

# Year 6 Report (2017 activities)

---

**Country: Mozambique**

EU-Luxembourg-WHO UHC Partnership

**Date: 18 January 2018**

**Reporting Period: January-December 2017**

**Prepared by: Silvia Bignamini, M&E officer**

## SECTION I: RESULTS

### Main results

- Health Financing Working Group co-chaired and resulted in the elaboration of policy options for health financing towards Universal Health Coverage (UHC);
- Developed capacity of the Ministry of Health (MoH) for the National Health Accounts (NHAs) and produced the report for year 2015;
- Monitored the progress of the national health plan by successfully completing the Health Sector Joint Annual Review of year 2016 that resulted in informed planning for the following year and renewed commitments of sector budget support from donors.

## SECTION II: ACTIVITIES

### Main activities achieved and progress made:

**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: Strengthening Health financing towards Universal Health Coverage**

% of completion: 70%

Activities undertaken:

The P4H initiative hired a consultant to provide technical assistance (TA) to the Director of Planning and Cooperation in order to finalize the proposal with the main objectives to increase the funding of the sector and the efficiencies in the use of the funds. .

Key Outputs:  
Health financing strategy elaborated and policy options currently under discussion at the highest level of the Ministry

**Roadmap Activity: Organize a series of consultation /Knowledge exchange on Health financing with different stakeholders**

% of completion 60%

Activities undertaken:

Annual workshops organized with MoH and partners including NGOs

Key Outputs:

**Roadmap Activity: Health Financing Working group Secretariat**

% of completion 100%

Activities undertaken:

Supported the **health financing** working group secretariat and coordination among partners including Non-Governmental Organizations (NGOs) by holding regular meetings.

Key Outputs:  
Regular meetings hold on a monthly basis

<b>ER 2:</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.	
<b>Roadmap Activity: National Health Accounts exercise</b>	% of completion 90%
Activities undertaken: <ul style="list-style-type: none"> <li>• Staff trained on <b>National Health Accounts</b> (NHAs) methodology and elaborated the NHAs report for year 2015.</li> <li>• Preliminary results disseminated in steering committees and final report approved.</li> </ul>	Key Outputs: Elaborated the NHAs 2015
<b>Roadmap Activity: Capacity building on MTEF, Program Costing at Decentralized level</b>	% of completion 100%
Activities undertaken: Finalized the <b>Mid Term Expenditure Framework</b> 2018-2020 including capacity development at sub-national level	Key Outputs: MTEF 2018-2020 elaborated and approved
<b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
<b>ER 3:</b> 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.	
<b>Roadmap Activity: Capacity building for steering committee members</b>	% of completion 60%
Activities undertaken: <ul style="list-style-type: none"> <li>• Developed the <b>capacity</b> of the head of the planning and health economics department of the MoH on health financing by attending a training course in WHO-HQ.</li> </ul>	Key Outputs:
<b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.	
<b>Roadmap Activity :Support the Interministerial group work on Health Insurance</b>	% of completion
Activities undertaken: <ul style="list-style-type: none"> <li>- Developed capacity of MoH staff on health insurance</li> <li>- Organized meetings and workshops</li> </ul>	Key Outputs: Proposal for Health Insurance of civil servants elaborated
<b>ER 5:</b> 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.	
<b>Roadmap Activity Health Financing e-discussion Forum</b>	% of completion
Activities undertaken:	Key Outputs:
<b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	
<b>ER 6:</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.	
<b>Roadmap Activity: Planning Forum with other Key Government Sectors relevant to UHC</b>	% of completion 100%
Activities undertaken:	Key Outputs:

<ul style="list-style-type: none"> <li>- Preparation and realization of annual meeting on planning and finance lead by the MoH with participation from the Ministry of Economy and Finance</li> </ul>	Integrated annual meeting on health planning and finance realized under the leadership of the MoH
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

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

**Activities eliminated, changed, postponed**

Roadmap Activity	Reasoning to eliminate/change/postpone activity
Review of Resource allocation criteria formula	Activity still on going, no output yet

**Activities added**

<b>Added Activity 1: Costing the RMNCH investment case</b>	% of completion 100%
Activities undertaken: costing of the Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition investment case	Key outputs: Investment case costed and resulted in resource mobilization from DFID through UN agencies including WHO (total of 23 Million pounds) and approval of GFF (Global Financing Facility) for 25 Million USD
<b>Added Activity 2: conducting the Joint Annual Health Review (JAHR) 2016</b>	% of completion 100%
Activities undertaken: <ul style="list-style-type: none"> <li>- Co-chaired the working group for the realization of the JAHR</li> <li>- Analyzed data from routine health information system</li> </ul>	Key outputs: Joint Annual Health Sector Review for year 2016 approved

**Lessons learned:**

- The working group on health financing was restructured in order to be more functional and three levels of work have been approved by the MoH: (i) restricted

technical group coordinated by the Director of Planning and Cooperation; (ii) broader working groups in the context of SWAp-Sector Wide Approach chaired by National Directors of respective areas; (iii) strategic group lead by the Minister of health.

- The development of a national health policy to guide universal health coverage and primary health care interventions is now in the MoH plan for year 2018 as a result of advocacy and resource mobilization from WHO.

**Visibility and communication:**

- Steering Committee held for the dissemination of preliminary results on the NHAs
- Health Financing workshop held with relevant partners, donors and NGOs to discuss policy options

**SECTION III: IMPACT ASSESSMENT / RESULT CHAIN**

**Impact assessment / results chain:**

The programme served as catalytic for the mobilization of additional funds towards UHC. A proposal was elaborated and submitted to the Irish Aid that approved almost 1 Million USD to fund UHC policy, strategies and plans in Mozambique. An international professional officer will be hired with this funds that will complement EU-Lux efforts and lead to greater impact at country level. P4H also hired an international expert to provide TA at the MoH starting in December 2017. WHO successfully mobilized resources at country level to hire a Health Economist consultant (6 months duration) from February 2018 with funds from SDC. Advocacy efforts by WHO Representative lead to the inclusion of the elaboration of the National Health Policy in the MoH plan for year 2018 and WHO successfully mobilized resources through a Joint Programme funded by DFID to support this activity.

## SECTION IV: ROADMAP 2018

### Roadmap/timeline for 2018:

**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.

Develop the national health policy towards UHC in the context of reforms at sector level

Support the implementation of the Antimicrobial Resistance plan

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

Support the Mid-Term Review of the health sector strategy using results from the SARA survey (Service Availability and Readiness Assessment)

Develop the health sector M&E plan

**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.

Develop health financing policy options, monitoring and evaluation of the implementation in the context of the technical sub-group of PIMA (Planning, Investments, Monitoring and Evaluation)

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

Develop capacity of the National Pharmaceutical Regulatory Authority (NRA)

**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.

Use data from the National Health Accounts for policy and planning

**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.

Support and facilitate the annual planning and budgeting and the medium term expenditure framework including estimation of envelope of resources (internal and external) for improved allocative efficiencies

Facilitate multi-sectorial engagement and broader consultation within the established policy dialogue mechanisms

## Annex:

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

Specific objectives (SO)	Expected Results (ER)
<p><b>SO I.</b> 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><b>ER 1.</b> 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><b>ER 2.</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p><b>SO II.</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p><b>ER 3.</b> 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><b>ER 4.</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p><b>ER 5.</b> 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><b>SO III.</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p><b>ER 6.</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>