EU-LUXEMBOURG-WHO UNIVERSAL HEALTH COVERAGE PARTNERSHIP:

Supporting policy dialogue on national health policies, strategies and plans and universal health coverage
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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*Annex A*: Overview of 28 Roadmaps’ Key Areas of Work  
*Annex B*: Roadmap Activities in 28 Target Countries
## ABBREVIATIONS

<table>
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AOP</td>
<td>Annual Operational Plan</td>
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<tr>
<td>BHI</td>
<td>Boma Health Initiative</td>
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<td>DHIS2</td>
<td>District Health Information Systems 2</td>
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<td>DPS</td>
<td>Provincial Health Division</td>
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<td>ER</td>
<td>Expected Results</td>
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<td>EU</td>
<td>European Union</td>
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<td>FIT</td>
<td>Foundations-Institutions-Transformation</td>
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<td>HF</td>
<td>Health Financing</td>
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<td>HPDS</td>
<td>Health Personnel Development Strategy</td>
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<td>HSRF</td>
<td>Health Sector Reform Framework</td>
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<td>HPG</td>
<td>Health Partnership Group</td>
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<td>IST</td>
<td>Inter-country Support Team</td>
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<td>JA(H)IR</td>
<td>Joint Annual (Health) Review</td>
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<td>JANS</td>
<td>Joint Assessment of National Health Strategies</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NHI</td>
<td>National Health Insurance</td>
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<td>NHPSP</td>
<td>National Health Policies, Strategies and Plans</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SO</td>
<td>Strategic Objectives</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
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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 at 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 effective development cooperation. Over the years, this has led to more intensive WHO country support in alignment with countries’ increased prioritization of strengthening health systems as the principal means towards universal health coverage (UHC). The focus on UHC has gained momentum on the global health agenda during the past few years, with 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 on in 2015, adding up to 20 target countries (Phase II: 2013-2015). In 2016, with the start of Phase III, eight new countries joined the partnership. Over the course of time, the partnership has been constantly growing, with a current total of 28 countries in five WHO regions, namely Africa, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific. Discussions have started to further expand the partnership not only geographically to support countries in all six WHO regions but also in terms of 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
With the transformation from 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) changes automatically. This changing role of the MOH in the 21st century needs to be addressed by strengthening capacity and hence government leadership. Coordination of effective policy dialogue and strategic planning must be strengthened to ensure well-accepted and evidence-based national health policies, strategies and plans that are owned and supported by all stakeholders. This includes 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 above-mentioned challenges, WHO agenda 2016-2030 is tailoring health system strengthening strategies into a Foundations-Institutions-Transformation (FIT) with 3 strategies seeking to be “fit” for purpose and “fit” for context. In particular, this means:

**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 I: Strengthening health systems foundations**

*“when I cannot do what I need to do”*

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

**Strategy II: Strengthening health systems institutions**

*“when I have a big gap in performance”*

Strengthening Health Systems institutions aims at setting a coherent institutional frame, improving the performance of fragmented health services, ridden by inefficiencies and inequities.

**Strategy III: Transformation of health systems**

*“when I have to adapt to tomorrow’s needs”*

Supporting Health Systems transformation aims at developing collective intelligence, helping health systems with a complex set of often entrenched actors and processes to evolve to response to emerging challenges.

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

Looking back at 5 years of programme implementation, the UHC Partnership experience on the ground has brought solid, sustained achievements to strengthen health systems. It thus marks a good opportunity to reflect on what has worked well and collectively learn from what has worked less well in countries. An exemplary depiction of the work in its focus areas of UHC is shown in Figure 2 below. Achievements have been made in the past, but there is still a long way to go, and it will be crucial to further continue the work by providing financial support and technical expertise to countries’ specific needs to strive towards UHC.

More information on the UHC Partnership work as well as country-specific documents can be found at [www.uhcpartnership.net](http://www.uhcpartnership.net).

**UKRAINE**

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

**LIBERIA**

Continuous efforts towards UHC as to Liberia’s Health Equity Fund has led to improved geographic access and readiness of health facilities and ultimately to increased health service utilization.

**TIMOR-LESTE**

Government funded “Saude na Familia” program improves access to a wider population, often non-covered, by providing a comprehensive service package for primary health care at the household level through domiciliary visits by health professionals.
Once a country gains membership in the UHC Partnership, an inception mission is organized by WHO staff. During this phase, the Ministry of Health (MOH) convenes with WHO support key health stakeholders to align on a country road map with activities which support the current needs of the country 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 countries’ needs and progress achieved. These activities are linked to three specific strategic objectives and six related expected results as outlined in Table 1. In the following we describe exemplary country achievements according to these specific objectives and expected results. It is meant to be a brief description of just a few country examples only. The list is not exhaustive, and more details can be found in the annual country reports. In addition, an overview of 28 roadmap’s key areas of work and a summary table of 2016 roadmap activities are attached in the annex.

### Strategic Objectives and Expected Results

#### Strategic Objectives (SO)

- **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

- **SO2:** To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

- **SO3:** To ensure international and national stakeholders are increasingly aligned around NHSPSP and adhere to other aid effectiveness principles

#### Expected Results (ER)

- **ER1:** Countries will have prepared / developed / updated / adapted their NHSPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

- **ER2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

- **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

- **ER4:** Countries receiving HF support will have implemented financing reforms to facilitate UHC

- **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

- **ER6:** At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated

### Table 1: Strategic objectives and expected results

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<thead>
<tr>
<th>Strategic Objectives (SO)</th>
<th>Expected Results (ER)</th>
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<td>SO1</td>
<td>ER1</td>
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<td>SO2</td>
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<td>SO3</td>
<td>ER4, ER5</td>
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### Strategic Objective 1

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 NHSPSP 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 (NHSPSP), 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 health 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.* This book, funded by the Partnership, drew heavily on the work of the Partnership countries on 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 in terms of ‘health in all policies and health policies for all.’

In post-Ebola countries, Guinea, Liberia and Sierra Leone, annual operational plans at national, regional and district levels were developed to be in line with the SDGs and international health regulations. These countries’ focus for the past year was on post-Ebola recovery activities aiming at restoring essential health services and putting in place long term solutions to strengthen health systems. Due to 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 in 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 “Annual Operational Plans”. These plans aim at ensuring the full range of services and programmes such as HIV, tuberculosis, and immunisation to be available at central, district and hospital level. They also accompany the bridge between prompt emergency responses 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 called Saudade na Familia.

Training workshops for health care 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 all around 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 at strengthening expertise in countries 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 those activities are achieving. In addition, strong M&E systems allow for programme modifications adapted to the context as necessary. There are several assessment tools that are developed among others by WHO to help countries assess their current situation, monitor, and evaluate.

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 that, and strives with regional reviews for a 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 across 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 monitoring UHC matrix for 2018-2026 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 their 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/HR) 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 Systems 2 (DHIS-2) was prepared in Timor-Leste and Sierra Leone.

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 cover in general all health financing related support to countries. This includes the development of a health financing strategy and support to domestic revenue raising, institutional arrangements of health insurance schemes, the design of a benefit package and purchasing arrangements to name a few in particular. A focus on the poor and vulnerable groups is emphasized.

Countries that have developed or are currently in the process of developing a health financing strategy are as follows: Burkina Faso, Chad, Cabo Verde, DRC, Guinea, Niger, Senegal, South Africa, Togo, Timor-Leste, Ukraine, and Vietnam. Exemplary, we describe a couple of country experience 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 included: (1) awareness raising for and understanding of the concept of UHC, (2) generation of a solid evidence base, and (3) draft of a health financing strategy. The various interactions with financial and technical partners have shown that policy dialogue among the MOH will be a key factor for a successful implementation of a health financing strategy. Hence, UHC Partnership support in 2016 mainly targeted the facilitation process of internal MOH policy dialogue at different levels, with the aim of creating ownership by the MOH over the process of developing a 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 to implement health financing reforms to accelerate towards UHC. This means in particular to strengthen capacity building, generate new evidence and provide technical support to reform initiatives. Activities include but are not limited to updates of national health accounts, costing exercises, as well as studies concerning the purchasing arrangements, mixed provider payment systems, and benefit package design for example.

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

In Vietnam, policy advocacy for full budget subsidies for near poor and vulnerable groups to enrol in health insurance was widely promoted. In some provinces, this target group is fully subsidized by governmental budget transfers, whereas in other provinces the said group is only partially subsidized, with subsidies 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 or the National Health Care Financing Strategy.
In Mozambique, the national health account exercise for 2014-2015 data was launched. The data collection process is on-going. This is an important step towards institutionalization of health accounts, but also serves to further fine-tune the health financing strategy and to inform the policy dialogue.

In Cabo Verde, capacity to institutionalize health accounts at the national level has been enhanced. Support from WHO HQ and WHO inter-country support team (IST) for Western Africa was provided, specifically for the training of the 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 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 reform plans with the aim of accelerating progress towards UHC. By sharing country experiences, countries can learn from each other of what works well and what works less well.

At a **global level**, one focus area has been on **strategic purchasing** and further defining the key policy questions and issues. An issue paper on “Strategic purchasing for Universal health Coverage: Key issues and questions” has been developed. This work stream serves to support countries with 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 health SDG 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 has remained a key challenge. Conceptual work at global level aims at identifying 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 work is not limited to the membership countries, but extends well beyond the current 28 target countries.

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

**Moldova** is in the process of initiating a hospital reform, given high budget spending on hospitals with a rather poor performance in return. The UHC Partnership facilitated an exchange of experience between Moldova and Croatia to foster cross-country learning. Croatia can serve as a good example for Moldova to learn from its recent hospital reform. A 13-member Moldovan delegation came to Croatia and visited among others the MOH of Croatia, the Croatian Institute of Telemedicine, the Agency for quality and accreditation in health care, Croatian Health Insurance Fund, as well as various hospitals that have achieved positive outcomes after the regionalization reform in Croatia. Among others, 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 need of the population. Croatia, similar to other European countries, started this reform with a pilot region; an option into which Moldova is now looking into.
To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.

**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, and hence under ER 6 all activities are summarized that aim at improving harmonization and alignment of health stakeholder activities with the overarching national health policy, strategy, or plan. This means increased endeavours 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 to IHP for UHC 2030 commitments. IHP+ transferred to IHP for UHC2030 to better respond to the more universal and ambitious health-related SDGs.

In Guinea, the MOH and its partners, with technical and financial support from WHO, have been committed to develop and implement a national compact after the Ebola outbreak. On 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 Governments and its partners to accelerate progress towards health system strengthening. The UNICEF representative in Guinea, and also lead of the technical and financial partners working in the health sector, Marc RUBIN stressed that “the Compact, a genuine common platform for the international partnership for health is an opportunity to channel a genuine common platform for the health sector, as well as to undersign a national compact for example. UHC Partnership activities strongly contribute to IHP for UHC 2030 commitments. IHP+ transferred to IHP for UHC2030 to better respond to the more universal and ambitious health-related SDGs.

In Vietnam, WHO facilitation of the Health Partnership Group (HPGP) 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 support to the health sector. 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 more strategic mobilization and allocation of resources towards more effective support to the implementation of national health priorities.

In Guinea, the MOH and its partners, with technical and financial support from WHO, have been committed to develop and implement a national compact after the Ebola outbreak. On 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 Governments and its partners to accelerate progress towards health system strengthening. The UNICEF representative in Guinea, and also lead of the technical and financial partners working in the health sector, Marc RUBIN stressed that “the Compact, a genuine common platform for the international partnership for health is an opportunity to channel a genuine common platform for the health sector, as well as to undersign a national compact for example. UHC Partnership activities strongly contribute to IHP for UHC 2030 commitments. IHP+ transferred to IHP for UHC2030 to better respond to the more universal and ambitious health-related SDGs.

In Laos, 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 the 5 identified key pillars (activities under ER 1). Given a better alignment across stakeholders and development partners (activities under ER 6), greater coordination and collaboration in supporting health personnel development is expected, which will lead to better planning, development and management of human resources at provincial and district level and ultimately to increased quality service delivery by a skilled and registered workforce.

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

In Laos, 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 the 5 identified key pillars (activities under ER 1). Given a better alignment across stakeholders and development partners (activities under ER 6), greater coordination and collaboration in supporting health personnel development is expected, which will lead to better planning, development and management of human resources at provincial and district level and ultimately to increased quality service delivery by a skilled and registered workforce.

In Sierra Leone, the Human Resource for Health Summit in June 2016 was the kick-off gathering to an inclusive and participatory policy dialogue on health workforce issues. Expertise on best practices and opinions from various stakeholders on key policy avenues to strengthen human resource development were exchanged (activity under ER 1). An updated, evidence-based human resource 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 Resource for Health Strategic Plan 2017-2021.

In Tunisia, the UHC Partnership has supported the project of hospital performance dashboards, by strengthening expertise in monitoring and evaluation at national, regional and facility level (ER 2). The project of hospital performance dashboards was launched in 2015, aiming 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. On a long run, it is anticipated to have a full-blown (200+ facilities), comprehensive hospital performance monitoring system in place coordinated at the Department of Public Health Services (DGSSP) to take informed health policy decisions at national level. At 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 the welcoming conditions of patients. In sum, hospital management will be empowered to take organizational decisions through the launch of hospital dashboards, with 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 aligned 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 to 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 among 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 to ensure appropriate incentives with better access and improved quality of care across all levels of service provision as outcomes.

**Realist research:** In addition, five years of program implementation has given reason to conduct realist research work, with the aim to better comprehend the role of the UHC Partnership on the ground and how the Partnership has contributed to some of the small and large results that have been documented in countries and exemplary outlined in the following results 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 which allowed fine-tuning of the research protocol. Interviews will be held by national researchers with key stakeholders involved in the policy dialogue process to collect information which will then be disseminated and assessed by researchers in 2017.

**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 (ERs)

**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**

**WHO-LED UHC PARTNERSHIP ACTIVITY**
Human resources for health management (ER1)

**UHC PARTNERSHIP CONTRIBUTION TO ACHIEVED OUTCOME**
Well-informed and evidenced HRH policy development process and plan with broad stakeholder support

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**TUNISIA**

**WHO-LED UHC PARTNERSHIP ACTIVITY**
Development of hospital performance dashboards to strengthen evidence-based decision making at national, regional and facility level (ER2).

**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

WHO-LED UHC PARTNERSHIP ACTIVITY
Organize and facilitate policy dialogue between National Department of Health and National Treasury (ER 1, 3, 4, 5)

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

WHO-LED UHC PARTNERSHIP ACTIVITY
Development of Vietnam Health Care Financing (HCF) Strategy for 2017 - 2025 (ER 4)

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 the 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 comes up between more urgent, short-term humanitarian needs and longer-term development concerns. WHO through the UHC Partnership continues to advocate for an inclusive policy dialogue to convene both humanitarian-focused and development-focused stakeholders to relieve a potential tension between both and agree upon 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 issues across regions and beyond. Feedback from local experiences is considered in these days; otherwise, initiatives easily proliferate without coherent control and risk health sector fragmentation. The UHC Partnership supports the MOH to demonstrate credible leadership, such as in Yemen. In South Sudan, the situation got especially challenging with 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, however a lot of other development partner representatives have not yet taken up their work again. Still, achievements could be reached in terms of further finalizing 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 the activities to the prevailing circumstances in the 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 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, overarched planning processes end up not leveraging its 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 technically supported 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 demand.

Capacity building to improve leadership and stewardship of the MOH at central level is a core priority in many countries. In addition, some countries recognised the need to build leadership capacity at 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 the study were the subject of a policy dialogue not only with 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 the 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 was trained in provincial health system management. Experiences on health system strengthening efforts in each DPS have been documented, and are currently analysed across various DPS. Likewise, in Senegal, UHC Partnership efforts have been stepped up to strengthen capacity for local health actors in terms of governance, leadership, implications of decentralization, UHC as well as to community health development.

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

WHO through the support of the UHC Partnership 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 the national legislation with the EU Acquis Communautaire in the pharmaceutical sector. The UHC Partnership supported the MOH in Timor-Leste to establish a drug regulatory authority. WHO staff also provided support to South Africa in developing the necessary law to implement the national core standards for health establishments with the aim to increase quality of care; while similarly, Lao PDR is currently developing legal and regulatory frameworks for the licensing and registration system for health care professionals with UHC Partnership support. Last but not least, 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.

* 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/coordination/laws/ acquis_en.html
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 role and the implication to have this group sit at the table has not been widely appreciated, and more advocacy is needed to foster the importance of them being involved. This is one key lessons learned from Cabo Verde, a country that has made significant efforts towards district health strengthening. It states that the weight that civil society organizations represent 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 to strengthen community engagement. BHI is a community health extension worker strategy to strengthen community systems.

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

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 Fleischl, WHO Representative, Lao PDR

Evidence generated at country level is shared across the region through the Partnership network. In addition, it is taken up quickly at global level to feed into guidance documents.

One of the major strengths of the UHC Partnership is the ability to cross-fertilize knowledge between countries, regions, and global level. Evidence generated at country level is shared across the region through the Partnership network. In addition, it is taken up quickly at 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.” These articles analyzed and synthesized the mechanisms of health policy dialogue in UHC Partnership countries and examined their process, results, and utility values for the health sector. For health financing, various studies were coordinated from WHO headquarters, with regional and sub-regional offices contributing to pulling together relevant lessons learned for regions. These lessons were vital in countries’ health financing policy reflection processes through policy dialogue. For example, in Cabo Verde, Mozambique, Tunisia, and Timor-Leste National Health Accounts were updated or are in the process of being updated to gain 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.

The UHC Partnership has contributed greatly to improving institutional capacity to govern 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 Partnership support in 2017. Likewise, in South Africa, the purchaser-provider split is one of the six identified work streams for the implementation of the National Health Insurance. Morocco is also committed to develop 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 capacity to act as strategic purchasers and in which mixed provider payment systems can be aligned across purchasers.

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

The UHC Partnership’s principal aim is to facilitate policy dialogue around health sector issues which help countries to progress towards UHC. These issues are often centred on financing of health services but equally critical is the dialogue on which health services are to be financed and how to incentivize the population to use those services. Thus, essential health service package design is a core priority for several countries, and technically supported by 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 how this will align with human resource for health development to enhance delivery of identified services, as well as which services the benefit package should include.

Likewise, in Cabo Verde, Kyrgyzstan, Ukraine, Tajikistan, and Vietnam are currently in the process of elaborating and updating the benefit package design with technical support from the Partnership, aiming at improving access to essential, good quality care to all people without the risk of financial hardship.
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 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"

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

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 on 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 with regards to the harmonization of national pharmaceutical legislation with EU Directives. In Burkina Faso and Cabo Verde, activities which were added due to arising need are 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 develop robust policies, strategies and plans. In many countries good technical work has been conducted but these achievements need not only to be recognised but it 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, Kyrgyzstan states that a positive environment for policy dialogue with high capacity to analyse problems and identify the way forward exists; 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 fulfill UHC and SDG goals. This role of a Health Policy Advisor is however difficult to quantify and is often not adequately addressed in monitoring frameworks or project management tools.
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 MOH 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 directions from previous decades where 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 are more centrally considered and addressed, for example in terms of preventive and mental health. This all implies new roles, energies and forms of connection for the MOH and leads for example to the following challenges:

1) How to engage and regulate the private sector?
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 functions?
3) What governance functions should a MOH perform in a decentralized context and what capacities and institutions are required to perform these functions?
4) How to include the population’s voice and civil society 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 supports 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 in terms of SDG implementation. For example, health system strengthening is still a vertical cluster at WHO institutions across different levels. The Department of Planning is usually a vertical department in Ministries, alongside disease-specific and life course-related programmes. In terms of WHO, recent reform efforts 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 are measurable in terms of strategies developed and 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 Partnership activities remains a challenge of this work which can only be overcome by the definition of realistic milestones and benchmarks and their monitoring. To achieve this goal, WHO has invested more heavily into providing straightforward insight into the chain of events and reactions as results of the implementation of programmes activities (see Results section). More meaningful insights will also be expected by the forthcoming results of the realist research work, which will certainly help to better comprehend the role of the UHC Partnership in health system strengthening.

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, reaching from civil society, over 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 among national and international stakeholders has been built up, a mutual understanding of the UHC concept enhanced, and a genuine interest created to strive for UHC in 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 MOH:

• in effectively engaging with the private sector while triggering their role to the behalf of UHC serving all people in a country independent of their socioeconomic status.
• in clearly identifying which capacities and institutional arrangements are required in a decentralized context by fostering consensus on central versus local / decentralized functions.
• in finding the balance between involving citizen consultation and participation in the decision making process to increase more legitimacy and credibility on the one hand and ensuring timely decision to move forward with implementation phase on the other hand.
• in 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.
• in gathering evidence-based information to better inform the policy decision making process by enhancing the monitoring and evaluation capacities and ultimately accountability.
• in elaborating health financing strategies, with greatest pooling possible to enhance redistribution and equity in entitlements, a strong focus on domestic revenue raising while also scaling up the purchasing function to strive for efficiency in the health system.
• in building IHR core capacities in contexts of fragility and crisis, by developing robust and resilient strategic plans that incorporate emergency response as well as long-term development goals to ensure a continuum and harmonization of activities during the emergency, recovery and post-recovery phases.

CONCLUSION AND WAY FORWARD
To do so, 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 credibility of the partnership has been enhanced. Resource capacities on the ground is hence pivotal to ensure that countries go beyond situation analysis and setting the way forward to actually implement elaborated policies, strategies and plans. Sharing exactly these country experiences of what works well and what works less well, 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 also enhance the visibility of the UHC Partnership by communicating out results and impact achieved to strive for UHC. The visibility of the UHC Partnership with its partners EU and Luxembourg is constantly growing in the field, but also through the UHC Partnership website on a global level. Equally important is the presence of local media to spread the word to the population and inform them about recent achievements in improving access to good, quality health care provision without facing the risk of financial hardship.

WHO remains committed to provide support to countries’ specific needs to accelerate progress towards UHC and health-related SDGs, with the UHC Partnership being a practical arm to strengthen health system on the ground in the spirit of the Paris Declaration principles.

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
### ANNEX B : ROADMAP ACTIVITIES IN 28 TARGET COUNTRIES

#### SPECIFIC OBJECTIVES

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#### 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

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#### SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

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#### SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles

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**ANNEX B**

**expected results**

**activities**

**specific objectives**
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

**SPECIFIC OBJECTIVES**

- SO 1. To support development of health and health system policies, and to strengthen collaboration between stakeholders to contribute to PHBS management with the private sector.
- SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.
- SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

**EXPECTED RESULTS**

- Integrate NHPSP into partner countries’ development plans and health policies.
- Establish a framework for policy dialogue and coordination.
- Strengthen collaboration between stakeholders to contribute to PHBS management with the private sector.

**ACTIVITIES**

- Establish health sector planning and coordination mechanisms on the national and sub-national levels.
- Strengthen national health dialogue mechanisms.
- Develop health equity funds.
- Develop PDS guidelines for FGU.
- Strengthen health financing systems and financial risk protection and health equity.

**Visibility of the UHC Partnership in Countries**

- MOZAMBIQUE
- NIGER
- MOLDOVA
- SENEGAL

**SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue**

**SPECIFIC OBJECTIVES**

- SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.

**EXPECTED RESULTS**

- Improve health sector planning and coordination mechanisms on the national and sub-national levels.

**ACTIVITIES**

- Develop PDS guidelines for FGU.
- Strengthen health financing systems and financial risk protection and health equity.

**Visibility of the UHC Partnership in Countries**

- LAOS PDR
- LIBERIA
- MALI
- MOROCCO
### SPECIFIC OBJECTIVES

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### EXPECTED RESULTS

- Strengthen National Health Policy
- Support health financing reforms
- Strengthen health system capacity

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### EXPECTED RESULTS

- Strengthen National Health Policy
- Support health financing reforms
- Strengthen health system capacity
**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**

**KAZAKHSTAN**

- Organize delivery of essential public health services: implement national curricula, standards and guidelines.
- Implement 5-year health sector plan 2016-2020.
- National Early Recovery Policy & Plan 2016-2020

**Ukraine**

- Develop policy for delivery and financing of public health services.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Update National Policy and Standard for Service Delivery

**Vietnam**

- Strengthen health information and data management.
- Develop full budget subsidy policy for full budget subsidy.
- Build evidence of National Health System:

**Yemen**

- Develop full budget subsidy policy for full budget subsidy.
- Build capacity on standards and guidelines implementation.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Build evidence of National Health System:

**Zambia**

- Develop full budget subsidy policy for full budget subsidy.
- Build capacity on standards and guidelines implementation.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Build evidence of National Health System:

**SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue**

**Kazakhstan**

- Develop Health Financing Concept and related investment plans, including budgetary and non-budgetary investments.
- Develop NHPSP 2017-2021.
- Support the joint annual review of NHPSP 2017-2021.

**Ukraine**

- Develop policy for delivery and financing of public health services.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Update National Policy and Standard for Service Delivery

**Vietnam**

- Develop full budget subsidy policy for full budget subsidy.
- Build capacity on standards and guidelines implementation.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Build evidence of National Health System:

**Yemen**

- Develop full budget subsidy policy for full budget subsidy.
- Build capacity on standards and guidelines implementation.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Build evidence of National Health System:

**Zambia**

- Develop full budget subsidy policy for full budget subsidy.
- Build capacity on standards and guidelines implementation.
- Strengthen local systems and develop institutional mechanisms for equity-based health financing planning.
- Build evidence of National Health System:

**SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles**

**Visibility of the UHC Partnership in Countries**

- Advocate Beadlet: The EU Luxembourgh Health Conscience Partnership
- Briefing Note - Policy dialogue: What is it and how it can contribute to evidence-informed decision-making? www.uhcpartnership.net
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