

Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Mozambique

EU-Lux-WHO UHC Partnership

Date: December 29th, 2016

Prepared by: WHO/CO

Reporting Period: January - December 2016

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 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 (ER3): Strengthening Health financing towards Universal Health Coverage

Activity 2 (ER3): Organize a series of consultation /Knowledge exchange on Health financing with different stakeholders

Activity 3 (ER3): Health Financing Working group Secretariat

Activity 4 (ER3): National Health Accounts exercise 2014-15

Activity 5 (ER3): Capacity building on Program Costing using ONEHEALTH.

Activity 6 (ER3): Review of Resource allocation criteria formula

Activity 6 (ER4): Support the Interministerial group work on Health Insurance

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

Activity 1 (ER3): Health Financing e-discussion Forum

Activity 2 (ER4): Capacity building for steering committee members

Activity 3 (ER4): Policy briefs development

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

Activity 1 (ER4): Strengthen the coordination with NGOs working in the health sector

Activity 1(ER4) : Planning Forum with other key Government Sectors relevant to UHC

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.)*

In the context of Health partners coordination WHO continued to co-chair the health financing working group with Ministry of Health and coordinate support on Health financing strategy. The main outcome of this was the draft zero of HFS , that was discussed with partners for refined inputs and is now for technical consideration at the Ministry of Health. The alignment of processes allowed WCO to lead the support for costing of Investment Case for RMNCH using OneHealth Tool , an opportunity to gradually institutionalize the tool into country processes.

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.

1. **Activity 1 (ER3):** Strengthening Health financing towards Universal Health Coverage(70% achieved)
Consolidation of health financing strategy comments received on the preliminary draft on HFS. Continued building advocacy with key government sectors relevant to HFS development
Outputs achieved under this activity include:

- Improved dialogue within Ministry of Health and other sectors
- Alignment with GFF country platform

Activity 2 (ER3): Organize a series of consultation /Knowledge exchange on Health financing with different stakeholders (50% achieved)

2 Consultations held with partners including NGOs working in the health sector on HF options outlined in the preliminary findings of HFS draft. Consultation with subnational level yet to be carried out. Recommendations from participants were addressed to policy makers in the Ministry of Health.

Activity 3 (ER3): Health Financing Working group Secretariat(100% achieved)
Regular meetings in line with Road map for HFS as well as GFF process that started in May.

Activity 4 (ER3): National Health Accounts exercise 2014-15, achieved 60%
NHA exercise launched. Main outputs include: Steering Committee revitalized, reference group trained, stakeholders sensitized, and Data collection ongoing

Activity 5 (ER3): Capacity building on Program Costing using ONEHEALTH, (100% achieved)
Trough Technical assistance WHO supported the costing the of RMNCH investment case in context Global Financing Facility where Mozambique is one of the Countries.

Activity 6 (ER3): Review of Resource allocation criteria formula (not achieved)

Activity 6 (ER4): Support the Interministerial group work on Health Insurance(100% achieved)
Draft document on Health Insurance for public servants submitted following the consultation with key stakeholder . This was a joint work with ILO team.

Activity 7 (ER3): Health Financing e-discussion Forum.(Achieved 30%)
An online discussion forum was created following the Course on Health financing last year. Although most available publications are in English this reference group is also used for consultation with HFS process.

Activity 8 (ER4): Capacity building for steering committee members(100% achieved)
Capacity building remain a top priority. 2 Steering committee members attended the WHO Course o Health Financing and one attended the Seminar on Health Planning organized by Institute of Hygiene and Tropical Medicine in Lisbon.

Activity 8 (ER4): Policy briefs development (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. Strengthening Health financing towards Universal Health Coverage(Benefit Package study on UHC)
2. Review of Resource allocation criteria formula
3. Strengthen the coordination with NGOs working in the health sector
4. Policy briefs development

Pending clearance from Ministry of Health for Terms of Reference for the study .

Changing of leadership at Planning Directorate affected the implementation of Roadmap activities, in particular the ones that needed wider consensus inside the Ministry.

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 2017-18 a new roadmap will be developed in the context of new phase of the program, to better incorporate recent developments in the sector. Activities ongoing and rescheduled will also be considered. Recommendations from WHO Mid term review as well as external evaluation to be taken into account for the 2017-18 roadmap.

Lessons learned:

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

1. *Policy dialogue processes are complex, demand time and strong leadership. Good technical work while essential and critical but not sufficient if after all no decisions are made or are delayed.*
2. *There is still need to build on strengthening the dialogue and collaboration between Ministry of Health and Finance to have a common understanding on the content and impact of health financing options to be considered for approval by Government;*
3. *Involvement of other stakeholders than development partners is weak, and need to be considered for a more inclusive health and development agenda.*

Road Map and timeline for 2017:

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. **These activities should be related to objectives/ER and have clear timeline and indicators.***

The Roadmap of activities for 2017 is still under negotiation with Ministry of Health. It is expected to align most of the Health financing issues with the Policy Dialogue for the overall Health Sector Reforms aiming at harmonizing country Plans with SDGs for UHC.

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. Innovative financing study, a deliverable under this Program was presented at AfHEA –African Health Economics and Policy Association Conference in Rabat, 26-29 September 2016 following accepted abstract. An article is being prepared for publication.

Impact assessment:

*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.

1. WHO contribution while modest was catalytic to keep the Health Financing development process going and promoting technical consultation in the context of Health SWAP.
2. WHO contribution was also critical in the support of the ongoing work for the Investment Case for Reproductive, Maternal, Neonatal, Child and Adolescent Health joining other partners for the Costing Component an opportunity to institutionalize the One Health Tool

Linking activities to overall Objectives:

Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.

- National Monitoring & Evaluation framework indicators developed and used
- NHPSP is in line with JANS attributes
- An agreed draft Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

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>