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

Healthy Sector Working Group (HSWG) monthly meetings. HSWG, chaired by the Minister for Health, provide the forum for effective engagement among all key sector partners.

Joint Monitoring Visit

Business meetings (BM) take place three times a year: (i) the 1st BM at the Health Summit assesses the health sector performance of the previous year; (ii) the 2nd BM assess mid-year performance and provide an opportunity to agree on corrective measures; (iii) the 3rd BM is devoted to planning and budgeting for the next year.

+ The first Health Financing Forum in Nov 2019

Health Summit (HS): The HS is an annual assembly of stakeholders to review performance of the sector.

Achievements to date 3/4: Country Coordination

+ The first Health Financing Forum in Nov 2019
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Sustainable, affordable, equitable, access to health services</th>
<th>NCD prevention and control</th>
<th>Improve health system efficiency, governance and management</th>
<th>Prevention and control of communicable diseases</th>
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<td>World Bank</td>
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</table>
What we face as challenges 1/2

Systemic Bottlenecks

01. Low funding at 20% of NHIS resources spent on PHC
02. Only 34% of CHPS zones and 43% of Health Centers have full complement of equipment
03. Regular stockout of medicines currently at 40% for tracer drug availability
04. Regular stock out of essential maternal and child health record books
05. Only 49% of existing CHPS zones have an appropriate service delivery facility and transport
06. Poor mix and mal-distribution of critical health personnel and health facilities
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”
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
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 12\textsuperscript{th} 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 “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.

**Phase 1-2 (2011-2015)**
- 7 then 12 countries
- 3 Regions
- 2 donors (EU and Luxembourg)

**Phase 3 (2016-2018)**
- 77 countries
- 5 Regions
- 6 donors (EU, Luxembourg, Ireland, Japan, France, DFID-UK)

**Phase 4 (2019-2022)**
- 115+ countries
- 6 Regions
- 6+ donors
  - (EU [DEVCO and EDF/ACP], Luxembourg, Ireland, Japan, France, DFID UK, others)
In line with the GPW13

THE UHC PARTNERSHIP 2011 – 2022

194 WHO Member States

WHO Modalities

01 Policy Dialogue Partner
02 Strategic Supporter
03 Technical Assistance Partner
04 Service Delivery Partner

Mature Health System
Maturing Health System
Vulnerable Health System
Extreme Vulnerability

WHR2010: key messages and follow-up agenda
30 September 2011
THE UHC PARTNERSHIP 2011 – 2022

• 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

2015 Dissatisfaction

2016-2017 Inclusive Policy Dialogue Health – Treasury – other stakeholders

2017 Policy options

2017 National Health Insurance White Paper

June) 2018 NATIONAL HEALTH INSURANCE BILL

2019: Health financing reform to improve access to quality services

Support to the National Policy Dialogue

- UHC-P Technical Assistance to support NHI work streams
- Support to the elaboration of policy options
- LT and ST Support to the NHI for the White Paper
- Continuous Health Financing Support
- Support to expansion & monitoring
Country example 2 – Ukraine

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2015</td>
<td>Access issues</td>
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<td>2016</td>
<td>Financing reform</td>
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<tr>
<td>2017</td>
<td>Law on State Financial Guarantee</td>
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<tr>
<td>2018</td>
<td>Bylaws for implementation</td>
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<tr>
<td>Mid 2019</td>
<td>PHC funding doubled, Access free of charge improved, Less queues in facilities</td>
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<tr>
<td>2020</td>
<td>Expand</td>
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</tbody>
</table>

Digital Health – People registration using QR codes
Country example 3 – Burkina-Faso

- **2014**: Financial barrier – Low information
- **2014 Methodology for National Health Accounts**
- **2015**: Collection of data – NHA help understand funding issues
- Advocacy work to prepare the law on UHC
- **2015 UHC Law (RAMU)**
- **2019**: Improved access – gratuity for pregnancy and delivery services

Support to the National Policy Dialogue

**NHA expertise**

Support to the elaboration of policy options

Support to the PHC law

Continuous Health Financing Support

Support to expansion & monitoring
Country example 4 – Greece (Policy dialogue)

- **2008 Financial Crisis**
- **Dialogue on Health Sector Reform**
- **2016 PHC Roll-Out Plan**
- **August 2017 PHC law**
- **Dec. 2017: First TOMY (PHC Center)**

**Support to the National Policy Dialogue**

**RESULT**

- **Mid 2019:** 113 TOMY operating 500,000 network visits

"New Greek primary health care network celebrates 1 year of operation"
WHEN THE RUBBER HITS THE GROUND....
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
UPDATE ON UHIC TRACER? NEED TO JUSTIFY FUNDING!

LET'S DO AN HSA THEN...
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
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
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.

1. **Domestic Resource Mobilisation**
   - Stimulating evidence-based dialogues between national budget and health officials in the MoF and MoH
   - Ensuring the voice of communities in the determination of overall health budgets and priorities

2. **Value for Money**
   - Delivering support for countries to facilitate better budgeting for health
   - Providing enhanced support to countries to increase the efficiency and effectiveness of health spending

3. **Efficient Development Assistance**
   - Expanding the utilization of joint funding mechanisms to provide additional funds for health
   - Shifting from Input to Output based funding modalities, where appropriate
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<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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**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
<table>
<thead>
<tr>
<th>Country</th>
<th>Rationale</th>
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</table>
| Cote D’Ivoire | • 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        | • 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       | • 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  | • GFF new wave country with New WB loan  
• Existing ADB loan covering PHC with UNICEF  
• Strong WHO support for health financing |
<table>
<thead>
<tr>
<th>Country</th>
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<tr>
<td>Chad</td>
<td>• GFF new wave country with new WB/GFF loan</td>
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<td></td>
<td>• GF co-financing issue resolved by WB loan</td>
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<td>• Coordinated health system investment needed for key bottlenecks such as supply chain</td>
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<tr>
<td>Niger</td>
<td>• GFF new wave country with WB/GFF loan; opportunity to address systems issues such as supply chain; P4H coordinator</td>
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<td>Ukraine</td>
<td>• Explicit GAP request for support; Keen to explore excise taxes: strong reform program for PHC; strong WHO and WB support</td>
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<td>PNG</td>
<td>• Joint operations in process between GF, Gavi and World Bank, Strong WB interest</td>
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### Additional countries of interest

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A dialogue will be held both with governments and Development Partners to better understand the current health financing landscape, agree with the direction of reforms, and identify areas of support.

Each country will identify the best suited platform (either existing or new) for the HF dialogue and coordination of donor support on this agenda.

Platforms will be supported to develop a medium- and long-term reform roadmap, including strategy to build sustainable capacity in health financing targeting respective units in the Government, academia and think tanks.

The roadmap will be supported by annual work plans to which partners commit to aligning their technical assistance.

Countries will be supported with joined-up funding support using opportunities in participating agencies funding cycles.
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
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?

Cooperation

50%

MoH

MoF

MoE

Acceleration
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

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**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

Alignment of support against the Health Sector Strategy

- **Target:** 100%
- **100% of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.**

Was the national health sector plan jointly assessed?

- **DPs:** 56%
- **CSOs:** ✓
- **PS:** ✗

While several DPs participated in the Mid-Term Review (MTR) of the NHSP only CHAZ participated from the CSOs and no PS was involved. There is need for a JANS.
Predictability of funds for the future
Rolling 3 year budget or Mid-Term Expenditure Framework in place:

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<th>Budget Status</th>
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<td>2014/2015</td>
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67% of participating DPs have communicated their planned resources for the next 9 years to the MoH.

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

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

- An agreed national TA plan exists?  \(\times\) 22% of participating DPs provide TA in line with the national plan.
- Does the Ministry of Health benefit from south-south cooperation?  Sometimes 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