Year 4 Report (2015 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Tunisia

EU-Lux-WHO UHC Partnership

Date: 12/01/2015 **Prepared by:** WHO CO

Reporting Period: year 2014

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

SO I

PHASE 1 du Dialogue Sociétal (DS) pour la Santé:

- **Activité1 (ER1):** Renforcer la capacité du MS pour le dialogue politique
- **Activité 2 (ER1):** Définir les méthodes et mécanismes de participation
- **Activité 3 (ER1):** Etablir un diagnostic de la situation complet sur la santé et le système de santé
- **Activité 4 (ER1):** Etats Généraux de la Santé
- **Activité 5 (ER 1) :** Elaborer une nouvelle politique nationale de la santé

PHASE 2 du DS (planifié pour 2015) :

- **Activité 6 (ER1) :** Etablir des plans stratégiques et opérationnels (aux niveaux national ou régional)

PHASE 3 du DS (planifié pour 2015-2016)

- **Activité 7 (ER2) :** Suivi et évaluation et revue de progrès selon une approche participative (pour la politique nationale mais également au niveau local)

SO II

- **Activité 8 (ER3):** Appui au développement d'un "pôle d'économie de la santé » pour générer ou synthétiser les données probantes en matière d'économie de la santé pour informer la prise de décision
- **Activité 9 (ER3):** Travaux analytiques pour le renforcement institutionnel du système de financement de la santé
- **Activité 10 (ER3):** Travaux analytiques pour explorer les options/réformes faisables
- **Activité 11 (ER3):** Approche participative pour cadrer une réforme du financement de la santé dans le cadre d'une réforme globale du système de santé tunisien

Aucune activité planifiée spécifiquement et exclusivement sous **SOIII** (mais partie intégrante du processus dans le cadre de SOI et SOII à travers l'implication de toutes les parties prenantes, y compris les partenaires internationaux)

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.

A comprehensive table is attached.

In additions, few key activities and outputs are explained below:

SOI: Support to policy dialogue (national health strategy and thematic strategies/programs + demonstration projects) - Activities 1 to 6:

- **Rapid assessment of the health system and technical support to operationalize Minister's vision for health reforms**: Following the democratic election, a new Government was elected with a mandate to implement reforms in the social sectors (February 2015). WHO was called on to comment the newly appointed Minister's vision for health reforms. The report prepared by a team of high level international consultants, technical units (HSD/HF and DPM) and WCO, provided clear recommendations for pacing the reforms (prioritization) and to complement/re-orient the proposed reforms for success. The report was highly lauded by MOH top management and considered very useful to prepare the MOH strategy. The mission was implemented in extremely tight deadline and run very smoothly. More than 30 stakeholders were met; 3 consultants/RO/WCO teams working in parallel and meeting in the evening to debrief and prepare the report. Even though preparations were done against a very tight deadline, we managed to mobilize very high level French speaking expertise. DPM contributed to presenting the mission results to the Minister; which highlighted the high level and importance to this mission.

- **A 5-year joint program for maternal and neonatal health was elaborated and signed with UN agencies (UNFPA and UNICEF) and national counterparts** (with directorate of primary health care in the lead). This program builds on a comprehensive approach, including socio-economic determinants of health and health system development, both at the national (policy, training) and local level (implementation of concrete activities), with a much larger scope (maternal and neonatal health) than the previous UN joint program (maternal mortality only). This program is

largely conceived on the strategic orientations provided in the "white book for health reforms" (2014 activity). Those strategic orientations were then declined and applied to maternal and neonatal health. The international Technical Assistant played a key role in the technical taskforce (including UNICEF and UNFPA) that met regularly to prepare this joint program and the action plan for 2015. She is also facilitating implementation of the program.

- WCO, with solid technical support from RO, played an effective **advocacy and facilitator's role to mobilize all stakeholders to develop a NCD strategy.** Groundwork for preparation of the strategy are finalized: taskforce for NCDs is set up at the MOH, "stakeholder analysis" is finalized, review of strategies and programs was done, the roadmap to define a national NCD strategy prepared. Those activities were implemented through the partnership (technical assistance and facilitator's role at WCO and recruitment of international consultant to prepare reports and intervene at workshops).

- WCO advocated and facilitated for a coherent and coordinated approach to family practice development. It brought together the Directorate for Primary Healthcare, the Directorate General for Health, Regional directors, Faculties of Medicine and training center of the MOH, and EU program on strengthening health services in disadvantages areas (PAZD) to build conceptual clarity and develop a common vision on family practice development as a preferred approach to develop "basic health services" (services de proximité). A national conference and roundtable on this topic was planned for 2015 but was to be postponed till 2016. Demonstration projects were initiated following WCO technical advice. This is a first step for operationalization of the White Book recommendations.

SOII:

- **Evidence generation and capacity building on health financing, towards UHC**: on health were done and Health Accounts were produced for 2012 and 2013 (2014 in progress, with disease specific accounts). This was done by building capacity of an inter-ministerial working group (decree under preparation for its institutionalization).

- **Building institutional capacity for the newly established national accreditation agency** (INASanté): WCO is a key technical partner for this institution, supporting all its mandates: accreditation, health technology assessment, guidelines development (patient pathways), and professional development. In addition to providing technical support and "coaching" the team, WCO advocated with the EU for INASanté and public hospitals to benefit from a major grant for "competitiveness of services" (initially the project was conceived to support only private clinics and international accreditation).

- **Developing hospital performance dashboards (pilot finalized) and initiating a course for hospital managers**: Multidimensional performance dashboards were developed with 17 participating hospitals, with technical support of University of Montreal. The set of indicators was agreed on in April 2014 and the standards were defined in December 2014, after initial data collection. Standard staff and patient surveys were adapted to the Tunisian context and run in hospitals. The international consultants facilitated management meetings in each hospital to discuss results and identify priority area for improvement. A program for quality collaborative on staff mobilization has been prepared and will be launched on January 29th 2016. It was decided to focus on staff mobilization as this topic came out as priority for improvement in most

hospitals. A roadmap for generalization of dashboard to the country is prepared. The Director General for Health Services (focal point for this activity) lauded very much this project and indicated that it brought a new dynamic to its department and was very much motivating for staff. Even though most activities were implemented with AC funds, this was made possible thanks to the direct technical support and facilitation by the international technical assistant who devoted substantial time to assure successful implementation.

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,…).

The roadmap was prepared in 2012 for a 3 years period. With the national health conference and dissemination of the "white book for health reforms" in September 2014, most activities in the roadmap had been implemented.

Following elections, a new government was set in place in February 2015. It took a few months for the new team to be operational. Hence, in the meantime, it was not possible to work with MOH to formally develop a roadmap for 2015. Therefore, it was agreed to work in parallel with

1) continuation of the policy process and preparation of next phase of the "societal dialogue for health", providing an input for the 5-years development and MOH strategy, and preparing national health strategies in thematic areas (maternal and neonatal health, non-communicable diseases, family practice, mental health)
2) implementation of priority activities as demonstration projects or to prepare the ground in line with orientations put forth in the White Book (hospital management,
3) generation of evidence and building capacity on health financing system to feed in the policy process and progress towards UHC

Two products in the area of governance ("support to strengthening governance at the governorate level" and "health system performance assessment") were included in the biennium collaboration plan (2014-2015) and were to be financed through the partnership, as direct continuation of the "societal dialogue for health" and as part of larger efforts of the government towards decentralization and more transparency and accountability. However, those could not be implemented in due time because of the longer political transition period than initially planned and therefore the prerequisites for implementation of those products and services were not yet in place by the end of 2015 (legislative framework or decentralization, finalized MOH 5-years strategic plan). Perspectives for implementation in 2016 are good.

"Technical" products and services with regards to family practice development (4.2.1) and human resources for health (4.2.2), were fully completed. However, at the policy level, progress has been slow because of the very complex policy context and the need to carefully prepare the ground before major reforms can be implemented.

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.

Lessons learned:

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

1. Although the process was initiated with the mandate and full support of top decision-makers at the MOH (including the Minister), political changes threatened the continuity. WCO deployed efforts to resume the process. However, the Minister of Health engaged again in the process only when the base (citizens, politicians, unions, members of technical committee) alerted, through media, parliament and Prime Minister Office. This demonstrates that importance of ownership of the process not only by administration by also by the citizens.
2. In unstable and complex political and social environments like Tunisia, it is important to assure resilience by maintaining a certain degree of flexibility. This is achieved by concentrating on technical work when the political ground is not receptive to policy work.
3. Demonstration projects and "quick wins" should also be supported by the Partnership to provide sufficient evidence to build a case (advocacy purpose) or to elaborate policy or to build trust and motivate.
4. The international technical assistant for the Partnership should not only be technically competent. His/her capacity to build trust with counterparts and when necessary be able to coach, counsel and to make things done (even if it requires secretarial work) should be adequate.

Road Map and timeline for 2016:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. ***These activities should be related to objectives/ER and have clear timeline and indicators.***

The renewed technical committee of the" societal dialogue for health" held its first meeting in January 2016. They will promptly organize a one-day workshop to develop a vision for roadmap for next phase and sustainability of the process.

With regards to health financing, a roadmap will be prepared in February or March 2016 with a mission of HQ and World Bank and after finalization of health accounts for 2014.

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

- Will be shortly provided by MOH communication officer.

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.

1. Even though WCO is a small office (2 technical staff in addition to WR), WHO was able to have a major impact and is now recognized by national and international partners in the country for its technical expertise in health system and for its convening/facilitator role. This is large part due to upstreaming support at the policy level that was made possible through the partnership (international technical assistant and funds for activities). Among others, WHO led a highly visible policy process in the country called "dialogue societal pour la santé". The "White book for health reforms" and "rapid health system review" are two key documents to orient WHO support to more strategic support and to develop synergies between departments/ministries/partners. UNICEF, EU and World Bank are now requesting WHO technical support and aligning to WHO led activities. Substantial and flexible VCs (EU/LUX/WHO

program for UHC) allowed sufficient "space" to be proactive and stimulate this upstreaming to policy work and to have dedicated international technical staff.

2. The political process had been relatively weak in phase 1 of the "societal dialogue for health" because of the very complex political environment during the transition period. After election of a new government, continuation of the societal dialogue for health became an important political stake. This question was openly asked during audience of the Minister of health in front of the Parliament. Several articles were published in newspapers to call for continuation of the societal dialogue for health or to advocate for implementation of the recommendations of the dialogue.

3. The review performed by a team of international experts, commenting on the Minister's vision for health system reform, identifying potential bottlenecks and suggesting concrete actions and objectives for short, medium- and long-term was lauded by the Minister's adviser for health reforms. She indicated that "this was exactly what I needed; it is extremely useful". It is also noteworthy that during this review, they met with

4. The partnership facilitated implementation of HSS activities and the BCA program. Thanks to the partnership, WCO was able to identify alternative entry points when implementation was low in some priority areas. This was achieved for instance in mental health: for the first 15 months, mental health program was on hold because of weak focal point. When "suicide prevention" was introduced in the "100 days program" of the newly appointed Minister (March 2015), WCO was quick to reprogram activities to respond to this emerging need. Support to the elaboration of a national suicide prevention strategy served as an entry point for close collaboration with MOH and preparation of substantial projects (integration of mental health in PHC, social mobilization in a Governorate). This also served as an entry point for activities in the area of school-based services (that was also on hold at the time). The partnership was instrumental to achieve this. Indeed, thanks to the flexibility on the use of funds, mental health could be used as an entry point for demonstration projects on strengthening PHC, bringing specialized treatment closer to patients' home and facilitating the patient pathways (both are key request from the citizens and included as priority orientations in the white book for health reforms). WCO international TA (funded by the Partnership) closely followed on this priority program.

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.