

## Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

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Country: Lao Peoples Democratic Republic (Lao PDR)

### EU-Lux-WHO UHC Partnership

Date: 05 January 2017	Prepared by: WHO CO
Reporting Period: January – December 2016	
Main activities as planned in the Road Map.	
<b>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</b>	
<b>SO I. – Health Personnel Development Strategy</b> ( <i>Link to SO 1 – 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</i> )	
<b>Activity 1 (ER1):</b> Undertake Review and Update of Health Personnel Development Strategy 2010-2020 with development of 5 year action plan 2016 - 2020	
<b>SO II: Human Resources for Health</b> ( <i>Linked to SO 2- To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</i> )	
<b>Activity 1 (ER2):</b> Support training in use of Health personnel Management Information Systems (HPMIS)	
<b>Activity 2 (ER2):</b> Develop the legal and regulatory Framework for the licensing and registration system for healthcare professionals	
<b>Activity 3 (ER2):</b> Support University of Health Sciences with finalizing Quality Standards for Medical Education & on-going clinical teaching in selected provinces	
<b>SO III - Monitoring and Evaluation</b> ( <i>Linked to SO 3 - ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</i> )	
<b>Activity 1 (ER6)</b> Capacity Building for M&E of health policies, plans and Aid Effectiveness Guidelines use by Development Partners	

## Main activities achieved and progress made:

- Review and Update of Health Personnel Development Strategy 2010-2020 with development of 5 year action plan 2016 – 2020: Request by the MoH, Department of Health Personnel and approved by the Minister as this work will link with service delivery packages and models of care as a means to improving health service delivery highlighted in the Health Sector Reform Framework. Activity completed – 100%
- Support training in use of Health personnel Management Information Systems (HPMIS). The revision of the HPMIS was undertaken with funding support from the Global Fund. The Partnership programme supported training of staff in Central, Province and district levels in the use of the new system – 85% completed as training is on-going
- Legal and regulatory Framework for the licensing and registration system for healthcare professionals. This activity (the Framework) also resulted in several meetings/dialogues being undertaken to discuss the Structure and function and establishment of the Health Professionals Council and 3 Boards which would ensure the registration and licensing of a skilled and competent workforce. Activity Completed – 100%
- Support University of Health Sciences with finalizing Quality Standards for Medical Education which was undertaken with support from the University of Seoul. Activity completed.
- On-going clinical teaching in selected provinces which is an activity first supported by the LUX-Dev project in Lao PDR. Funding support from the Partnership Programme completed for 2016
- Capacity Building for M&E of health policies, plans and Aid Effectiveness Guidelines use by Development Partners – through the Partnership Programme supported the development of the Aid Effectiveness Guidelines and the training on the guidelines in the 18 Provinces - supplementing Government funding. The Aid Effective Guidelines and M& E guidelines development were developed under the Global Fund HSS grant through WHO TA. Activity completed.

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*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.**

- The UHC Partnership programme supported the review of the 2010 Health Personnel Development Strategy and a 5 year action Plan aligned with the HSR strategy. The action plan was a key addition to the Strategy as it sets our key indicators to be measured, monitored and evaluated to support Lao's push towards a competent health workforce. This work also laid the foundation for the development of the Regulatory Framework for the Registration and Licensing of Health Workers in Lao PDR – supplementing the work of JICA who developed the Strategy for Health Professional Registration of which licensing and registration of health professionals was a key strategy. The outcome was the establishment of the Health Professionals Council and 3 boards. The Council is made up of representatives from the various Government Ministries in Lao including the Ministry of Education and Sport, Ministry of Home Affairs, Ministry of Labour and Social Welfare, Ministry of Commerce and Industry, Ministry of Justice, the Police and the Military as well. The role of the Council and Boards is to facilitate the review and registration of Health professionals ensuring a competent workforce. A key Output of this work has been the establishment a Development

Partners working group (WHO, JICA, GIZ and Luxembourg Development) who play key roles in supporting the MoH in HRH planning, development & management. ADB will be included in 2017 given their upcoming funding and technical support for HRH Development in Lao. **Link to S01 & S06; ER1 & ER6**

- The UHC International Symposium 13 – 14 June 2016: Through the WHO Country office for Lao PDR, the UHC-P contributed through Technical Staff involvement with presentations, as a moderator of a session and as a panelist. Funding support from the UHC-P was specifically related to support for Translators during the 2 day programme as the Symposium included participation and presentations from the Ministries of Health from Thailand; Cambodia; Malaysia; Myanmar; Philippines and Indonesia. While the Symposium was not one of the specifically mentioned activities in the 2016 Roadmap for Lao PDR, it contributed towards the Human Resources for Health (HRH) and Health Care Financing activities of the Roadmap given that the 2 days focused on three aspects of UHC: 1. Population coverage, 2. Quality service delivery including competent and skilled human resources, and 3. Financial Protection . **Link to S011; ER3**
- Funding support was also provided to the MoH to support the convening in Vientiane of the National workshop from 18 – 19 October 2016 on Health Sector Reform which is the Lao Roadmap to achieving UHC by 2025. This National Workshop co-funded by JICA was a follow –up to the International Symposium to continue to build awareness and understanding of UHC in Lao PDR and resulted in the discussion on service delivery packages and how this would align with the development of HR to support delivery of identified services, the benefits package to be covered under National Health Insurance schemes and funding required to support the delivery of core services (ie costing of the service delivery packages) **Link to S011 & ER3**

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

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*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,...).*

1. N/A
- 2.
- 3.

**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.*

1. N/A
- 2.
- 3.

**Lessons learned:**

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

Ensuring an understanding of the broader concept of UHC is considered to be a key challenge. Continuous communication and supporting activities through the UHC-P will help to address this with future directions being on-going support through the UHC-P; ensuring that the partnership programme continues to collaborate and support other WHO, health partners and MoH programmes.

**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.***

1. **SO I: Planning & Coordination: Support the Ministry of Health with Phase 11 of the HSR (Basic Services & Health Financing)**
  - development of Health Service Delivery Packages with appropriate models of care including alignment with HRH workforce planning at each facility level within next 12 months **(ER 1)**  
**(Timeline:** Completed by Q3 2017; **Indicator:** Service Delivery package with HRH resource needs available for each level of health facility)
  - Support development of M&E systems and annual health sector reviews. **(ER 2)**.  
**(Timeline:** Completed by Q4 2017; **Indicator:** annual M&E and sector review reports produced)
  - Advocacy, awareness & Training of the Financial Management Guidelines **(ER3)**  
**(Timeline:** completed by Q2 2017; **Indicator:** Training Manual and FMG Guidelines)

2. **SO II:** Support development, review and revision of public health legal frameworks to strengthen health service delivery
  - Support the development of required Decree for service delivery packages to improve service delivery system and ensure patients benefit as intended. This will include support for stakeholder meetings and policy dialogue (**ER 3**)  
(**Timeline:** draft Law by Q4 2017; **Indicator:** Draft Decree produced; policy dialogue reports)
3. **SO III:** Support for the Sector Wide Coordination
  - Support reforming and realignment of the TWGs of the 8 priority areas of the MoH under the 5 priority areas of the HSR and reported against with related M&E framework of the 8<sup>th</sup> 5 year Health Sector Development Plan. (**ER6**)  
(**Timeline:** Realignment completed by Q2 2017; **Indicator:** ToR for TWGs under 5 priority areas of the HSR)
4. Visibility and Communication
  - Raise visibility and communication of Partnership programme through media articles, use of logo at meeting venues, UHC discussion forums  
(**Timeline:** On-going throughout 2017; **Indicator:** media release; speeches & keynote address; website uploads)

#### Visibility and communication

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*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. Article for the Partnership Programme Website on the International UHC Symposium
2. Luxembourg Development Logo placed on Banners of meetings and workshop supported by the Partnership
3. Mention of the Partnership Programme and support from Luxembourg Embassy in WR keynote addresses in meetings and workshops supported by the Partnership programme.

We plan to do much more work in terms of visibility and communication in 2017 as already discussed with our Country office Communications Officer including local newspapers articles

#### Impact assessment:

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*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 lives 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.***

The UHC Partnership programme was instrumental in supporting and supplementing activities of other key programmes. This included support to activities of the Global Fund and EU projects, DFID and ROK funded activities (in coordination with the World Bank) that are currently being implemented by WHO.

- Support for capacity building and institution development on health financing at province and district level; review and revise operational guidelines/ SOPs for linking standards to payment of Health Equity Fund, Community based Health Insurance and Free MCH initiative. This activity is currently supported under the EU-WHO Project on "Improving accountability in health financing and functioning of National Health Insurance Branches in two Provinces". Partnership programme supported training on M&E & use of DHIS2 for reporting on Government Budget. The M&E DHIS2 forms were developed under the EU funded project with the NHIB with relevant training supported by the Partnership programme. **Indicator:** *Training Reports and increased DHIS2 data input*
  - Partnership Programme also supplemented ROK and DFID funding for the Lao Expenditure & Consumption Survey 5 activity and on-going analysis and training of province staff. **Indicator:** *OOP report from analysis of LECS5 survey data*
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- Planning & coordination: support to the MoH for the convening of the Sector Wide Coordination meeting where delegates from 18 provinces attend. This support included agenda preparation, drafting of the Minister's Statement to the High Level Roundtable meeting attended by all other Government Ministries, Development Partners and Donors; Support for printing of meeting papers and translators for the meeting. **Indicator:** *Meeting reports; Ministerial Statement*
  - Support for the planning and development of Service Delivery Packages which was also discussed at the Provincial level – this was presented at the National Workshop on HSR for further discussion and refinement. **Indicator:** *75% of Draft Service Delivery Packages developed*
  - Support for training on the Financial Management Guidelines for Department of Finance staff at Central, Province and District levels. The FMG was developed with Global Fund support and pilot tested in 5 provinces with DFID funds. **Indicator:** *Training Manual developed and training reports*
  - Monthly Informal meeting of Health Development Partners – where discussions as held regarding Partners priorities and upcoming, planned activities to ensure coordination and collaboration is strengthened. The Policy Adviser funded under the Partnership programme Chairs this meeting and ensures all partners are kept up to date with planned or on-going activities of the MoH and other key Ministries (e.g: MPI who is the SDG focal point of MoH; and MoF- given the latest financial reforms of which FMG supported by GF and the Partnership programme is an output. **Indicator:** *Calendar of Activities for Development Partners updated every 3 months*

*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.*

### 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: **Revised 8th HSDP health indicators and DHIS2 which is used as a monitoring tool for UHC/SDG indicators as well**
- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible: **Though not directly linked, this work is supported under the ROK programme of activities which the Partnership programme supplements; the Strategy is still under review by the National Assembly and may need to be revised again.**
- 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: **Health Personnel Development Strategy; Regulatory Framework for the Registration and licensing of Health Professionals in Lao PDR; Financial Management Guidelines; Aid Effectiveness Guidelines**
- Positive trend seen in stakeholders' alignment with NHPSP: **support to the Sector Wide Coordination Mechanism (MoH + Stakeholders) and Monthly Health Partners meeting**
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews: **Annual Review of the Health Sector Reform Framework through the SWC meetings**
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent: **Aid Effectiveness Strategy in place; and Financial Management Guidelines currently being piloted tested**

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

Strategic objectives (SO)	Expected Results (ER)
<p>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;</p>	<p>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;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>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:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>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.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>