

Year 4 Report (2015 activities)

Country: Mozambique

EU-Lux-WHO UHC Partnership

Date: 18 th November 2015	Prepared by: WHO CO
Reporting Period: January-December 2015	
Main activities as planned in the Road Map.	
Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result	
SO II	
Activity 1 (ER3): 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	
Activity 2 (ER3): Undertake a study of “innovative” financing mechanisms	
Activity 3 (ER3): Undertake a study of Benefit Package for Universal Health Coverage	
Activity 4(ER3): Organize a series of consultation workshops for dissemination of NHA & Study findings and explore various HF options that strengthen efficiency and equity	
SO II	
Activity 1 (ER3): Knowledge exchange/training for ministerial staff (MoH, MoF, MoLG, Mo Labour, Planning) and other representatives	
Activity 2 (ER3): Capacity strengthening of steering committee members	
Activity 3 (ER3, 4): Strengthen HF policy analysis capacity within the MOH/Directorate Planning and Cooperation (TA in MOH Directorate for Planning)	
Activity 4 (ER4): Provide a HF course module at university	

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.)

WHO is currently vice-focal for Health partner Group representing UN agencies and is leading the Health financing Working group. During 2015 WHO role was focused on the advocacy for HFS process as well as bringing partners together to align with the process following the approval of Health Sector Strategic Plan 2014-19. The main outcome of this was the positioning of the topic at the decision makers Agenda for Consultation between Partners and Ministry's team and gradually bringing the Ministry of Economy and Finance to the debate.

What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

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.

The level of implementation so far could not be measured through an indicator.

Activity 1 (ER3): 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 (100 % achieved).

Consolidation of health financing working group road map implementation continued, capacity building and advocacy with key government sectors relevant to HFS development (including development partners).

Improved financial monitoring that will guide resource allocation: A one day meeting was organized for initial discussion on the NHA findings which were not validated due to technical inconsistencies presented in the report and absence of feedback from USAID consultant.

Outputs achieved under this activity include:

- Improved dialogue within Ministry of Health and other sectors
- Steering committee members introduced to HFS concepts and process

Activity 2 (ER3): Undertake a study of "innovative" financing mechanisms (100% achieved). A study was completed awaiting consultation with stakeholders. The mechanisms considered in the study include Sin taxes (alcohol); Car and extractive industry taxes and tourism levy. Recommendations to be submitted to decision makers at MoH after the validation Workshop with all stakeholders.

Activity 3 (ER3): Undertake a study of Benefit Package for Universal Health Coverage. This activity has been reprogrammed although discussions were initiated with key actors (units) in the Ministry. ToRs will be updated and a team assigned for the work in 2016. (0% achieved).

SOII

Activity 1 (ER3): Knowledge exchange/training for ministerial staff (MoH, MoF, MoLG, Mo Labour, and Planning) and other representatives. (100% achieved).

A study tour to Rwanda was conducted with participation of Ministry of Health, Economy and Finance and Ministry of Labour and Social Security senior managers. The collaboration of WHO country office, Ministry of Health and Center of Excellence for Health Systems in Rwanda was critical for orientation and field visits on the topics. Mozambique has been facing constraints, such as : Health Insurance and Performance Based Financing.

Activity 2 (ER3): Capacity strengthening of steering committee members (100% achieved)

3 professionals from Ministry of Health and Ministry and Economy and Finance were trained on WHO Advanced Course on HFS in Barcelona and a regional course on Health Financing for UHC in Namibia.

Activity 3 (ER3, 4): Strengthen HF policy analysis capacity within the MoH/Directorate Planning and Cooperation (TA in MoH Directorate for Planning), (100% achieved)

Strengthening capacity of the Ministry of health in health financing: The junior economist assigned to Planning Unit with WHO funding was fully integrated and is a critical in the secretariat for the health financing working group.

Activity 4 (ER4): Provide a HF course module at university (100% achieved)

A 5 day course comprising 60 hours was conducted and attended by 20 professionals from relevant sectors: Health, Economy and Finance, Gender, Child and Social Welfare, Labour, Academia, research and Civil Society. The 10 topics covered include: Supply and Demand of Health services, Basic concepts of Health Financing , Health markets and Economic Evaluation, Health financing and Payment systems and incentives, Universal health coverage , and Health Financing, models for high and low and middle income countries, Innovative financing mechanisms and the future of health financing in Mozambique. At the last session participants discussed issues around the ongoing process of developing a health financing strategy.

Indicators

Strategic objective	Indicator	Status
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	HF summary first chapter in HFS document	100% achieved
	Benefit package established	Not achieved
	Comprehensive and evidence based NHFS	100% achieved
	Inclusive NHFS	100% achieved
	M&E framework updated and used for JAR	Not achieved

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

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

1. **Activity 3:** Undertake a study of Benefit Package for Universal Health Coverage: Activity still pending final clearance from decision makers in the Ministry of Health.

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

1. For 2016 we will continue with the implementation of the remaining activities in the road map.

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

1. Policy dialogue is a process that requires continued advocacy and building of synergies among stakeholders under committed leadership. With the appointment of a deputy director and engagement of health partner coordinator, the debate has been put into monthly coordination meeting which allows for timely reporting and constraints on the process addressed.
2. The engagement of Health partner's focal point is critical to engage the political decision makers in the Ministry so that the technical work is aligned with the political reflections around implication of a health financing strategy.
3. Back up support and interactions with AFRO and HQ have been critical to guide the ongoing HFS process with regards to sharing of evidence, and facilitation of knowledge exchange.

Road Map and timeline for 2016:

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. **These activities should be related to objectives/ER and have clear timeline and indicators.***

Detailed activities for 2016 are being discussed with national counterparts and will be submitted later.

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured

1. WHO Mozambique is increasingly focusing on visibility through country office website regular updates on news about events and progress in the health sector. A list of all posted news can be found via: <http://www.afro.who.int/en/mozambique/press-materials.html>

WHO is the Vice Focal Health Partner in the Sector Wide Approach coordination. Health financing Task force has now being elevated into a SWAP group and reports at Health Partners' monthly meetings as well as at the Joint High level meeting between partners and Ministry of Health indicating the priority that is accorded to the HFS and allowing for continuous guidance on policy issues relevant to HFS that go beyond technical work and require another level of involvement.

Impact assessment:

Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives.

1. The EU_WHO program gave new impetus to WHO to continue convene by bringing the policy dialogue on Health Financing as top priority with partners and Government Institutions (Health, Planning, and Finance) and act a key/lead role in the HF task force, where it ensures information exchange and coordination.
2. The training of key actors in the lead HFS coordination was an added value, as now there are champions within the sector with knowledge and senior positioning in the system to influence decision as the process move. There is now increased awareness of the need to have a sound and clear HF strategy document that spells out the Government's vision.

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.

Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership

Strategic 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>