EU-WHO Universal Health Coverage Partnership:

Supporting policy dialogue on national health policies, strategies and plans and universal coverage

Year 1 Report
Oct. 2011 – Dec. 2012

Abbreviations

AFRO/IST	World Health Organization Africa Regional Office/Inter-country Support Team
CHPP	Country Health Policy Process
CoIA	Commission on Information and Accountability
EU	European Union
HPG	Health Partnership Group
HQ	Headquarters
IHP+	International Health Partnership
JAHR	Joint Annual Health Review
JANS	Joint Assessment of National Strategies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NHPSP	National Health Plan/Strategic Plan
NHSSP	National Health Sector Strategic Plan
NHSWPP	National Health and Social Welfare Policy and Plan
PHC	Primary Health Care
PNDS	Plan National du Devéloppement Sanitaire
PNS	Politique Nationale Sanitaire
RO	Regional Office
SO	Specific Objective
TA	Technical Assistant
UC	Universal Coverage
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCO	World Health Organization Country Office
WHO	World Health Organization
WR	World Health Organization Representative

Country Report

Tunisia

Year 1 Report

EU-WHO Policy Dialogue Programme

Date: April 2013	**Prepared by:** WHO CO/RO/HQ
Reporting Period:	
October 2011 – December 2012	

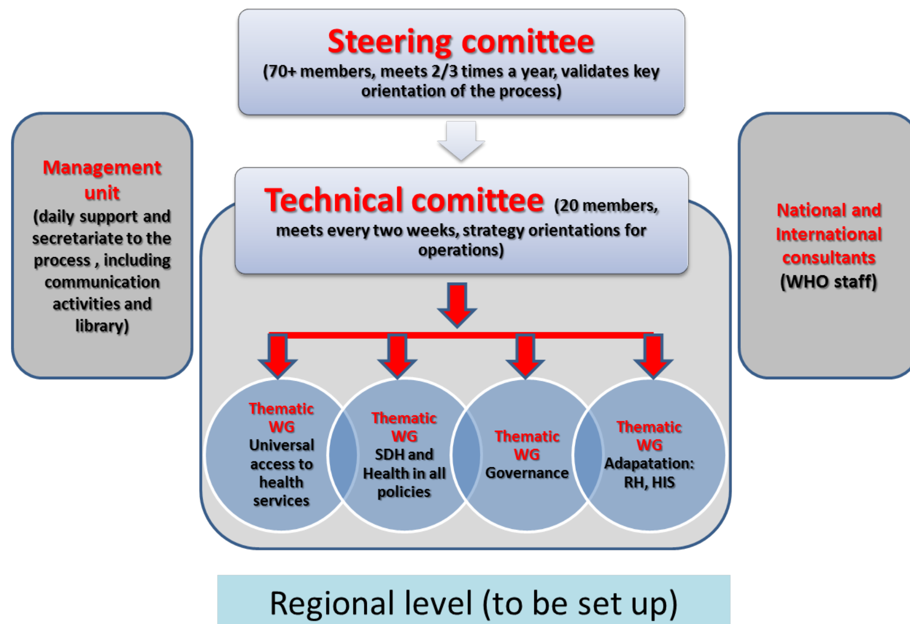
Main activities as planned in the Road Map.

1. Strengthen capacity of MoH for policy dialogue
   A. Identify a focal point
   B. Put in place a steering committee
   C. Put in place a Management Unit
   D. Develop and make operational participation and coordination mechanisms
2. Elaborate a Road Map of activities for the Policy Dialogue Programme, including all health sector planning activities -- define methods and mechanisms of participation and coordination
3. Situation analysis
   A. Develop a set of thematic reports, with in-depth analyses as well as suggestions for future health policy. The reports should cover aspects relating to the health status of the population and the national health system
   B. Define methods to understand the perceptions and expectations of the population
4. New National Health Policy – Support the drafting of a new National Health Plan based on the results of the situation analysis and the National Health Conference
5. Strategic and operational plans -- Support the development of strategic and operational plans based on the new National Health Policy
6. Develop a communication plan, ensure that the strategic orientations emerging from the situation analysis are prominent

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)
Please describe expected outcomes, targets and specify partners
What are some concrete and visible outputs of policy dialogue? (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?)

What are some concrete and visible outputs of other activities (linked to policy dialogue)?



1. Strengthen capacity of MoH for policy dialogue – 60% implemented

Expected outputs are:

A. Focal point identified : Yes

done: 09/02/2012

B. Steering committee put in place: Yes but not yet operational
Initiated 27/08/2012 through invitation to nominate representatives sent to all stakeholders (other ministries, professional associations, unions, regions, NGOs, hospital directors, etc.)
By October, more than 70 persons had been identified on the steering committee; this means 90% of all stakeholders had been nominated their representatives.
The steering committee did not meet yet in 2012. It is planned to meet first in May 2013 when the roadmap is finalized, all structures for the project are in place.

C. Technical committee and Management Unit put in place (60%)
The technical committee is the "operational arm" for the dialogue. The role for the technical committee was extended when it was understood that the steering committee with 70+ members could not actively and operationally guide the process.
The Technical committee is supported by four thematic working groups. The terms of reference have been finalized and members were identified in February-March 2013. Those were heavily discussed in various ad-hoc commissions and under direct involvement of high level decision makers at the MOH during last trimester of 2012 (*see next point for an explanation for the delays in making those decisions and appointing the persons in charge*).

D. Participation and coordination mechanisms developed and operationalized: yes, partly + additional capacity building activities organized.
In December 2013, preparations were started for a capacity building workshop on citizen participation in policy-making. An APW was signed with "Institut du Nouveau Monde" (http://www.inm.qc.ca/) to prepare a background paper and facilitate the workshop. This workshop was also to be the first event gathering the technical committee and all four thematic working groups. It was supposed to be held on February 13-14 2013 (postponed to March 13-14 2013 because of uncertainty in the country at the time).
In advance, to raise awareness and build a momentum and get ownership of key decision-makers at the MOH; three representatives of the MOH were invited to attend a conference on "citizen participation in health" in Montreal, Canada. During this study tour, they also met with various stakeholders to be acquainted with citizen participation mechanisms in Quebec. This study tour proved to be extremely effective in getting full support by the head of cabinet and director of planning and studies at the MOH. They then formed the "taskforce" to organize the capacity building seminar in Tunisia and pushed to have all organizing structures set up by the date of the seminar, which was a major breakthrough

after several months.

Stakeholders involvement in the Programme structure:

- Minister of Health = Head of the steering committee. Initial meetings to nominate members of the Technical Committee and finalize the roadmap were chaired by the Minister or Chief of Cabinet. Though the Minister and chief of cabinet were very much and directly involved in those initial decisions, they made it very clear that the structures for the dialogue should not be dominated by MOH staff and –once in place– those structures would be leading the process. They requested the President of the Technical Committee not to be a MOH staff and ideally neither to be a physician. This demonstrates a real willingness to do things differently and to open to a large variety of stakeholders.
- All national stakeholders have a representative nominated on the Steering committee. International organizations (bilateral donors and UN agencies) are not directly represented, except through the WHO and EU representatives. WHO and EU will coordinate other international stakeholders' feedback to the Steering committee.
- Members of the thematic working groups and technical committee come from universities, NGOs, local and regional levels, professional associations, and experts
    - The Technical Committee nominated the Heads of each of the four thematic working groups. Then, each Head can propose members for its working groups (8-10 persons). The group composition will be presented to Technical Committee for validation (to assure the balance between health professionals/other sectors, MOH/experts/NGOs).
    - Thematic working groups will call on experts to prepare a review of literature, analysis of data, and will write information briefs on this basis.

2. Elaborate a Road Map of activities for the Policy Dialogue Programme, including all health sector planning activities --define methods and mechanisms of participation and coordination – 90% implemented

An initial Road Map (concrete and visible output) of activities was drafted and discussed. Although modifications to the Road Map are constantly being made, especially in terms of timeline and participation mechanisms, the essence has remained.

19/09/2012 – One day seminar to present and discuss the roadmap with public health administration (MOH, regional authorities, universities) – more than 100 participants. Opened by MOH with representatives of WRO and EU delegation.

24/09/2012 – Half day meeting with representatives of the civil society. Around 60 participants. Call for the civil society to sit on the Steering Committee. During follow-up meeting (a week later), 5 representatives of NGOs were elected by NGOs to sit on

the Steering Committee. Though participation of CSO was fostered, it proves in practice still limited. During the first meeting of the steering committee they were outnumbered by representative of professional associations and unions which were much more vocal. Professionals and unions are much more used and equipped to taking the floor in such "political" meetings. Hence, further efforts will need to be put in place to assure that CSO are able to take a more prominent role in the steering committee. In addition, specific fora or event dedicated to CSO and the "lambda citizen" will be strengthened. This is necessary to ensure that their voice is not diluted by the more vocal professional associations and unions.

29/09/2012. Press conference by the Minister of Health.

08/10/2012 – Official launch of the process and presentation of the roadmap. More than 600 participants. Speeches by Ministers, academics, civil society, unions, writer, etc. All levels of the health administration (from national to local and health professionals) were represented. Strong interest and consensus for the initiative.

3. Situation analysis – 25% implemented

A. Develop a set of thematic reports, with in-depth analyses as well as suggestions for future health policy. The reports should cover aspects relating to the health status of the population and the national health system

This activity began in 2012 with discussions on the thematic working groups, establishing their topics and terms of reference, as well as composition of the groups. The operationalization of the groups is planned for 2013. The draft situation analysis is to be finalized by August 2013 and then validated through public audiences in the Regions in September/October.

In parallel, activities were initiated on two technical issues to directly contribute to the situation analysis to be prepared by the thematic working group 1 (universal access to quality health services):

1. Evaluation of health financing for universal health coverage with the Organizational Assessment for Improving and Strengthening Health Financing (OASIS) approach. This is an analytical approach and framework developed by WHO/HQ that can help guide such a systematic health financing system review including a health financing performance assessment. To this end, a desk review was performed by two Tunisian health financing experts in December 2012. This was complemented with a one week mission with WHO/HQ expert to meet stakeholders individually and to validate initial findings in a workshop (January 2013).

2. Review of the literature for clarification of the concept and identification of alternative options to reinforce the quality of services. Four APWs were prepared and reports were produced (in February 2013) on 1) accreditation, 2) indicators and guidelines, 3) continuous professional development and 4) health technology

assessment. Those correspond to the four functions of the newly established National Authority for Accreditation. This authority was established but not yet operational. The reports served as background documents to an inception "Think Tank" (February 18-19) to discuss the strategic orientations in those fields.

B. Define methods to understand the perceptions and expectations of the population

The methods to understand perceptions and expectations of the population are to be discussed during the workshop on this issue (planned February 2013, took place March 2013). Gathering the perceptions and expectations of the population was moved at the core of the policy dialogue process; rather than a separate output. The public will be consulted on several occasions:
1) to validate/complement the situation analysis prepared by the thematic working groups though their experience, and 2) to elicit choices between the various policy options (or strategic choices) presented to them. This direct consultation will require very good preparation to 1) build trust as a prerequisite for participation, 2) to build capacity of the "lambda citizen" (through information notes), 3) to adapt the channels the various audiences (and make sure the "more vocal"groups do not overshadow the whole process). A variety of tools and approaches will be used for this purpose. A good communication strategy is believed to be essential.

4. New National Health Policy -- Support the drafting of a new National Health Plan based on the results of the situation analysis and the National Health Conférence – 0% implemented

This activity is planned for 2014 as the situation analysis must first be done and the thematic working groups need to be fully functional.

5. Strategic and operational plans -- Support the development of strategic and operational plans based on the new National Health Policy – 0% implemented

This activity is planned for 2014 and 2015 as the situation analysis must first be done, and the National Health Policy must be in place to guide the strategic and operational plans. It will also be aligned with discussions on the 5-year development plan (preparation in 2014 for2015-2020 plan).

6. Develop a communication plan, ensure that the strategic orientations emerging from the situation analysis are prominent: this activity is planned for 2013.

The development of a communication strategy is considered a priority. Though, the initial steps of the dialogue process were done without such a strategy. The Minister and high level officers at the Ministry of Health are often talking about the dialogue and it is very often cited in the medias. However, this was done in an "ad hoc" manner. This will be one of the very first tasks for the Technical Committee. They will hire a

communication expert for this purpose, for both external communication (strategic communication objectives, logo, slogan, key messages, work with medias) and internal communication (sharing information and building cohesion between the various structures of the Programme). The communication strategy will aim at

1) informing about a) the process , b) the situation analysis,
2) creating confidence in the process, so that
3) insure that the citizens and professionals will actively (and constructively) engage.

The communication unit at the ONFP (National Office for Family Planning) documented all activities through video, audio and writing. During the conferences, meetings, etc, they recorded the speeches and interviewed participants. This material can be later used for communication activities. The Minister held a press conference a week before the official launch of the process.

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,…).

- Revision of the calendar due to delays in setting up the structures for the Programme
  The preparatory phase was marked by a huge delay. Building trust and setting up policy dialogue structures has been a huge challenge in the first year of this Programme. The initial timeline did not consider that substantial time would be needed for the process to mature. This might be explained by previous experiences with "consultation" in the old regime ("yes but no yes"-type) and general climate – distrust in public authorities and politics, and post-revolutionary revolutions ("hear and now").

  This context had major impact

  1) on participation to the structures:

  - Because of the context ("nerves on the edge"), the MOH was initially willing not to exclude anyone. The numerous participants at different stages with sometimes very diverse approach to the dialogue created confusions.
  - Inversely, because of the highly politicized context, some opinion leaders were reluctant to participate.
  - Also, the MOH is highly centralized and decisions are taken centrally. Hence, the tension was high, at different levels.

  2) on the process to finalize the objective, scope and content of the dialogue:

- Discussions for finalization of the roadmap highlighted fundamental divergences on the objectives of the Programme and the role of the citizen (in the policy-making process but also the citizen's responsibility for his own health); even within the MOH.
- It was preferred to work through consensus to distinguish this process from the past. Though, the differences were so fundamental that they could not be resolved quickly. They will have to be dealt as part of the dialogue.

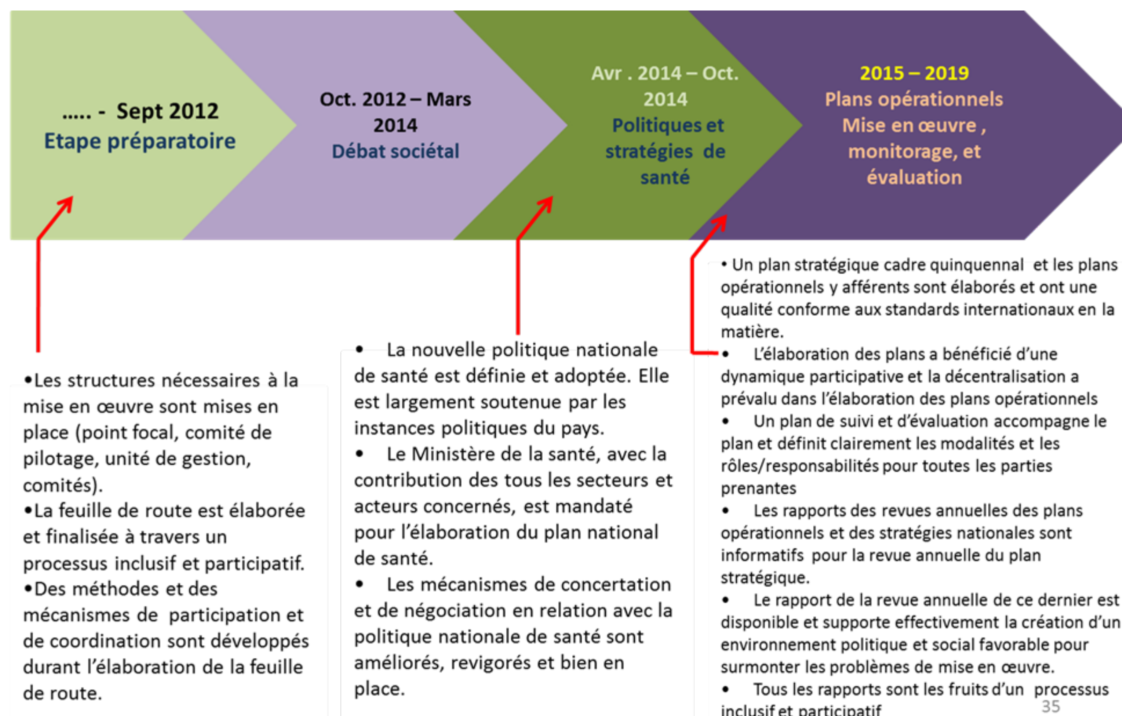
- <u>Strengthened role of citizen – direct participation at each and every step of the process.</u>
  As mentioned above, citizen participation is at the core of the process. For this reason, the Programme "policy dialogue" was renamed In Tunisia "<u>Societal dialogue</u>". The dialogue will not take place (only) between the various stakeholders, based on a citizen survey and culminated with a single conference. It will be a continued (or repeated) dialogue directly with the citizens 1) for the definition of the problem, 2) for choice between alternative policy options, and 3) for evaluation. The reform need to build on three pillars: policy-makers, experts and professionals, lambda citizens/patients through adequate channels to involve each group, through representatives or through direct engagement (lambda citizen and lambda professional) . We are still at the preparation phase. Workshops and surveys will take place in Summer 2013 to provide an evidence base for the situation analysis and to identify potential strategies for reform. Then, the regional and national health conferences will take place over the autumn of 2013.

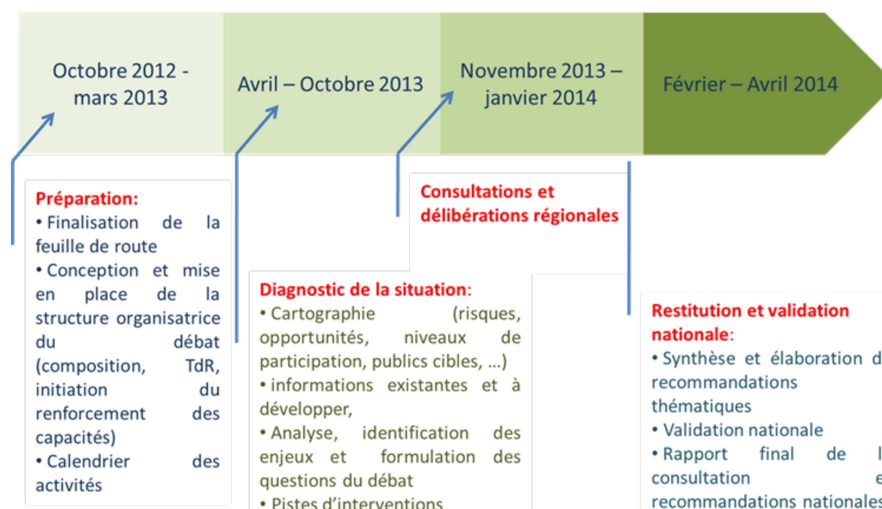
- <u>Parallel activities on two technical issues: health financing and quality</u>
  Because of the delay in setting up the structures for the dialogue, and in order to build trust and establish a good working relationship with the MOH (the health system adviser arrived in September and was the only international staff in WCO), technical work on two critical area was initiated without waiting for the orientations to be given by the Technical committee/thematic working group.

  Technical work was seen as apolitical and thus the work was allowed to continue. Through the collaboration with the MoH on technical work, we were able to get to know one another and build a good working relationship.
  The National Accreditation Authority was established through support of the EU delegation in Tunisia. WCO supported financially and technically the Authority ion its initial steps. EU delegation and WCO are now closely collaborating on finding mechanisms to sustain financial and technical support (e.g. "jumelage"). WCO is supporting the Authority define its needs and establish its workplan which might then receive support from EU delegation.

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 con firm that the changes have been discussed with the MoH and EU delegation.





The above timeline was prepared by the Technical Committee, including representatives of the MOH. It will be presented to the Steering committee in its May 2013 meeting.

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

1. BALANCE activities CONTENT and on PROCESS:
   While the initial focus of the WHO support was on the process of policy dialogue, the technical work done on health financing and quality proved to be extremely useful to develop a strong partnership with the MOH and societal dialogue counterparts. Also, some concrete outputs and initial impacts could be observed while the process seemed to be in a deadlock which was very motivating for all parties involved. The "content" is the "fuel" to the process and should not be overlooked. Some back and forth between work on general orientations and specific technical issues is very much useful to be pragmatic and convene stakeholders and get them to work together (on maybe "easier" issues initially). In particular, the availability of tools and approaches from HQ/EMRO serve as interesting entry points.

2. PATIENCE: The "maturation" phase can't be overlooked. Initially, even if no concrete output could be reached within a set timeframe, "underground" work was required to build capacities –including soft skills– but most importantly to change perceptions, pre-conceived ideas and to build trust and confidence in the process. Policy dialogue requires bringing around the table very diverse actors, not used to talking together, who will need to learn to know each other before being able to understand each other and work together.

3. COHERENCE: The coherence between what is done and what is said is critical. Initial months of the process, lacked this coherence and hence created further mistrust. Hence, the Technical committee has set very strict rules ("charter") to assure transparency of the whole process and to communicate only when ready.

4. CONTEXT: The post-revolutionary context in Tunisia is a huge opportunity for the policy dialogue. It created a very strong demand for participation and more social justice. Consultations might be catalyzers to break-off from the old model. There are also major opportunities to seize for reorienting the health sector and much interest from donors for this. However, this also creates a very tense and highly politicized context. The environment is very complex and uncertain. Hence, when everyday worries are exacerbated, it is extremely difficult to be serene to lead a long-term reflection. Those will need to be taken into account and it will be necessary to move in a very cautious way.

Road Map and timeline for 2013:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2013

1. Establishment and operationalization of the Technical Committee;
2. Implementation of the Project Management Unit;
3. Establishment of thematic groups and support to begin their activities;
4. Establishment of a specific communication committee and development of a communication plan;
5. April-October 2013: Situation analysis to be established by the thematic groups;
6. November 2013 - January 2014: regional consultations and deliberations

See figures above.

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

1. The official launch of the policy dialogue process was a huge success, with high visibility demonstrated by the opening by the Prime Minister, press coverage, 600 participants, a clear and strong message that health is a priority for the new government. The process enjoys support across government institutions.
2. The Minister and high-levels official regularly talk to the media about the dialogue

   <u>Note of caution</u>:
   After the official launch (October 8th 2012), it was recognized that it might be preferable not to communicate too much around the process; at least not as long as the structures are not in place, that there is a good consensus on key orientations and that the dialogue is not about to start. Otherwise, there is a risk
   1. to create too high expectations which will not be <u>immediately</u> met,
   2. of confusing messages
   3. misalignment between what is said (we'll dialogue) and what is done (only one way communication from top to the public)

   All of this would exacerbate mistrust.
   While EU and WHO support was initially set to the forefront, the MOH subsequently preferred not to emphasize this support. National ownership is a key for the success of the Programme. National specificities are often highlighted. There is a reluctance to be part of an "inter-country process". External intervention might create suspicion for some, for cultural/historic reasons.

Preliminary impact assessment:

Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. 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.

1. Quote from a civil society participant to one of the initial Technical Committee meeting (March 2013): "*As such, it is an incredible achievement that we are all sitting around this table*".

2. Quote from UN RC at UN coordination team meeting: "*I am so pleased to see that WHO is now working upstream on the structural issues for a long-term vision, on key issues such as health as a human right, citizen participation. You are really breaking off from the past when you had a long list of small activities*".

3. Initially, WHO was not invited at the Technical committee meeting. After a very difficult inception meeting, WHO health system adviser was invited to attend as "observer" to the next. Within 10 minutes after closing of the meeting (yet again extremely difficult), the chief of cabinet and PDG of the directorate general of health both returned to the office came to ask WHO health system adviser and MOH the focal point (who both stayed behind) their opinions about the meeting and how to find a way out of the deadlock. All recommendations during this informal discussion were discussed the next day with the Minister and implemented.