



Technical Working Group on Health Systems Assessment

HEALTH SYSTEM ASSESSMENTS: SCOPING THE ENGAGEMENT

Meeting Report from the first face-to-face meeting

17-18 October 2017, Geneva, Switzerland

EXECUTIVE SUMMARY

Following several preparatory panels and (online) meetings in 2016/2017, the first-face-to face Health Systems Assessment (HSA) Technical Working Group (TWG) meeting, held on 17-18 October 2017 in Geneva, convened key national and international stakeholders and country representatives to discuss the following:

- Bottlenecks in conducting a multitude of HSAs in countries (“evaluation industry”)
- Results of an HSA tool review that examined all relevant, existing tools and approaches on health systems assessments
- Differences between HSA and HSPA, and the potential for relating HSAs with the health systems *performance* assessment community
- Scoping the engagement of the TWG, including a roadmap with key deliverables

In the round table format, the participants were engaged in sharing more detailed ideas around: (1) the current situation of HSAs, (2) potential entry points for more harmonized and aligned HSAs (3) how to bring the HSA and HSPA communities together and integrate performance assessment aspects within HSA in a more systematic way.

The first–face-to-face meeting mainly concluded that:

- The HSA approach should be local demand-driven and owned by the country in order to support the development of national health policies and decision making process.
- At the moment, especially in countries where donors contribute significantly to the health sector, a multitude of assessments may take place, each one lead by a different development partner. This poses a huge burden on already overwhelmed national MOHs staff to handle with successive and parallel assessments, causing high transaction costs at country level.
- In addition, many tools/approaches for assessing health systems exist; they differ as to their method and scope (e.g. assessing a new funding stream or evaluating a program). This leads to a lack of comparability amongst HSA results.
- Efforts by the government and the international aid community are necessary to increase comparability across HSA results and ultimately favour a more accountable HSA environment. Ideally, one HSA which is embedded into the national planning cycle is valid for all stakeholders. Stakeholders can then draw upon these results and complement their analysis as to their specific (program) needs, if need be.
- There was broad consensus that a recommended UHC2030 annotated template which reflects the content depth of the reviewed HSA tools and which adds a performance angle into assessing a health system shall be developed. This common template, agreed upon

by all stakeholders, shall provide a format to present HSA results in a more standardized and comparable way. The template should be conceptual enough to allow taking national context fully into account when designing the specifics of a national HSA (see also the following 2 points).

- Terminology such as ‘common framework’ was deemed as confusing.
- A common tool which aims to fit the purposes of all country specific contexts is not seen as appropriate nor feasible.

Four main deliverables of the HSA TWG were identified:

Deliverable 1: Development of a recommended UHC2030 annotated template to conduct health systems (performance) assessments, including taxonomy, working definitions, a set of recommended indicators.

Deliverable 2: Development of UHC2030 process guidance on HS(P)A, integrating performance assessment and based on the principles of country ownership and leadership.

Deliverable 3: Development of a UHC2030 knowledge platform around HS(P)A and support to cross-country learning.

Deliverable 4: Advocacy to gain stakeholder buy-in on UHC2030 TWG deliverables to promote a more accountable HS(P)A environment.

1. INTRODUCTION

Established in 2016, the International Health Partnership (IHP) for UHC2030 is a multi-stakeholder partnership for advocacy, accountability and coordination of health systems strengthening in accelerating progress towards UHC. Universal health coverage (UHC) is a top priority for the new WHO Director General, and health systems strengthening (HSS) is the principal means to achieve UHC. Health systems assessment (HSA) is thus clearly a central piece of HSS and should inform efforts to achieve UHC. Currently, a multitude of HSA tools and approaches present a growing burden of assessments on countries. The need for harmonization and alignment of the different HSA processes is therefore acute; harmonization and alignment efforts should aim to lower transaction costs and guarantee country ownership of the HSA process.

In June 2016, during a multi-stakeholder launch of UHC2030, a session dedicated to HSAs fully recognized the major challenge in countries due to the varying HSA approaches used, with different assumptions, baselines, and definitions. The June 2016 panel gave broad support to founding a UHC2030 working group to examine the pros and cons of the various options for harmonization. A December 2016 round table discussion during the next UHC2030 gathering followed up on the June conclusions. A potential *modus operandi* for the UHC2030 Technical Working Group on Health Systems Assessments was debated. In addition, the critical aspect of health systems performance assessment (HSPA) as an integral part of an HSA was raised.

The various deliberations mentioned above was in concurrence that a formal TWG on HSAs should be created to focus on:

- (1) harmonizing and aligning different existing HSA tools, and
- (2) building a common understanding of definitions, principles, and criteria for measuring health systems performance towards UHC.

A tool review was commissioned in early 2017 in recognition of the need for in-depth familiarity with the different HSA tools as a necessary starting point to identify potential options for harmonisation and alignment. The review demonstrated broad agreement amongst the tools regarding their aims and topical health systems areas assessed. The tools mainly differed in the emphasis given to one topic area over another and the level of detail in which technical guidance is provided.

All of the above events and pieces of work contributed to the first draft of the Terms of Reference (ToR) of the working group. This draft was subject to review by the first face-to-face meeting, convened in October 2017 in Geneva. to scope the engagement by the TWG for health systems assessment. The states objectives were:

- (i) validate the ToR for the HSA Working Group, including its scope of work, timeline, modus operandi, (other) participants to mobilise or key partners to engage
- (ii) understand the details of the different methodologies through joint study of a commissioned HSA tool review and
- (iii) debate on the different options proposed for a more harmonized and aligned HSA process

Box 1. Membership of the working group

- International Health Partnership for UHC2030 hosting organizations:
 - WB
 - WHO (country offices, regional offices, headquarters)
- Countries: Belgium, Chile, Gabon, Guinea, Hungary, India, Liberia, Nigeria, Tanzania, Thailand, Turkey
- Bilateral: AFD, DFID, European Commission, GIZ, OECD, UNICEF, USAID, others
- European Observatory on Health Systems and Policies
- Gavi Alliance, Global Fund
- Philanthropic organisations: Gates Foundation
- NGOs: Family Health International (FHI360)
- Consultancy: Abt. Associates
- Civil Society: Global Health Advocates

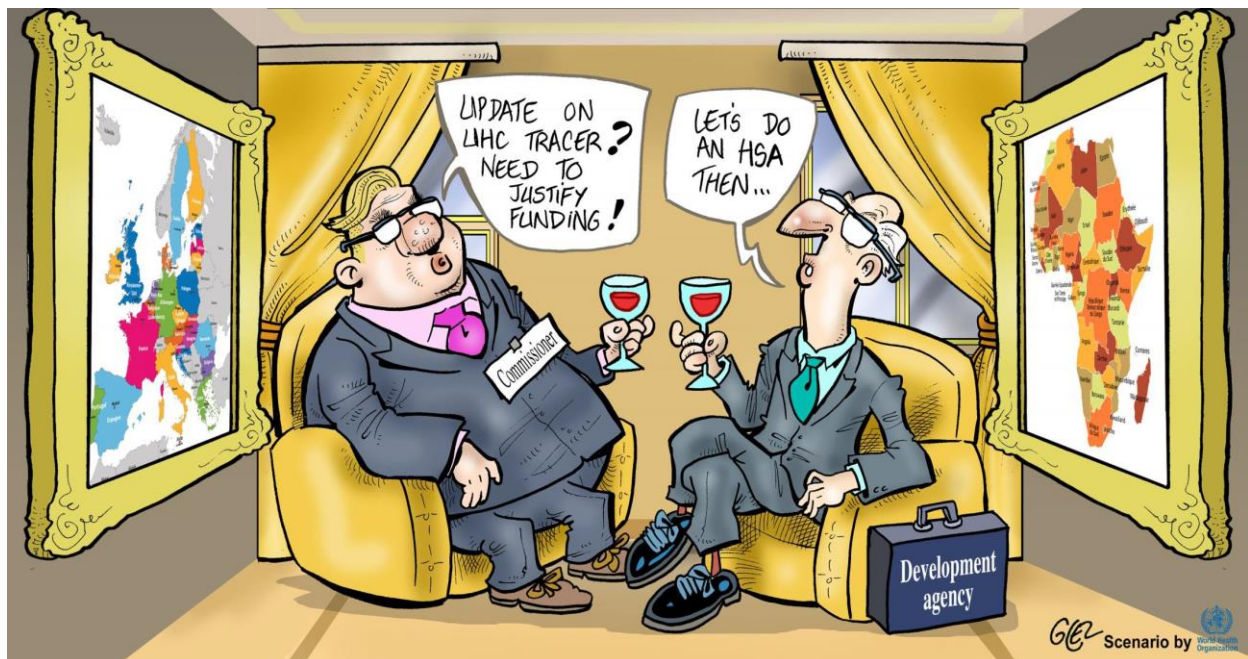
2. DAY ONE

2.1 SESSION 1: SETTING THE SCENE – CHALLENGES AT COUNTRY LEVEL

Panel: Status quo of HSA at country level

The first session started with a series of cartoons and short presentations outlining the status quo of HSAs.

Due to the presence of many tools and reporting formats which contain different indicators, many countries face a lack of clarity on the implementation of the recommendations. As a result, these assessments are not always integrated with countries' strategic plans.



In order to contextualise HSA country experiences, summaries from Tanzania, Nigeria, Hungary and Guinea were presented.

Key messages from the presentations and the panel discussion round highlighted that:

- Assessments are needed and useful.
- The burden of the plethora of assessments is high in settings where development partners have considerable influence in the health sector
- The various tools need to be harmonised throughout a process which shall take into account country context-specific issues such as health system structure, UHC-specific policies, cultural and religious differences.

- While the aim of a HSA shall be well-defined, deep-dives or root-cause analysis are also needed in order to translate an assessment into policy options. Depending on the approach used, the latter may or may not be included in an HSA.
- In some settings, the assessment process was revealed to be very costly and time consuming.
- External factors (for example, one country panellist highlighted their experience with the media) and the political economy can also play a significant role in the way the results of a performance assessment are taken up
- Accountability of the government, ownership of the assessments and institutionalisation were other elements raised as important aspects to guide health systems assessment processes.

The ensuing round table discussion aimed at teasing out the principal reasons around the current status quo of HSAs. The salient points of the discussions are summarized in the table below:

Round table discussion 1: “The evaluation industry”

WHY do we undertake HSA?	HOW are HSAs conducted?	WHEN are HSAs conducted?	WHO conducts HSAs?
<ul style="list-style-type: none"> - Motivate or inform reform in the health sector - Driven by donors to determine how they will invest their funds - Identify system bottlenecks for achieving UHC2030 agenda - Trigger dialogue at different levels of the system - Identify gaps in the health system functions (building blocks) - Raise awareness among policy makers - Monitor performance based on key performance indicators - Determine how to improve coverage, quality and efficiency of health systems - Enable comparisons of different countries’ health systems - Identify gaps, strengths, and weaknesses in the system 	<ul style="list-style-type: none"> - The different HSA actors and different HSA results, depending on the tool/approach used, poses a burden to countries - External consultant-driven HSA processes are sometimes completely in parallel to country processes and existing information - In some cases the process of conducting an HSA is country-driven, but for most countries (LMIC) it is not country-driven - Country-driven processes are embedded in country timelines and objectives such as a mid-term review or development of a new national health plan 	<ul style="list-style-type: none"> - HSAs should be aligned with government planning/policy-making cycles (e.g., the development of national strategic plans) or reform cycles of countries. - After an initial baseline, they should be conducted every 3-5 years (depending on the length of the cycles) - When an HSA is conducted depends on the objective for conducting the HSA (in the ideal case, an HSA is conducted within the health sector planning cycle and not driven by donor funding streams) 	<ul style="list-style-type: none"> - The HSA process should be government-owned, but should not involve only the MOH - Almost every country has Dept. of Planning/ Statistics within MOH. They should be responsible for conducting HSAs - HiT system with observatories (active in 2 continents, Europe and Asia) could be a good model for other regions - The “why” and the “who” are closely linked

The round table debate provided insights on two main challenges which emerged during the discussions: 1- *the reasons for undertaking HSAs are not always aligned and implemented within the development of national health plans* and 2- *HSAs are not always country driven*.

Key takeaways in tackling these challenges:

(1) What should the reasons be behind undertaking a HSA?

- The HSA approach should be driven by its objectives. **The assessment should support the development of national health policies and decision making process.** HSAs shall coordinate various stakeholder viewpoints in providing options to be aligned with planning cycles
- Health systems shall be assessed before and after a reform and HSAs should **promote accountability.** HSA should, however be differentiated from program assessments, impact assessments whose specific goal is to monitor particular reform aims.
- Should not be conducted too often. It was recommended a **periodicity of every 3-5 years** in order to assess general progress

(2) If the process is not country-driven, what should change?

- **A model which provides a link between HSA and a health systems performance framework was universally agreed as useful**
- The tools shall take into account the country context
- **The process should be country driven and ensure buy-in of all relevant country stakeholders.** Although countries might sometimes lack the capacity to conduct an HSA and solicit external support, the HSA should still be owned by the government
- An HSA should **be a continuous process with a strong national capacity building component.** It follows that stronger capacity leads to more robust HSA results, and thus a high probability of political buy-in.
- **Institutionalization of the HSA process** requires a team of experts dedicated to the task. Possible options are a MoH unit, an external government agency, contracting out to non-state providers, etc.
- Donors should deliberate amongst themselves and with the country in order to 1) harmonize and align their information needs and 2) communicate these needs to the country to include them into the country-driven HSA content and process.

2.2. SESSION 2: TOOL REVIEW AND OPTIONS FOR HARMONIZATION AND ALIGNMENT

Presentation: key findings of the HSA tool review

Many HSA tools/approaches exist, and countries have conducted health systems assessments in several to date. For example, the different regional Observatories on Health Systems and Policies, housed usually at WHO, have performed HSAs in over 181 countries; these were endorsed by Member States¹. Many other partners (USAID, OECD, NGOs, World Bank) are active and provide tools and guidance to countries in this area of work as well. This is also the reason why a review of existing HSA tools was commissioned by WHO in early 2017 to an external consultant to gain more clarity and familiarity with the different HSA tools as a necessary starting point to identify potential options for harmonisation and alignment. Key findings of a draft report, which were shared with participants prior to the meeting, were presented during this session. The consultant reviewed selected tools that provide an assessment of the whole health system, i.e. tools which assessed and diagnosed the strengths and weaknesses of the health system as a whole, rather than a specific single area of the health system (often labelled as deep-dive analysis). In addition, the tool review looked at tools focusing on country-level analysis, and not approaches which primarily aimed at cross-country comparisons. A total number of seven tools were selected that met the inclusion criteria (see table below). Besides a desk review, interviews with tool owners and tool users were conducted to better understand the tool approach as well as the practical use of these tools in countries. Gathered information fed into the elaboration of potential entry points on how to better harmonize and align various HSAs, with the ultimate aim to reduce the country burden of multiple assessments.

Name of the tool	Run by	Year
Health System Assessment Approach: A How-To Manual	USAID	2016
Health System Performance Assessment	WHO /EURO	2012
Health System Analysis for better Health System Strengthening	World Bank	2011
Monitoring the Building Blocks of Health Systems: a Handbook of Indicators and their Measurement Strategies	WHO	2010
Health System Rapid Diagnostic Tool	FHI 360	2011
Situation Analysis of the Health Sector	WHO	2016
Health System Reviews (HiTs)	WHO / EURO	2010

¹ More information can be found under the following links:

SEARO-WPRO: http://www.wpro.who.int/asia_pacific_observatory/hits/latest_hits/en/

EURO: <http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits/full-list-of-country-hits>

AFRO: http://www.aho.afro.who.int/profiles_information/index.php/Main_Page

EMRO: <http://www.emro.who.int/entity/statistics/country-health-profiles.html>

PAHO: http://www.paho.org/hq/index.php?option=com_content&view=article&id=4283%3Aperfiles-sistemas-salud-paises-1999-2009&catid=1920%3Ahealth-services-access&Itemid=2080&lang=en

Key takeaways on the HSA tool review:

- The analysis showed that the reviewed tools show **broad similarities** in regard to stated purpose and intent, scope of assessment, process of conducting an HSA, the use of results, and in the high degree of flexibility and adaptability to national and sub-national context.
- All reviewed tools are able to support planning and policy making in a similar direction, but with **differing levels of detail provided on technical and methodological guidance**. Some examples of areas with differing levels of guidance are: directing HSA process steps, providing (core) indicator frameworks, moving from a descriptive to an analytical analysis, and developing recommendations for implementation.
- Hence, the **choice of tools does not seem to be the most relevant determinant** for influencing national and international partners' willingness to engage in aligned and harmonized assessment efforts. What seems more relevant is:
 - (a) *the political readiness and willingness of national and international partners to buy-in to promoting a more accountable HSA environment, by enabling long-term comparability of HSAs (political level), and*
 - (b) *the quality of the results established through the assessment, i.e. technical soundness of the assessment, both process and content-related (technical level), the latter probably determining the former.*
- In the Q&A session following the presentation, a question was raised regarding whether an inductive or deductive approach would have been most suitable for this HSA tool exercise. It was recognized that both approaches are possible and could complement one another. The tool review chose the inductive approach in order to not have pre-conceived notions from a pre-set framework orient the findings one way or the other. In this light, it was acknowledged that the **emphasis shall be put onto an evidence-based, country-driven process** rather than being too “obsessed” about tools.

Round Table Discussion 2: “Options for harmonization and alignment”

In round tables format, the participants discussed previously presented findings on potential entry points for more harmonized and aligned HSA results. It was emphasized that working groups shall concentrate on whether proposed options seem feasible for them and which role the UHC2030 TWG can take on to move them forward. In this regard, four main discussion points were selected where feedback from participants were considered as most pressing for framing of the UHC2030 TWG work plan for the next two years.

Key takeaways from the round table discussions:

(1) Common framework for presentation of results

Would people think working on a common framework for presenting results at this stage is a useful pursuit for the technical working group? If so, how? If not, why not?

- **There should be a joint template rather than a joint framework:** The term “template” seems more appropriate due to the fact that the intended purpose is to come up with a common way of presenting results, whereas a “framework” links more to the idea of developing one common tool that shall be applied when conducting a HSA (which is not foreseen).
- **The template should be broad and comprehensive, reflecting the level of content depth of the HSA tools that were reviewed:** The HSA template shall be comprehensive enough to reflect a whole health system assessment well, with a possibility to do so across health systems building blocks, and to allow for cross-country comparisons. It is acknowledged that this assessment has to go beyond a purely input-based assessment, but rather focus on inputs as well as processes and outputs, taking components such as quality, efficiency, or performance into account (to this end, an impact component was seen as not appropriate as this is more relevant for a 5+ year review of policy reforms). The template should be conceptual enough to allow taking national context fully into account when designing the specifics of a national HSA.

(2) Improved handling of indicators

Do we want to work on a common core set of indicators, and if so, how to identify them and on the basis of what?

- **Linkage and close cooperation with Health Data Collaborative (HDC) for improved handling of indicators** as they have already done substantial work in this regard. Possibility to use SDGs indicators (100 core indicators) as well as to choose a gradient set of indicators was acknowledged.
- **Clear understanding of definitions and methods:** A review and comparison of indicators across tools, comprising both definitions and how they are measured, is needed. Ideally, this means that the use of standardized indicator definitions will enable more comparability of results across different HSA reports in countries. The Health Data Collaborative may already be doing this, and if so, linking with the HDC will be imperative.

(3) Deep Dive Tools: How to address them?

How are we going to relate our work on HSA tools with the current and potential future desire to also engage in “Deep dives”?

- **The TWG should focus on HSA:** There was a clear call **not** to broaden the focus to deep dive tools as this would unnecessarily expand the scope of the working group to examine an abundance of other approaches without clear selection criteria.
- **A robust common template will automatically link to deep dive tools.** Deep dives will be critically important to understand root causes and any deep dive analysis results should be integrated into the common template. To this end, deep dives should ideally lead to policy options, and thus not be too technocratic.

(4) Common understanding on HSA follow-up and use of results

Do we share a common enough understanding of what we mean by HSA follow-up? If yes, define. If no, explain. On what aspects of follow-up do you think we should focus attention in the working group?

- **The common template should outline the scale of identified problems pertaining the health system, set baselines and targets for performance reviews, as well as provide clear guidance for follow-up:** Key findings of the report must be communicated in various means as to differing target audiences. Based on the evidence provided in the report (including potential recommendations to overcome identified problems), policy options and reforms shall be developed, results translated into an action plan; and last but not least M&E of activity implementation undertaken. In all stages, the mandate of who is responsible for what must be clear in order to enable a successful follow-up process.

3. DAY TWO

3.1. SESSION 3: HEALTH SYSTEM PERFORMANCE ASSESSMENT

Presentation: HSA vs. HSPA – what is the difference, and where are we now with the current HSPA workload?

This presentation highlighted the importance of understanding the reasons why and how HSPAs are conducted. Most of the work to date on HSPA is done in high income settings. **HSAs provide a diagnosis of the health system, whereas HSPAs are a continuous exercise which monitor, evaluate and communicate the extent to which objectives are met.** However, most HSPA exercises tend to still remain at a diagnosis stage (exceptions include the Netherlands, Belgium and England).

Key takeaways from the presentation and ensuing discussion:

- It is important to understand that countries pursue different objectives and aims with each HSPA; examples include improving accountability of national institutions, informing policy, increasing transparency of health systems diagnosis, etc.
- HSPAs in many settings have stimulated a lot of data collection and data integration which has helped to build up routine and comprehensive systems.
- Accountability seems to be one of the key common drivers of HSPA efforts in high-income countries.
- HSPAs can support policy action and resource allocation.
- It is possible to turn HSAs into HSPAs, but continuity needs to be ensured, therefore government commitment is needed.

Country case study: Turkey

An HSPA example from Turkey was presented which highlighted the **importance of high-level political support and the need for multi-stakeholder engagement.** The institutional ownership in Turkey is within the MOH. Interestingly, Turkey actually did both a full-fledged health systems diagnosis (HSA) as well as examined health systems performance (HSPA).

Overall, performance assessment is one of the many instruments that countries have to understand how well systems are doing. HSPA is a crucial means to understanding the degree to which a health system achieves its goals. Assessing performance can become an exercise which is an end in itself. However, **its real added value emerges when it is closely linked with decision-making to shape policy. It should be part of the broad agenda rather than an isolated exercise.**

Round Table Discussion 3: “Health system performance assessment: a must for UHC”

Following the presentation and discussions on HSA vs. HSPA, in this round table the participants were invited to share their ideas and opinions on how to bring the HSA and HSPA communities together and integrate performance assessment aspects within HSA in a more systematic way. The participants shared their vision on making HSPAs relevant for all countries within the framework of SDGs.

Key takeaways from the discussion were as follows:

- HSPAs should link explicitly to UHC
- Political commitment is important
- There is a need to look at how the results can be better fed into decision-making processes
- Experience can be more widely shared (e.g. through case studies)
- Institutionalisation and capacity-building for sustained and routine monitoring remain both a demand and a challenge
- Country users should be part of a technical expert group on HS(P)As
- HSPA should be a subset of HSA (joint terminology), and should not be considered a separate thing
- A common understanding of HSA and HSPA is needed

3.2. SESSION 4: ROADMAP FOR UHC2030 TWG ON HEALTH SYSTEMS ASSESSMENT

Presentation: Key messages of this two-day meeting

This session was dedicated to bringing all topics around HS(P)A together, by summarizing key messages of panels, presentations and round table discussions. The objective was to outline a draft road map for this UHC2030 TWG with clearly stated deliverables.

Key takeaways from the presentation:

UHC2030 TWG on Health Systems Assessments: Background and rationale

- HSAs should, in the SDG era, inform on what is needed in countries to progress towards UHC
- TWG should explicitly recognize the issue of multiplicity of HSAs undertaken, especially in low- and middle-income countries with influential levels of external aid for the health sector
- HSA harmonization and alignment options are needed
- UHC2030 can act as a catalyser to convene all relevant stakeholders and link HS(P)A agendas

Session 1: Setting the Scene – challenges at country level

- Many tools/approaches for assessing health systems exist, each with their own methodology and indicators. Especially in countries where donors contribute significantly to the health sector, a multitude of assessments may take place, each one lead by a different development partner. This poses a huge burden on countries.
- The HSA approach should be driven by its objectives and support the development of national health policies and decision making process.
- Harmonization and alignment of the different methodologies/tools would be useful for easier comparison, trend analysis, and to lower the number of assessments overall. Harmonization and alignment should take into account country context-specific issues
 - HSA should promote accountability
 - Countries shall be the owners of the HSA

Session 2: HSA tool review and options for harmonization and alignment

- Due to the fact that HSA tools show broad concurrence in technical and methodological guidance, with slightly differing support in its detail, the choice of tools does not seem the most relevant determinant. Instead, to enable a more accountable HS(P)A environment, it seems that the political will from stakeholders, as well as, from a technical point of view, the quality of results needs to be increased, with the latter probably determining the former.
- **Common template (rather than framework):** The template should be broad and comprehensive, reflecting the level of content depth of the HSA tools that were reviewed
- **Improved handling of indicators:** Linkage and close cooperation with Health Data Collaborative for improved handling of indicators, including definition and methods
- **Deep Dives:** TWG should focus on HSA; a solid common template will automatically link to deep dive tools
- **HSA follow up:** joint template for the presentations of results should include the scale of identified problems, set baselines & targets for performance reviews, and provide clear guidance for follow-up

Session 3: HSA vs. HSPA

- HSAs provide a diagnosis of the health system, whereas HSPAs are a continuous exercise which monitor, evaluate and communicate the extent to which objectives are met.
- The HSA TWG's added value could be linking together the HSS and HSPA sub-communities
- Develop a common HS(P)A definition including the place of HSPA in achieving UHC and SDGs
- Provide guidance on institutionalisation of HSPA, a challenge even in high-income countries
- Define and agree on common criteria for measuring performance (equity, efficiency, quality, etc.)

Suggested road map for UHC2030 TWG on Health System Assessment

The meeting participants collectively identified four main deliverables, which are described in detail hereafter. In addition, in annex 1, a timeline for each deliverables is proposed for further input from the TWG participants.

Deliverable 1: A recommended UHC2030 annotated template to conduct health systems (performance) assessments, including taxonomy, working definitions, a set of recommended indicators

The annotated, common template will contains three sub-sections, including a narrative on each of these sub-sections. Small teams will work individually on each of the sections by ensuring linkages and synergies, if any.

Subsection 1: A common taxonomy for HS(P)A results

This subsection will include topical areas covered by an HS(P)A. It should be broad and comprehensive, potentially structured along health systems building blocks, and well reflecting the level of content depth of tools that were reviewed. The taxonomy shall take both components of an HSA and HSPA into account. The consultant who conducted the tool review can have a lead role in this deliverable.

Subsection 2: Common definitions of HS(P)A

This subsection envisions a glossary of working definitions, principals, criteria and/or methods, relevant for both an HSA and HSPA, and that hold valid for the overall exercise of developing an annotated, common template. The European Observatory on Health Systems and Policies can play a key role in this due to its extensive experience working with countries on HSPAs. Linkages will be drawn with subsections two and three.

Subsection 3: An indicator framework in close cooperation with HDC

This subsection refers to the improved handling of indicators. A common set of (recommended) indicators could help in this regard. The Health Data Collaborative has invested heavily in this area and must play a key role.

Deliverable 2: UHC2030 process guidance on HS(P)A for UHC2030, integrating performance assessment and based on the principles of country ownership and leadership

The aim of the guidance document(s) is to provide a more in depth analysis and guidance on the assessment process in the aim of ensuring a more accountable HS(P)A environment at country level. Specific governance contexts such as decentralization, fragility or high dependence on external aid, will be accorded special attention. In addition, guidance shall be provided on how the performance assessment can be added to/integrated into a health system assessment. It is left

open at this stage if one issue paper shall cover all above-mentioned components or if it will be split into several ones.

Deliverable 3: A UHC2030 knowledge platform around HS(P)A and support to cross-country learning

An information repository is foreseen that shall help to share knowledge and allow for better cross country learning. Such a platform could entail for e.g. information on country experiences (both successful and less successful examples), an indicator glossary, HSA reports. In addition, specific thematic area groups can be organized around topics which are immediately relevant for countries - for example, performance-related measurement challenges or potential options for institutional arrangements for an HS(P)A.

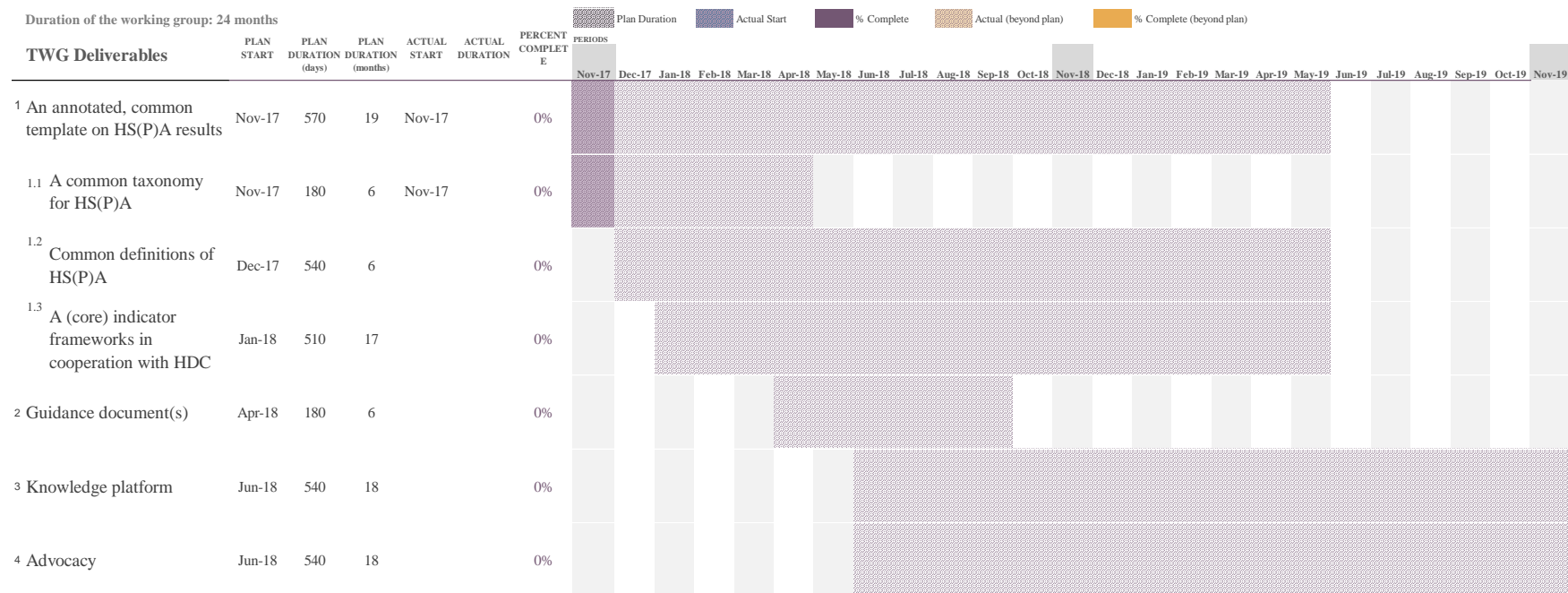
Deliverable 4: Advocacy to gain stakeholder buy-in on UHC2030 TWG deliverables to promote a more accountable HS(P)A environment

Advocacy and communication work will be undertaken to ensure that all relevant national and international partners buy in to proposed deliverables by the TWG, first and foremost the annotated, common reporting template, to contribute to more evidence-based, country-led HS(P)A processes.

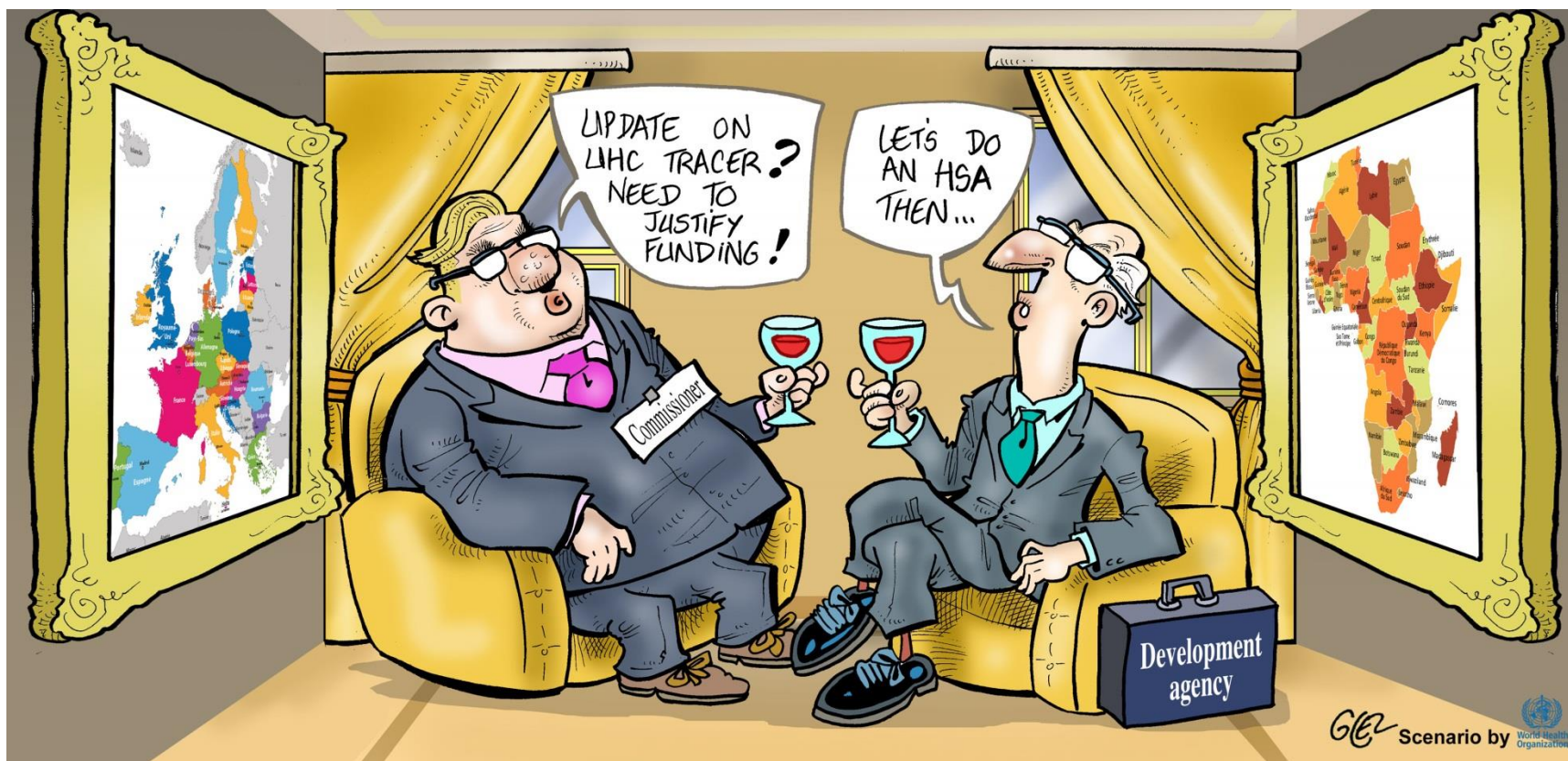
ANNEX 1: TIMELINE OF UHC2030 TWG DELIVERABLES

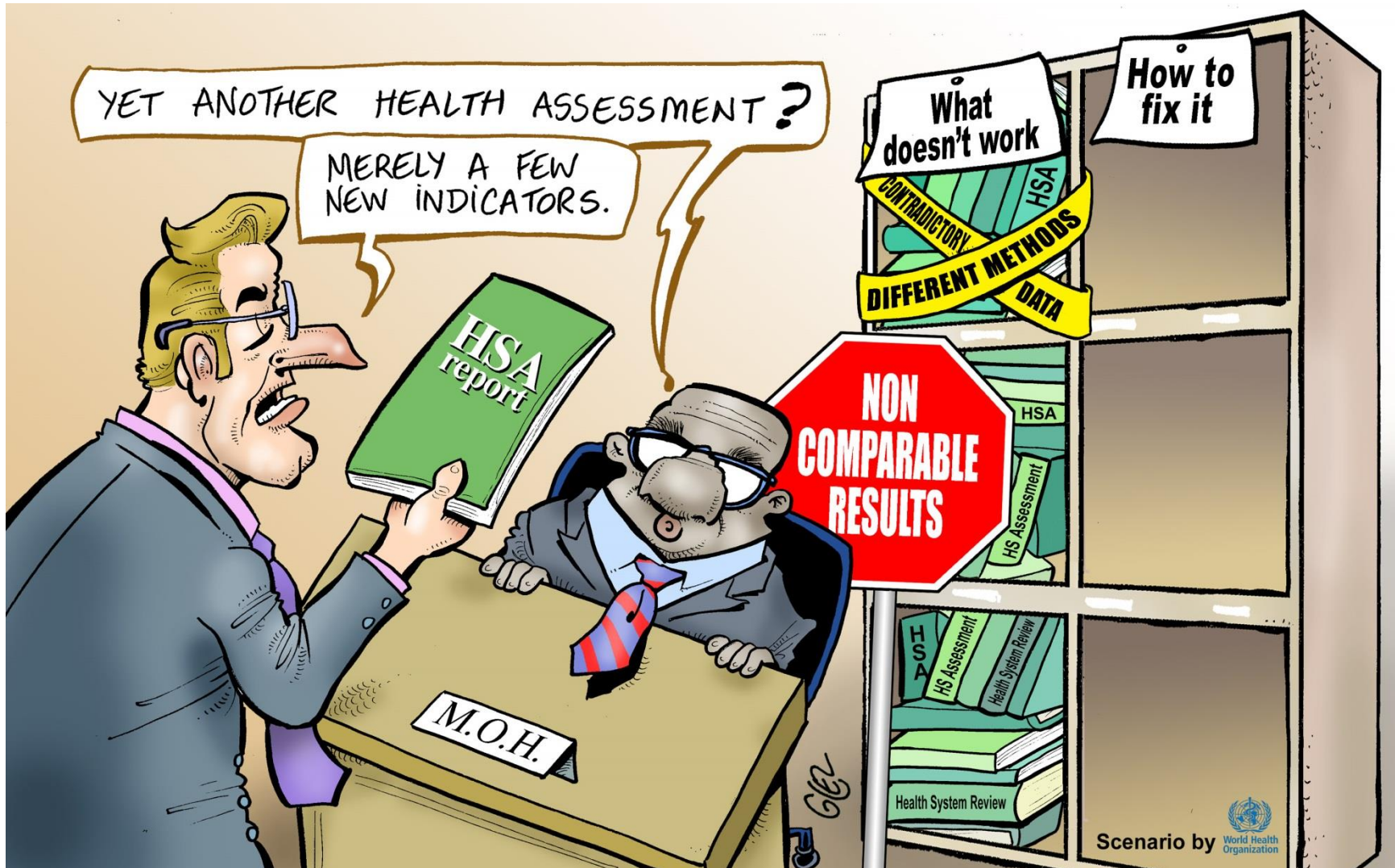
UHC2030 Technical Working Group on HS(P)A

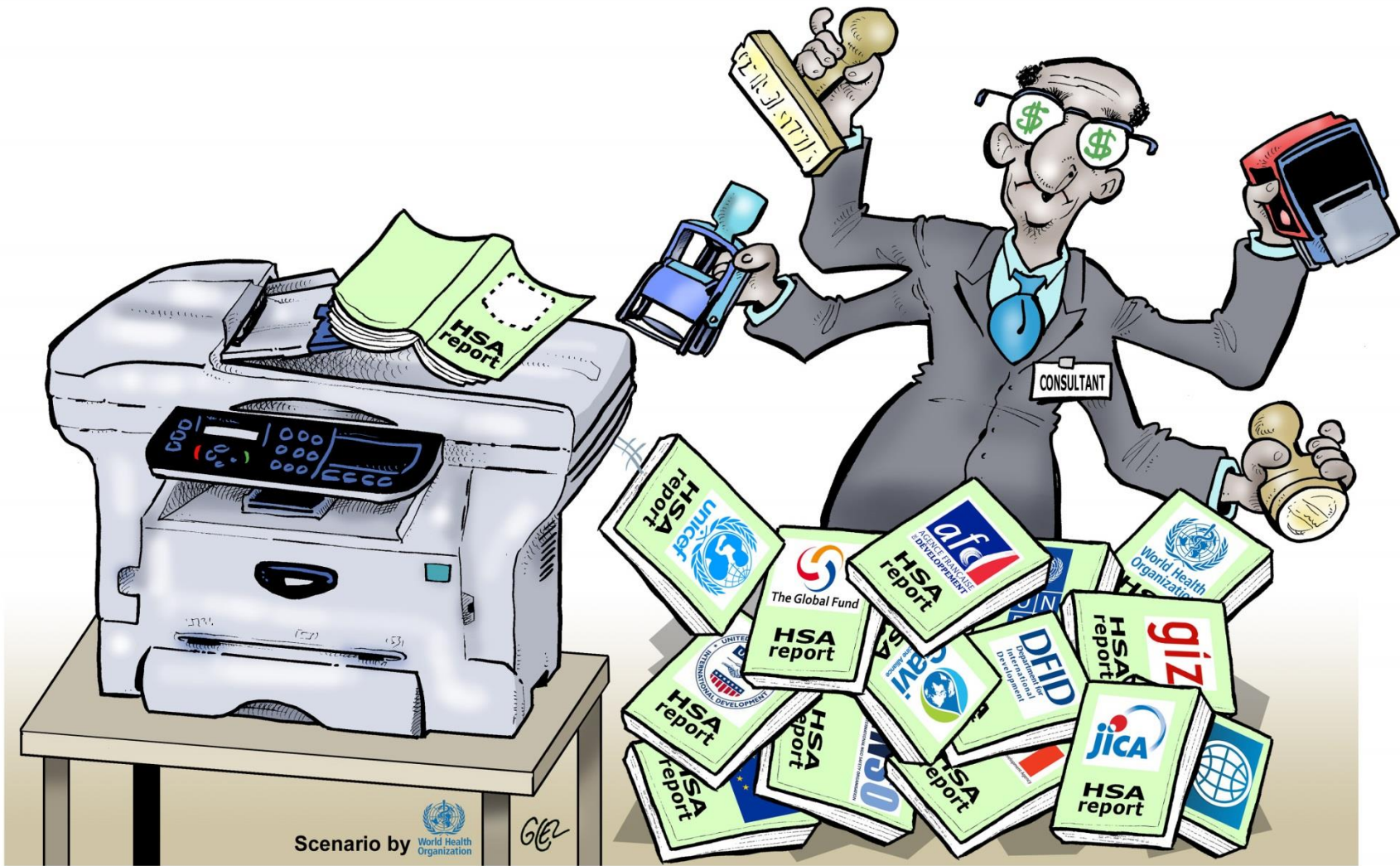
Duration of the working group: 24 months



ANNEX 2: CARTOONS PRESENTED IN THE FIRST SESSION







Scenario by  World Health Organization

G.E.







GER

Scenario by  World Health Organization

ANNEX 3: AGENDA



Technical Working Group on Health Systems Assessments

1st face-to-face meeting:

HEALTH SYSTEMS (PERFORMANCE) ASSESSMENTS: SCOPING THE ENGAGEMENT

17-18 October 2017

Geneva, Novotel Hotel

Day 1 morning

08:15 – 09:00	Foyer	Registration
09:00 – 09:10	Plenary	Welcome and opening remarks Gerard Schmets, Marjolaine Nicod
09:10 – 09:25	Plenary	UHC2030 HSA Technical Working Group: Background and rationale Dheepa Rajan
09:25 – 10:00	Plenary	Setting the scene – Status quo of HSAs at country level <i>Series of cartoons will be explained by moderator (5 minutes)</i> Mohamed Yansané, Guinea Peter Mihalicza, Hungary Jesse Uneke, Nigeria Yahya Ipuge, Tanzania
10:00 – 10:45	Plenary	Round table discussions: “The evaluation industry” ❖ WHY do we undertake HSA? Advantages and vested interests ❖ HOW are HSAs conducted? Process-related aspects: why exactly do HSAs end up being a burden on countries?
10:45 – 11:15		Coffee break
11:15 – 12:00		Continuation of round table debate: “The evaluation industry” ❖ WHEN are HSAs conducted? How far is timing of HSAs linked to country-level policy processes? ❖ WHO conducts HSAs? Roles & responsibilities
12:00 – 12:30	Plenary	Feedback round
12:30 – 13:30		Lunch



Technical Working Group on Health Systems Assessments

1st face-to-face meeting:

HEALTH SYSTEMS (PERFORMANCE) ASSESSMENTS: SCOPING THE ENGAGEMENT

17-18 October 2017

Geneva, Novotel Hotel

Day 1 afternoon

13:30 – 14:00	Plenary	Review of selected HSA tools Katja Rohrer
14:00 – 14:30	Plenary	Questions and answers
14:30 – 15:15	Round tables	Round table discussions: “Options for harmonization and alignment” <ul style="list-style-type: none">❖ A joint framework for presentation of results❖ Improved handling of indicators
15:15 – 15:25		Coffee break (coffee to be taken back to round tables)
15:25 – 16:10	Round tables	Continuation of round table debate: “Options for harmonization and alignment” <ul style="list-style-type: none">❖ Deep dive tools: how to address them?❖ Common understanding on HSA follow-up and use of results
16:15 – 17:00	Plenary	Feedback and Discussion



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Day 2 morning

09:00 – 09:15	Plenary	Introduction to Day 2
09:15 – 09:40	Plenary	HSA vs. HSPA: what is the difference? (part 1) HSPA today: ongoing work (part 2) Ellen Nolte
09:40 – 10:30	Plenary	Questions and answers + discussion
10:30 – 11:00		Coffee break
11:00 – 11:10	Plenary	HSPA: an example from Turkey Banu Ayar
11:10 – 12:15	Round tables	Round table debate “Health systems performance assessment: a must for UHC” Moderator: Elke Jakubowski <ul style="list-style-type: none"> ❖ How to make HSPAs relevant for all country types within the framework of SDGs ❖ How to bring the HSA and HSPA communities closer together ❖ How to integrate the performance assessment aspect within HSAs more systematically
12:15 – 12:30		Feedback
12:30 – 14:00		Lunch

Day 2 afternoon

14:00 – 14:30	Plenary	Roadmap for UHC2030 WG on Health System Assessments Gerard Schmets <ul style="list-style-type: none"> ❖ How can a UHC2030 TWG make a real difference in HS(P)A alignment and harmonization? ❖ How can the TWG ensure that country sensitivity and ownership are prioritized? ❖ Co-construct a TWG ‘work plan’: what should be the criteria for ‘country – sensitivity and alignment’?
14:30 – 15:30	Plenary	Discussion
15:30 – 16:00		Coffee break
16:00 – 16:30	Plenary	Way forward and meeting closure

ANNEX 4: LIST OF PARTICIPANTS



UHC2030 Technical Working Group on Health Systems Assessments

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Geneva, 17-18 October 2017

Novotel Genève Centre

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