

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

Country: ZAMBIA

EU-Luxembourg-WHO UHC Partnership

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Reporting Period: January – December 2017

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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

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). 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 is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be 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.

Specific objectives	Expected results	Results achieved and the key outputs
SO1. 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;	ER1; 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. ER2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.	<ul style="list-style-type: none"> Alignment of health sector priorities with the National Vision 2030 and integration of Universal Health Coverage guiding principles into the National Health Strategic Plan 2017-2021 Improved commitment of implementing partners to a common approach to assess achievements to date; first Joint Annual Review since 2013

<p>SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>ER3: 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. ER4: Countries receiving HF support will have implemented financing reforms to facilitate UC.</p>	<ul style="list-style-type: none"> • Improved capacity of the MOH to conduct analysis of health care financing arrangements and lead on health financing policy decision-making; knowledge gained in the advanced WHO course on health financing for UHC • GRZ commitment to the health system financing and coverage reform process; enactment of the National Health Insurance Bill in Parliament • The concept of the institutionalization and development of national health accounts recognized as one of the first steps leading towards reduction in cost of health accounts production and delivery
<p>SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</p>	<p>ER6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>	<ul style="list-style-type: none"> • A revised coordinating SWAp structure is leading towards an improved donor coordination mechanism by supporting the MOH to take the ownership of the process

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.

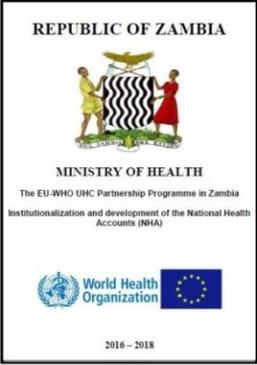
Roadmap Activity: Development of the National Health Strategic Plan 2017-2021. Undertaken in collaboration with USAID/Systems for Better Health and technical support of WCO.	100% of completion
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In August 2016, WHO/UHC-P provided financial support to the MOH to conduct a first planning and inception meeting / workshop. In Oct 2016 the MOH Policy and Planning department granted the design and in February 2017 costing of the NHSP to USAID / Systems for Better Health project. In April 2017, the MOH requested additional technical and financial support from UHC-P to revise a second draft. Therefore, this activity is kept under Section II.	Key Outputs: National Health Strategic Plan 2017-2021 finalized http://www.moh.gov.zm/docs/ZambiaNHSP.pdf
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ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Roadmap Activity: Technical and financial support to the MOH to conduct Joint Annual Review. Undertaken in collaboration with the EU Health Systems Strengthening Programme.	20% of completion
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As part of technical support provided to the MOH to conduct a number of sub-activities were undertaken; 1) establishment of the planning committee consisting of core MOH/DCU staff, WHO, EU HSS and USAID, 2) convening the PC meetings, 3) drafting of terms of reference for the committee with the main task to develop a concept note / methodology, estimate costs and allocate contributions, and 4) provide guidance on IHP+ best practices.	Key Outputs: JAR methodology and questionnaires developed
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<p>A delay in conducting the JAR field visits and achieving 100% of completion is due to two main factors; a) decision of the health cooperating partners to change targeted provinces / districts, and b) personnel change in the MOH /DCU Chief Planner was assigned to another position</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>Roadmap Activity: Support the MOH to build capacity in health financing and health policy analysis for Universal Health Coverage</p>	<p>100% of completion</p>
<p>A group of three senior MOH officials consisting of Director Health Financing, Director Special Duties and Senior Planner Policy and Planning attended the advanced WHO course on health financing for UHC in low and middle income countries and were trained on the existing WHO tools and systems approach to health policy analysis and the basic health financing functions.</p>	<p>Key Outputs: The MOH team successfully completed the course</p>
<p>ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.</p>	
<p>Roadmap Activity: Institutionalization and development of National Health Accounts.</p>	<p>15% of completion</p>
<p>Activities undertaken to support the institutionalization process include;</p> <p>a) development of the concept paper /Terms of Reference for the institutionalization and development of national health accounts according to SHA 2011 methodology, and</p> <p>b) participation in technical meetings and workshops and providing technical input consisting of budget preparation and cost estimation for primary and secondary data collection, and presentations on health accounts international classification.</p> <p>The main challenge for the successful institutionalization of NHA is the lack of commitment to the inclusive process and a prevailing perception of losing the ownership of data by the inclusion of other line-ministries and state institutions and knowledge sharing.</p>	<p>Key Outputs:</p> 
<p>Roadmap Activity: Support the MOH to design and cost Basic Benefits Package for social health insurance. <i>Undertaken in collaboration with the EU Health Systems Strengthening Programme, JICA, University of Zambia - UNZA</i></p>	<p>10% of completion</p>
<p>Linked to Added Activity 3: National Health Insurance systems development:</p> <p>1) establishment of the BBP sub-committee under HF TWG, and 2) development of a draft term of reference document for Basic Benefits Package design and costing (work stream)</p>	<p>Key outputs:</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.	
Roadmap Activity: Support the MOH to coordinate and facilitate technical working group meetings, assign specific activities and tasks and generate evidence. Undertaken in collaboration with the EU Health Systems Strengthening Programme.	50% of completion
<p>Activities linked to:</p> <ul style="list-style-type: none"> - ER2 activity: Technical and financial support to the MOH to conduct Joint Annual Review - ER4 activity: Support the MOH to design and cost Basic Benefits Package for social health insurance. 	<p>Key Outputs:</p> <p>Establishment of the JAR planning committee under M&E Technical Working Group</p> <p>Establishment of the Basic Benefits Package sub-committee under health financing Technical Working Group</p>
Roadmap Activity: Support the MOH to achieve optimal coordination with the health CPs by providing technical assistance to an inter-ministerial task force. Undertaken in collaboration with USAID/Systems for Better Health	20% of completion
Participation in the internal MOH/Donor Coordination Unit planning and technical meetings with the main purpose to jointly review the SWAp structure, identify and remove duplicate functions, and to revise and develop scope of work for technical working groups.	Key output: A revised coordinating structure presented at the Annual Performance Assessment meeting

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

External factors

As of November 2016 and during the entire 2017, the MOH underwent a significant structural change. As the process was on-going and very little information had been shared regarding functional changes and new systematization, in addition to a high turnover rate of senior personnel, it was somewhat difficult to create stable, reliable, and long-lasting relationship with key counterparts. The prolonged uncertainty also contributed to polarization and fragmentation of workflows within the MOH and created preference for certain donors / implementing partners and programmes. The WCO / TA does not have office space within the MOH, which is one of the reasons for UHC-P funding not being utilized and disbursed as efficiently as possible.

Internal issues

An introduction of new WCO organogram by the acting/interim Country Representative in June 2017 undermined the role of the EU/Lux – WHO Technical Advisor and the purpose of the programme. Since June, a TA has been continuously blocked – except for one month when the second acting WR was in charge - to demonstrate the job specific competencies and responsibilities such as a) ensuring effective use of resources, and 2) building and promoting partnerships across the organization and beyond. The unchanged situation is both directly and indirectly affecting the UHC-P performance within a given programmatic framework.

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
Provide technical assistance to the MOH to cost the National Health Strategic Plan 2017 – 2021	Canceled. Granted to the USAID/Systems for Better Health project
Conduct a policy dialogue on health financing for Universal Health Coverage	Canceled. Lack of political will and commitment
Provide technical and financial support to the MOH to design Provider Payment Mechanisms for the implementation of Social Health Insurance (SHI). <i>Note: A decision of the MOH to introduce National Health Insurance instead of Social Health Insurance was made in Q3 2017.</i>	Postponed by the MOH during the process of health insurance systems design. As work flows for systems development were identified and sequenced, the priority areas of intervention were shifted towards communication strategy/plan and Basic Benefits Package design and costing. The MOH contracted a consulting company for PPM / systems development; however the execution is currently on hold.
Assess the capacity of health facilities to provide services under the Basic Benefit Package for Social Health Insurance	Changed priorities of the MOH
Support the MoH to develop a private health sector development strategy	Changed priorities of the MOH
Support the MOH to develop a Compact that will guide health sector stakeholders in the implementation of the NHSP	Linked to ER6: undertaken activities are steps towards development of a Compact .

Activities added

Activities undertaken: *add more detailed description of what was done, progress made against roadmap indicator/ anticipated impact; role of WHO etc.*

Added Activity 1: Technical assistance to the Ministry of National Development Planning to revise targets and indicators and to finalize the 7th National Development Plan volume II – implementation plan. Undertaken in collaboration with UNDP and other UN agencies and technical support of WCO.	90% of completion
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<p>A WCO team consisting of 3 NPOs and a TA participated in the UN Country Office organized</p> <p>a) inception workshop with the main aim to review key features of the 7NDP, define working groups, and formalize the approach, and</p> <p>b) successive workshops with a purpose to outline targets and indicators for human development and governance cluster and to finalize the monitoring framework.</p>	<p>Key outputs: The 7th NDP Implementation Plan finalized; undergoing final revision.</p>
<p>Added Activity 2: Technical assistance to the Ministry of Health and Ministry of Justice to finalize the National Health Insurance Bill. <i>Undertaken in collaboration with the International Labour Organization.</i></p>	<p>100% of completion</p>
<p>Activities undertaken include:</p> <p>a) Shared lessons learned and international best practise with the MOH on quality assurance system and the establishment of the national insurance fund, composition and functions of the board.</p> <p>b) Participation in a four-day workshop jointly conducted by the MOH and MOJ to revise and finalize all sections of the Bill.</p>	<p>Key outputs: National Health Insurance Bill first reading in Parliament conducted and became publicly available http://www.parliament.gov.zm/sites/default/files/documents/bills/The%20National%20Health%20Insurance%20Bill%2C%20No.%2022%20of%202017.pdf</p>
<p>Added Activity 3: Provided technical input to finalize the Systems development roadmap for National Health Insurance. <i>Activities undertaken in collaboration with the International Labour Organization and USAID/Systems for Better Health.</i></p>	<p>95% of completion</p>
<p>Participated in the inception and other technical meetings in order to</p> <p>a) specify and develop work streams and concept notes / terms of reference, and</p> <p>b) finalize the NHI systems development inception report.</p>	<p>Key outputs: NHI systems development report finalized</p>
<p>Lessons learned</p> <ul style="list-style-type: none"> • In order to increase visibility of the UHC-P, a comprehensive communication plan should be developed together with the MOH and incorporated into WHO Country Communication Plan (still to be developed) with a budget line earmarked for UHC public relations events, printed material, media communication, etc. • WHO Country Representative to act as a UHC herald and deal breaker and to invest in the establishment of linkages with other sectors as well as to capitalize on the current visibility due to our active participation in the containment of the cholera outbreak. • As the highest administrative level position is shared between two Permanent Secretaries, administration and health services, at the same time while securing 	

political support, the focus should be placed on creating strong relationships with both PSs.

- The assistance to the MOH to steer the UHC agenda forward should be a team effort, including NPOs from different programmes / clusters. Utilization of UHC-P for cross-programmatic / cluster support should be instrumental in breaking down a siloed approach and consequently contribute to increased credibility and visibility of WCO, having provided a strong leadership.
- The UHC-P roadmap to be aligned with the WCO Country Cooperation Strategy. The development of CCS should, in both the planning and the design phase, involve staff from all clusters/programmes with a clear roadmap that will guide the process.

Visibility and communication

- The UHC partnership programme activities have not been communicated to the public in a structured and proactive manner. Until June 2017, MOH was on its face book page posting information on UHC related events, meeting briefs, etc. including the EU/Lux WHO 5th technical meeting in Brussels.
- As per invitation of the Ministry of Community Development and Social Services the UHC-P TA gave a presentation on Universal Health Coverage and was a panellist at the Social Protection Week http://www.ilo.org/wcmsp5/groups/public/---africa/---ro-addis_ababa/---ilo-lusaka/documents/event/wcms_601096.pdf
- *Universal health coverage alliance towards equity in health services by 2030 as a means to achieve key sustainable development goals in Zambia* was published in the Health Press - Zambia's journal on public health, disease surveillance, prevention and control; Vol. 01, Issue 06, on July 8 2017 by J. Mufunda, K. Malama , A. Mujajati, D. Perisic, S. Kagulula, A. Mukobe http://znphi.co.zm/thehealthpress/wp-content/uploads/2017/10/THPZ_V1_I5_June_v1.3.pdf

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.

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

Note: In the process to identify and estimate the cost of providing additional support for capacity building interventions, which will increase the level of required funding for 2018.

Specific Objectives	Expected Results	Activities	Indicators	Milestones	2018 timeline				Budget in USD
					Q 1	Q 2	Q 3	Q 4	
SO 1. 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/adopted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity	Provide technical and financial support to the MOH to develop an integrated and costed Reproductive, Maternal, New born, Children and Adolescent Health (RMNCAH) strategic plan aligned to the NHSP 2017-2021	RMNCAH strategic plan finalized and validated	Q2 2018 - National RMNCAH roadmap developed	X	X	X	X	40,000
		Provide technical and financial support to the MOH to conduct Quality of Care assessment, adapt tools, and develop health facilities program improvement plans	Quality of Care health facilities program improvement plans finalized	Q2 2018 - Sampling framework for National, District, Health Facilities, and Communities developed	X	X	X	X	26,000

		Conduct technical meetings and workshops in order to develop HiAP. Publish and distribute HiAP implementation framework	Health in all policies (HiAP) implementation framework finalized and distributed	Q1 2018 – Inter-ministerial technical meeting on HiAP conducted	X	X	X		35,000
	ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews	Assist the MOH / M&E department to conduct Joint Annual Review and disseminate its findings	Joint Annual Review Report finalized, validated and disseminated	Q1 2018 - Field visits conducted in two provinces	X	X			14,000
SO 2. 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 support will have modified their financing strategies and systems to move more rapidly towards UC, with a particular focus on the poor and vulnerable	Provide technical assistance to the MOH to finalize Basic Benefits Package (BBP) for National Health Insurance	Basic Benefits Package for National Health Insurance costed	Q3 2018 – Presentation of BBP design to HF TWG and the health CPs		X	X	X	18,000
		Institutionalization of National Health Accounts	Establishment of a National Health Accounts Technical Working Group	Q2 2018 – Focal persons in line-ministries and public institutions identified		X	X	X	5,000
	ER 4: Countries receiving HF support	Assist the MOH to develop a communication strategy	National Health Insurance Communication	Q2 2018 - Communication strategy		X	X		10,000

	will have implemented financing reforms to facilitate UC	ion strategy for National Health Insurance	ation Strategy finalized	key products and channels well-defined					
SO 3. To ensure international and national stakeholders are increasingly aligned around NHSP 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	Provide technical and financial support to the M&E directorate to conduct meetings, prepare concept notes and align donor support	M&E strategic plan finalized and validated	Q1 2018 - Conceptual framework for HMIS/M&E development assistance presented to M&E TWG and the health CPs	X	X	X	X	12,000
		Support the MOH to coordinate and facilitate TWG and sub-committee meetings, assign specific activities and tasks and generate evidence	Meeting minutes and concept notes validated	Q1: TWGs and sub-committees annual meeting plan developed	X	X	X	X	5,000

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific 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>