



World Health Organization

Proposed Luxembourg-WHO collaboration:

Supporting policy dialogue on national health policies, strategies and plans in 6 countries within the framework of the EU-Luxembourg-WHO Universal Health Coverage Partnership

I. INTRODUCTION

In the context of the Post-2015 framework discussions, health system weaknesses were acknowledged as the most important obstacles towards achieving those MDGs which could not be reached by this year – the health MDGs. Weak health systems are characterized by a fragmented approach to policy formulation, planning and implementation, leading to duplication of services, parallel systems and waste of resources across programmes. More specifically, key weaknesses identified include shortages and mal-distribution of skilled human resources, inadequate public funding, poor alignment of financial incentives with service delivery strategies, fragmented financing systems, limited access to essential medicines, shortage of medical and diagnostic equipment, and poor health infrastructure. These health system weaknesses also constrain progress towards UHC.

Given the above, it is all the more critical to continue the work of the Luxembourg-funded health systems strengthening programme *‘Supporting policy dialogue on national health policies, strategies and plans in West Africa’* under the appellation *EU-Luxembourg-WHO Universal Health Coverage Partnership*.

Since its launch in late 2011, the EU-Luxembourg-WHO Universal Health Coverage (UHC) Partnership has been widely embraced as one of the ideal ways through which WHO can be strengthened to take on its core mandate of convening and brokering the policy dialogue around UHC. Luxembourg has been a vital player in this Partnership from 2013-2015 by providing funding for this work in 6 countries, namely Burkina Faso, Cape Verde, Laos, Mali, Niger and Senegal¹, with a Health Policy Advisor deployed in 3 of them, (Burkina Faso, Lao and Mali).

i. Complementary actions to Luxembourg’s development aid

As identified in Luxembourg’s 2014 Global Health Strategy², the overarching goal of the Luxembourg government’s development work in health is Universal Health Coverage. One of the key pillars through which Luxembourg wishes to achieve this is health systems strengthening (HSS). The Universal Health Coverage Partnership is incontestably in line with Luxembourg’s strategy, supporting WHO’s viewpoint that Universal Health Coverage should be the all-encompassing goal for every country’s health sector, with the principal means being HSS.

The proposed programme is also in line with Luxembourg’s commitment “to continue and strengthen the bilateral and multilateral efforts aimed at supporting the definition and implementation of sectoral health policies that are relevant, planned and budgeted”³. The proposed programme is complementary to the bilateral projects in the Indicative Cooperation Programmes (ICP), focusing on building and enforcing the institutional capacities of health sector authorities for planning, management and implementation.

WHO’s commitment to promoting participatory and inclusive policy dialogue for UHC is in line with the cross-cutting commitment by Luxembourg in all its ICPs to support good governance, participative democracy and citizenship. The proposed programme further reinforces

¹ Another 14 countries are covered by European Union funding

² <http://www.cooperation.lu/2014/en/561/Global-Health-strategy>

³ Santé, Stratégies et orientations 09, La Coopération Luxembourgeoise au Développement, p16

Luxembourg's commitment to the Paris Declaration principles and to aligning with the national policies, strategies and plans of its partner countries with its specific support to IHP+.

ii. EU-Luxembourg-WHO Universal Health Coverage Partnership

The present proposed programme ***“Supporting policy dialogue on national health policies, strategies and plans in 6 countries within the framework of the EU-Luxembourg-WHO Universal Health Coverage Partnership”*** aims at enabling WHO to better support countries in building their capacities for the development, negotiation, implementation and monitoring and evaluation of robust and comprehensive NHPSP, to put into practice IHP+ principles, to strengthen health systems in order to move more rapidly towards universal health coverage.

The reason why this is no longer a regional West Africa-focused programme is two-fold: 1) Lao was added on in August 2015 as a 6th country to the original 5 from the previous West Africa-based programme which runs from 2013-2015; and 2) From the beginning in 2013, and with as an explicit wish of the Luxembourg government, this programme has always been part of a wider programme of technical support by WHO to national health policies, strategies and plans towards UHC as envisioned in the Twelfth General Programme of Work for 2014-2019. The overarching *EU-Luxembourg-WHO Universal Health Coverage Partnership* has worked on the underlying principle of supporting countries from all regions in their HSS needs on the path towards UHC.

iii. WHO context

As part of WHO's Programme of Reform, ensuring equitable and sustainable health systems has been identified as one of the five technical programme priorities agreed by WHO Member States. The Twelfth General Programme of Work for 2014-2019 which embodies the technical element of the reform agenda, clearly states that “WHO should play a stronger role in helping national authorities to prepare national health policies, strategies and plans. This is in line with WHO's convening and leadership role”. In addition, global support for universal health coverage as the driving force behind robust NHPSP and health systems strengthening efforts was bolstered in 2012 with the unanimous adoption of a resolution in the United Nations General Assembly which emphasizes health as an essential element of international development.

II. THE PROPOSED LUXEMBOURG-WHO PROGRAMME

In order to face the growing demand by member states for technical support for UHC reforms, WHO's global target is to enhance WHO capacities at headquarters (HQ), Regional Offices (ROs), and 40 WHO country offices in order to efficiently support 40 low and middle-income countries to develop realistic and robust NHPSPs which can serve as a foundation for universal health coverage. The EU's support will increase from 14 to 19 countries for the phase 2016-2018. Luxembourg's continued support from 2016-2018 would thus bring the total number of countries under the Partnership to 25, or 62% of the overall target.

The present proposed Luxembourg-WHO collaboration strategically supports the above-mentioned reform and will cover an important part of the overall work plan. It will cover capacity building and normative work in HQ and Regional Offices as well as operational policy work at WHO

country offices' level of 6 Luxembourg partner countries (Cape Verde, Burkina Faso, Laos, Mali, Niger, Senegal). Very importantly, it will help to continue the critical normative and research component of the UHC Partnership and synthesize lessons learned and best practices from the 6 target countries but also among all of the UHC Partnership countries.

The 6 proposed countries have been chosen because, thanks to the current phase of this Luxembourg-funded programme managed by the WHO Health Systems and Innovation Cluster, WHO has built up a solid trusting relationship with the Ministries of Health (MoHs) and launched important dynamics that the proposed programme will institutionalize at country level. Reinforcing this dynamic by strengthening WHO country offices is a clear demand from the 6 proposed countries, specifically for the continuation of WHO technical support that would focus on policy processes for UHC.

i. Objectives

The overall objective is to develop WHO capacity to efficiently support countries for ***improved and equitable health sector results in selected countries***⁴.

WHO will draw on its global convening role, institutional capacity, experience and achievements⁵ of the last 3-4 years of the EU-Luxembourg-WHO Universal Health Coverage Partnership, as well as country presence - reinforced through the placement of 3 long term senior experts in Bamako, Ouagadougou, and Vientiane - to continue supporting selected countries where the national challenges to policy making and implementation of national plans are such that they cannot adequately be dealt with only through current back up by the regional offices, sub-regional offices and HQ teams. The expertise will support the country offices providing sector-wide advice to facilitate national health policy dialogue across programmes and systems.

The programme will work on achieving the following **three specific objectives**:

- I. To support the development and implementation of robust national health policies, strategies and plans that aim to increase access to quality care, increase financial risk protection, and increase health equity in the drive towards UHC
- II. To increase technical and institution capacities, knowledge and information for health systems and services adaptation and related policy dialogue around UHC
- III. To ensure that international and national stakeholders are increasingly aligned, and donors are increasingly harmonized around NHPSP

The target group for the programme in terms of building institutional and technical capacities for policy dialogue, are the Ministries of health, development and finance, as well as other actors involved in the health sector (civil society, private sector, health professionals associations) and technical and financial partners (UN family, donors, international NGOs, etc).

⁴ Focus partner countries for Luxembourg: Burkina Faso, Cape Verde, Laos, Mali, Niger and Senegal: <http://www.cooperation.lu/2011/fr/161/Introduction>

⁵ With Luxembourg support through the Partnership, in Burkina Faso, WHO played an instrumental role in technically supporting and pushing through the Universal Health Insurance Law. In Cape Verde, WHO convened partners to broker a Country IHP+ Compact. In Niger and Mali, WHO was the leading technical agency supporting development of the National Health Plan. In Senegal, WHO through the Partnership provided technical guidance to the Joint Annual Review 2014.

The 3 specific objectives are completely in line with the overall UHC Partnership goals and leverage the experiences and lessons learned from the past 3-4 years of this type of targeted policy dialogue/UHC support in 20 countries. An increased emphasis will be placed on specific objective III with a separate budget line for support for effective development cooperation through the International Health Partnership (IHP+) secretariat.

ii. Expected results

The general expected result is: ***Institutional capacity for comprehensive participation in and management of the political and technical NHPSP cycles and health financing reforms for universal health coverage enhanced***

Expected results:

- Countries have prepared / developed / updated / adapted their NHPSP through an inclusive policy dialogue process towards an increased coverage with needed health services, financial risk protection and health equity;
- Countries have put in place expertise, M&E systems, annual health sector reviews and effective corrective mechanisms that allow taking rapidly actions in case of assessed issues;
- Countries have developed plans to move more rapidly towards UHC, with a particular focus on the poor and vulnerable;
- Accurate, up to date evidence is available and shared across countries on what works and what does not work in relation to HF reforms for universal coverage;
- Harmonization and alignment of health aid with national health plans is consolidated and accelerated.

iii. Activities for three years

The first 3-4 years of the UHC Partnership has seen a strong focus on country-based work: kick-starting the programme in countries, clarifying country needs and translation of global concepts to local realities, and preparing the ground through dialogue with the counterpart Ministry of Health (MoH). The 4th year of the Partnership (2015 – the 3rd year for the Luxembourg component) has seen countries and Policy Advisors more settled in their tasks, with a routine in their relationships with MoH and other stakeholders. This has allowed HQ and RO to shift focus slightly from country support to synthesizing multi-country experiences, lessons learned, and launching a programme of operational research jointly with the Alliance for Health Policies and Systems Research. In 2016-2018, country support will remain the prominent part of the Partnership; In addition, WHO will put more resources in enabling the scale-up of critical overarching normative and research work – it is critical because there is a paucity of information and evidence on health policy dialogue and universal health coverage and considerable confusion around the concept themselves; putting out guidance documents and tools is essential to ensuring that all partners and stakeholders have a similar understanding of what it takes to make policy dialogue and universal health coverage successful.

The Luxembourg financial support will thus contribute to the following activities of the overall workplan:

- 1) To continue synthesizing multi-country experiences and lessons learned through operational research to better comprehend Partnership activities and their added value in policy processes; to gather evidence for good practice on situation analysis, National Health Assemblies, priority setting, costing, operational policy dialogue mechanisms, monitoring and evaluation and ensure appropriate visibility of results achieved;
- 2) Operational support to Country offices: to provide the 6 WHO country offices of Cape Verde, Burkina Faso, Laos, Mali, Niger, and Senegal with technical support on NHPSP and UHC over a period of 3 years as well as seed funding for activities; Backstopping: to provide WHO HQ and Regional Offices Health Systems teams with necessary resources to ensure proper backstopping of WHO country offices;
- 3) Overall management and reporting of EU-Luxembourg-WHO Universal Health Coverage Partnership

More specifically, key activities include:

Inception phase: To (re-)assess and update the situation of the National Health Planning Cycle, the on-going policy dialogue process, the aid effectiveness agenda and the specific needs in terms of capacity building and technical assistance for UHC for each of the 6 target countries of the current proposal;

Component 1: To continue synthesizing multi-country experiences and lessons learned through operational research to better comprehend Partnership activities and their added value in policy processes

Component 2: To provide capacity building technical assistance to countries

- To support countries to undertake comprehensive situation analysis of the different components of their health systems (including financing and universal coverage issues);
- To support and facilitate the organization of a process for multi-stakeholder involvement in the country health policy dialogue process;
- To support countries to define NHPSP activities, interventions and their costs, aiming at health universal coverage;
- To support countries in the monitoring and evaluation of the implementation and management of their NHPSP;
- To support and facilitate mechanisms to capture population's opinion on health issues and priorities;
- To support countries to communicate national health sector improvements and results to the general public;
- To facilitate South-South (West Africa) learning and sharing of experience (inter country workshops, peer-reviews of plans, etc);
- To support and facilitate the development and implementation of the country IHP+ compact and the monitoring of the implementation;
- To facilitate the organization of the Joint Assessment of National Strategies (JANS) or equivalent agreed mechanisms, and related negotiations;

Component 3: WHO's overall technical coordination, reporting, visibility/communication activities and management.