Year 1 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Tajikistan

EU-Lux-WHO UHC Partnership

Date: 16 January 2017 **Prepared by:** WHO CO

Reporting Period: January – December 2016

Main activities as planned in the Road Map.

Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result

Tajikistan entered the Partnership in 2016 and the roadmap was agreed mid-year with immediate launch of implementation of the activities. This report covers implementation over the second part of 2016.

SO I. Evidence based policy making

Activity 1 (ER1): Channeling **evidence to policy dialogue**/annually at the Joint Annual Reviews;

Activity 2 (ER2): Develop an **UHC monitoring matrix (indicators) for 2016-2026;**

Activity 3 (ER2): Costed plan for an institutionalized approach to **UHC monitoring matrix 2016-**2026;

Activity 4 (ER2): Implementation support of **monitoring progress UHC** including capacity building;

SO II. Capacity building on UHC including equal access to health services

Activity 1 (ER3): Policy options for a more **pro-poor benefit design** and targeting aligned with other financing and service delivery strategies;

Activity 2 (ER4): Training program on UHC at national and regional levels**;**

Activity 3 (ER5): Analytical work on **access to and use of health services**

Activity 4 (ER5): Thematic Policy Notes on UHC;

SO III. National Health Policy plans aligned with aid effectiveness principles

Activity 1 (ER6) Policy dialogue and consensus building around NHP and **capacity building** for UHC.

Main activities achieved and progress made:

*Please estimate **approximate percentage of achievement** for each roadmap activity.*
Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc.)

What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)
Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

SO I. Evidence based policy making

Activity 1 (ER1): Channeling evidence to policy dialogue/annually at the Joint Annual Reviews – 20% completed

- UHC was included in Joint Annual Review 2016 as a platform for policy dialogue on health financing and service delivery issues. JAR 2016 will take place in January 2017.

Activity 2 (ER2): Develop an UHC monitoring matrix (indicators) for 2016-2026 - 70% completed

- A coherent and comprehensive draft monitoring matrix was developed. It includes measures for baseline indicators to assess the progress of expanding UHC in Tajikistan. The matrix is built around the two key dimensions of UHC: service coverage and financial protection. *See the draft matrix in Annex A.*
- The UHC Working Group (WG) developed the matrix with WHO technical assistance. Intensive policy dialogue with key stakeholder groups was organized to explain the monitoring matrix, its policy relevance and obtain buy-in. *See more details on UHC WG in the Activity 4 under SO I.*
- The draft monitoring matrix is presented in the WHO technical assistance report (November 2016) and shared with the MOHSPP. It is expected to be finalized by end of February 2017.

Activity 3 (ER3): Costed plan for an institutionalized approach to UHC monitoring matrix 2016-2026 - 50 % completed

- A draft costed plan to implement UHC monitoring matrix was developed with WHO technical assistance and discussed at the Round table on UHC on 24 November, 2016. The costing is done for 10 years to make the UHC monitoring process sustainable. *See the draft costed plan in Annex B.*
- The draft costed plan of UHC monitoring is presented in the WHO technical assistance report (November 2016) and shared with the MOHSPP. It is expected to be finalized by end of February 2017.

Activity 4 (ER2): Implementation support of monitoring progress UHC including capacity building – 30% completed

- The institutional and process aspects of UHC monitoring were extensively discussed with key stakeholders facilitated by WHO technical assistance mission.
- A new Working Group (WG) for UHC was set up and its structure and tasks are expected to be approved by the MOHSPP by end of February 2017. The UHC WG was established based on existing Health Financing and Service Delivery WGs operating under the National Health Strategy 2010-2020. It consists of local and international experts, representatives from the MOHSPP and Development Partners. The core members of UHC WG were engaged into development of UHC monitoring matrix and costing exercises.

- As part of the UHC monitoring process, a local technical team will be set up to be responsible for (i) data collection management and (ii) data analysis and results dissemination. The process described in details in the WHO technical assistance report (November 2016) and shared with the MOHSPP. The team will be set up by the end of February 2017.

SOII. ***Capacity building on UHC including equal access to health services;***

Activity 1 (ER3): Policy options for more pro-poor benefit package design and targeting - 10% completed

- The revision of the State Guarantee Benefits Package (SGBP) was initiated and discussed at the Round table on UHC on 24 November, 2016. As a background for its further in-depth analysis and revision, the review of existing literature on SGBP and individual meetings with key stockholders were carried out.
- The aim of this revision is to look for the options for more pro-poor targeting of public funds. The set of services currently identified in the SGBP is very broad and generous, incorporating most types of services provided at various levels of the system. However, this is an unfunded mandate and people pay out of pocket (formally and informally).

Activity 2 (ER4): Training program on UHC at national and regional levels – 5% completed

- The discussion on capacity building activity was initiated. The preliminary dates, the international and local trainers were roughly defined in the internal UHC WG and WHO discussions.
- Two MOHSPP representatives and WHO National Professional Officer (NPO), the core members of UHC WG, were invited to participate at 2017 WHO Barcelona Course on Health Financing for UHC as training of trainers (TOT) approach. The Tajik training program will be modelled on this successful WHO Barcelona Course on UHC.

Activity 3 (ER5): Analytical work on access and use of health services – 10% completed

- This activity was not initiated, it should start only after completion of *Activities 1&3 under SO I*.

Activity 4 (ER5): Thematic Policy Notes – 0% completed

- This activity was not initiated, it should start only after completion of *Activities 1&3 under SO II* and any other evidences on UHC to be collected under the Partnership.

SO III. National Health Policy plans aligned with aid effectiveness principles

Activity 1 (ER6) Policy dialogue and consensus building and capacity building for UHC – 20%

- A Round table for UHC was organized on 24 November 2016 to facilitate the discussion on moving forwards towards UHC in Tajikistan. The RT discussion points included draft UHC monitoring matrix and policy discussion around SGBP revision. *See for more details Activities 2&4 under SO I, Activity 1 under SO II*.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,…).

No changes to developed Roadmap including activities were made.

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

No modifications to the Roadmap are needed.

Lessons learned:

Please describe the principal lessons learned during the last 12 months of implementation of the UHC Partnership:

- Support provided by the Partnership enabled WHO to reinforce the preparatory work across all dimensions of UHC and across all health financing functions which is needed before implementation of any comprehensive health financing reform program.
- The activities identified under the Partnership are aligned with current context of Tajikistan – to implement incremental activities before launching any comprehensive health financing reforms. A political dialogue needs to be strengthened with robust evidence to find a consensus on further steps to implement comprehensive health financing reforms in Tajikistan.
- Systematic capacity building around UHC in and beyond the health sector to strengthen political support to move forward towards UHC is needed.
- Solid technical work enables WHO to provide advise on how to target public funding to those who are most in need and least able to pay for medical services. It is needed to increase the pro-poor element of service provision and cost sharing, the MOHSPP may want to look at ways to make the set of subsidized services more specific and aligned with the largest needs of the poor (and possibly the near-poor).

Road Map and timeline for 2017:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. ***These activities should be related to objectives/ER and have clear timeline and indicators.***

SO I. Evidence based policy making

Activity 1 (ER1): Channeling evidence to policy dialogue at the Joint Annual Review (JAR) 2017 is done

- JAR under the leadership of the MOHSPP will take place at the end of January 2017. During which the results of the WHO technical assistance missions under the Partnership will be discussed. The discussion points include rapid assessment of comprehensive health financing reforms in Tajikistan, defined activities for moving towards UHC under the Partnership, UHC monitoring matrix and its implementation process as well as collection other evidenced to track UHC progress in Tajikistan. ***(Q1)***

Activity 2 (ER1): UHC monitoring matrix to track UHC progress in Tajikistan finalized and approved

- UHC monitoring matrix with indicators including measures for baseline indicators and milestones will be finalized and approved by the MOHSPP ***(Q1)***.

Activity 3 (ER2): Costed plan for an institutionalized approach to UHC monitoring matrix 2016-2026 finalized and approved

- The costed plan of UHC monitoring will be discussed with key local and international stakeholders, finalized and approved by the MOHSPP ***(Q1)***.

Activity 4 (ER2): The arrangements to implement the UHC monitoring matrix defined

- The UHC monitoring process including a team of two people responsible for data collection and analysis will be set up and formalized by the MOHSPP ***(Q1)***.
- The working group (WGs) on UHC consisting of local and international experts, representatives from the MOHSPP and DPs will be officially approved by the MOHSPP ***(Q1)***. This WG will be engaged actively in the activities related to UHC ***(Q1, Q2, Q3, Q4)***.
- The decision on data collection on health care utilization and expenditures by means of regular household survey will be made by the key stakeholders ***(Q1)***.

Activity 5 (ER2): Capacity building on implementation UHC monitoring process including on-the-job training provided

- Capacity building activities including on-the-job training to strengthen implementation of UHC monitoring process will be provided by the WHO experts in designated UHC areas. ***(Q1, Q2, Q3, Q4)***
- WHO technical support will be provided during data collection and analysis with a focus on access and utilization of health services ***(Q1, Q2, Q3, Q4)***.

SO II. Capacity building on UHC including equal access to health services

Activity 1 (ER3): Policy options to revise the SGBP proposed

- The policy options including the scope and content of a 'basic benefits package' for enhanced pro-poor targeting of health resources that aligned with other financing and service delivery strategies will be developed and proposed to the MOHSPP. The UHC WG will be actively involved into development of options. ***(Q1, Q2, Q3, Q4)***
- The discussion around proposed policy options will be carried out during series of Round tables/workshops to strengthen the local capacity in benefit package designing. ***(Q1, Q2, Q3, Q4)***

Activity 2 (ER4): Training program on UHC developed and carried on at national level

- Two MOHSP representatives and one WHO National Professional officer (core members of UHC WG) will attend the WHO Barcelona Course on Health Financing for UHC in March 2017. This Barcelona course will be a base for the training program in Tajikistan. This course will be considered as training for the main trainers of the Tajik course on UHC. ***(Q1)***
- Training program on UHC with a focus on health financing contextualizing to Tajikistan will be developed and carried out at national level (in Dushanbe). ***(Q1, Q2, Q3)***

Activity 3 (ER5): Analytical work on access and use of health services initiated

- A sample analysis on financial burden and equity will be carried out using data collected during pilot survey on health care utilization and access conducted by SSA based on the revised health module of routine HBS. ***(Q2, Q3)***

Activity 4 (ER5): Thematic policy note about policy option for a more pro-poor benefit design developed

- A policy brief discussing policy options for the revision of SGBP targeting public funds to poor population will be developed as part of strengthening the local capacity in benefit design. ***(Q4)***

SO III. National Health Policy plans aligned with aid effectiveness principles

Activity 1 (ER6) Policy dialogue and consensus building around UHC activities proposed under the Partnership carried out

- Capacity building in a form of Round tables/workshops targeting technical people in key positions in and outside the health sector coupled with a Senior Policy Forums targeting high level policy makers will take place to build further political support and consensus around UHC agenda in Tajikistan. ***(Q2, Q3, Q4)***
- A joint WHO and WB technical assistance mission to Tajikistan will be organized to discuss on the ground together with the EU delegation in Tajikistan, the future of comprehensive health financing reforms in Tajikistan and a joint strategy on moving forwards toward UHC, in order to communicate to the Government of Tajikistan as one voice development partners to shape the national policy in Tajikistan. ***(Q3, Q4)***

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure, …). Please describe how communication of programme results to the public has been ensured

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Impact assessment:

Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. ***Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to live saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors… The linkages might be direct (sometimes) or***

indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

- **SO I.** Tajikistan has surprisingly weak evidence base on UHC with no institutionalized surveys on utilization, unmet need, financial burden conducted regularly. Having robust evidences on equity, financial risk protection will allow to have a better policy platform for effective discussions to build consensus around UHC agenda in Tajikistan.
- **SO II.** In absence of a more comprehensive health financing reform approach, better targeting public funds to the poor is a key strategy to mitigate the impact of OOPs on household welfare. Additionally, a systematic capacity building events around UHC will allow to build further political support.
- **SO III.** Having a strong one voice development partners to shape national policy around comprehensive health financing changes and aligned with aid effectiveness principles are critical in Tajikistan. Currently, the national health policy embraces comprehensive health system and health financing reforms which are rather ambitious. For a decade, most of them have not been implemented making the agenda of improving financial protection and access as relevant as ever.

Linking activities to overall Objectives:

Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.

- **National Monitoring & Evaluation framework indicators developed and used**
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes
- **An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible**
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- **Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out**
- **Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)**
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level
- **Agreed or strengthened mutual accountability mechanisms such as joint annual reviews**

- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership

Strategic objectives (SO)	Expected Results (ER)
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;	ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable: ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC; ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

Annex A: UHC monitoring matrix for Tajikistan (draft)

Dimensions of UHC:	Indicator/Area	Indicator	Numerator	Denominator
A. Service coverage				
A.1 Prevention/Promotion				
	A.1.1 Family planning	Contraceptive prevalence rate, %	Number of women using contraception	Total number of women in reproductive age (15-49)
	A.1.2. Antenatal care	Share of pregnant women making >=4 ANC visits during pregnancy, %	Number of pregnant women who conducted at least four ANC visits during pregnancy	Total number of pregnant women
	A.1.3. Skilled birth attendance	SBA (at institution)	Number of deliveries with SBA	Total number of deliveries
	A.1.4. Immunization (DTP3)	Share of children <1 receiving DTP3 vaccination, %	Number of children below 1 year who received DTP3	Total number of children below 1 year
	A.1.5. No tobacco smoking prevalence	Tobacco smoking free, %	Total number of adult non-smokers	Total number of population over 15
	A.1.6. Improved water source	Share of households/persons with access to improved water source, %	Number of households/persons with access to improved water	Total number of households/persons
	A.1.7. Improved sanitation	Share of households/persons with access to improved sanitation, %	Number of households/persons with access to sanitation	Total number of households/persons
A.2 Treatment				
	A.2.1. Antiretroviral therapy	Share of HIV-infected persons with access to ART, %	Number of persons with access to ART	Total number of HIV-infected persons
	A.2.2. TB-treatment	Share of TB-infected persons with access to TB-treatment, %	Number of persons with access to TB-treatment	Total number of TB-infected persons
	A.2.3. Hypertension coverage	Share of hypertensive persons with access to hypertensive treatment, %	Number of hypertensive persons with access to hypertensive treatment	Total number of hypertensive persons
	A.2.4. Diabetes coverage	Share of diabetics with access to diabetes treatment, %	Number of diabetics with access to treatment	Total number of diabetics
B. Financial protection coverage				
WHO-EURO methodology applied: Thomson, Sarah, Evetovits, Tamás, Cylus, Jonathan and Jakab, Melitta (2016) Monitoring financial protection to assess progress towards universal health coverage in Europe. Public Health Panorama, 2 (3). pp. 357-366				
B.1 Catastrophic OOP health spending				
	B.1.2. Catastrophic OOP expenditures	Share of households with OOP >40% of their ability-to-pay (%)	Number of households that experience OOP payments >=40% of their ATP	Number of households that pay OOP for care
B.2 Impoverishing OOP				

health spending				
	B.2.1 Households that need care but that do not incur any out-of-pocket because too expensive payments at all	Share of households that need health care but do not incur any OOP payments because deemed too expensive, %	Number of households that need care but do not seek care because deemed too expensive	Total number of households that need health care
	B.2.2 Households that are not at risk of impoverishment because they do not come close to the basic needs line after paying out of pocket	Share of households that are not at risk of impoverishment, %	Number of households that are not at risk of impoverishment	Total number of households that pay OOP health expenditures
	B.2.3 Households at risk of impoverishment because they come close to the basic needs line after paying out of pocket	Share of households at risk of impoverishment, %	Number of people at risk of impoverishment	Total number of households that pay OOP health expenditures
	B.2.4 Households that are impoverished after paying out of pocket – that is, they do not have enough left over to meet their basic needs	Share of households impoverished after paying OOP for care, %	Number of households impoverished after paying OOP for care	Total number of households that pay OOP health expenditures
	B.2.5 Households that are further impoverished because they are already below the basic needs line before paying out of pocket	Share of households that are further impoverished after paying OOP for care, %	Number of households that are further impoverished after paying OOP for care	Total number of households that pay OOP health expenditures

Annex B: Costing of the UHC monitoring matrix (draft)

PART I. Implementation and run UHS monitoring process: costs PER YEAR			
Types of costs	**Unit amount (I)**	**Unit price ($) (II)**	**Cost (I + II), $ per year**
1. Local experts (data manager & monitoring expert)	2	8 400	16 800
2. Dissemination activities	1	16 200	16 200
Total Part 1: per year			**33 000**
Total Part 1: for 10 years			**330 000**
PART II. Collection of data on health care utilization and expenditures: cost FOR 10 YEARS			
Types of costs	**Unit amount (I)**	**Unit price ($) (II)**	**Cost (I + II), $ for 10 year**
1. Additional extensive health module as part of HBS *(a new household survey conducted as additional module)*	3	110 000	330 000
OR			
2. Expanded existing short health module of routine HBS (*with more detailed questions on utilization and expenditures)*	1	50 000	50 000