

Year 6 Report (2017 activities)

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: Viet Nam

EU-Luxembourg-WHO UHC Partnership

Date: March 2018

Reporting Period: January to December, 2017

Prepared by: Health Systems Team, WHO Viet Nam

INTRODUCTION

The template is structured into IV sections.

Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).

Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

SECTION I: RESULTS

Main results

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.

We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.

SOI

- In 2017 WHO continued to support the annual review of implementation of the 5-year health sector plan (Joint Annual Health Review (JAHR)). A strengthened JAHR continues to increase national and development partner confidence in the findings of the report and therefore its use as a trusted resource. The JAHR provides an up-to-date overview of the policy and planning related to the 5-year plan, and in greater detail, actions being taken by the Government to address the health needs of an ageing population. It is intended that use of the JAHR guides more strategic, efficient and targeted action in the health sector.

SOII

- WHO has continued to support Viet Nam's efforts to improve health financing policies, including by generating and providing evidence that is anticipated to help shift financing policies to support greater health insurance expenditure at the grassroots (primary health care) level.

SOIII

- WHO again supported the strategic and operational functioning of the Health Partnership Group (HPG) throughout 2017, to organize four HPG meetings. The anticipated impact of these meetings – with full participation of both MoH and DPs, and high-level chairpersonship – is more targeted, better coordinated and better aligned support to the health sector. DPs committed support to developing a national action plan on climate change and health for example, and committed to supporting the reform of the grassroots health network as Viet Nam's vehicle for attaining the goal of UHC.
- WHO continued to advocate for the implementation of the recommendations that came out of the assessment of the Technical Working Groups (e.g. to abolish some

and establish or reinvigorate others). It is expected that this will ensure the relevance of the TWGs, stronger linkage with the forum of the HPG as well as greater and more strategic mobilization and allocation of technical and financial resources to tackle pressing health sector issues. WHO also advocated for the development of a sub-working group of the Technical Working Group on Environmental Health, focused specifically on air pollution and health. It is expected that this 'sub-TGW' will play a key role in bringing the issue of air pollution to the attention of the HPG, the highest levels of the ministry and other stakeholders, including through the HPG website and related media coverage.

- WHO's support to fund two positions within the HPG secretariat (and provide guidance and supervision to these two staff) has helped to further strengthen the functioning of the HPG Secretariat to improve the timeliness and quality of its work (e.g. strategic and timely setting of the agenda, communications with HPG members, maintenance of an updated membership list, prompt preparation and dissemination of meeting minutes for action and visibility of HPG activities through regular updating of the website, etc.).
- The DP/INGO mapping – supported by WHO – has enabled DPs to see how their support is harmonized (or not) with other development partners, and how it can be better harmonized as well as more closely aligned with national priorities. It is providing the Government with summaries of where, when and what type of support DPs and INGOs are offering the health sector.
- The provincial field trips helped to strengthen the relationship between four provinces and HPG/ICD as the host department, towards greater provincial participation in the HPG forum and more effective development cooperation at the local level.

SECTION II: ACTIVITIES

Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

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

ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Activity 1 (ER 2): Continue to strengthen role of the Joint Annual Health Review (JARH) to monitor the first year of the new 5-year health sector plan (2016-2020).	100% of completion
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<p>Activities undertaken: The Joint Annual Health Review 2016 was undertaken in 2017 with WHO support. It was the 10th annual review collaboratively developed by the Ministry of Health (MOH) and its development partners (i.e. the Health Partnership Group (HPG)). Part I of the JAHR provided an update on the status of implementation of the Five-year plan (2016-2020) and results of implementing the tasks of the 2016 Health sector plan following the structure of health system building blocks. Part II offered an in-depth examination of the healthy ageing Viet Nam: http://jahr.org.vn/index.php?lang=en</p> <p>A chapter focused on monitoring the health-related SDG targets was included in the annual Health Statistics Yearbook, with WHO support.</p> <p>WHO provided technical guidance and advice, shared resources and documentation, and commented on outlines and drafts of the report.</p>	<p>Key Outputs: JAHR 2016 available online and used by the HPG. Health Statistics Yearbook 2015 was made available in hard copy in 2017.</p>
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SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.	
Activity 2 (ER 4): Development of Plan of Action on health financing in accordance with national health financing strategy	100% of completion
Activities undertaken: In place of the Plan of Action, a number of circulars and guidelines were produced on various issues related to health insurance implementation including financing for priority public health conditions (e.g. HIV/AIDS). The health financing strategy document served as a reference, and these circulars and guidelines followed the strategy's overarching principles of equity, efficiency and sustainability.	Key Outputs: Various policy and implementation guidelines related to health insurance implementation.
Activity 3 (ER 4): Workshop/dialogue on mobilizing adequate domestic public resources for the health sector, including to support the transition in public health priority areas heavily supported by external funding – and to make best use of DP support to the health sector.	% of completion
Activities undertaken: NOT IMPLEMENTED – delayed until 2018 (see below)	Key Outputs: N/A
ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.	
Activity 4 (ER 5): Support to track health financing and health insurance data, including for the national health accounts, to inform policy making	100% of completion
Activities undertaken: National health accounts were produced for 2014, 2015 and has been used so far as evidence for policy debate and health sector resource mobilisation. In addition a study on purchasing was conducted to inform future health financing and health insurance policy development	Key Outputs: NHA estimates and study on purchasing made available.
Activity 5 (ER 5): Monitoring health financial protection and progress towards universal health coverage	100% of completion
Activities undertaken: A study on the country's UHC progress was conducted to monitor and inform the country's efforts towards attaining the goal of UHC. The results show that Vietnam is doing relatively well in service coverage, compared to other countries of the same level of income, but the country faces relatively high level of catastrophic health payments.	Key Outputs: UHC monitoring study

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	
ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.	
Activity 6 (ER6): HPG quarterly meetings including Core Group support including pre- and post- HPG meetings, and promote participation of a wide range of stakeholders in the health sector	100 % of completion
<p>Activities undertaken</p> <p>HPG 1 was held on 19 April 2017. Theme of the meeting was health financing strategy 2016-2025. MOH, ministries, DPs, NGOs proposed ideas for ensuring ensuring the financial sustainability of important health system functions and programmes, especially in the context of diminishing donor resources.</p> <p>HPG 2 was held on 17 October 2017. This was a provincial HPG meeting in Ho Chi Minh City on the impacts of climate change, particularly in the Southern provinces. It also focused on Viet Nam’s current – and still needed – responses. This was a truly multisectoral meeting involving different ministries and development partners working across different areas relevant to climate change and its impacts on health.</p> <p>HPG 3 was held on 27 Nov 2017. This was a thematic meeting focused on air pollution and health, building on the discussions initiated at the HPG 2 on the relationship between air pollution and climate change. This meeting served to raise awareness of the health impacts of air pollution on health and saw the HPG commit to forming a multisectoral sub-group of the TWG on environmental health.</p> <p>HPG 4 was held on 7 December. This was the year-end meeting, focused on the recently approved Resolution 20 on strengthening the protection, care and improvement of people’s health and Resolution 21 on strengthening the Vietnam population in the new context (until 2030).The recommendations made by DPs and other stakeholders during this meeting will serve as valuable inputs for MOH to consider during the implementation of Resolution 20, and it its efforts to ensure policy coherence between this Resolution, the five year plan and the health-related SDG agenda.</p> <p>This activity is a core and permanent activity on</p>	<p>Key Outputs: Meeting minutes highlighting recommendations and actions agreed at these meetings shared with the responsible focal points for follow-up.</p>

<p>annual roadmap workplans. Again in 2017 WHO provided direct support and guidance to the HPG Secretariat (hosted by ICD) in the organization of the HPG meetings, development of technical materials (including background papers/concept notes and the drafting of agendas), and coordination of partners' responses and inputs into the policy dialogue (including drafting remarks on behalf of DPs). WHO also continued to played a diplomacy role in inviting heads of agencies to serve as co-chairs during the meetings; and prior to each HPG meeting, WHO has convened DPs for a 'pre-HPG meeting' to seek inputs into the draft agenda and objectives/expected outputs for each meeting.</p>	
<p>Activity 7 (ER6): Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG)</p>	<p>100% of completion</p>
<p>Activities undertaken: With the support of the HPG Secretariat and WHO, the TWG on environmental health led the technical content of two HPG meetings, and convened stakeholders from MoH, MoNRE as well as DPs/INGOs. WHO served as the lead DP in the organization of the provincial meeting on climate change and health and the thematic meeting on air pollution and health WHO guided the development of the agenda for these meetings, and as per the regular HPG meetings, WHO convened DPs in advance of the meeting, prepared consolidated DP remarks, offered guidance and worked closely with the HPG secretariat to develop an action plan as an outcome of this meeting.</p>	<p>Key Outputs: Action plan on climate change and health (under development)</p>
<p>Activity 8 (ER6): Support to the strategic and operational functioning of the HPG Secretariat (position of Programme/Communications Officer</p>	<p>100% of completion</p>
<p>Activities undertaken: In order to strengthen the functioning of the HPG Secretariat for more strategic meetings and effective follow-up of the actions agreed during meetings, WHO has continued to provide technical support to the operations of the Secretariat and financial support for the positions of one full-time HPG coordinator and one project officer (responsible for administration and communications). These two staff have helped to ensure effective functioning of the HPG and full implementation of activities, including those set out in the roadmap.</p>	<p>Key Outputs: Meeting agendas, minutes, mailing lists, up-to-date websites, terms of reference and selection reports.</p>

<p>WHO has continued to provide technical and financial support to the functioning of the HPG Secretariat through regular and routine contact and collaboration with the HPG Secretariat.</p> <p>WHO undertook the advertisement for, recruitment and appointment of the HPG coordinators and project officer, all of whom have worked two days a week at WHO, further strengthening WHO's relationship and collaboration with the HPG Secretariat.</p>	
<p>Activity 9 (ER6): Dialogue on IHP+ monitoring exercise and roadmap towards more effective development cooperation in line with VHPD and in response to the findings of the exercise.</p>	100% of completion
<p>Activities undertaken: Using the platform of the HPG, a policy dialogue was organized to disseminate and discuss the findings of the 5th IHP+ monitoring round that took place in 2016, as well as to identify and agree on short, medium and longer term actions and responsibility and timeframe for implementation to improve EDC practices and accountability. In follow-up to this policy dialogue, an action plan – prioritizing actions that lie within the purview of the health sector – was developed. This is currently being finalized with inputs from various MoH departments, those who participated in the IHP+ monitoring exercise and the broader group of HPG partners.</p> <p>WHO has provided guidance on how to develop this action plan and prioritize activities to focus on those that can be tackled by the Ministry of Health and its development partners, rather than other ministries.</p>	<p>Key Outputs: The key output is a concrete plan of action (with responsibility and timeframe clearly identified) for improving development cooperation in the health sector.</p>
<p>Activity 10 (ER6) Maintenance of the DP/INGO mapping database.</p>	100% of completion
<p>Activities undertaken: The online database that maps the support of DPs and INGOs to the health sector has been updated to reflect support in and beyond 2017. Activities that ended prior to 2017 have been archived for trend analysis but no longer appear in the active list of DPs and INGOs.</p> <p>WHO has continued to facilitate the process of getting stakeholder buy-in for and improving the functioning of the online database. WHO has produced briefing and advocacy materials, including a 'promotional'</p>	<p>Key Outputs: The database – which is up to date and available online at http://data.icdmoh.gov.vn/</p>

brochure to increase use of the database by relevant partners.	
Activity 11 (ER 6) Upgrade the HPG website to enhance information sharing and the availability of information pertaining to the HPG and development cooperation in Viet Nam.	100 % of completion
Activities undertaken: The HPG website was upgraded to improve the accessibility and availability of information about the activities of the HPG – and ultimately increase interest in and knowledge of the work of the HPG. Following successful completion of the upgraded HPG website, the upgrading of the International Cooperation Department (the MoH department that hosts the HPG) website was also undertaken. It is anticipated that this will help to keep relevant stakeholders up to date on Government activities related to international cooperation in health and global health diplomacy activities in Viet Nam’s health sector.	Key Outputs: The key output is an upgraded HPG website that is more user friendly and has received increased traffic, which translated to improved communication about HPG activities, global health diplomacy etc.

Changes in circumstances or problems encountered that affected the original plan:

Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial measures taken, etc.

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
SO II, ER 4, Activity 3	Postponed due to other activities being prioritized in 2017.

Activities added

Added Activity 1: ICD field trips to four provinces to strengthen collaboration between the central and local levels.	% of completion 100
Activities undertaken: In 2017, the HPG Secretariat undertook four field trips to the following provinces: Binh Dinh; Tay Ninh; Thanh Hoa; and Da Nang. The objective of these field trips was to better understand local realities and health sector challenges faced by these different provinces, as well as needs for international cooperation.	Key outputs: Mission reports, and stronger engagement of provinces in HPG activities.
WHO collaborated with the HPG Secretariat to develop agenda	

(and objectives) for these field trips, in addition to providing financial support. The EU in Viet Nam supported similar field trips to their project provinces.	
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Lessons learned:

Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.

- We continue to see that an effective policy dialogue relies on the engagement and commitment of the highest levels of the Ministry of Health (Vice-Ministerial and Ministerial levels). Their engagement is crucial to the follow-up of/action to be taken as a result of the HPG dialogue.
- The Ministry of Health remains committed to the policy dialogue forum offered by the Health Partnership Group, and proud that this forum serves as an example of an effective partners' forum for other sectors.
- The endorsement of Resolution 20 by the Party Central Committee has set a clear vision from the Ministry (longer and shorter term) and is helping to give focus to the topics of the HPG meetings and improving alignment of DP support with national health sector priorities.
- Development partners continue to express enthusiasm for a more concrete mechanism that will help to ensure follow-up/implementation of actions and next steps that are discussed/agreed during HPG meetings. WHO will continue to advocate for progress in this area and work with the Ministry to see how the Secretariat can help to facilitate action and accountability in the follow-up to HPG meetings.
- A more user-friendly and more regularly updated website has helped to generate interest in the activities of the HPG (measured by increased hits on the website).
- Health sector progress (from both the DP and MoH side) on effective development cooperation behaviors (see IHP+ monitoring exercise) requires action beyond the health sector (e.g. in terms of national regulations around ODA management). The health sector needs to prioritize certain principles where action can be taken and progress made.
- There is room for improvement in donors coordination in the area of health financing, especially in terms of ensuring consistency in policy advice being offered by different donors to the government

Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

1. A video was disseminated to the HPG – both during the final HPG meeting for 2017 and via the mailing list, capturing the achievements of the HPG. The video is available here:
https://drive.google.com/file/d/1WDvdTw595_ylBv13Sh5uxGVd9BZXSePS/view
2. Updates are provided regularly on the HPG website
<http://hpg.icdmoh.gov.vn/en>
1. Reports of the quarterly meetings, field trips and HPG meetings (regular, special, provincial) are shared through the HPG mailing list and via the website.
2. Speeches by WHO co-chairs HPG-related activities are shared via the UN intranet and on the WHO Regional Office website. For example:
http://www.wpro.who.int/vietnam/mediacentre/speeches/2017/who_vtn_speech_hpg_environmental_health_2017/en/
3. Joint Annual Health Review (JAHR) Reports are made available online, including for consultation. The current (2016) JAHR outline can be accessed here:
http://jahr.org.vn/index.php?option=com_content&view=frontpage&lang=en
4. Media coverage of all HPG meetings (see attached examples)

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

JAHN: A strengthened JAHN continues to increase national and development partner confidence in the findings of the report and its use as a trusted resource. It is intended that the JAHN guides more strategic, efficient and targeted action in the health sector.

VIETNAM

HPG meetings on climate change and health and on air pollution

Two meetings of the Health Partnership Group on air pollution and health were organized.

In the lead-up to the winter months (when air pollution reaches dangerous levels), WHO advocated for two HPG meetings to focus on air pollution (the first on the relationship between climate change and air pollution, the second on air pollution and how to tackle it)

These meetings (combined with other information and advocacy strategies) raised government, development partner and public awareness of the health impacts of air pollution

A sub-technical working group (under the Environmental Health TWG) was established and plans to develop an action plan on climate change and health (including air pollution), were agreed.

The sub-TWG is convening development partners, INGOs, technical experts and relevant ministries to discuss the impact of air pollution on health and mitigation strategies.

(UHC Partnership contribution)

These HPGs and the formation of a sub-TWG on air pollution have increased the awareness of the health impacts of air pollution among Government stakeholders, put the issue at the top of the health policy dialogue agenda and increased public demand for information and action that will ultimately help to address the issue and minimize the harm that air pollution has on the health of Viet Nam's population.

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.

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

ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Continue to strengthen role of the Joint Annual Health Review (JARH) to monitor the first year of the new 5-year health sector plan (2016-2020)

Timeline: end 2018

Indicators: JAHR 2018 available

SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.

Activity 1: National policy dialogue on financing for primary health care towards better management of NCDs and elderly health (in alignment with coordinated service delivery model) (DFC)

ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.

Activity 1: Provincial case study on service delivery models and payment method options towards strengthening primary care level (DFC and AW)

Activity 2: Policy dialogue on strategic purchasing towards UHC (DFC)

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

HPG quarterly meetings including pre- and post- HPG meetings, and promote participation of a wide range of stakeholders in the health sector.
Timeline: Quarterly
Indicators: Minutes of meetings, follow-up recommendations for dissemination to relevant stakeholder(s) for action.

Support to the establishment of a Global Health Diplomacy Office and to improving the health sector's participation in trade-related discussions with implications for health.
Timeline: end 2018
Indicators: Summary of experiences of other countries in this area, available

Support to the strategic and operational functioning of the HPG Secretariat (position of Programme/Communications Officer)
Timeline: December 2018
Indicators: ToR, progress reports, HPG meeting minutes and resolutions of the HPG on technical areas

Support to the process of reforming the technical working groups of the HPG (kick-off meeting for new air pollution and health 'sub' TWG)
Timeline: mid 2018
Indicators: Meeting minutes/report from special meeting of the subgroup focused on air pollution and health

Updating of the online mapping (database) of development partner and INGO support to the health sector
Timeline: end 2018
Indicators: up to date database available online

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p>SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.</p>	<p>ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p>ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p>ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>