

## Year 3 Report (2014 activities)

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Country: YEMEN

EU-Lux-WHO UHC Partnership

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Prepared by: WHO CO – YEMEN

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### Main activities as planned in the Road Map

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**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**

**Activity 1 (ER1):** Update of the health sector plan

**Activity 2 (ER1):** Technical Assistance on the changing role of MoPHP

**Activity 3 (ER2):** Implementation of SARA (Service Availability Rapid Assessment)

**Activity 4 (ER2):** Health Sector Review

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

**Activity 1 (ER3):** Essential Service Package

**Activity 2 (ER3):** Development of a Restoration Plan and implementation of selective activities

**Activity 3 (ER3):** An overview of the national health financing landscape

**Activity 4 (ER4):** Capacity Building

**Activity 5 (ER5):** Recruitment of an NPO (national professional officer) grade D

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

**Activity 1 (ER6):** Alignment and harmonization among different stakeholders in emergency and development

## Main activities achieved and progress made

### 1. 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

#### Main outputs:

- A rapid assessment survey of health facilities has been deployed country-wide to evaluate the current situation of services
- A comprehensive assessment of service availability and readiness of services (SARA) is currently under preparation as a second phase
- The “Strategic directions to strengthen public health in Yemen” have been developed jointly with the MoPHP and shared with health partners. The framework will act as the reference guidance to the health sector priorities and the basis to the recovery and service restoration plan as well as the outline to priority remedial short and medium term actions

Activity / Expected Result	Description of Activity / Output	Status – Future steps	Source of funding
<b>Activity 1 (ER1):</b> Update of the health sector plan	An interdepartmental task force has been established on the regional and country level in December. A mission has been conducted in January 2015 in the aim of dialogue with national bodies on future strategic vision. Jointly the “Strategic Directions to Strengthen Public Health in Yemen” has been developed.	Percentage of Achievement: <b>75%</b>  Further consensus with partners and endorsement in 2015	WHO regular budget
<b>Activity 2 (ER1):</b> Technical Assistance on the changing role of MoPHP		Planned to be conducted in 2015 as of the POA	EU/LUX – WHO
<b>Activity 3 (ER2):</b> Implementation of SARA (Service Availability Rapid Assessment)	The first phase of the assessment has been in preparation during December. The survey has been deployed as of early January 2015.  A second comprehensive survey is planned to take place in 2015.	Planned to be conducted in 2015 as of the POA	WHO regular budget
<b>Activity 4 (ER2):</b> Health Sector Review		Planned to be conducted in 2015 as of the POA	EU/LUX – WHO

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

**Main outputs:**

- Training on “Health Care Financing for Universal Coverage” to the national team of 25 personal representing multi-sectors was conducted at EMRO in collaboration with GIZ.
- The multi-sector team will carry out related health financing activities; outline of the financing landscape towards the development of the national health care financing strategy.
- Two ‘Health Leadership Programme’ were conducted to a cohort of 50 persons from the central and peripheral levels of the MoPHP, staff from UN agencies and International NGOs. Trainees were equipped on a range of leadership required competencies, such as organizational dynamics and change management; team-building, negotiation and conflict resolution; and system-wide thinking and problem-solving for health system strengthening.

<b>Activity 1 (ER3):</b> Essential Service Package		Planned to be conducted in 2015 as of the POA	EU/LUX – WHO
<b>Activity 2 (ER3):</b> Development of a Restoration Plan and implementation of activities		Planned to be conducted in 2015 as of the POA	EU/LUX – WHO
<b>Activity 3 (ER3):</b> An overview of the national health financing landscape	<p>Preparations took place in the months of November and December to prepare for the health care financing training for universal coverage workshop which was planned to take place at EMRO in the period 11 – 15 January 2015. This activity was funded by the GIZ in close collaboration and implementation by WHO under the framework of policy dialogue between partners towards UHC.</p> <p>A national multi-sectoral team was nominated from the related sectors; Ministry of Public Health &amp; Population, Ministry of Planning, Ministry of Finance, Ministry of Labor and Social Affairs, General Authority for Health Insurance and Academia.</p>	<p>Percentage of achievement: <b>20%</b></p> <p>The national team is expected to be endorsed soon in 2015 and related work on the landscape and strategy will follow</p>	EU/LUX – WHO
<b>Activity 4 (ER4):</b> Capacity Building	Two ‘Health Leadership Programme’ were conducted from 15th – 20th November 2014 in Aden. This event is a starting activity within a series of several capacity building training workshops to the MoPHP and related partners on health leadership.	<p>Percentage of achievement: <b>50%</b></p> <p>Two further courses are planned to take</p>	EU/LUX – WHO

	<p>The programme aims to strengthen public health leadership skills and capabilities, as well as developing the decision-making and problem-solving capabilities of national staff of the Ministry of Public Health and Population. The target persons were 50; whom were MoPHP staff of emergency and health system focal points on the central and governorates level as well as UN and International NGO staff.</p> <p>The workshops sought to cover a range of competencies, such as organizational dynamics and change management; team-building, negotiation and conflict resolution; and system-wide thinking and problem-solving for health system strengthening.</p>	place in 2015	
<b>Activity 5 (ER5):</b> Recruitment of an NPO (national professional officer) grade D	A national professional officer has been recruited and commenced his duties as of the 26th of October 2014. He is assigned to carry out the related tasks and responsibilities as per the ToRs of the position.	Percentage of achievement: <b>100%</b>	

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

**Main outputs:**

- Regular health emergency cluster meetings were held to coordinate emergency and humanitarian activities.
- WHO playing a leading role as a co-chair to the cluster and providing technical assistance to related coordination and alignment activities.

<b>Activity 1 (ER6):</b> Alignment and harmonization among different stakeholders in emergency and development	Due to the instable political and deterioration of security situation and the unavailability of international agencies representation, the development partners meeting was postpone. The health emergency cluster held it regular meetings co-chaired by the WHO.	Activity has been postpone to 2015	WHO regular budget
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**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan**

Yemen has been facing A “Complex Humanitarian Crises” over the past four years. The expected political transition after the “Arab Spring” uprising in 2011 has not yet been achievable. Political stability has resulted in a financial crises and economic stagnation affecting the vast population. In addition, the situation has been aggravated by insurgencies and armed conflict (north + south), chronic fuel and electricity power shortages and suboptimal provision of public services.

These challenges and the effect of the overall situation on the Ministry of Public Health & Population has been huge. Focus and resources which had to be deployed in development and the normative role of the public health sector have been diverted towards the satisfaction of growing emergency needs. This has led to halt of the partnership program envisaged activities and the modification and postpone of some of the road map planned interventions. Some of the road map activities were reliant on the implementation of corresponding MoPHP activities which did not occur. Hence, those dependent activities had to be changed.

The major changes are as follows:

	<b>Roadmap as of 2013 reporting</b>	<b>Modified Roadmap as of Jun 2014</b>
1	Priority areas: Focus on Health Financing Strategy and Capacity as well as the three functions of health care financing; a) Collection, b) Pooling, c) Purchasing	Modified priority areas: Focus on the five health system components: a) Governance, b) Health Information System, c) Service Delivery, d) Human resources, e) Health Financing
2	Approach to implementation: Establishment of a Multi-sector UHC committee and technical committee and developing of a national health financing plan for UHC	Modified approach and methodology: The development of a national health sector plan in addition to the development of a recovery plan for restoration of services towards the realization of UHC

**Proposed modifications to Programme Road Map resulting from changes above**

The modified roadmap for the programme are outlined in the 'Plan of Action for EU/WHO programme on Strengthening Health Systems towards UHC through Policy Dialogue'.

<b>HS Building Block</b>	<b>Actions</b>	<b>Time frame</b>	<b>Link to policy dialogue</b>
<b>Governance</b>	Update of the transitional plan for MoPHP	4 <sup>th</sup> quarter 2014 and 1 <sup>st</sup> quarter 2015	This is now a priority for the country and it can be done with WHO technical support to ensure that the plan closes the gap between the humanitarian plan and development.
	Alignment and harmonization among different stakeholders in emergency and development	On-going	Participation and coordination will facilitate and create the base for effective policy dialogue
	Recruitment of an NPO (national professional officer) grade D	The whole duration of the project	He/She will play the major role in implementing the action points in regard to harmonization, coordination, supervision...etc.
	Technical Assistance on the changing role of MoPHP	4 <sup>th</sup> quarter 2015	To identify the roles and links of the different levels of the MoPHP based on best international practices, within the context of the new constitution and the federal system regions.
<b>HIS</b>	Implementation of SARA (Service Availability Rapid Assessment)	1 <sup>st</sup> and 2 <sup>nd</sup> quarter 2015	It is a tool for understanding the gaps in services, strengths and weaknesses as well as understanding the implications of the current situation on service delivery.
	Health Sector Review	2 <sup>nd</sup> and 3 <sup>rd</sup> quarter 2015	It helps bringing evidence to practice. JANS will be conducted as a tool in the process. It will lead to identification of policy issues that will feed into an update of the national health strategy given the changing context within the past five years.
<b>Service Delivery</b>	Essential Service Package	1 <sup>st</sup> quarter 2015	It will give a unified understanding of PHC services for emergency, recovery and development. It will prevent overlapping of services and improve cost effectiveness.
	Development of a Restoration Plan and implementation of selective activities	1 <sup>st</sup> quarter 2015 onwards	Development of plan of action of health services restoration based on the SARA. To carry out selective actions that include software support; redistribution of staff, capacity building, referral system, others
<b>HR</b>	Capacity Building	On-going	It will target policy makers and other high managers to improve their skills and

			knowledge in planning, M&E and harmonization at governorate and districts levels (regions at later stage) .
<b>Health Financing</b>	An overview of the national health financing landscape	3 <sup>rd</sup> quarter 2015	The conduct a financial analysis; OASIS that will assist in carrying out the costing of the ESP and the preparations for the SHI scheme.

#### Lessons learned

The main lessons learned over the past few months of implementation are:

1. Exerting a level of flexibility in planning to adapt to a changing local context and needs is paramount; (the case of modification of some activities due to the ongoing emergency situation).
2. The importance of linking emergency focused interventions with development efforts in the context of transition and recovery of the health system and services.
3. Existing role of WHO in leading the emergency health cluster – comparative advantage to lead the policy dialogue towards transition and recovery.
4. Seeking opportunities and synergies with other partners.

## Road Map and timeline for 2015

	Activities	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015
<b>Govern</b>	Update of the transitional plan for MoPHP					
	Alignment and harmonization among different stakeholders in emergency and development					
	Recruitment of an NPO (national professional officer) grade D					
	Technical Assistance on the changing role of MoPHP					
<b>HIS</b>	Implementation of SARA (Service Availability Rapid Assessment)					
	Health Sector Review					
<b>Service Delivery</b>	Essential Service Package					
	Development of a Restoration Plan and implementation of selective activities					
<b>Human Resources</b>	Capacity Building					
<b>Health Financing</b>	An overview of the national health financing landscape					

### Visibility and communication

The country did not provide any information for this topic.

### Impact assessment

#### **Country highlight by Dr Ahmed Shadoul, WHO Representative - Yemen during the Universal Health Coverage Partnership Technical Meeting in Tunisia – (16-18 September 2014):**

*Due to the conflict situation, the Yemeni health system is facing major disruptions since the 2011: drug supplies, HMIS, M&E, HRH, supervision, etc. In addition, the country has faced the departure of stakeholders due to insecurity. Currently the level of services is suboptimal due to destruction and looting of facilities, and the interruption of key public health programs. This situation has led to revise the modalities of the UHC Partnership in Yemen, bringing together*



*Emergency and Health Systems departments to develop specific ways of working with the country. The roadmap was updated accordingly: "The crisis gives us an opportunity to conduct dialogue with emergency and humanitarian stakeholders on health system issues, as well as to develop transitional and recovery plans." (please see bullet point #4 on p. 16).*