameroon's Development Vision, the country has adopted a National Development Strategy, which is the single reference document for government action over the period 2020-2030 ("NDS30"). One of the guiding principles of this reference framework, which is aligned with the United Nations' 2030 Agenda and the African Union's 2063 Agenda, is the need for a single planning framework that clearly articulates the priorities of the various sectoral, thematic, and spatial planning tools (NDS30). The Health Sector Strategy (HSS), which sets out the development objectives for the health sector, is a planning tool for health-related interventions, and therefore constitutes the sole compass for national health sector policy, with a view to achieving the SDGs.

6.2. Un A single priority plan as a reference for the implementation of healthcare interventions in the country

The HSS 2020-2030, which is the single framework defining health sector policy, has a five-year operational plan for implementation, which is the NHSP 2021-2025. The NHSP identifies the priorities of the healthcare sector for achieving the SDGs. It also enables all stakeholders in the health sector to ensure the implementation of the Health System Transformation Agenda (HSTA) and Universal Health Coverage (UHC) interventions outlined in the NHSP.

6.3. A single coordination and consultation process

Given the high level of external support, the government is paying particular attention to the coordination and harmonization of TFP's interventions. The willingness of TFPs to coordinate and harmonize their procedures has intensified since the signing of the Paris Declaration on ODA Effectiveness.

At the national level, the country has a single planning framework, namely the National Committee for Monitoring and Evaluating the implementation of the NDS30 (CNSE/SND30), created by Decree 2021/1541/PM of March 23, 2021. It is chaired by the Minister in charge of planning, and includes members of the government, high-level representatives of the private sector, civil society, and technical and financial partners.

To carry out its missions at sectoral level, the CNSE/SND30 has sectoral sub-committees, including the health sub-committee, chaired by the Secretary General (SG) at the Ministry of Health, and comprising the SGs of the various partner administrations, the heads of the sub-regional administrations and the private sector. This committee is responsible for overseeing the sector. Its main mission is to ensure the supervision, orientation, coordination, harmonization and management of work relating to the implementation of the SSS, its operational plan (NHSP) and

its Integrated Monitoring-Evaluation Plan (IMEP). In addition, its role is to monitor the sector's contribution to achieving the objectives of the NDS30 and the SDGs.

The above-mentioned management system is not yet in place at regional and health district level. Consequently, the planning and monitoring of the implementation of healthcare interventions at these levels of the health pyramid are not sufficiently inclusive. In addition, this system is poorly aligned with the timetable for interventions in the Planning-Programming-Budgeting-Monitoring-Evaluation (PPBS) chain. To remedy this shortcoming, we need to ensure that the planning of interventions in the health sector is carried out in a bottom-up manner, from the operational level right up to the top of the health pyramid.

The National Compact will facilitate the preparation of District Health Development Plans (DHDPs), which will be consolidated at regional level through Consolidated Regional Health Development Plans (CRHDPs). These documents are the operational versions of the NHSP at district and regional levels.

6.4. A single budgetary framework

The NHSP is a set of interventions implemented by the stakeholders in the healthcare system, with the Ministry of Health as the lead. Each ministerial department concerned has a Medium-Term Expenditure Framework (MTEF). Other ministerial departments (Ministry of defense, MINAS, Ministry of Public service, Ministry of Justice, MINTSS, etc.) operationalize several health-related interventions, which are budgeted for in their respective MTEFs. Although there is a NHSP which outlines the overall cost of interventions to be implemented by health sector stakeholders over the period 2021-2025, there is yet no single expenditure framework.

The challenge is to capture all health-related actions, activities, and tasks in a single medium-term expenditure framework, to enable a single, harmonized monitoring of the implementation of the PNDS interventions.

Tableau 1 : Estimated cost of the 2021-25 NHSP by area of intervention, and according to the medium term

AXES STRATEGIQUES	2 021	2 022	2 023	2 024	2 025	TOTAL
Health promotion and nutrition	15 286 581 168	24 347 383 644	27 268 798 449	27 365 837 992	31 016 977 976	125 285 579 229
Prevention of diseases	58 598 877 386	84 767 144 676	129 270 519 103	129 686 901 648	149 547 777 619	551 871 220 431
Case management	101 814 668 845	129 993 739 871	183 208 816 983	196 801 349 670	224 284 498 224	836 103 073 592

AXES STRATEGIQUES	2 021	2 022	2 023	2 024	2 025	TOTAL
Health system strengthening	161 257 078 381	217 225 864 136	254 820 155 654	177 646 128 094	208 892 174 321	1 019 841 400 586
Pilotage stratégique et Gouvernance	14 345 110 608	20 095 979 793	59 996 202 797	60 321 363 307	77 052 634 762	231 811 291 267
TOTAL	351 302 316 388	476 430 112 119	654 564 492 986	591 821 580 711	690 794 062 901	2 764 912 565 105

Tableau 2 : Estimated costs of the 2021-2025 PNDS according to the scenarios obtained

SCÉNARIO	Coût en CFA	Coût en USD
Minimum (pessimiste)	2 129 732 675 354	3 872 241 228
Moyen (tendanciel)	2 764 912 565 105	5 027 113 755
Maximum (optimiste)	3 035 004 087 392	5 518 189 250

6.5. A Common matrix for sectoral policies and reforms

The NDS30, as a public policy reference document, has identified key reforms for the healthcare sector in its priority action matrix. These include :

- Reforming the legal and regulatory framework for waste management, focusing on market liberalization and penalizing insalubrity.
- Reviewing the legal and regulatory framework for water management (law no. 98/005 of April 14, 1998);
- Review the legal and regulatory framework for Public-Private Partnerships (PPP);
- Establish a legal and regulatory framework for optimal road safety;
- Establish a legal and regulatory framework for better integration of environmental management and adaptation to climate change in sectoral strategies and policies;
- Establish a legal and regulatory framework for Universal Health Coverage;
- Establish a legal and regulatory framework for structuring the traditional medicine sub-sector, with a view to standardizing and popularizing local medicines;
- Revise the legal and regulatory framework for civil protection;
- Establish a charter for the reception of users in public services, and regulate the processing time of files;
- Set up a promotion system for civil servants based on performance and professional experience.

- Continue to strengthen the legal and regulatory framework for decentralization.

In addition, the SSS 2020-2030 and its operational version, the NHSP 2021-2025, provide a common framework for implementing these reforms.

6.6. A Common results framework

There are several results monitoring frameworks developed by the various partners for the implementation of NHSP interventions. This does not allow for harmonized monitoring of these interventions. However, the IMEP includes tracking indicators to measure the effects and impact of fast-track measures. It should therefore be the basis for a single results framework. However, it must be said that evaluation procedures differ from one partner to another, hence the need for frank and inclusive dialogue between partners and the government to make a common results framework functional.

6.7. A common framework for managing financing

Methods of mobilizing, allocating and managing funds vary from one partner to another. This creates inefficiencies in the financing of interventions in the sector. A platform for open and inclusive dialogue is therefore needed to establish a harmonized and common management framework for funding in the health sector.

7. GENERAL PRINCIPLES AND MANAGEMENT PROCEDURES FOR SUPPORTING DEVELOPMENT

7.1. General Provisions

Cameroon and its development partners are engaged in high-level consultations to adapt contribution management methods with a view to improving effectiveness. This Compact is fully in line with the dynamics of the Paris agreements on the effectiveness of ODA. It is not intended to replace them, but rather to clarify their application to the healthcare sector.

The general principles proposed for the management framework of this support are as follows:

- The government is committed to continue reforming public finances between now and 2030. Proof of this improvement will be provided by assessments such as the Public Expenditures and Financial Accountability (PEFA), Public Expenditures Tracking Survey (PETS), public expenditure review and national health accounts.
- The signatory Technical and Financial Partners undertake to comply with the support modalities in force;
- Signatory Technical and Financial Partners must ensure that their finances are aligned with the health sector strategy/ NHSP;
- Technical and Financial Partners undertake not to create parallel health information systems but to integrate with the Ministry of Health's health information system (DHIS2);
- With regard to the reporting and monitoring/evaluation system, all signatory partners undertake, from the very outset of implementation of the National Compact, to use the common monitoring/evaluation framework of the NHSP (IMEP);
- The signatories undertake to respect the clauses of the National Compact, after a period of adaptation of their procedures.

7.2. Procedures agreed with the signatories of the Compact

In a transitional phase, to open to as many partners as possible and allow each one to make its own adaptations, three financing options are offered to the TFP signatories to the Compact. Depending on how the context evolves (decentralization, results-based management, contractualization, accountability, etc.), a single modality will have to be chosen, based on a consensus between all partners.

The support modalities that will ensure the complementarity of resources for the health sector and that will be favored initially by the PTF signatories to the Compact are :

- (i) Global Budget Support (GBS), which is a general financial contribution made by a partner in support of the State;

(ii) Sectoral Budget Support (SBS), which contributes to increasing the health sector's share of the State budget, in line with the Abuja commitments;

(iii) "HACT" procedures, i.e. the harmonized funds transfer system used by certain partners, which contributes to the effective implementation of activities among beneficiaries. However, proof of transfer must be sent to MINSANTE to facilitate the review of expenditure.

Except for commitments currently being implemented, any new financing agreement should preferably be in line with one of the above-mentioned procedures. Advocacy will continue with all partners, particularly those in the United Nations system, to ensure that national procedures will be implemented rapidly.

7.3. Responsibilities and Mobilising and managing development support

The Technical and Financial Partners signatory to this Compact agree to comply with the procedures of the Government of Cameroon relating to the management of partners' funds, in particular the provisions of the financial regime of the State and other public entities. All accompanying transactions will be subject to agreements and/or understandings signed by the Government and its partners.

The Ministry in charge of Health or any other government structure designated as the main beneficiary of support in the health sector will be responsible for implementing the agreed investments and other expenditure. He/she will engage in regular dialogue with all stakeholders on implementation aspects requiring particular attention.

7.4. Global initiatives and vertical funds

Global initiatives and vertical funds in favor of health are directed towards several issues in the sector. However, there is a preponderance of funding for case management, to the detriment of other strategic areas of HSS. In order to achieve the MDGs, which call for the elimination of a number of pathologies, the emphasis should be placed on interventions based on Primary Health Care, i.e. health promotion and disease prevention, as well as on supporting actions such as system strengthening and governance (sustainability).

7.5. Technical Assistance

In implementing its interventions, the Government benefits from technical assistance from development partners. However, it is important that any technical assistance (TA) provided to the Government under the National Compact focuses on local capacity building (national experts and national institutions) and transfer of competence . The National Compact should provide the Government with a harmonized framework for coordinating technical assistance in the health sector (contracting, execution, etc.).

7.6. Technical and Financial Partners who are not signatories to the National Compact

As for the Technical and Financial Partners who have not yet signed the Compact, the country will hold consultation sessions to encourage them to align with national procedures. This concern for alignment is fully in line with the commitments made in the Paris Declaration on ODA Effectiveness and the Common Country Assistance Strategy. Furthermore, the NDS 30 calls on all partners to align themselves with national priorities, based on the principle of "one size fits all" planning.

8. CAMEROON'S COMMITMENTS AS PART OF THE IMPLEMENTATION OF THE COMPACT

Acknowledging the long-term support provided by development partners, Cameroon, through MoH undertakes to:

1. Ensure that the NHSP and subsequent plans contain objectives and targets aligned with the Health Sector Strategy (HSS), the NDS30 and the SDGs;
2. Develop a mechanism to ensure that all MoH strategic and operational documents derive from the PNDS; (CDMT, Thematic Plans, PTA, etc.).
3. Ensure that the NHSP is the result of a consultative and inclusive process involving PTFs, civil society, communities, sectoral administrations and the private sector, and has a common monitoring-evaluation framework;
4. Draw up an annual sectoral PTA (PTAS) that takes into account all sources of funding (State and FINEX);
5. Set up a monitoring-evaluation framework to ensure that all activities implemented during the year have been planned in the SAWP;
6. Regularly consult stakeholders on the revision of sectoral plans and strategies through the main management and coordination bodies of the SSS/PNDS, as well as through the annual review of the NDS30 ;
7. Ensure the transparency of the budgetary process by making budgetary information available to all stakeholders.
8. Embark on the process of drawing up a summary document of the MTEFs of the health sector's administrations, which will ensure the visibility of the Actions, Activities and Tasks of all these administrations in a single document.
9. Implement the budget consistently with the allocations agreed in the health sector MTEF, informing TFPs of any major changes during the budget year;
10. Involve partners in all stages of the management process (planning, monitoring, evaluation);
11. Ensure an increase in the proportion of the State budget allocated to the health sector (Abuja commitments);
12. Pursue public finance reforms to improve the quality of public expenditure management at all levels;
13. Improve government accountability to citizens by promoting public access to information on government plans, budgets, spending and results at all levels;
14. Strengthen APD management and coordination through a capacity-building plan at all levels;
15. Strengthen the common framework for evaluating results in the health sector;

16. Ensure that the results of the common framework indicators are made available in a timely manner, integrating the contributions of all stakeholders in the health sector;
17. Strengthen performance-based management;
18. Support the production and dissemination of the national strategic health plan (PNDS) and the PISE
19. To disseminate the NHSP 2022-2025 and its Integrated Monitoring and Evaluation Plan
20. Support the validation of the national compact by the stakeholders
21. Support the signing of the national Compact

9. COMMITMENTS MADE BY THE TECHNICAL AND FINANCIAL PARTNERS WHO ARE SIGNATORIES TO THE COMPACT

The technical and financial partners who are signatories to the Compact undertake to align themselves with the national health policy and its implementation mechanisms, in particular :

22. Announce their commitments to finance the implementation of the NHSP, according to their respective planning cycles;
23. Contribute to the mobilization of additional resources to fill the funding gaps in the NHSP;
24. Comply with the terms of aid management, technical and financial agreements and/or arrangements;
25. Respect the joint planning, monitoring/review, supervision and evaluation deadlines;
26. Ensure that funding granted in the health sector is aligned with the priorities of the PNDS.

10. COMMITMENTS BY CIVIL SOCIETY AND ACCADEMIC SOCIETIES

The civil society organizations and academic societies in the health sector that are signatories to the Compact undertake to :

- 1.** To contribute to the implementation and monitoring of national health policy ;
- 2.** To ensure the accountability of other health actors;
- 3.** Contribute to the mobilisation of resources and carry out advocacy activities on health financing and the CSU;
- 4.** Contribute to the development of health policies, strategies and plans and ensure their effectiveness;
- 5.** Align with national budget execution procedures;
- 6.** Align with national health policy as set out in the framework law on health, the SND30, the SSS 2020-2030 and its implementation mechanisms;
- 7.** Respect the deadlines for joint supervision missions of planned activities;
- 8.** Ensure that funding granted to civil society in the field of health takes into account populations living in emergency, insecurity and humanitarian crisis zones, including vulnerable populations.

11. COMMITMENTS BY PRIVATE SECTOR

The private sector organizations that are signatories to the Compact undertake to:

1. Contribute to the implementation and monitoring of national health policy;
2. Participate in the application of accountability mechanisms for other players in the health sector;
3. Contribute to the mobilization of resources and carry out advocacy activities on health financing and the UHC;
4. To contribute to the development of health policies, strategies and plans and to ensure that they are effectively implemented;
5. Align with national budget execution procedures;
6. Align with national health policy as set out in the framework law on health, the SND30, the SSS 2020-2030 and its implementation mechanisms;
7. Respect the deadlines for joint supervision missions of planned activities;
8. Ensure that funding granted to the private sector in the health sector is aligned with the priorities of the NHSP.

12. FOLLOW UP OF COMMITMENTS AND CONFLICTS RESOLUTION

12.1. Framework for monitoring and evaluation mutual commitments

In addition to the IMEP, a common framework for evaluating the performance of the implementation of the NHSP, the monitoring of the mutual commitments of the Compact will be ensured through the periodic review of the following indicators - Availability of a NHSP linked to the HSS; the N30 and the health-related MDGs;

- Proportion of MoH MTEF interventions stemming from the NHSP
- Availability of a common monitoring-evaluation framework (IMEP);
- Proportion of Compact signatories using the PISE as a monitoring-evaluation framework;
- Percentage of the MTEF budget allocated to the operational level;
- Availability of the annual joint review report on implementation of the NHSP;
- Availability of a Sector AWP (SAWP) taking into account all sources of funding;
- Proportion of SDDPs available;
- Rate of implementation of the PTAS ;
- Proportion of signatories to the National Compact to whom the final budget documents for the health sector administrations have been sent;
- Proportion of the national budget allocated to the health sector;
- Proportion of planned reforms implemented;
- Availability of an annual public expenditure review document;
- Proportion of documents from the PPBS chain made available on the MoH website;
- Availability of a plan for assessing the technical assistance needs of administrations in the health sector;
- Proportion of operational plans of TFPs in the health sector based on the orientations of the NHSP;
- Proportion of plans/strategies of the technical structures of the MINSANTE aligned with the orientations of the NHSP 2021-2025.
- Proportion of the MINSANTE budget allocated to the decentralized levels of the health pyramid (RDPH, HD, Health Facilities, Civil Societies , etc.);

12.2. Conflicts Resolution

The health sector sub-committee of the CNSE/SND30 is the main body for monitoring the implementation of the Compact. To this end, it will carry out six-monthly reviews with regards to:

- Compliance with the government's commitments regarding implementation of the NHSP and its budget; this will be based on the technical and financial reports produced and made available to the CNSE/SND30 health sector sub-committee;
- Compliance with the mutual commitments of the Government and the Technical and Financial Partners who are signatories to the Compact in terms of aid management, as described in this document;
- Aid disbursements by the Technical and Financial Partners signatory to the Compact.

In the event of non-compliance with mutual commitments, the State and the Partners will have recourse to the regulations applicable in Cameroon, in the context of the execution of their respective obligations.

In the event of a dispute arising from the interpretation of an agreement or its implementation, the State and its Partners shall first implement an amicable settlement mechanism by direct agreement or mediation by a third party to put an end to the said dispute.

If the dispute persists, the parties will, if necessary, draw up an arbitration agreement to settle the dispute definitively.