

1. Background

Since 2009, several Technical Working Groups (TWGs) have been created and were operating under the authority of the HSWG, to increase the policy dialogue between the Ministry of Health and the Development Partners. These TWGs were established with the aim of supporting and advising the HSWG in the overall implementation of the Health Sector Strategic Plan through joint planning, coordination of aid, and joint monitoring and evaluation.

The TWGs were expected to facilitate the alignment of all interventions with the Health Policy and HSSP and sub sector policies as well as the development of relevant guidelines and tools to be used by the implementing agencies.

In 2013, the Health Sector TWGs were restructured in alignment with HSSP III and with the purpose to improve their effectiveness and efficiency. The experience of HSSP III, shows clearly that on the one hand, some TWGs have performed better in regard to their expected mandates. On the other hand, the contribution has not been the same for all TWGs. Here below are some strengths, best practices and weaknesses observed across TWGs.

Strengths and Good Practices

- Substantial contribution to the development and implementation of subsector policies and guidelines through participatory and dynamic processes
- Regular flow of information within the TWG and sub TWG
- Group Membership: good selection of members (competence, participation, institutional position, thematic diversity and comprehensiveness, etc.)
- TOR with clear technical thematic, roles and responsibilities as well as the clear Joint action plans
- A clear working methodology or approach
 - Some TWGs have subgroups or core team in order to facilitate the coordination and ensure the efficient accomplishment as well as the coherence of agreed activities planned over a certain period of time.
 - Efficient working mechanisms (*regular meetings to ensure better communication for technical coordination*)

Challenges in the functionality of TWGs:

- Limited opportunities (mechanisms) for global, cross-sector analysis and exchanges especially on vertical interaction and communication between different TWGs
- High frequency of meetings for some participants who are in multiple TWGs;

- Limited linkages between groups according to policy development and/or operational necessity.
- Limited use of existing platform/tools for sharing TWG inputs and outputs such as presentations, documents to review and minutes (web site now established within the MOH website)
- Limited cross-institution participation in TWGs hosted by RBC and those hosted by MOH departments.
- Limited availability/involvement of some Chairs/Co-chairs leading to some inactive TWGs

With the above background, it was deemed important to review the structure of TWGs in alignment with HSSP IV and to make them more operational and efficient.

2. Rationale

The current TWGs were structured in alignment with HSSP III, therefore to implement the national priorities included in Vision 2020 and EDPRS 2. The new TWGs will be structured in alignment with the HSSP IV to implement the new priorities and strategies as defined in the National guiding documents such as Sustainable Development Goals (SDGs), Vision 2050 and National Strategy for Transformation (NST 1).

The new restructuring will consider horizontal linkages between technical working groups to make mutual impact explicit, i.e. programmatic allocative efficiencies (relative priorities) versus technical efficiencies (best practices), where best practice is the remit of the TWGs and relative priority the domain of the HSSP IV. The new structure will also consider emerging priorities and innovations mentioned in HSSP IV.

3. Proposal to Strengthen the Health Sector Working Group

3.1 Core Principles

The initial definition and purposes of the TWGs in the perspective of the Sector-Wide Approach still apply. Nevertheless, a revision of the structure and dynamics of the current configuration is necessary, as follows:

- TWGs to support efficiently the implementation of the Health Sector Strategic Plan IV. The TWG structure should be reorganized in order to provide the best possible support to HSSP IV key components, and to respond to the current and future sector priorities.
- TWGs to work in more in a coordinated manner with a result driven spirit towards the sector development agenda.

3.2 Improve the role of the HSWG in TWG coordination

- Reinforce the analysis, coordination and harmonization functions of HSWG with the others TWG

- HSWG to reorganize the TWG according to the HSSP IV structure, define and promote systemic linkages between thematic area and TWGs
- Approve the annual plans and regular reports of different components with the HSWG (Programs, Health Support System and Services delivery) and regularly meetings within different TWG of each component.
- Identify tasks that need to be tackled through special assignments, and policy issues which need to be informed through analyses.
- Identify important emerging issues that require attention such as supportive supervision, capacity development initiatives and new technology in health sector
- Strengthen partnership and collective commitment among the MOH & RBC and all partners, so that the Rwanda health system is strengthened and essential health services reach the entire population;
- Put in place a mechanism for interaction between the different working groups in order to ensure collaboration, joint analysis and sharing of information; like to organize the regular meeting of TWG (chairs/co-chairs) etc.
- Coordinate the DPs participation and define collaboration with the TWGs (submit the actions plans, provide necessary reports if any, seek for approval of the concept of all documents to be developed and have all documents validated by the TWG)
- Coordinate the various Technical Working Groups and receive feedback on major interventions, events, relevant proposals and studies related to each strategic program, review and identify issues that need further follow up
- Provide a forum for information sharing to improve coordination of various activities across the health sector through the TWGs.

3.3 Strengthen TWG processes, membership and scope of work

- Each TWG has a mandate to advise and orient the planning, coordination, monitoring and evaluation of effective health strategies.
- Revise TWG Terms of Reference with clear objectives, responsibilities, working processes and expectations.
- Develop the joint action plan (Government and Development Partners) in a respective area of each TWG and reports the progress implementation to the HSWG
- To advise and orient health sector stakeholders to deliver to the sector priorities in a continuous and complementary way in line with the results set in HSSP IV
- To define necessary competences and technical perspectives to include in the development of policy and strategic documents.
- Members of TWG will be officially nominated by their institutions. Other institutions and/or their relevant staff may be invited on an ad-hoc basis to participate in specific meetings where their expertise may provide an added value.
- Respect the rules and regulations of the TWGs and take into consideration the recommendations and decisions from the TWGs

- Ensure active participation from both policy and implementation wings of MOH (MOH & affiliated agencies) in all TWGs.

3.4 Strengthen Planning M&E function of the TWGs:

- Develop an annual joint action plan for each TWG and submit to the HSWG the keys priorities to be monitored regularly
- Put in place a system/formats for regular report of progress to the HSWG and present a summary in the HSWG meetings – see examples from PHFIS
- The TWGs will report quarterly to the HSWG against a work plan that focusses on substantive outputs. The work plan can be adjusted once a year as a result of decisions taken in the HSWG or forward-looking JHSR.
- Produce annual report of activities planned and accomplished during a period of fiscal year

4. Roles and Functions of Technical Working Groups.

The TWGs play a key role in facilitating coordination, information sharing, and policy dialogue at the sub-sector level. They will interface with the HSWG via both “top-down” and “bottom-up” approaches:

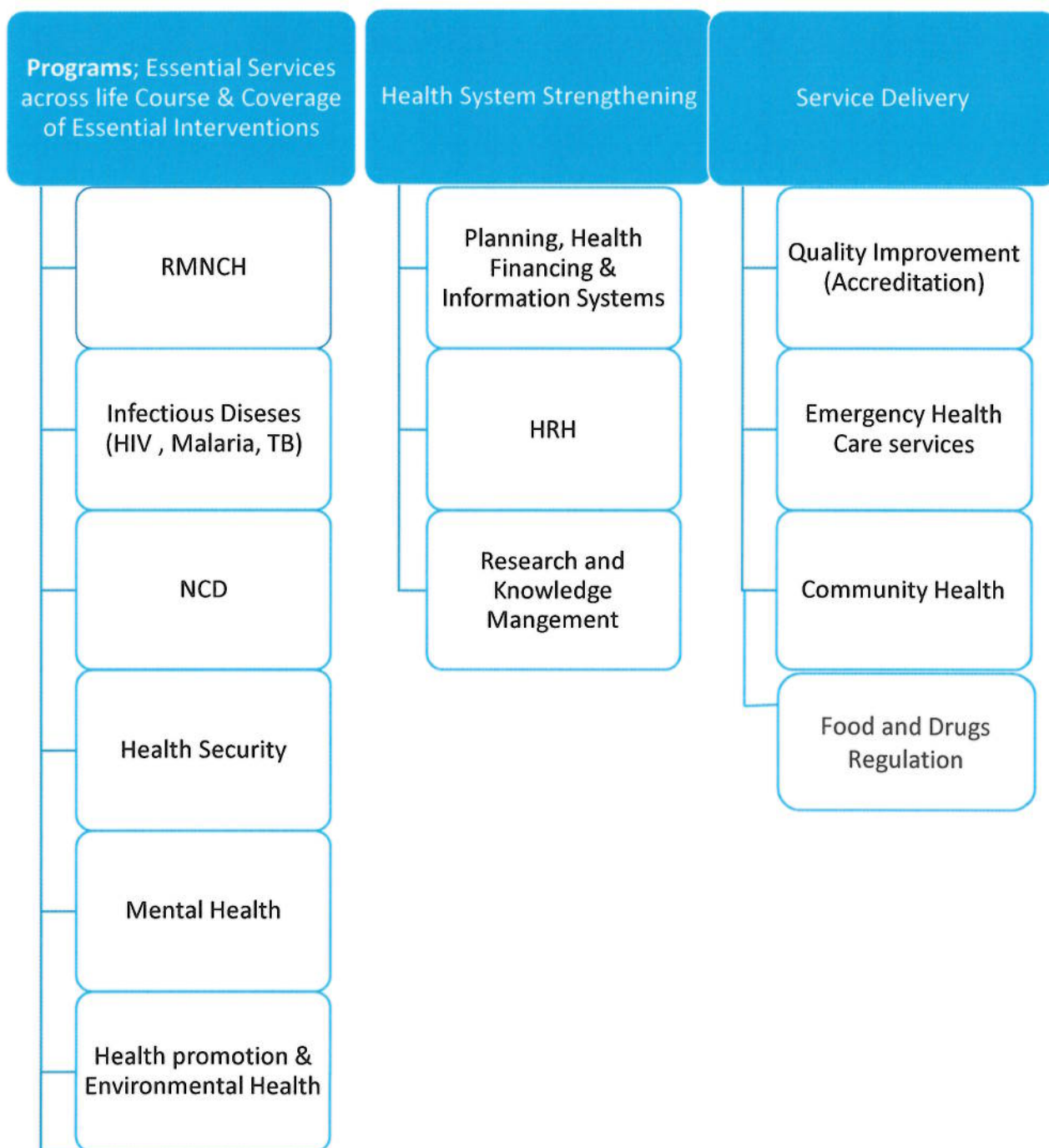
- **“Top-down”:** Sub-sector policies and strategies identified and agreed upon in the Joint Health Sector Reviews are passed down to the TWGs for support in operational planning and execution, and to develop relevant guidelines and tools to be used by the implementing agencies.
- **“Bottom-up”:** By virtue of their knowledge of the context, realities, successes and challenges of the health system in Rwanda, and the specificity of their technical expertise, the TWGs will recommend policy and strategic modifications, and propose innovations to the HSWG. The TWGs will also support the HSWG in the development of evidence-based policies and strategies.

5. Composition of TWGs

- **Chair:** Relevant heads of Departments or Units at MOH, RBC and Rwanda Food Drug Authority.
- **Co-Chair:** A representative of DPs elected by the members of the Development Partners Group (DPG) according to the institution’s expertise in the technical area of the TWG and its capacity to contribute meaningfully to the technical area in regards to staff skills and time.
- **Alternate Co-Chair:** A representative of DPs elected by the members of the DPG that assists the Co-chair in discharging his/her duties and serves as the de facto Co-chair in his/her absence.
- **Secretary:** A member elected by the TWG
- **Membership:** MOH, Development Partners, including CSOs and Private Sector working in the specific TWG area.

The TWGs will meet monthly for the ordinary sessions and can schedule ad hoc meetings as determined necessary by the chair person.

6. Proposal of new Structure of TWGs under HSWG



7. Proposal of TWG and Sub-TWG

Health Sector Working Group		
Essential Services across life Course & Coverage of Essential Interventions	Health System Strengthening	Service Delivery
Reproductive, Maternal Neonatal and Child Health (RMNCH) <ol style="list-style-type: none"> MCH ASRH (including FP) 	Planning, Health Financing and Information System <ol style="list-style-type: none"> Governance Health Financing HIS Private Sector Engagement 	Quality Improvement (Accreditation) and supply chain management: <ol style="list-style-type: none"> Supply chain management for health products including Blood transfusion, Medicines and Commodities Infrastructures and equipment Laboratories accreditation Surgical obstetrics and Anesthesia
Infectious Diseases <ol style="list-style-type: none"> HIV TB Malaria Neglected Tropical Diseases 	Human Resources for Health <ol style="list-style-type: none"> Clinical services Planning & health financing Human resource management section Professional councils HRH HRH management 	Emergency Health Care Services: - Prehospital and emergency services
NCD, Injuries and Ageing: <ol style="list-style-type: none"> Cancer, COPD, Diabetes, Cardio Vascular Diseases Road Traffic Accidents Health and ageing Eye care Ear and Hearing Care Oral Health 		Community Health
Mental Health	Research and Knowledge management <ol style="list-style-type: none"> Evidence based policy making Knowledge sharing Community of Practice management 	Food and Drugs Regulation: <ol style="list-style-type: none"> Inspection and medicines registration Regulation of Clinical Trials Pharmacovigilance
Health Security		
Health promotion and Environmental Health		

8. Nomination of Chair and Co-Chair of the HSWG

N°	Name of TWG	Chair	Co-Chair
1	Reproductive and Maternal Neonatal Child Health (RMNCH)	Dr. Felix SAYINZOGA	Dr. Muthu MAJARAJAN /UNICEF
2	Infectious Diseases (HIV , Malaria, NTD, TB)	Dr. Turate Innocent	Dr. Eugenie KAYIRANGWA /CDC
3	NCD, Injuries and Ageing	Dr. Francois UWINKINDI	Chantal GEGOUT/WHO

4	Health Security	Dr. Jose NYAMUSORE	Dr. André Rusanganwa/WHO
5	Mental Health	Dr. Yvonne KAYITESHONGA	Théoneste TWAHIRWA/ SDC
6	Health Promotion, Social Determinants and Environmental Health	Mr. Malick KAYUMBA	Nicole MUKUNZI/ USAID
7	Planning, information system and Health Financing	Dr. Parfait UWALIRAYE	Dr. Juliet BATARINGAYA/ WHO
8	Human Resource for Health	Mr. Joseph SHEMA	Sidonie UWIMPUHWE /CHAI
9	Research and Knowledge Management	Dr. Parfait UWALIRAYE	Robert BANAMWANA/ UNFPA
10	Quality Improvement (Accreditation)	Dr. Zuberi MUVUNYI	Dr. Vincent TIHON/ ENABEL
11	Emergency Health Care services	Dr. Theophile DUSHIME	Kleinhaentz Bernhard / RED CROSS
12	Community Health	Mr. Denis NKUNDA	Dr. Emmanuel MANZI /UNICEF
13	Food and Drugs Regulation	Mr. Charles KARANGWA	Ines BUKI /CHEMONICS

9. Reporting Channel

- Each sub-TWG (core team) should report to the TWG on a monthly basis
- All TWGs shall report on a quarterly basis to the Planning and HFIS TWG which plays the role of the HSWG secretariat
- The Coordinating TWG shall report to the HSWG on a biannual basis and specific TWG should report and present in HSWG on the request and recommendation of the HSWG

10. Abbreviation

ASRH	Adolescent Sexual Reproductive Health
CMHS	College of Medicine and Health Sciences
COPD	Chronic Obstructive Pulmonary Disease
CSO	Civil Society Organization
CVD	Cardiovascular Diseases
DPs	Development Partners
EDPRS	Economic Development and Poverty Reduction Strategy
FP	Family Planning
HFIS	Health Financing Information System
HIV	Human Immunodeficiency Virus
HIS	Health Information System
HMIS	Health Management Information System
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
HSWG	Health Sector Working Group
MoH	Ministry of Health

NCD	Non-Communicable Diseases
NTDs	Neglected Tropical Diseases
RBC	Rwanda Biomedical Center
RMNCH	Reproductive, Maternal and Neonatal Child Health
Rwanda FDA	Food Drug Authority
TB	Tuberculosis
TWG	Technical Working Groups

Approved by:



Dr. Diane GASHUMBA
Minister of Health

