

The EU-Lux/WHO UHC partnership:

Supporting Policy Dialogue on National Health Policies, Strategies and Plans and Universal Coverage

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AFR/HQ

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**World Health
Organization**

Outline of the presentation

- Background to the EU-Lux-WHO UHC Partnership
- Cross cutting achievements by expected result
- Impact
- Lessons learnt
- Future orientations

EU-LUX / WHO UHC partnership

Phase III (2016-2018)

EU partnership (21 countries)

- 7 first priority countries started in 2012
 - Liberia, Moldova, Sierra Leone, Sudan, Togo, Tunisia, Vietnam
- 7 additional countries in 2013
 - Chad, DRC, Guinea, Mozambique, South-Sudan, Timor Leste, Yemen
- 7 new countries in Phase III
 - Burundi, Guinea Bissau, Morocco, South Africa, Tajikistan, Ukraine, Zambia

LUX partnership (6 countries)

- 6 countries in West Africa and Asia
 - Burkina Faso, Cabo Verde, Mali, Niger, Senegal
 - Laos (August 2015)

UE programme. Expected results

- ER 1.** Countries will have prepared/developed/updated/adapted their **NHPSP through an inclusive policy dialogue** process leading to better coverage with essential health services, financial risk protection and health equity;
- ER 2.** Countries will have put in place **expertise, monitoring and evaluation systems and annual health sector reviews**;
- ER 3.** Countries requesting health financing (HF) support will have modified their **financing strategies and systems to move more rapidly towards universal coverage** (UC), with a particular focus on the poor and vulnerable;
- ER 4.** Countries receiving HF support will have implemented **financing reforms** to facilitate UC;
- ER 5.** Accurate, up-to-date **evidence on what works and what does not work** regarding health financing reforms for universal coverage is available and shared across countries.
- ER 6.** At country level, **alignment and harmonisation** of health aid according to national health plans is consolidated and accelerated.

Cross cutting achievements

ER 1 (SO 1)	Achievement	Countries
NHPSP through an inclusive policy dialogue	Inclusive and participatory policy and strategic plan development -successfully negotiated a health sector budget; South Sudan -Health sector investment and recovery plans in EVD affected country -Citizens' engagement - Tunisia	South Sudan, Togo, Chad, Cabo Verde, Guinea, Liberia, Sierra Leone, Senegal, Tunisia, Moldova, Sudan, Niger (12)
	Strengthened subnational capacity for planning -community engagement – South Sudan -Inclusive operational plans developed	Togo, DRC, Liberia, Sierra Leone, Timor Leste (5)
	Evidence based planning (resource mapping, comprehensive health situation analysis)	Liberia, Guinea, Mali, South Sudan (4)
Inputs from the EU-Lux-WHO-UHC Partnership	Capacity building, tools, technical support, catalytic funding (most of the countries and ROs)	

Cross cutting achievements

ER 2 (SO 1)	Achievement	Countries
Expertise, monitoring and evaluation systems and annual health sector reviews.	Strengthening MoH's institutional capacity for M & E - M & E plans - M & E structures - Health information systems – DHIS2	Mali, Chad, Sierra Leone, Togo, Timor-Leste, Tunisia, Guinea (7)
	Strengthening participatory review mechanisms - JAR - Evaluation of NHPSP	Burkina Faso, DRC, Guinea, Mali, Senegal, Timor-Leste, Togo, Cabo Verde, Vietnam, Moldova, Sudan (11)
	Generation of evidence to inform decision making (SARA)	DRC, Niger, Togo, Yemen (4)
Inputs from the EU-Lux-WHO- UHC Partnership	Capacity building, tools, technical support, information systems, databases, surveys, catalytic funding	

Cross cutting achievements

ER 3 (SO 2)	Achievement	Countries
Financing strategies and systems to move more rapidly towards universal coverage	Evidence based dialogue has been supported by the UHC partnership leading to concrete actions being taken to address identified challenges. - Evidence informed development of the HFS; Sin tax introduced to support UHC – Togo - Improving financial access to medicines - Moldova	DRC, Moldova, Mozambique, Vietnam, Togo, Tunisia, Sudan (7)
	Strengthening financial management (health sector pool fund)	Liberia (1)
Inputs from the EU-Lux-WHO-UHC Partnership	Capacity building, generation of evidence, technical support	

Cross cutting achievements

ER 4 (SO 2)	Achievement	Countries
Financing reforms	- Review of national laws: Law on public health - Estimation of catastrophic expenditures - Policy briefs to disseminate experiences on what works and what doesn't for UHC	DRC, Moldova, Vietnam (3) Global
Inputs from the EU-Lux-WHO-UHC Partnership	Technical assistance, catalytic funding, capacity building	

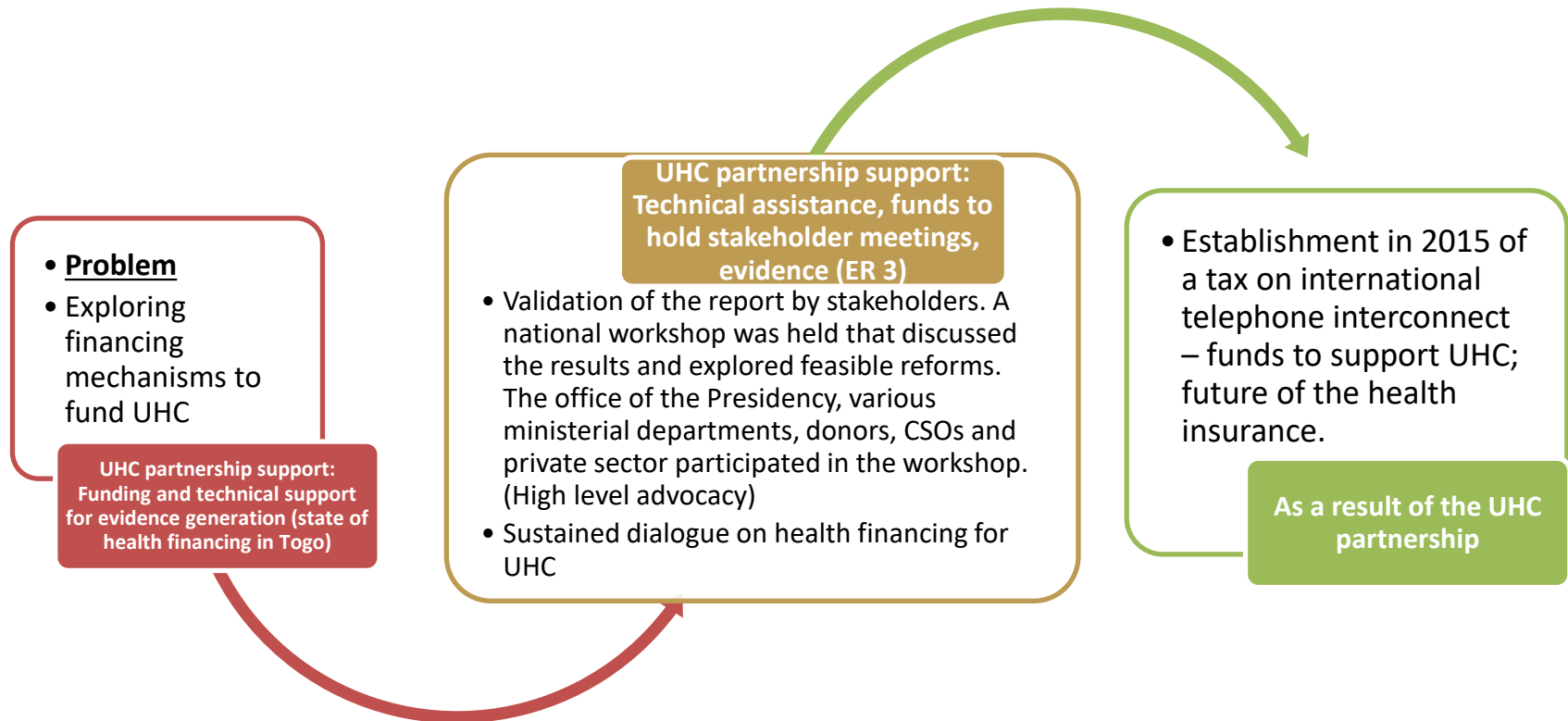
Cross cutting achievements

ER 5 (SO 2)	Achievement	Countries
Evidence on what works and what does not work	Generation of evidence - NHA - Innovative health financing mechanisms - State of health financing - Health technology assessment	Burkina Faso, DRC, Mozambique, Chad, Mali, Togo, Tunisia, Sudan, (8)
	Capacity building in health financing	Mozambique, Moldova, Yemen (3)
Inputs from the EU-Lux-WHO-UHC Partnership	Technical assistance, catalytic funding, capacity building	

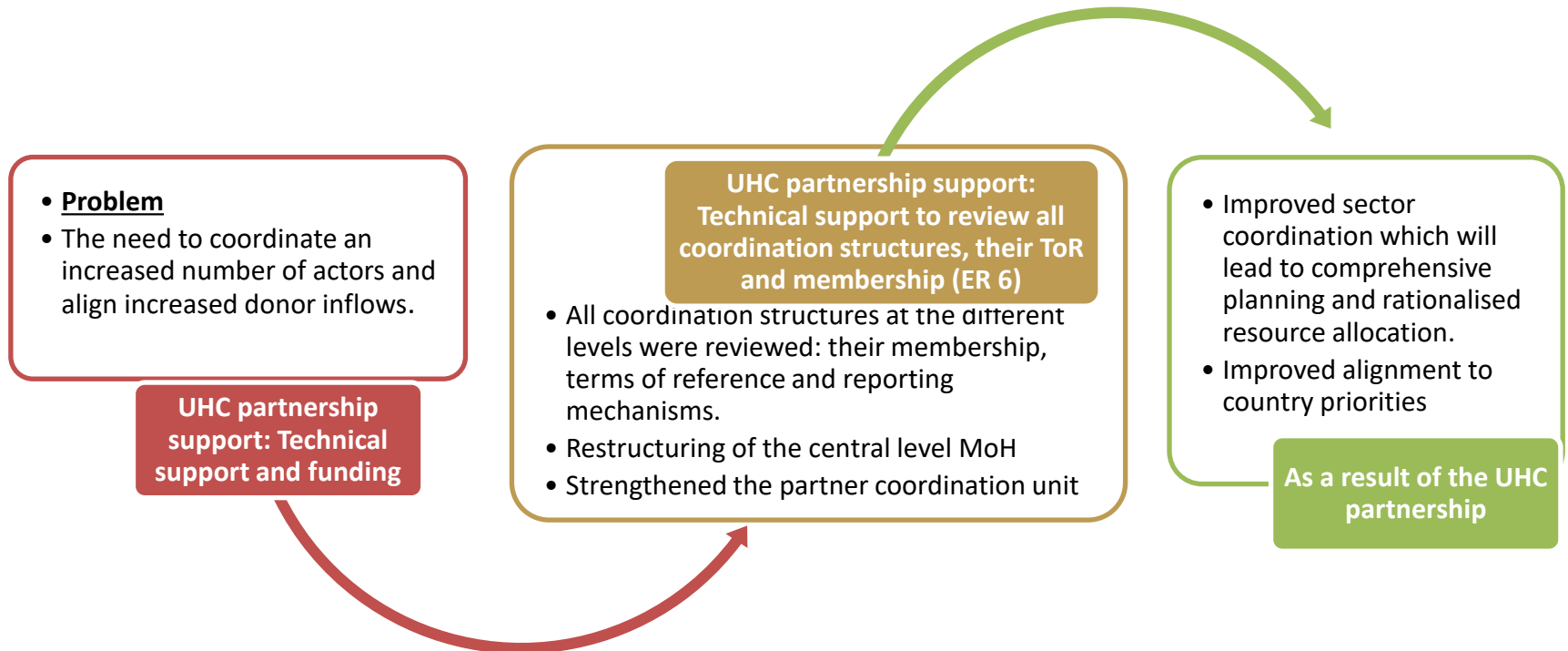
Cross cutting achievements

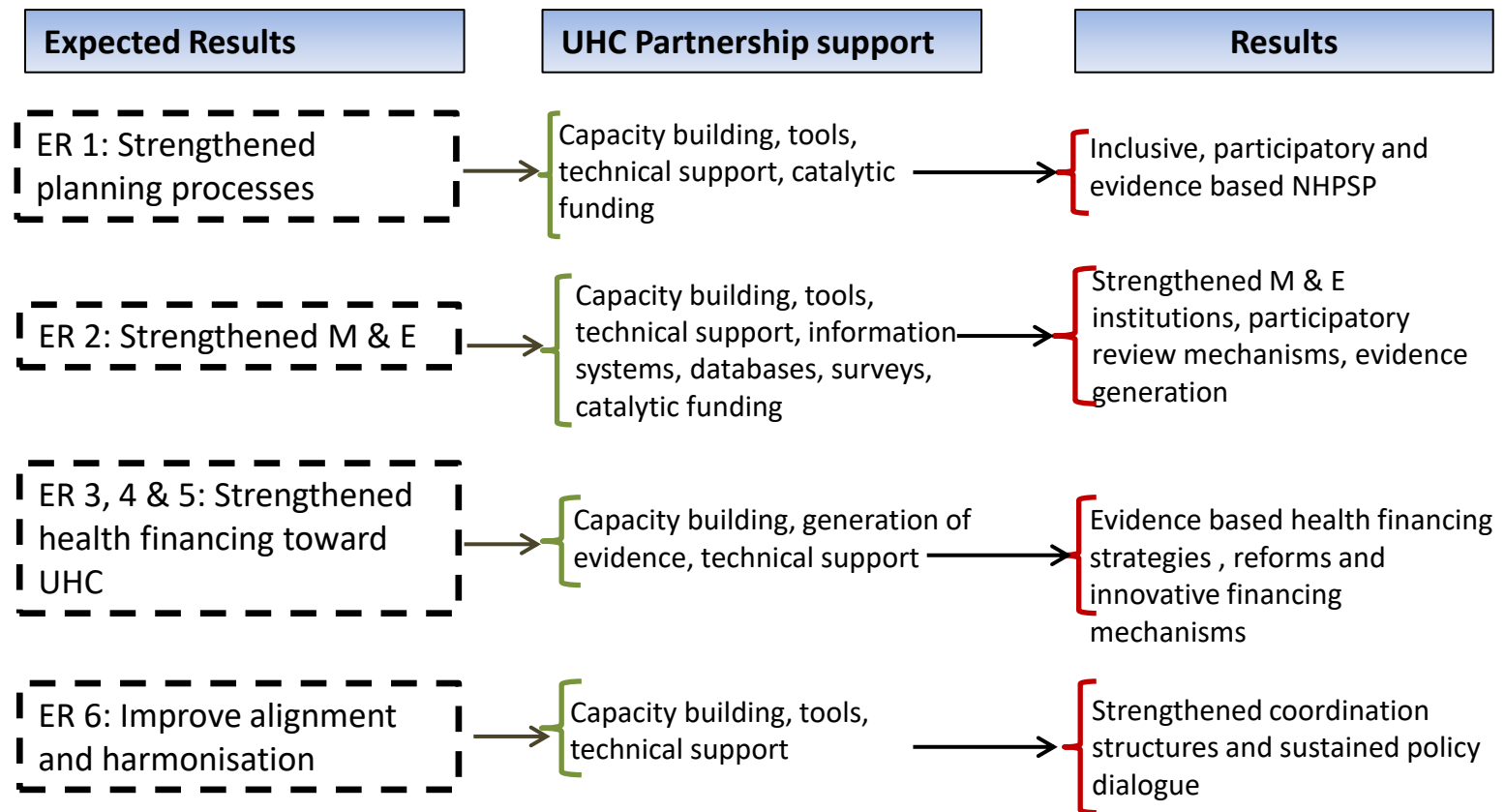
ER 6 (SO 3)	Achievement	Countries
Alignment and harmonization	MoH restructuring to improve coordination capacity	Sierra Leone, Liberia, Niger (3)
	Ensuring sustained dialogue -Sub national level (Chad, DRC, South Sudan, Sudan)	All countries
Inputs	Capacity building, generation of evidence, technical support	

ER 3 – Impact - Togo



ER 6: Impact - Liberia





Some results...



The EU-LUX-WHO UHC Partnership:
Promoting a range of global policy support
activities, such as:

The first-ever **National Health Forum** in Togo (2012)

The first-ever **National Health Forum** in 2012 in Moldova
(with a second one organised in 2013)

The first-ever **National Health Forum** in 2012 in Moldova

The **Societal Dialogue for Health** in Tunisia (2012-2014)

New **National Health Policy Draft** in Guinea (2014)

Signature of **IHP+ Compact** in Chad (2014)

High Level Conference

New

L'adoption de la toute première loi sur l'assurance maladie universelle au Burkina Faso (2015)

L'élaboration et la signature du « Pacto » National en faveur de la Santé au Cap-Vert (2014)

L'organisation des Journées nationales d'évaluation des programmes et des structures centrales du ministère de la Santé au Mali (2015)

Le Forum sur la santé au Niger (2014)

L'élaboration et validation du plan quinquennal sur la santé et le développement social (PRODESS III) au Mali (2014)

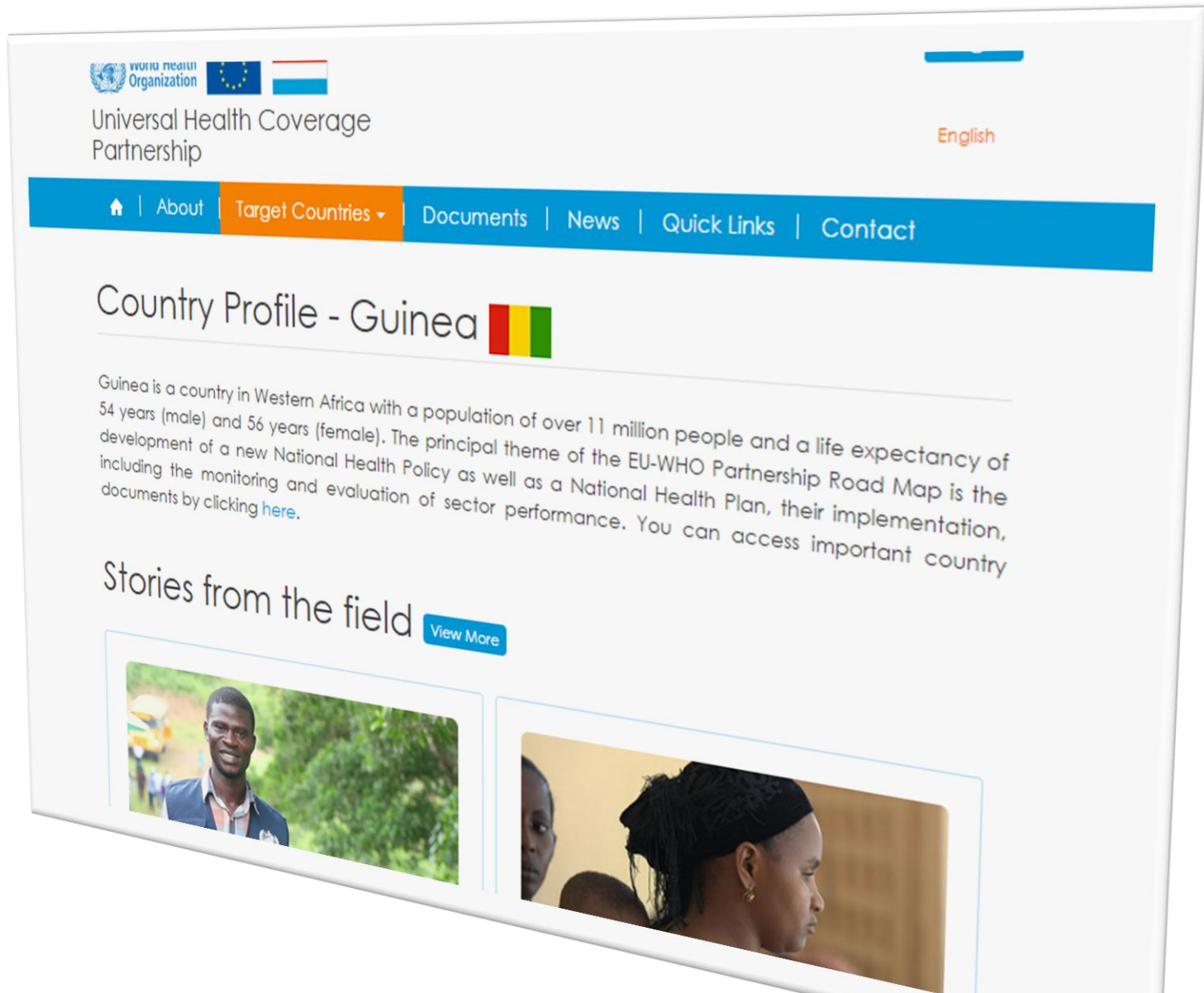
La tenue de la revue annuelle conjointe nationale (RAC Nationale) au Sénégal (2014)

L'élaboration du nouveau plan global de développement des services de santé et des services du secteur pharmaceutique au Cap-Vert (2014)

La concertation pour l'élaboration des plans



Visibility - www.uhcpartnership.net



Lessons learnt

- The UHC Partnership has clearly strengthened WHO's role as convener and broker of health policy dialogue
- The UHC Partnership has also strengthened WHO's leading role regarding the coordination between development partners for health sector activities [including the IHP+ agenda development at country level]
- Policy dialogue is more effective when built around generated evidence.
- A mix of national and international expertise seems to be good for evidence generation, allowing for strengthening of national capacities and sustaining the dynamic in the long term.

Lessons learnt

- Need for flexibility given country context : Humanitarian response in South Sudan, disease outbreak in EVD affected countries, Yemen
- Political changes can threaten the continuity of the programme, and lead to reluctance to make significant changes or reforms.
 - In Tunisia, a change of government led to the departure of many of the senior officials who had backed the Partnership and threatened the survival of the policy dialogue.
- Policy dialogue needs dedicated champions: need for dedicated staff and focal points amongst relevant stakeholders to develop and ensure sustainability.
- Policy dialogue is a process that requires continuous advocacy and building of synergies among between stakeholders under a committed leadership. The participation of high level political officers is beneficial essential since some decisions can only be made at that level.

Future orientations

- Consolidation of gains made
 - Functionality of coordination structures
 - Improving quality of the dialogue
- Embrace Global agenda
 - The launch in 2015 of the Sustainable Development Goals (SDGs),
- Stronger focus on dialogue around HRH and SRH
- External evaluation of the program