

## Year 4 Report (2015 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

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Country: South Sudan

EU-Lux-WHO UHC Partnership

Date: 16<sup>th</sup> November 2015

Prepared by: WHO CO/RO/HQ

Reporting Period: 2015

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Main activities as planned in the Road Map.

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**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**

**Activity 1:** Finalization of the review and update of the National Health Policy.

- This falls under activities;
  - A.2: Support countries to undertake comprehensive situational analysis and establish mechanism to regularly update them
  - A7: Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement
  - A9: Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination (HSC) meetings
- This relates to 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;

**Activity 2:** Review of the current Health Sector Development Plan through a conducting a modified joint annual review process

- This falls under activity; A.6: Support and facilitate the development of a Monitoring and Evaluation Framework
- This relates to; ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

**Activity 3:** Support the development of the Health Sector Strategic Plan

- This falls under activities:
  - A2: Support countries to undertake comprehensive situational analysis and establish mechanism to regularly update them

- A5: Support countries in the implementation and management of the NHPSP
- A7: Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement
- A9: Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination(HSC) meetings
- This relates to 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;

**Activity 4:** Capacity building for Annual Operational Planning

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP
- This relates to 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;

**Activity 5:** Implement the Country Learning Program

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP
- This relates to 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;

**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?(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.***

The political fragility and uncertainty within the country following the protracted conflict and negotiations between the warring parties has slowed sustained engagement with national counter parts at the Ministry of Health (MOH)-especially the leadership. Moreover this situation has been escalated, since August 2015, following the signing of the peace agreement which provides for the formation of a new Transitional Government of National unity (TGNU), which implies changes in the top leadership of all government institutions including MOH. Most of the implementation during this year has therefore

been at the subnational level where engagement with State and County level officials is not greatly impacted by the national political uncertainty, except following the Presidential decree for the formation of 28 States. Furthermore, the tense working relationship between the WCO leadership and the MOH during the first three quarters of the year, significantly contributed to impeding progress in national level engagement critical for the completion of planned activities. The rapid devaluation of the South Sudanese Pound against the US dollar also meant that the actual available funding for implementation declined from the previously budgeted amount.

**Activity 1 (ER1):** Just about 50% of activity one has been implemented. Conducted a consensus meeting with the parliamentary committee on Health and HIV/AIDS as part of the approval process for the draft national health policy. It is currently awaiting presentation to and subsequent approval by council of cabinet ministers. The WCO provided technical support for this process.

- Indicator 1: Survey based population opinion reflected in Country priority
  - Although no survey has been done, broadly inclusive national and sub national policy dialogue and consultative meetings generated Country priorities for inclusion in the national health policy
- Indicator 2: Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis
  - A draft national health policy for 2015 to 2025 has been developed, based on a comprehensive health situational analysis.
- Indicator 3: Platform for MoH/MoF discussion established
  - A platform for discussion between MoH and MoF already exists-the health sector working group. It involves dialogue between development partners, MoH and MoF in the development of the annual health sector budget.
- Indicator 4: Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation.
  - Not yet done. South Sudan currently doesn't undertake medium term expenditure frameworks.
- Indicator 5: Regular updates of the extent of financial risk protection
  - Not done. This may not be applicable to this activity

**Activity 2 (ER2):** Just about 60 percent of activity two has been accomplished. Inclusive consultations and policy dialogue meetings have been held at sub national levels for review of the current health sector development plan. The WCO provided technical support for this process.

- Indicator 6: Mechanism for monitoring implementation and taking corrective measures established.
  - Subnational consultative meetings held to review progress in implementation of the current health sector development plan and recommendations for inclusion in the health sector strategic plan generated.

**Activity 3 (ER 1):** About 60 percentage of activity three has been accomplished. Sub-national consultations as well as consultations with individual directorates of the MOH and other stakeholders at

national level have been done and the draft national Health Sector Strategic Plan (HSSP) developed. The HSSP is pending a national consensus meeting which can only be done after finalization and launch of the NHP. The WCO provided technical support for this process.

- Indicator 1: Survey based population opinion reflected in Country priority
  - Although no survey has been done, broadly inclusive national and sub national policy consultative meetings generated Country priorities for inclusion in the national health sector strategic plan
- Indicator 2: Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis
  - A draft national health sector strategic plan for 2015 to 2019 has been developed, based on a comprehensive health situational analysis.
- Indicator 3: Platform for MoH/MoF discussion established
  - A platform for discussion between MoH and MoF already exists-the health sector working group. It involves dialogue between development partners, MoH and MoF in the development of the annual health sector budget.
- Indicator 4: Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation.
  - Not yet done. The costing of the national health sector strategic plan will be done after national consensus meeting.
- Indicator 5: Regular updates of the extent of financial risk protection
  - Not done. This may not be applicable to this activity

**Activity 4 (ER 1):** About 70 percentage of activity four has been done. Annual operational planning guidelines have been developed and piloting of their implementation done. The WCO provided technical support for this process.

- Indicator 4: Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation.
  - Although South Sudan currently doesn't undertake medium term expenditure framework. The annual operation planning guidelines provide for comprehensive costing and budgeting on an annual basis.

**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:**

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*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. Activity 5 (ER 1); was eliminated due to the decline in the available funding for implementation of the planned activities as a result of the rapid devaluation of the South Sudanese pound against the dollar.
2. Support for the development of the BOMA Health Initiative (BHI)-which is a community based health extension workers initiative commissioned by the Honorable Minister of Health in course of policy dialogue for development of the NHP. BHI policy guidelines have been drafted and validated through consultative policy dialogue meetings with relevant stakeholders including the parliamentary committee on Health and HIV/AIDS.

**Proposed modifications to Programme Road Map resulting from changes above:**

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*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.*

The escalated political uncertainty pending the formation of the Transitional Government of National unity (TGNU) after signing the peace agreement has inevitably slowed progress in completion of implementation of planned activities. We shall continue to explore any windows of opportunity should they arise this year, otherwise we intend to carry forward all pending activities to next year.

Additional activities will only be developed next year after consultations with and identifying priorities of the anticipated new leadership at the Ministry of Health following formation of the TGNU.

**Lessons learned:**

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*Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:*

The need to be flexible and adapt the program to the prevailing circumstances in the Country. We have been able to move with subnational engagement to the extent possible, while exploring windows of opportunity at the national level whenever they arise during this period of political uncertainty. For instance supporting the Honorable Minister of Health's BHI and engagement with the Parliamentary Committee on Health and HIV/AIDS are evidence of such flexibilities and exploiting national opportunities for dialogue.

## Road Map and timeline for 2016:

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. **These activities should be related to objectives/ER and have clear timeline and indicators.***

**Activity 1:** Finalization of the review and update of the National Health Policy.

Time Frame: First quarter of 2016

- This relates to 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;

**Activity 2:** Support the development of the Health Sector Strategic Plan

Time Frame: by second quarter of 2016

- This falls under activities:
  - A2: Support countries to undertake comprehensive situational analysis and establish mechanism to regularly update them
  - A5: Support countries in the implementation and management of the NHPSP
  - A7: Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement
  - A9: Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination(HSC) meetings
- This relates to 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;

**Activity 3:** Develop Boma Health Initiative strategy, operational plans and implementation guidelines

Time Frame: by second quarter of 2016

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP
- This relates to 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;

**Activity 4:** Support capacity building and conducting modified joint annual review process

Time Frame: by third to fourth quarter of 2016

- This falls under activity; A.6: Support and facilitate the development of a Monitoring and Evaluation Framework
- This relates to; ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

**Activity 5: Capacity building for Annual Operational Planning**

Time Frame: by first to second quarter of 2016

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP
- This relates to 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;

**Visibility and communication**

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*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*

South Sudan National TV covered and broad casted the event during the National Health Policy consultative meeting with the parliamentary committee on Health and HIV/AIDS. The Undersecretary and the WHO country representative made statements during the event, which acknowledged EU collaboration and financial support for health policy dialogue program.

**Impact assessment:**

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*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.*

In spite of the national political contextual issues- mentioned in previous sections of this report-that impeded progress at national level and complementation of planned activities, overall there has been an

incremental level of improved inclusiveness in stakeholder dialogue. There was better participation of actors at mainly the subnational level and to a fair extent at the national level which should ultimately result to improved ownership and implementation of the NHP, HSSP and BHI by all stakeholders once finalized.

**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>  |