

**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: YEMEN

**EU-Lux-WHO UHC Partnership**

Date: 17<sup>th</sup> of January, 2016

Prepared by: WHO CO – Yemen

Reporting Period: Jan – Dec 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: 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**

**Expected result 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 1 (ER1):** Update of the health sector strategic directions. Strategic Directions

**Activity 2 (ER1):** Development of the health sector recovery plan

**Activity 3 (ER1):** Update of the essential services package

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

**Activity 3 (ER2):** Conducting a health sector review based on JANS

**Activity 4 (ER2):** Technical Assistance to the MoPHP on decentralization

**Activity 5 (ER2):** Conducting the Service Availability & Resources Assessment (SARA)

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

**Expected result 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)*

**Activity 1 (ER3):** Overview of the financing landscape and health financing strategy

**Expected result 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.)

**Activity 2 (ER5):** Capacity building in health financing to the national team

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

**Expected result 6:** (At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated)

**Activity 1 (ER6):** Regular holding of the coordination meetings between the MoPHP and development partners

**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.**

Specific object	Exp Results	Activity No	Activity	Achieved	Remarks
SO1	ER1	1	Health sector strategic directions	100 %	
	ER1	2	Health sector recovery plan	0 %	Postponed
	ER1	3	Essential service package	60 %	
	ER2	4	Health sector review and JANS	0 %	Postponed
	ER2	5	TA on decentralization	0 %	Postponed
	ER2	6	Conducting SARA	100 %	
SO2	ER3	1	Overview & health financing strategy	0 %	Postponed
	ER5	2	National team capacity building	100 %	
SO3	ER6	1	Coordination meetings	30 %	

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

*Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).*

The major change has been the eruption of armed conflict in March 2015. Challenges the health sector has faced were vast; health services have been stretched to respond to acute emergency needs, short in provision of services and public health interventions to respond to the increase in demand for essential interventions and to satisfy an enormous increase in the IDPs numbers, similarly all health system functions were not functional including governance, financing, etc.

	<b>Activity</b>	<b>Reasons / Obstacle encountered</b>	<b>Remedial Action</b>
1	Health sector recovery plan	Country entering into an acute emergency phase	Postponed to 2016; activity to be conducted with de-escalation of conflict
2	Health Sector review and JANS	Shift in focus to emergency	Changing the activity to early recovery framework based on 'health profile' in 2016
3	TA on decentralization	Shift in focus to emergency	Changing activity to options of delivery of services within the ESP framework
4	Overview & health financing strategy	Shift in focus to emergency	Resume activity in 2016 with the de-escalation and cease of conflict

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**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 new road map envisages the **preparations for early recovery** with the de-escalation of the conflict over the coming months. The main activities are under two main outputs which are the following:

- Output 1: Preparations and roll out of early recovery
- Output 2: Restoration of services and expansion of coverage

The Road map and timeline for 2016 including the linkages with the partnership objectives, expected results and monitoring indicators are outlined below.

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**Lessons learned:**

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

With the escalation of events and eruption of armed conflict in the beginning of 2015 major partnership planned activities were halted and postponed: The following are the lessons learned.

1. To coordinate the partnership planned activities with the country emergency response framework
2. Cooperation with stakeholders other than the national health authorities such as Academia and Universities, NGOs, etc.
3. To explore a decentralized approach; strengthening dialogue and partnerships with lower levels of the health sector

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**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.***

**Road Map – YEMEN (2016)**  
**EU-LUX WHO Partnership for UHC**

SO/ER/ Act	Activity	Timeline				Monitoring Indicator
		Q1	Q2	Q3	Q4	
SO1/ER1/ Act 1	Development of the Early Recovery Framework					Inclusive national policy dialogue exists with a road map defined
SO1/ER1/ Act 2	Update of the Essential Service Package and implementation of related activities					Increase in utilization of the outpatient services
SO1/ER2/ Act 3	Development of the Health Profile based on HeRAMS					Proportion of identified bottlenecks which have been analyzed and addressed
SO2/ER3/ Act 1	Plan for restoration of health services and implementation of related activities					Increase in utilization of the outpatient services
SO2/ER5/ Act 2	Institution of the national recovery team and capacity building					National capacities strengthened
SO3/ER6/ Act 1	Activation of early recovery forum					Positive trends seen in stakeholders alignment

The new road map envisages the **preparations for early recovery** with the de-escalation of the conflict over the coming months. The main activities to be pursued under two main outputs are the following:

**Output 1: Preparations and roll out of early recovery**

1. Institution of the national early recovery team
2. Capacity building in strategic and operational planning
3. Development of the health profile as a tool for early recovery
4. Development of the early recovery framework
5. Initiation of policy dialogue for early recovery with development partners

**Output 2: Restoration of services and expansion of coverage**

6. Development of the plan of action for restoration of services
7. Pursuing activities of restoration of services
8. Update of the essential service package
9. Implementation of ESP related interventions

### 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*

- With the escalation of armed conflict no partnership activities were documented

### 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.*

The following is an **ongoing activity throughout 2015 – 2016**; it will eventually contribute towards the achievement of the overall programme objectives and beyond.

**The activity is the: "Update of the essential service package".**

### **It falls under the inter alia:**

- A 14. Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money')
- A 15. Support the design and evaluation of innovative approaches for universal coverage where these are being developed

**It relates to the expected result:**

- Expected result 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;)

**Monitoring Indicators:**

- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health

**Impact assessment:**

The update of the essential services package and implementation and roll out of its related activities will have a positive impact on the beneficiaries and population and on the performance and outcomes of the health system:

- Impact on beneficiaries: better access to health services, financial assess, beneficiaries satisfaction
- Health Systems prospective: increased in coverage and uptake of services, efficient utilization of resources, alignment of development partners, better monitoring and evaluation

**Linking activities to overall Objectives:**

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

- National Monitoring & Evaluation framework indicators developed and used
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes
- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level

- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

Strategic objectives (SO)	Expected Results (ER)
<p>SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;</p>	<p>ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>