

CONSENSUS DOCUMENT BETWEEN THE HEALTH AUTHORITIES OF THE SAHARAWI REFUGEE POPULATION CAMPS AND THE AGENCIES AND DONORS

In order to guarantee the right to health of the Saharawi population, the sufficiency and financial stability of the pool of incentives that rewards the local staff of the health services of the CDPRS must be ensured.

Without this necessary coverage, it would be impossible to have basic health staff, which would put the refugee population at serious risk of a humanitarian catastrophe and would make it necessary for the posts to be filled by expatriate health staff, in turn supposing an enormous economic increase.

This guarantee of coverage of economic needs must necessarily go hand in hand with maximum efficiency and transparency in the management of these resources.

At present, following the analysis and proposals of the latest Donors Committee (October 2019) –for the optimisation and rationalisation of resources–, the participating agencies and organisations, with a view to not endangering the life of the refugee population, consent to the agreements contained in this document.

BACKGROUND

Section 4.3 of the **Strategic Health Plan 2016/2020 (PES) of the Saharawi Health Authority**, dedicated to the “Analysis of the Situation of the Health System” expresses the concern of the Saharawi authorities for the situation of the health staff, stating that *“the functioning of the Saharawi Health Authority, in terms of the coordination and efficiency of its human resources, needs to be deeply reviewed and reinforced”*.

For this reason, in 2018 an *“Analysis and Evaluation of the Organisation, Effectiveness and Efficiency of the Workforce of the Saharawi Health Authority”* was carried out. The report of this established a roadmap which is detailed below point by point and with the state of progress of each:

1. Achieve consensus among all actors. This consensus encompasses acceptance of the diagnostic analysis and the overall approach of the proposal that serves as a guarantee of implementation.

In 2018 the approach contained in the study was discussed with UNHCR and validated at its headquarters. In addition, the Saharawi staff and health authorities agreed to carry out the reforms and efforts to implement the proposed measures through various meetings, and the implementation of the pilot project of the health staff management model in the Smara wilaya was validated in the plenary session of the Health Coordination and Consensus Committee in 2019.

2. Establish consensus agreements with donors for the gradual development of initiatives or a formula that would allow and facilitate the provision of funds for incentives. The following steps have been taken at this point:

In 2018 and 2019 meetings in Algiers with WHO, the United Nations Agencies (UNHCR, UNICEF, WFP) and the main donors (AECID, ECHO), where the approach has been endorsed and it has been agreed to carry out maximum dissemination among potential donors in order to extend, throughout 2020, the new staff management model, in particular, and remuneration to the rest

of the health organisation of the CPRS once piloted in the Smara wilaya, which is detailed in point 3 of this roadmap.

In 2018 and 2019 meetings with the different agents and associations that act in health in the CPRS. Initiated in 2018 through the Health Coordination and Consensus Committee and its instruments - in which the results of the study were presented. The work with agents and associations has continued with a meeting in Madrid in June 2019, with the idea that these agents join the reform that is being carried out.

3. Implement a pilot project in one of the refugee camps to test the new system *“Implementation, evaluation and adjustment of the health staff management and organisation model, as well as health services and programmes in the Smara wilaya- Saharawi Refugee Population Camps”*.

This project ends on 1 March 2020 and promotes a health reform process within the framework of the current Strategic Health Plan 2016-2020 of the Saharawi Health Authority, with the aim of improving the management and planning of the system.

4. Extend the reform to the rest of the refugee camps.

In 2020 and beyond, the new model should be implemented in all other refugee camps. In order to avoid the technical and financial collapse of the system, both the successful completion of the pilot project and the incorporation into donor budgets of the needs derived from the progressive implementation process of the new model are required.

To carry out this milestone, the following **agreements** were established at the Algiers meetings in May and October 2019 between the Saharawi Health Authority and agencies and donors (AECID, UNHCR, ECHO, WFP, UNICEF):

1. A Financing Consensus Document should be worked out for all projects to support the extension of the new model to the rest of the wilayas. Sufficient funding is needed to pay health workers. The aim of this initiative is for each project to carry a proportional part of the total amount for staff costs, and to constitute a system that is followed by all the actors in health.
2. An effective effort should be made to raise awareness in other European and international forums, as well as in the field of Spanish decentralised and local cooperation.
3. The aim will be to document the evidence of the advantages of the system (cost study if the system should fall).
4. The maintenance costs of the Saharawi public health system should be introduced in the UNHCR Appeal.

Therefore, the agencies and organisations participating in the 18th Assembly of the Health Coordination and Consensus Committee in the Saharawi Refugee Population Camps

Declare

That they sign this consensus document in order to guarantee the optimisation and rationalisation of the programmes and resources destined to cover the basic necessities of health and in order to reduce the morbimortality in the Camps of Saharawi Refugee Population

That they invite the various governmental and non-governmental organisations involved in the rights to health of the Saharawi population to adhere through a stable health system, with the following commitments:

- That each of the signatories of this document contributes, within its capacities, to the extension –during 2020 and beyond– of the model for management and financing of local health staff implemented in the Smara wilaya to the rest of the wilayas.
- **Sign this consensus document with commitment:**
 - That all health activities developed by the parties be based on the new model for management and organisation of the local health staff, contributing to the reinforcement and stabilisation of the Incentive Exchange and respecting the table of categories and incentives approved, within the framework of the project, by the Saharawi Authority.
 - Share information on progress towards achieving the objective of this consensus document. They will therefore benefit from a system of participation, communication and registration which will foster transparency and trust, eliminating duplication and allowing continuous knowledge of the evolution of the model as well as, in particular, of the programmes and activities for which each actor has specific responsibilities.
 - Mutual alert of any type of incidence that affects the objectives of this document.
 - Designate a person who will act as the sole and permanent representative for each of the signatory parties.

For its part, the **Saharawi Health Authority:**

- Will guarantee all the necessary reforms to carry out the project to change the model for management and remuneration of staff and its extension to the rest of the wilayas. Undertakes to ensure the correct recording of the activity of health staff, to share data through consensus reports and to carry out audit actions as a way of guaranteeing the transparency of the staff management model.
- Will pay, throughout the process, attention to gender determinants, following the “2018-2020 Gender and Health Plan” and provide indicators with a gender projection that will be generated by applying the new model through health activity records.
- Will take as a basis the budgetary model of the new incentive structure in the evaluation of the PES and the consensus agreements contained in this document as a starting point for the development of the following plan.
- Will ensure the necessary guarantees to ensure compliance with this agreement.
- Will establish a committee to monitor the consensus agreements contained in this document, made up of one person responsible for each of the signatory parties, who will meet twice a year in June and December.

Agencies and organisations participating in the plenary session of the 18th Assembly of the Health Coordination and Consensus Committee in the Saharawi Refugee Population Camps in Chahid el Hafed on 03 February 2020

Signed