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**EU/LUXEMBURG-WHO UNIVERSAL HEALTH  
COVERAGE PARTNERSHIP:  
SUPPORTING POLICY DIALOGUE ON NATIONAL HEALTH POLICIES,  
STRATEGIES AND PLANS AND UNIVERSAL COVERAGE**



**European Union**



**LE GOUVERNEMENT  
DU GRAND-DUCHÉ DE LUXEMBOURG**

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## Glossary

AfDB	African Development Bank
AFRO/IST	World Health Organization Africa Regional Office/Inter-country Support Team
AUSAID	Australian Government Overseas Aid Program
AWP	Annual Work Plan
CHPP	Country Health Policy Process
CNS	National Health Accounts (Comptes nationaux de la santé)
CO	Country Office - WHO
CoIA	Commission on Information and Accountability for Women and Childrens' Health
CTB	Belgian Technical Cooperation (Cooperation Technique Belge)
DfID	Department for International Development
EU	European Union
FTP	Financial Technical Partners
GiZ	Gesellschaft für Internationale Zusammenarbeit
GTT	Groupes Thématiques de Travail
HF	Health Financing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPG	Health Partnership Group
HQ	Headquarters
HRH	Human Resources for Health
IHP+	International Health Partnership
INS	Institute of Health Sciences
Jahr	Joint Annual Health Review
JANS	Joint Assessment of National Strategies
JAR	Joint Annual Review
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MOPHP	Ministry of Public Health and Population
MTEF	Mid-Term Expenditure Framework
NGO	Non-Governmental Organisation
NHA	National Health Accounts
NHO	National Health Observatory
NHP	National Health Plan
NHPSP	National Health Plan/Strategic Plan
NHSSP	National Health Sector Strategic Plan
NHSWPP	National Health and Social Welfare Policy and Plan
ODA	Overseas Development Aid
P4H	Providing For Health
PDDSS	10-Year Health and Social Development Plan (Plan Décennal de Développement Sanitaire et Social)
PHC	Primary Health Care
PNDS	Plan National du Développement Sanitaire
PNS	Politique Nationale Sanitaire

PPP	Public-Private Partnerships
PRODESS	Programme on Social & Health Development (Programme de developpement socio-santaire)
RO	Regional Office
SARA	Service Availability and Readiness Assessment
SHI	Social Health Insurance
SNDES	National Strategy for Social and Economic Development
TA	Technical Assistant
UC	Universal Coverage
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	US Agency for International Development
WHO	World Health Organization
WR	World Health Organization Representative

## Background and Introduction

The World Health Organization (WHO) entered into a collaborative agreement with the European Union (EU) in 2011 to support policy dialogue on national health policies, strategies and plans (NHPSP) and Universal Health Coverage (UHC) in 14 selected countries. In 2012, Luxemburg, in line with internal European harmonization of health aid, entered into a similar partnership with WHO. These partnerships, hereafter referred to as the *EU-WHO Partnership*, *Luxemburg-WHO Partnership* or simply the *EU-LUX-WHO Partnership* aim at building country capacities for the development, negotiation, implementation, monitoring and evaluation of robust and comprehensive national health policies, strategies and plans, with a view of promoting universal health coverage, people-centred primary care, and health in all policies. Moreover, this effort also targets strengthening country health policy processes, as well as, where appropriate, aid-effectiveness in accordance to principles of the International Health Partnership (IHP+)<sup>1</sup>. *By building synergies between WHO's convening role and European aid policy and focus<sup>2</sup>, the overall objective is to ultimately improve health sector results in concerned countries.*

The focus on national health planning and Universal Health Coverage has gained momentum on the global agenda during the last few years, leading to more intensified WHO country support for health planning, health financing and policy dialogue. The 2012 and 2013 meetings of Senior Officials of the EU and WHO<sup>3</sup> confirmed this trend whereby these institutions agreed to base their joint work on the 2011 WHO Executive Board resolution '*strengthening national policy dialogue to build more robust health policies, strategies and plans*'.

The EU-WHO Partnership began in 2011 under the appellation '*Supporting policy dialogue on national health policies, strategies and plans in selected countries*' with 7 countries initially<sup>4</sup> (Phase I countries) and with a budget envelope of approximately 5.2 million EUR for 3 years (2012-2014); 7 additional countries (Phase II countries) were added to the EU-WHO Partnership beginning in January 2013 and a further 5 countries<sup>5</sup> were added through the Luxemburg-WHO Partnership. Phase II of the EU-WHO Partnership expanded the EU-funded budget envelope considerably to a little over 27 million EUR for 3 years (2013-2015)<sup>6</sup>; this was due to the merging of EU's support to WHO Headquarters in the thematic area of health systems – policy dialogue, health financing, and aid effectiveness through the International Health Partnership (IHP+). The scope was thus broadened to include elements which are clearly in synergy with each other. The new designation of the programme became *EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage*. The Luxemburg-WHO Partnership, officially called *Supporting policy dialogue on national health policies, strategies and plans in West Africa*, has a budget envelope of 5 million EUR, also over a 3-year period<sup>7</sup>, covering normative and country-based policy dialogue work.

This report will cover the inception period of the EU-funded Phase II countries as well as the Luxemburg-funded countries, in total 12 countries: Burkina Faso, Cape Verde, Chad, Democratic Republic of the Congo (DRC), Guinea, Mali, Mozambique, Niger, Senegal, South Sudan, Timor Leste, and Yemen. Most

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<sup>1</sup> See [www.internationalhealthpartnership.net](http://www.internationalhealthpartnership.net)

<sup>2</sup> *Increasing the impact of EU Development Policy: an Agenda for Change*: Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, Brussels, 2011

<sup>3</sup> 9th and 10<sup>th</sup> Senior Officials' Meeting of WHO and European Commission

<sup>4</sup> Moldova, Liberia, Sierra Leone, Sudan, Togo, Tunisia, Vietnam

<sup>5</sup> Burkina Faso, Cape Verde, Mali, Niger, Senegal

<sup>6</sup> Phase I countries' programme duration was consequently extended to a 4<sup>th</sup> year, until end 2015

<sup>7</sup> 2013-2015

of the EU-funded countries are 'full mode' countries (except Mozambique), i.e. they receive an international Technical Assistant in addition to seed funding for activities of approximately 100 000 - 120 000 EUR per country per year. Both full and light mode countries are back-stopped by WHO's technical support on the ground (Country Office - CO) as well as through its network of Regional Offices (RO) and Headquarters (HQ). For the 5 Luxemburg-funded countries, 2 senior Technical Assistants based in Mali and Burkina Faso will be hired as part of the Partnership, with approximately the same amount of activity monies per country per year as the EU-funded countries.

## Activities during the inception phase

Intense communication and coordination were undertaken internally between the concerned departments and teams at WHO HQ as well as with the relevant ROs and COs. Several teleconferences were held between the 3 levels of WHO, Ministries of Health (where suitable), and other involved partners such as Partners for Health (P4H).

It was agreed to draw from the experience of the EU-funded Phase I countries' inception phase – for example, the Road Map template<sup>8</sup> was used as is and emphasis was placed on visiting each of the 7 (Phase II, EU-funded) + 5 (Luxemburg-funded) countries in joint missions in order to better understand the dynamics in the policy process and experience the issues at hand.

Lessons learned from the Brazzaville inter-country meeting<sup>9</sup> in February 2013, which brought together the Phase I countries to exchange on country experiences from Year 1 of the Partnership, fed into the preparations for the inception missions. For example, it was clear following the Brazzaville meeting and the experience it showcased that collaboration with the EU Delegations (and also Luxemburg representations in countries) needed to be more pro-actively sought on the ground, especially where there was no EU Delegation health expert; also, the overall policy & planning process in country needed to be adequately reflected in the Road Map activities as well as the yearly budget allocations.

The process of recruitment of senior Technical Assistants continued during the inception period with the finalization of a roster of 17 health systems experts. Currently, the posts have been created (Yemen, Burkina Faso, Mali) or are under creation (Chad, DRC, Guinea, Liberia, South Sudan). In Timor Leste, the Technical Assistant was already in place and this Partnership has enabled a much-needed contract extension.

In the next section, the inception phase in each specific country is described, highlighting the policy process in general; Partnership-supported activities (Road Map) in country are briefly detailed as well as how this fits in with the overall health policy and planning cycle.

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<sup>8</sup> Country Road Maps include priority area for the partnership, steps for policy dialogue, Inputs, deliverables/indicators, funding source, and a budget estimate

<sup>9</sup> Meeting report can be made available upon request

## Burkina Faso

The inception mission to Ouagadougou took place from 1-5 July 2013 and included the 3 levels of WHO: headquarters, RO, and CO. Initial meetings were held with the Minister of Health and Director-General of the Ministry of Health (MoH), followed by several operational working sessions with the Secretary General of the MoH, as well as with several key MoH staff, most notably Planning Department members. Further working sessions were held within WHO internally – between headquarters, RO, and CO. A visit was made by the Luxemburg representation as well as to UNICEF, UNFPA, World Bank, European Union, and UNDP. Since the EU Delegation is also providing policy dialogue support to Burkina Faso (independent of the EU-support Programme implemented by WHO), special discussions were arranged between the EU Delegation and WHO on this topic to ensure complementarity and not duplication.

Burkina Faso enjoys a high level of commitment to improve health outcomes from the highest authorities of State; it is one of the few countries where the health sector is very explicitly seen as vital for the overall development of the country. Burkina Faso is currently implementing its National Health Plan 2011-2020 and is in the process of developing a National Strategy for Health Financing.

### Core areas of the Road Map

The MoH and WHO have discussed the following activities with the major development partners mentioned above as well as civil society representatives.

1. Improve the quality of health sector planning at all levels
  - a. Development of 5-year regional and districts plans
  - b. Design of regional and national reference hospitals
  - c. Harmonization of Mid-Term Expenditure Framework (MTEF), Annual Operating Plan, and Health Budget
2. Coordination, Monitoring & Evaluation
  - a. Strengthening of coordination mechanisms
  - b. Strengthening Health Sector Reviews
  - c. Contribution to Mid-Term Review of National Health Plan (NHP)
  - d. Monitoring the implementation of the National Strategy for Health Financing
  - e. Training in health policy dialogue at central, regional and district level
  - f. Organization of sectoral dialogues on strategic priority health problems (universal coverage, HIV , nutrition, immunization, etc.)
3. Communication and visibility
  - a. Preparation of the communication plan for the National Health Development Plan (PNDS)
  - b. Reports (national, regional and district), newsletters, articles, websites, audiovisual materials on the IHP+ National Compact at all levels
  - c. Documentation of good practices on the experience of policy dialogue
  - d. Organization of study tours or forums of South-South exchanges

## Cape Verde

Cape Verde was the first of the 5 Luxemburg –supported countries to be visited. The inception mission took place from 4-15 March 2013, and included the 3 levels of WHO: headquarters, RO, and CO. The team held various working sessions with members of the MoH: Deputy Health Minister, National Director for Health, Director of Health for the Northern Region, Advisor to the Minister of Health, President of the National Health Development Centre, Director of Department for Human Resources for Health, Director of Department for Research and Studies, and Director of Department for International Cooperation. Other stakeholders met were UNDP, UNICEF, UNFPA and civil society actors such as Verdefam<sup>10</sup> as well as the Embassies of France, Cuba, Portugal, and China. Last but not least, a special meeting was held with the Luxemburg representation.

Cape Verde’s current National Health Policy runs until 2020 and its National Health Plan until 2016. The government signed the IHP + Global Compact in May 2012 and aims to develop and sign the national compact (PACT Cape Verde) in 2013. The purpose of the Pact is to create an enabling environment for better stakeholder partnerships in the country leading to better alignment of development assistance with national priorities as laid out in the NHP 2012 - 2016. The National Pact also aims to facilitate the harmonization of partners to optimize aid effectiveness as well as the mobilization of external resources from different initiatives to bridge the funding gap for implementation of the NHP. It goes without saying that the development and especially the implementation of the National Pact require a robust policy dialogue process.

A national team was set up to follow up on and guide the policy dialogue in Cape Verde. This team worked with the inception mission team to elaborate a draft Road Map of activities, taking into account immediate priority issues around NHP and National Pact implementation.

### Core areas of the Road Map

1. Health sector planning
  - a. Institutionalization of National Health Accounts
  - b. Consolidation of the Medium Term Expenditure Framework
  - c. National Health Insurance Forum
  - d. Development of regional health and hospital development plans
2. Monitoring and evaluation
  - a. Development of a Performance Monitoring Framework
  - b. Service Availability and Readiness Assessment
3. Health sector coordination
  - a. Policy dialogue at council and municipal levels
4. Information, communication and visibility
  - a. Publication of reports on the National Pact
  - b. Documentation on NHP implementation
  - c. National Health Observatory

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<sup>10</sup> Cape Verdean Association for the Protection of Families: [www.verdefam.cv](http://www.verdefam.cv)



## Chad

The inception mission took place from 2-7 June 2013, and included WHO headquarters, RO, P4H, and CO. Meetings were held with the MoH Secretary General, Director of Planning, Director of Medical Services, Director of International Cooperation, and the EU Delegation during the course of this week; the EU Delegation was particularly involved in the elaboration of the Partnership Road Map.

Chad released its first National Health Plan in 2008 but it was clear that the level of ownership and implementation was minimal. The 2<sup>nd</sup> National Health Plan process has been cumbersome and rocky. Although both the process and the content are far from perfect, most national actors would readily agree that they were actively involved and contributed substantially for the first time. Next steps in the planning process are costing of the National Health Plan, elaboration of the Medium-Term Expenditure Framework, and formulation of realistic operational plans.

The emphasis of the Partnership Road Map activities has been on formulating solid policies and plans, including the 2<sup>nd</sup> National Health Plan but also a Health Financing Policy or a Social Protection Policy. EU-WHO Partnership technical support and funds have been instrumental in filling gaps in these processes by providing targeted expertise when needed.

### Core areas of the road map

1. Co-ordination of MoH and partners within health sector
2. Integration of health with other sectors (social protection) (2013)
3. Post 2015 planning
4. Situation analysis (2014)
5. Finalization of the 2<sup>nd</sup> National Health Plan (2013)
6. Adoption of Regional Health Plan (2013)
7. Joint Annual review (2014,2015)
8. Population satisfaction survey (2014)
9. Support the development of a health financing strategy for universal health coverage, including: capacity building and advocacy activities for universal health coverage, development of a health financing situation analysis, and broader integration in the national social protection framework.
10. Support for the development of National Health Accounts as a key element of the monitoring and evaluation framework of future strategic documents, and more generally to the development of the analytical capacity of the MOH.

## Democratic Republic of Congo (DRC)

The inception mission took place from 11-14 March 2013. Both the health policy and health information systems teams went from WHO headquarters, the reason being that WHO is supporting the DRC Ministry of Health heavily in harmonizing the various sections of health data collected across the country into a single unified health information system. The Partnership Road Map must be aligned with on-going health systems work, and vice versa, especially when it represents a large amount of MoH time and funds, so efforts were made to schedule this visit jointly.

The mission team met with several local institutions and exchanged with them information on the EU-WHO Partnership and its principal goals: MoH/Directorate of Planning, EU delegation, DfID, USAID, GIZ,

and CTB. The MoH called a special session of the Health Donors Group to exchange on the EU-WHO Partnership during the week of the mission.

DRC MoH has been lauded for putting together a robust National Health Plan in a sound participatory process. Accompanying normative documents such as the Health Systems Strengthening Strategy, Health District Norms and Standards document, sub-sector strategies, etc. have been elaborated to a high quality. The MoH has evinced good leadership skills in aligning development partners around the NHP. DRC joined the International Health Partnership in 2009 and has used it as a key instrument to begin holding donors more accountable to their commitments. At national level, this has seemed to work but at local/district level, health sector activities are still largely uncoordinated and the initiatives taking place nationally do not seem to trickle down in its effect locally.

The Road Map activities thus clearly reflect the need to strengthen the provincial level health sector in its local policy and planning activities as well as its support to district health systems:

#### Core areas of the road map

1. Province-level policy dialogue
2. Facilitation of steering committees at provincial levels
3. Capacity building of teams at provincial level
4. M&E: annual and mid-term review (using JANS and situation analysis)
5. Support guidelines for MoH funding partners
6. Donor Round Table
7. Health laws for universal coverage

## Guinea

The inception mission took place from 1-12 April 2013 and included WHO headquarters, RO, and CO. Emphasis was laid on briefing all of the concerned Ministries involved in the health policy and planning process. Representatives from a wide variety of Ministries were thus seen, at the level of either the Minister him/herself or the Permanent Secretary: MoH, Ministry of Finance, Ministry of Budget, Ministry of Planning, Ministry of International Co-operation, Ministry of Social Affairs, Ministry of Manpower (in charge of public and private sector workers), Ministry of Decentralisation, and Ministry of Home Affairs. In addition, meetings were held with NGO and private sector representatives (as health care providers) and the following development partners: EU Delegation, USAID, GIZ, UNFPA, UNAIDS, Embassies of Japan, Germany, and Cuba.

The Ministry of Health had already elaborated a draft joint work plan with the support of in-country development partners including the CO and the EU Delegation. The EU-WHO Partnership inception mission served to extract relevant, necessary, and unfunded/underfunded activities from this work plan, to include them in the EU-WHO Partnership Road Map. In addition, the mission team worked with MoH on an IHP+ grant request as this grant funds activities clearly linked to the EU-WHO Partnership Road Map as well as to the overall draft MoH-partner joint work plan. The principal theme of the EU-WHO Partnership Road Map is the development of a new National Health Policy as well as a National Health Plan, their implementation, including the monitoring and evaluation of sector performance.

## Core areas of the road map

1. Elaborate a robust NHP (PNDS) with a JANS and an IHP+ national compact. As part of this effort, develop a robust National Health Financing Strategy aiming at Universal Health coverage.
2. Support implementation of the new NHP (PNDS), including health sector performance monitoring
  - a. Participatory Joint Annual Reviews
  - b. Operational planning process (at national and decentralized level)
  - c. Improvement of the budget cycle, through an institutionalization of the dialogue between MoH and Ministry of Finance (MoF).
  - d. Reporting system including all M&E related issues. This includes the calculation of up-to-date national health accounts, and overall a strengthening of the MoH policy analysis capacity including on health financing issues.
3. Support the sector participatory coordination mechanisms: regular technical and strategic meetings among stakeholders
4. Update and improve the Thematic Working Group's health sector situation analysis, focusing especially on the themes of health financing, HRH, Health Information System (SARA, CHPP), Medicines (management)
5. Support activities related to the preparation of a National Health Forum (*Etats Généraux de la Santé*), including the event itself
6. Explore new health financing mechanism in line with universal health coverage objectives, starting with innovative health financing to increase resources available for health.

The Health Sector Coordination Committee composed of MoH and representatives from key country stakeholders (public, private, NGO and development partners) will steer the above-mentioned activities. This committee has a smaller, core team undertaking the day-to-day technical work. Eight Thematic Working Groups ("*Groupes Thématiques de Travail*" – GTT), organized around the six building blocks plus traditional medicine and community health, have the mandate to produce concrete technical recommendations in preparation of the National Health Forum.

The National Health Forum will be an instrument to ensure the active participation and more significant contributions of all country stakeholders. In addition, the event will be used to achieve national consensus on major health priorities, objectives and strategies for the new National Health Policy and National Health Plan.

## **Mali**

The inception mission took place from 3-7 June 2013 and included the 3 levels of WHO: headquarters, RO, and CO. Visits were made to the Minister of Health, Secretary-General, Public Health Advisor, Director of Planning and Statistics, Canadian International Development Agency (CIDS), the Dutch Embassy, and of course the local Luxemburg representation.

Mali is currently preparing the development of a new Programme on Social & Health Development (PRODESS in its French abbreviation). The PRODESS can be seen as the 5-year operational arm of the more strategic 10-year Socio-Health Development Plan (PDDSS). The previous PRODESS ended in 2011 and was not renewed due to the political turmoil in the country. During inception mission meetings, it

was made evident that stakeholders' health planning capacity needed to be strengthened in parallel to new PRODESS development and that the Luxemburg-WHO Partnership should play a decisive role in this. A special session of the PRODESS Steering Committee was called during the inception mission to discuss the above as well as broad areas where Luxemburg-WHO Partnership funds could support the on-going policy and planning process. This Steering Committee meeting was followed up with a workshop bringing together a wide range of stakeholders to concretely elaborate the Luxemburg-WHO Partnership Road Map activities:

### Core areas of the road map

1. Strengthen capacity for development and implementation of PDDSS
  - a. Update the situation analysis
  - b. Finalize the National Policy for Health Financing
  - c. Update tools for Planning and for Monitoring and Evaluation
  - d. Provide training for district management teams and others on national health sector priorities
  - e. Costing of PDDSS and PRODESS with the OneHealth tool (and Medium-Term Expenditure Framework)
  - f. Prepare consolidated regional and central level health plans (PDDSS and PRODESS)
  - g. Prepare Annual Operational Plans
2. Develop and implement the National Plan for Monitoring & Evaluation
  - a. National Health Accounts
  - b. Service Availability and Readiness Assessment (SARA survey)
  - c. Development / revision of the national framework for monitoring and evaluation
3. Strengthen stakeholder coordination
  - a. Support co-ordinating bodies for planning, monitoring and evaluating at central, regional and district levels
4. Communication and visibility
  - a. Documentation, publication of reports for more informed policy dialogue on national health policies and plans

## Mozambique

Several preparatory conference calls between the 3 levels of WHO commenced the inception phase of the EU-WHO Partnership activities in Mozambique. Initial discussions demonstrated that health financing was one of the chief current issues preoccupying the Ministry of Health. It was thus decided to focus much of the inception mission on more clearly defining the health financing needs in country, given that EU monies and WHO technical support locally is already heavily invested in health policy and planning activities; technical and/or financial support needs around overall policy dialogue activities would then be scrutinized with the CO and MoH remotely.

Mozambique joined IHP+ in 2007. Mozambique's last national health plan period ended in 2012; the MoH conducted a multi-year retrospective health sector review in 2012 in order to draw lessons learned in preparation of the next national health plan. The 2014-2019 National Health Plan is in its final drafting stage, having been thoroughly reviewed technically by a Joint Assessment of National Strategies (JANS) expert team.

It was within this very context that the EU-WHO Partnership inception mission took place from 15-18 July 2013, as the JANS expert team was conducting their assessment during the same period. The EU-WHO Partnership comprised of a team of HQ, RO, and CO technical staff. In order to clarify country needs and priorities and to identify suggestions for the Partnership Road Map, numerous meetings were held with key stakeholders and institutions, namely the EU, the MoH Directorate of Planning and Cooperation, the MoH Directorate of Public Health, the National Social Security Institute, the Health Financing Task Force, the Ministry of State Administration, the Ministry of Planning and Development, the Ministry of Finance, and the Health Donor Group.

The points of reference in selecting key strategic activities for the EU-WHO Partnership Road Map were the CO work plan, the Health Financing Task Force work plan which had already been formulated together with the MoH and some critical policy issues raised by the MoH and the MoF. Thus, the following EU-WHO Partnership Road Map fully complements on-going activities in country and even contains suggestions for key activities that could be linked to the planned EU framework contract with Mozambique, as such harmonizing with overall EU support to the Mozambique health sector.

#### Core areas of the road map

1. Further analytical work as a basis for the Health Financing (HF) strategy development (e.g. analysis of out-of-pocket and catastrophic expenditure, health accounts, analysis of innovative financing mechanisms)
2. Capacity strengthening of different stakeholders and establishment of a sub-unit for health financing policy analysis<sup>11</sup>
3. HF strategy development: consultations, drafting, validation
4. Implementation of the HF strategy (towards end of 2014 and 2015)
5. Communication and visibility activities
6. Development of long-term plans to increase physical coverage /accessibility of health services
7. Assessment of the devolution process and support to the transition process
8. Analysis of the situation of private sector human resources for health to explore needs for regulation
9. Policies and strategies for more equitable access to health services and improved quality

One crucial challenge to implementing the above activities over the next 3 years is the fact that Mozambique has not yet made a key policy decision on the type of health financing mechanism it would like to steer towards. A wide range of options such as social health insurance, community-based health insurance, and private health insurance are mentioned for further exploration. Yet, in view of the existing institutional capacity and health system setup, it is of critical importance to carefully examine whether these options are indeed appropriate for the Mozambican context.

## Niger

The inception mission took place from 15 – 19 July 2013 and included the 3 levels of WHO, namely headquarters, RO, and CO. Meetings were held with various MoH officials, including the Minister of

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<sup>11</sup> with the specific support of a Technical Assistant placed within the MoH Directorate of Planning and Cooperation. It is proposed to finance the latter through an EU framework contract.

Health, Secretary-General, Public Health Advisor, Director-General, and Director of Programs. Targeted visits were made to various stakeholders. A specific meeting with the Luxemburg representation covering Niger was organized in Burkina Faso.

Currently, Niger is in the midst of implementing the National Health Plan (2011-2015) as well as the National IHP+ Compact. A mid-term review of the National Health Plan was carried out and outlines several weaknesses, including the lack of availability and quality of health data, lack of budget predictability at all levels, inadequate availability of service delivery inputs (drugs, vaccines, blood derivatives) and lack of quality control at all levels.

This mid-term review was taken as a basis for outlining the key activities to be funded by the Luxemburg-WHO Partnership, attesting to the active linkages between the Road Map and on-going health planning activities.

#### Core areas of the road map

1. Setting up a Social Health Fund and a Health Insurance Fund
2. Development / costing of new National Health Plan
3. Joint Evaluation of the NHP - JANS
4. Validation of reference health indicators (national monitoring and evaluation framework)
5. Development of a National Health Observatory portal
6. Training of all data managers on the portal and other relevant tools
7. Technical support to health sector evaluation and supervisory activities
8. Quality control of data
9. Development of a comprehensive communication plan
10. Documentation of policy dialogue experiences and South-South exchanges
11. Support for decentralized coordination bodies
12. Revision of guidelines for monitoring and evaluation of the NHP
13. Involvement of civil society and private sector in health actions (Public Private Partnership)

## Senegal

The inception mission took place from 9-16 June 2013 with the following stated objectives:

- Introduce the Luxemburg-WHO Partnership on policy dialogue in Senegal
- Develop a framework for analysis of National Health Plan implementation along broad strategy lines and priority activities
- Identify the strengths and weaknesses of the national health planning process
- Develop a Road Map of activities to be funded by the Luxemburg-WHO Partnership which fits into the general process of policy dialogue and National Health Plan implementation in Senegal
- Develop an approximate budget with an indicative timetable for the implementation of activities identified
- Facilitate the organization of a formal ceremony marking the official launch of the Luxemburg-WHO Partnership by the national authorities

It is to be noted here that this mission not only covered the Luxemburg-WHO Partnership but also general national health planning support WHO provides to countries; this attests to the unmistakable interconnected nature of the Partnership and overall national health planning work. It also emphasizes the fact that this Partnership is seen to align with on-going priorities and activities rather than stand out as a separate and distinct programme.

In 2013, Senegal developed the National Strategy for Social and Economic Development (SNDES). The National Health Plan 2009-2018 (PNDS) incorporates the priorities of the SNDES as the basis for overall development of the country. The PNDS, the Medium-Term Expenditure Framework (MTEF), and the Annual Work Plans (AWP) take into account the operational plans of the Local Government Health Authorities. To ensure the implementation of the strategic priorities of the PNDS through the MTEF, AWP, etc., the Senegalese MoH works closely with various national and international actors, the latter being coordinated largely through the International Health Partnership. In this context, the MoH decided to further elaborate on the specifics of these relationships through a Country Compact which has been finalized.

During the Luxemburg-WHO Partnership inception mission, key stakeholders were met, including the Minister of Health, the MoH Cabinet Director (Vice Minister), all MoH central-level Programmes, all MoH central level technical directors, all the UN family, the Belgium Technical Cooperation, the AfDB, the Ministry of Finance, the civil society umbrella organization, and the health sector-specific civil society umbrella organization. These meetings helped to inform the content of the program and obtain guidance on priority activities to be supported within the Partnership. A workshop with key stakeholders was then conducted which gave participants a forum to analyze current strengths and weaknesses of NHP implementation as a basis for the Luxemburg-WHO Partnership Road Map.

#### Core areas of the road map

1. Support to the implementation of COMPACT
2. Strengthening of the multi-sectoral approach (Health in All Policies)
3. Strengthening of the monitoring and evaluation of the PNDS
4. Support for increasing public awareness on the National Strategy for Universal Health Coverage
5. Support for the situation analysis of the health sector
6. Strengthening of South-South Cooperation
7. Analysis and documentation of how health issues are addressed in other sectors ("health in all policies")
8. Analysis and documentation of partner coordination mechanisms (in health and other sectors)

## South Sudan

The inception mission took place from 17 – 23 March 2013. The mission overlapped with a scheduled visit by a health sector expert from European Union headquarters to Juba. This mission was complemented by a follow-up mission soon after from 21 -- 28 April 2013 to support South Sudan's Health Sector Coordination Workshop, one of the primary activities on the EU-WHO Partnership Road Map. This Health Sector Coordination workshop served to explain the EU-WHO Partnership to key health sector stakeholders, thereby supporting the first step of the MoH-development partners' policy dialogue.

The inception mission team from WHO headquarters<sup>12</sup> and CO met with the MoH South Sudan, all the representatives of the Joint Donors Team, South Sudan (including representatives of all the NGOs), as well as the EU delegation South Sudan. Efforts were made to schedule joint inception mission-EU headquarters meetings with all the concerned stakeholders where possible. WHO headquarters also met with representatives of all 8 state Ministries of Health in the April follow-up mission.

South Sudan is in a phase of transition, moving from a core state focus of tackling a humanitarian and emergency situation to reorienting the state's priorities to long-term development of the health sector. The country is part of the group of Fragile States that signed the Busan New Deal for Engagement in Fragile States<sup>13</sup>. Challenges are however enormous, and are characterized by tensions between national government and MoH on the one hand and development partners on the other regarding several pivotal issues.

The EU-WHO Partnership activities identified below and agreed upon with development partners and MoH aim at addressing some of these most pressing and critical issues affecting the transition to a stronger state focus on overall health sector development. The activities also aim at bringing in some objective elements into the policy dialogue between the MoH and development partners.

#### Core areas of the road map

1. Health Sector Coordination Workshop
2. National pre-Joint Annual Review (JAR) dialogue (NGOs, state MoHs, partners, national MoH, etc – target date: end of Jan 2014) and JAR (target date: end of Feb 2014)
3. Review of policy issues arising from the 2014 JAR
4. Development of Terms of Reference and guidelines for County/State health sector planning (March 2014)
5. Capacity building for State and County health sector planning
6. Capacity building training on switching focus from humanitarian aid to long-term health sector development
7. Situation analysis of the Human Resources for Health (HRH) challenges
8. Building consensus on the best approach for promoting HRH in a mid- term perspective
9. Finalization of an interim (3 years) preliminary policy document on HRH

## Timor-Leste

In Timor-Leste, the inception mission took place from 6-12 May 2013. As with other countries, the mission team included the 3 levels of WHO: headquarters, RO, and CO. The purpose of the mission was to identify, together with Ministry of Health and key development partners such as the EU, AusAID, USAID and the World Bank, significant areas for policy dialogue and planning support activities under the EU-WHO Partnership.

Timor-Leste is one of the youngest countries (with South Sudan) supported in this Partnership as it became independent only in 2002. The transition was marred by violence in 2006, with nearly 70% of

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<sup>12</sup> RO could not participate due to scheduling conflicts

<sup>13</sup> See <http://www.newdeal4peace.org/about-the-new-deal/>



the country's infrastructure destroyed. In 2012, presidential and parliamentary elections were held and were considered free and fair by the international community.

Timor-Leste is in the unusual position of being classified as a fragile state but at the same time enjoying a relatively high GDP of US\$2,908 per capita. The Health Policy Framework 2002 was the first policy document produced by the Ministry of Health. The National Health Sector Strategic Plan (2011-2030) provides a 20 year vision for the sector, and is closely linked to the National Health Policy Framework 2002 as well as the National Strategic Development Plan 2011-2030. This long term plan is operationalized in the Fifth Constitutional Government Program which defines major priorities for health over the period 2012-2017 (service delivery, maternal mortality, health financing, human resources for health, etc.). A National Health Sector Coordination Committee serves as a forum for the Ministry of Health, development partners and other stakeholders to discuss health policies and challenges in the health sector and to oversee the implementation of projects and programmes guided by National Health Sector Strategic Plan 2011-2030.

The activities supported by the EU/Lux-WHO Partnership cover some of the key health sector priorities as identified through a multitude of discussions with major resource persons at the MoH as well as important development partners. The proposed Road Map was presented, studied, and reviewed in a working meeting with the MoH and partners at the end of the mission.

### Core areas of the Road Map

1. National policy
  - a. Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts
  - b. Support finalization and implementation of Code of Conduct for effective coordination between development partners and MoH
  - c. Strengthen capacity of MoH to engage in intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality
  - d. Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting
  - e. Strengthen MoH capacity in development of M&E Plans, including support to conduct Joint Annual Health Sector Reviews
  - f. Support MoH to develop the Health Management Information Systems (HMIS) Strategic Plan and strengthen capacity of HMIS department for data management and analysis
  - g. Support MoH to develop rules and regulation of Private Sector and Public-Private Partnerships
2. Health system financing
  - a. Support health financing situation analysis and strategy development
  - b. Support establishment of National Health Accounts
3. Medication
  - a. Support MoH in establishing Drug Regulatory Authority
  - b. Drug and Therapeutic Committees
  - c. Promoting, monitoring and rational use of drugs
4. Human Resources for Health
  - a. Support Development of HRH profile and Medium term health workforce development plan which is in line with an integrated service delivery approach

- b. Support MoH in formulation of code of medical ethics and establishing health profession councils
5. Support capacity building of faculty of Institute of Health Sciences (INS) for curriculum development and in-service training for both clinical services and leadership and management skills

The Technical Assistant was already in place and has been taken over by the Partnership since Jan 2013. The first activities to be implemented are the assessment of the regulation of pharmaceuticals, the M&E training for districts, and the NHA.

## Yemen

In Yemen, the first opportunity to start the preparation of the Partnership Road Map was to join an already foreseen P4H mission which was about to take place in May 2013. This mission took place from 24 – 30 May 2013, comprising of a team of WHO HQ, RO and CO staff. The mission also involved the World Bank, EU, GIZ and USAID and served mainly to harmonize and coordinate development partners' work on health financing for universal coverage.

Meetings with a wide range of stakeholders and institutions took place: the Minister of Public Health and Population (MoPHP), representatives of various units of the MoPHP, the Ministry of Finance, the Ministry of Social Affairs and Labor, the Ministry of Planning and International Cooperation, the Health Insurance Authority, private and public hospitals, a private insurance company, the Department of Health of Lahj governorate, other development partners and NGOs.

The mission team from WHO headquarters included a health financing expert accompanied by a health policy expert. A second follow-up mission, to be more focused on the health policy Road Map activities, was planned for the beginning of June 2013. This mission was cancelled due to security concerns. Further attempts to visit Sanaa and complete the work were again prevented by security concerns. Hence, this last part of the work was done by remote, with crucial input coming from the MoPHP, CO, and EU delegation.

A major priority for the country is the development of a Health Financing Strategy to feed into the National Health Strategy and the next 5 Year Operation Plan. The Health Financing Strategy will be preceded by an in-depth analysis of the current health financing situation, as well as a clear understanding of the process of drafting this strategy (including participatory elements and consultation rounds and formats).

### Core areas of the Road Map

1. Revision of the national strategy 2010-2025, updating and costing
2. Development of the next 5-year plan (2016-2020) through policy dialogue and technical support
3. Development of a health financing strategy to feed into the health strategy and the next 5 year plan, based on an in-depth analysis of the current health financing situation, as well as a clear understanding of the process of drafting this strategy (including participatory elements and consultation rounds and formats)
4. Analytical work to feed into the health financing strategy development process

One of the principal challenges is the current security situation, which makes it impossible to organize consultancies and technical support missions to support the analytical and policy advisory work. Moreover, the country is fragmented across the different governorates, each one of which presents its own, very specific set of problems. Steering and oversight by the central government is weak and difficult. Forty percent of the national health budget is earmarked for subsidizing fuel, demonstrating the extent to which Yemen's health sector priorities are practically ignored by the government. Finally, implementation capacities are severely limited, calling for more close technical support and reiterations on technical work – the type of cooperation which is exactly curtailed at the moment due to security issues.

## **Common emerging issues, challenges and mitigation**

Due to the more basic health sector development level in the EU-funded Phase II and Luxemburg-funded country selections, the focus of many of the EU/Luxemburg-WHO Partnership Road Maps are on developing more robust policies, strategies, or plans, be it overarching ones or health financing-specific ones. This means that, WHO will be focusing its support to most of the Phase II countries on this complex task of ensuring an inclusive and participatory and at the same time, technically sound process in developing those policies, strategies, and plans. The process itself will be the principal focus of WHO's country support in order to ensure a solid implementation which all country stakeholders are convinced of.

It is to be emphasized that the policy and planning process is anything but linear which implies that many activities may be delayed, modified, or cancelled altogether. It will be important for WHO to closely follow the evolution of activities and events, through its long-term Technical Assistant, through its organizational hierarchy of ROs and headquarters for backstopping and more specialized technical assistance. In addition, the inception phase has demonstrated that WHO will also have to rely on its network of consultants to provide specific support on both the technical/analytical side as well as with respect to facilitation/coordination.

Security concerns in at least two countries (Yemen, South Sudan) have seriously hampered a more timely launch of Partnership activities. This will continue to be the case in the medium-term; this may induce higher operational costs on the ground and/or merit a reorientation to more intense remote support than originally expected from WHO headquarters' side and heavier reliance on the long-term Technical Assistants.

Finally, the inception phase has demonstrated that there are excellent synergies between the 'merged' components of the Partnership (health policy, health financing, and aid effectiveness), Mozambique being exemplary in that both 'health policy' and 'health financing' funds are being directed principally towards health financing as it is one of the country's top health sector priorities.

## **Conclusion and Way Forward**

Technical support for national health planning and moving towards universal health coverage are in high demand from countries, especially low-income and fragile states which are rebuilding and/or reorienting

anew their health systems. The EU-LUX-WHO Partnership is enabling WHO to meet this demand and take on its convening role in the policy and planning process.

The Partnership is now operational in all 19 countries; priorities for 2014 include:

- Anglophone and francophone inter-country workshops on lessons learned and best practices
- Finalization and publication of Briefing Note on Policy Dialogue
- Placement of remaining Technical Assistants
- Implementation of EU-LUX-WHO Partnership Road Maps in 7 EU-funded + 5 Luxemburg-funded new countries
- Sustaining of gains achieved in EU-funded Phase I countries – facilitation of exchanges between all 19 countries
- Continuation of working towards a goal of 40 countries in total with policy dialogue/health systems strengthening support

## Annex

### Annex I: Overview of Key Health Systems Areas funded by EU/Luxemburg-WHO Partnership

#### a. EU-WHO Partnership Countries

Key Programme Activities	Chad	DR Congo	Guinea	Mozambique	South Sudan	Timor-Leste	Yemen
<b>MoH Capacity Building</b>	Co-ordinating MoH and health partners as well as Integration of health with other sectors (2013)		Coordination of MoH with other sectors and communities		Support the construction of a framework for JAR * (2013-2015)	Strengthen MoH for inter-sectoral activities * Developing regulations of private sector and PPP * Strengthening health sector coordination Supporting the development of Code of Conduct (2014-2015) Support MoH capacity to develop M&E * (2013-2015)	Establishing a multisectoral UHC committee Capacity building of the health economics unit
<b>Strategic National Planning</b>	Post 2015 planning * Situation analysis * (2014) Support for finalising the National Health Development Plan II * (2013)		Situation analysis Developing National Health Policy Drafting and evaluating National Health Development Plan * Development of 1st triennial plan (2014-2016) Preparation for the Annual Operational Plan 2014 Policy dialogue, training and committee meetings across different levels	Development of plans to increase accessibility and physical coverage of health services  Policies and strategies for more equitable access and improved quality of health services	Engaging planning at a central level * (2014-2015)	Developing annual operational plan, costing and budgeting (2013-2015)	Revision and updating of national strategy Development of 5-year plans

Key Programme Activities	Chad	DR Congo	Guinea	Mozambique	South Sudan	Timor-Leste	Yemen
<b>Decentralization</b>	Adoption of Regional Health Plan * (2013)	Provincial policy dialogue ,steering committees*, team capacity building			Capacity building for state and county planning (National Health Plan) * (2014-2015)		
<b>Monitoring &amp; Evaluation</b>	JAR * (2014,2015) Satisfaction survey (2014)	M&E: annual and mid-term review (using JANS and situation analysis)	M&E - registration system for births and deaths, national database for health, NHO, JAR	Assessment of the devolution process	Information collection for JAR * Content development for JAR (2013-2015)		Developing a monitoring system for line budgeting processes
<b>Health Financing</b>	Support to the development of: 1. Situation analysis and health financing strategy for universal health coverage 2. National Health Accounts	Support guidelines for MoH funding partners Round table discussions with FTP	Support the development of: Health financing strategy for universal health coverage and UHC promotion activities Innovative Financing Mechanisms National Health Accounts Institutionalized MoH/MoF dialogue throughout the budget cycle.	Analysis of Health Financing strategies  Capacity strengthening of stakeholders for health financing policy analysis  Developing and implementing a health financing strategy		Support the development of: 1. Situation analysis and financing strategies for universal coverage 2. National Health Accounts (2013-2015)	Support the development of a multisectoral national health financing strategy In-depth health financing analysis Reviewing allocation of public expenditure * Shifting ODA towards UHC Sustaining and expanding SHI Scheme * Budgeting for primary health care Reviewing price structure of the pharmaceutical sector
<b>Financial Management Systems</b>							Contracting out the management of medical benefits

Key Programme Activities	Chad	DR Congo	Guinea	Mozambique	South Sudan	Timor-Leste	Yemen
<b>Health Information Systems</b>						Developing Health Management Information System strategic plan and capacity*	
<b>Human Resources for Health</b>				Situation analysis of private sector human resources for health	Supporting development of health systems * (2013-2015)	Health workforce plan (2014-2015) Developing code of medical ethics Training courses* (2013-2015)	Financial incentives for health worker migration to rural areas Training workshops
<b>Visibility</b>			Documentation and media coverage National communication plan * and organising south-south exchanges		Documentation and media coverage of major health policy events (2013-2015)	Media coverage and regular updates (2013-2015)	
<b>Medicines</b>			Updating strategies against counterfeit drugs and illegal markets			Establishing drug regulatory committees (2013-2015)	
<b>IHP+</b>			Implementing COMPACT* Training for JANS and ONEhealth costing tool	JANS assessment			
<b>Others</b>		Health laws for universal coverage					

**b. Luxemburg-WHO Partnership Countries**

<b>Key Programme Activities</b>	<b>Burkina Faso</b>	<b>Cape Verde</b>	<b>Mali</b>	<b>Niger</b>	<b>Senegal</b>
<b>MoH Capacity Building</b>		Coordination with different health sector actors (2013-2015) Policy dialogue between public and private sector (2013-2015)	Development of plans and training of district management teams in Public Hospital Establishments	Introduction of PPP (2013-2015)	Support leadership building, monitoring and evaluating activities (2013) * Co-ordination with other sectors (2013,2014) * Strengthen hospital governance and PPP (2014-2015) *
<b>Strategic National Planning</b>	Developing guidelines for regional and district levels health development plan, five-year plans * Situation Analysis* (2013-2015)  National Health Development Plan *	Trianing module revision (2013)  Updating strategic plan across all levels Staff training Review health framework National Health Forum (2014)	Situation Analysis Developing central and regional level plans for the PDSS and PRODESS Preparation and validation of operational plans across all levels	Health development plan  Develop a communication plan (2014)	Revising national consulting framework (2014-2015) * National strategy for universal coverage (2014) * Situation analysis - updating CHPP (2013-2014) and OneHealth (2013) *
<b>Decentralization</b>	Meetings, workshops, to co-ordinate the different levels * (2014-2015) Work visits (2013-2015) *		Training policy dialogue management at district, regional and central levels		Decentralization of qualified health managers *(2014-2015)
<b>Monitoring &amp; Evaluation</b>	Monitoring committee meetings, mid-term and annual reviews * (2013-2015) Joint-midterm review of national health development plan (2015)	Staff training (2014) Development of a M&E plan (2014) Potential PPPs (2015) SARA (2013-2015)	Revising framework National Development Plan for monitoring and evaluation Joint annual review JANS Coordination with other bodies to monitor PRODESS/PDSS at different levels	Joint evaluation of new health development plan (JANS) (2015) Monitoring and supervision of health informatics system Revising monitoring framework (2014)	Mid-term review of National Health Development Plan (2014) * Revising monitoring plan (2014) SARA



Key Programme Activities	Burkina Faso	Cape Verde	Mali	Niger	Senegal
<b>Health Financing</b>	National strategy for health financing * (2013-2015)	Introduction of National Health Accounts (2013,2014) National strategy for health financing (2014,2015)	Finalizing the national policy for health financing Costing health plans using OneHealth Implementation of National Health Accounts	Social health fund (2013-2015) OneHealth - cost health development plan (2014-2015)	National Health Accounts (2013-2014)*
<b>Financial Management Systems</b>	Medium-term expenditure framework* (2014)	Disseminating medium-term expenditure framework (2014)	Developing a medium-term expenditure framework		
<b>Health Information Systems</b>		Preparation of HIS (2015)	National strategic plan for national health informations system	Quality control of data Development of an online portal (2014-2015) Training of data managers (2014)	
<b>Visibility</b>	Communication plan, media coverage, forums, work trips *	CHPP installation African Health Observatory (2014-2015) Media coverage, policy dialogue process documentation (2013-2015)	Documentation of policy dialogue in Mali Media coverage Support exchange of best practices across South-South	Documenting policy dialogue experience Exchange of best practices South-South (2013-2015)	Documentation of health policy dialogue process (2014) * Meetings - South-South exchanges (2014-2015)*
<b>Medicines</b>		Development of drug policies (2014,2015)			
<b>IHP+</b>	Implementing and monitoring COMPACT (2013-2015) *		Second generation COMPACT	Establishing accountability of COMPACT (2013-2015)	Implementation of COMPACT

## Annex II Country Road Maps Burkina Faso

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs / délivrables	Sources de financement	Budget total estimé (USD)	Budget Lux- OMS (USD)	2013	2014	2015
<b>PLANIFICATION OPERATIONNEL LE DE QUALITE</b>	Révision des guides d'élaboration de PRDS et PDS;	Ateliers de révision et de validation Production des documents	2 ateliers de révisions de guides réalisés 150 exemplaires de chaque guide produits	<b>OMS, UE</b>	12,000	<b>7,000</b>	7000	<b>0</b>	<b>0</b>
	Elaboration des directives de planification	Atelier d'élaboration de directives de planification Appuis techniques		<b>UNICEF, ETAT-PADS</b>	36,000	<b>3,000</b>	2000	<b>2000</b>	<b>2000</b>
	Elaboration des plans de développement quinquennaux des directions régionales (PRD) et des districts sanitaires (PDSD)	Ateliers d'élaboration et d'adoption des plans quinquennaux de développement Appuis techniques (missions conjointes)	2 ateliers d'élaboration et d'adoption des PRD et de PDSD sont réalisés	<b>ETAT, PTF, OMS</b>	<b>à compléter</b>	<b>30,000</b>	10000	<b>20000</b>	<b>0</b>
	Elaboration des plans des structures centrales (Plans stratégiques)	Atelier d'élaboration et de validation de plans de renforcement des directions générales et des plans stratégiques Appuis techniques (missions conjointes)	3 ateliers d'élaboration et d'adoption de plan de renforcement des directions générales et plan stratégiques sont élaborés	<b>ETAT, PTF, OMS</b>	<b>à compléter</b>	<b>9,000</b>	3000	<b>6000</b>	<b>0</b>
	Elaboration des projets d'établissement des EPS	sessions d'analyse de la situation et validation du projet d'établissement Appuis techniques (missions conjointes)	Sessions de l'analyse de situation et De validation sont réalisées	<b>ETAT, PTF, OMS</b>	<b>à compléter</b>	<b>9,000</b>	3000	<b>6000</b>	<b>0</b>

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs / délivérables	Sources de financement	Budget total estimé (USD)	Budget Lux-OMS (USD)	2013	2014	2015
<b>MULTISECTORIALITE DECENTRALISE E ET MECANISMES DE COORDINATION</b>	Relecture des textes regissant le Conseil Supérieur de la Santé (CSS) en conformité avec la réforme des politiques publique (la santé dans toutes les politiques sectorielles)	Sessions de relecture des textes atelier de validation des textes	... sessions de relectures de texte ...sessions de validation de textes	ETAT, PTF, OMS	à compléter	6,000	6000	0	0
	Organisation des sessions du CSS et du comité national de suivi du PNDS	Sessions ordinaires du CSS diffusion des résultats des sessions CSS	2 sessions ordinaires du CSS tenues	ETAT, PTF, OMS	à compléter	15,000	0	7500	7500
	Organisation des réunions de coordination des comités régionaux de suivi du PNDS et les conseils de santé des districts.	Réunions des comités (fournitures)	2 réunions par niveau (régional, district) tenues 01 participation à chaque niveau aux réunions de coordination	ETAT, PTF, OMS	à compléter	12,000	0	6000	6000
	Organisation des visites périodiques d'échanges/coaching et d'appui conseil aux organes de coordination régionaux et districts	visites d'échanges (réunions de travail) et d'appui conseil	...visites réalisées	ETAT, PTF, OMS	à compléter	9,000	3000	3000	3000
<b>SUIVI-EVALUATION</b>	Institutionnalisation de l'enquête SARA	Prise de textes instituant l'enquête SARA Programmation régulière de l'enquête SARA		ETAT, PTF, OMS	à compléter	0	0	3500	0
	Institutionnalisation des comptes nationaux de santé	Prise de textes instituant les CNS Ligne budgétaire de l'Etat Appui technique pour la formation et la production des CNS		ETAT, PTF, OMS	à compléter	0	0	3500	0

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs / délivérables	Sources de financement	Budget total estimé (USD)	Budget Lux-OMS (USD)	2013	2014	2015
SUIVI-EVALUATION	Organisation des réunions de suivi des commissions thématiques (MEO et suivi/évaluation du PNDS, études, etc.)	Réunions de suivi des commissions thématiques (fournitures)		ETAT, PTF, OMS	à compléter	9,000	3000	3000	3000
	Organisation des révisions semestrielles et annuelles du PNDS	réunions de préparation de la revue atelier de validation de la revue (fournitures)		ETAT, PTF, UE, OMS	à compléter	30,000	10000	10000	10000
	Evaluation à mi parcours conjointe du PNDS	Réunion d'adoption de protocole d'évaluation Evaluation Atelier de restitution des résultats de l'évaluation Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	30,000	0	0	20000
FINANCEMENT DE LA SANTE	Harmonisation du CDMT, Plan trienal et Budget programme	Atelier d'harmonisation sur l'élaboration du CDMT, plan trienal et budget programme		ETAT, PTF, OMS	à compléter	6,000	0	6000	0
	Elaboration/mise en œuvre de la stratégie nationale de financement de la santé	Analyse de situation Elaboration de stratégies Atelier de validation des stratégies Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	30,000	6000	12000	12000
PARTENARIAT DECENTRALISE ET COMPACT NATIONAL	Formation en dialogue politique en santé au niveau central, régional et district.	Ateliers de formation du personnel en dialogue politique en santé au niveau central régional et district sanitaire Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	60,000	10000	25000	25000

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs / délivérables	Sources de financement	Budget total estimé (USD)	Budget Lux-OMS (USD)	2013	2014	2015
<b>PARTENARIAT DECENTRALISE ET COMPACT NATIONAL</b>	Organisation de concertations/échanges intersectorielles (y compris les directions techniques) sur les problèmes stratégiques prioritaires de santé (couverture universelle, VIH, nutrition, Vaccination, etc.) au niveau national, régional et district.	rencontres de concertations intersectorielles sur la couverture universelle au niveau central, régional et districts sanitaires		ETAT, PTF, OMS	à compléter	24,000	4000	10000	10000
	Elaboration d'un outil de redevabilité pour le suivi de la MEO des engagements (gouvernement-partenaires) du Compact national à tous les niveaux (national, régional et district)	conception de l'outil atelier de validation de l'outil Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	15,000	0	15000	0
	Elaboration des rapports périodique de redevabilité du Compact National (scorecard) à tous les niveaux (national, régional et district)	Elaboration de rapports périodiques Transmission Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	18,000	4000	7000	7000
<b>COMMUNICATION ET VISIBILITE</b>	Elaboration du plan de communication du PNDS	Ateliers d'élaboration et d'adoption Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	10,000	0	10000	0
	Production des rapports, bulletins, articles, site web, supports audiovisuels	Fournitures, impression, diffusion		ETAT, PTF, OMS	à compléter	15,000	3000	6000	6000
	Documentation des bonnes pratiques sur l'expérience de dialogue politique en santé du BF	Production/diffusion Appuis techniques (missions conjointes)		ETAT, PTF, OMS	à compléter	23,000	0	10000	13000
	Organisation de voyages d'études ou et forum d'échanges sud-sud	Atelier, documents de voyage, fournitures		ETAT, PTF, OMS	à compléter	30,000	0	15000	15000
						<b>400,000</b>	74000	186,500	139,500

## Cape Verde

Domínios	Etapas do diálogo político	Inputs necessários	Indicadores/deliverables	Fonte	Orçamento por ano			Orçamento total estimado (USD)
					2013	2014	2015	
1. Planeamento	Actualizar o plano estratégico de desenvolvimento dos recursos humanos de saúde	Assistência técnica	Plano actualizado			20,000		<b>20,000</b>
	Revisão dos módulos de formação em planificação e orçamentação, e do pacote essencial de cuidados, por níveis de prestação	Atelier de elaboração de módulos de planificação e orçamentação	Existência do modelo de planificação		15,000			<b>15,000</b>
		Atelier de revisão do pacote de cuidados essenciais de saúde, por níveis de prestação	Existência do pacote de serviço aos deferentes níveis		15,000			<b>15,000</b>
	Formação de pessoal a nível descentralizado em planificação e orçamentação	Ateliers de formação (a nível municipal e regional)	Número (percentagem) de formações realizadas Número de formados			10,000		<b>10,000</b>
	Revisão da carta sanitária	Assistência técnica; ateliers de socialização	Carta sanitária disponível e divulgada			15,000		<b>15,000</b>
	Elaboração/revisão de planos diretores para os hospitais centrais e regionais	Consultoria	Planos elaborados/revisados			20,000		<b>20,000</b>
	Elaboração dos planos estratégicos da redes de infraestructuras de atenção primária de Santo Antão, Fogo e Brava	Consultoria	Planos elaborados			15,000	15,000	<b>30,000</b>
	Institucionalização de um sistema de conta nacional de saúde	Despacho institucionalizando a revisão anual da conta nacional de saúde	Despacho do Ministro		N/A			<b>N/A</b>
		Atelier de socialização dos procedimentos para elaboração das contas nacionais de saúde	Número de ateliers realizados		1,500	1,500		<b>3,000</b>
		Harmonização dos classificadores orçamentais e o classificador internacional das contas nacionais de saúde	Plano Nacional de Contas do Ministério da Saúde		2,000	2,000		<b>4,000</b>
	Consolidação do Quadro de Despesas a Meio Termo	Despacho institucionalizando a revisão anual do QDMT	Despacho ministerial					<b>0</b>
		Difusão de procedimentos harmonizados de gestão financeira	Número de documentos produzidos e difundidos			8,000		<b>8,000</b>

Domínios	Etapas do diálogo político	Inputs necessários	Indicadores/deliverables	Fonte	Orçamento por ano			Orçamento total estimativo (USD)
					2013	2014	2015	
1. Planeamento	Realização do Fórum Nacional sobre a Mutualidade em Saúde	Consultoria, atelier de validação	Documento do forum			15,000		15,000
	Elaboração dos protocolos terapeuticos e de atendimento, e da política de medicamentos genéricos	Consultoria, ateliers de validação, edição gráfica	Protocolos elaborados e publicados			10,000	10,000	20,000
	Elaborar a estratégia nacional de financiamento de saúde	Consultoria, ateliers de validação, edição gráfica	Estratégia elaborada e publicada			7,500	7,500	15,000
2. Seguimento e avaliação	Formação de pessoal a nível central e municipal sobre seguimento e avaliação	Atelier nacional formação de formadores	Número (percentagem) de formações realizadas Número de formados			15,000		15,000
	Elaboração do plano nacional de seguimento e avaliação do PNDS	Atelier de elaboração do quadro nacional dos indicadores de seguimento e avaliação da performance do PNDS	Disponibilidade do quadro nacional dos indicadores de seguimento e avaliação da performance so PNDS			5,000		5,000
		Atelier nacional de elaboração do Plano Nacional Unico de avaliação	Disponibilidade do Plano Nacional Unico de avaliação			7,500	7,500	15,000
	Estudo sobre potenciais nichos de parcerias e complementaridades público-privado	Consultoria, ateliers de validação, edição gráfica	Estudo disponível				7,500	7,500
	Inquérito SARA (Avaliação dos estabelecimentos de saúde: da qualidade dos dados, e qualidade dos cuidados e serviços, e Investigação em saúde e desenvolvimento social: Mapeamento /georeferenciamento socio - sanitário: Diagnóstico socio-sanitário das comunidades)	Missão de apoio e Consultor para o inquerito SARA (Service availability readiness - assesement)	Disponibilidade de expert para o inquerito SARA Número de missão de apoio		30,000	15,000	15,000	60,000
	Elaboração do Plano Operacional do Sistema de Informação Sanitária	Atelier nacional	Plano Operacional validado e publicado				15,000	15,000
3. Coordenação do sector da saúde	Diálogo político ao nível do Conselho Nacional de Saúde. Funcionamento do comite de coordenação do sector de Saude (Participação de sector publico (MS e outros sectores), privado, parceiros tecnicos e financeiros (Bilateral e Multilateral) e sociedade civil) - Institucionalização de um dialogo politico ao nivel nacional, reuniões periodicos.	Ponto focal de dialogo politico MS	Ponto focal indicado Despacho do Ministro publicado. Implementado o comite de coordenação do sector de Saude. Número de reuniões realizados (nível nacional, regional e municipal)		6,000	7,000	7,000	20,000

Domínios	Etapas do diálogo político	Inputs necessários	Indicadores/deliverables	Fonte	Orçamento por ano			Orçamento total estimado (USD)
					2013	2014	2015	
	Diálogo político ao nível dos Comités Municipais de Saúde. Funcionamento do comite de coordenação do sector de Saúde (Participação de sector publico (MS e outros sectores), privado, parceiros tecnicos e financeiros (Bilateral e Multilateral) e sociedade civil) Instalação de comités locais de diálogo político - Institucionalização de um dialogo politico ao nivel municipal e regional, reuniões periodicos.	Ponto focal de dialogo politico ao nivel municipal e regional	Pontos focais indicados Número de reuniões realizados (regional e municipal)		2,000	4,000	4,000	10,000
4. Informação, comunicação e visibilidade	Instalação da plataforma do processo do diálogo político (CHPP) como um dos componentes do Observatório Africano de Saúde - Cape Verde (AHO)	Missão de apoio OMS	Número de missão de apoio Sites integrados (CHPP e NHO)			15,000	15,000	30,000
	Publicação de relatórios, e documentos estratégicos, estudos, artigos, etc (Comunicação social, site do MS, site do observatório africano de saúde, biblioteca virtual em saúde, revistas, etc)	Consultor nacional	Número de publicações produzidas		3,300	3,300	3,400	10,000
	Documentação do processo do diálogo político	Consultor nacional	Número de missão Relatório sobre a documentação da experiência do processo de dialogo politico		2,500	2,500	2,500	7,500
	Forum nacional para o Lançamento oficial do processo do diálogo político	Equipa nacional e parceiros	Forúm realizado Número de participantes no forúm Relatório produzido e disponivel		5,000			5,000
					<b>82,300</b>	<b>198,300</b>	<b>109,400</b>	<b>390,000</b>



## Chad

Composantes du Programme Dialogue Politique	Activités dans le dialogue politique	Inputs nécessaires	Calendrier	Indicateurs/d éligibles	Source de financement	Budget estimé USD 2013	Budget estimé USD 2014	Budget estimé USD 2015
<b>Appui au processus de planification nationale</b>								
Finalisation du PNDS II	1. Mission expert JANS PNDII 2. Atelier de validation 3. Réunion d'adoption	experts internationaux	Juin-Juillet 2013 9 Sept fin Sept	PNDS II adopté	UE/OMS IHP+ Etat et AFD	50000		
CDMT	1. formation des cadres du MSP et partenaires 2. appui au travail du consultant national 3. atelier de validation avec les acteurs	AT P4H		CDMT établi	Coop CH			
Adoption des PRDS	Ateliers d'adoption au niveau des Régions	Experts niveau central par équipe	Juil-Sept 2013	22 PRDS adoptés	Etat Régions EU, AFD, OMS, UNFPA, Coop CH, UNICEF	35000		
Elaboration du compact	1. évaluation du pré-pacte 2. mission d'expertise 3. atelier d'adoption 4. cérémonie de signature 5. visibilité (presse écrite et orale, soc. civile)	expert international/ AT UE/OMS	fin 2013	Compact signé	IHP+ Etat	30000		
Mise en œuvre PNDS II	1. appui aux plans opérationnels annuels des DRS et districts 2. appui à la préparation des missions de supervision DRS (méthodo)	AT EU/OMS	Activité continue	1 supervision par an par région	UE/OMS EU, AFD, OMS, UNFPA, Coop CH, UNICEF	10000		
Coordination avec politiques sous sectorielles (santé commun.,...) et connexes (nutrition)	Etablissement d'un chronogramme des événements majeurs (missions, réunions, échéances,...)	AT UE/OMS	Activité continue		UE (TCF)			
Planification post 2015	1. Révision PNS 2. Elaboration PNDS III	AT EU/OMS	2014-2015	Politique nationale révisée	UE/OMS, autres partenaires, Etat		20000	

Composantes du Programme Dialogue Politique	Activités dans le dialogue politique	Inputs nécessaires	Calendrier	Indicateurs/d éligibles	Source de financement	Budget estimé USD 2013	Budget estimé USD 2014	Budget estimé USD 2015
<b>Couverture universelle en santé</b>								
Renforcement des capacités du pays	1. Formation du Comité technique CUS 2. Sensibilisation des parties prenantes	2 experts internationaux	Août 2013 Septembre 2013		UE/OMS	30000		
Analyse de la situation	1. Etude des coûts unitaires des prestations 2. Suivi des dépenses à destination 3. CNS 4. Evaluation de l'expérimentation FBR		Août -Sept- Oct 2013 Fin 2013 Nov 2013 Sept 2013		UE/OMS (TCF?) BM-OMS OMS-Etat BM	40000		
Intégration avec la Protection sociale	2 ateliers de formation/mise en cohérence par an (documentation)		Juin 2013		UE/OMS	10000		
Appui à la coordination du travail sur la CUS	Réunion régulière de travail	AT P4H	Activité continue		OMS (HSF)			
<b>Redevabilité et Efficacité de l'aide</b>								
Revue annuelle (RA) (Comités directeurs)	1. Ateliers en Régions 2. Ateliers préparatoires de la RA 3. Tenue de la RA	AT UE/OMS	Jan-Fév 2014. Mar 2014 2ème Tri 2014		UE/OMS Autres partenaires, Etat		40000	50000
Analyse de la situation	1. Enquête sur la disponibilité des services (SARA) 2. Processus politique sanitaire (CHPP)	AT UE/OMS	1er Tri 2014		CoIA OMS/HQ, AFRO		100000 20000	
Satisfaction	Enquête sur la satisfaction des bénéficiaires	AT UE/OMS	fin 2014		UE/OMS		20000	
Coordination des partenaires dans le domaine de la santé	Réunions des PTF santé Réunion de coordin° MSP PTF,... Mise en cohérence des approches (SUN, REACH,...)	AT UE/OMS	Activité continue		UE/OMS	5000		
<b>Total UE/OMS</b>						<b>145000</b>	<b>60000</b>	
Total autres sources						55000	120000	
<b>Total général</b>						<b>200000</b>	<b>180000</b>	

## Democratic Republic of Congo

Composantes Programme Dialogue Politique	Activités dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé USD 2013	Budget estimé USD 2014	Budget estimé USD 2015
<b>Réforme DPS</b>	Poursuite du dialogue avec les acteurs politico-administratifs et sanitaires des provinces pour la mise en place de la réforme; Appui au dialogue entre PTF et MSP	Mission consultant et expert international OMS		Belgique/CTB DEP3; UE PAPNDS; Programme UE-OMS sur le Dialogue Politique			
	Costing du niveau intermédiaire	Consultance		MSP/DEP; CTB			
	Renforcement des capacités des équipes des nouvelles DPS	Expert international OMS*		Programme UE-OMS sur le Dialogue Politique			
		Encadreurs nationaux polyvalents		Fonds mondial RSS; Programme UE-OMS sur le Dialogue Politique	<b>15000</b>		
	Redynamiser/mettre en place les groupes de travail	Expert international OMS		Programme UE-OMS sur le Dialogue Politique			
	Préparation et tenu des réunions de comités de pilotage au niveau provincial	Expert international OMS		GAVI; Programme UE-OMS sur le Dialogue Politique	100000		
Missions provinces							
<b>Coordination PTF</b>	Préparation et tenu des réunions de comités de pilotage au niveau national	Expert international OMS					
	Appui au fonctionnement des Commissions Techniques du Comité National de Pilotage	Expert international OMS					
	Finalisation du guide de l'appui des partenaires au MSP	Expert international OMS		Programme UE-OMS sur le Dialogue Politique	<b>5000</b>		
	Appui à la préparation de la Table Ronde des Partenaires: a) études nécessaires pour informer la Table Ronde; b) atelier de préparation	Expert international OMS; Consultants		Programme UE-OMS sur le Dialogue Politique	<b>25000</b>		

Composantes Programme Dialogue Politique	Activités dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé USD 2013	Budget estimé USD 2014	Budget estimé USD 2015
<b>Suivi et évaluation PNDS</b>	Revue annuelle: a) Orientation méthodologique pour la tenue des revues aux différents niveaux, b) Appui aux revues provinciales et nationale, c) Visites de terrain des partenaires, d) Atelier(s) préparatoire(s) d'analyse; e) Suivi périodique des recommandations de la Revue	Expert international OMS	Rapport analytique sur le progrès et la performance	Programme UE-OMS sur le Dialogue Politique	80000		
		Missions provinces		CTB; autres partenaires; MSP			
		Frais des ateliers		CTB; autres partenaires; MSP			
	Observatoire national pour la santé: Atelier de formation sur Wiki, Outil informatique/internet, Consultant international	Gestionnaire de la plate-forme		OMS AFRO; GAVI RSS			
	Service Availability and Readiness Assessment (SARA); Renforcement des différentes composantes du Système d'Information Sanitaire	Mission d'appui		Fonds mondial, OMS Genève			
		Enquêtes échantillonnées					
	Plan de Développement Informatique du MSP	Consultants		Belgique	180000		
Revue à mi-parcours: a) Joint Assessment of National Strategies (JANS); b) Revue interne au MSP; c) Revue externe de la mise en oeuvre du PNDS; d) Analyse de situation	Expert international OMS		Programme UE-OMS sur le Dialogue Politique	50000			
	Cadres du MSP						
	Consultants externes						
<b>Couverture universelle</b>	Revue de l'information disponible et de la faisabilité de mise en place d'une couverture universelle en santé	Expert international OMS avec l'appui d'AFRO et HQ		OMS			
	Revue de la loi sur la couverture universelle	Consultance juridique		Programme UE-OMS sur le Dialogue Politique	30000		
Développer l'exposé des motifs							
					125000		
*Le travail de l'expert international OMS se fera en étroite collaboration avec les cadres du MSP							

## Guinea

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé (USD)
<b>I. Elaboration et mise en œuvre du PND</b>					
<b>I.1. Analyse de situation</b>	Finalisation de la Cartographie et de l'analyse des parties prenantes	Assistance technique	Rapport national des parties prenantes	PTF	3,000
	Finalisation de la contribution des districts de santé à l'identification des besoins prioritaires de santé des communautés	Ateliers régionaux d'identification des besoins de santé des communautés(8)	Rapport national sur l'analyse des besoins prioritaires de santé des communautés	PTF	12,000
	Enquête SARA (Disponibilité et capacités opérationnelles des services de santé) par échantillonnage	Mission d'appui, visite de terrain, Atelier national	Rapport SARA	IHP+/COIA	60,000
	Finalisation des travaux des Groupes Thématiques.	Atelier national de 10 jours	Rapports des travaux des Groupes Thématiques.	OMS/UNFPA/APNDS	15,000
	Organisation des Etats généraux de la santé	Mission d'appui, Atelier national	Rapport des Etats généraux	ETAT/MSHP	161,145
	Synthèse des rapports de l'analyse situation du secteur de la santé (CHPP)	Mission d'appui, Assistance technique, Atelier national	Document de synthèse de l'analyse de situation du secteur de santé	UE-OMS	20,000
	Présentation de la synthèse de l'analyse de situation au CCSS	Réunion CCSS	Procès verbal de réunion	MSHP	500
	Audit organisationnel du Ministère de la santé	Mission d'appui, Assistance technique, Atelier national	Document national de stratégie de financement de la santé vers la couverture médicale universelle (CMU)	PTF	50,000
	Elaboration d'une stratégie de financement de la santé vers la couverture médicale universelle (CMU)	Mission d'appui, Assistance technique, Atelier national	Document national de stratégie de financement de la santé vers la couverture médicale universelle (CMU)	UE-OMS	20,000

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé (USD)
<b>I.1. Analyse de situation</b>	Finalisation /Actualisation de l'analyse de situation dans les régions sanitaires avec le CHPP (Country Health Policy Process Portal)	Mission d'appui, Assistance technique, Ateliers nationaux	Rapport CHPP Site CHPP du MSHP	IHP+	40,000
	Synthèse et Analyse des Forces, Faiblesses et Priorités selon CHPP	Mission d'appui, Assistance technique, Atelier national	Rapport sur les priorités disponible	UE-OMS	10,000
<b>I.2. Elaboration de la PNS</b>	Rédaction de la PNS : Choix des orientations et des stratégies de la politique nationale	Mission d'appui, Assistance technique, Atelier national de 6 jours	Rapport provisoire PNS	UE-OMS	10,000
	Validation technique du document de PNS	Mission d'appui, Atelier national	Document PNS validé	UE-OMS	5,000
	Validation de la PNS par le CCSS	Réunion de coordination du CCSS	Document PNS validé et disponible	MSHP	500
	Signature et Diffusion de la PNS (Adoption par le gouvernement et le parlement et promulgation par le président de la République)	Vote de la loi et signature	Document PNS adopté et signé	MSHP	PM
<b>I.3. Elaboration du Plan National de Développement Sanitaire (PNDS)</b>	Elaboration du Cadre logique du PNDS	Mission d'appui, Assistance technique, Atelier national de 6 jours	Cadre logique PNDS disponible	PTF	10,000
	Formation de cadres à l'utilisation de l'outil Costing ONE HEALTH	Mission d'appui, Atelier national	Rapport de formation	UE-OMS	20,000
	Estimation des coûts des scénarii (contenu des paquets d'activités/costing ONE HEALTH)	Mission d'appui, Assistance technique, Atelier national	Costing PNDS effectué	UE-OMS	10,000
	Elaboration du Budget du PNDS et Scénarii de financement	Mission d'appui, Assistance technique, Atelier national	Budget élaboré	MSHP, PTF	6,000
	Rédaction du PNDS	Mission d'appui, Assistance technique, Atelier national	Document PNDS élaboré	UE-OMS	10,000
				IHP+ PTF	20,000
	Validation technique du PNDS	Atelier national	Document PNDS disponible	MSHP, PTF	10,000

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé (USD)
<b>I.3. Elaboration du Plan National de Développement Sanitaire (PNDS)</b>	Formation des cadres nationaux à l'outil JANS	Mission d'appui, Assistance technique, Atelier national		UE-OMS	10,000
	Evaluation conjointe du PNDS (JANS)	Mission d'appui, Assistance technique, Atelier national	Rapport JANS disponible	UE-OMS	15,000
				IHP+	25,000
	Finalisation du PNDS	Mission d'appui, Assistance technique, Atelier national	Document PNDS final	IHP+	25,000
	Adoption du PNDS par le CCSS	Réunion CCSS	PNDS adopté	MSHP	1,000
	Adoption et Diffusion du PNDS	Edition et reprographie	PNDS diffusé	MSHP, PTF	25,000
	Mise à jour des principaux programmes stratégiques nationaux de santé (PPAC, TUB, Palu, VIH/SIDA, SR, PECIMNE, SIS, etc.	Mission d'appui, Assistance technique, Ateliers nationaux	Programmes nationaux révisés	MSHP	PM
<b>I.4. Mise en œuvre PNDS</b>	Elaboration du 1 <sup>er</sup> Plan Triennal 2014-2016	Atelier national et régional	Plan triennal disponible	UE-OMS	20,000
				PTF	10,000
	Elaboration du CDMT sectoriel (Budgétisation)	Assistance technique, Atelier national	CDMT disponible	IHP+	20,000
	Elaboration du Plan Opérationnel Annuel 2014 au niveau national, regional, district	Ateliers national , régionaux(8) et de districts(38)	PAO national, 8régionaux et 38 districts	UE-OMS	20,000
				PTF	20,000
	Organisation d'une table-ronde des bailleurs de fonds autour du financement du PNDS (1er plan triennal)	Mission d'appui, Atelier national	Montant total des ressources mobilisées	MSHP	PM
<b>I.5. Suivi-Evaluation</b>	Elaboration du cadre national de suivi evaluation du PNDS (Selection des indicateurs nationaux de suivi des progres et performance du PNDS)	Mission d'appui	Cadre national S &E	UE-OMS	15,000
	Elaboration du plan national de suivi evaluation du PNDS	Mission d'appui, Atelier national	Plan national S&E	UE-OMS	20,000

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/délivrables	Source de financement	Budget estimé (USD)
I.5. Suivi-Evaluation	Elaboration de manuels de procedures harmonisées de gestion des Ressources humaines, materiels, informationnelles et financières, y compris les procédures de passation de marché	Mission d'appui, Assistance technique, Atelier national	Manuel de procedures MSHP	UE-OMS	10,000
				PTF	10,000
	Institutionnalisation du contrôle de gestion et de l'audit interne et externe	Arreté ministériel	Arrete disponible	MSHP	PM
	Institutionnalisation des Comptes Nationaux de Santé (CNS), PAO, CDMT, SARA	Arreté ministériel	Arrete disponible	MSHP	PM
	Elaboration de guide de supervision intégrée au niveau national, régional et district.	Assistance technique, Atelier national	Guide de supervision disponible	UE-OMS	15,000
	Actualisation et mise en œuvre du plan stratégique SNIS	Atelier	document du plan	PTF	15,000
	Mise en place d'un système national d'enregistrement des naissances et décès (mères, enfants +++)	Assistance technique, Atelier national	Système national d'enregistrement des naissances et deces mise en place	UE-OMS	15,000
	Mise en place d'une base de données sanitaires nationale unique et harmonisée	Mission d'appui, Assistance technique, Atelier national	Base de données sanitaires national	UE-OMS	20,000
	Mise en place de l'observatoire nationale de santé ( NHO) y compris le CHPP	Mission d'appui, Assistance technique, Atelier national	Site NHO et CHPP	UE-OMS	15,000
	Mise en place d'un système national harmonisé de rapportage	Assistance technique	Système national harmonisé	UE-OMS	15,000
	Revue annuelle des programmes	Ateliers nationaux	rapports de revue des programmes	MSHP autres partenaires	PM
	Revue annuelle conjointe du secteur santé	Mission d'appui, Assistance technique, Atelier national	Rapport de revue annuelle	UE-OMS	30,000
	Evaluation du 1er Plan triennal	Mission d'appui, Assistance technique, Atelier national		PTF	30,000
	Evaluation à mi-parcours et finale du PNDS	Mission d'appui, Assistance technique, Atelier national		PM	PM



Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/ délivrables	Source de financement	Budget estimé (USD)
<b>II. Renforcement des capacités en dialogue politique de Santé</b>					
<b>2.1. Coordination et concertation aux niveaux national, régional et district</b>	Mise en place d'une plate forme durable de dialogue politique y compris le developpement d'une feuille de route ( y compris le mecanisme de dialogue et le cycle de planification)	Mission d'appui, Assistance technique, Atelier national	plate forme mise en place	IHP+ MSHP et autres partenaires UE-OMS	30,000 10,000
	Institutionnalisation des comités de coordination du secteur santé au niveau regional et district.	Arreté ministériel	Arrete disponible	MSHP	PM
	Organisation des sessions de formation en cascade en dialogue politique de santé au niveau national, régional et district.	Mission d'appui, Assistance technique, Ateliers national,et régionaux	Rapport de formation , nbre de personne formé	UE-OMS	30,000
	Organisation des réunions de comités de coordination du secteur santé au niveau national, régional et district.	Réunions CCSS	Proces verbal	UE-OMS	15,000
	Appui aux supervisions des secretariats techniques des Comités de coordination du secteur de santé au niveau national, régional et district	Fournitures, transport; supervisions	rapport d'activité et rapport financier	UE-OMS	50,000
<b>II. 2. Medicaments Essentiels</b>	Appui à l'actualisation de la stratégie de lutte contre les médicaments contre faits et marché illicite.	Mission d'appui, Atelier national	stratégie de lutte contre les médicaments contre faits et marché illicite actualisée	UE-OMS	10,000
	Renforcement du système de logistique intégrée des produits de santé	Assistance technique	Système national de logistique intégrée fonctionnelle	PTF	12,000
<b>II.3. Ressources humaines pour la santé</b>	Etude de faisabilité des différentes mesures d'attraction des personnels de santé du Public et Privé en faveur des zones rurales ou difficile et sélectionnées celles qui sont faisables.	Assistance technique	Rapport d'étude	PTF	15,000
	Appui à la définition d'une stratégie de redeploiement rationnelle/fidélisation des Ressources Humaines en santé en faveur des zones défavorisées	Mission d'appui, Assistance technique, Atelier	Rapport de redeploiement des RHS , document de stratégie	PTF	10,000
	Vulgarisation du Plan Stratégique National Des Ressources Humaines en Santé	Ateliers national , régionaux(8)	Nombre de document diffusé	PTF	15,000

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/ délivrables	Source de financement	Budget estimé (USD)
	Concertation pour une mise en cohérence de politiques sectorielles affectant la production et la gestion des RHS de meilleure qualité,	Atelier gouvernemental, Visites et réunions	rapport d'atelier	MSHP et autres partenaires	PM
	Elaboration de la politique nationale des RHS	Mission d'appui, Assistance technique, Atelier national	Document de politique national des RHS disponible	PTF	15,000
<b>II.4.Financement de la santé</b>	Institutionnalisation du dialogue avec le MEF au moment critique de l'élaboration, exécution et évaluation du budget	Arreté ministériel, réunions	Arrete disponible	MSHP	PM
<b>II.4.1. Allocation accrue des ressources financières</b>	Exploration des possibilités d'exploitation de financement innovants (taxes sur les mines, la téléphonie, les transactions financières, les billets d'avion, les firmes pharmaceutiques, les contreventions routières etc...)	Réunions de travail, visites de terrain (porte à porte)	Proces verbal	UE-OMS	9,000
	Appui à la promotion de l'assurance maladie universelle (AMU): Stratégie de financement de la santé	Mission d'appui, Assistance technique, Ateliers	AMU mise en place	UE-OMS	12,000
	Concertation avec les autres secteurs y compris les collectivités locales pour une meilleure utilisation des ressources pour des actions pro santé	réunions de travail	Proces verbal	UE-OMS	6,000
<b>II. 4. 2. Gouvernance</b>	Concertation avec le secteur privé (Mécénat, Responsabilité Sociale des Entreprises) pour une meilleure utilisation des ressources dédiées à la santé	réunions de travail	Proces verbal	UE-OMS	6,000
	Coordination de l'offre privée de santé (à but lucratif et non lucratif et la médecine traditionnelle) pour une meilleure intégration dans la carte sanitaire	réunions de travail	Proces verbal	UE-OMS	6,000
	Concertation avec la société civile pour une meilleure définition, mise en œuvre et suivi des politiques et programmes de santé	réunions de travail	Proces verbal	UE-OMS	6,000
	Information et sensibilisation sur les principes et processus d'élaboration du Compact	Mission d'appui, Atelier national de 2 jours	rapport d'atelier	IHP+	15,000
<b>III. Renforcement du Partenariat au niveau national, regional et district</b>				PTF	PM

Domaines	Étapes dans le dialogue politique	Inputs nécessaires	Indicateurs/ délivrables	Source de financement	Budget estimé (USD)
<b>Elaboration du Compact National</b>	Rédaction du COMPACT (Draft)	Mission d'appui, Assistance technique, réunions des groupes de travail, Ateliers nationaux	Compact national élaboré	UE-OMS	10,000
				IHP+	15,000
	Négociation et finalisation du COMPACT National	Réunion de travail et Mission d'appui	Compact national finalisé	UE-OMS	6,000
				IHP+	PM
<b>Elaboration du Compact National</b>	Signature du COMPACT National	Mission d'appui, Cérémonie nationale de Signature du compact par toutes les parties prenantes	Cérémonie de signature Compact national signé	UE-OMS	6,000
				IHP+PTF	PM
<b>IV. Information communication et Visibilité</b>	Documentation /Information de l'expérience guinéenne en dialogue politique	Assistance technique, Edition et reprographie	Rapport sur la documentation de l'expérience guinéenne	UE-OMS	15,000
	Elaboration et mise en œuvre d'un plan national de communication du PNDS	Mission d'appui, Assistance technique, Atelier national	plan national de communication du PNDS élaboré et disponible	UE-OMS	6,000
				PTF	PM
	Production et publication des rapports nationaux et des bulletins	Edition et reprographie	Nbre de rapports produits et diffusés/Publiés	UE-OMS	6,000
				MSHP et autres partenaires	PM
	Appui à l'organisation des échanges Sud-Sud sur des bonnes pratiques de dialogue politique en santé des pays bénéficiaires du Programme UE-OMS	Mission d'appui, Assistance technique, Atelier national	rapport d'atelier	UE-OMS	20,000
<b>Grand Total</b>					1,250,145
<b>Total UE-OMS</b>					554,000

## Mali

Domaines	Étapes dans le dialogue politique	Coût total F CFA	Source de financement	Budget estimé (USD)
1. Renforcement des capacités en développement et mise en œuvre de PDDSS	Actualisation de l'analyse de situation avec l'outil CHPP y compris l'évaluation des structures de santé		Lux-OMS	20,000
	Finalisation de la Politique Nationale de Financement de la Santé		Lux-OMS	0
	Actualisation des outils de Planification et de suivi-évaluation	20,000,000	Lux-OMS	6,000
	Formation en planification des équipes cadres des nouveaux districts des équipes des Etablissements Publics Hospitaliers (EPH) des membres du Secrétariat Permanent et des structures centrales dans le cadre de l'élaboration des projets d'établissement des EPH et des priorités 2013-2017 des structures centrales		Lux-OMS	10,000
	Costing du PDDSS, du PRODESS et des PDSC avec l'outil OneHealth		Lux-OMS	15,000
	Elaboration des Plans de Développement Socio-Sanitaire de Cercle (PDSC) des districts (nombre de districts à préciser), des projets d'établissement des EPH et spécificités nationales (structures nationales de santé et autres structures connexes)	196,000,000	Lux-OMS	18,000
	Elaboration des Plans consolidés des régions et du niveau central (PDDSS 3ème génération, PRODESS)	75,000,000	Lux-OMS	20,000
	Elaboration des Plans Opérationnels des districts, régions et du niveau central		Lux-OMS	15,000
	Validation des Plans de districts, de régions et du niveau National (PDDSS et PRODESS)		Lux-OMS	10,000
	Elaboration / institutionnalisation du cadre de dépense à moyen terme de la première phase quinquennale du nouveau PDDSS	37,602,520	Lux-OMS	PM
	2. Développement et mise en œuvre de Plan national de S&E et renforcement des capacités du système de S&E	Réalisation des Comptes Nationaux de la Santé		Lux-OMS
Réalisation de l'enquête SARA (disponibilité et capacité opérationnelle des services de Santé) y compris la carte sanitaire			COIA	PM

Domaines	Étapes dans le dialogue politique	Coût total F CFA	Source de financement	Budget estimé (USD)
2. Développement et mise en œuvre de Plan national de S&E et renforcement des capacités du système de S&E	Elaboration / révision du cadre national de suivi-évaluation du PDDSS / PRODESS	2,212,000	Lux-OMS	5,000
	Elaboration du Plan national de suivi-évaluation		Lux-OMS	15,000
	Elaboration du plan stratégique national du système national d'information sanitaire et social		Lux-OMS	9,000
	Revue annuelle conjointe du PDDSS/PRODESS		Lux-OMS	15,000
	Mise en place d'une Base de données unique du secteur santé		Lux-OMS	12,000
	Finalisation de Feuille de route de l'information et de la redevabilité de la santé de la femme et de l'enfant (COIA)		COIA	PM
	Evaluation conjointe du PDDSS et du PRODESS (JANS mis parcours et final)		Lux-OMS	15,000
3. Partenariat et dialogue politique décentralisé	Elaboration du COMPACT 2ème génération	11,309,300	Lux-OMS	15,000
	Formation en dialogue politique des équipes cadres des districts, des régions et du niveau central		Lux-OMS	20,000
4. Renforcement des Mécanismes de coordination du secteur santé, échanges sud-sud	Appui à la tenue des instances de coordination et de suivi-évaluation du PDDSS du niveau national (Cellule de Planification et de Statistiques (CPS), secrétariat permanent du PRODESS		Lux-OMS	11,000
	Appui à la tenue des instances de coordination et de suivi-évaluation du niveau district et région y compris la recherche		Lux-OMS	15,000
5. Visibilité et communication	Documentation de l'expérience Malienne de dialogue politique		Lux-OMS	15,000
	Production et publication des annuaires, des rapports d'activités, des bulletins statistiques, articles, plaidoyers		Lux-OMS	15,000
	Appui à l'organisation des échanges Sud-Sud sur les meilleurs pratiques		Lux-OMS	15,000
Total Lux-OMS			Lux-OMS	300,000
Total IHP+			IHP+-OMS/PTF	100,000
<b>Total</b>		<b>342,123,820</b>		<b>400,000</b>

## Mozambique

Area	Activity	Inputs	Deliverables/indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
Analytical work to support the HF strategy development process	Undertake a HF situation analysis and summarize core issues (incl. devolution, PBF, medical aid scheme for civil servants), and also explore various options (pros and cons) of user charge increases, SHI, CBHI, PHI regulation, oil revenues for health,	consultant study	HF situation summary, with 4-5 "technical briefs" on various subjects (SHI, CBHI, user charge increases, innovative financing)	EU	15,000		
	Undertake an analysis of incidence of catastrophic health expenditure	consultant study, with WCO/HQ support	results on incidence of catastrophic expenditure; baseline for monitoring	EU + local funds	3,500		
	Produce recent NHA	organization of workshop and purchase of equipment	latest NHA available, baseline for further monitoring	FICA	25,000	25,000	
	NHA institutionalization		NHA sub-unit within MOH established	FICA			
	Undertake a study of "innovative" financing mechanisms	APW	Options for additional domestic resource mobilisation are explored and budget estimates are available as a basis for planning of service extension and other UHC aspects.	EU	14,000		
	Other studies and support from HQ /AFRO	to be defined	to be defined	EU		20,000	20,000
Capacity strengthening in HF policy analysis	Knowledge exchange/training for ministerial staff (MOH, MOF, MOLG, MOLabour, MPlanning) and other representatives	organization of workshop by WCO	increased understanding, awareness and interest in HF	EU		20,000	
	Develop talking points for MOH to be well prepare for dialogue with MOF	conceptual input	Talking points and key arguments available and used in MOF dialogue		3,000		

Area	Activity	Inputs	Deliverables/indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
Capacity strengthening in HF policy analysis	<b>Strengthen HF policy analysis capacity within the MOH/Directorate Planning and Cooperation and MOF</b>	1. Organize a workshop presenting countries experiences of building-up Health Policy Analysis Units and relevance for HF strategies and broader NHPSP. 2. Propose ToRs and capacity building plan for members of a HF analysis sub-unit. 3. Suggest a list of analytical tasks to be undertaken in line with the HF strategy development process.	Established sub-unit of 2 staff trained in HF policy analysis	Framework contract		15,000	
	<b>Place a technical assistant in MOH Directorate for Planning</b>	1.5 years funding for position	This TA helps strengthening the HF policy analysis capacity and drafts the HF strategy document	Framework contract			
	<b>Capacity strengthening of steering committee members</b>	series of one-day workshops organized by a consultant	Steering committee members being aware and familiar with core HF concepts in order to support the HF strategy development process	EU	2,000	2,000	
	<b>Advocacy workshop for parliamentarians</b>	consultant to organize a workshop (communication person)	Parliamentarians are familiarized with core UHC concepts	EU		2,000	
	<b>Provide a HF course module at university</b>	Develop a course module	Course module for HF for doctors and other health/management students is in place	EU		10,000	
	<b>Managed study tour to selected countries</b>	Selected group: flight, per diem, organization of study tour	Lessons learnt from other countries are assessed	FICA+local funds	10,000	10,000	

Area	Activity	Inputs	Deliverables/indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
HF strategy development	Establish a steering committee	Secretariat Cost	Guides and leads the HF strategy development process	EU		5,000	
	Organize a series of consultation workshops with different stakeholders to explore various HF options that strengthen efficiency and equity	organization of workshops	basis for HF strategy development process	FICA + EU	4,000	2,000	
	Write the HF strategy by consultant under guidance of HF TWG and steering committee	TA (see above) + APW for specific support	Draft HF strategy document is available		3,000	3,000	
	Validation seminars: discussion of draft (March2014) and finalisation(May/June2014)	organization of workshops	A validated HF strategy document is available	EU		5,000	
Implementation of the strategy	Establish an implementation framework and monitoring framework	HF taskforce input	implementation plan and M&E framework in place and used	EU		3,000	
	Other studies/workshop activities to support implementation/production of manuals					20,000	40,000
	Training						
Information, communication and evaluation	Information provision and sensitization of the public	Communications expert	TV, radio spots and print products to inform the public of HF strategy content	EU and Framework Contract	3,000	13,000	13,000
	Visibility activities: organize media/press coverage, webpage	WCO communication officer	The EU-WHO programme is well-known to key stakeholders and core activities are featured in the media		5,000	5,000	5,000
	Evaluation	WCO		EU		3,000	3,000
Office support	Get office support as per the EU budget lines	Support to transport, communication, ...		EU	4,000	4,000	4,000
SUM					87,500	163,000	81,000
<b>TOTAL</b>					<b>331,500</b>		



## Niger

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs/délivrables	Sources de financement	Budget total estimé (USD)	Budget Lux-OMS (USD)	2013	2014	2015
Couverture universelle santé	Mise en place d'un fonds social de santé	comités techniques pour la finalisation des textes, Assistance technique pour finalisation et la validation des textes, voyage d'étude (échanges Sud-sud) et assistance techniques pour le démarrage du fonds social de santé,	Loi et Décret portant création du fonds social de santé	Etat, OMS, UNICEF, UE, CTB etc.		50,000	10,000	20,000	20,000
	Développement des mutuelles de santé	Elaboration des textes, réunions Assistance technique pour la mise en place des mutuelles	Plan stratégique révisé, textes adoptés	Etat, OMS, UNICEF, UE, CTB etc.		20,000	-	10,000	10,000
	Elaboration/costing du nouveau PDS	Assistance technique, comités techniques, ateliers, costing OneHealth	Draft PDS élaboré	Etat, OMS, UNICEF, UE, CTB etc.		80,000	-	20,000	60,000
	Evaluation conjointe du nouveau PDS (JANS)	Assistance technique, comités techniques, ateliers, enquete	Rapport d'évaluation	Etat, OMS, UNICEF, UE, CTB etc.		30,000	-	-	30,000
Suivi évaluation (SNIS)	Validation du référentiel des indicateurs sanitaires (cadre national de suivi évaluation)	Consultant, atelier de validation, reproduction	Un référentiel des indicateurs est validé Nombre de documents reproduits	UNFPA		20000	-	20,000	-
	Elaboration du portail / Observatoire national / CHPP	Assistance technique, consultant national, missions conjointes, atelier de formation, supervisions	Portail fonctionnel	Etat, OMS, UNICEF, UE, CTB etc.		30,000	-	20,000	10,000
	Formation de tous les agents gestionnaires des données sur le portail et les outils révisés	Formation d'un informaticien administrateur de la base des données sur le Portail	Nombre d'informaticiens administrateurs de la base des données formés sur le Portail	OOAS		10000	-	10,000	-

Domaines	Étapes dans le dialogue politique (Interventions/activités)	Inputs nécessaires	Indicateurs/délivrables	Sources de financement	Budget total estimé (USD)	Budget Lux-OMS (USD)	2013	2014	2015
Suivi évaluation (SNIS)	Appui à la supervision	Mise en œuvre réforme du SNIS	Nombre de supervision formative semestrielle réalisées	FC	60000	0	-	-	-
	Contrôle de qualité des données (SARA, DQS, PRISM)	Organisation des monitorages décentralisés	Nombre de contrôle de qualité des données réalisés	UNICEF	24000	60000	-	30,000	30,000
	Monitoring plus (amélioration des revues)	Organisation des supervisions	Taux de réalisation des supervisions formatives trimestrielles	OOAS	30572.7468	10000	-	5,000	5,000
Communication/Partenariat/Coordination	Elaboration d'un plan intégré de communication	Consultant national, Atelier de finalisation et de validation	Plan validé	Etat, OMS, UNICEF, UE, CTB etc.		20000	-	20,000	-
	Documentation de l'expérience du dialogue politique et échanges sud-sud	Fournitures, reproductions	Rapports disponibles	Etat, OMS, UNICEF, UE, CTB etc.		30000	10,000	10,000	10,000
	Appui décentralisé aux instances de coordination (CNS, CTNS, CRS, CTRS, CDS, CCS)	Fournitures, réunions, visites d'encadrement, Formation en dialogue politique	PV réunions	Etat, OMS, UNICEF, UE, CTB etc.		30,000	10,000	10,000	10,000
	Révision du guide de suivi-évaluation du PDS	Missions conjointes, atelier de validation, impression, reproduction, dissémination	Guide révisé et rapports d'activités	Etat, OMS, LUX, FC etc		20,000	-	20,000	-
	Instauration de l'unicité des revues et la redevabilité mutuelle dans le cadre du COMPACT national	Réunions avec toutes les parties prenantes	PV réunions				4,000	4,000	4,000
	Implication et responsabilisation de la société civile et le privé dans les actions de santé (Partenariat public-privé)	Réunions, cadre juridique, évaluation (état des lieux)	Rapports disponibles	Etat, OMS, UNICEF, UE, CTB etc.		12,000	-	-	-

## Senegal

Domaines	Activites	Coût total	Appui Lux OMS	2013	2014	2015
<b>MISE EN ŒUVRE COMPACT</b>				Total	Total	Total
	VULGARISATION DU COMPACT	25,000,000	10,000,000	10,000,000		
	RENFORCER LES CAPACITES DES ACTEURS EN PLANIFICATION SUIVI EVALUATION	6,000,000	4,000,000	4,000,000		
	RENFORCER LES CAPACITES DES ACTEURS EN LEADERSHIP	7,000,000	4,000,000	4,000,000		
	RENFORCER IES CAPACITES EN GAR	6,000,000	3,000,000		3,000,000	
	FAIRE LE PLAIDOYER POUR LA MOBILISATION DES RESSOURCES AUPRES DE LA COMMISSION SANTE ET AFFAIRES SOCIALES ET LE SECTEUR PRIVE	3,000,000	2,000,000	1,000,000	1,000,000	
<b>MULTISECTORIAL ITE</b>	FAIRE L' ETAT DES LIEUX SUR LA MULTISECTORIALITE	17,000,000	6,000,000	3,000,000	3,000,000	
	REDYNAMISER LE CADRE DE CONCERTATION NATIONAL	3,000,000	2,000,000		2,000,000	
	FORMALISER LE CADRE DE CONCERTATION NATIONAL	-	-			
	ANIMER LES CADRES DE CONCERTATION	15,000,000	15,000,000		5,000,000	50,000,000
	ELABORER UN MANUEL DE PROCEDURES	5,000,000	5,000,000		5,000,000	
	ORIENTER LES ACTEURS DE LA DECENTRALISATION SUR LA GESTION DE LA COMPETENCE SANTE	15,000,000	7,500,000		4,000,000	3,500,000
	Renforcer la Gouvernance Hospitalière	20,000,000	10,000,000		5,000,000	5,000,000
	RENFORCER LE PARTENARIAT PUBLIC PRIVE	6,000,000	3,000,000		2,000,000	1,000,000
<b>SUIVI EVALUATION PNDS</b>	SUIVI EVALUATION COMPACT	10,000,000	2,500,000		2,500,000	
	SUIVI EVALUATION PLATEFORME MULTISECTORIELLE	5,000,000	2,500,000		1,500,000	1,000,000
	REVUE A MI PARCOURS DU PNDS	20,000,000	10,000,000		10,000,000	

Domaines	Activites	Coût total	Appui Lux OMS	2013	2014	2015
<b>SUIVI EVALUATION PNDS</b>	APPUI A LA MISE EN ŒUVRE DE LA FEUILLE DE ROUTE DE RESTAURATION DU SYSTÈME D'INFORMATION SANITAIRE	15,000,000	7,500,000	7,500,000		
	APPUI A L'ELABORATION DES COMPTES NATIONAUX DE LA SANTE (OUTIL NHA)	90,000,000	10,000,000	5,000,000	5,000,000	
	APPUYER LA TENUE DE LA RAC NATIONALE	20,000,000	5,000,000		5,000,000	
	APPUYER LES RAC REGIONALES	15,000,000	7,500,000		4,000,000	3,500,000
	APPUYER LAMISSIION CONJOINTE	20,000,000	5,000,000		2,500,000	2,500,000
	Révision du Plan national de suivi évaluation du PNDS	10,000,000	10,000,000		10,000,000	
	Appui à la mise en œuvre de la feuille de route de la restauration du SIS	10,000,000	5,000,000	5,000,000		
	Documentation du processus du Dialogue Politique en santé	5,000,000	5,000,000		5,000,000	
	OUTIL SARA ( évaluation de la disponibilité et opérationnalité des services de santé)	35,000,000	3,000,000		3,000,000	
	APPUYER LE SUIVI DE LA MISE EN ŒUVRE DU PLAN DE MAINTENANCE	50,000,000	10,000,000	4,000,000	4,000,000	2,000,000
<b>COUVERTURE MALADIE UNIVERSELLE</b>	VULGARISER LA STRATEGIE NATIONALE DE LA CMU	25,000,000	10,000,000		10,000,000	
	APPUYER LA MISE EN ŒUVRE DU PLAN DE COMMUNICATION DE LA CMU	10,000,000	5,000,000		2,500,000	2,500,000
<b>ANALYSE SITUATIONNELLE</b>	REACTUALISER L'OUTIL CHPP (nalyse situationnelle du système de santé)	10,000,000	4,000,000		4,000,000	
	OUTIL ONE HEALTH		3,000,000	3,000,000		
<b>COOPERATION</b>	ORGANISER DES RENCONTRES SUD SUD D'ECHANGES DE BONNES PRATIQUES EN MATIERE DE DIALOGUE POLITIQUE ET POLITIQUE DE SANTE	20,000,000	10,000,000		4,000,000	6,000,000

## South Sudan

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>1) Support a modified JAR process</b>	Engaging with Senior Management Board of the MoH	Meetings	Minutes	na			
	Health Sector Coordination workshop with the HSWG (25-26/04/2013)		The policy dialogue programme is explained	WCO Juba	40,000		
	Developing the ToR, content, tools for the JAR (June 2013)	workshop	ToR and roadmap for conducting the JAR	WHO/EU Programme on Policy Dialogue	<b>80,000</b>	<b>40,000</b>	<b>50,000</b>
	Building capacity to identify relevant information	workshops in States	Framework for JAR	Partners and WHO/EU Programme on Policy Dialogue			
	Collection of information (surveys, administrative information,...)	Consultants/HQ/RO - SARA	Service availability assessment	Partners and WHO/EU Programme on Policy Dialogue WHO-HQ			
	National pre-JAR dialogue (NGOs, SMOHs, partners, MoH,... End of Jan 2014)	workshop in Juba					
	Meeting with Senior Management Board of the MoH (early Feb 2014)	Participation of the Representatives of the Social Services Committee					
	JAR (aimed at end of Feb 2014)	Participation of the Representatives of the Social Services Committee	JAR report				
	JAR outcomes analysis and potential policy implications	Workshop with key informants and participation of the Representatives of the Social Services Committee					
Follow up							

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>2) Operationalization of the National Health Plan (2014-2015)</b>	Developing the ToR and guidelines for County/State planning improvement (March 2014)	Small workshop in Juba	Guidelines on how to proceed with planning at State/County level	na		<b>50,000</b>	<b>35,000</b>
	Engage planning department at central level	Department of Planning of the MoH	Finalization of the guidelines	Partners and WHO/EU Programme on Policy Dialogue			
	Capacity building for State planning (including some counties)	3 training workshops with central and State planning officers + selected counties	2 yr rolling plans of action in X States and Y counties	Partners and WHO/EU Programme on Policy Dialogue			
	Dialogue on implications of decentralized planning processes on the National Health Plan	Small workshop in Juba					
	Supervision visits at State/county level to follow up on implementation		Mission reports + synthesis report to inform next JAR	Partners			
<b>3) HRH</b>	Situation analysis of the HRH issue in RSS				<b>50,000</b>	<b>25,000</b>	<b>25,000</b>
	From intersectoral consultation, get a review of the possible futures of HRH development in RSS						
	Building consensus on best approach for promoting HRH in a mid term perspective in RSS						
	Finalization of an interim (3 years) "policy" document on HRH						
	Improving capacity on switching from humanitarian to development in health system	visit to countries	report	Partners and WHO/EU Programme on Policy Dialogue			
	Review of policy issues arising from the 2014 JAR					<b>35,000</b>	15,000

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>4) Update of the strategic national policy documents</b>	Consultation process with the MoH (including State level) and other related Ministries	workshops, meetings, reports					
	Exchange with the HSWG for considerations and inputs	Meetings/seminars					
	Workshop aiming at developing the ToRs						
	Building consensus on the overall structure and topics to addressed in the new NHP	Participation of the Representatives of the Social Services Committee					
	Drafting process	consultant					
	Validation of the first draft	consultant/partners/national stakeholders					
	Adoption by the Council of Ministers/Social services Committee						
	Dissimination						
<b>5) Visibility</b>	Press file when major events (JAR, launch of the new NHP, workshops,...)	Mobilization of Mass medias	Publications in newspapers, TV broadcasts	WHO/EU Programme on Policy Dialogue			
	Regular briefings to the Social Services Committees				<b>5,000</b>	<b>5,000</b>	<b>5,000</b>

## Timor Leste

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>National Policy formulation and implementation; community participation, intersectoral coordination and harmonization/alignment of international cooperation for health;</b>	Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	EU-WHO Health Policy Advisor(EU-WHO-HPA); Partners; Meetings/ Workshops;	Health Sector Coordination Meetings conducted regularly	EU-WHO Programme	-	10000	
				NHSSP-SP			
	Support finalization and implementation of Code of Conduct for effective coordination between development partners and MoH.	EU-WHO –HPA; Partners; Meetings	Code of Conduct agreed between government and partners by 2014	EU-WHO Programme;	-	10000	
				NHSSP-SP			
	Strengthen capacity of MoH to engage in intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality	EU-WHO –HPA; Meetings/ Workshops/Training/Study Tours	MoH effectively participates in intersectoral collaboration activities	EU-WHO Programme AusAID, USAID	-	15000	
	Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting	EU-WHO –HPA; WHO-RO—HQ and External experts; Partners; Trainings; workshops; Study tours – South South Collaboration	Health Sector Annual Operational Plan finalized on time	EU-WHO Programme; NHSSP-SP; AusAID USAID	18000	25000	
	Strengthen MoH capacity in development of M&E Plans, including support to conduct Joint Annual Health Sector Reviews	EU-WHO –HPA; WHO-RO—HQ and External experts; Partners; Meetings	M&E plan finalized by December 2013	EU-WHO Programme; NHSSP-SP*; AusAID; USAID	20000	20000	
		Annual Health Sector Reviews Conducted					



Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
National Policy formulation and implementation; community participation, intersectoral coordination and harmonization/alignment of international cooperation for health;	Support MoH to develop the HMIS Strategic Plan and strengthen capacity of HMIS department for data management and analysis	EU-WHO –HPA; External expert; Trainings; Workshops; Study tours – South South Collaboration;	HMIS Strategic Plan finalized by December 2013	EU-WHO Programme; NHSSP-SP; AusAID; USAID	15000	10000	
			HMIS department staff trained in data management and analysis; Annual Health Statistics Report printed and disseminated				
	Support MoH to develop rules and regulation of Private Sector and Public-Private Partnerships	EU-WHO –HPA; WHO-RO-HQ and external experts;	Rules and regulations developed by 2014	EU-WHO Programme; USAID	---	15000	
Health Systems Financing for Universal Coverage	Support health financing situation analysis and strategy development	EU-WHO –HPA; WHO-RO-HQ and external experts; Partners; Meetings/ Workshops	Updated Health Financing Situation Analysis available by June 2014;	EU-WHO Policy Dialogue Programme; World Bank; NHSSP-SP	15000	60000	
			Health Financing Strategy developed by June 2015				

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
	Support establishment of National Health Accounts	EU-WHO –HPA; WHO-RO-HQ and external experts; Short-term trainings; study tours – South South Collaboration	Awareness of key MoH Staff on National Health Accounts created; Process of establishing NHA initiated in 2014	EU-WHO Programme;	20000	75000	
<b>Supply and use of medication</b>	Support MoH in establishing Drug Regulatory Authority; Drug and Therapeutic Committees; Promoting monitoring and rational use of drugs	EU-WHO –HPA; WHO-RO-HQ and external experts	Process for establishing Drug and Regulatory and Drug an Therapeutic Committees completed by December 2014;	EU-WHO Policy Dialogue Programme; World Bank	15000	72114	
			Training workshops on rational use of medicines for providers conducted regularly	NHSSP-SP			
				USAID			

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>Human Resources for Health (HRH)</b>	Support Development of HRH profile and Medium term health workforce development plan which is in line with an integrated service delivery approach	EU-WHO –HPA; WHO-RO and external experts; Meetings	HRH profile regularly updated and disseminated; Medium Term health workforce plan developed in 2014	EU-WHO Programme;	--	40000	
	Support MoH in formulation of code of medical ethics and establishing health profession councils	EU-WHO –HPA; WHO-RO and external experts	Code of Medical Ethics developed by 2014;	EU-WHO Programme;	10000	17000	
	Support capacity building of faculty of Institute of Health Sciences (INS) for curriculum development and in-service training for both clinical services and leadership and management skills	EU-WHO –HPA; WHO-RO and external experts; Short-term trainings; study tours – South South Collaboration	Regular in-service trainings conducted by INS	EU-WHO Programme; AusAID; USAID	10000	30000	

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
			Modules developed for leadership and management and training completed by 2014; Refresher trainings in 2015				
<b>Visibility of EU-WHO Policy Dialogue Programme for NHSPS and UHC</b>	Use media and website to raise visibility of EU-WHO collaboration	EU-WHO –HPA;	Regular update of WHO website on EU-WHO Policy Dialogue Programme and media releases	EU-WHO Policy Dialogue Programme;	5000	30000	
<b>Total</b>					128000	429114	

## Yemen

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>1) Health Financing strategy and capacity</b>	Establishing a multisectoral UHC committee: 1. Identifying key individuals from different sectors 2. Developing ToR on working mechanisms 3. Organize a kick-off meeting with all members and adopt ToR for committee	HF specialist/consultant and HP advisor	ToR, meeting minutes	EU/LUX-WHO	30,000 2,000 (4th Q)		
	Establishing a technical multisectoral UHC committee: 1. Identifying key individuals from different sectors 2. Developing ToR on working mechanisms 3. Organize a kick-off meeting with all members and adopt ToR for committee	HF specialist/consultant	ToR	EU/LUX-WHO	500		
	Developing a multisectoral national health financing strategy for UHC: 1. Preparing an outline for drafting the strategy 2. Technical working groups for drafting different chapters 3. In-depth analysis of current situation 4. Formulate clear vision and goal for health financing strategy 5. Develop a first draft for health financing strategy 6. Joint assessment of first draft (using JANS)	HP advisor, HF specialist, consultant and WHO country office, HQ, regional office, workshops with key stakeholders, consultation meetings, health financing consultant - provide technical assistance	Outline, notes from working groups, health financing strategy draft	EU/LUX-WHO	8,000	5,000 20,000	
	Establishing and building capacity of a health economics unit in HPTSU/MoPHP: 1. Define tasks and responsibilities of the unit and integrate into current MoH structure 2. Define staffing needs of the unit and job descriptions 3. Assess capacities of the unit and derive recommendations for capacity development measures 4. Training staff in applying different health economics tools	MoH, training company	Guidelines on hiring staff members, training reports	EU/LUX-WHO		15,000 (task 1-3)  40,000	

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>1) Health Financing strategy and capacity</b>	Sustainability of SHI: 1. Reviewing current SHI scheme and revise according to health financing strategy 2. Involve all relevant stakeholders	Consultations, meetings	SHI document, consultation notes	GIZ			
	Carrying out capacity assessment and formulate capacity development strategy: 1. Identify appropriate tools and carry out capacity assessment 2. Formulate a capacity development strategy		Capacity assessment results, capacity development strategy	GIZ			
<b>2) Collection</b>	Reallocate public expenditure: 1. Carry out a study on developing scenarii of decreasing the oils subsidy gradually 2. Implement a financial monitoring system to improve transparency - allocation and spending	Meetings with the Ministry of Finance and its partners	National Budgets	World Bank (if possible)			
	Shifting ODA in health from capital expenditures towards operational support to UHC system 1. Developing an operation plan for UHC (including health equity funds e.g.) 2. Strengthening dialogue between MoPHP and development partners with regard to ODA allocation 3. Defining priorities for ODA support towards the health sector and linking ODA investment with overall health strategy	Dialogue meetings, HF policy advisor	Operational plan for UHC, concept paper	EU/LUX-WHO			
	Collecting contributions of an adjusted social health insurance scheme: 1. Identify appropriate mechanisms to collect contribution and enforcement strategies 2. Setting-up appropriate data management systems (linked to overall finance monitoring system)		Data management system				

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015
<b>3) Pooling</b>	Including medical benefits from the adjusted SHI scheme into existing functioning institutions taking care of the poor and informal sector: 1. Develop a proposal for expanding the SHI scheme 2. Perform costing studies to determine the levels of funding needed 3. Strengthen institutions to fulfill additional tasks and develop appropriate capacity development measures	Meetings, costing studies, training, consultants	Proposal	EU/LUX-WHO		<b>15,000</b>	
	Contracting management of medical benefits to a 3rd party administrator (e.g. SHI institution) 1. Defining institutional set-up for implementation of the proposed coverage 2. Strengthen institutions to fulfill additional tasks and develop appropriate capacity development measures 3. Develop an appropriate financial monitoring system and setting-up supervision body/committee	Training	Supervising body, financial monitoring system				
<b>4) Purchasing</b>	Establishing a monitoring system and regular review processes to monitor line budgeting processes by all stakeholders	Meetings with stakeholders	Monitoring system				
	Channel MoPHP resources (freed up from reallocation to primary health care) 1. Perform financial projections to determine the level of possibly available funds 2. Setting clear priorities and review for budget allocations on primary health care						
	Revising SHI benefits based on upcoming essential services packages and establishing processes and mechanisms for regular review based on pre-defined inclusion and exclusion criteria						

Priority area for Policy Dialogue Programme	Steps for policy dialogue	Inputs	Deliverables/ indicators	Funding source	Budget estimate USD 2013	Budget estimate USD 2014	Budget estimate USD 2015	
4) Purchasing	Assessing access to medicines and essential technologies 1. Assessment on access and define current barriers and challenges 2. Derive recommendations for improving access			WHO-EMRO				
	Reviewing the price structure in the pharmaceutical sector and derive recommendations for more cost-efficient purchasing of medicines			WHO-EMRO				
	Carrying out costing studies in a manner to inform healthcare providers pricing system and the financial sustainability of the system. Referral mechanism included in SHI provision							
	Linking the deployment of the new financing mechanisms with existing quality improvement systems: 1. Review current systems 2. Define specific quality criteria which healthcare providers have to fulfill		Criteria list	GIZ				
	Incentives to increase utilization of care and health workforce to migrate to rural areas/stay in Yemen 1. Assess causes for low utilization of services and derive recommendations 2. Develop policies to retain health personnel across the country			Policy for retention of health workers	EU/LUX-WHO (HP component)			
	Capacity strengthening workshops for various target groups	Training, training institute			EU/LUX-WHO		20,000	
	NHA, catastrophic expenditure analysis, assessment of alternative financing mechanisms			EU/LUX-WHO		25,000		