



## Technical Meeting on Sharing Experiences on Health Policy Dialogue in Countries

### **REPORT AND ACTION POINTS**

Organized by the **EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage**

25-27 February 2013

Brazzaville, Congo

## TABLE OF CONTENT

- I. Background and context – p. 3
- II. Objectives – p. 3
- III. Expected outcomes – p. 4
- IV. Summary of discussions – p. 4-9
- V. Next steps and action points – p. 10
- VI. Annex 1: List of participants – p. 11-12
- VII. Annex 2: Meeting agenda – p. 13-17

## I. Background and context

The World Health Organization (WHO) entered into a collaborative agreement with the European Union (EU) in October 2011 to '**support policy dialogue on national health policies, strategies, and plans (NHPSP) and universal coverage in selected countries**'. This agreement was amended in 2012 to better reflect the joint EU-WHO approach for comprehensive health systems strengthening by including work in health systems financing and the aid effectiveness agenda supported by the International Health Partnership and other initiatives (IHP+) in the joint programme.

This collaboration, *EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage*, hereafter referred to as the 'Policy Dialogue Programme', aims at enabling WHO to better support countries in building their capacities for the development and implementation of robust and comprehensive National Health Plans/Strategic Plans (NHPSP), to put into practice IHP+ principles, to strengthen health systems based on Primary Health Care (PHC) and to support countries to modify their health financing systems so they can move more rapidly towards Universal Coverage (UC) and sustain the gains they have made. It aims at strengthening country processes, as well as, where appropriate, aid effectiveness in line with the principles of the International Health Partnership (IHP+). *By building synergies between WHO's response and the EU's aid, the overall objective is to ultimately improve health sector results in concerned countries.*

The EU-WHO Agreement covers 7 countries for the first year (2012), namely Liberia, Moldova, Sierra Leone, Sudan, Togo, Tunisia, and Vietnam, over a 3-year period. The first year of implementation finished in December 2012. This meeting brings together the above-mentioned countries to reflect on progress made and challenges faced during the first year of implementation. It also seeks to provide a platform for constructive exchange on policy dialogue processes in general, to exchange lessons learned and generate new ideas of what policy dialogue processes entail and need. The debates and discussions at this meeting constitute a first step to producing guidelines for Member States on how to conduct and organize policy dialogue. It will also involve documenting lessons learned so far in the policy dialogue process in the 7 target countries.

Participants include the WHO country staff and representatives from Ministries of Health from the 7 target countries, corresponding regional counterparts, and those HQ staff members who are in collaboration with the EU on joint programmes and/or covering technical Road Maps areas requiring backstopping.

## II. Objectives

1. Share and discuss amongst peers the progress in the 7 target countries, including lessons learned and obstacles encountered during the 1<sup>st</sup> year of implementation;
2. Prepare the ground for the 1<sup>st</sup> year progress report, discussing the impact and progress indicators of the WHO-EU programme;

3. Start the reflection process on conceptualizing in terms of methodology and content the organization and operationalization of policy dialogue in countries.

### III. Expected Outcomes

1. Lessons learned, obstacles and achieved progress in countries are discussed and agreed upon, as the basis for the 1<sup>st</sup> year progress report;
2. Lessons learned on how to conduct and organize policy dialogue, as a first step towards guidelines for member states.

### IV. Summary of discussions

The *Technical Meeting on Sharing Experiences on Health Policy Dialogue in Countries* consisted of a half-day introductory session, followed by 1.5 days focused on presentations by the 7 countries on their progress, lessons learned, and challenges in the first year of implementation. The country presentations were interspersed with short sessions on WHO country support tools which were used by the 7 countries. The final day was dedicated to working group sessions examining the meaning of policy dialogue, as well its content and process.

The introductory session acquainted participants to the concept, background, and rationale of the EU-WHO Policy Dialogue Programme as well as the objectives of the meeting. A European Union representative presented on the EU's perception and expectations for WHO with regard to policy dialogue.

The 1.5 days of country presentations aimed to fulfill the first 2 core objectives of the meeting (see above) while the final day covered the third core objective.

Significant issues discussed during the presentations and discussions are summarized below:

- 1. *Much can be achieved in just one year especially if activities are embedded into an on-going process***

The overwhelming consensus of the meeting participants was that surprisingly much can be achieved in just one year. The combination of seed funding for activities and effective technical expertise, whether in the form of a dedicated Technical Advisor, or through available WHO staff at country, regional, and headquarter level, can go a long way in countries as diverse as Togo, Moldova, and Vietnam.

Examples of success stories include the Health Partners Group (HPG) in Vietnam made more effective with a support from Policy Dialogue Programme funds; the more visible role of WHO in policy dialogue and health in Tunisia through the expertise of a small WHO Country Office staff, partly funded by Policy Dialogue Programme funds; and the maintenance of a steady pace of reforms in Togo due to continued financial and technical support from the Programme.

Mechanisms for dialogue and coordination existed in many to most of these countries. Yet, often the structures need revisiting and improvement. This Programme has raised the profile of policy-making through dialogue within Ministries of Health, allowing for solid brainstorming on this issue, beginning already with the inception phase and formulation of the Road Map. A dedicated Technical Advisor for health systems allowed the use of evidence and existing information to stimulate the discussions.

## **2. WHO has a clear convening role in countries' health policy process**

WHO's role in a country's policy process is changing. WHO is no longer the humble servant to the Ministry of Health (MoH); rather, the MoH as well as partners are clearly asking for WHO to take on a strong convening role locally and globally.

In her opening remarks, the Deputy Regional Director of AFRO stated that policy dialogue to enhance health system strengthening is a priority for WHO as it lies within the core functions of the Organization. This Programme is thus very much serving the purpose of the current WHO reform.

Through this Policy Dialogue Programme, WHO is expected to be more proactive in taking on this role: facilitating comprehensive policy dialogue with the aim of operationalizing robust national policies and plans using available tools and instruments and innovative approaches such as 'systems thinking'.

## **3. Universal Health Coverage (UHC) is a policy direction and policy dialogue is the foundation**

A videoconference presentation by the Coordinator of Health Financing Policy, WHO headquarters, underlined that UHC is a direction, not a destination. No country actually fully achieves all the coverage objectives and it is much harder for poorer countries than for more developed nations. But UHC as a direction must be a policy goal, as it emphasizes reducing the gap between need and utilization of services, improving quality, and improving financial protection.

The Policy Dialogue Programme is officially called the *EU-WHO Universal Health Coverage Partnership: Supporting policy dialogue on national health policies, strategies and plans and universal coverage*. There is a distinct reason for the emphasis on both universal health coverage and policy dialogue – the understanding that inclusive and participatory policy dialogue is the foundation of a health sector oriented towards universal health coverage. Moving towards UHC is also within the means of every country to aim for; it is relevant to countries at all income levels and should be the guiding principle of practical policy reforms.

## **4. Flexibility and right timing has contributed to a successful first year of the Policy Dialogue Programme**

Policy dialogue and national planning activities are guided by the pace of the country. At times, this means forging ahead at full speed and simultaneously engaging in several activities at once. At other times, it means to wait and act at the opportune moment. An able and competent WHO Country Office with a strong Technical Advisor can find the proper time and place for this Programme, especially in light of synergies with other EU funds and other funds available in general. In addition, a good Technical

Advisor can ensure that at a technical level, the instruments are ready so that when the political opportunity arises, it can be taken advantage of (Sierra Leone, Tunisia).

In order to enable the WCO to play its role in adapting health sector activities to the policy dialogue process of the country, funds need to be flexible in its use. Here, the European Union is an appreciated partner as the country's own Road Map (work plan) is the principle guide for spending Programme monies, not a pre-defined contractual arrangement. WHO believes that this flexibility has contributed greatly to the Programme's successful first year.

#### **5. *The Technical Advisor (health systems specialist) is key to the Programme's success***

As mentioned above, in order for WHO to internalize and adequately take on its convening role, each country office needs more than the WHO Representative in a generalist position. A Technical Advisor whose terms of reference is to oversee WHO's convening work guarantees that it is done and that it is visible. This Policy Dialogue Programme has allowed for these generalist posts to be created in some countries. In other countries, it has given the existing Technical Advisors (health systems specialists) financial leeway to move ahead with planned activities or bring momentum to others.

It was repeated at several instances that WHO staff dedicated to a health systems role was what made the difference regarding WHO's influence in a country's policy process.

#### **6. *Small amounts of activity money with high levels of technical expertise have proven to be significantly catalytic to several countries' health policy process***

Judging by the policy dialogue activities reported by the countries during Session 2, it would be impossible to discern which countries are supported in the light mode and which countries are supported in the full mode<sup>1</sup>. Much can be done even in light mode as long as the technical expertise for health systems policy dialogue work exists in some form – be it via a dedicated Technical Advisor (full mode) or through WHO's 3 organizational levels – Country Office, Regional Office/Inter-country Teams/Headquarters. It was mentioned that WHO has a comparative advantage for policy dialogue work for several reasons, one of them being the network of regional and headquarter expertise backing up the country offices.

The activity monies available through the Policy Dialogue Programme are not large; yet what seems to make the huge difference is employing that money at the right time for activities which are anchored in the on-going policy and planning process, guided by local circumstances.

#### **7. *EU Global Health Communiqué/Agenda for Change***

In 2011, an EU Global Health Communiqué announced the EU's new policy on development and aid with its *Agenda for Change*. This new *Agenda* gives a higher profile for good governance and human rights, linked to greater conditionality; it also underlines inclusive and sustainable growth, with a strong focus

---

<sup>1</sup> Light mode countries receive activity money only; heavy mode countries receive activity money as well as a full-time International Technical Advisor with experience in health systems strengthening

on leveraging in private sector money. The *Agenda for Change* introduces the concept of differentiated development partnerships, with new allocation criteria for aid; and emphasizes EU's joint work with other institutions. WHO has a huge opportunity here as the EU's joint work is based on the mandates of the partner organizations; for WHO, it is clearly health, where the EU is admittedly less strong.

The EU will also orient its aid to countries which are most in need and where impact can be achieved. In the health sector, it will focus on systems strengthening, where WHO has an added value. WHO in turn can influence EU Programming during high-level discussions as WHO's voice is well-respected at the EU.

### **8. What do we mean by policy dialogue?**

The working groups on Day 3 examined the question of what constitutes policy dialogue. The definitions proposed by the 3 groups are:

- An iterative process connecting the technical to the political, addressing the aspirations of the people, involving multiple stakeholders aiming to change formal or informal policy, strategy and plans informed by evidence to have maximum (public) health impact
- A participatory inclusive approach amongst all relevant stakeholders around a specific issue with the aim of agreeing on overall policy directions with the essential elements of being face-to-face and interactive
- A continuous process at several levels which is dynamic and creates interactions; it is also a step-wise process on a topic that interests all (common good) around the resolution of an issue of societal interest (common interest). It should lead to a decision on change which is accepted

### **9. Terminology**

Linked to the definition of policy dialogue is the terminology of 'policy dialogue' itself. In the francophone countries, the term '*politique*' has caused confusion due to the connotation of a 'political struggle' of sorts. Instead, both Togo and Tunisia use the term '*dialogue entre parties prenantes*' or 'dialogue amongst stakeholders' to avoid any confusion with the negative aspects of pure politics.

A discussion ensued on the difference between 'policy dialogue' and 'policy dialogues' in the plural. The European Observatory and the EvipNet<sup>2</sup> network use the term 'policy dialogue' to denote an event where dialogue takes place around '*a policy question ... on which... key documents and international experts... [are brought together] to present recent evidence, as well as relevant case studies from countries that have faced a similar question*'<sup>3</sup>. They both regularly use the plural 'policy dialogues' to refer to several events where the dialogue takes place.

It was agreed that both the singular and plural would be used, the former to refer to the notion in general and both the singular and plural to describe the event where dialogue happens.

---

<sup>2</sup> <http://www.who.int/evidence/en/>

<sup>3</sup> <http://www.euro.who.int/en/who-we-are/partners/observatory/activities/policy-dialogues/what-is-a-policy-dialogue>

### ***10. What are the elements of success and failure of policy dialogue processes?***

The elements of success listed by the working groups can be summarized as:

- Champion(s)
- Ownership
- Trust, mutual respect: able to accept, listen, consider contextual elements
- Clarity of intent, clear objectives
- Effective context (values) and stakeholder analysis
- Presence of good-quality evidence
- Window of opportunity; scanning for and flexibility of entry points
- Access to high level decision makers
- Advocacy and negotiation skills
- Credibility and legitimacy of the advocates
- Appropriate selection of the topic
- Good preparation of the process
- Willingness to participate
- Adequate funding and resources
- Conducive environment, an environment where stakeholders have equal negotiating power
- Dialogue linked to decision-making

The elements of failure listed by the working groups can be summarized as:

- Diverting priorities due to funding opportunities
- Seeing dialogue not as a means but as an end
- Inadequate planning process
- Lack of ownership
- Unclear objectives
- Inadequate resources
- Lack of quality information
- Lack of understanding of values linked to social behaviors / attitudes

### ***11. The how to of policy dialogue: developing content and processes***

The consensus at the meeting was that clarity of purpose and context in which the policy dialogue takes place is crucial. The targeted change or reform should be consistent with the policy context, and should be led by a core group who prepares the process. The Brazzaville meeting working groups agreed that participation and dialogue should be found in all phases of policy development but the details regarding the tools used, the degree of participation, etc. will need to be adapted locally and will likely not be the same everywhere. As much as possible, existing mechanisms should be used and a transparent and unequivocal plan of action, with a stated time frame and resources, should guide the process. Monitoring of implementation should be clarified, along with the roles of the different actors.



It was repeated that assessing the available evidence was key. Policy discussions need to at least be informed by concrete, factual evidence to advance the issue in a rational way.

In some countries, introducing a training course for public health professionals and Ministry of Health staff on policy dialogue has demonstrated its usefulness (Togo, Tunisia).

Key policy activities and events which were seen as a major platform for policy dialogue are: Joint Annual Reviews, Joint Assessment of National Strategies, stakeholder analysis, policy brief formulation, and sector coordination mechanisms.

### ***12. What kind of change do we aim for?***

Policy dialogue should aim for sustainable change and inspirational goals based on societal values and principles. The objectives of change can be categorized in terms of process and goals. Examples of process-related objectives are:

- Improve the level of stakeholder engagement
- Increase budgetary allocation to the health sector
- Better understand each other (the different stakeholders)
- Social cohesion
- Strengthened governance
- Transparency and accountability

Goal-related objectives can be:

- Aligned policies
- Expectations met
- Better implementation of policies
- Ultimate Goal: Ensure universal coverage of affordable, high quality health services

### ***13. Visibility and communication***

The AFRO Communications Officer presented the key elements of a communication strategy. Discussions during this session highlighted the need for more technical support to countries in this area. Countries felt that documentation and media events were not their forte; this area has been ignored in favor of the more technical policy dialogue work. A few countries (Togo, Tunisia, Moldova) have been able to make their policy dialogue activities more visible, with high-profile events where the press has been present. Moldova works with the EURO Regional Office to ensure that all policy dialogue events are reported on the EURO web site. The Togo Country Office releases a weekly newsletter with articles on current activities.

At headquarter level, it was mentioned that a web site or sharepoint drive would be extremely useful in tracking progress across countries. This site should be updated regularly with news items and implementation milestones.

## V. Next steps and action points

### ***HQ/ROs***

1. Create a web site/sharepoint drive to track countries' progress of activities
2. Brainstorm on headquarter/regional communications strategy, especially regarding written documentation of real-time stories on policy dialogue activities and achievements in countries
3. Continue to conduct regular teleconferences with 7 target countries according to the schedule of each country
4. Liaise with Alliance for Health Policy and Systems Research regarding a policy brief on policy dialogue, drawing on information from working group sessions

### ***WCOs***

5. Ensure better visibility of WHO activities in country, taking into account pointers and tips from the communication presentation
6. Complete Road Maps for Year 2 activities and their specific funding allocations
7. Under the leadership of the WR, leverage EU funding at country level to raise prominence for health policy dialogue and raise further funding locally for this area
8. Continue active engagement of EU delegations into EU-WHO Policy Dialogue Programme at country level
9. Put together bi-yearly Technical Assistance Plan in cooperation with HQ and ROs

Annex 1:

## List of Participants

### Technical Meeting:

#### Sharing Experiences on Health Policy Dialogue in Countries

25-27 February 2013

Brazzaville, Republic of Congo

1. Nestor Ndayimirije, WR/Liberia (flight problems last minute)
2. Jarno Habicht, WR/Moldova (apologies accepted)
3. Wondimagegnehu Alemu, WR/Sierra Leone
4. Anshu Banerjee, WR/Sudan
5. Tarcisse Elongo, WR a.i./Togo
6. Guido Sabatinelli, WR/Tunisia (apologies accepted)
7. Takeshi Kasai, WR/Viet Nam (apologies accepted)
  
8. Eric D. Johnson, National Professional Officer, WCO/Liberia (flight problems last minute)
9. Silviu Domente, Health System Officer, WCO/Moldova
10. Teniin Gakuruh, Technical Officer, WCO/Sierra Leone
11. Ehsanullah Tarin, Medical Officer, WCO/Sudan
12. Machikourou Salami, National Expert UE, WCO/Togo
13. Ann-Lise J.M. Guisset, Health Systems Adviser, WCO/Tunisia
14. Hichem Abdesselem, National Professional Officer, WCO/Tunisia (by teleconference)
15. Socorro Escalante, Acting Team Leader/HSS, WCO/Viet Nam
  
16. Benedict Harris, Assistant Minister for Planning, Ministry of Health and Social Welfare of Liberia (flight problems last minute)
17. Representative Ministry of Health, government of Moldova (apologies accepted)
18. Dr Mohammed Ali Yahia Elabassi, Director-General, Directorate General of Planning & International Health, Federal Ministry of Health of Sudan
19. Dr Abdallah Sayed Ahmed, Adviser to the Minister, Federal Ministry of Health of Sudan
20. Kokou Sika Dogbe, Director-General for Health, Ministry of Health of Togo
21. Representative Ministry of Health, government of Tunisia (apologies accepted)
22. Ms Chau Thi Minh Nguyen, Vice Director, Department of International Cooperation, Ministry of Health of Viet Nam
  
23. Luis Gomes Sambo, Regional Director, AFRO (represented by Matshidiso Moeti, Deputy Regional Director)
24. Bokar Touré, Director, Health Systems and Services, AFRO
25. Babacar Dramé, Medical Officer, Health Policies and Service Delivery, AFRO
26. Derege Kebede, Regional Advisor, African Health Observatory, AFRO

27. Peter Mbondji Ebongue, Technical Officer, African Health Observatory, AFRO
  28. Laurent Musango, Technical Officer, Health Financing and Social Protection, AFRO
  29. Triphonie Nkurunziza, Medical Officer, Family and Reproductive Health, AFRO
  30. Habib Saizi Somanje, Technical Officer, Health Policies and Service Delivery, AFRO
  31. Gisèle Caroline Nitcheu Hatchom Wabo, Manager, Management Support Unit, AFRO
  32. Kodzo Mawuli René Adzodo, Medical Officer, Health Policies and Service Delivery, AF/IST West Africa
  33. Omar Sam, Medical Officer, Health Policies and Service Delivery, AF/IST West Africa
  34. Sameen Siddiqi, Director, Division of Health Systems & Services Development, EMRO (by videoconference)
  35. Abdi Momin Ahmed, Regional Advisor, Health Policy & Planning, EMRO
  36. Juan Tello, Programme Manager, Health Governance, EURO (apologies accepted)
  37. Maria Skarphedinsdottir, Technical Officer, Health Governance, EURO (apologies accepted)
  38. Sjieuwke Eelco Jozef Postma, Team Leader, Health Systems Development, WPRO
- 
39. Flora Bertizzolo, Attachée for Cooperation in the Republic of Congo, European Union
  40. Christopher Knauth, Senior Health Sector Specialist, EuropeAid, European Union
  41. Helen Sibylle Koenig, Programme assistant, EuropeAid, European Union
  42. Representative of the Agence luxembourgeoise pour la Coopération au Développement (apologies accepted)
  43. Representative of the UK Department for International Development (apologies accepted)
- 
44. Stéphane L.M.M. Vandam, External Relations Officer, WHO Office to the European Union
- 
45. Gilles Bernard Forte, Coordinator, Medicines Programme Coordination (MPC), WHO HQ
  46. Joseph Kutzin, Coordinator, Health Financing Policy (HFP), WHO HQ (by videoconference)
  47. Kathryn Patricia O'Neill, Coordinator, Public Health Mapping and GIS Programme (GIS), WHO HQ (apologies accepted)
  48. Gerard Schmets, Coordinator, Health Systems Governance, Service Delivery, and Aid Effectiveness (HGS), WHO HQ
  49. Phyllida Travis, Coordinator, International Health Partnership Secretariat (IHP+), WHO HQ (apologies accepted)
  50. Taghreed Adam, Scientist, Alliance for Health Policy and System Research (HSR), WHO HQ
  51. Pamela Drameh, Senior Resource Mobilization Officer, Assistant Director-General's Office, Health Systems and Innovation (HIS), WHO HQ (apologies accepted)
  52. Mart Leys, Technical Officer, HGS, HQ (apologies accepted)
  53. Inke Mathauer, Health Systems Analyst, HFP, WHO HQ (apologies accepted)
  54. Denis Porignon, Health Systems Expert, HGS, HQ
  55. Dheepa Rajan, Technical Officer, HGS, HQ
  56. Erica Wheeler, Technical Officer, Human Resources for Health, HQ

Annex 2:

## Agenda

### Technical Meeting:

#### Sharing Experiences on Health Policy Dialogue in Countries

25-27 February 2013

Brazzaville, Republic of Congo

#### Session 1:

##### Setting the scene

Chair: Luis Sambo

#### **25 February 2013**

<b>8:15 – 8:45</b>	<b>Arrival of participants</b>
8:45 -- 8:50	Security briefing (FSO/AFRO)
8:50 – 9:00	Administrative briefing (ASO/AFRO)
9:00 – 9:15	Opening remarks (Luis Sambo) Introduction of participants
9:15 – 9:40	Presentation: EU-WHO Policy Dialogue Programme (Gerard Schmets)
9:40 – 10:00	Presentation: EU programme on Policy Dialogue: What we expect from WHO (Christopher Knauth)
10:00 – 10:30	Q&A, Discussion
<b>10:30 – 11:00</b>	<b>Coffee break</b>

#### Session 2:

##### The health policy process in countries

*and*

##### HQ/AFRO technical support tools

Chair: Bokar Touré

## 25 February 2013

11:00 – 11:30	Presentation on Universal Health Coverage (Joseph Kutzin and Sameen Siddiqi <i>by videoconference</i> )
11:30 – 12:00	Q&A, Discussion
12:00 – 13:00	<b>Lunch break</b>
13:00 – 13:30	Presentation: <u>Sierra Leone</u> (Wondimagegnehu Alemu, WR Sierra Leone)
	<i>Panel of resource persons: Erica Wheeler, Peter Mbondji</i>
13:30 – 14:20	Panel comments and plenary discussion
14:20 – 14:40	Presentation: <u>Vietnam</u> (Socorro Escalante, Technical Officer)
14:40 – 15:30	<i>Panel of resource persons: Sjiewke Postma</i>
	Panel comments and plenary discussion
15:30 – 15:50	Presentation: <u>Tunisia</u> (Ann-Lise Guisset, Health Systems Adviser)
	<i>Panel of resource persons: Gerard Schmets</i>
15:50 – 16:40	Panel comments and plenary discussion
16:40 – 17:10	<b>Coffee break</b>
17:10 – 17:40	Presentation on the OneHealth costing tool (Laurent Musango)
17:40 – 18:00	Q&A, Discussion
18:00	<b>Reception</b>

Chair: Sjiewke Postma

## 26 February 2013

9:00 – 9:20	Presentation: <u>Togo</u> (Lokombe Elongo, Head of Office, WCO Togo)
	<i>Panel of resource persons: Gilles Forte, Mawuli Adzodo</i>

9:20 -- 10:05	Panel comments and plenary discussion
10:05 – 10:25	Presentation: <u>Moldova</u> (Silviu Domete, National Professional Officer)
	<i>Panel of resource persons: Stephane Vandam, Denis Porignon</i>
10:25 – 11:10	Panel comments and plenary discussion
<b>11:10 – 11:25</b>	<b>Coffee break</b>
11:25 – 11:45	Presentation: <u>Sudan</u> (Anshu Banerjee, WR Sudan)
	<i>Panel of resource persons: Momin Ahmed</i>
11:45 – 12:30	Panel comments and plenary discussion
<b>12:30 -- 13:30</b>	<b>Lunch break</b>
13:30 – 14:00	Presentation on the Africa Health Observatory/Country Health Policy Process (CHPP) (Derege Kebede and Dheepa Rajan)
14:00 – 14:30	Q&A, discussion
14:30 – 14:50	Presentation: <u>Liberia</u> (Nestor Ndayimirije, WR Liberia)
	<i>Panel of resource persons: Omar Sam, Laurent Musango</i>
14:50 – 15:40	Panel comments and plenary discussion
<b>15:40 - 16:10</b>	<b>Coffee break</b>
16:10 – 17:50	<p>Increasing accountability for results: how effective are joint annual reviews? (Dheepa Rajan)</p> <ol style="list-style-type: none"> <li>1. Introduction: objectives of session: 5 mins</li> <li>2. Experience with the joint annual review</li> <li>3. Group work to review experience by addressing 3 questions: 45 minutes <ul style="list-style-type: none"> <li>• What are the main objectives of our joint annual reviews? What works well, and what works less well in terms of meeting those objectives?</li> <li>• How well is the analysis in the annual review report done and how</li> </ul> </li> </ol>

can it be improved? *Is data quality assessment included? Target and trend analysis? Triangulation of data? Equity attention? Efficiency analysis? Comparative analysis?*

- What could make our JAR more effective and efficient in terms of use of review results for a more structured policy dialogue and improved accountability
4. Feedback and conclusions:30-40 minutes

**Session 3:**  
**Towards effective policy dialogue processes:**  
**Lessons learned and best practices from year 1**

Chair: Christopher Knauth

**27 February 2013**

9:00 – 9:15	Policy dialogue processes and best practices: Exploratory review (Taghreed Adam)
9:15 – 9:25	Introduction to working groups (Taghreed Adam)
9:25 – 10:15	<u>3 working groups:</u> <ol style="list-style-type: none"> <li>a. What do we mean by policy dialogue? / Qu'est-ce qu'on veut dire par le terme dialogue politique?</li> <li>b. What are the elements of success and failure of policy dialogue processes? / Quels sont les éléments de succès et d'échecs des processus de dialogue politique?</li> </ol>
<b>10:15 - 10:30</b>	<b>Coffee break</b>
10:30 – 11:30	<u>3 working groups:</u> <ol style="list-style-type: none"> <li>c. The how to of policy dialogue: developing content and processes / Le savoir-faire des dialogues politiques: comment développer le contenu et les processus?</li> <li>d. What kind of change do we aim for? / Quel genre de changement on souhaite voir en utilisant les dialogues politiques ?</li> </ol>
11:30 – 12:30	Feedback from working groups  Plenary discussion: Lessons learned from policy dialogue activities in countries
<b>12:30 – 13:30</b>	<b>Lunch break</b>



13:30 – 14:30	<a href="#">Presentation on Visibility and Communications for the EU-WHO Policy Dialogue Programme (Collins Boakye-Agyemang)</a>
14:30 – 15:30	Next steps and future orientations (plenary discussion): annual reviews, IHP+ compacts, universal coverage, ...  What kind of support do WCO's and MoH need?