

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:

EU-Luxembourg-WHO UHC Partnership

Date:

Reporting Period: January – December 2017

Prepared by: WHO CO Tajikistan

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.

SO I. Evidence based policy making

Activity 1 (ER1): Channeling evidence to policy dialogue at the Joint Annual Review (JAR)

- JAR 2016 conducted in January 2017 and JAR 2017 conducted in November 2017

Activity 2 (ER1): UHC monitoring matrix to track UHC progress in Tajikistan finalized and approved

- UHC monitoring matrix with indicators including measures for baseline indicators and milestones finalized and approved by the MOHSPP

Activity 3 (ER2): Costed plan for an institutionalized approach to UHC monitoring matrix 2016-2026 finalized and approved

- The costed plan of UHC monitoring finalized

Activity 4 (ER2): The arrangements to implement the UHC monitoring matrix defined

- The working group (WGs) on UHC has been officially approved by the MOHSPP

Activity 5 (ER2): Capacity building on implementation UHC monitoring process including on-the-job training provided

- On the job training conducted for National Health Accounts Specialist linking NHA and UHC monitoring

SO II. Capacity building on UHC including equal access to health services

Activity 1 (ER3): Policy options to revise the SGBP proposed

- The policy options for enhanced pro-poor targeting of health resources have been developed and proposed to the MOHSPP.

- A round table to strengthen the local capacity in benefit package designing conducted

Activity 2 (ER4): Training program on UHC developed and carried on at national level

- Training program completed and covered over 40 specialists through participation in WHO Barcelona Course on Health Financing for Universal Health Coverage organized and conducted at the international (Barcelona, 13-17 March), regional (Issyk-Kul 24-28 July) and national (Dushanbe, September 25-29)

Activity 3 (ER5): Analytical work on access and use of health services initiated

- A sample analysis on financial burden and equity carried out based on the data from on the revised health module of routine HBS

Activity 4 (ER5): Thematic policy note about policy option for a more pro-poor benefit design developed

- A policy brief on general health financing issues has been developed

SO III. National Health Policy plans aligned with aid effectiveness principles

Activity 1 (ER6) Policy dialogue and consensus building around UHC activities proposed under the Partnership carried out

- Round table on improving access to health services for vulnerable population conducted in May 2017

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 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.

Roadmap Activity 1. Channeling evidence to policy dialogue at the Joint Annual Review (JAR) 2017 is done

100% of completion

- JAR 2016, under the leadership of the MOHSPP and coordinating role of WHO, has taken place at the end of January 2017 where MOHSP has confirmed its commitment to the strategic turn toward UHC and the orientation of health financing towards social equity.
- Similarly, JAR 2017 has taken place in November 2017. UHC has been a specific focus for discussion on improving access to services and improving financial protection. The country experience on using various approaches for addressing financial and access barriers were presented such as financial incentives to improve access and quality of health services and as well as optimization of health facilities for more improved service delivery.

Key Outputs:
Policy dialog conducted

Roadmap Activity 2: UHC monitoring matrix to track UHC progress in Tajikistan finalized and approved

100% of completion

- Technical support provided to finalize the UHC monitoring matrix built around the two key dimensions of UHC: service coverage and financial protection has been approved by MoHSPP in April 2017 to support the development of evidence informed health financing policies and serve as a key source of information for future evaluation of policies in

Key Outputs:
UHC matrix approved

Tajikistan. See the MOHSP order in Annex	
ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.	
Roadmap Activity: Costed plan for an institutionalized approach to UHC monitoring matrix 2016-2026 finalized and approved	100% of completion
<ul style="list-style-type: none"> • A costed plan to implement UHC monitoring matrix was developed with WHO technical assistance and discussed at the Round table on UHC on 24 November, 2016. The costing is done for 10 years to make the UHC monitoring process sustainable. See the costed plan in Annex • The costed plan of UHC monitoring is presented in the WHO technical assistance report (November 2016) and shared with the MOHSPP. See the mission report in Annex 	Key Outputs: Costed plan developed
Roadmap Activity: The arrangements to implement the UHC monitoring matrix defined	100% of completion
<ul style="list-style-type: none"> • To monitor progress, MoHSPP UHC WG has been established and approved April 2017 consisting of members of Health Financing and Service Delivery working groups leading on the implementation of the respective pillars of the National Health Strategy 2010-2020 of Tajikistan. See the MOHSPP order in Annex • As per agreement reached between MoHSPP and WHO in May 2017, UHC working group (WG) together with Republican medical statistics and information (RMSIC) of the MoHSPP have been assigned responsible for monitoring progress as per approved UHC matrix • For 2017 the UHC “service coverage” data has been collected from routine MoHSPP statistics. Data on UHC “health care utilization and OOP’s spending” is planned to be gathered through through the System of Health Accounts (SHA) and Household budget routinely conducted by the Agency of statistics under President of the Republic of Tajikistan (ASPRT). • The revised "Health" module was piloted as part of HBS in 750 households. The pilot revealed various issues in methodology and administration of the survey which will require additional support for strengthening the capacity of the Agency of Statistics under the President of RT for a proper institutionalization of the health module in routine HBS. See technical report on the pilot in Annex 	<ul style="list-style-type: none"> • UHC WG approved • UHC baseline data to 2016 collected • Health module pilot report produced

Roadmap Activity Capacity building on implementation UHC monitoring process including on-the-job training provided	50% of completion
<ul style="list-style-type: none"> On the job training has been provided to the newly appointed National health Accounts Specialist in Republican medical statistics and information centre of the MoHSPP to link health financing (incl. financial protection) data work with UHC monitoring. 	Key Outputs: Training provided
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.	
Roadmap Activity: Policy options to revise the SGBP proposed	100 % of completion
<p>Activities undertaken:</p> <ul style="list-style-type: none"> To advance discussions on developing policy options for more pro-poor benefit package design and targeting, two in-country technical assistance missions were completed. Two policy options were proposed: (i) design a pro-poor benefits package and (ii) identify an alternative funding sources to enhance the fiscal space for health. Round table conducted in May 2017 to discuss the designing of pro-poor benefits package options with all involved stakeholders. See mission report in Annex. Synthesis report were developed documenting the proposed options for pro-poor design of a package and challenges in implementation of this in the current context of Tajikistan. Based on the analysis, the arguments to re-programme this activity to another one (initiate the comprehensive health financing reforms) are provided in this Synthesis report. See for the details in the Synthesis report in the Annex. 	Key Outputs: <ul style="list-style-type: none"> Round table conducted Synthesis report produced Policy options suggested
ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.	
Roadmap Activity: Training program on UHC developed and carried on at national level	100% of completion
<ul style="list-style-type: none"> Two MOHSPP representatives and WHO National Professional Officer (NPO) participated at WHO Barcelona Course on Health Financing for UHC as training of trainers (TOT) approach in April 2017. 	Key Outputs: Capacity of the government representative from various

<ul style="list-style-type: none"> • Six representatives of Tajikistan attended WHO Barcelona on Health Financing for UHC in July 2017 in Issyk-Kul, Kyrgyzstan • Thirty-six government representatives including from the MOHSPP, ministry of finance, ministry of economics, state investment agency, oblast health and finance departments, local experts from development partners attended WHO Barcelona Course on Health Financing for Universal Health Coverage, 25- 29 September 2017, Dushanbe, Tajikistan. This WHO Barcelona course was specifically tailored to Tajik context but keeping the basics of international WHO Barcelona course. The high-level trainers were invited to teach at this course. See agenda in the Annex. 	sectors has been strengthened
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.	
Roadmap Activity: Analytical work on access and use of health services initiated	50% of completion
<ul style="list-style-type: none"> • A sample analysis of access and use of health services completed as part of health module piloting in frame of HBS. See health module pilot report in Annex 	Key Outputs: Analysis completed
Roadmap Activity: Thematic policy note about policy option for a more pro-poor benefit design developed	100% of completion
<ul style="list-style-type: none"> • A policy brief about current health financing arrangements in Tajikistan was developed. See Annex 	Key Outputs: PB
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.	
Roadmap Activity : Policy dialogue and consensus building around UHC activities proposed under the Partnership carried out	100% of completion
<ul style="list-style-type: none"> • A Round table on improving access to vulnerable population has been conducted in May 2017. See for more details mission report May 2017 	Key Outputs: RT
Roadmap Activity	% of completion
Activities undertaken:	Key Outputs:
<p>Changes in circumstances or problems encountered that affected the original plan:</p> <p><i>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.</i></p>	

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
<p>Activity 1 (ER3): Policy options to revise the SGBP proposed</p>	<p>This activity is proposed to reprogram because of several challenges to revise the SGBP making the service coverage sufficiently pro-poor and effective from a universal health coverage perspective.</p> <ul style="list-style-type: none"> • First, the set of eligible services is still largely unspecified and includes both high-cost type of services and more affordable type of care. • Second, the types of services are only partially aligned with the burden of disease of the poor. • Third, while the Government’s understanding of the costs of providing certain services (in particular those related to reproductive, maternal, newborn, child, and adolescent health) is improving, there is still a need to review the set of curative, preventive, and promotional services from an effectiveness perspective. • Fourth, the Government needs to obtain an improved analysis of the potential for effective financial risk protection afforded by the benefits package. <p>Against this background of a partly unfinished policy agenda and the recent amendments to the State Guaranteed Benefits Package, the Government and the WHO technical assistance team have agreed to refocus the work over the coming 12 months. While the support will continue to identify policy options for a more pro-poor benefit design looking beyond 2019, the team will work with the Ministry of Financing and Ministry of Health to work on broader health financing arrangements that are not still in place including pooling, strategic purchasing etc. Additionally, as part of this work a rigorous fiscal space analysis for health in Tajikistan will be carried out. This analysis will serve as a background for the development of the overall health financing framework for the Government and will be a collaborative effort across multiple stakeholders.</p>
<p>Activity 4 (ER5): Thematic policy note about policy option for a more pro-poor benefit design developed</p>	<p>Reprogrammed as linked to above</p>

Activities added

Added Activity 1: Support to establishment of a Health Financing Unit under State Budget Department of the Ministry Finance	5% of completion
<ul style="list-style-type: none"> • In November 2017 the Ministry of finance has approached WHO CO with the request for technical assistance to proceed with the health financing reforms focusing on pooling and strategic purchasing • In December 2017 WHO has officially confirmed the readiness to support this initiative • Discussions have been held with the MoHSPP and MoF to get preliminary agreement and coordinate effort • WHO communicated with WB and other DPs working in the country and interested in supporting this work • WHO TA mission is planned for mid-February 2018 (i) to discuss and agree with the MoHSPP and MoF on establishing a Health financing unit within MoF budget department; (ii) to coordinate and harmonize the health financing initiatives in the country together with the key development partners 	Key outputs:
Added Activity 2:	% of completion
Activities undertaken:	Key outputs:

Lessons learned:

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

- Support provided by the Partnership enabled WHO to reinforce the preparatory work across all dimensions of UHC and across all health financing functions which is needed before implementation of any comprehensive health financing reform program.
- The activities identified under the Partnership are aligned with current context of Tajikistan. New opportunities have emerged for political dialogue and implementation of comprehensive health financing reforms in Tajikistan.
- Systematic capacity building around UHC in and beyond the health sector to strengthen political support to move forward towards UHC is needed.

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.

- UHC Partnership Leaflet produced. See Annex
- News item on round table on Moving towards universal health coverage in Tajikistan: improving access to health services for vulnerable populations. Posted at TJK CO website:
<http://www.euro.who.int/en/countries/tajikistan/news/news/2017/06/moving-towards-universal-health-coverage-in-tajikistan-improving-access-to-health-services-for-vulnerable-populations>
- New item on health financing course developed and posted at TJK CO website:
<http://www.euro.who.int/en/countries/tajikistan/news/news/2017/10/who-course-on-health-financing-for-universal-health-coverage-in-tajikistan>

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.

- Capacity building on health financing with involvement of policy-makers and technical experts across various sectors and key ministries in Tajikistan has increased the pool of experts with better understanding of health financing issues and emphasized the need for further health financing reform to improve access to health services and financial protection of people.

“The health sector is currently a priority sector for us, because, as the saying goes, ‘a healthy nation is the wealth of the state’. The WHO Barcelona course on health financing for UHC was very relevant to me. Knowledge I have gained will be useful in my future work: it provided us an opportunity to create a new vision of how we can eliminate the inefficiency of the current system and provide the population with fair and inexpensive medical services,” said Hayriddin Najmiddinov, Head of the Budget Planning Department of the Main Department of Finance in Khatlon Region.

“This course was very important for health managers who are directly involved in the implementation of reform. It was very informative, and provided answers to all the questions asked about health financing. The experience of other countries in implementing health financing reform was also demonstrated, which proves the need to reform the financing system,” agreed Gulnor Zoirbekova, Primary Care Manager from Gorno-Badakhshan Autonomous Region.

- The Partnership activities have triggered an initiative of the Ministry of finance to renew efforts on implementation of health financing reform being discussed for last decade. The Ministry of finance has approached WHO with the request for technical assistance to proceed with the health financing reforms focusing on pooling and strategic purchasing at the hospital level. This evidences the MOF readiness and commitment for more comprehensive reforms and allows the Partnership to broaden the scope of work in the country for a stronger impact.

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 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.

Roadmap Activity: name the activity as to the roadmap; potentially define milestone on the road to complete this activity

Activity : Channeling evidence to policy dialogue at the Joint Annual Review (JAR) 2018 is done

- JAR under the leadership of the MOHSPP will take place at the end of late 2018. During which the results of the WHO technical assistance missions under the Partnership will be discussed. (Q4)

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

Activity : Capacity building on implementation UHC monitoring process including on-the-job training provided

- Capacity building activities including on-the-job training to strengthen implementation of UHC monitoring process will be provided by the WHO experts in designated UHC areas. (Q1, Q2, Q3, Q4)
- WHO technical support will be provided during data collection and analysis with a focus on access and utilization of health services (Q1, Q2, Q3, Q4).

<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>Activity : Improving the targeting of public funds through efficient allocation of public funds and strategic purchasing</p> <ul style="list-style-type: none"> • The policy options and recommendations to deploy pooling, strategic purchasing etc. will be developed and proposed to the MoF and MOHSP. (Q2, Q3, Q4) • The discussion around proposed policy options will be carried out during series of Round tables/workshops to strengthen the local capacity. (Q1, Q2, Q3, Q4)
<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>Activity : Analytical work on access and use of health services initiated</p> <ul style="list-style-type: none"> • An analysis on financial burden and equity will be carried out using data collected during pilot survey on health care utilization and access conducted by SSA based on the revised health module of routine HBS. (Q2, Q3, Q4)
<p>Activity : Thematic policy note about policy option for a more pro-poor benefit design developed</p> <ul style="list-style-type: none"> • A policy brief discussing policy options efficient allocation of public funds and strategic purchasing (Q4)
<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>
<p>Activity : Policy dialogue and consensus building around UHC activities proposed under the Partnership carried out</p> <ul style="list-style-type: none"> • Capacity building in a form of Round tables/workshops targeting technical people in key positions in and outside the health sector coupled with a Senior Policy Forums targeting high level policy makers will take place to build further political support and consensus around UHC agenda in Tajikistan. (Q2, Q3, Q4) • A joint WHO and other DPs work will be organized to discuss on the future of comprehensive health financing reforms in Tajikistan and a joint strategy on moving forwards toward UHC, in order to communicate to the Government of Tajikistan as one voice development partners to shape the national policy in Tajikistan. (Q3, Q4)

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>