*SATELLITE SESSION: TUESDAY, 15 NOVEMBER, 2016, 12:30- 14:30; ROOM 2.*

*EFFECTIVE DEVELOPMENT COOPERATION FOR HEALTH SYSTEMS STRENGTHENING- SOME PERSPECTIVES OF UHC2030"*

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*Comments on the Joint Learning Network (JLN)*

**The Challenge:** On our journey towards UHC

* Health systems reforms are challenging both in design and implementation.
* The formal evidence base is limited with regards to the ‘how to’ of achieving UHC
* Policymakers and practitioners across different countries operate in silos and don’t have the opportunities to share experience and draw on the experiential knowledge that resides in their peers.
* 6 Years ago, the Joint Learning Network (JLN) was created to offer more opportunities for coutry policy makers and stakeholders to connect with their colleagues in other countries to share best practices and to co-develop solutions based on their experiences especially in LMICs.

# 2 Core Principles

* Country ownership: Willingness to join, set agenda, drive UHC reforms, and actively engage local stakeholders
* Joint Learning: Countries teach and learn; joint problem solving lead to innovations for quick common solutions

# The JLN Approach:

* Using collaborative learning among practitioners to co-develop global knowledge on the practical “how-to’s” of achieving UHC- focus on implementation, and on practical advice that has worked in another peer country through **common problem identification > collective problem solving > synthesis of new knowledge > knowledge adapted within JLN countries > knowledge disseminated to other countries**

# The JLN functions through Technical Initiatives and Collaboratives

* Long-term priorities of the JLN – based on member countries’ knowledge need priorties
* made up of sub-initiatives, called “Collaboratives” (see below)
	+ Technical Collaboratives/Initiatives: Subset of JLN members convene on a specialized topic to exchange experiences/ solutions and co-produce a knowledge product with support from technical facilitators: PHC, IT, Provider Payment Mechanisms, Reaching Target Populations, Quality & Accreditation, Medical Audit, & Innovative Financing

**Expanding Membership** – 27 countries including 11 African, 11 Asian, 3 American and 2 European countries.

# Key Benefits of the JLN to Nigeria: Nigeria joined 5 Years ago

* Strong CCG with shared secretariat: FMOH, NHIS, NPHCDA; with a SG Member and Co- Convener; linked to other UHC think-thanks like the HCFE&I TWG
* Great learning opportunity especially from countries in similar situations through the technical initiatives: we are participating in all
* Relevant to Nigeria’s priorities towards UHC: all knowledge topics based on demand expressed and prioritized by members, e. g, Innovative Financing Collaborative; Medical Audit Collaborative, etc
* Leveraging cross-country space to analyze root causes, through a homogenous environment that builds trust, safe space, and community participation
* Leveraged results of practical tools/knowledge products that have been shared and are being used
* Created good opportunities for responsive follow-up by partners on Nigeria’s progress towards UHC