



World Health Organization

Proposed Irish (Irish Aid)-WHO collaboration

Supporting policy dialogue on national health policies, strategies and plans in 3 countries within the framework of the Universal Health Coverage Partnership (2017-2020)

INTRODUCTION

Why Universal Health Coverage and health system strengthening?

Universal health coverage (UHC) means that all individuals and communities have access to quality services without financial hardship. Many countries fall short of UHC. We know that hundreds of millions of families do not have access to quality services or are propelled in financial hardship because of health care costs. Work towards UHC is central to reversing this situation and achieving better health and well-being for all people at all ages as emphasized in Sustainable Development Goal 3.1.

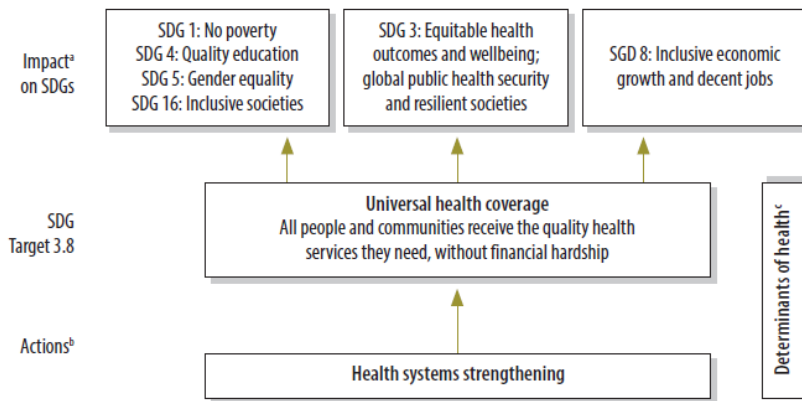
Set within the political and institutional framework of a country, a health system is the ensemble of all public and private organizations, institutions, and resources mandated to improve, maintain or restore health. Strengthening health systems for UHC involves a significant, purposeful effort to improve performance. This goes beyond merely investing in inputs; it means reforming how the health system actually operates and orientating it to the objectives of UHC: equity in service use, quality, and financial protection.

Health systems are also critical to prevent, detect and respond to health crises. The Ebola outbreak and other epidemics such as the recent Yellow Fever, Zika virus or the Middle-East Respiratory Syndrome coronavirus outbreaks have highlighted the deficiencies in the capacity of health systems to deliver public health at critical moments. Governments, experts and development agencies now strongly advocate for health systems to be prepared and competent to guarantee the health security of the population and resilience of societies, clearly linking health system strengthening and the national and global health security agendas

In order to allow the various global health actors to make the linkages between recent international commitments for development and health operations at country level, WHO have reemphasised the complementarity between health system strengthening (HSS), universal health coverage, SDGs and their potential impacts (see figure below from¹).

¹ Kieny et al (2017) Strengthening health systems for universal health coverage and sustainable development. Bull World Health Organ 2017;95:537–539 | doi: <http://dx.doi.org/10.2471/BLT.16.187476>

Fig. 1. **How health system strengthening contributes to sustainable development goals through universal health coverage**



SDG: sustainable development goal.

^a A health impact can be positive or negative. A positive impact is an effect which contributes to good health or improvement in health status. A negative impact causes or contributes to ill health.⁸

^b Action refers to interventions that aim at strengthening a health system. ^c Whether people are healthy or not, is determined by their circumstances and environment. The determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours.¹⁰

Figure 1 shows the logical process that underlines how HSS contributes to efforts towards UHC, and in turn, to overall development outcomes including poverty reduction, quality education, gender equality, as economic growth.

The global health community recognizes that strong resilient health systems are the key to adequately address health challenges in a comprehensive manner². In contrast, weak health systems facilitate a fragmented approach to policy formulation, planning and implementation, leading to duplication of services, parallel systems and waste of resources across programmes and ultimately poor health outcomes. Key weaknesses which characterise weak health system include: shortages and poor-distribution of skilled human resources, inadequate public funding, poor alignment of financial incentives with service delivery strategies, fragmented health financing systems, limited access to essential medicines, shortage of medical and diagnostic equipment, and poor health infrastructure. These health system weaknesses create significant barriers to efforts to achieve UHC.³

Investing in health systems strengthening for UHC pays sustainable development dividends

Investing in health systems strengthening for UHC has a direct impact on sustainable development. UHC can produce high development returns, particularly when targeting those

² Travis P et al (2004) Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2004; 364: 900–06.

³ World Health Organization (2008) Primary Health Care more than ever. *World Health Report 2008*. Geneva.

Kieny et al (2014) Health-system resilience: reflections on the Ebola crisis in western Africa. *Bull WHO* <http://dx.doi.org/10.2471/BLT.14.149278>

most often left behind - women, children, adolescents and older people in the poorest communities. Health has intrinsic value for individuals and their families, and also contributes significantly to social and economic development.

For example:

- The Lancet Commission on investing in Health suggests a return of about US\$ 10 for each dollar invested in health services across the life course.
- A comprehensive package of family planning, quality care in pregnancy and childcare, and preventing and managing childhood illness would yield US\$ 9 in economic and social benefits in low- and middle-income countries for every dollar spent.
- Adolescent health investments can yield more than US\$ 10 in health, social and economic benefits for every dollar spent. Integrated health investments in older age can reduce health care costs and burdens on caregivers – and promote independent functioning and social participation⁴.

Is UHC feasible for all countries?

UHC is technically possible. The evidence-based health interventions, the means to set priorities in various country contexts, and the policy and planning options all exist. Countries can learn and apply lessons to their situation to promote UHC.

It is also financially possible. The services to reach the health-related SDGs through UHC have been estimated to require an additional US\$ 370 billion a year⁵. The vast majority of low- and middle-income countries will through additional domestic health spending be able to provide most of the public finances to cover these needs.⁶

Many countries have seen their efforts to achieve UHC pay dividends. Turkey, Ethiopia (Health extension programme), and Ghana (National Health Insurance) have recently demonstrated that significant progress can be made to improve health status and reduce morbidity by extending health service coverage and benefits and by making efforts to improve financial risk protection.

Pathways to UHC

There are several ways to move towards UHC. Some countries prioritize reproductive, maternal and child health while others emphasize non-communicable diseases or mental health. In each country, UHC should reflect the health needs and aspirations of the whole population. UHC reforms must have people at its center, with participation and dialogue as underlying principles.

⁴ Quoted from: <http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1>

⁵ Stenberg K, Hanssen KO, Edejer TT, Bertram M, Meshreky A, Rosen JE, et al. (2017). Financing transformative health systems towards achievement of the health Sustainable Development Goals: A model for projected resource needs in 67 low-income and middle-income countries. *Lancet Global Health*. 5;9:e875–87.

⁶ World Health Organization (2010). *The World Health Report 2010. Health systems financing: the path to universal coverage*. Geneva.

Bringing in citizen input into the way a health system is shaped also ensures population ownership and buy-in to difficult reforms⁷.

THE UNIVERSAL HEALTH COVERAGE PARTNERSHIP (UHC-P)

What is the UHC-P and what has it achieved?

Since its launch in late 2011, the EU-Luxembourg-WHO Universal Health Coverage Partnership (the UHC-P or the Partnership) has been widely embraced as a key catalyst for the UHC policy dialogue process in countries supported by the partnership. This dialogue brings together both technical knowledge and population preferences to help guide health systems strengthening efforts for UHC.

The 2017 annual review of the UHC-P found that the UHC- P contributed to:

- Improved health planning processes;
- Efforts to strengthen the capacity of the health workforce and information systems;
- Improved donor coordination;
- Support to GHIs' HSS grant proposals;
- Work on country health accounts;
- Passing the laws required to enable UHC;
- Government efforts to engage the private sector for UHC; and
- Countries monitoring and evaluation efforts⁸.

At a country level, the UHC-P also fosters performance drivers (data-based planning, service packages, medicine pricing, provider payment, accountability, incentives, etc.) to ensure that the minimal health system foundations, stronger institutions and reforms are in place to support country efforts towards UHC⁹.

The UHC-P¹⁰ also functions as a country-level resource for UHC 2030¹¹ the multi-stakeholder platform which promotes collaborative work in countries on health systems strengthening for UHC. In this respect the UHC-P operates as operational arm of UHC2030, providing the practical means to coordinate and align efforts to strengthen health systems with government priorities

⁷ Rohrer K, Rajan D (2016). Population consultation on needs and expectations. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization.

⁸ See page 7 of EU/LUXEMBOURG-WHO UNIVERSAL HEALTH COVERAGE PARTNERSHIP (2017) 5th Annual Technical Meeting Report; Brussels, Belgium 21-23 March 2017. Geneva: World Health Organization. Accessible from www.uhcpartnership.net.

⁹ EU/LUXEMBOURG-WHO UNIVERSAL HEALTH COVERAGE PARTNERSHIP: Supporting policy dialogue on national health policies, strategies and plans and universal health coverage.(2017) Year 5 Report 2016. Geneva: World Health Organization. Accessible from www.uhcpartnership.net.

¹⁰ www.uhcpartnership.net

¹¹ www.uhc2030.org

and systems in accordance with the Paris Declaration on Aid Effectiveness and Busan Partnership for Effective Development Cooperation.

To date, the UHC-P has achieved much. Examples of its positive impact include the UHC-P's contributions to health system strengthening successes in Burkina Faso, Timor Leste, Togo, Guinea, Cabo Verde, Mozambique, Chad, Vietnam, and South Africa.

For example:

- In Guinea, the health planning process was reoriented following lessons learnt from the Ebola crisis. UHC-P support to the MoH in Guinea led to the preparation of transition plan for the health sector (2015-2017) designed to take into consideration new priorities linked to emergency preparedness and response. Thereafter, the UHC-P supported efforts to translate the transition plan into operational plans at district levels. Currently the UHC-P is supporting MoH efforts to mobilize resources to sustain efforts to strengthen health system at sub-national level. These efforts also directly support WHO's work as the lead agency for the coordination of international efforts to support the health sector in Guinea¹².
- In Cape Verde, The UHC-P supported the production of health accounts, contributing to the government deciding to increase the health budget by over 40% between 2010 and 2016¹³.
- In Tunisia the UHC-P conducted a population consultation exercise involving 4000 people, which was used to produce a « Livre Blanc ». The efforts of the UHC-P to produce the Livre Blanc, brought together the population and health professionals to help map out the health system reforms implemented by the newly elected government of Tunisia in the aftermath of the Tunisian Arab Spring.

How does the UHC- P work?

The UHC-P aims to support countries in building their capacities for the development, negotiation, implementation, monitoring and evaluation of robust and comprehensive National Health Policies Strategies and Plans (NHPSP). In practice the UHC-P:

- Works to put into practice IHP+ principles and to strengthen health systems to speed up efforts towards universal health coverage.
- Places a strong emphasis on inclusion of all health system stakeholders in NHPSP processes, including citizens.
- Specifically supports the participation of women in the participatory processes supported through the partnership. For example, the UHC-P's work to encourage the participation of women has been acknowledged as a critical aspect of the efforts to produce the Livre Blanc for the health sector reform in Tunisia, the elaboration of the

¹² KIT Amsterdam (2017) Formative Evaluation of the EU-Luxembourg-WHO Universal Health Coverage Partnership (UHC-P) 2011 – 2016, page 21 and 24. Accessible on www.uhcpartnership.net

¹³ See page 12 of EU/LUXEMBOURG-WHO UNIVERSAL HEALTH COVERAGE PARTNERSHIP: Supporting policy dialogue on national health policies, strategies and plans and universal health coverage.(2017) Year 5 Report 2016. Geneva: World Health Organization. Accessible from www.uhcpartnership.net.

new strategy for community participation to health care and services in Chad and the preparation of the Reproductive Maternal Neo-Natal Child Adolescent Health (RMNCAH) Strategy 2014-2018 for Timor Leste. *All of these efforts will be strengthened with the support of the Irish Government to ensure that all categories of population including girls, adolescents and women are fully involved in health system decision making.*

- Basis its activities on country defined priorities, set out in tailored country roadmaps.

The current phase of the UHC-P (2016-2018) covers 33 countries:

Afghanistan, Burkina Faso, Burundi, Chad, Cape Verde, DRC, Georgia, Guinea Bissau, Guinea, Jordan, Kyrgyzstan, Laos, Lebanon, Liberia, Mali, Mauritius, Morocco, Moldova, Mozambique, Niger, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Tajikistan, Timor Leste, Togo, Tunisia, Ukraine, Vietnam, Yemen and Zambia.

Support involves either activity funding (“light mode support”), or a combination of activity funding and the placement of a long term senior technical expert to support health system strengthening efforts (“full mode support”).

The results of the UHC-P

In a recent external evaluation, the KIT Amsterdam highlighted the following lessons learned from the work of the UHC-P at the country level ¹⁴:

- UHC-P approach was demand-driven and country-led increasing the probability that results will be sustained;
- The UHC-P funding for overall policy-making and planning was flexible and an important driver for change in a coherent sector-wide way;
- WHO contribution was important in terms of providing an evidence base for the policy dialogue process and providing UHC-P funds for organizing activities for a comprehensive and inclusive dialogue;
- WHO has played an important role in bringing, keeping and shifting up UHC on the policy agenda in supported countries;
- On the road to UHC, the political economy of a country plays an important role – WHO is accepted as an independent organization and honest broker; and
- UHC-P has allowed WHO to focus more on Health system strengthening.

Additional lessons can be found in the latest UHC-P annual report for 2016.

¹⁴ KIT Amsterdam (2017) Formative Evaluation of the EU-Luxembourg-WHO Universal Health Coverage Partnership (UHC-P) 2011 – 2016, page 35. Accessible at www.uhcpartnership.net

IRELAND'S PROPOSED PARTNERSHIP WITH WHO IN SUPPORT OF THE UHC-P

The UHC-P and WHO's General Programme of Work

Creating equitable and sustainable health systems was identified as one of WHO's five technical programme priorities by WHO Member States.

WHO's Twelfth General Programme of Work for 2014-2019 states that "WHO should play a stronger role in helping national authorities to prepare national health policies, strategies and plans. This is in line with WHO's convening and leadership role". In addition, global support for universal health coverage, and the adoption of robust NHPSP and health systems strengthening efforts is underlined by the adoption of the 2030 Agenda for Sustainable Development.

WHO's thirteenth programme of work is currently under development. This draft programme highlights the critical importance of WHO's support of policy dialogue for UHC, a key aspect of the UHC-P.

Coherence with Ireland's priorities for global health

'The Global Island', Ireland's Foreign Policy, recognises and reaffirms the importance of the provision of essential public services as a key requirement for development. It highlights the need to improve access to these services for vulnerable people and the importance of strengthening the capacity of health systems. One World One Future, Ireland's Policy for International Development, prioritises health systems strengthening (HSS) as a means of achieving improved health outcomes for poor and marginalised populations.

Through its focus on improved and equitable health sector results, the proposed participation of Ireland in the UHC-P will directly contribute to Ireland's high level outcomes and policy priorities for global health.

For example:

- Participation in the UHC-P complements Ireland's bilateral priorities for its long-term strategic support to Ethiopia, Mozambique and Tanzania, focused on building and reinforcing the institutional capacities of health sector authorities. The work of the UHC-P in Guinea provides a template on which to base future efforts supported by Ireland. Under the umbrella of the rural pipeline approach to improve access to health workers, the UHC-P was instrumental in the development of a new training curriculum for community health workers and rehabilitation of a school in Nzerekore (supported PASA Project funded by EU) where new health workers will be trained.
- Ireland's engagement with Global Health Agencies and Initiatives including Global Fund (GF) and Gavi, WHO and UNAIDS can be strengthened through the efforts of the UHC-P. Another example which can be used as a template for meeting Ireland's objectives in this area is the work of the UHC-P in Chad, where a long term UHC-P technical assistant has provided support to preparation of health system strengthening grant proposals for Gavi and the GF.

- In addition, the UHC-Ps commitment to promoting participatory and inclusive policy dialogue for UHC, supports Irish Aid’s commitment to support good governance, participative democracy and citizenship. The UHC-P can also support the implementation of Ireland’s commitment to the Paris Declaration on Aid Effectiveness and the Busan Partnership for Effective Development Cooperation

Ireland’s contribution to the UHC-P

Ireland’s contribution to the UHC-P will support capacity building, policy reform and implementation in 3 of Ireland’s Key Partner Countries (Mozambique, Ethiopia and Tanzania). This contribution will also make an important contribution to UHC global target to support 40 low and middle-income countries to develop realistic and robust NHPSPs, which can serve as a foundation for efforts towards universal health coverage.

In addition, it will help to support the critical normative and research work of the UHC-P through efforts to record, synthesize and report on the lessons learned from the health systems strengthening efforts in the 3 targeted countries.

The 3 countries have been chosen based on Ireland’s:

- Role in supporting their respective health sectors over a long period;
- Strong country presence;
- Relationship with the respective Ministries of Health (MoHs) and key stakeholders in the 3 countries;
- Track record of delivering results in the chosen countries; and
- Potential to add significant value to the activities of the UHC-P in these countries.

Through this engagement, Ireland will join with the EU, Luxembourg and WHO to support the UHC-P. Ireland’s support will build on combined work of the UHC-P in more than 30 countries.

As a contributor to the UHC-P, Ireland will not only provide funding to this programme in the 3 selected countries, but also technical efforts to support the work of the UHC-P in all countries.

OBJECTIVES AND RESULTS

The UHC-Ps objectives, results and indicators are set out in the UHC-P Logical Framework (see Annex 1).

The 3 countries supported by Ireland will be “full mode countries”, with 3 long term senior experts deployed to Maputo, Addis Ababa and Dar Es Salam. The Ministries of Health of the targeted countries will lead the development of terms of reference for UHC-P support, in consultation with the respective WHO country offices and established health sector working groups (including Irish Aid’s in-country health experts).

Specific Objectives

The programme will have the following objectives:

- I. To support the development and implementation of robust national health policies, strategies and plans that aim to increase access to quality care, increase financial protection, and increase health equity in the drive towards UHC;
- II. To increase technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue around UHC; and
- III. To ensure that international and national stakeholders are increasingly aligned, and donors are increasingly harmonized around NHPSP

The target groups for the programme are the Ministries of health, development and finance, as well as other actors involved in the health sector (civil society, private sector, health professionals associations, unions, etc.) and technical and financial partners (UN family agencies, donors, international NGOs, etc.).

The 3 specific objectives are in line with the overall UHC Partnership goals and leverage the experiences and lessons learned from the work of the UHC-P.

Expected Results

The general expected result for Ireland's contribution to the UHC-P is:

Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles and health financing reforms for universal health coverage enhanced

The following specific results will be targeted:

- Countries have prepared / developed / updated / adapted their NHPSP through an inclusive policy dialogue process towards an increased coverage with needed health services, financial protection and health equity;
- Countries have put in place expertise, M&E systems, annual health sector reviews and effective corrective mechanisms that allow taking rapidly actions in case of assessed issues;
- Countries have developed health financing strategies and plans to move more rapidly towards UHC, with a particular focus on the poor and vulnerable;
- Countries receiving health financing support will have implemented health financing reforms to facilitate universal health coverage
- Accurate, up to date evidence is available and shared across countries on what works and what does not work in relation to health financing reforms for universal coverage;
- Harmonization and alignment of health aid with national health plans is consolidated and accelerated.

These results may vary from one country to another according to priorities and special emphasis required by the national/local current situation.

PROGRAMME ACTIVITIES

Ireland's support will be in line with the priorities of the broader UHC-P to:

- (1) develop country tailored roadmaps of UHC-P activities
- (2) flexibility in implementation to adapt to country constraints and ensure leadership of the MoH in the 3 countries
- (3) result oriented critical thinking on UHC-P policy contribution to the strengthening of the health systems in the 3 countries.

The UHC-P has seen a strong focus on country-based work: kick-starting the programme in countries, clarifying country needs and translation of global concepts to local realities, and preparing the ground through dialogue with the counterpart Ministry of Health (MoH). WHO-HQ and Regional Offices (RO) will provide country support and also synthesize multi-country experiences, lessons learned, and implement a programme of operational research jointly with the Alliance for Health Policies and Systems Research.

In 2017-2020, country support will remain the prominent part of the Partnership. According to rules and regulations applied in WHO, long term technical assistants will be deployed in the 3 countries, starting with Mozambique in 2017, and adding Ethiopia in 2018 as well as Tanzania in 2019. Particular attention will be placed on the relationship between the MoH and Global Health Initiatives, to ensure consistency between the different streams of funding available at country level. Currently, in many countries the long term technical senior expert supports the MoH in preparing the various grants for GAVI, GFATM, PEPFAR, especially in their health system strengthening aspects.

In addition, Ireland's contribution will help WHO place more emphasis on enabling the scale-up of critical overarching normative and research work. This work is critical because there is a paucity of information and evidence on health policy dialogue and universal health coverage and considerable confusion around the concept themselves. The production of guidance documents and tools is essential to ensuring that all partners and stakeholders have a similar understanding of what it takes to conduct effective policy dialogue in support of efforts towards UHC. This research and normative work will thus contribute to the following activities of the overall workplan:

- 1) To continue synthesizing multi-country experiences and lessons learned through operational research to better comprehend UHC-P activities and their added value in policy processes; to gather evidence for good practice on situation analysis, National Health Assemblies, priority setting, costing, operational policy dialogue mechanisms, health financing strategy development, support to the implementation of health financing reforms, monitoring and evaluation and ensure appropriate visibility of results achieved;
- 2) Operational support to Country offices: to provide the 3 WHO country offices of Mozambique, Ethiopia and Tanzania with technical support on NHPSP and UHC over a period of 3 years as well as seed funding for activities; Backstopping: to provide WHO HQ and Regional Offices Health Systems teams with necessary resources to ensure proper backstopping of WHO country offices;

3) Overall management and reporting of the UHC-P.

More specifically, key activities include:

Inception phase: To (re-)assess and update the situation of the National Health Planning Cycle, the on-going policy dialogue process, the health financing reform consultations, the aid effectiveness agenda and the specific needs in terms of capacity building and technical assistance for UHC for each of the 3 target countries. The main purpose of these inception missions will be to develop a roadmap which will summarize the areas of work and activities that will be tackled and undertaken in the coming 18-24 months. This mission is also key for ensuring a common understanding between the MoHs, the Irish Aid, the WHO country offices and the major actors of the health sector in countries, of how the UHC-P works at country level. This aspect is particularly relevant to embed the UHC-P activities in the on-going policy/planning processes at country level.

Component 1: To provide capacity building technical assistance to countries

- To support countries to undertake comprehensive situation analysis of the different components of their health systems including health financing and universal health coverage issues;
- To support and facilitate the organization of a process for multi-stakeholder involvement in the country health policy dialogue and the health financing reform consultation processes;
- To support countries to define NHPSP and health financing activities, interventions and their costs, aiming at health universal coverage;
- To support countries in the monitoring and evaluation of the implementation and management of their NHPSP and health financing activities;
- To support and facilitate mechanisms to capture population's opinion on health issues and priorities;
- To support countries to communicate policy decisions, especially with respect to health financing, national health sector improvements and results to the general public;
- To facilitate South-South learning and sharing of experience (inter country workshops, peer-reviews of plans, etc.);
- To support and facilitate the development and implementation of the country IHP+ compact and the monitoring of the implementation;
- To facilitate the organization of the Joint Assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations.

A full list of potential activities is provided in Annex 2. All these activities are meant to support MoHs in getting better results in terms of health system strengthening and UHC.

Component 2: To continue synthesizing multi-country experiences and lessons learned through operational research to better comprehend Partnership activities and their added value in policy/planning processes. This will allow including the 3 countries in a research process aimed at demonstrating the contribution of the UHC-P to concrete results in terms of governance, health financing, equity, UHC progress, etc. The research is on-going and will provide its first results in early 2018. A scaling up phase will be launched later in 2018.

Component 3: WHO's overall technical coordination, reporting, visibility/communication activities and management. Some resources will be allocated to visibility (respectively for UHC in general, the UHC-P itself and Ireland). This will happen for example through the development of specific communication material (advocacy, information, website ect), the support to the organization and contribution in the yearly technical meetings (usually in March), the participation to scientific and technical conferences or workshops.

The reporting of the activities will be included in the existing reporting material for the UHC-P (country template, umbrella chapter, media and visibility material). Examples can be found at www.uhcpartnership.net.

MANAGEMENT OF THE PROGRAMME

Governance Structures

The governance of the UHC-P involves WHO (the Health systems governance and financing [HGF] Department in the Health System and Innovation Cluster) and the funding partners.

Day to day coordination between the partners involves:

- (1) a series of bi monthly calls;
- (2) Annual technical meetings (the meeting is scheduled to take place in Marrakesh in March 2018)
- (3) a follow up by country, according to needs and to respond to challenges or constraints that cannot be handled at the country office level only.

The UHC-P is also represented as the country level resource for UHC2030 and will participate in UHC2030 meetings and events (i.e the upcoming meeting in Tokyo, Japan in December 2017).

During the bi monthly calls, the general orientations for the work in countries are proposed, discussed and/or accepted. These are then relayed by the WHO regional offices to countries.

The UHC-P WHO operations group consists of the managers of the programme in HQ, the technical officers in charge areas of work and / or countries, as well as the coordinators of the 3 units in the HGF Department (Health system, governance and aid effectiveness [HGS], Health financing and policy [HFP], and the UHC 2030 secretariat) and the Health systems Directors of the supported regions.

According to needs, focal points are also appointed in countries as well resource.

Monitoring and Evaluation

Monitoring of UHC-P activities takes place at the country level (including meetings between WCO and Irish representation, various meetings and events related to health policy or

planning activities). The WHO Regional Offices (ROs) are also involved. The ROs are involved in the production of country annual reports.

The **annual technical meeting** is the regular event that gathers all countries for experience exchange and information sharing.

A **yearly report** is produced for the UHC-P donors. The structure of the report is discussed and agreed with all partners. It brings both an overall snapshot of what happened in countries and a detailed country by country analysis of activities and results. To the greatest extent practicable, this report will focus on results achieved by the UHC-P through a thorough analysis of the chains of events and activities that led to results, and how the latter contribute to policy improvements in partnership countries.

The UHC-P website (www.uhcpartnership.net) provides also useful information on activities and results achieved at country level. The elaboration and updating of the Road Map in each country serves as a guide for following up the activities.

The UHC-P adopted 2 years ago a structured scientific approach to improve its capacity to demonstrate results. A realist approach to evaluation was deployed at country level in West Africa. The first results of this research work will be presented at the next annual technical meeting in March 2018. This work is supported by the University of Montreal and the McGill University. The objective of this research is to better comprehend the linkages between policy and planning work and outcomes and impacts for the population.

At all levels of WHO (country, regions and HQ), opportunities are taken to promote the work of the UHC-P through: presentations at scientific conferences, scientific papers, technical consultations and intercountry meetings.

An **external evaluation** (KIT Amsterdam) of the UHC-P was conducted in 2016, as well as a Result Oriented Monitoring exercise required by the EU. Reports of both are available. These two exercises were a combination of desk reviews of documents, interviews with key informants from the 3 levels of WHO as well as donors, and country site visits.

A **verification mission** (EU) is still on-going (2017) and looks at UHC-P funds are spent in terms of both WHO rules and the spirit of the EU principles.

A second **evaluation** or a **mid-term review** of the UHC-P is being considered for 2020. The terms of this evaluation will be discussed between WHO, EU, Luxembourg and Ireland.

It is understood that all contributions to WHO are subject exclusively to its internal and external auditing procedures. The External Auditors' certification of accounts and audit report is made available to the World Health Assembly on an annual basis. Irish Aid may request a copy.

Risk Analysis

The following table provides a synthesis of the major risks and mitigating measures to be considered in the implementation of the UHC-P.

Risks	Risk level (H/M/L)	Mitigating measures
Political continuity interrupted in countries involved	M	The Universal Health Coverage (UHC-P) will take advantage of its three-year experience with Phases I and II of the Partnership where political continuity was disrupted in several countries either due to conflict or Ebola. The Partnership will adapt flexibly to new conditions and attempt to foster dialogue where needed and necessary, such as between humanitarian/emergency actors and development partners
Paris Declaration and Busan Partnership for Effective Development Cooperation agenda is not explicitly endorsed and supported by the governments involved, and stakeholders do not adhere to IHP+ principles	M	The Universal Health Coverage (UHC-P) will bring together key stakeholders to dialogue on issues linked to Effective Development Cooperation and IHP+/UHC2030 principles and support implementation of the effective cooperation behaviours where appropriate in target countries. The Partnership has contributed to strengthening national plans and encouraging alignment to them during Phases I and II. The current phase (III) is still reinforcing that and will continue with the support of the Irish Government. It will help consolidate these gains and ensure sustainability in the way various development actors in the target countries work together. In addition, tools developed by IHP+ such as the Joint Assessment of National Strategies tool, joint financial management assessments and guidance on joint annual health sector reviews will to assist countries in implementing country-specific approaches in line with Effective Development Cooperation principles.

Risks	Risk level (H/M/L)	Mitigating measures
Given the fragility of some countries in the programme, progress may be difficult to achieve and results are difficult to demonstrate, because policy dialogue and national planning are overarching and enabling in their nature and not directly linked to improved health status or reductions in morbidity/mortality	L	The EU-WHO Universal Health Coverage (UHC) Partnership has the advantage of two phases of experience in this area (three years). The Partnership has in most instances demonstrated through a results chain approach that supporting policy dialogue and national health planning processes in countries can bear fruit and lead to very concrete results. The Year three Report of the Partnership studied a number of in-depth country examples to follow through the chain of actions emerging from a Partnership activity and how these activities contributed to key results or even impact. This will be part of the performance assessment at country level.
International Health Systems Advisors are not in place in time for effective implementation of Partnership activities	L	The EU-WHO Universal Health Coverage (UHC) Partnership has the advantage of two phases of experience in this area. While the Health Systems Advisor roster took time to build up, it is now in place with available candidates. A 2nd roster was finalized end of 2015..

Assumptions

The assumptions and conditions to be met prior to and during implementation of the actions include the following:

- Political continuity exists in most countries involved
- The majority of stakeholders accept and adhere to IHP+ principles
- Overall WHO reform will strengthen the approach proposed by this action

Management capacities

From an administrative point of view, the means and resources required to operate the UHC-P within WHO's system (GSM) have been established.

All expenditures are followed in the WHO GSM system and allow the budget manager of the programme to produce a clear situation of financial implementation in countries, regions and HQ. The financial reporting requirements impose to follow up on expenditures at country

level as well, and collaboration with finance officers in regions is ensured. The WHO rules are strictly applied.

The UHC-P is also managed through a combination of interactions already mentioned earlier in the text.

- At country level, the roadmaps are elaborated and followed up by the MoH, the WHO country office and the representatives of donor partners (EU, Luxembourg and Ireland). These discussions are embedded in the active mechanism of sector coordination to ensure consistency with all partners in the countries. Activities are decided and implemented mainly through WHO capacities in countries. As mentioned above, WHO country offices use the general management tool of the WHO (GSM) to justify all expenditures related to the Partnership activities.
- Bi-monthly, a video/telephone conference will be organized between EU, Luxembourg, Ireland and WHO to discuss issues highlighted in countries or any element that might support the work in countries. It includes practical problems or solutions as well as more general aspects like inclusion of additional countries, broad orientations for activities, monitoring and evaluation, technical meetings, etc. If needed regional office colleagues and/or country office colleagues are requested to join the call to provide any relevant information.
- There are also a lot of interactions on a bilateral basis to discuss more specific issues related to the activities of management in specific countries supported by the various donors. If it comes that a specific issue can have a more global impact on the Partnership, it will be on the agenda of the next quarterly video/phone conference.
- The UHC-P organizes an annual technical meeting gathering all partners, potential additional countries or donors that might be interested in joining the UHC-P. These meetings aimed at both exchanging information and collecting experiences from countries with regards to selected technical topics.

Reporting Arrangements

An annual report is produced for all partners. This report contains an umbrella chapter, which the structure has been defined with the donors, together with a series of country reports that provide all details regarding results and activities in countries.

In addition as visibility measures, WHO has undertaken the following global communication and visibility activities during the current phase of the UHC-P:

- Make available advocacy documents and a stand at the World Health Assembly
- Provide partners with regular updates on activities and results
- Organize policy dialogue-themed sessions at global forums such as the Global Forum for Health Systems Research or the Global Forum on Human Resources for Health
- Provide an update on project activities as part of the WHO Health System and Services annual report which is distributed among different partners

Annex 1: Logical frame work

Log Frame Ireland (2017-2020)

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
Overall Objective			
Improved and equitable health sector results in the selected countries	<ul style="list-style-type: none"> ▪ National Monitoring & Evaluation framework indicators¹⁶ ▪ Supported countries in HF have reduced the share of direct out-of-pocket payments in total health expenditure by at least 10%¹⁷ ▪ % of countries reporting a fall in the incidence of financial catastrophe and impoverishment 	<ul style="list-style-type: none"> ▪ Joint Annual Reviews in selected countries (based on Health information systems, population based surveys, civil society monitoring etc.) ▪ National Health Accounts (NHA). 	<ul style="list-style-type: none"> ▪ Political continuity ▪ All stakeholders agree with the approach ▪ National Monitoring & Evaluation framework good enough for year on year trend data ▪ NHA data available and reliable ▪ Household survey data with details on healthcare expenditure and utilization must exist to do this

¹⁵ List of indicators will be adapted during the country roadmaps. Particular attention will need to be paid to formulating adequate results frameworks and expectations for countries in fragile situations, in order to ensure that indicators are realistic and achievable in those contexts.

¹⁶ The Monitoring & Evaluation framework: the IHP+ **Common Evaluation Framework** aims to ensure that the demand for accountability and results from single donor and joint initiatives is translated into well-coordinated efforts to monitor performance and evaluate progress and results in-country. It includes the country health systems surveillance or CHeSS. It provides underpinning to the efforts to monitor progress towards the health-related Millennium Development Goals. See also:

http://www.internationalhealthpartnership.net/en/working_groups/monitoring_and_evaluation

¹⁷ NB: This is a long-term objective for countries that receive HF support.

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
Specific Objectives			
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity	1.1 NHPSP in line with JANS attributes ¹⁸ 1.2 Agreed Health Financing (HF) strategies, linked to NHPSP, that are geared towards more rapid progress towards Universal Health Coverage (UHC) ¹⁹ 1.3 Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health ⁴	<ul style="list-style-type: none"> ▪ NHPSP ▪ Annual review reports ▪ JANS ▪ Quarterly and Annual Financial Management Reports, Audits and Procurement Plans ▪ Health Information Systems (HIS). ▪ Demographic Health Surveys ▪ Household survey data with details on utilization and expenditures. ▪ Government/MOH budgets 	<ul style="list-style-type: none"> ▪ JANS principles accepted ▪ Political continuity and political support for UC and HF reforms exists and continues. ▪ Key stakeholders support the approach and the UC agenda. ▪ HIS data available and reliable. ▪ Household surveys exist with data on utilization
SO II. To improve technical and institutional capacities, knowledge and information for health systems, services adaptation and related policy dialogue	2.1 Inclusive National Policy Dialogue, roadmap defined, agreed and rolled out in the selected countries 2.2 Proportion of identified bottlenecks analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports) 2.3 Number of substantive policy	<ul style="list-style-type: none"> ▪ Annual review reports ▪ Health sector reports 	<ul style="list-style-type: none"> ▪ All stakeholders (International Partners and National Stakeholders) in agreement with the principle of Policy Dialogue

¹⁸ The Joint Assessment of National Strategies (JANS) assesses five groups of attributes: 1) situation analysis; 2) process; 3) Financing, auditing & procurement; 4) implementation & management; 5) Monitoring & Evaluation

¹⁹ In countries requesting this support

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
	changes achieved as a result of more effective and inclusive health sector reviews and multi-stakeholder consultation ²⁰		
SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP²¹ and adhere to other aid effectiveness principles	3.1 Positive trend in stakeholders' alignment with NHPSP 3.3 Existence and implementation of, an IHP+ compact ²² or equivalent at the country level 3.4 Agreed or strengthened mutual accountability mechanisms such as joint annual reviews 3.5 Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent	<ul style="list-style-type: none"> ▪ Annual review of stakeholders role in and funding of NHPSP ▪ Signed country compacts Post-Busan aid effectiveness indicators 	<ul style="list-style-type: none"> ▪ Busan is successful in fostering nationally owned and applied aid effectiveness indicators focusing on accountability, transparency and results
Expected Results			
General expected result: Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles and health	<ol style="list-style-type: none"> 1 A multi-stakeholders health team exists and meets regularly to discuss action points 2 Regular public update on the comprehensive picture of health in the country and progress made 	<ul style="list-style-type: none"> ▪ Health sector reports ▪ Health publications (Web etc.) and media records 	<ul style="list-style-type: none"> ▪ Political will to engage with all stakeholders ▪ A high level ministerial team is created

²⁰ In fragile countries, this indicator may have to be reviewed in the light of possible health systems recovery / systems-building needs.

²¹ Please see EU definitions of harmonization and alignment: http://ec.europa.eu/development/geographical/cotonou_accra_en.cfm

²² The IHP+ compact is a memorandum of understanding between the country and the different national and international stakeholders

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
<i>financing reforms for universal coverage enhanced</i>			
ER1. Countries will have prepared / developed / updated / adapted their NHPSP through an inclusive policy dialogue process towards an increased coverage with essential health services, financial risk protection and health equity	<ol style="list-style-type: none"> 1 Survey based population opinion reflected in country priority 2 Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis 3 Platform for MoH/MoF discussion established 4 Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation 5 Regular updates of the extent of financial risk protection 6 Mechanism for monitoring implementation and taking corrective measures established 	<ul style="list-style-type: none"> ▪ Joint Annual reviews ▪ MoH/MoF meetings' reports ▪ NHPSP reflected in Annual and Medium Term Budgets 	<ul style="list-style-type: none"> ▪ A ministerial department or an (independent) institution is fully in charge ▪ Regular exchanges between Ministries of Finance, Planning and Health or equivalent ▪ Survey based population opinion feasible from a country perspective
ER2. Countries will have put in place expertise, M&E	<ol style="list-style-type: none"> 1 Monitoring & Evaluation framework improved or developed by consensus 	<ul style="list-style-type: none"> ▪ Annual review reports ▪ Commission on Information & Accountability for Women & 	<ul style="list-style-type: none"> ▪ A ministerial department or an (independent) institution is fully in charge

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
systems, annual health sector reviews	2 Monitoring & Evaluation framework indicators regularly updated 3 All partners adhere to the Monitoring & Evaluation Framework	Children's health reports	
ER 3. Countries have developed health financing strategies and plans to move more rapidly towards universal health coverage (UHC), with a particular focus on the poor and vulnerable	1 A new or revised HF strategy addressing current UC obstacles has been developed by the government and stakeholders and linked with NHPSP	<ul style="list-style-type: none"> ▪ Situation analysis reports ▪ Annual reviews ▪ HF strategy 	<ul style="list-style-type: none"> ▪ Political support for the HF policy analysis exists and continues ▪ A high level inter-ministerial mechanism ensures coordination among stakeholders and with NHPSP
ER4. Countries receiving support will have implemented health financing reforms to facilitate universal coverage	1 The implementation plan/plan of action clearly links with national health plans and strategies 2 Implementation of this plan has started, e.g. an adequate reform implementation budget is set aside, legal changes are adopted, capacity strengthening means for specific HF actors are under way 3 A mechanism for monitoring implementation has been established	<ul style="list-style-type: none"> ▪ Annual reviews ▪ Implementation monitoring plan ▪ Government budget 	<ul style="list-style-type: none"> ▪ Political will and momentum to implement the proposed changes and options identified in the country dialogues and analysis. ▪ External partners support this process

Intervention Logic	Objectively verifiable indicators ¹⁵ of Achievement	Sources and means of Verification	Assumptions
<p>ER5. 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>	<ol style="list-style-type: none"> 1 Country experiences and technical briefs for policy makers published and made available through web-based platforms and dissemination workshops for all participating countries. 2 Applied best-practices and Lessons learnt from South-south-learning forums lead to informed policy-making and implementation. 	<ul style="list-style-type: none"> ▪ WHO Health Systems Financing webpage. ▪ Reports on dissemination workshops available. ▪ Documentation on south-south learning forums. ▪ Minutes from policy-making processes and meetings incorporating lessons learnt. 	<ul style="list-style-type: none"> ▪ Countries are willing to share their learning experiences with other countries
<p>ER6. Alignment and harmonization of health aid according to national health plan is consolidated and accelerated</p>	<ol style="list-style-type: none"> 1 Country level: evidence of progress in making health aid more effective by end 2020, against deliverables defined by individual countries themselves, together with local development partners 	<ul style="list-style-type: none"> ▪ Post-Busan aid effectiveness monitoring process ▪ JANS reports ▪ Annual Reviews ▪ National compacts 	<ul style="list-style-type: none"> ▪ Paris Declaration agenda endorsed and supported by the Government

Annex 2: List of generic activities used in the UHC-P for reporting and follow up on progress

I. Type of activities potentially undertaken at country level:

A.1 Review and if needed support and facilitate mechanisms to capture population's opinion on health issues and priorities

A review of existing mechanisms to capture population's opinion on health issues and health priorities will be undertaken. Where they do not exist, the programme will support and facilitate the establishment of these mechanisms. This will be done through e.g. national health assemblies, political consultations, media reviews, focus groups, and surveys. Results will regularly be updated for the annual reviews.

A.2 Support countries to undertake comprehensive situation analysis and establish mechanisms to regularly update them

To ensure that NHPSP is based on a "sound situational analysis and context, including political, social, cultural, gender equality, epidemiological, legal, and institutional determinants", support will be provided by WHO of regular bottom-up participatory mechanisms for assessing strengths and weaknesses of the health system under assessment, and formulating strategic recommendations related to the various health and health system components, as well as facilitate the priority setting process.

A.3 Support countries to cost the NHPSP, through an annual budgeted work plan, and a medium term sector framework linked to a medium term expenditure framework

The action will support and facilitate the costing and budgeting of NHPSP on an annual basis and for the medium term budgetary planning, including macroeconomic analysis, identification of potential resources and costing of different scenarios; support and facilitate the discussion between Ministries of Finance (or equivalent), Planning and Health regarding the budgeting of health policies in the macroeconomic and fiscal environment; facilitate the inclusion of financial experts and partners in these discussions.

A.4 Support countries to define NHPSP activities, interventions and their costs

The action will support the definition of precise activities and programmatic interventions, and their associated costs for final political decision. This action is iterative in nature and may lead to different scenarios until final agreement.

A.5 Support countries to develop health workforce strategies and their implementation

The action will put a stronger emphasis on HRH issues and try to improve capacity at country level to analyse the situation with regards to HR, and elaborate strategic documents to improve HR availability, management and training according to country needs. A particular attention will be paid to the 3 Ebola affected countries.

A.6 Support countries in the implementation and management of NHPSP

The action will support and facilitate: the translation of the NHPSP into measurable operational plans, (at programme and/or sub-national levels), and the establishment of mechanisms allowing for proper monitoring of their implementation; the establishment of mechanisms for taking corrective measures; and the production of annual implementation reports as essential components of the annual reviews.

A.7 Support and facilitate the development of a Monitoring and Evaluation framework

Support will be provided for the development (consensus) of a monitoring and evaluation framework for the NHPSP agreeable for all stakeholders. This includes both the development of mechanisms for effectively monitoring its indicators on a regular basis (including annual reviews preparation and inter-country peer-reviews), and the design of implementation of applied policy research (evaluation studies) linked explicitly to the reform plans in the NHPSP. Regularly updated results will be available for the annual reviews including the production of annual implementation reports as essential components of the annual reviews. Countries will also be supported in institutionalizing their national health accounts as part of the monitoring agenda, and to undertake evaluation studies to learn from their Health Financing reforms for UHC and adapt accordingly.

A.8 Support and facilitate the organization of a process for an inclusive multistakeholder involvement

The action will support countries to ensure that the major stakeholders are involved in the development of the NHPSP and operational plans. Where they do not exist, multi-stakeholder mechanisms will be put in place. There will be a final endorsement of NHPSP by stakeholders.

The programme will provide support to countries to improve engagement with the private sector stakeholders around the NHPSP. This engagement will be both in technical and organization aspects as well as policy dialogue on the role and position of the private stakeholders in health.

A.9. Support countries to communicate national health sector improvements and results to the general public

The action will build on the country communication plans and will support countries in dissemination of outcomes of key health planning cycle events to the general public (annual reviews, operational progress reports, new health policies/strategies and plans, etc.).

A.10 Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination (HSC) meetings

The action will support and facilitate the design or strengthening of the country health policy dialogue process, its schedule and its agreed mechanisms. For example, it will assist in the organization and facilitation of round tables or other mechanisms for dialogue (both the ones initiated by the government and those limited to donor coordination, if applicable), in the provision of health policy advice to improve the outcomes of such coordination exercises, the promotion of public information on health policy matters, or in the organization of annual reviews, at the critical stages of the national planning cycle. As part of the programme, WHO will further promote that donor coordination mechanisms (also involving those established by the Global Health Initiatives - GHI) are aligned with national health policy dialogue processes and promote the gradual merging of parallel health coordination mechanisms within the sector. Work will be undertaken with governments, donors and national stakeholders on the production of strategic intelligence on the policy environment (stakeholders' positions and interests, their capacities for meaningful sector policy dialogue) and on a regular policy assessment for the annual reviews.

The action will explore different options, mechanisms and concrete elements for policy dialogue. One of the functions of the WHO Health Systems Advisor in country will be to support MoH to ensure that a mechanism and platform for effective policy dialogue and health sector coordination meetings are in place, held on a regular basis and are less fragmented. These meetings will provide opportunities for exchange of information, discussions around policy,

strategy, priorities and implementation, should become one of the key instruments to support the MoH in steering and implementing the NHPSP.

In post-emergency settings, such as the current context in the Ebola-affected countries, WHO via the UHC Partnership will strive to ensure continuous dialogue and communication between humanitarian actors and development professionals, in order to reduce parallel funding and activity implementation systems and facilitate post-emergency health systems recovery. The UHC Partnership has already been active in promoting this type of coordination during Phases I and II of the Partnership, particularly in South Sudan, Guinea, Sierra Leone, Liberia, and Yemen.

WHO, in collaboration with other partners (country-based partners, including P4H partners), will also support national stakeholders (Ministries of Health, Finance, Social Affairs, Labour, civil society, social partner etc.) in facilitating an inclusive policy dialogue on HF systems reforms with national and international stakeholders.

A.11 Collate, analyse and disseminate best available evidence to participating countries on what works and what does not with respect to accelerating progress towards UHC

This activity will focus on collecting and reviewing evidence of good practice of UHC approaches and policy dialogue process, as well as lessons learnt about approaches and processes that are less successful. The analysis, synthesis and systematization of evidence will be offered in various publications formats (policy briefs, discussion papers and other publication formats, webpages). This conceptual work will mainly be led and coordinated by WHO HQ. In particular, this global evidence gathering and synthesis work will cover the subject of "aid economics". For example, this could include the analysis of donor induced fragmentation in funding and financial management as well as the exploration of good practices in terms of aligned funding (e.g. sector budget support support or pooled funding)

As part of these activities, WHO will organize meetings with technical experts from development partners and agencies in selected countries to share experience and develop policy guidance material that can support other countries in their policy dialogue process.

A.12 Facilitating inter-country learning and sharing of experience

The action will support and financially facilitate inter-country learning and sharing of experiences through direct exchanges, interaction and consulting policy analysts and policy makers. This cooperation is already on-going at different levels. For example, the Harmonization for Health in Africa (HHA)⁴ programme as well as the P4H (Providing forHealth) Network support countries to develop interagency harmonization, policy and planning processes and accountability mechanisms. The WHO-EU programme will add to these actions. Moreover, country exchange visits for peer engagement and advisory inputs will be organized. This mechanism of peer reviews has proven to be very powerful for building capacity at country level and improving coherence of interventions, taking country context into better consideration. Successful examples of such exchange do happen already and will be intensified and extended to the countries of this programme.

A.13 Support regular assessment of where countries stand in terms of UHC and how (well) the Health Financing system is functioning through country-led analysis of the institutional design, organization and operation of country Health Financing systems

A starting basis for any health financing strategy development or revision is to understand where the country stands in terms of UHC and how well its Health Financing system is functioning. As part of the regular monitoring and review process and based on country demand, countries will be supported in this UHC tracking as well as in undertaking a Health Financing system assessment through developing and monitoring country specific indicators

for tracking progress towards UHC, as well as conducting specific analyses to get at the likely causal relationships between health financing reforms and changes in key indicators. Training opportunities will be provided on Health Financing for UHC, in collaboration with partner agencies and national experts, to support country capacity strengthening. Mechanism will be established or reinforced for exchange between Health Financing policy analysts and policy-makers, especially in countries where there is no specific policy and research institute with precisely that function.

A.14 Assist selected countries in their Health Financing policy analysis

Based on country level demand and as part of the overall policy development sector policy dialogue and performance monitoring, a number of countries will benefit from more detailed technical assistance relating to the actual Health Financing system and policy analysis on specific questions, for example on questions of how to improve coverage to poor and vulnerable population groups and the informal sector, how to revise their provider payment system, or how to increase the level of pooling. Analytical work collaboratively organized between WHO, national health financing experts, and other partners, including but not only those that are part of the P4H network, will contribute to production of the evidence needed as a basis for Health Financing policy making. This work will be published and disseminated (e.g. country report, discussion paper, policy brief, webpage story, etc.). At the same time, this work will be organized in a way that ensures knowledge transfer and capacity building through "learning-by-doing" and "on-the-job" skills expansion.

A.15 Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money')

A health financing strategy is an important guidance document, but cannot foresee all details and upcoming challenges which require further operationalization and detailed planning during the implementation stage based on concrete evidence. There is thus also a need for analytical work linked to the implementation stage to generate evidence for planning and fine tuning as well as for resource allocation in particular. WHO will support the establishment of a mechanism through which links between evidence generation and policy development / decision-making are in place.

A.16 Support the design and evaluation of innovative approaches for UHC where these are being developed

A number of countries are exploring innovative approaches for UHC on a pilot basis. WHO will provide technical support in designing and evaluating such approaches to ensure that sound evidence is created. At the same time, this activity will ensure that the findings are documented and published and widely disseminated across interested countries and partners.