

Developing a Country Compact: what does it take and what are the gains?

Background

Country compacts and similar partnership agreements specify the commitments made by governments, development partners and implementing partners to achieve better health outcomes by putting in practice the Paris Declaration aid effectiveness principles. They do not replace national health strategies, and are not legally binding, but carry the moral power of an agreement that has been negotiated.

This paper, written in 2012 in preparation for the IHP+ country health teams meeting, assesses the successes and challenges in developing and implementing the agreements in a compact. It explores the question: ‘was it worth the effort to develop the Compact?’ through the experiences of nine countries (Benin, Ethiopia, Mali, Mauritania, Nepal, Nigeria, Sierra Leone, Togo and Uganda), and through an analysis of all 21 IHP+ compacts signed at that time.

Key points

Compact content, purpose and development:

- Compacts generally specify commitments to implement the ‘three ones’ in managing domestic and external resources for health: one national health sector plan, one budget and one monitoring and evaluation framework.
- The most common commitments and indicators are for the predictable disbursement of development assistance for health and use of joint assessments of results.
- Two thirds of compacts have indicators for tracking progress on implementing commitments, but only three have included specific targets to measure the commitments. About two thirds of compacts outline a system for reviewing the commitments, and in most cases this is the Joint Annual Health Sector Review.
- There is no standard process, level of effort or amount of time required to develop a Compact. It may take between four months to just over a year to develop a Compact.

Compact results and added value

- The Compact idea is not new; many countries have had long-standing sector-wide coordination processes in place. In these countries the benefits of commitments for joint planning and coordination are more prominent. The added value of a compact depends on the context and what already exists in the country.
- Overall, Compacts can be a catalyst for joint planning and they carry symbolic or moral power that can encourage partners to implement commitments.
- Compacts have improved the quality of dialogue for aid coordination at country level. They set the direction of travel and high-level objectives for the country partnerships to improve the efficient use of domestic and external health resources.
- Compacts have brought international legitimacy and moral strength to aid coordination efforts.

Challenges

- Some of the expected results of having a compact, such as recording aid on budget and channeling funds through country public financial management systems, are yet to be achieved.
- Some of the largest donors in countries do not sign up or support the compacts. Therefore, transaction costs of managing aid can remain high.
- Expectations of additional external funding as a result of signing a compact have not been met.

Lessons learnt

- Government leadership is vital in ensuring mutual trust, and maintaining an effective coordination mechanism.
- To be an effective tool for mutual accountability, compacts have to include a small set of well-chosen measurable and relevant indicators, which can be tracked during the joint annual health sector review.

Reference

[Taylor. M, Dolea. C \(2012\), Developing a Country Compact: what does it take and what are the gains?](#)