

Year 5 Report
2016

EU-LUXEMBOURG-WHO UNIVERSAL HEALTH COVERAGE PARTNERSHIP

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



WHO/HIS/HGF/HGS/2017.2

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THE GOVERNMENT
OF THE GRAND DUCHY OF LUXEMBOURG
Ministry of Foreign and European Affairs

Directorate for Development Cooperation
and Humanitarian Affairs

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More information on the UHC Partnership can be found at www.uhcpartnership.net.

“ Ensuring universal health coverage without impoverishment is the foundation for achieving the health objectives of the Sustainable Development Goals (SDGs). ”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General – Vision Statement

“ We are working to achieve change on the global level. To convince our international partners to politically commit to universal health coverage and facilitate accountability and knowledge sharing, we are supporting UHC2030, the global movement to build stronger health systems for UHC. [...] Through the on-going EU-Luxembourg-WHO UHC Partnership [...], we help to build country capacities so that they can develop comprehensive national health policies, strategies and plans – as well as to monitor and evaluate implementation. ”

Neven Mimica, EU commissioner for international cooperation and development

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ABBREVIATIONS

AOP	Annual Operational Plan
BHI	Boma Health Initiative
DHIS2	District Health Information System 2
DPS	Provincial Health Division
ER	Expected Results
EU	European Union
FIT	Foundations-Institutions-Transformation
HF	Health Financing
HPDS	Health Personnel Development Strategy
HSRF	Health Sector Reform Framework
HPG	Health Partnership Group
IST	Inter-country Support Team
JA(H)R	Joint Annual (Health) Review
JANS	Joint Assessment of National Health Strategies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NHI	National Health Insurance
NHPSP	National Health Policies, Strategies and Plans
SDGs	Sustainable Development Goals
SO	Strategic Objectives
UHC	Universal Health Coverage
WHO	World Health Organization

BACKGROUND AND INTRODUCTION

In 2011, the World Health Organization entered into a collaborative agreement with the European Union (EU) and the Grand Duchy of Luxembourg to support policy dialogue on national health policies, strategies and plans, with a view of promoting universal health coverage, people-centred primary care, and health in all policies in a number of target countries (currently 28). Based on three thematic pillars, the Universal Health Coverage Partnership (UHC Partnership) provides support to the development and implementation of national health plans, health financing strategies, and to effective development cooperation. Over the years, this has led to more intensive WHO country support, in alignment with the increasing priority placed by countries on strengthening health systems as the principal means towards achieving universal health coverage (UHC). The focus on UHC has gained momentum on the global health agenda over the past several years, centred on the UHC2030 agenda to be well prepared to strive for health-related Sustainable Development Goals (SDGs).

The UHC Partnership started in 2011 with 7 EU-funded countries (Phase I: 2011-2012). In 2013, the

partnership was extended by another seven EU-funded countries and five Luxembourg-funded countries; a sixth Luxembourg-funded country (Lao PDR) was added in 2015, for a total of 20 target countries (Phase II: 2013-2015). In 2016, with the start of Phase III, eight new countries joined the partnership. Over time, the partnership has grown steadily, with a current total of 28 countries in five WHO regions: Africa, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific. Discussions have begun to further expand the partnership, not only geographically to support countries in all six WHO regions, but also through technical support in other health systems areas such as human resources for health, pharmaceuticals, etc.

This report will cover the calendar year 2016, which represents Year 5 of the partnership for Phase I EU-funded countries and Year 4 of the partnership for Phase II EU-funded countries and Luxembourg-funded countries (Burkina Faso, Cabo Verde, Mali, Niger and Senegal) except Laos PDR (Year 2), and Year 1 for the newly joined member countries.

Phase I 2011 - 2012



Liberia, Moldova, Sierra Leone, Sudan, Togo, Tunisia, Vietnam

Phase II 2013- 2015



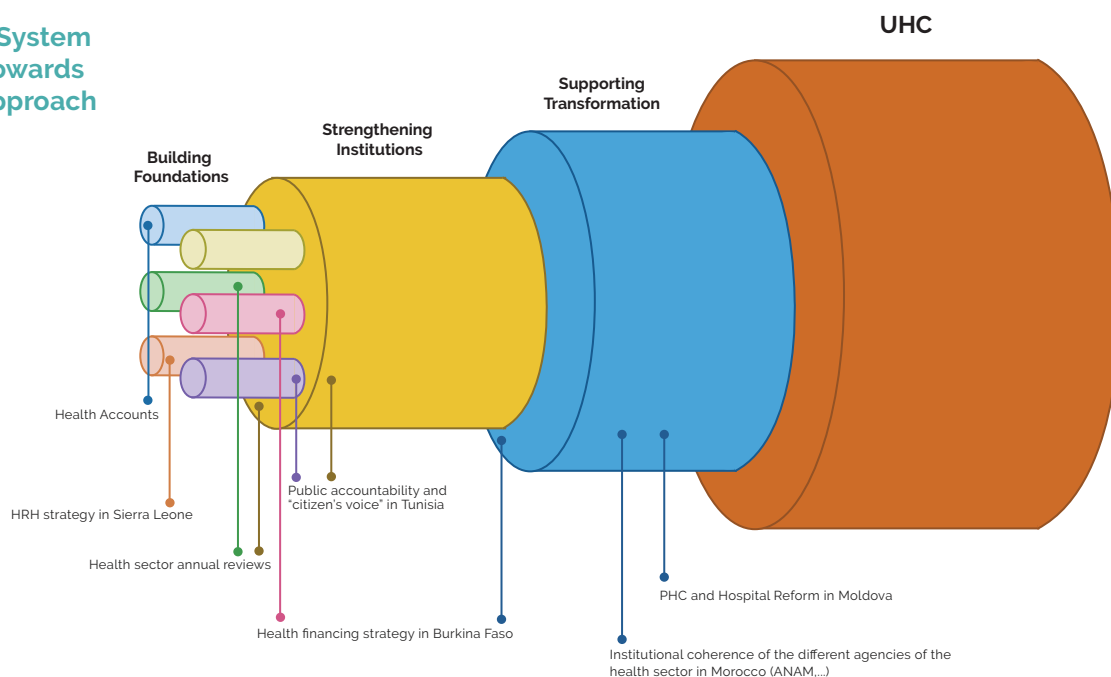
Burkina Faso, Cabo Verde, Chad, Democratic Republic of Congo (DRC), Lao PDR, Guinea, Mali, Mozambique, Niger, Senegal, South Sudan, Timor-Leste, Yemen

Phase III 2016 - 2018



Burundi, Guinea Bissau, Kyrgyz Republic, Morocco, South Africa, Tajikistan, Ukraine, Zambia

Figure 1: Health System Development Towards UHC - the FIT approach



With the transformation from the Millennium Development Goals (MDGs) to SDGs starting in 2015, countries face new opportunities and challenges on their road towards UHC. The UHC2030 agenda in its comprehensive and inclusive approach will help countries to tackle persistent and new challenges, while opening up new windows of opportunities to strengthen health systems. Major inadequacies remain in the health workforce, low level of health spending with significant out-of-pocket expenditure, weak procurement and supply systems, poor information and monitoring systems and weak community engagement. As the SDGs take a holistic, multi-sectoral approach to development (since their achievement relies on all goals being addressed at the same time rather than selectively), the role of the Ministry of Health (MOH) automatically changes. This changing role of the MOH in the 21st century needs to be adequately addressed, by strengthening capacity and hence government leadership. Coordination of effective policy dialogue and strategic planning must be bolstered to ensure well-accepted and evidence-based national health policies, strategies and plans that are owned and supported by all stakeholders - from communities and civil society,

to district and regional authorities, to national ministries and development partners. If challenges are successfully addressed, countries have the unique possibility to build a solid and sustained foundation for health systems.

To address the above-mentioned challenges, WHO's 2016-2030 agenda is tailoring health system strengthening strategies into a Foundations-Institutions-Transformation (FIT) approach, with 3 strategies seeking to be "fit" for purpose and "fit" for context. In particular, this means:

Strategy I: Strengthening health systems foundations
 "when I cannot do what I need to do"

Building health system foundations aims to ensure basic access by addressing the weaknesses of underlying functions – often referred to as the health system building blocks.

Tackling common critical gaps in health systems foundations includes:

1. **Financing:** Invest in **financial engineering** to build a unified and transparent financial management system (FMS) and procurement procedures,
2. **Health workforce:** Invest in **skills** for a community based and primary health care workforce
3. **Access to essential medicines:** Invest in basic workforce capacity to manage **supply chains and diagnostic facilities**
4. **Health information systems:** Invest in **unified health information systems, including surveillance**
5. **Governance:** Invest in **local health governance systems** through district health management and **community engagement**
6. **Service delivery:** Invest in **basic infrastructure and equipment**

Goal 3.8: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategy II: Strengthening health systems institutions
 “when I have a big gap in performance”

Strengthening health systems institutions aims to set a coherent institutional frame, improving the performance of fragmented health services, hamstrung by inefficiencies and inequities.

Strategy III: Transformation of health systems
 “when I have to adapt to tomorrow’s needs”

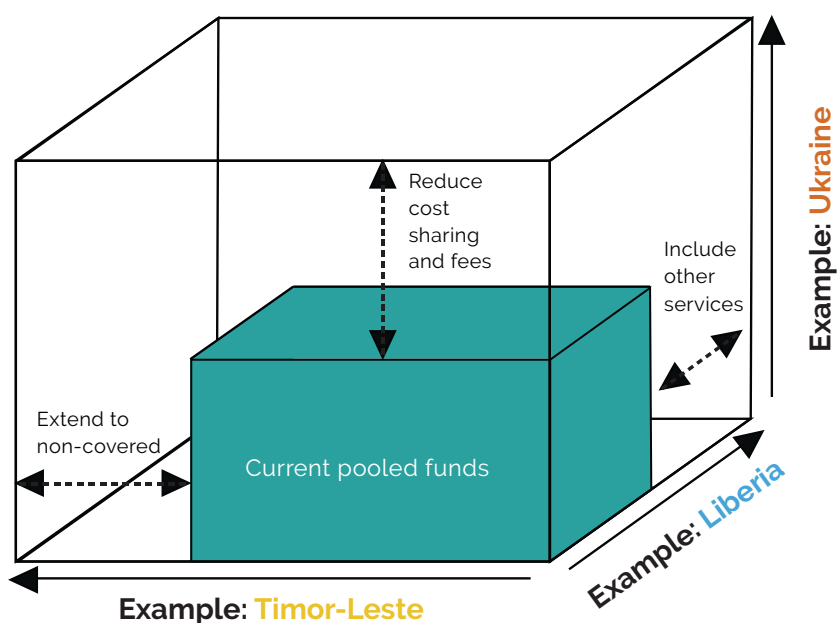
Supporting health systems transformation aims to develop collective intelligence, helping health systems with complex sets of often entrenched actors and processes to evolve to respond to emerging challenges.

Figure 1 on the previous page shows concrete examples of activities in the UHC Partnership that support this approach.

Looking back on 5 years of programme implementation, the UHC Partnership experience on the ground has brought solid, sustained achievements to strengthening health systems. This anniversary marks a good opportunity to reflect on what has worked well, and to learn collectively from what has worked less well in countries. A helpful depiction of the work in focus areas of UHC is shown in Figure 2 below. Important achievements have been made, but there is still a long way to go, and it will be crucial to further the work by providing financial support and technical expertise to countries' specific needs as they strive towards universal health coverage.

More information on the UHC Partnership's work, as well as country-specific documents, can be found at www.uhcpartnership.net.

Figure 2: Three dimensions to consider when moving towards universal health coverage



UKRAINE

The UHC Partnership contributed to the elaboration of the Health Financing Concept, aimed at reducing out-of-pocket health spending.

LIBERIA

Continuous efforts towards UHC through Liberia's Health Equity Fund has led to improved geographic access and readiness of health facilities, and ultimately to an increase in health service utilization.

TIMOR-LESTE

The government-funded “Saúde na Família” program improves access of a wide, often non-covered population by providing a comprehensive service package for household-level primary health care through domiciliary visits by health professionals.

SPECIFIC OBJECTIVES AND EXPECTED RESULTS

Once a country obtains membership into the UHC Partnership, an inception mission is organized by WHO staff. During this phase, the Ministry of Health (MOH) convenes key health stakeholders with WHO support in order to align a **country road map** with activities which support current country needs in areas linked to policy dialogue on national plans, health financing, and / or effective development cooperation. Each year, or as needed (such as when Ebola occurred in West Africa), activities are revised and updated according to country needs and progress achieved. These

activities are linked to three specific objectives and six related expected results as outlined in Table 1 below.

The following pages feature examples of countries' achievements towards these specific objectives and expected results. These are brief descriptions from a limited number of countries; the list is not exhaustive, and more details can be found in the annual country reports. In addition, an overview of 28 roadmaps' key areas of work and a summary table of 2016 roadmap activities are attached in the annex.

Specific Objectives (SO)	Expected Results (ER)
<p>SO1 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>ER1 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>ER2 Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews</p>
<p>SO2 To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>	<p>ER3 Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal health coverage (UHC), with a particular focus on the poor and vulnerable</p> <p>ER4 Countries receiving HF support will have implemented financing reforms to facilitate UHC</p> <p>ER5 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>SO3 To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</p>	<p>ER6 At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated</p>

Table 1: Specific objectives and expected results

SPECIFIC OBJECTIVE I

To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial protection and health equity.

Expected Result 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.

Activities under ER 1 are within the work stream of providing support on health policy planning and coordination. This means in particular to foster an inclusive and participatory policy dialogue to develop and implement national health policies, strategies and plans (NHPSP), to strengthen subnational capacity for regional and district planning, and also to gain a better alignment across other plans - such as disease-specific plans, or national development plans for human resources for health, drug and supply procurement, distribution and management, etc.

At a **global level**, the WHO Department of Health Systems Governance and Financing launched its flagship publication *Strategizing national health in the 21st century: a handbook* at the 2016 Health Systems Research Symposium.¹ This book, funded by the UHC Partnership, drew heavily on the work of partnership countries in supporting inclusive national planning processes.

In **Sudan**, the Federal Ministry of Health of Sudan (FMOH) adopted a policy dialogue initiative, led by the Public Health Institute with support from the UHC Partnership, back in 2013. Since then, the initiative has convened stakeholders from different sectors and backgrounds including development partners and civil society to discuss several vital health projects and policies around "health in all policies and health policies for all."

In post-Ebola countries **Guinea**, **Liberia** and **Sierra Leone**, annual operational plans at national,

“ The UHC-P is helping to drive important health system reforms, and the essential foundations for ensuring “health in all policies and health policies for all” have been laid in Sudan.

Dr Abdalla Sid Ahmed, Director of Public Health, Sudan ”

regional and district levels were developed to be in line with the SDGs and with international health regulations. These countries' focus for the past year was on post-Ebola recovery activities, aimed at restoring essential health services and putting in place long-term solutions to strengthen health systems. Because of steady progress on recovery activities, all 3 of these countries are slowly moving from recovery mode to a strong systems strengthening mode. In Sierra Leone, for example, a two-year-annual operational plan (AOP 2016-17) was developed through an inclusive top-down approach, with health sector priorities set at a central level after extensive local consultations and then disseminated at district level. The AOP 2016-17 includes (1) district level “Local Council Health Plans”, (2) central level “National Annual Health Plan”, and (3) sector level “Annual Operational Plans”. These aim to ensure that the full range of services and programmes such as HIV, tuberculosis, and immunisation is available at the central, district and hospital level. They also accompany the bridge between prompt emergency response and developing a solid health system ground in the future.

In **Timor-Leste**, the UHC Partnership supported the MOH in implementing the Primary Health Care and Domiciliary Visit Programme *Saúde na Família*.

Training workshops for healthcare providers and communities were conducted. By end of 2016, integrated MOH teams consisting of a doctor, a midwife, and a nurse visited 90% of families

¹ More information can be found under <http://www.who.int/healthsystems/publications/nhpsp-handbook/en/>

throughout the country. The programme recognises the importance of primary health care as one of the pillars to strengthen health systems through provision of quality and comprehensive health care in a cost-effective and equitable manner. This is in the SDG spirit of “leaving no one behind” by reaching out to a large number of households in rural areas.

Expected Result 2

Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Activities under ER 2 aim to strengthen country expertise related to monitoring and evaluation (M&E) processes. M&E is a crucial mechanism by which health stakeholders can better understand how NHPSP activities are being implemented, how budgets are being spent, and what impact these activities are achieving. In addition, strong M&E systems allow for programme modifications adapted to context, as necessary. There are several assessment tools developed by WHO (among others) to help countries assess their current situation, monitor it, and evaluate the findings.

In **Senegal**, the UHC Partnership supported the institutionalization of annual health reviews at the regional level. Annual reviews at national level are already a common practice in many countries, but Senegal goes beyond this, and strives through

“*The next steps to be taken by the UHC Partnership will focus on maintaining our achievements especially by strengthening the capacities of the relevant actors in the process, in the fields of health data management, planning, as well as monitoring and evaluation.*”

**Dr. Amadou Djibril, Director of Planning,
Research and Statistics, Ministry of Health,
Senegal**



regional reviews for better inclusion of the opinions and views of local actors as they face programme implementation bottlenecks on a daily basis. Each region was able to present its report to the Director of Planning, and their synthesis was shared among stakeholders during the National Joint Annual Review.

In **Liberia**, the UHC Partnership facilitated the 8th Annual Health Review Conference, which is the first conference after the Ebola outbreak. The objective was to review the first year of the national investment plan under the theme “Reflecting the Gains: Building a Resilient and Sustainable Health System in Liberia Post Ebola”. The conference participants agreed on an action plan to further enhance progress during the next fiscal year.

In **Tajikistan**, a coherent and comprehensive draft UHC monitoring matrix for 2016-2026 was developed by the newly established UHC working group, with technical assistance from WHO. Indicators were defined across the two key UHC dimensions: financial protection and service coverage. Intensive policy dialogue was held with various stakeholders to obtain feedback. The matrix is seen as a key foundation to build up evidence around UHC, which will allow, in a second step, to have a better policy platform for effective discussions to harness interest among all stakeholders on potential UHC agenda reforms.

The UHC Partnership has supported several assessment exercises. In 2016, the Joint Annual (Health) Review (JAR(H)R) was conducted or is still on-going in **Burkina Faso, Chad, Liberia, Niger, Vietnam, Tajikistan**, and **Timor-Leste**. The Service Availability and Readiness Assessment (SARA) was used in **Liberia, Guinea**, and **Chad**, and District Health Information System 2 (DHIS-2) was prepared in **Timor-Leste** and **Sierra Leone**.

SPECIFIC OBJECTIVE II

To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.

Expected Result 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 populations.

Activities under ER 3 belong to the second strategic objective, and in general cover all health-financing-related support to countries. This includes the development of a health financing strategy and support for raising domestic revenue, institutional arrangements of health insurance schemes, designing of a benefit package and purchasing arrangements, to name a few in particular. A focus on poor and vulnerable groups is emphasized.

Countries that have developed or are currently in the process of developing a health financing strategy include Burkina Faso, Chad, Cabo Verde, DRC, Guinea, Niger, Senegal, South Africa, Togo, Timor-Leste, Ukraine, and Vietnam. As an example, we describe several countries' experiences in more detail.

In **Togo**, the UHC Partnership has supported the MOH and all national stakeholders in developing a national health financing strategy towards UHC since 2013. Activities undertaken with the support of the partnership include: (1) raising awareness for and building an understanding of the concept of UHC, (2) generating a solid evidence base, and (3) drafting a health financing strategy. Various interactions with financial and technical partners have shown that policy dialogue among the MOH will be a key factor for the successful implementation of a health financing strategy. Hence, UHC Partnership support in 2016 mainly targeted facilitating internal MOH policy dialogue at different levels, with the aim of creating ownership by the MOH over the process of developing a financing strategy.

In **Burkina Faso**, WHO has continued to support the development of a health financing strategy. A workshop was conducted between various national and international stakeholders to discuss the draft strategy. Key elements include increased domestic funding, health insurance for all, as well as the allocation of resources in an efficient and equitable way. Strengthening leadership capacity is seen as equally important in the policy process in order to gain a certain ownership over the reforms affecting the most vulnerable populations, such as an exemption from payment for children under 5 years and pregnant women.

In **Vietnam**, policy advocacy was widely promoted for full budget subsidies that would enable near-poor and vulnerable groups to enrol in health insurance. In some provinces, this target group is fully subsidized by governmental budget transfers, whereas in others it is only partially subsidized, covering between 50-80% of the premium contribution. Policy dialogue led to various recommendations, which were also recognised in policy documents such as in the National Action Plan on Health Care for the Elderly and the National Health Care Financing Strategy.

Expected Result 4

Countries receiving HF support will have implemented financing reforms to facilitate UHC.

Activities under ER 4 relate to technical support for implementing health financing reforms that accelerate progress towards UHC. This includes strengthening capacity building, generating new evidence, and providing technical support to reform initiatives. Activities include (but are not limited to) updates of national health accounts, costing exercises, as well as studies concerning purchasing arrangements, mixed provider payment systems, and benefit package design for example.

In **Mozambique**, the national health account exercise for 2014-2015 data was launched. Data collection is ongoing. This is an important step towards the institutionalization of health accounts, and also serves to further fine-tune the health financing strategy and to inform policy dialogue.

In **Cabo Verde**, capacity to institutionalize health accounts at the national level has been enhanced. Support was provided by WHO HQ and WHO inter-country support team (IST) for Western Africa, specifically for training technical teams on the ground. In addition, a local consultant was hired to oversee the work. The roadmap for 2012-2014 health accounts was implemented. Cabo Verde's constant efforts to build up health accounts capacity, conduct various studies on health financing and engage in meaningful policy dialogue, notably between the MOH and the Ministry of Finance, are bearing fruits; they have contributed to an increase in the general government expenditure on health by 47.4% between 2010 and 2016.

In **Vietnam**, WHO through the UHC Partnership continues its support to the definition of the benefit package, by providing technical assistance to the process, i.e. to rationalize the health insurance benefit package and to make the package equitable and cost-effective. A high level health insurance policy committee was tasked with institutionalizing the benefit package process circular which serves as a guiding document to move the process further. It will be crucial to maintain a strong focus on improving access to essential health services for people in hard-to reach areas, and to ensure the delivery of effective primary health care services more broadly.

Expected Result 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.

This work serves to help countries inform and develop their health financing strategy and to reform plans, with the aim of accelerating progress towards UHC. By sharing their experiences, countries can learn from one another what works well and what has been less successful.

At the **global level**, one focus area has been **strategic purchasing** and further defining the key related policy questions. An issue paper on "Strategic Purchasing for Universal Health Coverage: Key issues and questions" has been developed. This work stream supports countries through practical guidance on how to move from passive to strategic purchasing. Strengthening the strategic nature of purchasing can play a central role in driving system improvements, and ultimately contribute to countries' endeavors to achieve SDG health goals. It involves aligning funding and incentives with promised health services, and setting the incentives to promote service quality, efficiency, and equity in delivery and use, as well as accountability, for better health outcomes.

However, for a majority of low- and middle income countries, moving towards more strategic purchasing remains a key challenge. Conceptual work at the global level aims to identify the main issues and policy questions in this regard. Several countries in the UHC Partnership (e.g. Ukraine, Tunisia, Timor-Leste, Vietnam, Morocco, Laos PDR, Cabo Verde to mention a few) are in the process of exploring or implementing strategic purchasing arrangements and can benefit from the findings and lessons learned from this global review. Vice versa, their findings and lessons learned from a country perspective will provide useful information to the global conceptual work. Once more, the impact of the UHC Partnership is not limited to its 28 member countries, but extends well beyond.

Another **global work** stream on evidence gathering is related to domestic resource mobilization, in particular to **new revenue raising mechanisms** as a means to increase fiscal space for health. In past years, the UHC Partnership has supported four country studies (Togo, Benin, Mali, and Mozambique) to analyse the quantitative potential to mobilize additional revenue. In 2016, these four studies were synthesised in a review paper to draw lessons from the individual country studies both in terms of process (initiating of policy dialogue), of feasibility, and in terms of results. One takeaway message across countries was certainly that new revenue-raising mechanisms can contribute to increased domestic revenues, but need to be embedded in the broader health financing strategy to enable funds to leverage a shift towards UHC. A paper will soon be published to inform a broader readership about key findings in these countries.

Moldova is in the process of initiating hospital reforms, given high budget spending on hospitals

with relatively poor performance in return. The UHC Partnership facilitated an exchange of experience between Moldova and Croatia to foster cross-country learning. Croatia's recent hospital reform can serve as a useful example for Moldova. A 13-member Moldovan delegation came to Croatia and visited, among others, the Ministry of Health of Croatia, the Croatian Institute of Telemedicine, the Agency for quality and accreditation in health care, the Croatian Health Insurance Fund, as well as various hospitals that have achieved positive outcomes after regionalization reforms in Croatia. The delegation learned about the integration of hospital care with ambulatory care providers, to ensure continuity and coordination of health care services based on the needs of the population. Croatia, like other European countries, started this reform with a pilot region, an option which Moldova is now looking into.



SPECIFIC OBJECTIVE III

To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

Expected Result 6

At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

The third strategic objective relates to effective development cooperation; under ER 6 are summarized all activities that aim to improve harmonization and alignment of health stakeholder activities with the overarching national health policy, strategy, or plan. This means increased efforts to convene policy dialogue particularly with development partners, to jointly assess and evaluate the health sector, as well as to undersign a national compact for example. UHC Partnership activities strongly contribute towards commitments under IHP for UHC 2030. IHP+ has transformed into IHP for UHC2030 to better respond to a more universal and ambitious set of health-related SDGs.

In **Guinea**, the MOH and its partners, with technical and financial support from WHO, have been committed to developing and implementing a national compact after the Ebola outbreak. On the 7th of September 2016, the national compact was finally signed. The ceremony was hosted by the President Alpha CONDE. The National Compact is a mutual commitment between the Government and its partners to accelerate progress towards health systems strengthening. The UNICEF representative in Guinea Marc RUBIN, also lead of the technical and financial partners working in the health sector, stressed that "the Compact, a genuine common platform for the international partnership for health, is an opportunity to channel efforts around common objectives. It allows the improvement of aid effectiveness and strengthens the health system, improves the performance of the health sector towards the achievements of the health-related Sustainable Development Goals".

In **Vietnam**, WHO facilitation of the Health Partnership Group (HPG) quarterly meetings continues, as does its supports to HPG technical working groups. The anticipated impact of these meetings – with full participation of both MoH and development partners, and high-level chairpersonship – is more targeted, better coordinated and better aligned to health sector needs. These activities are crucial as some of the bilateral and multilateral donors withdraw support in response to Vietnam's graduation as a low-middle-income country. Better coordination and alignment will help to ensure a more strategic mobilization and allocation of resources, towards effectively supporting the implementation of national health priorities.

“ Not only have we in Guinea learned the lessons from the Ebola virus, but my country is fully committed to strengthening its health system and to being accountable to the common work of global health security. ”

Alpha Condé, President of Guinea

UHC PARTNERSHIP RESULTS AND IMPACT

In the following pages, several examples of result chains are presented that outline the results of roadmap activities and their linkages to overall achievements in health outcomes. Activities according to SOs and ERs are related to one another, as well as to their contribution to health systems strengthening as a whole. WHO-led UHC Partnership activities have brought decisive and tangible results. A plausible path can be ascertained from the results achieved towards potential future impact, and this is sketched below.

In **Lao PDR**, the Health Personnel Development Strategy (HPDS) was reviewed and revised and a 5 year Action Plan 2016-2020 developed, which is also aligned with the overall Health Sector Reform Framework (HSRF) of which human resources for health is one of 5 identified key pillars (activities under ER 1). Given better alignment between stakeholders and development partners (activities under ER 6), greater coordination and collaboration is expected in supporting health personnel development, which will lead to better planning, development and management of human resources at the provincial and district levels, and ultimately to an increase in the quality of service delivery by a skilled and registered workforce.

In **Sierra Leone**, the Human Resources for Health Summit in June 2016 was the kick-off gathering to an inclusive and participatory policy dialogue on health workforce issues. Various stakeholders exchanged expertise on best practices and opinions on key policy avenues to strengthen human resource development (activity under ER 1). An updated, evidence-based human resources for health profile, and further endeavours in institutionalizing the human resource information system (activities under ER 2), formed the basis for discussion at the Summit. It is anticipated that the process will lead to a robust, evidence-based Human Resources for Health Strategic Plan 2017-2021.

In **Tunisia**, the UHC Partnership has supported the development of hospital performance dashboards, by strengthening M&E expertise at the national, regional and facility level (ER 2). The project of hospital performance dashboards was launched in 2015, aimed at strengthening evidence-based decision-making at every level of the health system. This activity entered its second phase in 2016 and was scaled up from 17 to 37 facilities of various levels throughout the country. In the long run, Tunisia is expected to have a comprehensive (200+ facilities) hospital performance monitoring system in place, coordinated by the Department of Public Health Services (DGSSP) to make informed health policy decisions at the national level. At the facility level, hospital directors are provided with a robust framework which enables them to measure the performance of their facilities. In addition, the development of quality collaboratives (groups through which facilities executives and staff reflect on key issues affecting their performance) has led to significant, concrete changes in both the working environment of staff and conditions for patients. In sum, hospital management will be empowered to take organizational decisions through the launch of hospital dashboards, with a positive effect on quality of care, based on evidence and in an autonomous way.

In **South Africa**, the Cabinet approved the white paper of the National Health Insurance (NHI) in December 2015. The Department of Health and National Treasury also agreed on six work streams to support the implementation of the NHI, to which WHO has provided technical input (activities under ER 1, 3, 4, 5). The work streams are defined as follows: (1) prepare for the establishment of the NHI fund, (2) NHI benefit package and health technology assessment, (3) prepare for the purchaser provider split and accreditation of providers, (4) engage medical schemes in preparation for NHI, (5) complete NHI policy papers for release for public

comment and continue further analysis, and (6) strengthen district health system. The overall aim of the health financing reform is to improve access to quality services for all South African citizens.

In **Vietnam**, the national health care financing strategy 2017-2025 was completed (activity under ER4). The process consisted of several rounds of stakeholder consultation, ensuring an inclusive and participatory process. Mutual understanding between national and international partners on key bottlenecks and pitfalls has been enhanced. The financing strategy serves as an important guiding policy document for all partners working in health sector development, and also to better align health financing to service delivery efforts so as to ensure appropriate incentives with better access and improved quality of care across all levels of service provision as outcomes.

Realist research: Five years of program implementation have given the UHC-P reason to conduct realist research work, with the aim of better understanding the role of the partnership on the ground and how it has contributed to some of the small and large results that have been documented in countries and outlined in the following result chains. WHO has partnered with the University of Montreal and McGill University to conduct studies in six countries, namely Burkina Faso, Niger, Togo, DRC, Cabo Verde, and Liberia. A pilot study of the methodology specifically for studying policy dialogue processes was undertaken in Togo in early 2016, and allowed fine-tuning of the research protocol. National researchers will conduct interviews with key stakeholders involved in the policy dialogue process, to collect information which will then be disseminated and assessed by researchers in 2017.



LAO PDR

Result Chain



WHO-LED UHC PARTNERSHIP ACTIVITY

Revision of the Health Personnel Development Strategy (HPDS) and development of a 5 year Action Plan 2016-2020 conducted with broad stakeholder participation (ER1)

Alignment of the HPDS and 5 Year Action Plan with Health Sector Reform Framework (HSRF) ensured

Action Plan with key outputs and indicators guided technical discussions at HRH technical working group meetings

Stakeholder alignment around the priority of the HSRF / NHPSP ensured (ER 6)

Improved planning, development and management of HRH at provincial and district level

UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME

More coherent and aligned plan of action for implementation of Health Sector Reforms and achievement of Health Sector Development Plan targets

SIERRA LEONE

Result Chain



WHO-LED UHC PARTNERSHIP ACTIVITY

Human resources for health management (ER1)

WHO co-convened the Human Resource for Health Summit in June 2016

Inclusive and participatory policy dialogue to exchange on HRH strategies

Development of an updated, evidence-based HRH profile (ER2)

Improved awareness of key stakeholders around distribution and skill mix of health workforce, as well as bottlenecks and challenges linked to HRH

UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME

Well-informed and evidenced HRH policy development process and plan with broad stakeholder support

TUNISIA

Result Chain



WHO-LED UHC PARTNERSHIP ACTIVITY

Development of hospital performance dashboards to strengthen evidence-based decision making at national, regional and facility level (ER2).

National level: performance dashboards scaled up from 17 to 37 hospitals between phase I and II (2016)



The Department of Public Health Services (DGSSP) has an up-to-date, comprehensive vision of the performance of enrolled facilities, so does each facility director



At national level: comprehensive hospital performance monitoring system (in the long run, in 200+ facilities, with a yearly update)



At facilities level: working environment and its consequences on quality of care identified as a major challenge



Continuation and strengthening of quality collaboratives to discuss working environment and its consequences on service delivery



Implementation of measures to improve health services (patients pathways, improved public and staff information, etc.)



Visible organizational improvements observed at facility level, with a tangible positive impact on quality of care

UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME

At national level: up-to-date comprehensive monitoring information to take informed health policy decisions and document the accreditation process based on accurate, updated and comprehensive data

At facilities level: empowerment of hospital management to take organizational decisions in an autonomous way, with positive effect on quality of care

SOUTH AFRICA

Result Chain



WHO-LED UHC PARTNERSHIP ACTIVITY

Organize and facilitate policy dialogue between National Department of Health and National Treasury (ER 1, 3, 4, 5)



Inclusive policy dialogue between National Department of Health, National Treasury and other stakeholders



Technical assistance to National Health Insurance (NHI) work streams through the UHC-P



Elaboration of policy options informed by best practices and international evidence



Update national health financing strategy towards UHC (NHI White Paper)



UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME

Health financing reform which aims to improve access to quality services to all South Africans irrespective of their socio-economic status

VIETNAM

Result Chain



WHO-LED UHC PARTNERSHIP ACTIVITY

Development of Vietnam Health Care Financing (HCF) Strategy for 2017 - 2025 (ER 4)

MOH and WHO convened a kick-off consultation to identify key financing issues and establish the process for strategy development



Formation of technical teams, guided by the Vice Minister of Health (in charge of health financing), to work on relevant background studies



Participatory stakeholder consultation rounds to draft health financing strategy to ensure broad consensus



National Health Financing Strategy was completed and serves as an important policy guiding document for both national and international partners working in health sector development

UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME

Increased mutual understanding among national and international partners on the issues and challenges around health financing, and better programmatic alignment of donor support to the government to achieve UHC goals

LESSONS LEARNED

Some overarching lessons

learned from the UHC Partnership's 28 countries can be found below. 13 key findings are illustrated by some (non-exhaustive) country examples following 5 years of programme implementation.

1 In fragile and crisis-driven countries, the UHC Partnership is an enabling factor to convene dialogue between long-term development concerns and immediate humanitarian aid.

Many countries of the UHC Partnership are experiencing an emergency or crisis situation or are in a protracted conflict state. In many countries, a tension arises between more urgent, short-term humanitarian needs and longer-term development concerns. Through the UHC Partnership, WHO continues to advocate for an inclusive policy dialogue that convenes both humanitarian-focused and development-focused stakeholders to relieve potential tension between them and agree on short, medium, and long-term objectives. The UHC Partnership also helps governments to improve their emergency preparedness strategies. In addition, the MOH in conflict or post-conflict countries are usually overwhelmed with their workload, given already low capacity and lack of stewardship. However, governmental leadership to coordinate and share information on initiatives is instrumental in these periods; otherwise, initiatives easily proliferate without coherent control, and there is a risk of health sector fragmentation. The UHC Partnership supports the MOH to demonstrate credible leadership, such as in **Yemen**. In **South Sudan**, the situation became especially challenging at the peak of the conflict in mid-July 2016, leading to evacuations of international development partners. WHO staff returned to the office in October 2016, but a lot of other development

partner representatives have not yet taken up their work again. Still, it was possible to further finalize the National Health Policy in 2016, even though the health summit during which the National Health Policy was to be launched and adopted was suspended. In **Sudan**, intensive policy dialogue in recent years has continued to show positive results in health-policy making in the light of "health in all policies and health policies for all". The flexibility of the UHC Partnership to adapt activities to the prevailing circumstances in a country is highly appreciated, especially in post-conflict settings.

2 Improved coordination and alignment between plans at national, regional and district level is instrumental to promoting district health systems.

In many African countries, such as **Chad, Cabo Verde, DRC, Guinea, Liberia, Mali, Niger** and **Sierra Leone**, decentralization has become a key priority in recent years, considering the need to strengthen health districts to improve health outcomes at the local level. Feedback from local experiences is usually considered when elaborating local health operational plans. However, if these are not aligned with regional and national-level planning and vice versa, overarching planning processes end up not leveraging the added value in linking up health issues across regions and beyond.

In the above mentioned countries where operationalizing a decentralized health system has been a MOH preoccupation, the UHC Partnership has provided technical support to improved alignment between national, regional and district-level planning.

3 Central-level MOH capacity building was one of the principal entry points for UHC Partnership technical support in the first few years of the programme. However, increasingly, a complementary need for sub-national level capacity building is being addressed as the UHC Partnership flexibly adapts to country demands.

Capacity building to improve leadership and stewardship of the MOH at the central level is a core priority in many countries. In addition, some countries recognised the need to build leadership capacity at the provincial and/or district level as well. For example, in **Vietnam**, two studies have been conducted with regards to 1) sustainable financing for priority public health programmes and 2) hospital autonomy and governance. The results of these studies were the subject of a policy dialogue not only at the highest levels of government, but also with central and provincial health managers. The latter were specifically targeted in order to strengthen their capacity to manage health systems in an environment where most external funding will diminish greatly over the next few years, and local and domestic sources of financing will be more relevant. In **DRC**, support has been targeted to the Provincial Health Divisions (DPS) operating at the intermediary level - a level of vital importance given the large size of the country. This year, in 12 out of 26 Provincial Health Divisions, professional staff received training in provincial health systems management. Health system strengthening efforts in each DPS have been documented, and are currently being cross-analysed. Likewise, in **Senegal**, UHC Partnership efforts have been stepped up to strengthen capacity for local health actors across governance, leadership, the implications of decentralization, universal health coverage, as well as community health development.

4 Countries have recognised the crucial role of adequate and adapted legal frameworks to better steer towards UHC, also recognising the increased importance of private sector regulation.

Through the support of the UHC Partnership, WHO has revitalized its technical support in leveraging legal frameworks to better steer a country towards UHC. This work is of vital importance given the fact that health-related legislation is a crucial aspect of UHC reform which has too often been overlooked and insufficiently addressed. A new WHO health law webpage, <http://www.who.int/health-laws/en/>, was launched in late 2016 to give member states a platform to access general information about law, regulation and legal systems, as well as country-specific experiences in this matter.

At country level, the UHC Partnership is working concretely on health law and regulations in an increasing number of countries. Specifically in the past year, **Moldova** received WHO technical assistance to harmonize national legislation with the EU *Acquis Communautaire* in the pharmaceutical sector.² The UHC Partnership supported the MOH in **Timor-Leste** to establish a drug regulatory authority. WHO staff also provided support to **South Africa** to develop the necessary law to implement national core standards for health establishments, with the goal of increasing quality of care; similarly, **Lao PDR** is currently developing legal and regulatory frameworks for a licensing and registration system for health care professionals with UHC Partnership support. Lastly, **Cabo Verde** leveraged UHC Partnership support by examining the country's health regulatory system as to how to effectively partner with the private sector to steer jointly towards UHC.

² The EU *Acquis Communautaire* is the body of common rights and obligations that is binding on all the EU member states. More information on: https://ec.europa.eu/neighbourhood-enlargement/policy/glossary/terms/acquis_en

5 While the UHC Partnership has heavily supported engagement mechanisms with the population, communities, and civil society, more needs to be done to ensure meaningful participation and anchor participation mechanisms into the policy-making space.

Civil society and community engagement was widely overlooked in the past, but achievements have led to overall participation in the health policy dialogue process these days. Nonetheless, in many countries the implication of having this group sit at the table has not been widely appreciated, and more advocacy is needed to foster the importance of their involvement. This is one key lesson learned from **Cabo Verde**, a country that has made significant efforts towards district health strengthening. The weight that civil society organizations hold in forums for policy dialogue needs to be enhanced, and also recognized by the government and development partners. In **South Sudan**, the Boma Health Initiative (BHI) serves as a good example of strengthening community engagement. BHI is a community health extension worker strategy to strengthen community systems.

6 M&E is pivotal for providing evidence and thus improving the quality of health policy dialogue. The UHC Partnership should continue to emphasize M&E in country road maps.

Monitoring and Evaluation (M&E) is the foundational layer to building and maintaining robust policies, strategies, and plans. It is essential for monitoring and evaluating the implementation of health sector activities, and thus closing the feedback loop to modify those activities as the situation evolves and as lessons are learned in real time. In **Burkina Faso**, in 2016, with support from the UHC Partnership, the country conducted a mid-term evaluation of the PNDS 2011-2020. The results of the evaluation

revealed significant disparities in the allocation and in the provision of health services between regions. In addition, a joint assessment of national strategies was conducted by using the Joint Assessment of National Health Strategies (JANS) tool.³ Findings from both evaluations have formed the basis of the new 2016-2020 PNDS, with the vision of improving equity in health service provision in the country.

“ UHC does not only mean financial protection but equitable access to comprehensive essential quality health services in Lao PDR. The achievement and sustainability of UHC depends more on the committed spirit of the health workers, the ownership by the people, and good governance systems.

Dr. Juliet Fleisch, WHO Representative, Lao PDR

7 Health Financing and Equity: Improved benefit package design will be instrumental to UHC, in the SDG spirit of leaving no one behind.

The principal aim of the UHC Partnership is to facilitate policy dialogue on health sector issues, helping countries to progress towards UHC. This often centres on the financing of health services, but equally critical is the dialogue on which health services are to be financed and on how to incentivize the population to use them. Thus, essential health service package design is a core priority for several countries, and receives technical support from the Partnership. In **Lao PDR**, the national workshop on Health Sector Reform in October 2016 was a follow-up to the International Symposium on Universal Health Coverage held earlier in the year to raise awareness on UHC. This workshop resulted in discussions on the service delivery package and on how this will align with the development of human

resources for health to enhance delivery of identified services, as well as which services the benefit package should include, and how much it will cost to cover it under national health insurance schemes. **Cabo Verde, Kyrgyzstan, Ukraine, Tajikistan, and Vietnam** are currently in the process of elaborating and updating their benefit package design with technical support from the Partnership, with the goal of improving access to essential, quality care to all people without the risk of financial hardship.

8 **Creating an enabling environment in which health purchasers have the mandate and the capacity to act as a strategic purchaser will be key to steering the health sector towards UHC. Recognizing this, the UHC Partnership has worked strongly with partner countries to strengthen the governance and stewardship function of health purchasers.**

The UHC Partnership has greatly contributed to improving institutional capacity for governing mandatory health insurance funds. **Ukraine** elaborated a document on governance arrangements of a National Health Purchasing Agency (NHPA), with plans to establish a separate purchasing agency in 2017. Further investment in policy dialogue will therefore be a focus of the partnership's support in 2017. Likewise, in **South Africa**, the purchaser-provider split is one of six identified work streams for the implementation of the National Health Insurance. **Morocco** is also committed to developing various paths towards more strategic purchasing in 2017. In addition, new insights from the current global work on strategic purchasing, as mentioned previously, will also allow lessons to be drawn on what works well and less well with respect to governance for strategic purchasing. The issue paper summarizes key challenges countries are currently facing as well as potential avenues to pursue, and will be useful to all Partnership countries struggling with this matter. Furthermore, the methodological frameworks currently in development by WHO headquarters

shall guide countries in their aspiration to strengthen governance for strategic purchasing, i.e. by putting in place an environment in which purchasers have the mandate and the capacity to act as strategic purchasers, and in which mixed provider payment systems can be aligned across purchasers.

9 **One of the major strengths of the UHC Partnership is the ability to cross-fertilize knowledge between countries, regions, and the global level. Evidence generated at country level is shared across the region through the UHC Partnership network. In addition, it is taken up quickly at the global level to feed into guidance documents.**

The UHC Partnership supported the generation of new evidence in the field of health policy and planning, as well as health financing in 2016. For health policy and planning, WHO Africa Regional Office published a series of 12 articles as a supplement in the BMC Health Service Research journal entitled "Health policy dialogue: lessons from Africa".⁴ These articles analysed and synthesized the mechanisms of health policy dialogue in UHC Partnership countries and examined their processes, results, and utility value for the health sector. For health financing, various studies were coordinated from WHO headquarters, with regional and sub-regional offices helping to pull together relevant lessons learned for each region. These lessons were vital in countries' health financing policy reflection processes through policy dialogue. For example, in **Cabo Verde, Mali, Mozambique, Tunisia** and **Timor-Leste**, National Health Accounts were updated or are in the process of being updated for a better understanding of expenditure flows. In **Liberia**, a resource mapping activity for effective resource allocation revealed the challenge of off-budgeting; with 50% of funds coming from external aid, these funds generally tend to undermine effective planning and allocation in the country. Also in **Liberia**, a fiscal space analysis was conducted to elaborate innovative financing options for the National Health Equity Fund.

⁴ More information can be found under: <https://bmchealthservres.biomedcentral.com/articles/supplements/volume-16-supplement-4>

10 UHC Partnership seed funding has attracted core substantial funding for important health sector activities in many countries.

The UHC Partnership has been able to attract other donors to co-support countries in key domain areas to move towards UHC. This has been made possible by WHO's strong convening and brokering role for policy dialogue. In addition, the evidence-based arguments for UHC in general, and the UHC Partnership roadmap activities in particular, were crucial to convincing other stakeholders to concretely collaborate towards the joint goal of UHC. For example, in **Togo** and **Chad**, the Partnership funds are used in complement to Muskoka funds. In **Moldova**, UHC Partnership funding and activities are complementing bilateral EU Delegation funding to the health sector. Concretely, this has meant that WHO provided technical support to work around the EU *Acquis Communautaire* in the pharmaceutical sector. The Code of Health was supported by the UHC Partnership during one year and then handed over to the EU Delegation for continued support.

11 Global commitments to effective development cooperation (EDC) are only relevant when translations of these commitments are fully implemented at country level; the UHC Partnership, by focusing on country-level EDC work, can thus be seen as one of the operational arms of IHP for UHC2030.

The UHC Partnership has supported the practical implementation of IHP for UHC2030 commitments in several countries. In **Guinea** and **Chad** for example, regular stakeholder dialogue during health sector coordination committee meetings has improved alignment and harmonization of health aid to national health plans. Likewise, **Zambia** is currently developing a national compact

that will guide health sector stakeholders in the implementation of the national health strategic plan 2017-2021. Similarly, **Cabo Verde** is in the process of evaluating and ultimately updating its national compact. Furthermore, the **Ukraine** case serves as an inspiring example where good practices in aid effectiveness pay off and development partners have stood together to speak with one voice; 7 development agencies jointly drafted a statement on health system reform and reorganization and presented it to the Ukraine government as their official stand on the issue.

“ *We speak with one voice united by the desire to improve the health of the Ukrainian people.*
Joint statement on behalf of Development Partners Strategic Health Forum, Ukraine, November 17, 2016 ”

12 Flexible funds are at the core of the UHC Partnership's success.

The UHC Partnership is widely appreciated for its flexible funding structure according to country needs and MOH priorities. Thanks to flexible funds, activities can be added or modified according to MOH demand. In **Moldova**, for example, the MOH has shifted priorities and human resources towards the fulfilment of specific obligations arising from the EU Association Agreement, and more specifically towards harmonizing national pharmaceutical legislation with EU Directives. In **Burkina Faso** and **Cabo Verde**, activities which were added due to growing need include a situation analysis related to key public hospitals challenges (Burkina Faso) and a scoping study on private sector regulation (Cabo Verde).

13

The absolute importance of full-time Health Policy Advisors on the ground to follow-up on policy dialogue is pivotal, especially when it comes to moving beyond policy formulation and shifting to implementation.

Policy dialogue is complex, demands time and requires strong leadership. A strong evidence base is crucial to developing robust policies, strategies and plans. In many countries good technical work has been conducted; these achievements not only need to be recognised but should lead to actual decision-making, and ultimately, to implementation. A key message from **Moldova** is that policy dialogue must be maintained while simultaneously providing technical assistance to implement recommended actions to achieve small changes, which would in turn build more confidence and trigger larger reforms. Likewise, in

Kyrgyzstan a positive environment exists for policy dialogue with high capacity to analyse problems and identify a way forward; however, the system lacks capacity to implement. Moreover, in **DRC** a timely and fair response to the MOH's demands was possible because of the presence of the Health Policy Advisor; this has helped immensely to improve the credibility of the UHC Partnership amongst health stakeholders. The presence of a resident WHO health policy advisor in **Tunisia** has been recognized as a crucial asset during times of government change. The advisor's tasks are (among others) to coach the new ministerial team, make them aware of previous policy options as well as to previous commitments on how to fulfil UHC and SDG goals. This role of a Health Policy Advisor, however, is difficult to quantify and is often not adequately addressed in monitoring frameworks or project management tools.



MAJOR CHALLENGES AND SOLUTIONS

1 The changing role of Ministries of Health in the 21st century

The SDGs take a holistic, multisectoral approach to development. Reaching the SDG targets will require a commitment to them at country level, and more specifically for MOHs to respond to the health-specific goal of UHC, which is the overarching direction towards which any health sector should steer. Hence, MOHs need to shift direction from previous decades, wherein their role centred on curative health care and saving lives, to one where health is viewed more broadly by the population and where they have a say in the policy making process. Moreover, social determinants of health must be better considered and addressed, for example in terms of preventive and mental health. This all implies new roles, energies and forms of connection for MOHs, and may lead to the following challenges:

- (1) How can the private sector be engaged and regulated?
- (2) What are the essential functions a MOH must perform in situations of conflict and/or state fragility, and what capacities and institutions are required to perform these?
- (3) What governance functions should a MOH perform in a decentralized context, and what capacities and institutions are required to perform these?
- (4) How can the population's voice and civil society be included in health policy and planning?
- (5) How can the MOH more effectively reach out to other sectors and foster long-term collaboration?

The UHC Partnership strengthens capacity building of MOHs to respond to these challenges by providing technical expertise in these fields.

2 WHO Fit for Purpose and Fit for Context

Policy dialogue, national health planning, and universal health coverage are cross-cutting and overarching issues, affecting different areas of the health systems in different ways. However, neither WHO nor most MOHs are set up horizontally yet, which would enable them to function in the most optimal way for SDG implementation. For example, health systems strengthening is still a vertical cluster at WHO institutions across different levels. The Department of Planning is usually a vertical department within Ministries, alongside disease-specific and life-course-related programmes. Recent reform efforts at WHO aim to make it more fit for purpose and fit for context.

3 Linking UHC Partnership-led activities to overall results and health outcomes

Though UHC Partnership achievements can be measured through strategies developed, policies approved, and capacity building being performed, these results do not necessarily correlate with health outcomes in the short term. Hence, demonstrating results and impact which can be traced back to UHC Partnership activities remains a challenge of this work, and can only be overcome through defining and then monitoring realistic milestones and benchmarks. To achieve this goal, WHO has invested more heavily in providing straightforward insight into the chain of events and reactions that result from programme activity implementation (see Results section). More meaningful insights will also be expected from the forthcoming results of the realist research work, which will certainly help to better comprehend the role of the UHC Partnership in health systems strengthening.

CONCLUSION AND WAY FORWARD

The 5th year of the UHC Partnership has brought solid, sustained achievements on national health policies, strategies and plans, health financing reforms, and aid effectiveness towards the aspiration of UHC. The UHC Partnership directly enables WHO to take a leading role in convening, brokering, and fostering policy dialogue among different stakeholders on the ground, with a reach that extends from civil society, through district and regional authorities, to national representatives and international development partners. WHO further provides technical input and guidance to the policy decision-making process, taking specific country context into account by tailoring health system strengthening strategies into the FIT approach: to be fit for purpose and fit for context. Consequently, trust has been built among national and international stakeholders, a mutual understanding of the UHC concept enhanced, and a genuine interest created to strive for UHC at the pace of each target countries.

Surely, policy dialogue is complex, demands time, and requires strong leadership from the MOH to coordinate the policy decision-making process. Achievements towards UHC may happen slowly but on a regularly basis. With the shift from MDGs to the more holistic and ambitious SDGs, the MOH faces new roles, requires new energies and forms of connection with whom to partner in order to steer the health sector towards UHC achievements. The UHC Partnership supports capacity building of the MOHs to respond to these challenges by providing technical expertise. In particular, the UHC Partnership is committed to support the MOHs in:

- **effectively engaging with the private sector** while triggering their role towards UHC, serving all people in a country independently of socioeconomic status.
 - **clearly identifying which capacities and institutional arrangements are required in a decentralized context** by fostering consensus on central versus local / decentralized functions.
 - **finding the balance for citizen consultation and participation in the decision making process** to increase legitimacy and credibility on the one hand while ensuring timely decisions to move forward with implementation on the other hand.
 - **establishing a dedicated team to coordinate issues around intersectoral work** with the responsibility specifically to engage other ministries, such as the Ministry of Finance, and other sectors to achieve SDGs goals.
 - **gathering evidence to better inform the policy decision-making process** by enhancing monitoring and evaluation capacities and ultimately accountability.
 - **elaborating health financing strategies**, with the greatest possible pooling to enhance redistribution and equity in entitlements, and a strong focus on domestic revenue raising while also scaling up the purchasing function to strive for efficiency in the health system.
 - **further engaging with development partners** to harmonize and align activities to national health policy plans while unifying coordination mechanisms
- To do this, the UHC Partnership is unique in its flexibility to provide both financial support and technical expertise according to a change in

countries' situations and/or MOH requests on key identified priority areas. Thanks to a timely and fair response to MOH requests, the partnership's credibility has been enhanced. Resource capacities on the ground are hence pivotal to ensure that countries go beyond situation analysis and setting the way forward, and actually implement the policies, strategies and plans elaborated. By sharing these experiences of what works well and what works less well, the Partnership will also help countries to learn from each other.

The realist research work being conducted in 2017 will also bring up new insights to understand WHO's role and in particular to comprehend the role of the UHC Partnership and its contribution to overall achievements in health outcomes. These new findings will enhance the visibility of the UHC

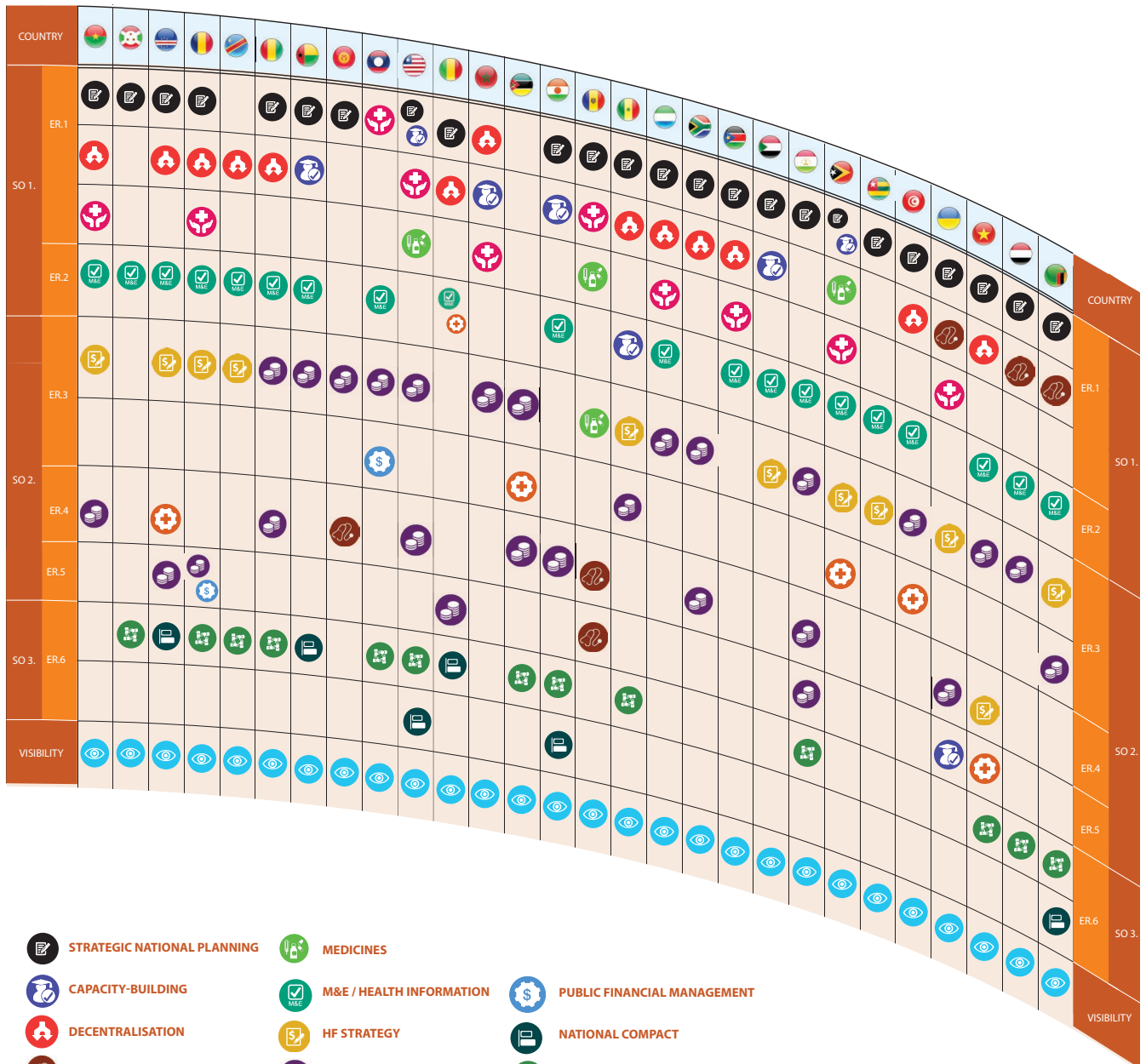
Partnership by communicating achieved results to strive for UHC. The visibility of the UHC Partnership with its partners the European Union and Luxembourg is constantly growing in the field, but also on a global level through the UHC Partnership website. Equally important is the presence of local media to spread the word to the population and inform them about recent achievements towards improving access to good, quality health care without the risk of financial hardship.

WHO remains committed to providing support to countries' specific needs in order to accelerate progress towards UHC and health-related SDGs, with the UHC Partnership serving as a practical arm to strengthen health systems on the ground in the spirit of the principles of the Paris Declaration.







More information on the UHC Partnership work as well as country-specific documents can be found at www.uhcpartnership.net.





ANNEX A : OVERVIEW OF 28 ROADMAPS' KEY AREAS OF WORK







- BURKINA FASO
- BURUNDI
- CABO VERDE
- CHAD
- DR CONGO
- GUINEA
- GUINEA BISSAU
- KYRGYZ REPUBLIC
- LAO PDR
- LIBERIA
- MALI
- MOROCCO
- MOZAMBIQUE
- NIGER
- MOLDOVA
- SENEGAL
- SIERRA LEONE
- SOUTH AFRICA
- SOUTH SUDAN
- SUDAN
- TAJIKISTAN
- TIMOR LESTE
- TOGO
- TUNISIA
- UKRAINE
- VIETNAM
- YEMEN
- ZAMBIA





ANNEX B : ROADMAP ACTIVITIES IN 28 TARGET COUNTRIES





		 BURKINA FASO	 BURUNDI	 CABO VERDE	 CHAD
SPECIFIC OBJECTIVES	EXPECTED RESULTS	ACTIVITIES			
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	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	Update PNDS PNDS mid-term review and update 2016-2020 MoH 'carte sanitaire' 5-year plans integrating results-based planning Decentralisation Address decentralisation challenges in health districts Human Resources for Health Update Human Resources Development Plan 2016-2020	Support PNDSII Extension Support extension of PNDSII to 2018 and national operational planning process for 2017 and 2018 with involvement of international partners Extend WHO country cooperation strategy to 2018	Update PNDS National and local workshops on PNDS for UHC Develop PNDS and operational plans for UHC Strong local health systems Strengthen capacity: Implementation and monitoring of essential health services packages at district health level Community participation in development of local health systems	Develop PRDS and PNDS 3 (2017-2020) as well as Compact Strengthen MOH strategic management, PNDS monitoring mechanisms Develop PRDS and PNDS 3 (2017-2020) incl. missions to 3 regions and national workshop for adoption of PNDS3 Coordination meetings of EDPs, technical partners, and MOH Joint monitoring missions of PNDS and PRDS M&E of health PACTE Strengthen Community Health Strategic Plan Patient centred care Strengthen HWF (update HWF policy, career plan, HWF observatory) Develop trainings in Pediatrics
	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	M&E Mid-term evaluation PNDS 2011-2020 Annual health sector review	M&E Provide technical support to SARA survey to fill critical gaps in knowledge about quality of health services	M&E Evaluation PNDS 2012-2016 Joint Annual Health Sector Review	M&E Strengthen human resources for M&E of PNDS, and GHIs Annual Health Sector Review, final evaluation of PNDS2 Improve MOH website: better communication of
SO 2. 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	Develop health financing strategy for UHC		National health financing strategy for UHC	UHC Strategic Plan Operational plan Advocacy tools for UHC : media, employers, health professionals UHC advocacy with ministries, parliament, decision makers, NGOs, int'l partners
	ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC	Develop UHC baselines		National Health Accounts	
	ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries			Monitoring mechanism for national health financing strategy	HF System Support Publish survey results (SARA, EDS-MICS) Studies on health financing Document best practices in health policy dialogue Public Financial Management Improve public financial management processes
SO 3. 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		Effective Development Cooperation Foster dialogue between MOH and international partners on strategic and operational planning for 2017-2018 in a difficult context Start systematic analysis of key harmonization issues to improve international cooperation delivery	Evaluate and update National Compact	Accountability and Alignment: Regular stakeholder dialogue to develop PNDS, new health strategies, GHI funding proposals for strengthened health systems and impact - IHP+ dialogue between partners.
Visibility of the UHC Partnership in Countries		Advocacy Booklet: L'engagement du Grand-Duché de Luxembourg pour la CSU à travers un Partenariat avec l'UE et l'OMS Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: L'engagement du Grand-Duché de Luxembourg pour la CSU à travers un Partenariat avec l'UE et l'OMS Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials





 DR CONGO	 GUINEA	 GUINEA BISSAU	 KYRGYZ REPUBLIC		
ACTIVITIES				EXPECTED RESULTS	SPECIFIC OBJECTIVES
Support setting up of Provincial Health Divisions (DPS) Mapping of stakeholders and interventions in 12 DPS Boost/establish Steering Committee (CPP) working groups Support health sector reviews in 3 DPS Support steering committee meetings at provincial level, including recruitment of 2 staff for CPP secretariat	Leadership & Governance Update national guidelines for annual operational plans, incl. SDGs and IHR Finalize national social protection policy Develop Country Cooperation Strategy (SCP3) Decentralisation 38 district operational plans (PAO 2017) and 8 plans for health regions.	Finalization of the national health planning Capacity building of the Ministry of Health around universal health coverage and FIT activities.	Fourth generation health sector strategy drafting under consultation Process to start in late 2016 to be finalized during 2017 after the evaluation in 2016 and need to accelerate the reforms to address new challenges as NCDs as well continues move towards UHC	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	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
Development, Implementation and M&E for PNDS 2016-2020 M&E framework for PNDS 2016-2020 National health sector review Resource mobilization round table for PNDS 2016-2020	M&E Sitrep on accountability for implementation of PRRSS 2015-17, with focus on IHR, PCI, health SDGs Joint Annual Health Sector Review Finalize SARA in framework 'action research on improvement of district health system performance' UHC baseline data survey	M&E Joint annual review of the health sector		ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	
Health Financing for UHC Health financing strategy UHC situation analysis Stakeholder consultation on social protection policy for UHC	Policy dialogue on HF Country Learning Programme workshop for managers at central, regional and district levels	Health Financing Support Gap analysis	Governance of Mandatory Health Insurance Fund Improvement of the governance of Mandatory Health Insurance Fund (including development of first institutional strategy, improvement of governance competencies and engagement of stakeholders to the consultative process) to	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	SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue
	Pooling Support the plaidoyer to establish a pool fund in a target health district			ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC	
			Evaluation of hospital safety in the South (2016) and North (2017) to strengthen overall preparedness for health security "Pocket book of hospital care for children: 2nd Edition. Guidelines for the management of common childhood illnesses" Wide Distribution to health care workers	ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries	
PTF Coordination: Steering committee meetings at national level CNP commissions CNP secretariat International Health Regulations: Staff training in management of radio-nuclear and other emergencies and IHR measures Legal appointment of IHR focal points	Strengthen Partnership Health sector coordination committees (HSCC) at national, regional, district and community levels HSCC and policy dialogue meetings	Finalization of the National Compact		ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated	SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles
Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Visibility of the UHC Partnership in Countries	

		 LAO PDR	 LIBERIA	 MALI	 MOROCCO
SPECIFIC OBJECTIVES	EXPECTED RESULTS	ACTIVITIES			
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	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	Planning & Coordination Update Health Personnel Development Strategy 2010-2020, develop 5 year action plan 2016-2020	Develop annual operational plans in line with recovery and investment strategic plans MOH and counties develop bottom-up county and consolidated national annual plan Capacity Building Strengthen implementation capacity of central, county and health facility managers Human Resources for Health Develop pre-service curriculum for community health workers Medicine Harmonized plan for the national drug and supplies procurement, distribution and management systems	Operationalize PRODESS PRODESS annual operational plans in 7 regions	Political dialogue with stakeholders in different sectors to contribute to PNDS Engagement with the private sector Status quo analysis (regulation, corporation, contracting, financing, competition) Policy dialogue to establish national commission to coordinate public-private sector relationship Capacity Building: MOH Leadership Human Resource for Health Situation analysis Satisfaction of health providers Plan National Health Forum Develop strategic plan Develop HR monitoring system Capacity building for national teams to conduct surveys
	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	Health Information System for HRH Training in Health Personnel Management Information Systems (HPMIS) Legal and regulatory Framework for licensing and registration system for healthcare professionals. M&E Capacity building for M&E of NHPSP	Harmonized and integrated M&E and review of NHP Health facility assessment using SARA, quality of care guide, and data verification Standardize and harmonize M&E and review mechanisms. Dashboard for monitoring implementation of investment plan at national and subnational level	Strengthen M&E of PRODESS implementation National M&E plan of PDSS/PRODESS PRODESS Technical Committee meetings Publish annual reports of activities, statistics, articles etc National Health Accounts	
SO 2. 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	Health Care Financing Build capacity and develop health financing institutions at province and district level Revise SOPs for linking standards to payment of Health Equity Fund, community-based health insurance, and Free MCH initiative Public Financial Management Improve public financial management processes	Design and implement sustainable health care financing strategy Generate evidence to inform sustainable HFS for a resilient health system		Architecture of the Health Financing System Public financing and extending coverage for the informal sector Strategic Purchasing Status quo, atelier, working group discussions, development of an action plan
	ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC		Implement and monitor a phased sustainable health care financing strategic plan		
	ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries				Best Practices for UHC South-south exchanges on best practices for UHC Document Mali experience in health policy dialogue
SO 3. 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	Aid Effectiveness Build capacity on use of Guidelines on Enhancement of Aid Effectiveness by development partners	Health partner coordination in line with IHP+ and NHSSP 2015-2021 Strengthen partnership structures between MOH and DPs Joint financial assessment, Management arrangement Conduct JANS Develop compact around national and international initiatives (GFF, HSS for UHC, HDC)	Promotion of UHC-P at all levels Train management teams at district, regional and central level in health policy dialogue UHC-P monitoring missions to Senegal, and Cabo Verde Develop new national compact	
Visibility of the UHC Partnership in Countries		Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: L'engagement du Grand-Duché de Luxembourg pour la CSU à travers un Partenariat avec l'UE et l'OMS Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials

 MOZAMBIQUE	 NIGER	 MOLDOVA	 SENEGAL		
ACTIVITIES				EXPECTED RESULTS	SPECIFIC OBJECTIVES
	<p>Develop PDS PDS 2016-2020 Organize annual review 2016</p> <p>Capacity Building Build managers and stakeholder capacity in health policy dialogue through Country Learning Programme</p>	<p>Policy Dialogue around NHPSP Continuous dialogue with stakeholders from the parliament and political elite to gain their support of the health reforms, strategies and plans. Conducting multisectorial dialogue on various areas of the health system to support population's health improvement</p> <p>Code of Health Contribute to the development of the Code of health, as the key regulatory document governing the health care sector</p> <p>Legislation Technical assistance provided to harmonize the national legislation with the EU Acquis Communautaire in the pharmaceutical sector</p>	<p>Development of national plans Implementation, monitoring and evaluation of the national health development plan at all levels</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>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</p>
	<p>M&E Develop M&E guide for PDS 2016-2020, in line with JANS Establish National Health Observatory</p>		<p>Multisectorality Build capacity: local health governance, leadership, decentralisation, UHC, community health development. Operationalize multisectorality towards improved social determinants of health. Develop partnerships with private sector</p>	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	
<p>Strengthen HF towards UHC Consultations Co-chair HF WG Secretariat National Health Accounts 2014 Capacity building on MTEF Programme costing at decentralized level Review resource allocation criteria formula Interministerial Group work on health insurance</p>		<p>Access to Medicine Technical assistance in the area of medicines to increase access to medicines, rational use, and decrease OOP for medicines</p> <p>Hospital Reform Technical assistance and knowledge is provided to the decision makers to strengthen technical capacities in initiating the service delivery reform, with particular focus on hospitals</p>	<p>Health system strengthening: Roll-out of human resources development plan National Health Accounts National health financing strategy Establishment of referral system Research and documentation of best practices</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>SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>
<p>Improved HF knowledge Health financing e-discussion forum Capacity building for steering committee members Policy briefs development</p>	<p>Impact Study of free health care on health service delivery and access Roadmap/national strategic plan for UHC Study on private health sector costs National strategy for people centred care</p>			ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC	
		<p>Knowledge Exchange regarding Hospital Reforms Supporting the hospital reform through sharing international experience and positive results from good reforms conducted in other countries</p>		ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries	
<p>Strengthen partnerships for health development Strengthen coordination with health sector NGOs, update NGO database Planning Forum with key government sectors relevant to UHC</p>	<p>Partnership and Coordination Encourage civil society and private sector participation in PDS implementation Revise country Compact in collaboration with partners and civil society</p>		<p>Participate in IHP+ activities</p>	ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated	<p>SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</p>
<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: L'engagement du Grand-Duché de Luxembourg pour la CSU à travers un Partenariat avec l'UE et l'OMS</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: L'engagement du Grand-Duché de Luxembourg pour la CSU à travers un Partenariat avec l'UE et l'OMS</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Visibility of the UHC Partnership in Countries</p>	

		 SIERRA LEONE	 SOUTH AFRICA	 SOUTH SUDAN	 SUDAN
SPECIFIC OBJECTIVES	EXPECTED RESULTS	ACTIVITIES			
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	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>Develop and implement new national health sector strategic plan (NHSSP) Consultative meetings and workshops</p> <p>Annual district operational plans Planning workshops for standardized and harmonized district level annual operational plans for 13 districts</p> <p>District health strengthening Capacity building exercises; monitoring and review of DHMT capacities</p> <p>Update HRIS to develop HRH profile Review HRH national policy and strategy Develop and implement new policy and strategic plan</p>	<p>Contribution to the White Paper on the National Health Insurance Fund Prepare for the establishment of the NHI Fund Engage medical schemes in preparation of the NHI NHI Policy Papers Strengthen district health systems and governance</p>	<p>Finalize National Health Policy: high-level meeting to adopt and launch the NHP</p> <p>Develop Health Sector Strategic Plan: National level consultative dialogue with stakeholders Cost and finalize HSSP</p> <p>Boma Health Initiative (BHI) strategy: (community health extension worker strategy to strengthen community systems) Inter-ministerial consultation Develop implementation guidelines, service packages, training manuals High level meeting to launch BHI</p>	<p>Finalization of the national health policy planning</p> <p>Capacity building Capacity building at state level to implement the national health policy Capacity building of the Public Health Institute in terms of universal health coverage, policy and planning processes, monitoring and evaluation</p>
	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	<p>M&E Annual health sector review and report</p> <p>M&E of NHSSP and HMIS strategy MICS 6 Survey DHIS 2.0 development Mid year and annual M&E programme review meetings Review HMIS strategic plan Develop new strategic plan</p>	<p>HF related workstream support to NHI NHI benefits package and health technology assessment Purchaser - provider split and accreditation of providers</p>	<p>Modified Joint Annual Health Sector Review ToR, content, tools for the JAR Data collection, subnational pre-JAR visits National JAR dialogue Conduct SARA EPI/HMIS Data Quality Assessment</p>	<p>M&E Joint health sector annual review to be prepared in 2017 and organized in 2018</p>
SO 2. 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	<p>Health Financing Assessment of current health financing situation (OASIS approach) Develop and build consensus on health financing options Develop health financing policy</p>			<p>Launch of the universal health coverage strategy</p>
	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 UHC is available and shared across countries				
SO 3. 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				
Visibility of the UHC Partnership in Countries		<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>	<p>Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership</p> <p>Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials</p>

 TAJIKISTAN	 TIMOR LESTE	 TOGO	 TUNISIA		
ACTIVITIES				EXPECTED RESULTS	SPECIFIC OBJECTIVES
Policy Dialogue around UHC Channeling evidence to policy dialogue/annually at the Joint Annual Reviews Policy dialogue and consensus building and capacity building for UHC around key policy options	Planning & Coordination Consolidated Health Sector Annual Operational Planning, Costing and Budgeting Strengthen National Health Sector Coordination MoH Capacity For intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality & achievement of Health SDG PHC and Domiciliary Visit Program Medicine Reinforcing the Drug Regulatory Authority National Medicine Policy Pharmaceutical Sector Strategic Plan and Law Update HRH Plan	Evaluate PNDS 2012-2015 Workshop to finalize evaluation report Validation of report by technical committee and other stakeholders Develop post-2015 PNDS ToRs, roadmap, resource mobilization Workshop on operationalization of SDG3 National workshop to define strategic orientations for new PNDS Finalize new PNDS including MTEF	Societal Dialogue Launch Phase 2, development and validation of Roadmap by citizens' juries and Ministry of Health Thematic dialogues on roadmap priority areas Increase visibility of societal dialogue, including new stakeholders Facilitate alignment between White Book and Five Year Plan	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	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
UHC Monitoring Matrix Costed plan for an institutionalized approach to UHC monitoring 2016-2026 Develop an indicator matrix Implementation support of monitoring progress UHC including capacity building	Develop HMIS Strategic Plan 2016-2020. build capacity for data management and analysis, and to monitor SDG goals Joint Annual Health Sector Review	M&E Joint monitoring (MoH, WHO, EU) on Roadmap implementation Participate in external evaluations of UHC-P, and realist research	Improved Quality of Care through better governance: Improve and increase hospital performance monitoring frameworks Conduct "quality collaborative" workshops to improve common issues in hospital management, e.g. absenteeism	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	
Benefit Package Design Policy options for a more pro-poor benefit design and targeting aligned with other financing and service delivery strategies	Finalize Health Financing Strategy National Health Accounts Costing: various MOH Strategies and Action Plans	Social health protection and HF towards UHC Brief managers on developing new national HF strategy for UHC Framework for dialogue between sector ministries and institutions Dialogue on UHC progress during health sector coordination meetings National HF Strategy for UHC (SNFS-CSU) Draft Strategy, implementation plan, M&E framework Validate and launch Strategy	Health Financing Build MOH capacity in health financing through training Establish interministerial think-tank on financing reform Health Accounts Finalise NHA for 2014, use lessons learned to develop NHA 2015-16	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	SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue
UHC Training Training program on UHC at national and regional levels				ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC	
Health Financing related analytical work Analytical work on access to and use of health services Thematic Policy Notes				ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries	
NHPSP aligned with aid effectiveness principles Policy dialogue and consensus building and capacity building for UHC around key policy options				ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated	SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles
Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhpartnership.net Other materials	Visibility of the UHC Partnership in Countries	

		 UKRAINE	 VIETNAM	 YEMEN	 ZAMBIA
SPECIFIC OBJECTIVES	EXPECTED RESULTS	ACTIVITIES			
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	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	Organize delivery of essential public health services at national and subnational level, incorporating IHR implementation Review options for delivery and financing of public health services Review legislation and options for restructuring public health workforce	5-year Health Sector Plan 2016-2020 Operational and implementation plans, incl: annual milestones, targets, programmes and activities, SDGs. Strengthen local systems Develop and institutionalize mechanisms for equity-based policy development and planning at local level	National Early Recovery Policy & Plan National policy dialogue to develop Health Sector Early Recovery Framework Establish national health recovery team, build member capacity Update National Policy and Standards for Service Provision: Update Essential PHC Service Package, through workshops and trainings Health Services Provision Restoration Plan to expand coverage	NHSP Support the costing of the NHSP 2017-2021 Support the joint annual review of NHSP 2017-2021 Equity Support the development of a patient's rights charter Support the preparation of a private health sector development strategy Health Security Undertake mapping of technical assistance in the health sector at central and provincial level Meetings and working groups Conduct CP quarterly meetings to promote participation
	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews		Health Information / M&E Develop policies for placing and retaining qualified staff in hard-to-reach areas Align HR policies, strategies & plans with Vietnam health systems design framework Strengthen Joint Annual Health Review (JAHR) to monitor Y1 of new 5-year HSP (2016-2020) Develop the Health Systems in Transition for Vietnam	Monitoring System for Service Availability: Conduct HeRAMS related activities Develop Health Services Profile based on HeRAMS	
SO 2. 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	Health Financing Concept Finalise and seek government approval for HFC, outline reforms to move towards UHC with wide public consultation WHO-led international expertise to review HFC, and guide implementation Build capacity of health financing working group and key HF policy makers	Full Budget Subsidy Policy advocacy for full budget subsidy for near poor and vulnerable groups to enrol in health insurance	Build resilience of National Health System: Expand coverage of the national emergency system in governorates Build capacity on standards and SOPs for mass casualties	Financing: Learning & adapting from other country experiences on health sector financing options for UHC including SHI Finalise the draft benefit package for SHI Designing the premium payment mechanisms for SHI Assessing the capacities of health facilities to provide BP
	ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC	Set up National Health Purchasing Agency (NHPA) contracting providers for State Guaranteed Benefit Package Review NHPA governance options with key stakeholders HF working group to develop SGBF	HF Strategy Plan of Action in accordance with national HF strategy Finalise national HF strategy Rationalize benefits package and provider payment mechanism Workshop on mobilizing domestic resources for health, to support transition in public health priority areas supported by external funding		
	ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for UHC is available and shared across countries	Capacity Building Review and finalize Concept Paper outlining UHC reforms in order to start implementing	Evidence generation Track health financing and health insurance data, incl. for national health accounts. Monitor health financial protection and progress towards UHC		
SO 3. 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		Effective Development Cooperation Financing dialogue for new 5-year health sector plan. Assessment of health sector funding modalities HPG quarterly meetings; Technical Working Group meetings Map new opportunities in HDC (e.g. South-South, triangular) 2016 IHP+ monitoring exercise Maintain DP/INGO mapping database. INGO forum for coordination across health sector	National Recovery Policy and Plan Activate early recovery forum of stakeholders	Institutional arrangements Provide support for capacity building of staff in the Donor Coordinating Unit at MOH Engaging civil society/NGO in policy dialogue and activity implementation National Compact Support development of compact for NHSP 2017-2021
Visibility of the UHC Partnership in Countries		Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials	Advocacy Booklet: The EU-Luxembourg-WHO Universal Health Coverage Partnership Briefing Note - Policy dialogue: What it is and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net Other materials



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