

ANNEX I

Description of the Action

***STRENGTHENING HEALTH SYSTEMS, IMPROVING HEALTH SERVICES AND SUPPORTING CAPACITY
OF PARTNER COUNTRIES TO CONFRONT HEALTH CHALLENGES***

1. IDENTIFICATION

Title/Number	<i>EU-WHO Universal Health Coverage Partnership</i> : Supporting policy dialogue on national health policies, strategies and plans and universal coverage Amendment to contract DCI-SANTE/2011/261-054		
Locations:	Phase I: Liberia, Sierra Leone, Moldova, Sudan, Togo, Tunisia and Vietnam. Phase II: Chad, Democratic Republic of Congo (DRC), Guinea, Mozambique, South Sudan, Timor-Leste and Yemen		
Aid method / Method of implementation	Project approach — <i>Joint management with an international organisation</i> (World Health Organisation)		
DAC-code	12110	Sector	Health policy and administrative management

2. SUMMARY

Total duration of the action	48 months (12 months extension to the existing programme of 36 months)
Objectives of the action	<p>The overall objective is improved and equitable health sector results in selected countries.</p> <p>The specific objectives are:</p> <p>SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;</p> <p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p> <p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles;</p>
Target group(s)	<p>At country level, Ministries of Health, development and finance (and all other relevant Ministries), as well as all actors involved in the health sector, including donor partners, civil society representatives, beneficiaries and public/private services providers representatives</p> <p>At global level, members of the International Health Partnership (IHP+), and more generally policy makers, international organizations, health and development professionals, donors, civil society and academia</p> <p>The target audience for visibility and communication actions are:</p> <ul style="list-style-type: none"> • policy-makers – international, regional and national;

	<ul style="list-style-type: none"> • international organizations – notably the World Bank, GAVI, Global Fund against Aids, Tuberculosis and Malaria, UNICEF, and UNAIDS and fellow members of the International Health Partnership; • health and development professionals; • economists; • academics and researchers • donors • civil society
Final beneficiaries	Populations of the participating countries of the programme
Estimated results	<p>Related to SO I and II:</p> <p>ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews;</p> <p>ER 3. Countries¹ requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitated UC;</p> <p>ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p> <p>Related to SO III:</p> <p>ER 6. At country level, alignment and harmonisation of health aid according to national health plans is consolidated and accelerated.</p> <p>Other results expected for IHP+ are defined in the Partnership's agreed programme of work.²</p>
Main activities	<p>Key activities related to SO I and II:</p> <ul style="list-style-type: none"> ▪ Review and if needed support and facilitate mechanisms to capture population's opinion on health issues and priorities ▪ Support countries to undertake comprehensive situation analysis and establish mechanisms to regularly update them ▪ Support countries to cost the NHPSP, through an annual budgeted work plan, and a medium term sector framework linked to a medium term expenditure framework ▪ Support countries to define NHPSP activities, interventions and their costs ▪ Support countries in the implementation and management of

¹ With the amended contract, the health financing activities will start about 12 months later. For that matter, they will focus on 10 countries.

² IHP+ Phase III work plan and budget 2012-13

[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/ihp_phase_iii_workplan_EN\[1\].pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/ihp_phase_iii_workplan_EN[1].pdf).

	<p>NHPSP</p> <ul style="list-style-type: none"> ▪ Support and facilitate the development of a Monitoring and Evaluation framework ▪ Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement ▪ Support countries to communicate national health sector improvements and results to the general public ▪ Facilitate the establishment and rolling out of a platform or support to existing platforms for policy dialogue and health sector coordination. ▪ Collate, analyse and disseminate best available evidence to participating countries on what has worked in other settings ▪ Facilitating South-South learning and sharing of experience ▪ Support regular assessment of where countries stand in terms of UC and how (well) the HF system is functioning through country-led analysis of the institutional design, organization and operation of country HF systems ▪ Assist selected countries in their HF policy analysis ▪ Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money') ▪ Support the design and evaluation of innovative approaches for universal coverage where these are being developed <p>Activities related to SO III:</p> <ul style="list-style-type: none"> ▪ WHO's country work on aid effectiveness is determined by existing aid coordination arrangements and challenges. It will include, where judged appropriate by MOH and partners <ul style="list-style-type: none"> – Support and facilitate the development of the country 'compact', and the monitoring of its implementation – Facilitate the organization of the Joint Assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations – Support and facilitate a process to establish a single monitoring and evaluation mechanism ▪ At global level, WHO will, together with the World Bank, <ul style="list-style-type: none"> - coordinate the International Health Partnership, and oversee implementation of the five lines of work in the approved IHP+ work plan 2012-13 - promote and facilitate alignment and harmonization efforts of external assistance to the health sector, including the Global Health Initiatives.
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3. RATIONALE

The thematic programme ‘Investing in People’ takes a broad approach to development and poverty reduction. Its general aim is to improve human and social development levels in partner countries in accordance with the United Nations Millennium Declaration and the Millennium Development Goals (MDGs). It is based on Article 12 of the Development Cooperation Instrument (DCI)³ and is detailed in the *Strategy Paper for the Thematic Programme 2007-2013*⁴ and the *mid-term review of the programme*.⁵

Under the theme ‘**Good health for all**’, it addresses four key health areas:

- human resources for health;
- confronting HIV/AIDS, malaria and tuberculosis;
- sexual and reproductive health and rights;
- neglected and non-communicable diseases.

The *mid-term review of the Strategy Paper* adopted on 5 November 2010 identifies the strengthening of health systems and universal access to basic health care as a possible overarching objective for the programming period 2011–2013. It calls for efforts to pursue thematic action that adds value to country programmes in these areas. The review also proposes that thematic funding be used to support the International Health Partnership so as to contribute to enabling the exchange of experience in developing and implementing feasible national health strategies.

The European Union supports health in developing countries in several ways. At country level, there is direct support for the health sector (where the country strategy defines health as a focal cooperation sector) and through indirect contributions to social sectors from General Budget Support, including MDG contracts. In these countries, the EU aims to ensure that national health policies, strategies and plans (NHPSP) reflect joint EU-partner country values and that health aid is provided according to the International Health Partnership Plus (IHP+) principles. To meet this interest, country-level actions should be complemented by supporting the WHO mandate and convening role on health systems support at country level.

In the light of the EU's new multi-annual programming phase 2014-2020, the WHO and the Commission jointly agreed to reshape their cooperation so as to work towards a more integrated approach to health systems support at country level. The aim of the collaboration is to provide comprehensive support to health system building blocks (service delivery; health workforce; health information; medical products, vaccines and technologies; infrastructure; financing; and leadership and governance [stewardship]) by addressing priority health problems (priority communicable and non-communicable diseases, health in the life cycle [maternal, neonatal and child health, ageing]).

The programme ‘Supporting policy dialogue on national health policies, strategies and plans and universal coverage in selected countries’ aims to reinforce the WHO’s ability to support countries in building their capacity

³ Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation (OJ L 378, 27.12.2006, p. 41).

⁴ http://ec.europa.eu/development/icenter/repository/how_we_do_strategy_paper_en.pdf.

⁵ http://ec.europa.eu/development/icenter/repository/investing_people_mid-term_review.pdf.

- to develop, negotiate, implement, monitor and evaluate robust and comprehensive national health policies, strategies and plans (NHPSP)
- to put into practice IHP+ principles, to strengthen health systems based on primary health care renewal principles and
- to support countries in modifying their health financing systems so they can move more rapidly towards universal coverage and sustain the gains they have made.

The current amendment is meant to reflect the new EU-WHO cooperation approach and pave the way for a more comprehensive programme that includes the full spectrum of health systems support, as described above. The implementation would be based on *country-specific needs* as identified in national health policies, strategies and plans and in the health sector policy dialogue and monitoring related to its implementation.

To that end, the programme's coordination mechanism will operate so as to ensure improved linkages with thematic areas not yet covered by this action (see also programmes listed under 'complementary actions' below).

3.1 Sector context

Health system weaknesses are increasingly acknowledged as being among the most important obstacles to achieving the MDGs for health. There are still problems associated with a fragmented approach to policy formulation, planning and implementation, leading to duplication of services, parallel systems and waste of resources across programmes. Among the key weaknesses identified are a shortage of skilled human resources, lack of funding, limited access to essential medicines, shortage of medical and diagnostic equipment, and poor health infrastructure.

The Communication *The EU Role in Global Health*⁶ recommended that the preferred framework for providing EU support should involve joint donor processes following the International Health Partnership principles. It also affirmed EU Member States' commitment to achieving 'equitable and universal coverage of quality health services' and supporting countries to 'put in place fair financing of health systems and develop or strengthen social protection mechanisms in the health sector'.

More recently, *Increasing the impact of EU Development Policy: an Agenda for change*⁷ recommended that the EU should 'take action to develop and strengthen health systems, reduce inequalities in access to health services, promote policy coherence and increase protection against global health threats so as to improve health outcomes for all'.

3.2 Lessons learnt

WHO support to NHPSP processes

A recent WHO review of 18 national health policy strategies and plans showed that few countries currently live up to expectations. The review found that comprehensiveness,

⁶ http://ec.europa.eu/development/icenter/repository/COMM_PDF_COM_2010_0128_EN.PDF, endorsed by Council Conclusions on 10 May 2010 (http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/114352.pdf)

⁷ http://ec.europa.eu/europeaid/news/agenda_for_change_en.htm, endorsed by Council Conclusions on 14 May 2012 (http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/130243.pdf)

coherence and balance of health policies are better addressed in a national strategy when the strategy is based on a sound, robust and comprehensive situation analysis covering current and future health problems, identifying priorities clearly. The review also highlighted the need to synchronise programme planning cycles with national planning cycles to avoid problems, as illustrated by the Country Planning Cycle Database.⁸

A separate review of four NHPSPs was carried out on four key aspects of primary health care: moving towards universal coverage, reorganizing service delivery to people centred care, promoting health in all policies, and strengthening inclusive leadership and governance. This showed that the policy underlying the plans often lacked strategic elements to move towards **universal coverage** and people-centred care.

Country case studies and regional consultations also show that:

1. Where evidence-based planning has been institutionalised, this has enhanced the Ministry of Health's credibility and leadership, and promoted health in the overall development agenda.
2. The pressure for immediate and visible results has significantly increased over recent years. It is very important to record and document steps taken to improve planning and implementation of plans through improved service delivery systematically to ensure that all stakeholders are accountable and remain committed.

The International Health Partnership (IHP+) and its role in improving aid effectiveness

The International Health Partnership is an initiative launched in 2007 and jointly coordinated by WHO and the World Bank. IHP+ supports putting aid effectiveness principles into practice and addresses fragmentation by mobilising partners around a single country-led health strategy, budget and monitoring and evaluation framework.⁹

At global level, IHP+ is valued for providing a neutral space for multi-stakeholder dialogue on coordination of health aid. Moreover, countries have benefited from IHP+ tools and support to country processes to develop better quality national health plans. This has resulted in more aligned support and helped to strengthen country ownership. IHP+ has promoted the inclusion of civil society in these processes. Partners have made progress, albeit uneven, in improving effective delivery of health aid. IHP+ partners have recommended continuing the initiative as a way of meeting the need for better coordination, alignment and support for national ownership.

WHO's support to health systems financing

The World Health Report 2010¹⁰ took up WHO's longstanding call for universal coverage. The report summarised the growing evidence that it is possible, even in poorer countries, to modify health financing systems to ensure that more people have access to essential health services, avoiding the need to pay at the point of service, which may impoverish them. It stressed the need to ensure that health financing plans and strategies are not drawn up in isolation from national health policies, plans and strategies, and vice versa, and that all aspects

⁸ https://creator.zoho.com/downey/countryplanningdb/view-perma/Country_Planning_Cycle_DB/Rh72U0n4OOCj7itH55HVZfh2MuOdpi5AJxxYF9EWGR77M149hq8OHHXmvKhKXafGUWTjK7FCWAxU0HU7u6Gd0bJPBW4DvmbgCHHd.

⁹ For further details about IHP+, see <http://www.internationalhealthpartnership.net/en/home>.

¹⁰ The World Health Report 2010 — Health Systems Financing: The Path to Universal Coverage. Geneva: WHO. (<http://www.who.int/whr/2010/en/index.html>).

of the health financing system are aligned and interrelated. There is growing evidence regarding the impact of such policies. For example, in Sierra Leone, there was a 61 % drop in mortality rates from maternal complications associated with childbirth after the first year of free maternal health services.¹¹

The World Health Report (was followed up by a World Health Assembly 2011 Resolution on sustainable health financing structures and universal coverage (WHA64.9), calling on WHO to prepare an Action Plan to support Member States in their efforts to adapt their health financing systems to move towards universal coverage. A growing number of countries have asked WHO for policy or technical support and information on best practices in health financing in recent years. More than 50 countries have made formal or informal enquiries about support since the 2010 launch of the report.

3.3 Complementary actions

The proposed action is complementary to other EU support activities in cooperation with WHO, such as the EC/ACP/WHO Health MDGs Partnership (closed); EU support to the WHO programme ‘Strengthening Health Workforce development and tackling the critical shortage of health workers’ (SANTE/2008/153-644); the Renewed EU/ACP/WHO Partnership: strengthening pharmaceutical systems and improving access to quality medicines in countries in Africa (2012-2016). It is also complementary to: the G8 agenda; the *Providing for Health* (P4H) network;¹² the Commission for Information and Accountability for Women’s and Children’s Health and the post-Busan Partnership for Effective Development Cooperation.

3.4 Donor and intersectoral coordination

WHO will use existing health sector coordination mechanisms in countries, or support the setting up of such mechanisms if necessary. WHO will make best use of its presence in the field to focus on improving the quality of NHPSP, and on assisting countries to negotiate with stakeholders to support the implementation of these plans, including the monitoring and evaluation framework. WHO will help countries to put in place mechanisms to ensure mutual accountability, health sector monitoring and health policy dialogue.

4. DESCRIPTION

As this action aims to ensure country ownership, there will be an inception phase to design and develop a country roadmap for each country selected, in collaboration with National Authorities, EU Delegations, WHO and other stakeholders.

4.1 Objectives

The overall objective is **‘Improved and equitable health sector results in selected countries’**. WHO will draw on its global convening role, institutional capacity and experience, as well as its country presence — reinforced through the selective placement of long-term senior experts — to support selected countries. The experts will be available full time for day-to-day follow-

¹¹ Yates R. Preparing and implementing policy of free care for vulnerable groups: results and challenges in Sierra Leone. Presentation at 3rd International Conference on Health Financing in Developing and Emerging Countries. Clermont-Ferrand, France, 12-13 May 2011. (http://cerdi.org/uploads/sfCmsContent/html/355/ED/E4/Yates_2.ppt).

¹² Providing for Health (P4H) network on Social Health Protection. (<http://www.who.int/providingforhealth/en/>).

up and process management in countries where the challenges to policy making and to implementing national plans and universal coverage reforms are such that they cannot adequately be dealt with from regional or sub-regional offices or headquarter teams.

The programme will work towards the following **three specific objectives**:

- I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;
- II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;
- III. To ensure international and national stakeholders are increasingly aligned around NHPSP¹³ and adhere to other aid effectiveness principles.

4.2 Expected results and main activities

The general expected result is: *Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles and health financing reforms for universal coverage enhanced.*

The section below presents the expected results for each specific objective:

Specific Objective I: To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity

Specific Objective II: To improve technical and institutional capacities, knowledge and information for health systems, the adaptation of services and related policy dialogue

Expected results:

- Result 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity;
- Result 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews;
- Result 3. Countries requesting health financing support will have modified their financing strategies and systems to move more rapidly towards universal coverage, with a particular focus on the poor and vulnerable;
- Result 4. Countries receiving health financing support will have implemented financing reforms to facilitate universal coverage;
- Result 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.

Key activities:

¹³ See EU definitions of harmonisation and alignment: http://ec.europa.eu/development/geographical/cotonou_accra_en.cfm.

A.1 Review and if needed support and facilitate mechanisms to capture population's opinion on health issues and priorities

A review of existing mechanisms to capture population's opinion on health issues and health priorities will be undertaken. Where they do not exist, the programme will support and facilitate the establishment of these mechanisms. This will be done through e.g. national health assemblies, political consultations, media reviews, focus groups, and surveys. Results will regularly be updated for the annual reviews.

A.2 Support countries to undertake comprehensive situation analysis and establish mechanisms to regularly update them

To ensure that NHPSP is based on a "sound situational analysis and context, including political, social, cultural, gender, epidemiological, legal, and institutional determinants", support will be provided for the organization of regular bottom-up participatory mechanisms for assessing strengths and weaknesses of the situation, and formulating strategic recommendations related to the various health and health system components, as well as facilitate the priority setting process.

A.3 Support countries to cost the NHPSP, through an annual budgeted work plan, and a medium term sector framework linked to a medium term expenditure framework

The action will support and facilitate the costing and budgeting of NHPSP on an annual basis and for the medium term budgetary planning, including macroeconomic analysis, identification of potential resources and costing of different scenarios; support and facilitate the discussion between Ministries of Finance (or equivalent), Planning and Health regarding the budgeting of health policies in the macroeconomic and fiscal environment; facilitate the inclusion of financial experts and partners in these discussions.

A.4 Support countries to define NHPSP activities, interventions and their costs

The action will support the definition of precise activities and programmatic interventions, and their associated costs for final political decision. This action is iterative in nature and may lead to different scenarios until final agreement.

A.5 Support countries in the implementation and management of NHPSP

The action will support and facilitate: the translation of the NHPSP into measurable operational plans, (at programme and/or sub-national levels), and the establishment of mechanisms allowing for proper monitoring of their implementation; the establishment of mechanisms for taking corrective measures; and the production of annual implementation reports as essential components of the annual reviews.

A.6 Support and facilitate the development of a Monitoring and Evaluation framework

Support will be provided for the development (consensus) of a monitoring and evaluation framework for the NHPSP agreeable for all stakeholders, and the development of mechanisms for effectively monitor its indicators on a regular basis (including annual reviews preparation and inter-country peer-reviews). Regularly updated results will be available for the annual reviews including the production of annual implementation reports as essential components of the annual reviews.

Countries will also be supported in institutionalizing their national health accounts and to monitor and evaluate the impact of their HF reforms for UC.

A.7 Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement

The action will support countries to ensure that the major stakeholders are involved in the development of the NHPSP and operational plans. Where they do not exist, multi-stakeholder mechanisms will be put in place. There will be a final endorsement of NHPSP by stakeholders.

The programme will provide support to countries to improve engagement with the private sector stakeholders around the NHPSP. This engagement will be both in technical and organization aspects as well as policy dialogue on the role and position of the private stakeholders in health.

A.8. Support countries to communicate national health sector improvements and results to the general public

The action will build on the country communication plans and will support countries in dissemination of outcomes of key health planning cycle events to the general public (annual reviews, operational progress reports, new health policies/strategies and plans, etc).

A.9 Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination (HSC) meetings

The action will support and facilitate the design or strengthening of the country health policy dialogue process, its schedule and its agreed mechanisms. For example, it will assist in the organization and facilitation of round tables or other mechanisms for dialogue (both the ones initiated by the government and those limited to donor coordination, if applicable), in the provision of health policy advice to improve the outcomes of such coordination exercises, the promotion of public information on health policy matters, or in the organization of annual reviews, at the critical stages of the national planning cycle. As part of the programme, WHO will further promote that donor coordination mechanisms (also involving those established by the GHI) are aligned with national health policy dialogue processes and promote the gradual merging of parallel health coordination mechanisms within the sector. Work will be undertaken with governments, donors and national stakeholders on the production of strategic intelligence on the policy environment (stakeholders' positions and interests, their capacities for meaningful sector policy dialogue) and on a regular policy assessment for the annual reviews.

The action will explore different options, mechanisms and concrete elements for policy dialogue. Evidence of this will be covered under the JANS inclusiveness attribute and will be documented as part of the annual report of this action based on e.g. SWOT analysis.

One of the functions of the WHO Expert in country will be to support MoH to ensure that HSC meetings are in place, held on regular basis and are less fragmented. These meetings will provide opportunities for exchange of information, discussions around policy, strategy, priorities and should become one of the key instruments to support the MoH in steering and implementing the NHPSP.

WHO, in collaboration with other partners (country-based partners, including P4H partners), will support national stakeholders (Ministries of Health, Finance, Social Affairs, Labour, civil society, social partner etc.) in facilitating an inclusive policy dialogue on HF systems reforms with national and international stakeholders.

A.10 Collate, analyse and disseminate best available evidence to participating countries on what has worked in other settings

WHO plans to organize a meeting, with technical experts from the selected countries to share experience and develop a working document that can support other countries in their policy dialogue process.

This activity will also focus on collecting and reviewing evidence of good practice of UC approaches and policy dialogue process, as well as lessons learnt about approaches and processes that are less successful. The analysis, synthesis and systematization of evidence will be offered in various publications formats (policy briefs, discussion papers and other publication formats, webpages). This conceptual work will mainly be led and coordinated by WHO HQ.

A.11 Facilitating South-South learning and sharing of experience

The action will support and financially facilitate South-South learning and sharing of experiences through direct exchanges, interaction and consulting policy analysts and policy makers. This cooperation is already on-going at different levels. For example, the Harmonization for Health in Africa (HHA)¹⁴ programme supports countries to develop interagency harmonization, policy and planning processes and accountability mechanisms. The WHO-EU programme will support these actions. Moreover, and in particular, country exchange visits for peer engagement and advisory inputs will be organized. This mechanism of peer reviews has proven to be very powerful for building capacity at country level and improving coherence of interventions, taking country context into better consideration. Successful examples of such exchange do happen already (e.g. between Thailand and Vietnam, or between a number of African countries in the context of HSS proposals submission for GAVI or the Global Fund), and will be intensified and extended to the countries of this programme.

A.12 Support regular assessment of where countries stand in terms of UC and how (well) the HF system is functioning through country-led analysis of the institutional design, organization and operation of country HF systems

A starting basis for any health financing strategy development or revision is to understand where the country stands in terms of UC and how well its HF system is functioning. Countries will be supported in this UC tracking as well as in undertaking a HF system assessment. Indicators for tracking progress towards UC will be proposed, discussed at international fora, tested and reviewed with countries. Guidance documents will be developed to support country HF policy dialogues and analyses.

Training opportunities will be provided on HF for UC, in collaboration with partner agencies and national experts, to support country capacity strengthening. Mechanism will be established or reinforced for exchange between HF policy analysts and policy-makers, especially in countries where there is no specific policy and research institute with precisely that function.

A.13 Assist selected countries in their HF policy analysis

A number of countries will benefit from more detailed technical assistance relating to the actual HF system and policy analysis on specific questions, for example on questions of how to expand coverage to the informal sector, how to revise their provider payment system, or how to increase the level of pooling.

Analytical work collaboratively organized between the WHO and other partners, such as the P4H network, and national HF experts serves to produce the required evidence as a basis for HF policy making. This work will be published and disseminated (e.g. country report,

¹⁴ <http://www.hha-online.org/hso/>

discussion paper, policy brief, webpage story, etc.). At the same time, this work will be organized in a way that ensures knowledge transfer and capacity building through "learning-by-doing" and "on-the-job" skills expansion.

A.14 Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money')

A health financing strategy is an important guidance document, but cannot foresee all details and upcoming challenges which require further operationalization and detailed planning during the implementation stage based on concrete evidence. There is thus also need for analytical work linked to the implementation stage to generate evidence for planning and fine tuning as well as for resource allocation in particular. WHO will support the establishment of a mechanism through which links between evidence generation and policy development / decision-making are in place.

A.15 Support the design and evaluation of innovative approaches for universal coverage where these are being developed

A number of countries are exploring innovative approaches for UC on a pilot basis. WHO will provide technical support in designing and evaluating such approaches to ensure that sound evidence is created. At the same time, this activity will ensure that the findings are documented and published and widely disseminated across interested countries and partners.

Specific Objective III: To ensure international and national stakeholders are increasingly aligned around NHPSP

Expected results:

Result 6. At country level, alignment and harmonisation of health aid according to national health plans is consolidated and accelerated.

Other results expected for IHP+ are defined in the Partnership's agreed programme of work.¹⁵

Key activities:

WHO's country work on aid effectiveness is determined by existing aid coordination arrangements and challenges. It will include, where judged appropriate by MOH and partners:

A.1 Support and facilitate the development of the country 'compact', and the monitoring of its implementation

A country compact is a negotiated agreement which reflects the mutual understanding and agreement between a government and its development partners of ways in which they will support implementation of a NHPSP. Ideally it is inclusive of all stakeholders active in the health sector including civil society organizations and the private sector. Where appropriate, the action will assist in the organization, facilitation and moderation of round tables or other mechanisms for reaching a consensus on the compact commitments and its signing, and the

¹⁵ IHP+ Phase III work plan and budget 2012-13
[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/ihp_phase_iii_workplan_EN\[1\].pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/ihp_phase_iii_workplan_EN[1].pdf).

design and implementation of a process for its monitoring and its implementation, including explicit indicators. WHO will use its expertise on health policy matters to provide quality support to these processes.

A.2 Facilitate the organization of the Joint Assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations

A Joint Assessment of a National Health Strategy (JANS) is a shared approach to assessing the strengths and weaknesses of a national strategy. The objectives are (i) to help improve the quality of the strategy/plan; (ii) to increase confidence in the strategy/plan, and so secure more aligned financial and technical support; and (iii) to reduce the transaction costs associated with multiple separate assessments. In countries which decide the approach could be useful, the action will support the JANS process with a particular attention to ensuring that it is country-demand driven and country led, that it builds on existing in-country processes and experience, that it is conducted in a transparent, sufficiently independent and inclusive way.

A.3 Implementation of the IHP+ work plan

At global level, WHO will, together with the World Bank, continue to coordinate the International Health Partnership, and oversee implementation of the five lines of work in the approved IHP+ work plan 2012-13.

The IHP+ work plan activities cover 5 action areas:

- i. Country level alignment of health aid consolidated and accelerated: supported by IHP+ country grants, JANS and development of country compacts. WHO's contribution to JANS, compacts is described in activities 1-2 above.
- ii. Global level action to harmonize agency procedures. This includes the harmonization of financial management and audit procedures; great IHP+ engagement with related global initiatives especially the Commission on Information and Accountability for Women's and Children's Health (COIA); and documentation of lessons learned on country experience with JANS, compacts and progress towards one M&E platform

Documentation of lessons learned on country experience with JANS, compacts and progress towards one M&E platform
- iii. Enhanced capacity of civil society to engage in national policy dialogue and performance monitoring processes, through south-south communications network and a southern CSO small grants programme
- iv. Enhanced accountability for results through increased use of reliable, transparent information in joint sector monitoring and review processes, and increased accountability of governments and development partners to each other and the general public including through support for one country M&E platform efforts; the inter-agency M&E working group; periodic independent monitoring of progress against IHP+ Global Compact commitments
- v. Effective coordination of Partnership operations and communications by the WHO/World Bank core team: This involves managing operations and resources of IHP+; organising IHP+ governance bodies (Executive Team and Scaling up Reference Group) - meetings and agendas; documentation of lessons learned; inter-agency working groups when needed; the IHP+ website and other communications.

Towards improved programme coherence, country focus and integrated implementation

The programme will ensure that countries take the lead in determining and implementing activities. WHO will combine stronger country presence (using all WHO operational levels, backstopping, etc.) and making available expertise and tools, as requested by countries.

To ensure this process is country-led, there will be an inception phase to design and develop operational plans in each case. Specific activities for countries will also be developed during this phase.

Country level:

Support will be provided based on a tailored roadmap as specified by and agreed in advance with countries. Taking into account the country-specific context, support will require flexibility and strong coordination mechanisms.

Criteria for country selection:

For the first phase of this programme, the following countries were selected at the request of Ministries of Health and in collaboration with the countries themselves, with EU Delegations and WHO country offices: Liberia, Sierra Leone, Moldova, Sudan, Togo, Tunisia and Vietnam.

The criteria for selection included:

- opportunities for both WHO Country Offices and EU Delegations to support efforts in improving health sector results, including existing EU health sector support (e.g. where there is specific cooperation in the health sector, and/or where there is a specific interest in health sector follow-up in the context of General Budget Support, the MDG initiative or MDG Contracts);
- strong country interest;
- potential for improving or adding value to country coordination and dialogue mechanisms;
- avoidance of duplication where major bilateral donor support fulfils a similar role to that of this programme;
- ability to demonstrate the impact of support and to develop lessons learned.

The programme is to be expanded by up to 7 further countries, and a similar selection procedure was applied. The following countries were selected:

Chad, Democratic Republic of Congo (DRC), Mozambique, Timor-Leste, Yemen, Guinea and South Sudan.

In view of the specific focus of national policy dialogues on **health financing** strategies for universal coverage as well as their implementation, the selection process will take account of health financing policy dialogue processes that are underway in some countries or requested by Phase I countries. For that reason, the following criterion will also be considered:

- Countries that have requested health financing technical and policy support from WHO and which are in the process of developing, reviewing or implementing their HF strategy.

This selection process does not concern nor affect the parallel country selection for **IHP+ processes**, which are voluntary partnerships. Countries decide whether to join and sign the IHP+ Global Compact. There are now 31 countries involved. They are eligible for catalytic IHP+ country grants. IHP+ country support will be granted in response to requests submitted to the IHP+ Core Team. Criteria for assessing requests include the relevance of the actions (e.g. preparation of a country compact, conducting a JANS, etc.) and the lack of other sources of support at country level. Requests from countries that have recently joined IHP+ will be prioritised.

In countries selected, WHO experts will provide sector-wide advice to facilitate national health policy dialogue across programmes and systems. To ensure their integrative functions, staff will be posted within or as near as possible to the structures that conduct this sector-wide dialogue in accordance with the local context. Support will be provided as follows:

- ‘*full mode*’ support will be provided to selected countries. This includes the placement of a long-term senior expert at country level;
- for other countries, support will be provided on a “*light mode*” basis, i.e. support for increased activities but without placement of a full-time WHO Expert in the country.

Global and regional level:

To promote a holistic approach to strengthening health systems with country-led solutions, WHO has adopted a new approach that coordinates the contributions of all functional areas and levels of the organisation in a coherent and integrated way. Planned, coordinated technical support from regions and headquarters will be provided around a set of agreed key programme deliverables. WHO will ensure shared and harmonised approaches are used. This will involve the development of tools, strengthening country capacities, documenting lessons/achievements, monitoring and reporting on results and communication.

4.3. Risks and assumptions

The assumptions and conditions to be met prior to and during implementation of the action include the following:

- Political continuity and political support in countries involved.
- Paris Declaration agenda endorsed and supported by the governments involved.
- Stakeholders to accept and adhere to IHP+ principles, including the joint assessment of national strategies and country compacts.
- Regular exchanges between Ministries of Finance, Planning and Health are established.
- Political will to engage with all stakeholders.
- All stakeholders in agreement with the principle of policy dialogue and universal coverage, including parliament, private sector, NGOs, donors, government members and ministers.

4.4 Crosscutting issues

- Financial risk protection is to be improved for those who use essential health services or who face loss of income due to sickness. The aim to reduce inequalities in health. The programme will therefore be **rights-based**, as access to essential health services is

a fundamental right for all, regardless of ethnicity, gender, age, health condition, disability, sexual orientation or any other factor making people vulnerable to discrimination. This basic human right and equity approach will be articulated in policy dialogue, especially regarding coverage of vulnerable groups.

- Sound and robust NHPSP and coordination mechanisms are key elements to ensure **good governance**, sustainability of priorities and policy continuity.
- A robust and comprehensive situation analysis shared by all stakeholders must cover key issues such as **gender and human rights** by paying close attention to **culturally sensitive health issues** often neglected by governments.
- National policy dialogue on national health policies, strategies and plans is **inter-sectoral** and includes all relevant stakeholders, including Ministries of Finance and Social Affairs.

4.5 Stakeholders

The target groups are:

- At country level, ministries of health, development and finance (and others if relevant), as well as all actors involved in the health sector, including donor partners, civil society representatives, beneficiaries and public/private services providers' representatives;
- At global level, members of the International Health Partnership and, more generally, policy makers, international organisations, health and development professionals, donors, civil society and academia.

The final beneficiaries of the programme are the populations of Liberia, Sierra Leone, Moldova, Sudan, Togo, Tunisia, Vietnam, Chad, Democratic Republic of Congo, Guinea, Mozambique, South Sudan, Timor-Leste and Yemen.

They will benefit from the programme through improved NHPSPs, leading to better health outcomes. While the whole population will benefit from the action, there are proportionately larger gains for the poor and vulnerable groups as defined in a given country context, as well as children and women from low-income groups: they will experience greater improvements in access to quality services, while being protected from financial risk.

Target group of visibility activities:

- policy-makers - international, regional and national;
- international organizations - notably the World Bank, GAVI, GFATM, UNICEF, and UNAIDS and fellow members of the International Health Partnership;
- health and development professionals;
- economists;
- academics and researchers
- donors
- civil society

5. IMPLEMENTATION ISSUES

5.1 Method of implementation

The programme is implemented in joint management with the World Health Organisation, through a standard contribution agreement. The present action concerns an addendum to the ongoing contribution agreement (DCI-SANTE/2011/261-054).

The EU-WHO programme identified a first set of seven countries to be supported with the aim to improve results in the health sector. The amendment integrates various components essential to improve results in a coherent way and extends the programme to between seven and 10 new countries.

This approach was endorsed at the 9th European Commission-WHO Senior Officials Meeting in Brussels on 7 March 2012. It was agreed that the European Commission and WHO should aim for a single comprehensive cooperation programme covering strategic issues in strengthening health systems (strategic health policy planning, health sector policy dialogue, human resources for health, universal coverage, essential medicines, aid effectiveness in health, etc.), designed and implemented under a single umbrella, avoiding fragmentation. The current amendment contributes towards achieving this ‘single umbrella’ approach.

5.2 Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and standard documents laid down and published by the relevant International Organisation.

5.3 Performance monitoring

WHO will closely monitor performance at different levels of the organisation (country, regional, headquarters) on the basis of activities agreed between National Authorities, WHO and EU Delegations during the country inception phase.

WHO will ensure coordinated staff are involved in policy/planning/monitoring processes, as reflected in staff performance appraisal and office work plans. Existing oversight bodies at country level will be used. WHO and EU Delegations will develop concrete plans for communicating progress with country stakeholders (see section below on communication and visibility).

Reporting according to the *EU’s Joint Guidelines on Reporting Obligations under the FAFA — 2011*¹⁶ will focus on assessing country results based on logical framework indicators, baselines and targets, as set out in the description of the project and defined during country inception phases. In drawing up country-specific roadmaps, particular attention will be paid not only to input and output, but also to outcome indicators and to ensuring that country-

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http://ec.europa.eu/europeaid/work/procedures/financing/international_organisations/other_documents_related_united_nations/index_en.htm.

specific reports are impact-oriented. The OECD aid effectiveness indicators¹⁷ will be taken into account.

All reports should reflect this programme's comprehensive approach by covering all three objectives in an interrelated, coherent manner. WHO needs to ensure that EU Delegations have the opportunity to get involved in the monitoring and evaluation of the programme, through, for instance, regular face-to-face meetings and by sending reports both to EU Delegations and Headquarters. Reports should, if possible, include assessments of the programme's impact by EU Delegations and external stakeholders.

This programme will be managed by the Health Systems and Services (HSS) cluster within WHO, in close collaboration with WHO regional offices. An HSS Operations Group has been set up and is responsible for developing this programme. It consists of focal points representing WHO's three HSS departments (health policy and workforce, health systems financing, essential medicines and health products), IHP+ and the HSS Regional Directors. The group meets at least once a month, and HSS directors take part via video conference. It is in charge of managing and coordinating the programme within WHO and ensuring coordination with other clusters. It also manages communication with the European Commission. As health information is part of the Innovation, Information, Evidence and Research cluster, the group will pay particular attention to ensuring coordination with that cluster.

The group reports to the Cluster Management Team of the HSS cluster, which manages overall strategy for the organisation. The management team will carry out biannual reviews of progress with the group, involving other clusters as appropriate.

Inter-country peer review and exchange will take place once a year for WHO and EU experts as a platform for constructive exchange and to strengthen the EU-WHO programme.

International Health Partnership (IHP+): implementation of the IHP+ work plan is overseen through regular meetings of the IHP+ Executive Team, of which the European Commission is a member. IHP+ partners will agree on a monitoring approach for 2013, taking into account the final decision on post-Busan aid effectiveness, tracking and reporting. IHP+ partners at country level are being encouraged to incorporate indicators of aid effectiveness into national monitoring processes, to complement monitoring of trends in health systems and services. The Phase III IHP+ work plan has some additional indicators.

5.4 Evaluation and audit

In accordance with WHO monitoring and evaluation processes, a mid-term monitoring report and a final evaluation report are planned. The terms of reference of the final evaluation will be jointly prepared by the EU and WHO. Audits will be carried out according to standard WHO rules and procedures, as laid down in WHO's financial regulations, rules and directives.

The option of involving harmonised approaches to assessing the performance of multilateral organisations (e.g. as piloted by MOPAN¹⁸) will be explored.

¹⁷ Currently under revision in the framework of the implementation of the Busan Partnership for Effectiveness Development Cooperation for global monitoring and accountability.

¹⁸ Multilateral Organisation Performance Assessment Network — <http://www.mopanonline.org/>.

5.5 Communication and visibility

Communications and visibility of activities will receive special attention and all project communications will be in compliance with the *Communication and Visibility Manual for EU External Actions*¹⁹ and the *UN-European Commission Joint Action Plan on Visibility*²⁰. All relevant communication and visibility activities will be carried out in collaboration with the European Commission. The European Commission will be kept informed on developments and activities and receive copies of communication and visibility material. The involvement of the European Commission, including involvement of EU Delegations at country-level, will be ensured, especially in the critical policy events.

A Communication and Visibility Plan will be prepared and submitted to the EC within the four months inception period of the project; its overall aim will be to highlight the EU and WHO (and their partners) commitment for supporting national planning processes; and to underline the importance of inclusive policy dialogue at country level in strengthening national health policies, strategies and plans.

At country level, the communication and visibility plan will cover activities that need to take place at key stages of the project. Therefore, it will be elaborated during the inception phase when operational plans and roadmaps (of major events) are being developed. This will be done in collaboration with the EU Delegation Press and Information Officer.

The objectives of country communication and visibility plans are to advocate and inform the population and stakeholders about the programme (funded by the EC), leading to NHPSPs that correspond better to their demand and needs, about donors better aligned with country systems, and about better results, in particular with respect to universal coverage reforms.

In order to achieve the above, the following approaches will be considered (to be designed during the country inception phase): leaflets/brochures about the programme; newsletters; press releases prepared for key related country events; websites (EU Delegations, WHO country offices, MoH)

At global level, the objectives of communication activities are:

- Advocate for progress towards universal health coverage and in implementing the Paris Declaration and effective NHPSPs in countries through effective policy dialogue
- Share experiences of translating the concept of inclusive policy dialogue into concrete actions in different countries contexts.
- Show explicitly EU support to this project by including phrases on documentations and other communication material that indicate this support.

In order to achieve the above, the following approaches will be considered:

- Take advantage of IHP+ and P4H and other universal coverage fora and international conferences to disseminate information about the EU-WHO project via side-events and booths;
- Organize events at the World Health Assembly and WHO regional committees to focus experts' attention on latest developments in the EU-WHO project;
- Provide partners with regular updates on activities and results;

¹⁹ http://ec.europa.eu/europeaid/work/visibility/documents/communication_and_visibility_manual_en.pdf

²⁰ http://ec.europa.eu/europeaid/work/procedures/implementation/international_organisations/other_documents_related_united_nations/document/joint_visibility_guidelines.pdf

- Provide an update on project activities as part of the WHO Health System and Services annual report which is distributed among different partners;
- Brochures/leaflets/newsletters - specific page on WHO Website;
- International, national and specialist media including social media and website development
- Engage with Member States and with the UN secretariat to discuss ways of incorporating the principles of UC into the next set of internationally agreed development goals that follow the MDGs.²¹

The target audience of visibility activities are listed in section 4.5 above.

²¹ The World Health Assembly in May 2011 requested WHO's Director General to transmit to the Secretary General of the UN its feelings that UC was an issue of global importance that needed to go beyond health.

Annex II

Logical Framework: EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on NHPSP and universal coverage in selected countries

Intervention Logic	Objectively verifiable indicators of Achievement	Sources and means of Verification	Assumptions
Overall Objective			
Improved and equitable health sector results in the selected countries	<ul style="list-style-type: none"> ▪ National Monitoring & Evaluation framework indicators¹ ▪ Supported countries in HF have reduced the share of direct out-of-pocket payments in total health expenditure by at least 10%² ▪ % of countries reporting a fall in the incidence of financial catastrophe and impoverishment from direct payments of health 	<ul style="list-style-type: none"> ▪ Joint Annual Reviews in selected countries (based on Health information systems, population based surveys, civil society monitoring etc.) ▪ National Health Accounts (NHA). 	<ul style="list-style-type: none"> ▪ Political continuity ▪ All stakeholders agree with the approach ▪ National Monitoring & Evaluation framework good enough for year on year trend data ▪ NHA data available and reliable ▪ Household survey data with details on healthcare expenditure and utilization must exist to do this
Specific Objectives			
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity	<p>1.1 NHPSP in line with JANS attributes³</p> <p>1.2 Agreed Health Financing (HF) strategies, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible⁴</p> <p>1.3 Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health⁴</p>	<ul style="list-style-type: none"> ▪ NHPSP ▪ Annual review reports ▪ JANS ▪ Quarterly and Annual Financial Management Reports, Audits and Procurement Plans ▪ Health Information Systems (HIS). ▪ Demographic Health Surveys ▪ Household survey data with 	<ul style="list-style-type: none"> ▪ JANS principles accepted ▪ Political continuity and political support for UC and HF reforms exists and continues. ▪ Key stakeholders support the approach and the UC agenda. ▪ HIS data available and reliable. ▪ Household surveys exist with data on utilization

¹ The Monitoring & Evaluation framework: the **IHP+ Common Evaluation Framework** aims to ensure that the demand for accountability and results from single donor and joint initiatives is translated into well-coordinated efforts to monitor performance and evaluate progress and results in-country. It includes the country health systems surveillance or CHeSS. It provides underpinning to the efforts to monitor progress towards the health-related Millennium Development Goals. See also: http://www.internationalhealthpartnership.net/en/working_groups/monitoring_and_evaluation

² NB: This is long-term objective for countries that received HF support.

³ The Joint Assessment of National Strategies (JANS) assesses five groups of attributes: 1) situation analysis; 2) process; 3) Financing, auditing & procurement; 4) implementation & management; 5) Monitoring & Evaluation

⁴ In countries requesting this support

Intervention Logic	Objectively verifiable indicators of Achievement	Sources and means of Verification	Assumptions
		details on utilization and expenditures. <ul style="list-style-type: none"> ▪ Government/MOH budgets 	
SO II. To improve technical and institutional capacities, knowledge and information for health systems, services adaptation and related policy dialogue	2.1 Inclusive National Policy Dialogue, roadmap defined, agreed and rolled out in the selected countries 2.2 Proportion of identified bottlenecks analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports) 2.3 Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews 2.4 Number of improved and resourced policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation	<ul style="list-style-type: none"> ▪ Annual review reports ▪ Health sector reports 	<ul style="list-style-type: none"> ▪ All stakeholders (International Partners and National Stakeholders) in agreement with the principle of Policy Dialogue
SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP⁵ and adhere to other aid effectiveness principles	3.1 Positive trend in stakeholders' alignment with NHPSP 3.3 Existence and implementation of, an IHP+ compact ⁶ or equivalent at the country level 3.4 Agreed or strengthened mutual accountability mechanisms such as joint annual reviews	<ul style="list-style-type: none"> ▪ Annual review of stakeholders role in and funding of NHPSP ▪ Signed country compacts Post-Busan aid effectiveness indicators 	<ul style="list-style-type: none"> ▪ Busan is successful in fostering nationally owned and applied aid effectiveness indicators focusing on accountability, transparency and results

⁵ Please see EU definitions of harmonization and alignment: http://ec.europa.eu/development/geographical/cotonou_accra_en.cfm

⁶ The IHP+ compact is a memorandum of understanding between the country and the different national and international stakeholders

Intervention Logic	Objectively verifiable indicators of Achievement	Sources and means of Verification	Assumptions
	3.5 Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent		
Expected Results			
General expected result: <i>Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles and health financing reforms for universal coverage enhanced</i>	<ol style="list-style-type: none"> 1 A multi-stakeholders health team exists and meets regularly to discuss action points 2 Regular public update on the comprehensive picture of health in the country and progress made 	<ul style="list-style-type: none"> ▪ Health sector reports ▪ Health publications (Web etc.) and media records 	<ul style="list-style-type: none"> ▪ Political will to engage with all stakeholders ▪ A high level ministerial team is created
ER1. Countries will have prepared / developed / updated / adapted their NHPSP through an inclusive policy dialogue process towards an increased coverage with essential health services, financial risk protection and health equity	<ol style="list-style-type: none"> 1 Population opinion captured regularly 2 Mechanisms in place to ensure a bottom-up participatory situation analysis mechanism 3 Health situation analysis regularly updated and informs policy decisions 4 Platform for MoH/MoF discussion established 5 NHPSP costing and budgeting regularly updated 6 Medium term Budget perspective developed and regularly updated 	<ul style="list-style-type: none"> ▪ Joint Annual reviews ▪ MoH/MoF meetings' reports ▪ NHPSP reflected in Annual and Medium Term Budgets 	<ul style="list-style-type: none"> ▪ A ministerial department or an (independent) institution is fully in charge ▪ Regular exchanges between Ministries of Finance, Planning and Health or equivalent ▪

Intervention Logic	Objectively verifiable indicators of Achievement	Sources and means of Verification	Assumptions
	6 Regular updates of the extent of financial risk protection 7 Measurable operational plans available and monitored 8 Mechanism for monitoring implementation and taking corrective measures established 9 Annual results published showing improvement in health sector performance		
ER2. Countries will have put in place expertise, M&E systems, annual health sector reviews	1 Monitoring & Evaluation framework improved or developed by consensus 2 Monitoring & Evaluation framework indicators regularly updated 3 All partners adhere to the Monitoring & Evaluation Framework	<ul style="list-style-type: none"> ▪ Annual review reports ▪ Commission on Information & Accountability for Women & Children's health reports 	<ul style="list-style-type: none"> ▪ A ministerial department or an (independent) institution is fully in charge
ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable	1 A new or revised HF strategy addressing current UC obstacles has been developed by the government and stakeholders and linked with NHPSP	<ul style="list-style-type: none"> ▪ Situation analysis reports ▪ Annual reviews ▪ HF strategy 	<ul style="list-style-type: none"> ▪ Political support for the HF policy analysis exists and continues ▪ A high level inter-ministerial mechanism ensures coordination among stakeholders and with NHPSP
ER4. Countries receiving HF support will have implemented financing reforms to facilitate universal coverage	1 The implementation plan/plan of action clearly links with national health plans and strategies 2 Implementation of this plan has started, e.g. an adequate reform implementation budget is set	<ul style="list-style-type: none"> ▪ Annual reviews ▪ Implementation monitoring plan ▪ Government budget 	<ul style="list-style-type: none"> ▪ Political will and momentum to implement the proposed changes and options identified in the country dialogues and analysis. ▪ External partners support this process

Intervention Logic	Objectively verifiable indicators of Achievement	Sources and means of Verification	Assumptions
	<p>aside, legal changes are adopted, capacity strengthening measures for specific HF actors are under way</p> <p>3 A mechanism for monitoring implementation has been established</p>		
ER5. Accurate, up-to-date evidence on what works and what does not work regarding HF reforms for UC is available and shared across countries	<p>1 Country experiences and technical briefs for policy makers published and made available through web-based platforms and dissemination workshops for all participating countries.</p> <p>2 Applied best-practices and Lessons learnt from South-south-learning forums lead to improved policy-making and implementation.</p>	<ul style="list-style-type: none"> ▪ WHO Health Systems Financing webpage. ▪ Reports on dissemination workshops available. ▪ Documentation on south-south learning forums. ▪ Minutes from policy-making processes and meetings incorporating lessons learnt. 	<ul style="list-style-type: none"> ▪ Countries are willing to share their learning experiences with other countries
ER6. Alignment and harmonization of health aid according to national health plan is consolidated and accelerated	<p>1 Country level: evidence of progress in making health aid more effective by end 2013, against deliverables defined by individual countries themselves, together with local development partners</p> <p>2 Global level: IHP+ work plan has 6 global deliverables (see IHP+ work plan⁷)</p>	<ul style="list-style-type: none"> ▪ Post-Busan aid effectiveness monitoring process ▪ JANS reports ▪ Annual Reviews ▪ National compacts ▪ IHP+ Core Team report ▪ IHP+ website 	<ul style="list-style-type: none"> ▪ Paris Declaration agenda endorsed and supported by the Government
Activities	Means	Costs	

⁷IHP+ Phase III work plan and budget 2012-13 [http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/ihp_phase_iii_workplan_EN\[1\].pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/ihp_phase_iii_workplan_EN[1].pdf)

<p>Inception phase</p> <p>i. Dialogue and agreement with MoH, WHO country office, EU Delegation and other stakeholders on this project</p> <p>ii. Agreement on placement of HSS experts in countries requiring long term assistance</p> <p>iii. Development of country-specific timelines, roadmaps (of major events) and operational plans for the project</p> <p>iv. Agreement on mechanism for regular discussion between EU and WHO at all levels around this project</p>		<p>See annex III for more details.</p> <table border="1" data-bbox="1149 260 2029 692"> <thead> <tr> <th>Budget Items (Preliminary Indicative Budget)</th> <th>Total €</th> </tr> </thead> <tbody> <tr> <td>Human Resources</td> <td>11,806,600</td> </tr> <tr> <td>Travel</td> <td>1,078,600</td> </tr> <tr> <td>Equipment and supplies</td> <td>163,200</td> </tr> <tr> <td>Local offices</td> <td>245,400</td> </tr> <tr> <td>Other costs, services</td> <td>3,362,000</td> </tr> <tr> <td>Other (IHP+ work plan⁸ and implementing country Roadmaps)</td> <td>7,881,827</td> </tr> <tr> <td>Contingency reserve</td> <td>773,780</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Indirect costs - 7%</td> <td>1,771,743</td> </tr> <tr> <td>GRAND TOTAL (rounded)</td> <td>€27,083,000</td> </tr> </tbody> </table>	Budget Items (Preliminary Indicative Budget)	Total €	Human Resources	11,806,600	Travel	1,078,600	Equipment and supplies	163,200	Local offices	245,400	Other costs, services	3,362,000	Other (IHP+ work plan ⁸ and implementing country Roadmaps)	7,881,827	Contingency reserve	773,780			Indirect costs - 7%	1,771,743	GRAND TOTAL (rounded)	€27,083,000
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<p>SO I and II</p> <p>1. Review and if needed support and facilitate mechanisms to capture population's opinion on health issues and priorities</p> <p>2. Support countries to undertake comprehensive situation analysis and establish mechanisms to regularly update them</p> <p>3. Support countries to cost the NHPSP, through an annual budgeted work plan, and a medium term sector framework linked to a medium term expenditure framework</p> <p>4. Support countries to define</p>	<ul style="list-style-type: none"> ▪ Personnel, travel and subsistence, meetings, training, long-term and short-term technical expertise ▪ WB and EU tools ▪ Country health policy process (CHPP) ▪ Service, Availability and readiness analysis tool (SARA) ▪ Global national and regional observatories. ▪ OneHealth ▪ WCO country presence and capacity ▪ Monitoring & Evaluation framework for health system ▪ National health information 																							

⁸ IHP+ Phase III work plan and budget 2012-13 [http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/ihp_phase_iii_workplan_EN\[1\].pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/ihp_phase_iii_workplan_EN[1].pdf)

<p>NHPSP activities, interventions and their costs</p> <ol style="list-style-type: none"> 5. Support countries in the implementation and management of NHPSP 6. Support and facilitate the development of a Monitoring and Evaluation framework 7. Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement 8. Support countries to communicate national health sector improvements and results to the general public 9. Support and facilitate the establishment and rolling out of a platform for policy dialogue and Health Sector Coordination (HSC) meetings 10. Collate, analyse and disseminate best available evidence to participating countries on what has worked in other settings 11. Facilitate South-South learning and sharing of experience 12. Support regular assessment of where countries stand in terms of UC and how (well) the HF system is functioning through country-led analysis of the institutional design, organization 	<p>system</p> <ul style="list-style-type: none"> ▪ Staff (HQ/regional/country office or consultant) ▪ Travel (incl. subsistence) ▪ In each country: dialogue meetings with stakeholders (operational costs, in-country travel for participants) ▪ Equipment ▪ Operational support and funding of activities of NGOs and the parliamentary budget committee
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<p>and operation of country HF systems</p> <p>13. Assist selected countries in their HF policy analysis</p> <p>14. Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money')</p> <p>15. Support the design and evaluation of innovative approaches for universal coverage where these are being developed</p>	
<p>SO III</p> <p>1. Support and facilitate the development of the country 'compact', and the monitoring of its implementation</p> <p>2. Facilitate the organization of the Joint Assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations</p> <p>3. Implementation of the IHP+ work plan</p>	<ul style="list-style-type: none"> ▪ Country grants ▪ JANS ▪ Inter-agency working group on Financial Management (FM) ▪ Interagency working group on procurement ▪ Periodic round tables with other global initiatives ▪ Case studies commissioned to document lessons learned ▪ Civil Society annual meeting; teleconferences ▪ Virtual communications network established and maintained ▪ Civil Society Health Policy Action Fund ▪ IHP+ core team operations

