

Year 6 Report (2017 activities)

An annex of the Strategic Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: TUNISIA

EU-Luxembourg-WHO UHC Partnership

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Reporting Period: 2017

Prepared by: Benoit Mathivet, Health System Adviser, WCO TUN

INTRODUCTION

The template is structured into IV sections.

Section I: Results

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 Strategic Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partially) completion of activities as to the roadmap, with activities having contributed directly or indirectly to listed results and outputs. Hence, this section puts emphasize on the results achieved; the subsequent section focuses on the activities per se. We thus recommend completing section II prior to section I.

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 road map 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 or draft 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 UHC 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. 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 this is that section II is a description of the activities done, and section I is for the results achieved and the key outputs from those activities. To take an example, a result/output is 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 ER 1.

Result: the process of dialogue societal is back on track, phase II goals have been realigned towards the development of a national health strategy which will serve a reference in all future processes and for all decision makers.

- **A consensus was found** on the necessity to have a national strategic document. And there is high level ownership.
- **There is a clear roadmap** for the development of the new strategy: workgroups are expected to deliver draft chapters at spring 2018. And to continue developing the document under the leadership of the umbrella group until the end of the year.
- **Technical workgroups are in place**, are working and started to deliver expected products
- **The participatory spirit of the Tunisian process is preserved** and enhanced, with numerous regional meetings scheduled.
- **Tunisia exchanges on its experience of citizens participation with a network of countries sharing the same aspirations.**

SO I ER 2.

Result: Institutions in charge of advising in the development of health policy and in monitoring and evaluating progress are strengthened and deliver relevant products:

- **The INASante is well institutionalized and saw its capacity strengthened.** It is ready to launch the accreditation process. It has adequate capacity to adapt clinical guidelines and conduct health technology assessments and already started to do so.
- **The INSP produced the Tunisian Health Examination Survey 2016 and disseminated the results.** It contributed to highlight a number of challenges to be addressed by the forthcoming national health strategy and has been globally acknowledged as a state-of-the art national initiative to monitor progress towards UHC.

SO II ER 3 & 4.

Result: Favorable ground was created for future health financing reforms, through awareness raising and capacity building work especially. Health financing is a sensitive subject in Tunisia, as the country already achieved a lot on the path towards UHC, the challenge is now to reform the health financing system so that it incentivizes the adaptation of the whole health system to new challenges... this is a tremendous change in the state of mind which requires time.

- **A critical number of decision makers have seen their awareness raised on health financing policy and its role in reaching UHC.** This effort now progressively trickles down to practitioners level in both MoH and MHI fund structures.
- **Health financing is a key area of work of phase II of the societal dialogue,** and the HF chapter will be a center-piece of the national health strategy scheduled for 2019.

SO II ER 5:

Result: there is increasing , home-grown, evidence to sustain dialogue on health financing policy.

- **National health accounts are produced and analyze by national experts,** in a state-of-the-art and participatory way, the process is fully institutionalized
- **THES 2016 has been structured to allow deep analysis of financial risk protection, and this work started.**

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: Phase II of the societal dialogue in Health: development of the national health sector strategy

30 % of completion, on track

Phase II of the societal dialogue for health was officially launched in July 2017 after months of preparation and advocacy work.

This preparation phase included:

- Numerous awareness-raising meetings at Minister (3 consecutive ministerial teams in the course of 2017) and directors level.
- Support to the work of the technical committee throughout the year, especially to design the governance framework and expected technical products of phase II
- Support to citizens involvement events in this design phase, namely a citizens review meeting in Kairouan in May 2017 and the first steering committee including full Jurys Citoyens participation in Tunis in July 2017.

The steering committee of July 2017 agreed on a roadmap which would aim at developing the national health strategy in the course of 2018 and having it approved in 2019, as a guiding document for the sectoral component of the 2020-2024 and 2025-29 5-years national development plans.

On a technical level, phase II is organized around 6 thematic working groups:

- the “umbrella group” is in charge of the development of the strategy itself by inter-linking the work of other groups and dealing with horizontal matters,
- a second group dedicated to governance,
- a third dedicated to financing,

Key Outputs:

- Phase II of the dialogue societal is launched
- Technical working groups are constituted and working
- There is a clear timeline for the development and approval of a national strategy towards SDGs

<ul style="list-style-type: none"> - a fourth dedicated to service delivery with a focus on PHC and patient-centered care, - a fifth to social determinants of health and health in all policies, - a sixth to medical technologies. <p>Groups started to meet in September 2017 and in the course of Q4 2017 they have each produced a brief highlighting key technical aspects of their work as well as a work program leading theme to the delivery of a technical note which will be the flesh and bones of a dedicated chapter in the national strategy.</p> <p>It is worth noting that the same participative approach as the one of phase I has been preserved and even improved, with the Jurys Citoyens being invited to take part in the technical groups, and several regional consultations being planned in the course of the development of each chapter.</p>	
<p>Roadmap Activity: Promoting south/south and inter-sectoral exchanges on citizens participation</p>	<p>100 % of completion</p>
<p>Throughout year 2017, UHC-P in Tunisia promoted the idea of citizens participation in health policy through the support to a number of national and international events, this was especially the case:</p> <ul style="list-style-type: none"> - In April 2017, when the UHC-P supported the participation of 70 Tunisian attendants (CSO members, practitioners etc.) to the Global Summit on Social Accountability of Medical Universities, held in Hammamet, Tunisia. - In November 2017, when the UHC-P, through the joint support of WHO CO and EMRO, supported the organization of a regional meeting of CSO working on UHC - In December 2017, when a delegation from Tunisia (CSO and MoH members) were invited to join the 10th National Health Assembly in Thailand to discuss experiences in enhancing the participation of citizens in health policy, together with homologues from Thailand, Iran and France. 	<p>Key Outputs:</p> <ul style="list-style-type: none"> - Members of the MoH are increasingly convinced of the key role of the civil society - A critical number of CS members have been exposed to capacity building events and foreign experience
<p>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>	
<p>Roadmap Activity: Building the capacity of the National Accreditation Agency (INASante, also in charge of clinical guidelines and Health Technology Assessment)</p>	<p>100% of completion</p>
<p>Activities undertaken:</p> <p>Throughout 2017, the capacity of the national accreditation instance was reinforced:</p> <ul style="list-style-type: none"> - Through the provision of trainings on systematic literature review tools (GRADE Pro), which will help with such tasks as adaptation of clinical guidelines and patients pathways as well as health technology assessment. - Through the constant provision of advice in the above tasks, and advocacy among national stakeholders for the use of the services proposed by INASante - Through support to INASante for the presentation of their work 	<p>Key Outputs:</p> <ul style="list-style-type: none"> - The capacity of the INASante is improved - It is more and more recognised and used by national stakeholders

<p>during international events, like the HTAi conference in Rome in June 2017 and the ISQua in London in September 2017.</p>	
<p>Roadmap Activity: analysis and dissemination of the Tunisian Health Examination Survey 2016</p>	<p>100% of completion</p>
<p>Activities undertaken: The Tunisian Health Examination Survey was produced by the National Institute of Public Health (INSP) in 2016 with the financial support of WHO EMRO. UHC-P EU Funds were later used to boost the dissemination and further analysis of results.</p> <p>UHC-P was especially instrumental in:</p> <ul style="list-style-type: none"> - Supporting the early dissemination workshop of May 2017. - Supporting further quality assurance work during a workshop held in Geneva in July 2017. - Supporting the set-up of a number of pluridisciplinary thematic working groups responsible for further exploitation of THES2016 data. <p>The survey, based on a representative sample of the Tunisian population, provides an up-to-date picture of the sanitary situation of the country (health condition, behaviour, physical access to care, financial protection etc.). It especially shades light on critical phenomena such as the growing burden of NCDs, related behaviours and possible hints of inadequacies of the existing service delivery model.</p> <p>It is worth noting that THES was presented in the WHO/World Bank Global UHC monitoring report 2017 released in December 2017 (dedicated box page 19 for Tunisia, the only country getting such visibility in this report).</p>	<p>Key Outputs:</p> <ul style="list-style-type: none"> - THES 2016 is produced and disseminated. - Further exploitation of data is on the way
<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>Roadmap Activity: embedding work on the health financing policy in the dialogue societal process</p>	<p>100% of completion</p>
<p>Activities undertaken: As part of phase II of the dialogue societal process, health financing policy is one of the key topic and is hence the area of work of a dedicated work group.</p> <p>Since September 2017, this group frequently met, and gathered members of the MoH, of the MHI (CNAM), of the MoH, as well as academics and members of the civil society. At the time of writing this report it produced a policy note and a roadmap for its work</p>	<p>Key Outputs:</p> <ul style="list-style-type: none"> - Phase II working group on health financing policy frequently meets, has a clear roadmap and started producing. -

ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.	
<i>Roadmap Activity: capacity building in health financing policy of a critical number of decision makers and practitioners.</i>	100% of completion
<p>Activities undertaken:</p> <ul style="list-style-type: none"> - A delegation of MoH and CNAM participants was trained as part of the 3rd Francophone Course on Health Financing Policy and UHC, which was held in November 2017, around the topics of strategic purchasing and public finance management for health. - In July 2017, the WHO health policy adviser organised an awareness raising session on health financing policy key concepts and their application in Tunisian in front of regional and national directors of the MHI (CNAM). This activity paved the way for a longer term, broader capacity building effort of CNAM staff envisioned for 2018. 	<p>Key Outputs:</p> <ul style="list-style-type: none"> - Key decision makers at both MoH and MHI level are sensitized and trained in health financing policy - Field practitioners within the HF system are increasingly made aware of the bigger picture of their action in the broader national policy context
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.	
<i>Roadmap Activity: National Health Accounts development and institutionalization</i>	100% of completion
<p>Activities undertaken:</p> <ul style="list-style-type: none"> - National Health Accounts 2014 have been further refined, especially through the classification by diseases of more than 75% of expenditures. Final tables were finalized and disseminated in summer 2017. - This work was used in the development processes of a number of strategic documents, such as the one of the national NCDs strategy, and will be instrumental in the development of the national sectoral strategic document. - The process is fully institutionalized, through a multi-ministerial group of experts meeting on frequent basis to work on the product. Every member of the group built its capacity over-time, and the collective, participatory dimension of the work should be preserved in the future for the success of the exercise in coming years (the idea that NHA should be “owned” by a given MoH unit would be a threat to genuine institutionalization) 	<p>Key Outputs:</p> <ul style="list-style-type: none"> - NHA are produced on a frequent basis - State of the art methods are used. - Results are used for policy making and the process is institutionalised, in a participatory spirit.

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: no planned activity

% of completion

Activities undertaken:

Key Outputs:

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

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.

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
Hospital performance dashboards – patients/practitioners survey	In 2016, the hospital dashboard project, which was supported by the UHCP, was extended from 17 to 37 hospitals. The collection of the facility level data went well and is ready. However, the scale-up of the project created a need for automation of the patients and practitioners survey. This required purchase of relatively pricy equipment which was neither eligible as part of the UHCP or compatible with the total amount of funding available and other priorities like phase II of the dialogue societal. Performance dashboards are hence scheduled to be finalized in 2018 using other sources of funds.

Lessons learned:

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

- Phase II of the societal dialogue had to be realigned to new needs. Phase II was supposed to produce a series of much more operational documents based on the 2014 “Livre Blanc” which included key elements of a national health policy. However, with frequent changes of ministerial teams, it became obvious that this reference, although crucial, was not strong enough to guide health policy on the long run. It was hence decided that phase II would be dedicated to the drafting of a national health strategy aiming towards 2030 and the attainment of UHC. It is planned that this strategy will be officially endorsed by the Parliament and hence serve as a reference for every future government and for broader national strategic documents such as the forthcoming two 5 years plans. UHC-P proved to be very adequate in the process due to the nature of the support: the resident Health System Advisor

was able to assist in the re-alignment of the purpose of phase II, and financial resources were made available in a flexible manner to allow inevitable phases of pauses / accelerations implied by such processes.

- Work on health policy and on capacity building, is complex and does not immediately bear fruits, especially not in the lifespan of a development project, as pauses and even setbacks are to be expected. Moreover, these fruits are often the result of several parallel initiatives led by different actors, each intervening at a different stage of the result chain. In this context, it would be naive and scientifically dubious to expect or display immediate and full attribution of results achieved to a single initiative, especially when trying to link our actions to actual health gains... however committed we are to their success. We need to remember this when designing monitoring tools for the UHC-P and reporting on its achievements.

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.

- Publication: Mathivet (2017) Citizens Involvement in Tunisia. [World Health Popul.](#) 2017;17(2):16-18, as an answer to: Roher, Rajan, Schmets (2017) Population Consultation: A Powerful Means to Ensure that Health Strategies are Oriented Towards Universal Health Coverage. [World Health Popul.](#) 2017;17(2):5-15
- News article for the launch of phase II of the societal dialogue: <https://directinfo.webmanagercenter.com/2017/07/18/tunisie-demarrage-de-la-2e-phase-du-dialogue-societal-sur-la-reforme-du-secteur-de-la-sante/>
- UHC Partnership website, 2017 article reflecting on the UHC awareness raising efforts targeted at journalists : <http://uhcpartnership.net/fr/dernieres-nouvelles-laces-a-la-sante-en-tunisie/>

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment/results chain:

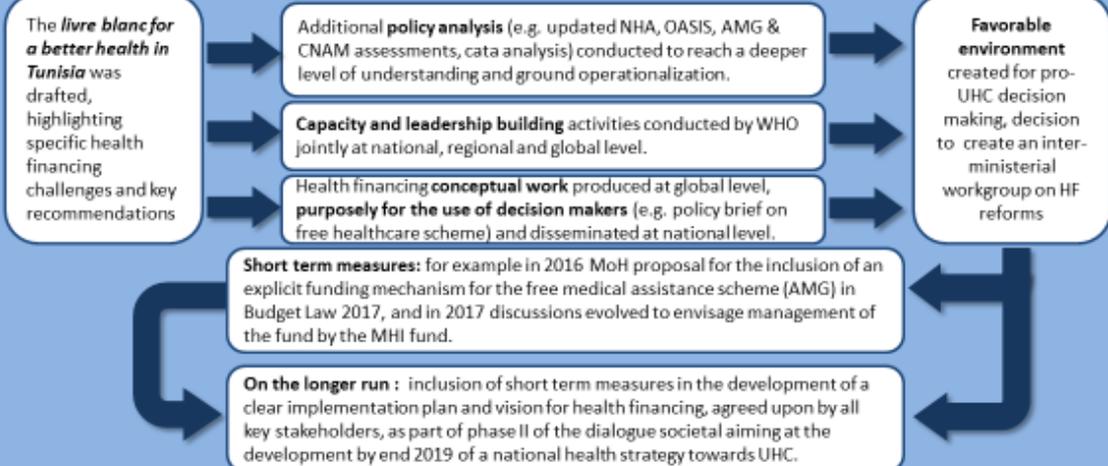
*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership 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.

TUNISIA

WHO-led UHC Partnership activity:

WHO-facilitated, participatory, stakeholder-led situation analysis of the health system (*dialogue sociétal*), with a strong pillar on health financing (ER 1 & ER3)



Once implemented: Increased equity in health financing and access to needed services, as well as improved financial risk protection, especially for those 35% of the population currently excluded from the *Caisse nationale d'assurance maladie (CNAM)*. As the population (especially the poor) gains better financial access to services, utilization rates are increased and their health status ultimately improved.

SECTION IV: ROADMAP 2018

Road Map/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 objectives/ER and have clear timeline and indicators.***

SO I ER1

- Development of the national health strategy throughout 2018, through phase II of the dialogue societal, validation expected early 2019.

SO I ER2

- Further capacity building of INASante and INSP.

SO II ER3 & ER4

- Development of the HF chapter of the national strategy, same timeline as above
- Further capacity building of MoH, MoSA, MoF and CNAM, down to practitioners level.

SO II ER5

- Calculation and analysis of NHA for years 2015 and 2016.
- Studies on strategic purchasing and PFM and health.

Annex:

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>