

Session 3 – Moving together to ensure country impact

3.1 Country UHC needs and roles of different partners

3.1.1 *Hearing from countries:*

- Ghana – Dr Emmanuel Odame
- Zambia – Patrick Banda
- Vietnam – Khuat Thi Hai Oanh

3.1.2 *Examples of how partners work in countries:*

- WHO (UHC Partnership) – Denis Porignon
- World Bank – Feng Zhao
- Unicef (PHC collaboration) – David Hipgrave

3.1.3 *What does the data tell us about external assistance?*

- From whom to whom – Ben Lane, WHO

Ghana's Country Experience

By Dr Emmanuel Ankrah Odame

11th December, 2019

Albert Borschette Conference Centre , Brussels, Belgium

Outline

- What we have achieved to date
- What challenges we face
- What we anticipate to implement “Ghana GAP” along with the UHC Roadmap
- Lessons learned

Achievements to date 1/4: Global advocacy

At the global level:

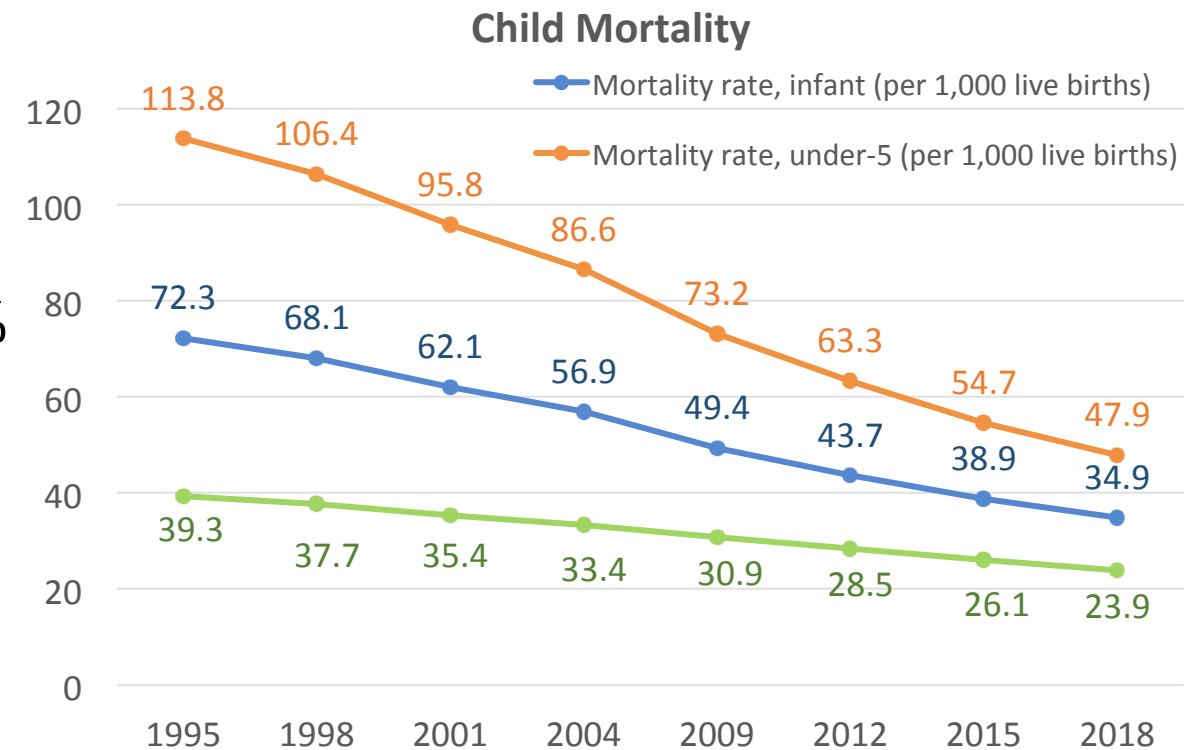
- Presidential initiative on “Global Action Plan for Healthy Lives and Well-being for All (GAP),” co-convened with Germany and Norway
- Playing a leading role in Group of Friends of UHC for the UN HLM on UHC with high-level political commitment
- UHC2030 Steering Committee



Achievements to date 2/4: Acceleration

At the country level:

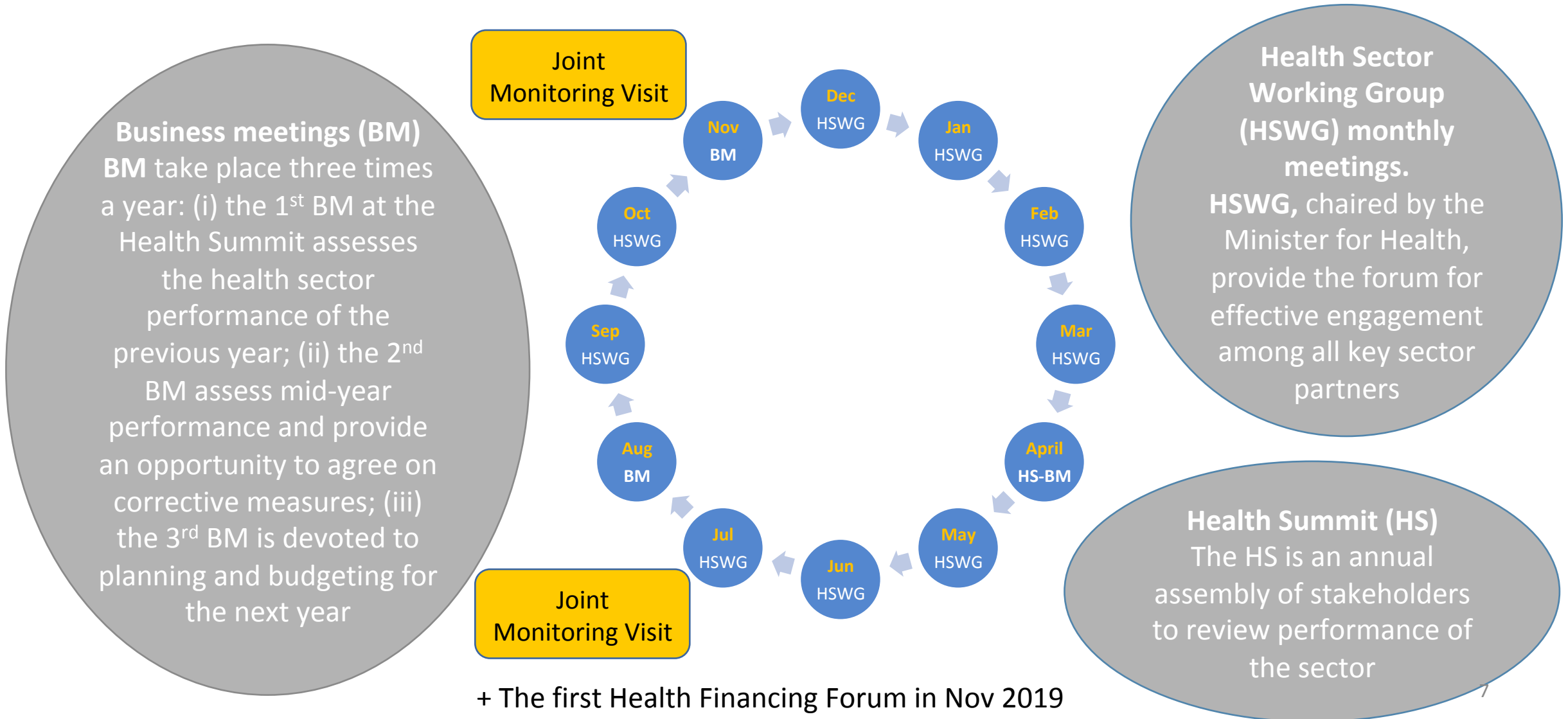
- Reduction in maternal and child mortality
- Expansion of service coverage
- Focus on PHC with community health management committees (CHMCs)
- Client satisfaction is on the average 82.5%
- CHPS decentralization process ongoing



Source: World Development Indicators

Achievements to date 3/4: Country Coordination

The Common Management Arrangement (CMA) sets up the collaboration arrangements between MOH and DPs around the Health Sector Medium Term Development Plan (HSMTDP)



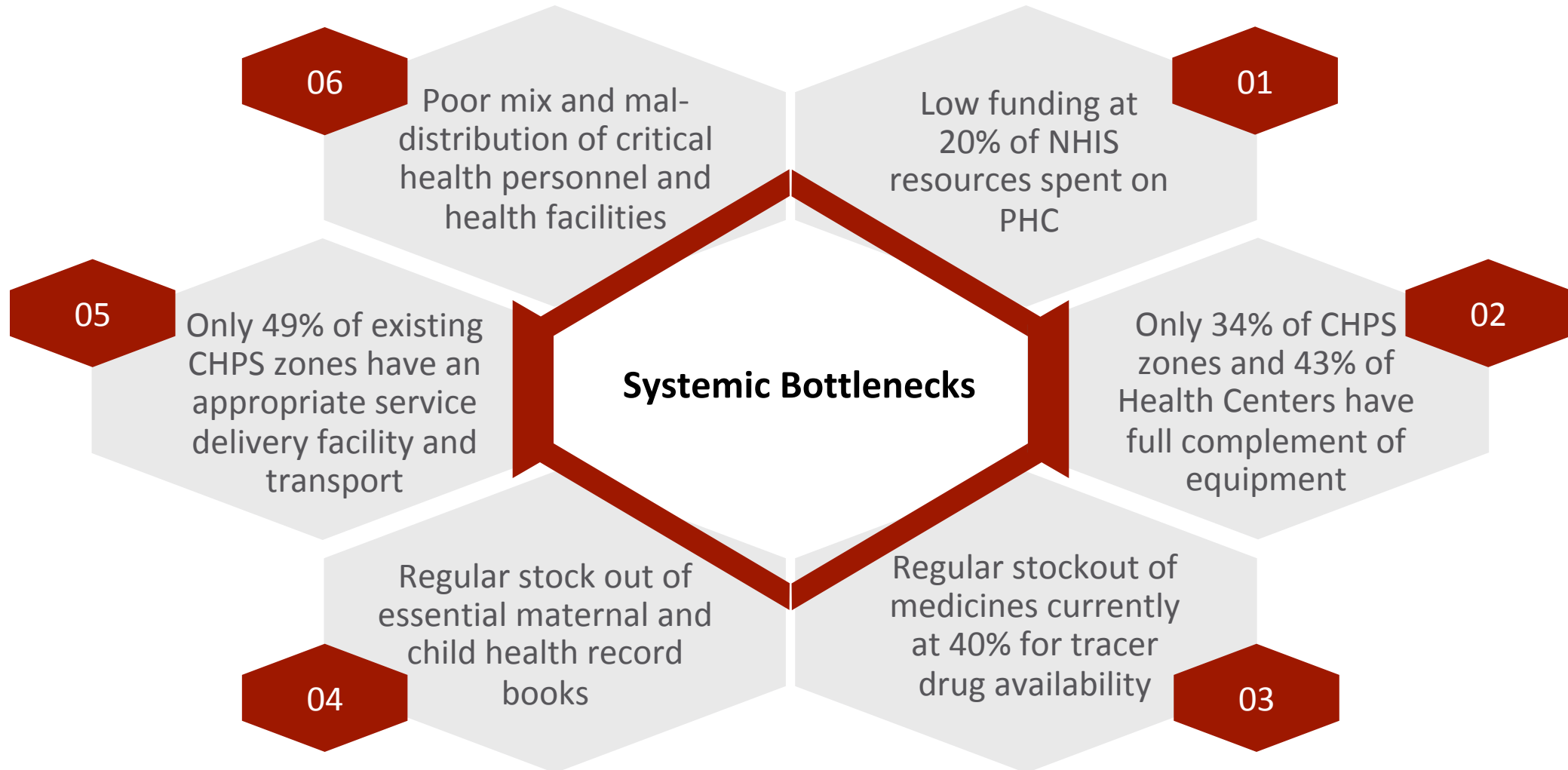
Achievements to date 4/4: Alignment

- Multi-layered country coordination mechanisms
- Monthly development partners meetings
- Upcoming Prioritized Operational Plan and Costing (POPC)/Investment Case for RMNCAH-N
- Exploring co-financing or parallel financing to implement the UHC Roadmap and POPC

DPs' support for HSMTDP 2018-2021

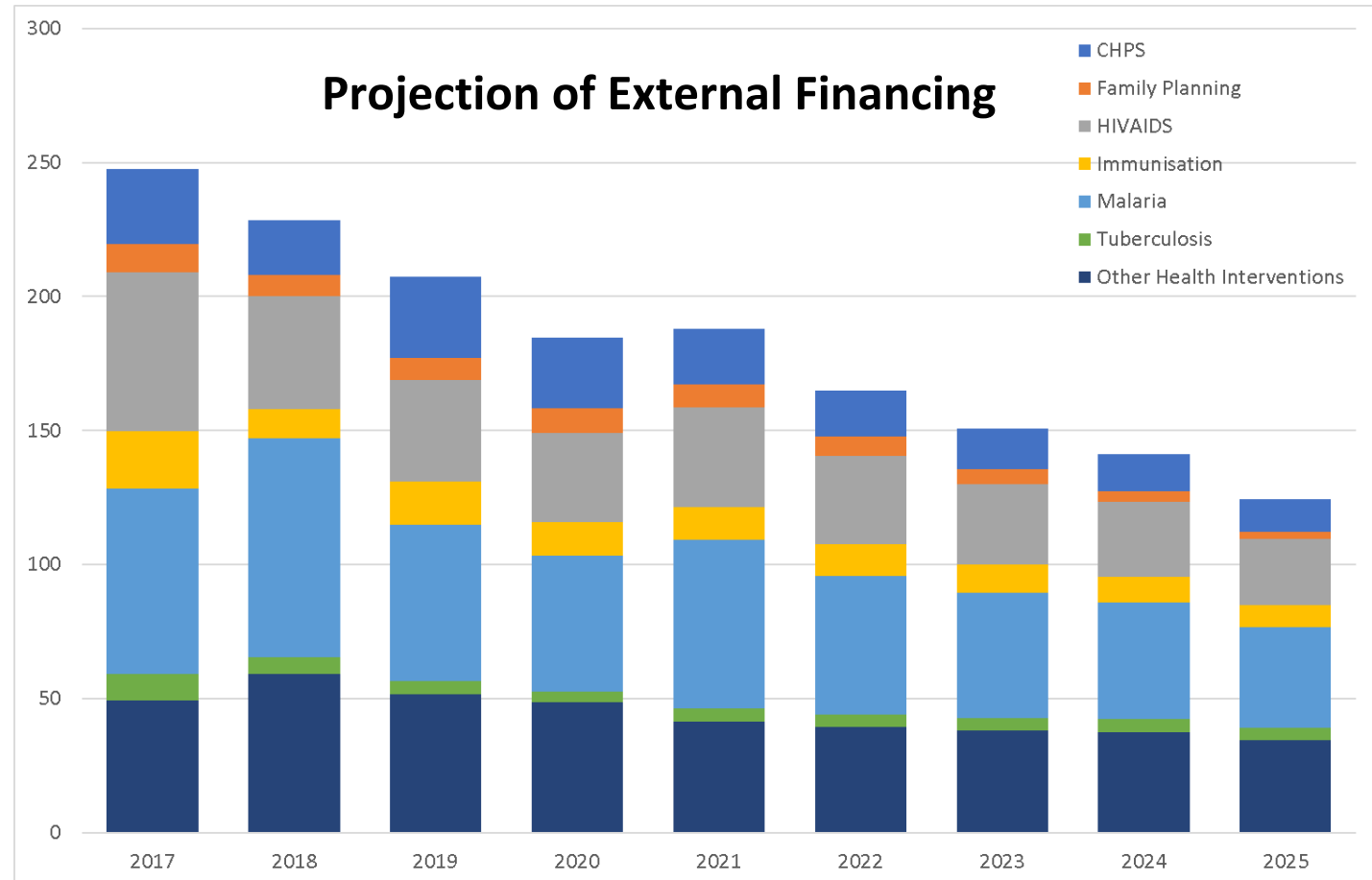
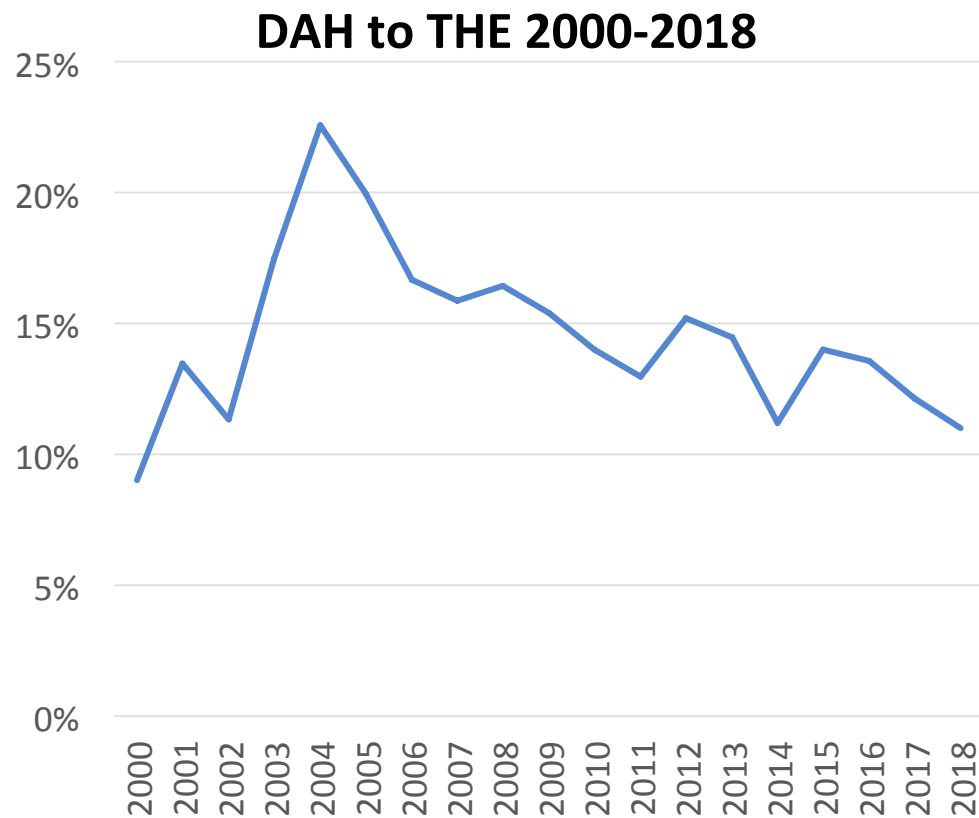
	Sustainable, affordable, equitable, access to health services	NCD prevention and control	Improve health system efficiency, governance and management	Prevention and control of communicable diseases
Canada	✓		✓	✓
CDC				✓
DFID	✓		✓	
GAVI	✓		✓	✓
GFF	✓		✓	✓
Global Fund	✓		✓	✓
KOICA	✓		✓	✓
KOFIC	✓		✓	
JICA / Japan Embassy	✓	✓	✓	✓
UNFPA	✓		✓	
UNICEF	✓	✓		✓
USAID	✓	✓	✓	✓
WHO	✓	✓	✓	✓
World Bank	✓	✓	✓	✓

What we face as challenges 1/2



What we face as challenges 2/2

- Over time, Development Assistance to Health (DAH) is gradually decreasing as a percentage of Total Health Expenditure (THE)
- Currently there are no Vitamin A and Iron Folate for children and adolescent girls in stock vs. transitional economy and “Ghana Beyond Aid”



UHC Roadmap 2020-2030

Definition of UHC in Ghana:

“All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use.”

Goal:

Increased access to quality essential health care and public health services for all by 2030.

Objectives:

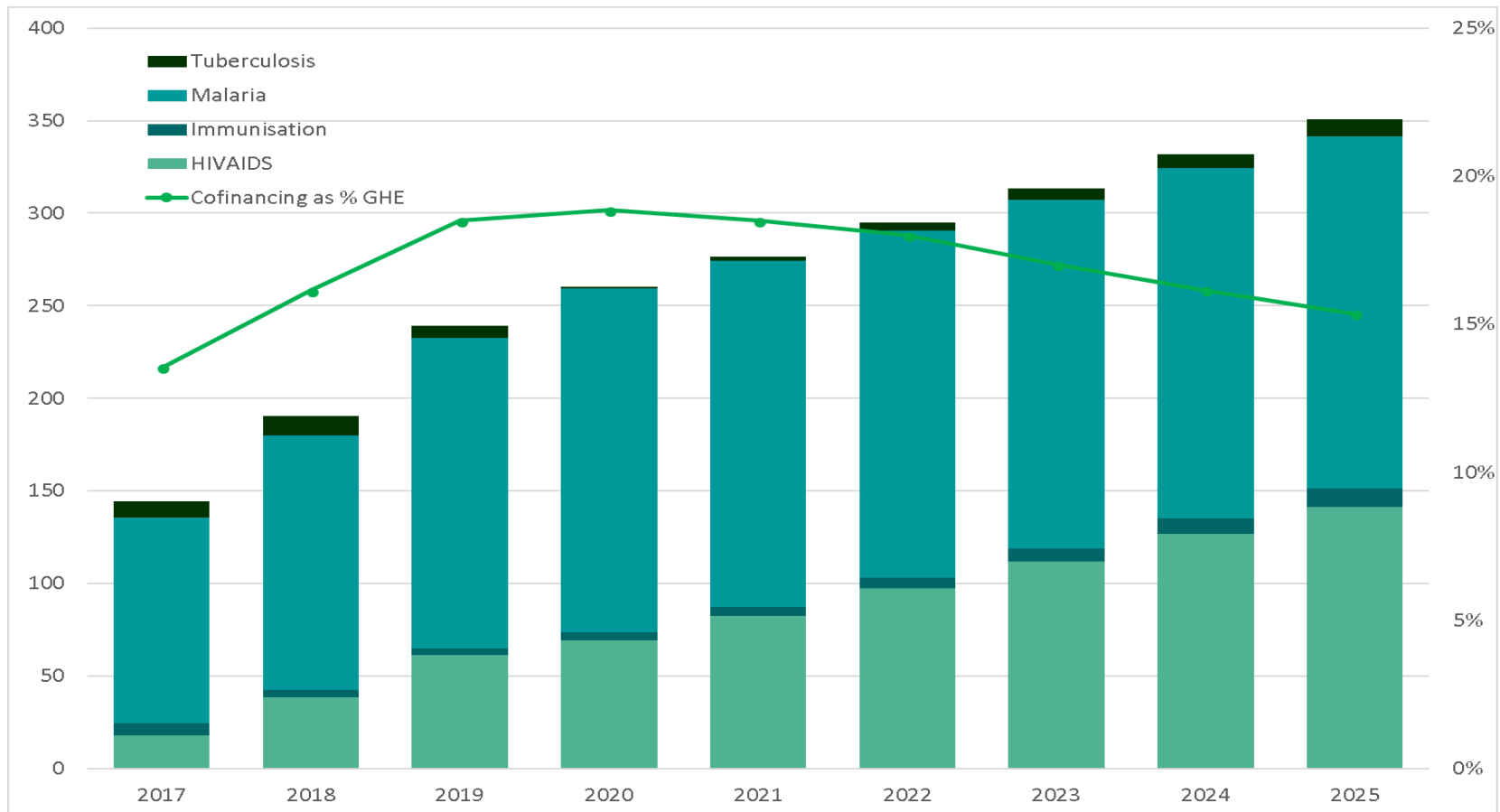
- Increased access to better managed quality PHC Services
- Universal access to interventions aimed at reducing unnecessary maternal, newborn, child and adolescent deaths and disabilities
- Universal access to clinical and public health emergencies

Guiding principles of the UHC Roadmap

- **Target group:** Focusing on the poor and vulnerable particularly children and adolescents, women, persons below the age of 35 years and the aged.
- **Financial risk protection:** Eliminating physical and financial barriers to accessing PHC services especially those most at risk of incurring catastrophic health expenditures at the incidence of ill health.
- **Strategic Partnerships:** Build sustainable partnership and a harmonized agenda between government, private sector, non-state actors and development partners to upscale service delivery and secure predictable financing for long-term results.
- **Effective Decentralized Management:** Cement district level service governance with the district assemblies and improve intersectoral collaboration to synergize resource mobilization, efficient use and accountability particularly at the PHC levels of service delivery.
- **Domestic Financing Re-Prioritized:** Reallocating at least 50% of National Health Insurance Funds and 80% other non-wage recurrent budget to finance a coordinated PHC agenda.

Co-Financing Requirements

- HIV/AIDS, Immunisation, Malaria, TB
- 3 DPs: Gavi Global Fund and PEPFAR
- Rising from 144 M USD in 2017 to 350 M USD in 2025



“Ghana GAP”

IHP 7 behaviours:

- Provide a well coordinated Technical Assistance
- Support south-to-south and triangular cooperation
- Use one information and accountability platform
- Harmonise and align with national procurement and supply systems
- Support a single national health strategy
- Record all funds for health in the national budget
- Harmonise and align with national financial management systems

“Ghana GAP”

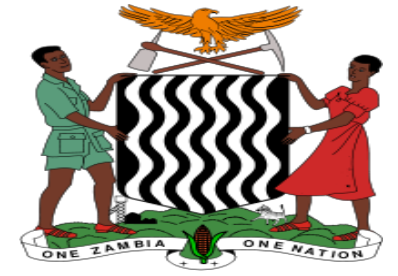
- Principles of GAP: Engage, Accelerate, Align and Account
- Ghana has prioritized 3 of the accelerators: Sustainable Financing, PHC and Data and digital health
- Captured in the UHC Roadmap

Lessons Learned

- Leadership: key- Brain, hearts and Guts
- Governance (decentralization): Community-based PBF and RRA
- Definition of essential health services: NHIS coverage vs. universal access
- Organization of services as networks: Continuum of care
- Quality of care:
- Equity: CHPS zones with CHMTs
- DRUM: Additional 1% of GDP to PHC (Cotonou Declaration Nov 2019)
- Sustainable financing for PHC: NHIS reforms and leveraging private sector



THANK YOU



Zambia

Coordination of UHC support

Key issues faced by countries and approaches to address them.

Belgium 10-11 December, 2019



Key Instruments in Implementation of UHC

- VISION 2030
- National Development Plan/M&E- 2017-2021
- National Health Policy/Health In All Policies (HiAP)
- National Health Strategic Plan/M&E-2017-2021
- Medium Term Expenditure Framework -2019-2021
- MoU between MoH and CPs, CSO
- Joint Health Sector Annual Reviews

Health Partnerships in Zambia



- ❖ Ministry of Health
- ❖ GRZ Line Ministries
- ❖ Multilateral Partners
- ❖ Bilateral Partners
- ❖ Int/local/Churches
NGOs , CSOs
- ❖ Private Health Sector
- ❖ Communities.



COUNTRY COORDINATION STRUCTURES

National Development Coordination Committee (NDCC)

Human Development Cluster (One of the 5 Pillars of NDP)

Cluster Advisory Group (CAG): HEALTH, EDUCATION, WASH,
CPs, CSO, Private Sector

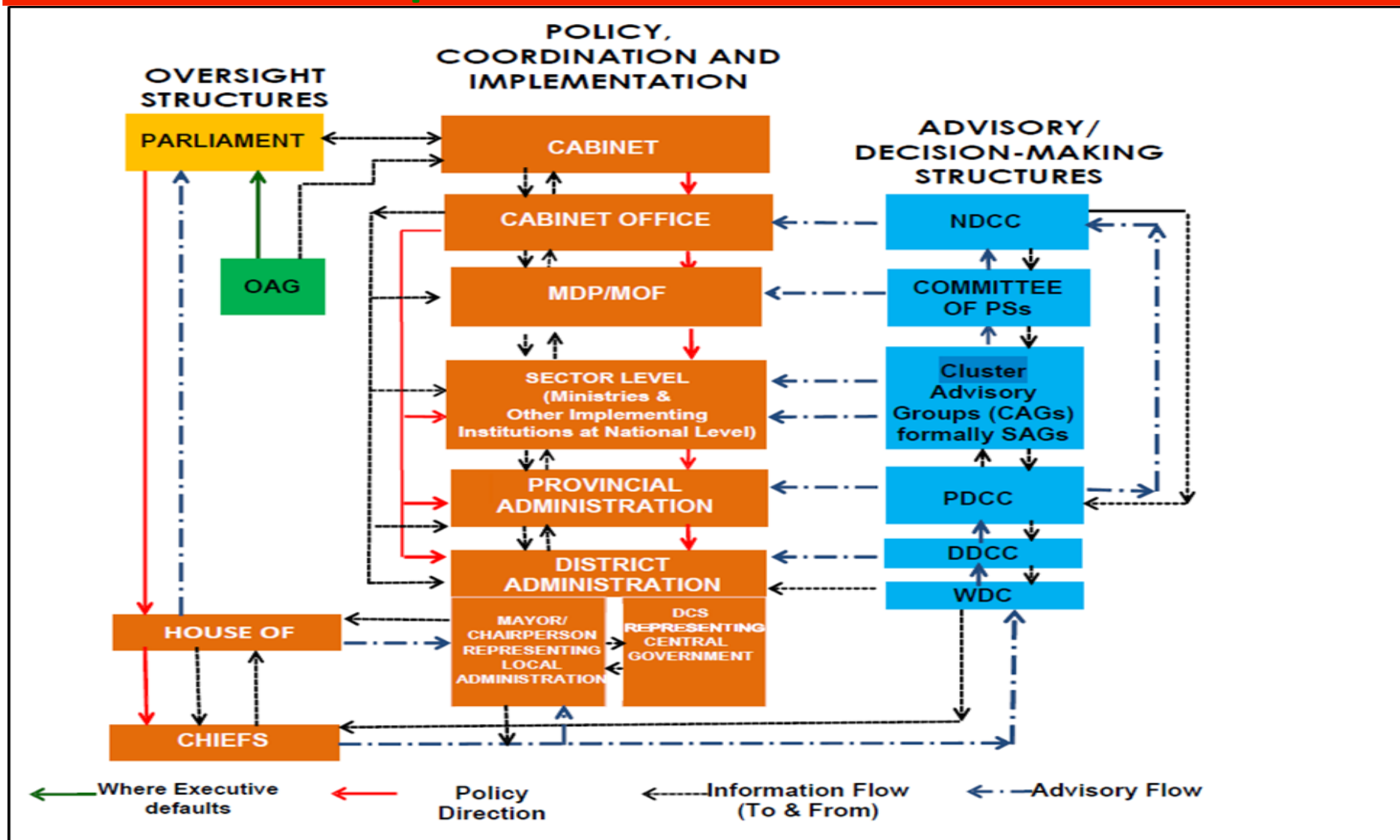
SWAP Structures within MOH

Annual Consultative Meeting (ACM)

Policy Meetings

Technical Working Groups

National Level Policy Coordination and Implementation Structures





Key Issues

- Platform for incorporating UHC HLM recommendations into existing coordination structures
- Private Sector Coordination and involvement
- Increased transaction costs through agency funding
- Mismatch between Planning Commitments and Actual Funding
- Aggregated Commitments



Some approaches to address key issues

- Using existing National Coordination Mechanisms for UHC engagement-NDCC/CAGs
- The need to increase UHC visibility in the Coordination structures and tracking of HLM recommendations
- Direct Budget Support by Partners
- Innovative/Sustainable Financing Mechanisms
- Strengthening CSO and Private Sector Engagement in the role they can play in implementation of UHC –GFF

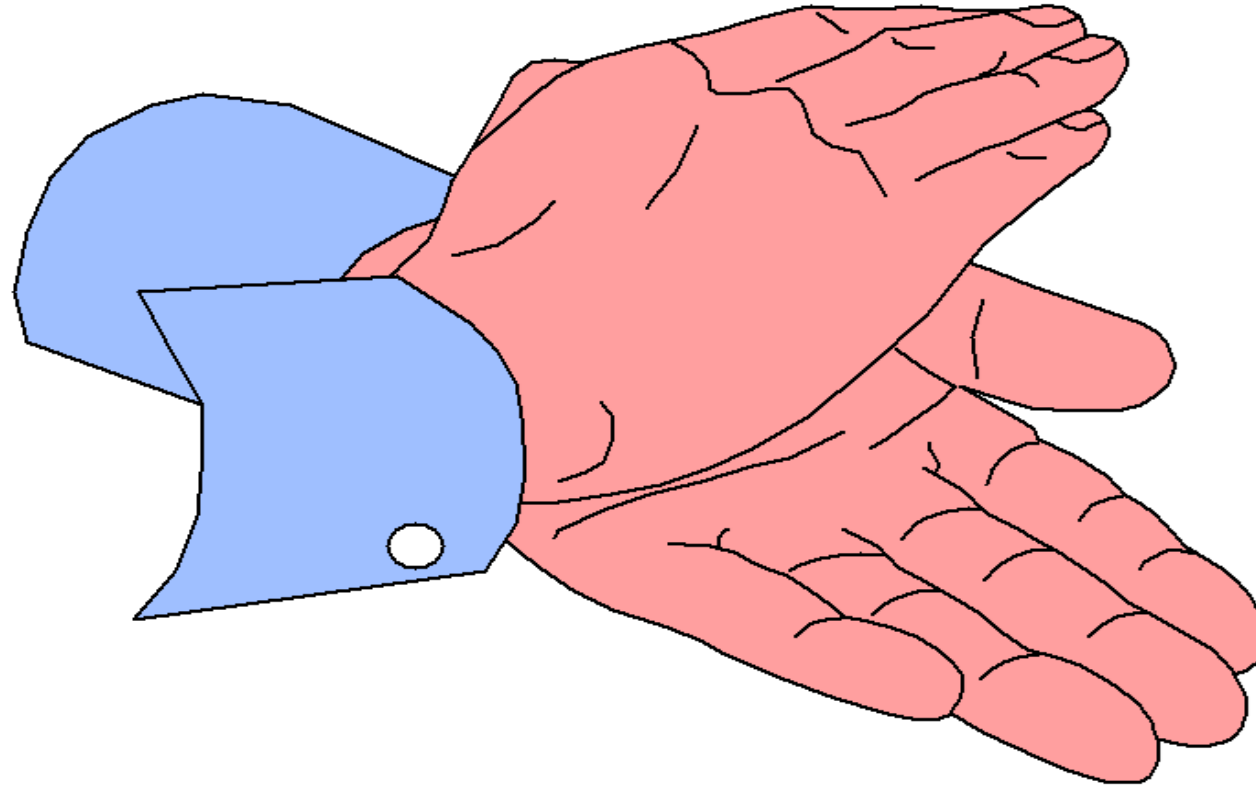


Some approaches to address key issues Cont'

-
- UHC day on 12th December every year is being commemorated to raise awareness on Health for all, advocacy, accountability, Resource Mobilization and investment in key areas
 - Developing the UHC roadmap that will encompass all national key instruments used in implementation of UHC



THANK YOU



THE UHC-PARTNERSHIP

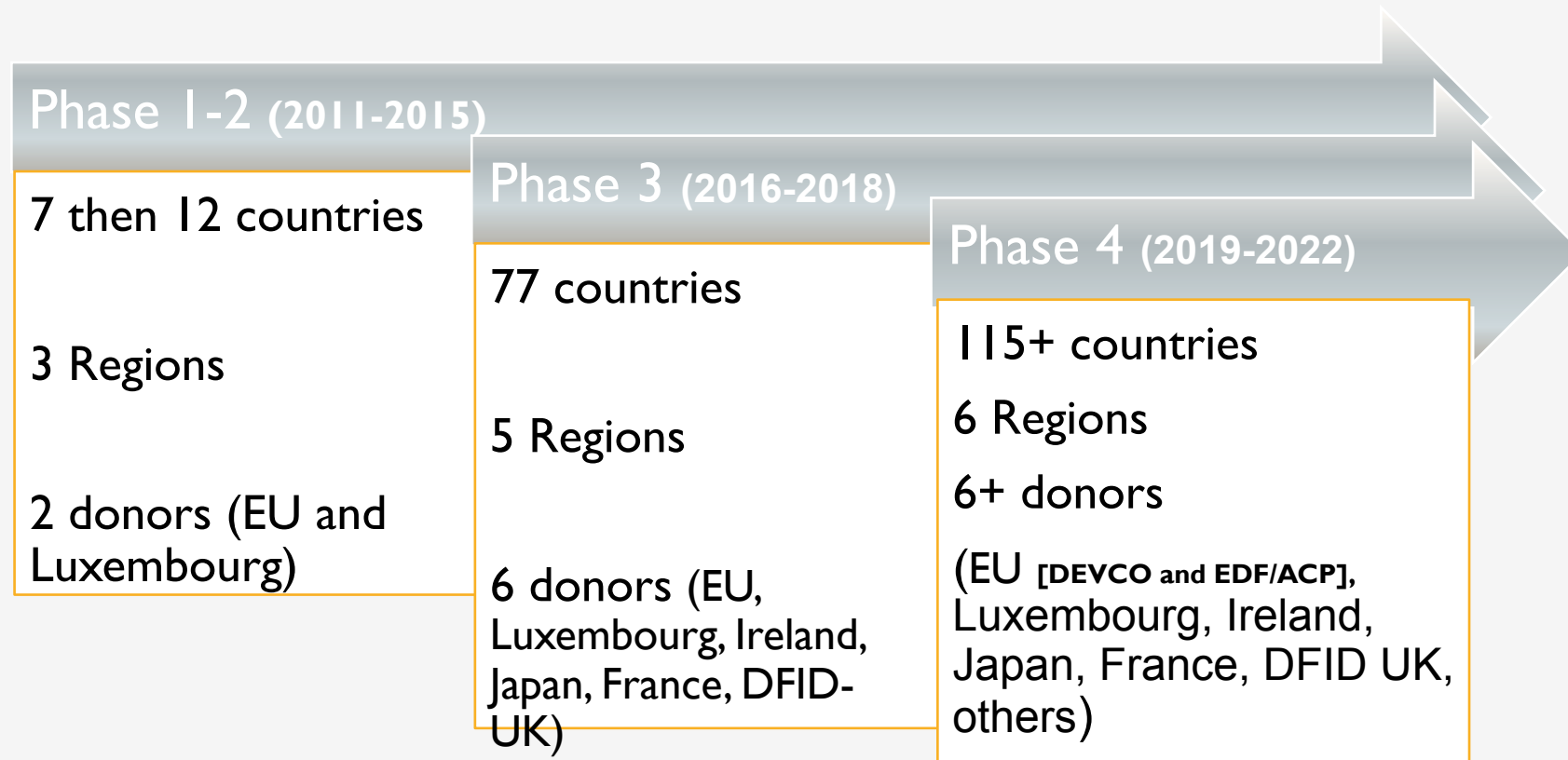
DR DENIS DORIGNON, WHO HEALTH SYSTEM GOVERNANCE AND FINANCING TEAM, GENEVA



THE UHC PARTNERSHIP

4 PHASES 2011 – 2022

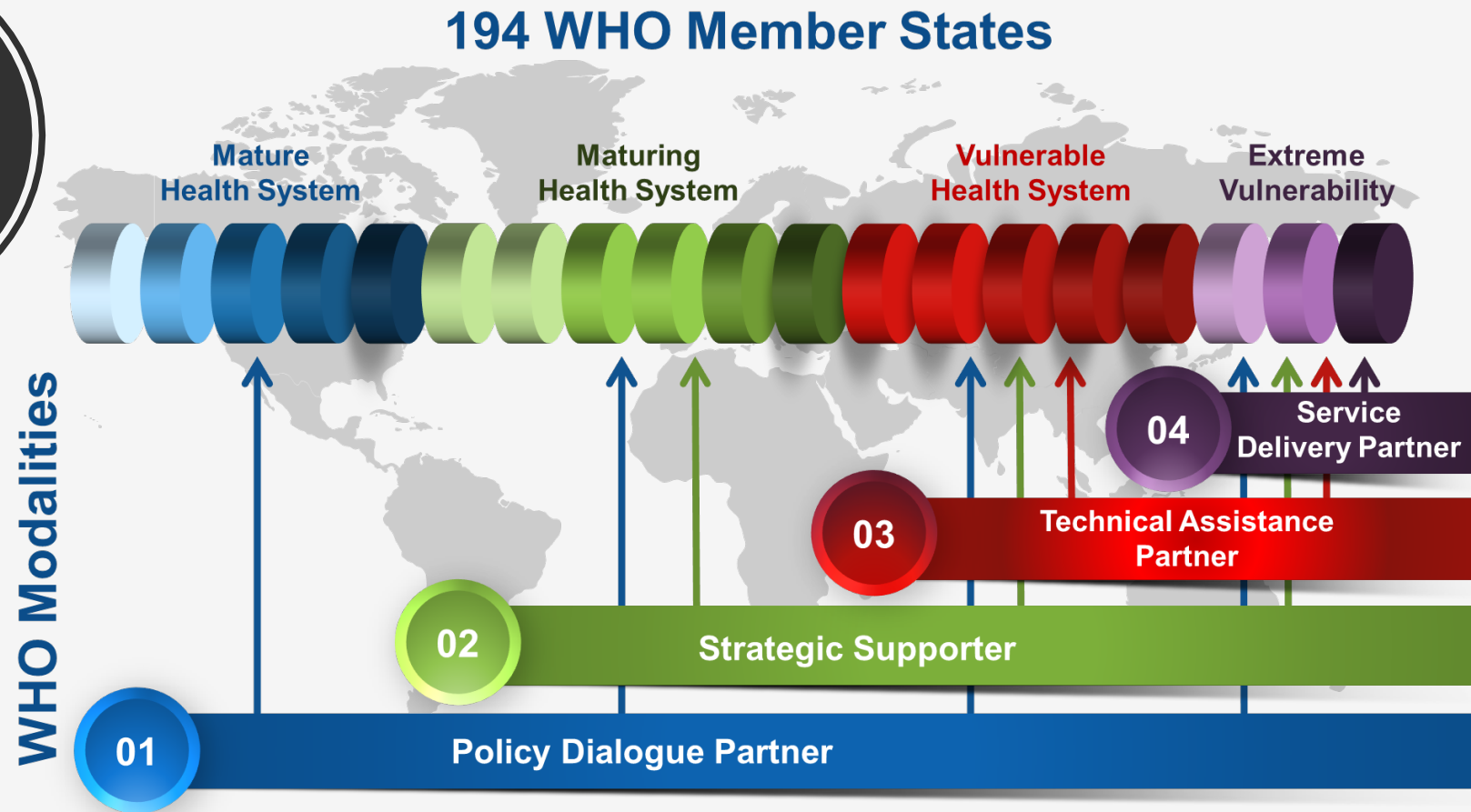
- The “**Universal Health Coverage Partnership**” (**UHC-P**) aims at supporting WHO Member States in the development and implementation of health system strategies for Universal Health Coverage



THE UHC PARTNERSHIP

2011 – 2022

In line with the GPWI 3



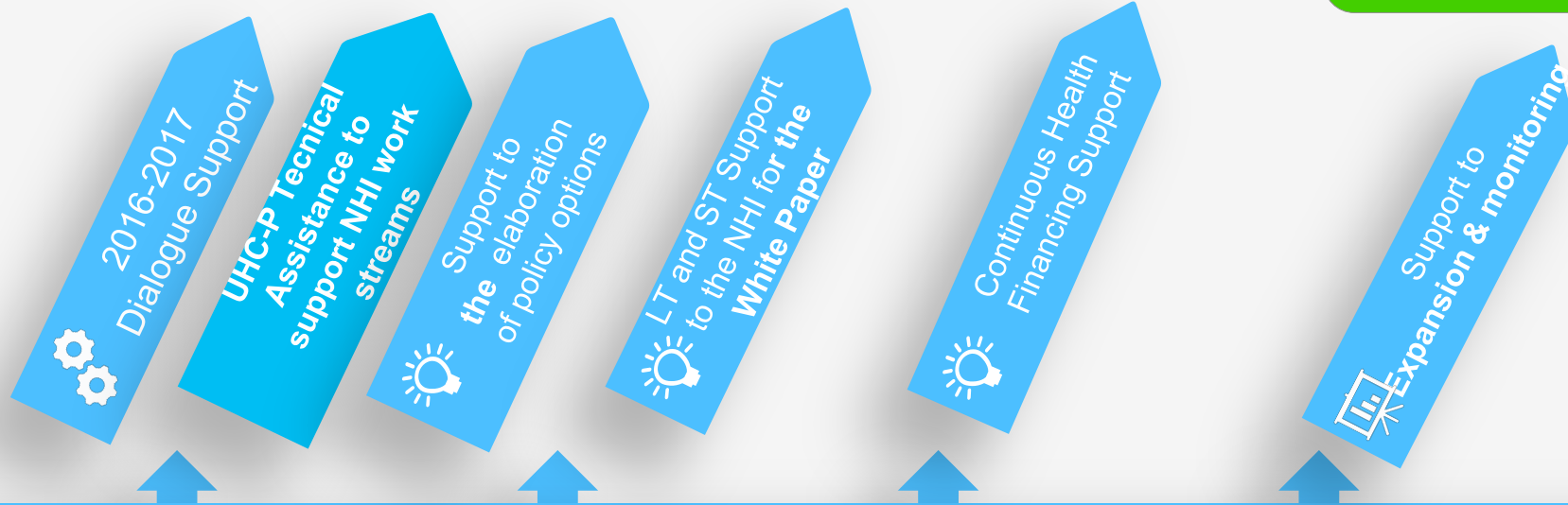
- In practice, the UHC-P provides support to Ministries of Health in the form of **WHO technical assistance** specialized in Health Systems and/or **seed money for catalytic activities**.
- Embedded in **WHO country offices** – provides the HSS experts in many countries (fully integrated in the WCO staff) – Collaboration with partners.
- Focus on **strategic institutional support** to improve governance, domestic funding leverage as well as consequences on population's health
- **Areas of work:** policy and planning, development aid, NCD, emergencies, health systems, RH,...& others. Hundreds of activities in countries, most of them are related to PHC (Joint Working Team in HQ and ROs)



- Strong support to IHP+/UHC2030 activities in countries: global health sector coordination mechanisms, advocacy, country compacts, annual reviews, population consultations (Tunisia, Togo, Moldova, and many others...)
- **Flexible**, bottom-up, result oriented (process and impact)
- More than 60 long term **technical assistants** in 2020 and about US\$50M per year of which 70% go to countries
- The UHC-Partnership channels the **UHC2030 funding** from the EU and Luxembourg (about EUR5 Million for 3 years)
- More can be done: GHIs, CSOs,...



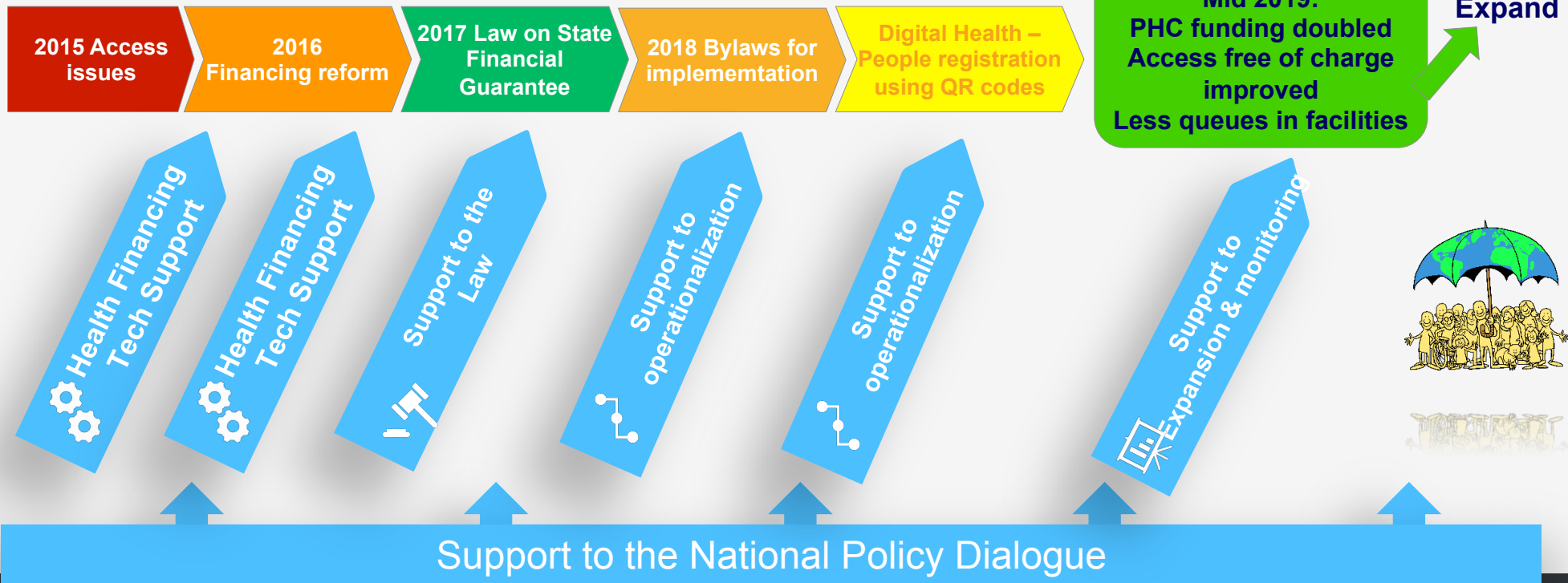
Country example 1 – South Africa



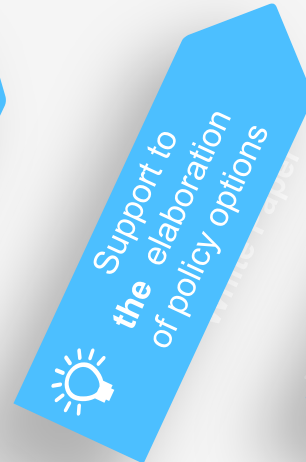
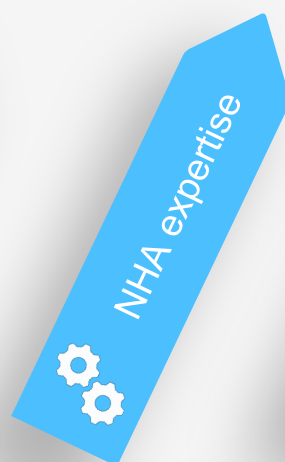
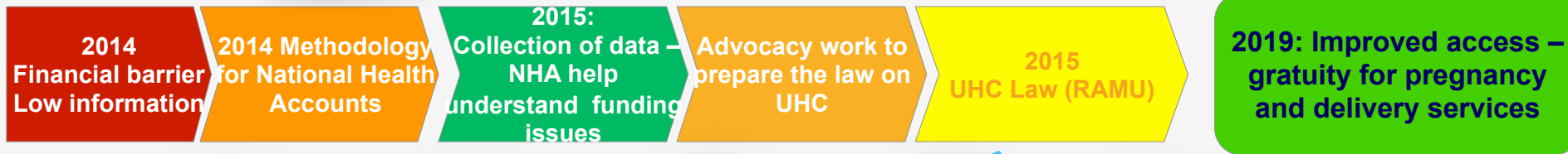
Support to the National Policy Dialogue



Country example 2 – Ukraine



Country example 3 – Burkina-Faso

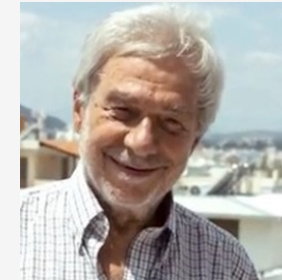


Support to the National Policy Dialogue



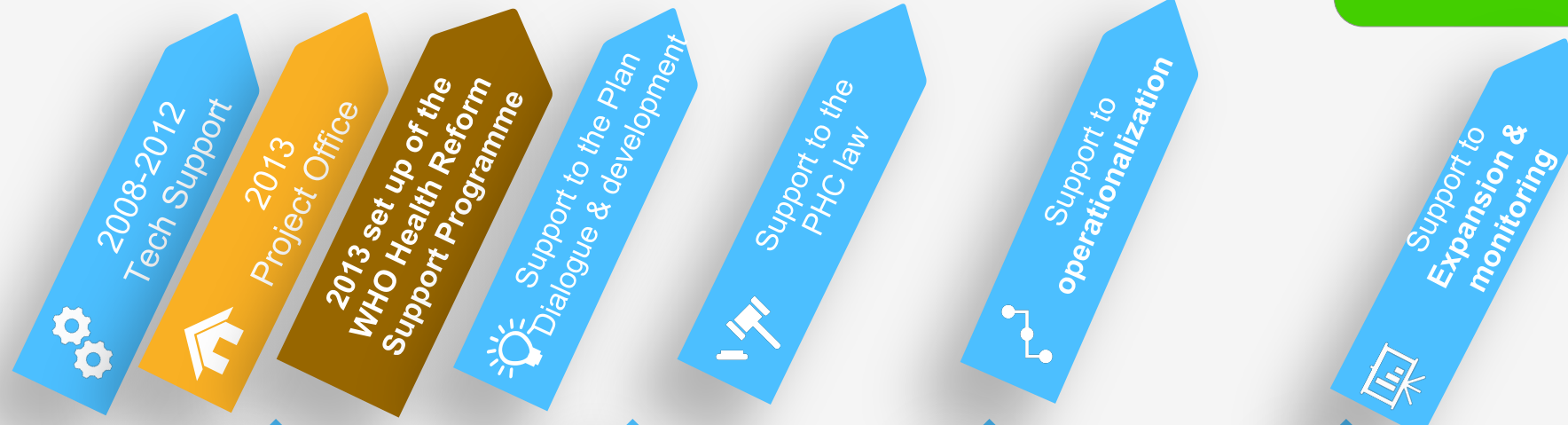
World Health Organization

Country example 4 – Greece (Policy dialogue)



RESULT

Mid 2019:
113 TOMY operating
500,000 network visits



“New Greek primary health care network celebrates 1 year of operation”



Support to the National Policy Dialogue



WHEN THE RUBBER HITS THE GROUND....



and follow-up agenda
30 September 2011



Visit us @
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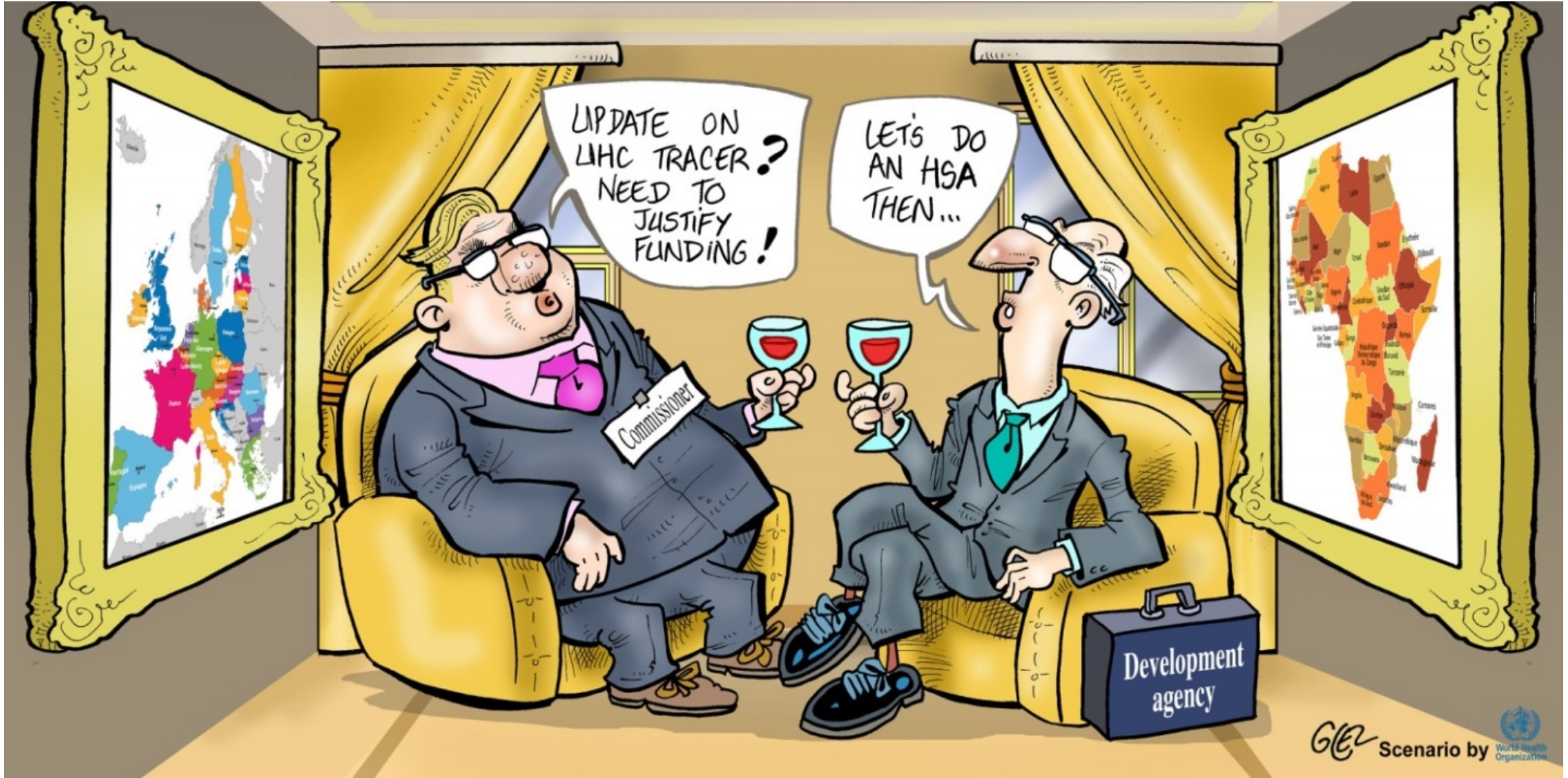


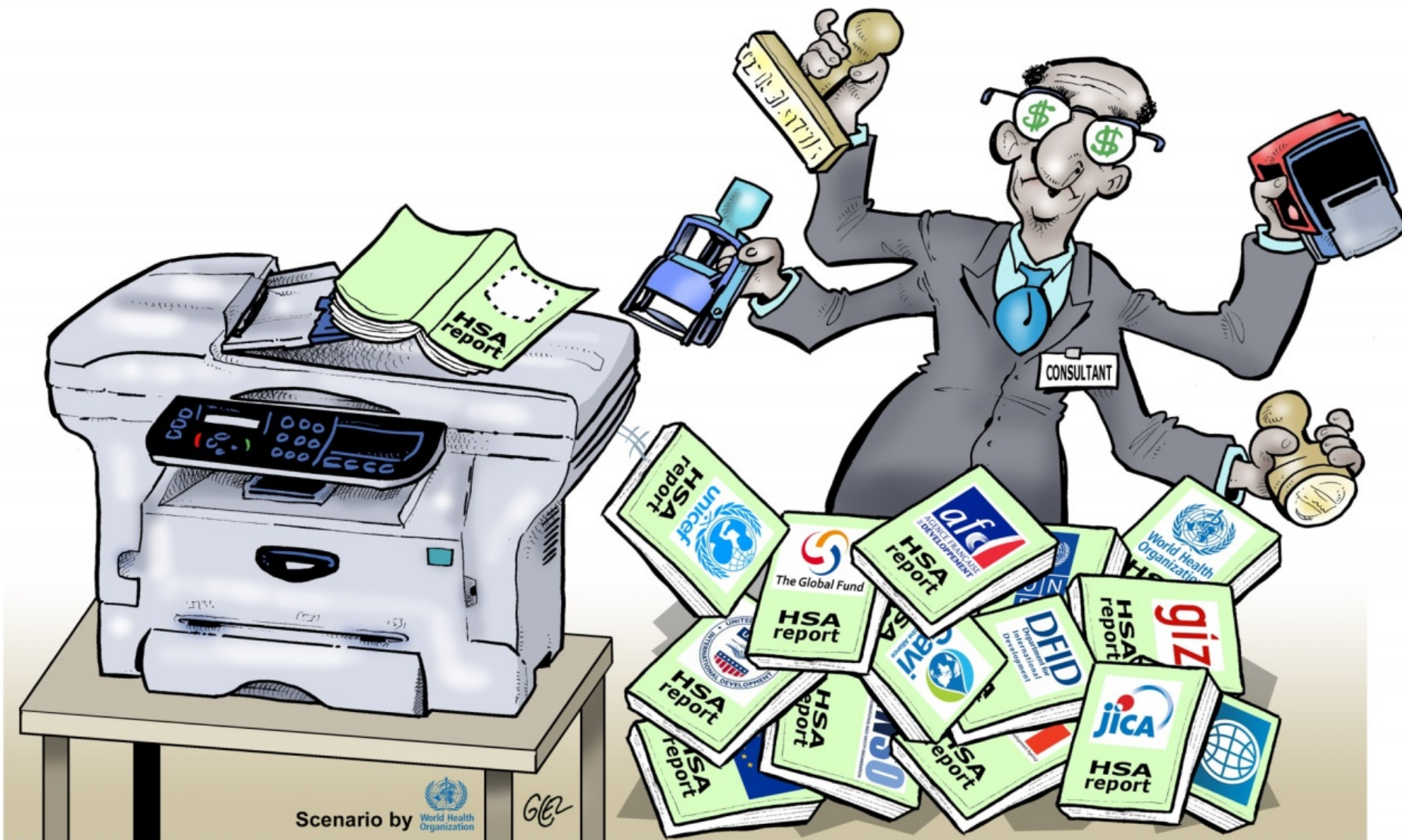
3.2 Global approaches to promote effective country support


3.2.1 Case study - Health financing collaboration

- Joe Kutzin, WHO
- Toomas Palu, World Bank
- Michael Borowitz, Global Fund
- Thorsten Behrendt, GIZ

3.2.2 Agreeing UHC2030 actions





Scenario by  World Health Organization

G62

Principles in UHC2030 Global Compact

In our efforts to strengthen health systems and achieve UHC, we collectively subscribe to the following key principles to guide our action:

- Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach
- Transparency and accountability for results
- Evidence-based national health strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery
- Making health systems everybody's business – with engagement of citizens, communities, civil society and private sector
- International cooperation based on mutual learning across countries regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles.





Seven Behaviours

Provide well-coordinated technical assistance

Support a single national health strategy

Support south-to-south and triangular cooperation

Record all funds for health in the national budget

Use one information and accountability platform

Harmonize and align with national financial management systems

Harmonize and align with national procurement and supply systems

Case study: Health financing collaboration

Interagency collaboration in health financing – the landscape



6th UHC2030 Steering Committee Meeting

Brussels, Belgium. 10-11 December 2019

Joseph Kutzin | Team Leader, Health Financing | Health Systems
Governance and Financing Department

www.who.int

Landscape of DP actors and initiatives in health financing



Individual agencies

Collaboration networks

- P4H
- UHC2030

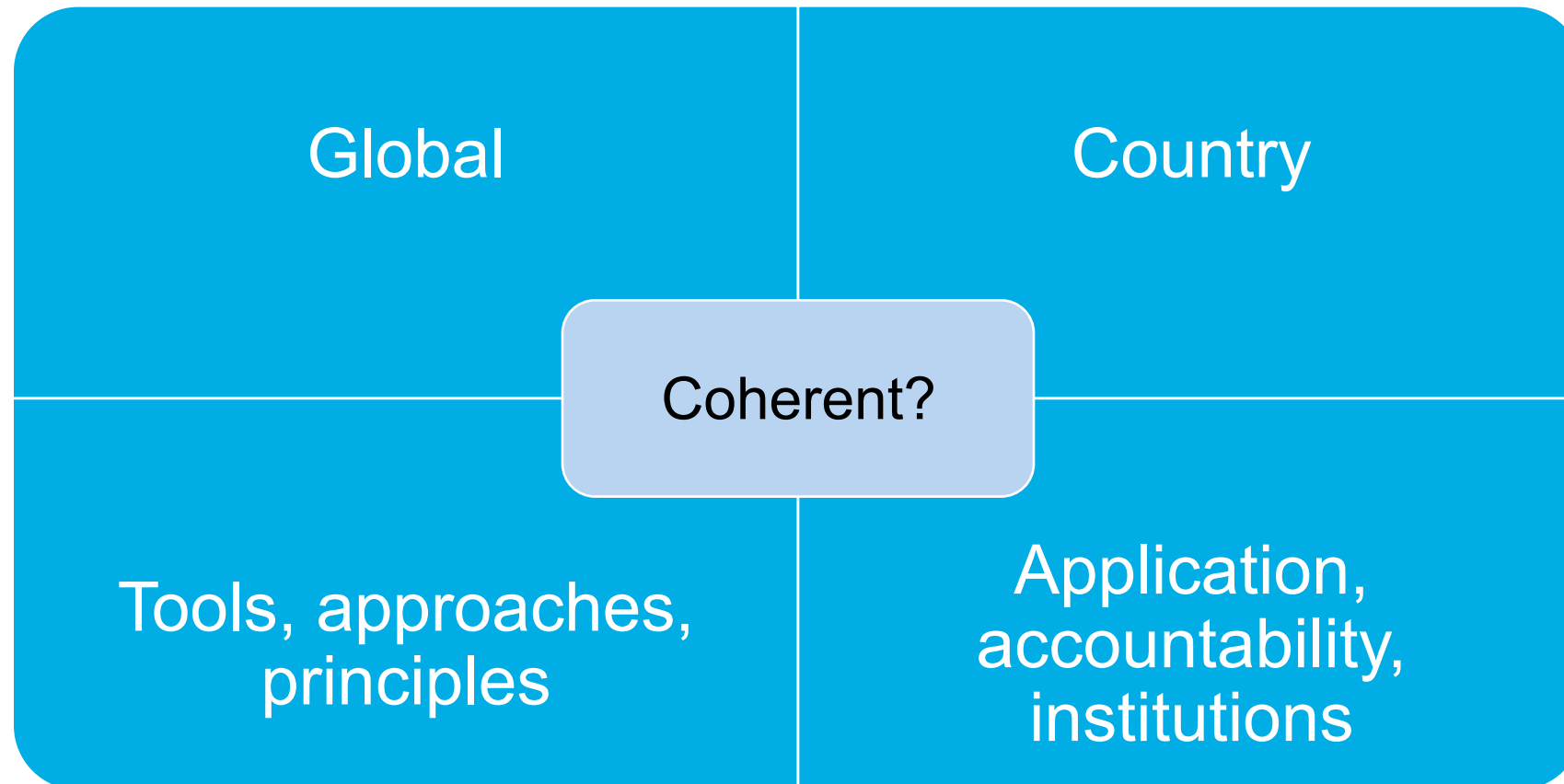
Technical networks (global and regional)

- HFTN, DECIDE, SBO, JLN, SPARC, AFRO Hubs...

Key initiatives

- Sustainable Financing Accelerator under the GAP
- African Union – African Leadership Meeting, Investing in Health

Applying IHP/UHC2030 principles at global and national levels



Global level actions

IHP+ / UHC2030

- All agencies
- “7 behaviors” – common principles
- Tools (JANS, compacts)
- Support and align behind country plan



Health financing

- P4H, GAP sustainable financing accelerator
- Code of conduct
- Common technical approaches (e.g. WB/WHO on PFM, fiscal space)
- Developing common view of what “good” health financing is / isn’t, and transforming into monitoring framework

Translation of behavioral principles for DPs in health financing



Open, transparent communications among partners

Adherence to organizational mandates (**working together doesn't mean that everyone does everything**)

Adherence to principles for effective development cooperation (Paris/Accra/Busan)

Commit to public accountability for adhering to these principles

Coordination as a “back office function”

Build on and reinforce existing mechanisms; avoid new global health architecture

From global to country level work by partners



Funding (providing money)

- Alignment, predictability, and behavioral accountability
- GFATM, Gavi, World Bank, bilaterals – joint or otherwise coordinated funding instruments

Financing (TA on policy and implementation)

- WHO and World Bank technical and normative guidance
- Bilaterals – implementation support

Connecting the two

- Reinforcing agreed policies with funding instruments

A vision for country-level alignment



Focus on objectives: strong, country-led, **good** health financing policies, implementation, coordination, evaluation and monitoring

How to build/strengthen it, leveraging what exists?

- P4H, AFRO Hubs: TA to support content as well as capacities, institutions (e.g. WHO, WB, HHA, bilaterals)
- UHC2030: Harmonize (**Compact**) around HF strategy/UHC roadmap that enables progress towards UHC while building foundations for future development
- GAP: Reinforce with funding instruments (e.g. WB, GFATM, Gavi)

Orient country collaboration mechanisms to support these objectives (i.e. a means to an end)



Sustainable Financing Accelerator

The Global Action Plan (GAP): A commitment on acceleration and advancement towards the 2030 Agenda

- Commitment by global health and development agencies
- Advance collective action and accelerate progress towards the health-related SDG targets
- 12 of the leading global health and development organizations (Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank Group, WFP, WHO)

7 cross-cutting areas where more innovative, synergistic efforts can significantly accelerate progress in global health:

- **Sustainable financing**
- Primary Health Care
- Community and civil society engagement
- Determinants of health
- R&D, innovation and access
- Data and digital health
- Innovative programming in fragile and vulnerable states and for disease outbreak response

1

Phase 1 - October 2018

All heads of agencies fully engaged to work together to define a common vision, commit to an initial set of actions and define accelerators and milestones.



2

Phase 2 October 2018 - September 2019

Develop the plan through active political engagement and consultation with stakeholders in countries, regions and globally.



3

Phase 3 - September 2019 and beyond

Launch the plan and mobilize countries to accelerate progress on health and well-being, with support from development partners, civil society, communities, private sector, academia and more.

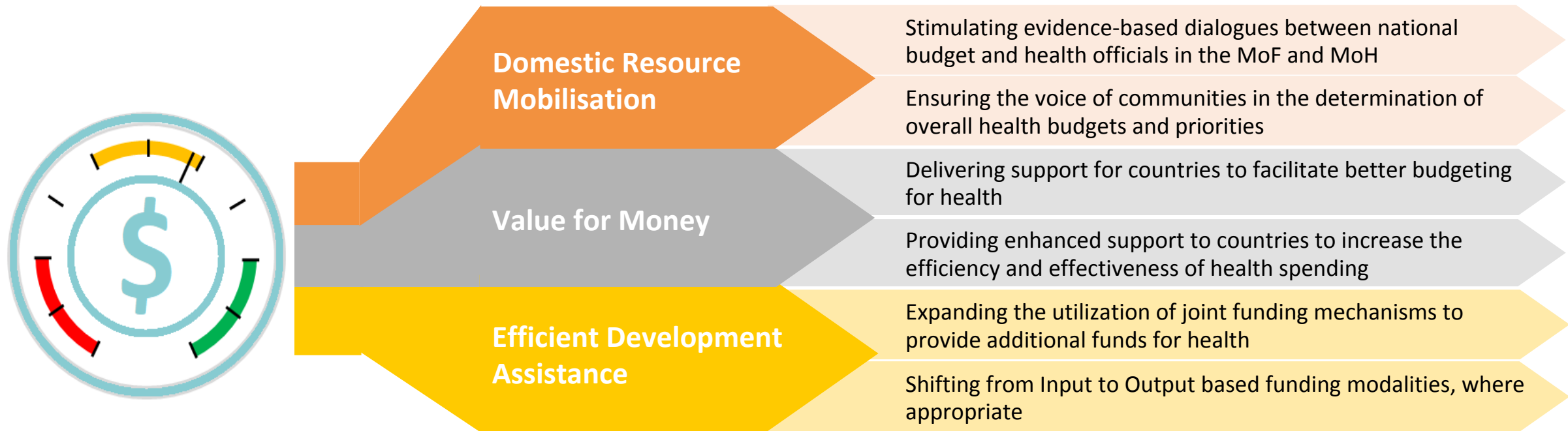
Sustainable Financing Accelerator

The four largest multi-lateral financing agencies, and the health financing technical agency leading on normative guidance, are the **core partners** in the **Sustainable Financing Accelerator**



Three Sustainable Financing Accelerator Themes

Through consultation, the core partners have identified three themes to focus on to raise adequate and sustainable revenues for achieving the health-related SDG's, and an associated set of actions to accelerate progress under each theme



Tier 1	Tier 2	Tier 3		
Cote D'Ivoire	Chad	Somalia	DRC	Uzbekistan
Laos	Niger	Zimbabwe	Burkina Faso	Morocco
Ghana	Ukraine	Angola	Indonesia	Mauritania
Tajikistan	PNG			

Focus of this presentation

Tier 1: Agreed with all partners

Tier 2: Exploring with partners; agreed by GF FPM's

Tier 3: Good collaboration between two partners

Summary: Tier 1 Countries - Initial Focus

Country	Rationale
Cote D'Ivoire	<ul style="list-style-type: none">• Recent NHFD has built momentum• Existing GFF loan and new WB/GFF loan in preparation• HFSA completed and WHO HF matrix for used to monitor progress on HF. diagnostic• Fiscal space for increased health spending
Laos	<ul style="list-style-type: none">• New Results based WB health project (HANSA2) with GF indicators• Move towards health system investment through a multi-sectoral approach• Building on Health Financing System Assessment on Gavi transition – A joint HFSA planned in the pipeline on HIV/TB
Ghana	<ul style="list-style-type: none">• Specific request for support on health financing and PHC under GAP• New GFF country• Health financing summit – strategic directions, bottlenecks• Many donors and need for greater harmonization of approaches to HF
Tajikistan	<ul style="list-style-type: none">• GFF new wave country with New WB loan• Existing ADB loan covering PHC with UNICEF• Strong WHO support for health financing

Tier 2 Countries:

Additional Focus and further opportunity identified

Country	Rationale	
Chad	<ul style="list-style-type: none"> • GFF new wave country with new WB/GFF loan • GF co-financing issue resolved by WB loan • Coordinated health system investment needed for key bottlenecks such as supply chain 	
Niger	<ul style="list-style-type: none"> • GFF new wave country with WB/GFF loan; opportunity to address systems issues such as supply chain; P4H coordinator 	
Ukraine	<ul style="list-style-type: none"> • Explicit GAP request for support; Keen to explore excise taxes: strong reform program for PHC; strong WHO and WB support 	
PNG	<ul style="list-style-type: none"> • Joint operations in process between GF, Gavi and World Bank, Strong WB interest 	
Additional countries of interest		
Somalia	DRC	Uzbekistan
Zimbabwe	Burkina Faso	Morocco
Angola	Indonesia	Mauritania

Collective actions at the country level





The Providing for Health Network (P4H)

A country level resource to achieve country impact

Thorsten Behrendt, GIZ Sector Initiative UHC | 11th of December 2019



P4H: 10+ years of experience

G8 Summit 2007



L4UHC in Madagascar



P4H: 15+ member organizations

P4H involvement



P4H Instruments

1. P4H Focal Points:

Country focal persons to connect, circulate info and facilitate joint work.

2. Leadership for UHC Programme:

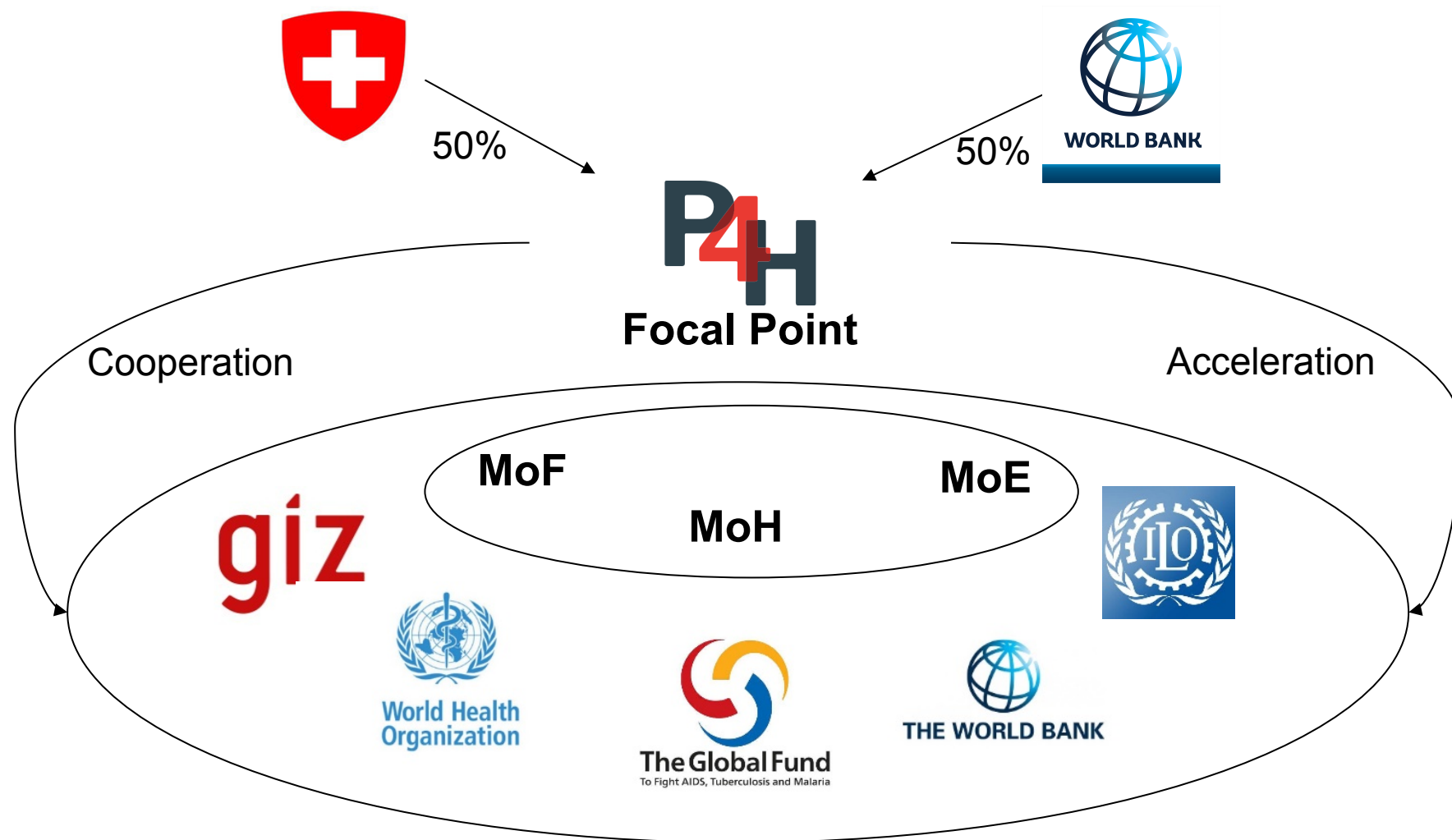
Comprehensive operational tool to advance UHC in participating countries by tackling the political dimension of UHC (usually one year with three different modules).

3. P4H Web Platform:

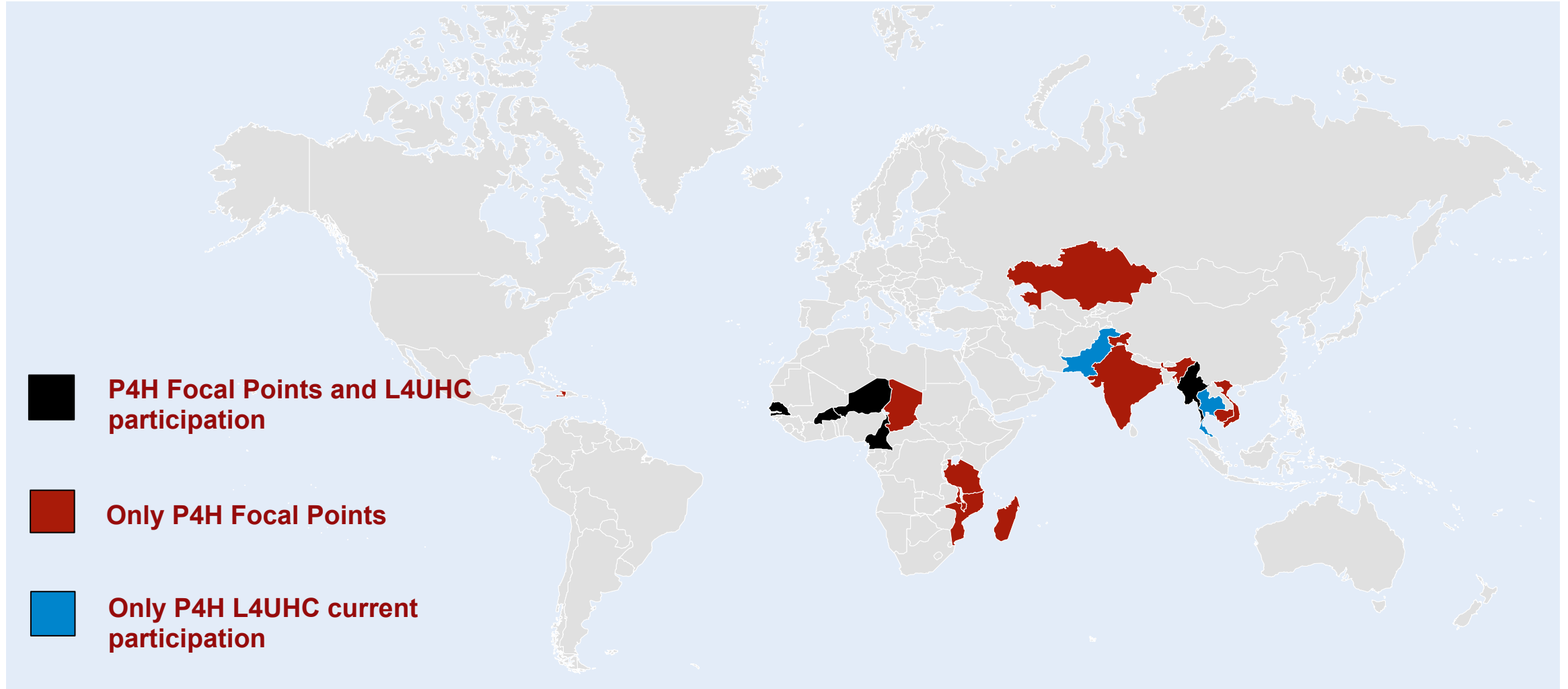
Knowledge hub to facilitate exchange across countries.



P4H Focal Points – An instrument for GAP operationalization?



Current Focus of P4H Country Engagement



Discussion

Discussion

- What does this tell us about how global collaboration can support more effective country implementation?
- How can UHC2030 promote relevant commitments and help partners “walk the talk” on them, e.g. commitments by agencies in the GAP?

3.2.2 Agreeing UHC2030 actions

i. Promote the 7 behaviours

- Policy and advocacy across relevant channels (e.g. with GAP partners in accelerators)

ii. Multi-partner approaches on key health systems issues

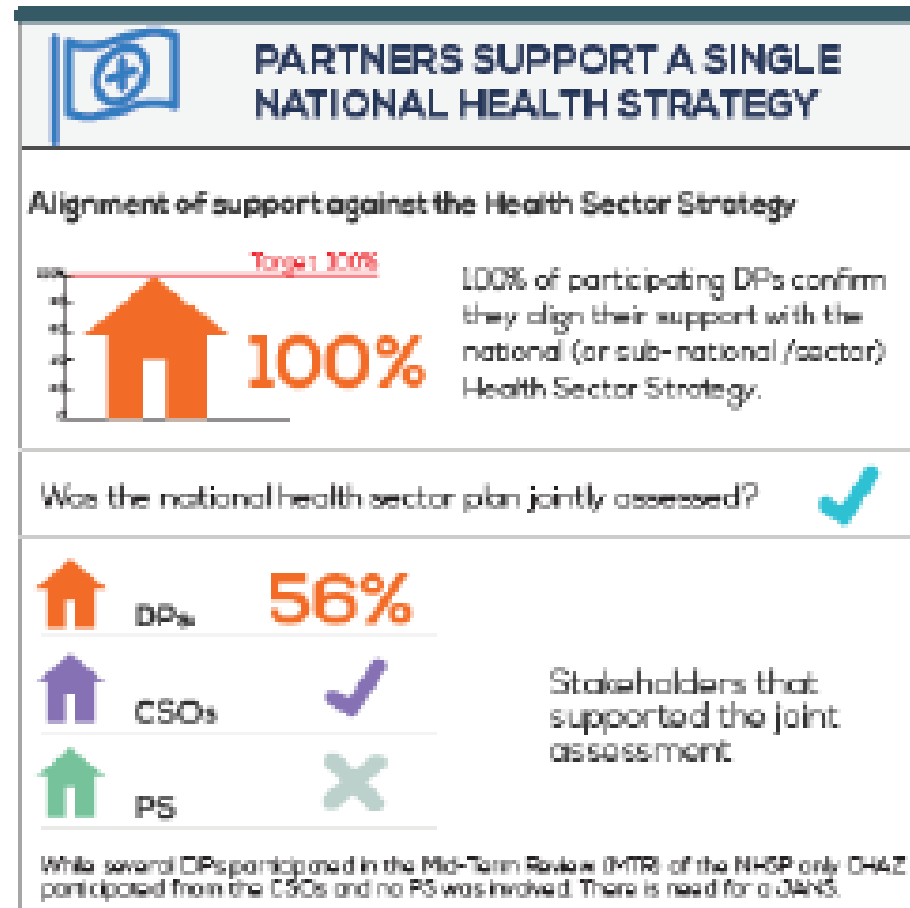
- E.g. products of TWGs on sustainability & transition, PFM, fragile settings
- Review and promote tools to support alignment – e.g. Joint Assessment of National Strategies (JANS), new health systems performance assessment approach/template

iii. Accountability: scorecards to track behaviours/commitments

Scorecards – example reporting (from IHP+ Results 2016 Monitoring)

COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY



Predictability of funds for the future

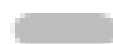
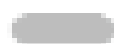
Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07

2009/11

2012/13

2014/2015



67% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

The DPs decide which component of the NHSP would support, inform govt about the budget and disburse through several modes (project, etc).



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?



22%

22% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

SOMETIMES

63%

63% of participating DPs support South-South cooperation.

While most DPs are willing to render TA, govt has not been proactive in utilising this assistance.

Discussion

- How can UHC2030, working at global level, best promote and support better work in countries? How do we help all partners “walk the talk”?
- What links should be made with other accountability work/products?

Decision

- Does SC agree in principle that UHC2030 focuses on:
 - Promoting Global Compact principles & 7 Behaviours
 - Promoting uptake and use of HSS alignment/coordination tools
 - Scorecards – feedback and accountability to improve implementation