

## **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

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**Country: Lao Peoples Democratic Republic (Lao PDR)**

EU-Luxembourg-WHO UHC Partnership

**Date: 19 January 2018**

**Reporting Period: January - December 2017**

**Prepared by: WHO Country Office, Lao PDR**

## 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

The UHC Partnership programme supported the review of the governance process of the health sector reform (HSR), which is the Lao Roadmap to achieving UHC by 2025. The aim of the review was identifying mechanism to accelerate the implementation of the reform. This Review resulted in a Ministerial Decree to establish a HSR Committee, assigning the Cabinet of the MOH to oversee the implementation, and re-alignment of the 5 key pillars of Health Sector reform with the 8th Five year health sector development plan (HSDP). This work also resulted in the merging of 3 Secretariat (HSR, Sector Wide Group and 3 Builds) into one Secretariat and the re-structure of 8 TWGs of the HSDP into 5 TWGs to reflect the 5 key pillars of the HSR. Such restructure and realignment will streamline reporting requirements to the National Commission for HSR within the PM's office, to the National Assembly and to the Annual Round table meetings of government. As a result four provinces have been selected as pilot provinces to accelerate the HSR process with continuous monitoring and follow-up from the MoH Cabinet on the progress. Results will help expansion to the remaining provinces in 2018. **Link to SO1; ER1 & ER6**

The UHC Partnership programme continued its support for the Health Professional Council. The official agreement for establishing the Health Professional Council and Boards was signed on 17 February 2017 in Vientiane Capital. The High level signing ceremony included the Health Minister, Associate Professor Dr Bounkong Syhavong; the President of the Health Professional Council Dr Ponmek Dalalay who is a former Health Minister; the WHO Representative, Dr Juliet Fleisch; and Luxembourg Embassy, Charge de Affaires, Mr Claude Jentgen. The meeting was also attended by senior MoH staff, Heads of UN agencies and Development partners and Council and Board members. The official Decree by the Minister of Health mandating the Council to commence on registration and licencing was signed on 30 June 2017. Together with ADB, WHO further supported establishing the criteria for registration and the development of a national licencing framework to guide the Council with the licensure process. Official registration and licencing of currently practicing health professionals in Public/government owned facilities and private workers will commence from January 2018. The establishment of the Council has also accelerated work in the area of Health Profession Education Reforms looking to ensure that graduates have the right competencies to practice, through curriculum reforms; student assessment; faculty development; accreditation; and continuing professional development. This work has further strengthened the MoH's commitment to the ASEAN Mutual Recognition Agreement (MRA) which aims to improve harmonization of professional qualifications by setting standards for accreditation; and ensuring a sufficient, fit for-purpose and fit-to-practice health workforce. Both MoH and partners recognise the importance of this work in meeting the goals of universal health coverage in Lao PDR. **Link to SO1; ER1 & ER6**

A National HRH Forum towards achievement of UHC and SDGs conducted at the end of 2017. The overall aim of the Forum was to identify MoH future key priorities for HRH and to ensure development partners commitment to supporting HRH planning and development was completed with all partners pledging their support to on-going support for strengthening HRH development in Lao. **Link to SO2; ER2**

There has been rapid movement in the area of service delivery, which was assisted by the government's strong interest and commitment to the UHC agenda. In 2017, with funding support from the UHC-P, an essential service delivery package has been developed under the scope of HSR, with participation of all health programmes at all levels. For the first time, non-communicable diseases (NCD) were included within the package of essential services. The implementation of this essential service package will require a system shift in service, adding on chronic care to the existing preventive and emergency care. This work on development of the service delivery package also has linkages to UHC discussions for financing of services under the National Health Insurance Scheme and alignment to health workforce planning undertaken in 9 provinces across Lao PDR. Close coordination with MOH for work on UHC, as well as with Department of Health Care on the Service Delivery Packages; and close collaboration with development partners including the World Bank, ADB, JICA, Lux-Dev and Swiss Red Cross was a key achievement. The development of a package of essential services to be delivered will provide a platform for integrated planning and budgeting in the health sector. **Link to SO1; ER1**

The UHC-P has also supported the development of Decrees to support the health service delivery. These include are the Decree on health service delivery and mechanisms to implement the package; Decree on the Establishment of the Health Professional Council and Boards and a Decree for registration and licencing of health professionals with related guidelines. Policy dialogues were conducted during the finalization and dissemination of the decrees. These decrees will further strengthen the delivery of services, especially in ensuring that qualified staffing is in place. **Link to SO2; ER3**

Training on financial and drugs management was undertaken in 2 provinces in 2017. This training was supported by the EU and UHC-P programme. This capacity building has resulted in provincial and district staff with a better understanding of financial management and reporting on income and expenditure in their respective facilitates. The Swiss Red Cross was contracted by WHO to undertake this training. It is envisioned that such training will continue in 2018. **Link to SO2; ER3**

Together with support from the Global Fund, the UHC/SDGs indicators have been identified and included as part of the overall health sector implementation M&E framework. This effort has been led by MOH with support from WHO and partners including the Global Fund, World Bank and ADB. The UHC-P funded technical support for the development of the UHC dashboard which will monitor progress towards achievement of UHC in Lao PDR by 2025. **Link to SO1: ER2**

## 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.

<b>Roadmap Activity: Planning &amp; Coordination: Support the Ministry of Health with Phase 11 of the Health Sector Reform (HSR) Strategy which focus on Basic Services &amp; Health Financing</b>	100% for 2017 activity
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Activities undertaken: *add more detailed description of what was done for this activity, which progress was made against roadmap indicator/ anticipated impact; role of WHO etc.*

- In 2017, under the scope of HSR, an essential service delivery package has been developed, with participations of all health programmes at all levels. For the first time, Noncommunicable diseases (NCD) are taken as part of the essential services. The implementation of this essential service package will require a system shift in service, adding on chronic care to the existing preventive and emergency care.
- In close collaboration with development partners including the World Bank, JICA, and Swiss Red Cross, several policy dialogues and consultation workshops at Central, province and district level were undertaken to ensure that the delivery package incorporated the essential services to be delivery at the different levels of health facilities from Health centres to district and provincial and central hospitals
- It is expected that this package will form the basis for the development of the benefits package to be administered under the National Health Insurance fund which has been scaled up nationwide by the end 2017.
- WHO through the UHC-P Programme provided the technical and financial support for the development, consultations on and finalization of the service delivery package.
- Health Personnel Information system has been updated and linked to the Health workforce planning undertaken in 9 provinces. This work has been co-supported by the ADB and WCO through the UHC-P
- Work on Curriculum Reform in Medical and Nursing Education commenced.
- WHO through the UHC-P Programme provided the financial support for the work on health workforce planning and Curriculum Reform

**Key Outputs:**

- The essential service delivery package developed and endorsed by the Minister of Health during the presentation of the final package at the “National conference on the implementation of the service delivery package within the concept of HSR” in December 2017.
- Costing and Implementation of the package will be undertaken in 2018.
- Updated HPMIS completed
- Health Workforce planning completed in 9 provinces
- Curriculum reforms underway

<b>Roadmap Activity: Advocacy, awareness &amp; Training of the Financial Management Guidelines</b>	100% completed for support provided by UHC-P
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Activities undertaken:

- Training on Financial and Drugs management undertaken in 2

**Key Outputs:**

Training Tool using Excel developed on

<p>provinces. This training was supported by the EU and UHC-P programme. This capacity building has resulted in provincial and district staff with a better understanding of Financial management and reporting on income and expenditure in their respective facilities</p> <ul style="list-style-type: none"> <li>• Swiss Red Cross was contracted by WHO to undertake this training</li> </ul>	Financial management
<p><b>ER 2:</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>	
<ul style="list-style-type: none"> <li>• <b>Roadmap Activity:</b> Support development of M&amp;E systems and annual health sector reviews (DHIS2)</li> </ul>	100% for Monitoring tool (M&E will be on-going)
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• UHC/SDGs indicators have been identified and included as part of the overall health sector implementation M&amp;E framework. This effort has been led by MOH with support from WHO and partners including World Bank, Global Fund and ADB.</li> <li>• Co-support with other key partners including World Bank on discussions on identifying and monitoring core indicators related to health financing in national and international strategies including through the use of DHIS2.</li> </ul>	<p><b>Key Outputs:</b> UHC dashboard has been developed</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>Roadmap Activity:</b> Support development, review and revision of public health legal frameworks to strengthen health service delivery</p>	100% completed for support provided by UHC-P
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• Support the development of the Decree for service delivery packages to improve service delivery system and ensure patients benefit as intended</li> <li>• Decree on the Establishment of the Health Professional Council and Boards; Decree for Registration and Licencing of Health professions leading to development of Guidelines for this registration and licencing process</li> <li>• Support for stakeholder meetings and policy dialogue to highlight and discuss the National Health Insurance Strategy and Decrees and meetings to disseminate and raise awareness and endorsement of these Decrees</li> </ul>	<p><b>Key Outputs:</b> Decree on the establishment of the service delivery package n health facilities; Decree on the Establishment of the Health Professional Council and Boards; registration and licencing with related guidelines; meeting report</p>

**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.

<b>Roadmap Activity:</b> Support for the Sector Wide Coordination	100 % of completion for 2017 activity
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<p><b>Activities undertaken:</b></p> <ul style="list-style-type: none"> <li>• Support provided to the MoH and Department of Planning and Cooperation with the planning and convening of the Health Sector Wide Group (SWG) Policy meeting on 25 October 2017 which included updates on the Health Sector Reform programmes towards UHC and SDG achievements by the MoH and first key steps towards aligning reporting of the 5 key pillars of the HSR.</li> <li>• Further support provided to the MoH in SWG report preparation to the Ministry of Planning and Investment for the annual Round Table Meeting.</li> <li>• Support for reforming and realignment of the TWGs of the 8 priority areas of the MoH under the 5 priority areas of the HSR and reported against with related M&amp;E framework of the 8th 5 year Health Sector Development Plan.</li> <li>• On-going support for the monthly meetings of the Health Development Partners meeting; the Health Financial Partners meeting and the HRH Health Partners meeting chaired by WHO</li> </ul> <p>Technical and Financial support provided from the UHC-P in coordination and collaboration with JICA given that the WHO and the Japanese Embassy are Co-Chair of the Health Sector Working Group and provide technical support to the MoH as Chair of the SWG.</p>	<p><b>Key Outputs:</b></p> <ul style="list-style-type: none"> <li>• Decree on the establishment of the MoH as Secretariat for the HSR;</li> <li>• Realignment of the 8 TWGs of the Health Sector Plan to 5 TWGs to reflect 5 pillars of the HSR</li> <li>• Health SWG report to the Annual Roundtable Meeting submitted to Ministry of Planning &amp; Investment.</li> </ul>
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**Changes in circumstances or problems encountered that affected the original plan:**

**Activities eliminated, changed, postponed:** N/A

Roadmap Activity	Reasoning to eliminate/change/postpone activity

**Activities added:** The 5th Anniversary of the Annual Technical Meeting of the EU/LUX-WHO UHC Partnership Programme held in Brussels from 21 – 23 March 2017 highlighted the need to strengthen Governance structures and functions across health systems. This need has been recognised by the Government and the Ministry of Health (MoH) in Lao PDR. In addition to the identified Roadmap activities in 2017, work on strengthening the governance process of the Health Sector Reform was also undertaken. This has also been highlighted in Section I under Main Achievements

<b>Added Activity 1:</b> add description of an activity as to the roadmap	100% completion of review. Issues
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<p><b>Improve governance to fill gap between political intention and effective implementation of the Health Sector Reform.</b></p>	<p>identified from review will be a focus for 2018 support</p>
<p>Activities undertaken: <i>add more detailed description of what was done, progress made against roadmap indicator/ anticipated impact; role of WHO etc.</i></p> <p>At the request of the MoH Cabinet, WHO supported the review of the structure, functions, and processes of the Health Sector Reform with funding from the Global Fund and the UHC Partnership Programme. The review recommended several strategies as a means of strengthening governance and accelerating the reform process particularly related to the need for policy advice and capacity building especially at provincial and district level. This review also increased awareness of the reform process and its linkages to the HSDP, and the 3 builds Policy of the Government and the need to ensure the alignment of plans and strategies and the budgeting process . Donor support towards strengthening of governance of the HSR is currently provided by the ADB and WHO. <b>Link to SO 1; ER1 &amp; ER6</b></p>	<p><b>Key outputs</b></p> <ul style="list-style-type: none"> <li>● Ministerial Decree to establish a HSR Committee, assigning the Cabinet of the MOH to oversee the implementation.</li> <li>● Four provinces have been selected to accelerate the HSR and address all 5 pillars of reform.</li> </ul>
<p><b>Lessons learned:</b></p> <ul style="list-style-type: none"> <li>● On-going communication, collaboration and coordination with key Development Partners LUX-DEV, Lao LUX, JICA, ADB, WB, KOFHI and through the EU and ROK projects ensured synergy of support to the government and MoH and decreased duplication of activities and support</li> <li>● Coordinating activities ensured speaking with one voice and one message regarding UHC and helped to further facilitate an understanding of the broader concept of UHC</li> <li>● Continuous communication and supporting activities through the UHC-P will help to address this with future directions being on-going support through the UHC-P; ensuring that the partnership programme continues to collaborate and support other WHO, health partners and MoH programmes.</li> </ul>	
<p><b>Visibility and communication:</b></p> <ul style="list-style-type: none"> <li>● Given that several national activities were supported under the UHC-P programme, the CO ensured that these activities were published in the local newspaper and published in the WPRO website.</li> <li>● The UHC-P was also widely mentioned during the high level visits to 4 provinces to discuss the governance process of the Health Sector Reform. As the meetings were funded under the UHC-P, This was highlighting by the WR in her opening address.</li> <li>● Visibility and Communication work will continue to be strengthened throughout 2018 with a plan to do much more work in terms of visibility and communication in 2018 as already discussed with our Country office Communications Officer , especially with the upcoming 2018 World Health Day with the theme on UHC/Health for All</li> </ul>	

## SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

### Impact assessment / results chain:

The UHC Partnership programme supported the review of the governance process of the health sector reform (HSR), which is the Lao Roadmap to achieving UHC by 2025 with the aim of identifying mechanism to accelerate the implementation and reporting mechanism of HSR. This work resulted in the merging of 3 Secretariats (Health Sector Reform, Sector Wide Group and 3 Builds Committee) into one Secretariat and the re-structure of 8 Technical Working Groups (TWG) under the 5year Health Sector Development Plan into 5 TWGs to reflect the 5 key pillars of the HSR. Such restructure and realignment will streamline reporting requirements to the National Commission for HSR within the PM's office, to National Assembly and to the Government's Annual Round Table process which brings together all Government Ministries and Departments, Donors and Development Partners to discuss progress made as Lao PDR prepares to graduate from Least Developed Country (LDC) status by 2020 and become an upper-middle-income country by 2030. This work has only been possible with the on-going coordination and collaboration among key health partners in their support to Government.

Support for the Health Sector Reform process has also ensured Governance reforms; rationalized structures within the MoH to better address health priorities and reporting of Global Health Initiatives; stronger initiatives by the Department of Finance to address public financial management issues, and the use of the DHIS2 as the one tool for all programmes to report into and for planning and monitoring implementation of Health Sector Development Plan across the MoH from National, Provincial, and District level. It is envisioned that the final outcome will be better services for the population and improved health status of the population.

The development and endorsement of the health service delivery package was achieved, with participations of all health programmes at all levels of the MoH. For the first time, NCDs has been included as part of the essential services. The implementation of this essential service package will require a system shift in service, adding on chronic care to the existing preventive and emergency care warranting better services for the population. There is a need now to ensure there is linkage between the service delivery packages, insurance benefits packages and workforce planning towards achieving UHC in Lao PDR. It is expected that this package will form the basis for the development of the benefits package to be administered under the National Health Insurance fund which has been scaled up nationwide by the end 2017. The expansion of health insurance coverage based on the essential service package at all levels will improve access to the Lao population and meet the health care needs. This essential package will also help determine HRH, finance, governance and HIS for monitoring to ensure better access to and delivery of quality care and services.

HRH Support: The inaugural meeting in February 2017 attended by the Regional Director saw the formal endorsement of the Health Professionals Council and Boards was a key achievement after 1 year of advocacy to have this Council in place. This has resulted in the commencement of the registration and licensing of health professionals, a first for Lao PDR. The establishment of the Council has also led to health profession education reforms especially reviewing of the medical and nursing curriculums to ensure they meet the standards for licensing and registration set by the Council. Such work will ensure that competent and qualified health workers are produced who will deliver quality health care to the people of Lao PDR.

As stated by H.E the Minister for Health Associate Professor Dr Bounkong Syhavong during the UHC Forum in Tokyo, in December 2017 "My ministry has made good progress towards achieving UHC, in

areas of improving access to health services, more mothers and children were using health services. We have introduced measures to remove the financial barriers, registering our health workers and strengthening capacity. There is a more systematic process for data collection which supports us in evidence-based decision making, stronger governance and accountability”.

Overall the UHC- P Programme’s ability to co-fund and co-support activities has been crucial to the successful implementation of the Partnership programme and to other donor funded and supported programmes in Lao PDR.

## 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.**

**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: SOI. Support Provincial Planning and Coordination**

- Strengthen Provincial level integration between Health Sector Reform (HSR) and the 8th 5 year Health Sector Development Plan (HSDP) planning and reporting by aligning the 8 priority programs of the HSDP under the 5 priority areas of the HSR **(SO 1; ER1 & ER 2)**

**Timeline:** completed by Q4 2018; **Indicator:** Provincial Plans reflect the 5 priority areas of the HSR in the 4 pilot provinces; **Milestone:** Capacity Building for M&E of provincial health plans undertaken in 4 pilot provinces by end of Q2

- Support costing and implementation for essential service delivery packages linking to benefits package of National Health Insurance (NHI) scheme **(SO1; ER3)**

**Timeline:** completed by Q3 2018; **Indicator:** Costed Health Service Delivery Packages; **Milestone:** support for stakeholder meetings and policy dialogue on approved essential service delivery packages by end of Q2

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

- Support Capacity Building for M&E of health policies, plans **(SO1 and ER2)**

**Timeline:** completed by Q3 2018; **Indicator:** integrated SDG/UHC/HSR indicators matrix developed; **Milestone:** On-going support provided for training on use of DHIS2 as a platform for MoH monitoring and reporting of UHC and SDGs.

**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: SO II: Improve technical and institutional capacities, knowledge and information**

- Support results-based management training for key HSR leaders at central, provincial, district and health facility levels, to internalize a results-oriented approach to HSR. This will include support for advocacy, awareness and capacity building in the roll out of reform activities **(SOII; ER2)**

<p><b>Timeline:</b> Training completed by Q4 2018; <b>Indicator:</b> training manual developed and 3 training sessions conducted. <b>Milestone:</b> Formative assessment of the Management training undertaken</p>
<ul style="list-style-type: none"> <li>• Support for Health Professional Council with Education Reforms and on-going licensing and registration of health professionals <b>(SOII; ER 2)</b></li> </ul> <p><b>Timeline:</b> completed by Q4 2018; <b>Indicator:</b> Licencing and registration of at least 65% of public sector Health professionals achieved ; <b>Milestone:</b> curriculum reform in medical and nursing education reflect requirement of licencing and registration</p>
<ul style="list-style-type: none"> <li>• Support the strengthening of integrated planning and budgeting for health services at all levels. This is to be linked to the service delivery package and Benefits package of the NHI <b>(SOII; ER 3)</b></li> </ul> <p><b>Timeline:</b> completed by Q3 2018; <b>Indicator:</b> integrated planning and budgeting reflected in health sector plans at central and province levels; <b>Milestone:</b> M&amp;E of health plans undertaken.</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>
<ul style="list-style-type: none"> <li>• Support research and evidence generation studies in country including NHA and funding flows. Such studies will contribute to the ongoing multi-sectoral policy dialogue and development and discussions on the GAVI and GF ATM transition roadmap in the country throughout 2018. <b>(SOII; ER 5)</b></li> </ul> <p><b>Timeline:</b> completed by Q4 2018; <b>Indicator:</b> Research reports; <b>Milestone:</b> Use of findings in policy dialogues</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>
<p><b>Roadmap Activity: SOIII: Support for Sector Wide Coordination.</b></p>
<ul style="list-style-type: none"> <li>• Support development and implementation of Policy and legislative requirements for the delivery of HSR programmes. This will include support for stakeholder meeting and policy dialogues on the 5 key pillars of the HSR <b>(SOIII; ER 6)</b></li> </ul> <p><b>Timeline:</b> completed by Q4 2018; <b>Indicator:</b> relevant policies, laws and decrees developed; <b>Milestone:</b> development of related policy and legislative requirement undertaken as required.</p>
<ul style="list-style-type: none"> <li>• Support to MoH for operational and policy meetings in the lead up to Annual Round table meeting. This will include support to MOH, provincial, and district leadership with advocacy of HSR and Vison 2030 <b>(SOIII; ER 6)</b></li> </ul> <p><b>Timeline:</b> completed by Q4 2018; <b>Indicator:</b> SWG Operational and Policy meeting reports ; <b>Milestone:</b> understanding and support of HSR process by provincial and district senior management and leadership.</p>
<ul style="list-style-type: none"> <li>• On-going support for Monthly Informal meeting of Health Development Partners to ensure coordination and collaboration Partners priorities and upcoming, planned activities <b>(SOIII; ER 6)</b></li> </ul> <p><b>Timeline:</b> completed by Q4 2018; <b>Indicator:</b> Annual reports; Coordinated programme activities; <b>Milestone:</b> support from health partners for collaborating on programme activities of various health partners</p>

## 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>