

## Notes for the record

Online meeting, 31 January 2018, 14.30-16.30 CET

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**Participants:** see list attached.

The call was chaired by Ms. Banu Ayar, MOH representative of Turkey.

### Objectives of the meeting:

The main objectives of the meeting were to:

- Present the tool content (taxonomy) – comparative table
- Discuss possible options and way forward regarding the modus operandi for the taxonomy work of the UHC2030 TWG HSA

### Action points and next steps:

- Two to three sub-groups will further elaborate on the content alignment of the taxonomy.
- The HSA TWG Secretariat will propose the specific topics for the sub-groups, ensuring that all aspects of the taxonomy are taken into consideration
- The results of each sub-group will be presented and discussed in a face-to-face meeting.
- A guidance document providing instructions to each sub-group will be prepared and shared.

### Key issues discussed:

#### 1. Presentation of draft taxonomy with accompanying narrative

Two documents were shared with working group members prior to the call: the draft taxonomy and the narrative providing further information to the taxonomy.

External WHO consultant, Katja Rohrer, introduced the draft taxonomy, which is currently structured around the six health system building blocks, plus community engagement and cross-cutting themes. The excel file lists all technical assessment areas (i.e. indicators, assessment questions etc.) that are part of the assessment tools. The narrative provides an explanatory note and presents some first findings. In conclusion, even though the assessment areas seem to be similar across tools, there is still a very high diversity and discrepancy between the different assessment tools in regard to the interpretations of these areas.

Feedback from the working group is summarized below:

- The *purpose of the taxonomy* is seen, first and foremost, to increase comparability across varying HSA results, but also to ensure a certain level of comprehensiveness over time. This is closely linked to the quality of HSA reports and its processes.
- The importance of keeping the taxonomy *flexible* so that each country can adapt to its country specific needs was highlighted.
- It was acknowledged that the *cross-cutting section* is so far a mere compilation of all aspects which were not mentioned in the sections pertaining to health systems building blocks. That being said, this section needs to be revised both in terms of accuracy and completion.
- Further to that, it was advised to include *social, political and economic factors* among the section on cross-cutting themes. For example, this could include parameters, such as responsiveness to the health sector or social inequality. It must be clear why certain factors were included and other excluded by clearly stating which criteria were selected.
- It was stressed that the aspect of *performance* needs to be integrated into the health system assessment taxonomy. How such a specific performance angle can be included into the taxonomy – as part of each section or as a separate section - needs to be further explored.
- Health Systems Reviews conducted by OECD will be Included in the tool review.

## 2. Modus operandi to work on taxonomy

Dr Dheepa Rajan, WHO lead of the UHC2030 TWG on HSA, gave a brief presentation outlining potential ways of the TWG to further work on the taxonomy in order to align content on thematic areas. In this regard, three issues were presented:

1. One tool's content is comprehensive enough and can be accepted by all stakeholders as is
2. Approaches are too diverse, no possibility for harmonization → how can we reflect the differences so that the next assessment need not repeat?
3. Different approaches are complementary and can be brought together into one thematic area

The ensuing discussion focused predominately on whether it is more feasible to work on each thematic area with the whole group, or within sub-groups, as well as in which format (online vs. face-to-face meetings). The following conclusions were made:

- A *two-step approach* suggested by Dr George Shakarishvili (Global Fund) gained broad acceptance. More concretely, this means:
  1. *A discussion of thematic areas which takes place in sub-groups;*
  2. *Ensuing results are discussed with the whole working group in the format of a face-to-face meeting ('meta-analysis').*
- As per a suitable *number of sub-groups*, it was acknowledged that around three sub-groups seem most feasible. One group per building block risks 'silo' thinking, and it was underpinned that it is of vital importance to understand key linkages across health systems building blocks.

- The discussion around *cross-cutting themes* shall be better placed in the face-to-face meeting rather than in a sub-group. However, groups need to be aware of the potential cross-cutting impact of certain aspects of their respective themes and might need to prepare for the face-to-face discussion on cross-cutting themes.
- *Guidance material* is seen as critically important to provide guidance to each sub-group which, at the same time, allows for conceptually similar approaches, but at the same time guarantees an individual and targeted approach depending on the needs of each sub-group / theme. It was acknowledged that the guidance document shall outline where the link to deep dives are (in how much detail do we want to go with an HSA). Similarly, it shall also guide on how performance aspects can be included.

## Annex: List of participants

Country/organisation	Participant	Attendance
<b>Countries</b>		
Gabon	Ange Mibindzou Mouelet	Apologies accepted
Hungary	Péter Mihalicza	Apologies accepted
Tanzania	Claud Kumalija	Apologies accepted
Thailand	Kanisorn Sumriddetchkajorn	Apologies accepted
Turkey	Banu Ayar MoH	Yes
<b>Development Agencies and Partners</b>		
Abt. Associates	Catherine Connor	Yes
Action Contre le Faim	Aurelie de Chatelet	Yes
Action Contre le Faim	Anne Dominique Israel	Yes
Bill and Melinda Gates	Nicholas Leydon	Yes
DFID	Nicola Wardrop	Apologies accepted
European Commission	Jürgen Schefflein	Apologies accepted
European Commission DG Santé	Vania Putani	Apologies accepted
European Observatory	Mathias Harald Wismar	Apologies accepted
European Observatory	Ellen Nolte	Apologies accepted
FHI 360	David Wendt	Yes
GIZ	Esther Werling	Yes
GIZ	Franz von Roenne	Apologies accepted
GIZ	Thorsten Behrendt	Apologies accepted
Global Fund	George Shakarishvili	Yes
LSHTM / Health in Humanitarian Crises Centre	Karl Blanchet	Apologies accepted
OECD	Chris James	Yes
USAID	Jodi Charles	Yes
<b>WHO Regional Offices and HQ</b>		
WHO EMRO	Adham Abdel Moneim	Yes
WHO EURO	Elke Jakubowski	Apologies accepted
WHO EURO	Gabriele Pastorino	Apologies accepted
WHO EURO	Taavi Lai	Apologies accepted
WHO HQ	Gerard Schmets	Yes
WHO HQ	Dheepa Rajan	Yes
WHO HQ	Kira Koch	Yes
WHO HQ	Katia Rohrer-Herold (External WHO consultant)	Yes
WHO HQ	Thomas O'Connell	Apologies accepted
<b>UHC2030 Core Team</b>		
WHO HQ	Marjolaine Nicod	Apologies accepted
WHO HQ	Julia Sallaku	Yes
World Bank	Laure Mercereau	Yes