

PURPOSE

This document summarizes the events and shares next steps from the third and final module of the Leadership for UHC Program Asia Edition.

PROGRAM OBJECTIVE AND OVERVIEW

The objective of the Leadership for UHC program is to advance and accelerate the UHC process in participant countries by supporting the country counterparts (as individuals and as teams) with the leadership skills needed to tackle political economy and complex challenges. Over a 1-year period, participants from different sectors (health, finance, social and others) attend three modules in three different countries for knowledge exchange as well as joint learning and innovation on UHC reforms. In between the modules, participants will prepare for and implement a short-term initiative.

MODULE 3 RESULTS AND DELIVERABLES

Overall Module 3 objectives were achieved. See box at top right for the objectives and Annex 1 for the agenda.

- Participants learned from the host country experience of Japan.
- They were able to review their leadership interventions as individuals through a dialogue and reflect on how they worked as a coalition. A knowledge café allowed them to dig into pertinent issues such as the question of resources for UHC, regulations to implement UHC and the questions of sustainability and momentum.
- Finally, participants had either achieved the goals they set for themselves during module 2 or were close to doing so.

Module three allowed participants to reflect on their experience so far. Reviews of the work done to date examined progress on creating or strengthening a UHC coalition, progress towards the achievement of goals and functioning as a cross-sectoral UHC team. Annex two details all the results and outcomes reported by the participants. Activities which have not been completed still need to be verified.

There are noteworthy highlights in the work participants assigned themselves. In Cambodia the World Bank country team was leading a country health dialogue. The L4UHC program supported Bank colleagues working on UHC reforms. The initial results include an inter-ministerial working group for the establishment of a Payment Certification Agency (PCA). In Laos, the local World Bank team and development partners supported Ministry of Health in negotiating a decision to integrate the health benefits of three Social Health Protection schemes. Approval of the National Health Insurance (NHI) budget also allowed them to expand the NHI scheme in 10 out of 18 provinces. And in Nepal, where stock outs of essential medicines in public facilities were threatening the roll out of a new insurance scheme, districts are focused on better management of medicines and doctors are willing to have their prescription patterns analyzed and peer reviewed in order to reduce irrational drug use. See annex 2 for more details.

MODULE 3 OBJECTIVES

To ensure that:

- Participants reflect and share learnings from the overall program and particularly their RRI and or collective action process.
- Participants have defined next steps and commit to a set of forward looking actions which includes national and development partners.
- There is an improved sense of cohesion among country participants. *A sense of collective purpose.*
- Learning from the Host Country's UHC Reform case.



One of the many insights participants shared during module 3 was that while their coalitions worked hard to reach their results, they struggled to apply their new learnings and skills. Participants became keenly aware that stakeholder management and on-boarding was going to be a continuous process and this did not mean that their reforms were moving backwards. They also needed to maintain relationships with their allies by keeping them informed on the work. Other insights include the need to examine both the health system level and social protection work as part of the UHC resource question. Participants acknowledge that in many countries one lesson learned is that governments tend to rush to get legal provisions in place putting unnecessary pressure on technical people during implementation. Finally, participants noted that sustainability requires deeper reflection to understand what it means for different people, e.g. to get a deeper understanding and clarity on the objectives to change/refocus efforts, to sustain or to grow and expand and at which level, i.e. the system, organization or individual level.

HIGHLIGHTS OF CHALLENGES, GOALS AND RESULTS TO DATE

COUNTRY	CHALLENGE	GOAL	RESULTS
Cambodia	Establishment of a payment certification agency (PCA)	Approval of a transition manual	The Transition Manual was approved by Minister of Health in February 2017. Draft sub-decree submitted for review in March 2017 before final submission for approval. Operational Manual drafted.
	Advancing the National Quality Enhancement initiative (QEI)	Completing of training of Master Trainers for QAO Assessor training	Master trainer training completed in December 2016 and cascade training has commenced. QEI commences in May 2017.
	Establishment of social health insurance for public sector (SHI-PS)	Agreement on contribution rate for social health insurance for public servants	Sub-Decree that sets the contribution rates drafted to be submitted in June 2017. Commenced design of SHI for informal sector.
Laos	How to avoid multiple Social Health Protection pools, different schemes, projects, management systems, avoid duplications, competition MOH-MOLSW	To integrate the fragmented social health protection schemes	Policy decisions to integrate all health benefits of SHP schemes under the National Health Insurance Bureau
Nepal	Stock outs of essential medicines undermines the roll out of national health insurance scheme.	At the central level 4 goals were set: 1. To approve PHCC Pharmacy guidelines, 2. To speed up the 50% budget allocation to districts down to one month 3. To establish a policy decision to buy drugs from suppliers/manufactures who publish the price of	PHCC Pharmacy guidelines are endorsed.

COUNTRY	CHALLENGE	GOAL	RESULTS
		their drugs within one month 4. To establish a policy to develop reimbursement mechanism for amount of free care drugs in insurance districts within 3 months	
At the District level drug availability was a matter of:	<ul style="list-style-type: none"> Ineffective pull system Reporting about existing stock is not timely and/or complete Standard treatment protocol inadequately followed Weak redistribution mechanism 	(Achham) To reduce the number of incorrect prescription (48% to 10%/day in average) in 3 selected Health facilities* by 15 June, 2017	1. Evaluation of the level of irrational drug prescription in Achham completed 2. Some initial results of decrease in unnecessary amount drug usage
		(Ilam) To ensure in four PHCs that 100% LMIS reports are submitted on the 7th of each month to DPHO with no more than 10% incomplete records	100 % timely reporting Improvement in completeness of reports from with 10% error to 2 % error
		(Palpa) to increase the asl and eop of free essential drugs in 2 phcs and 1 dh from 40% to 60% by may 2017	PERCENTAGE OF ASL maintain items increased: <ul style="list-style-type: none"> 83% to 85% in Tahooh PHC 55% to 63% in Khasyauli PHC 33% to 63% in District Hospital Palpa from 3 March to 7 April 2017

By the end of the module the participants developed a road map for the short term, see annex 3 for details. It was an opportunity for them to identify leadership and coalition building activities they could pursue to enhance the technical work program. It was also an opportunity for them to practice re-aligning themselves and thinking strategically about next steps.

A list of tools used during the program follow.

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| <ul style="list-style-type: none"> Listening/Sensing Tools <ul style="list-style-type: none"> Learning Journeys Dialogue walk Journaling Diagnosing Tools <ul style="list-style-type: none"> UHC Complexity box Iceberg | <ul style="list-style-type: none"> Readiness assessment Funnel Mentoring and Learning Tools <ul style="list-style-type: none"> Case clinic Working with a coach Module 3 preparation slides |
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NEXT STEPS

Each country coalition will focus on completing their RRI or collective action initiative. Those countries with coaches will have continued support through the end of June 2017.

- GiZ will continue its hands on support to Nepal and through the P4H network in Cambodia
- Laos and Nepal will continue to get support through existing and future World Bank operations
- USAID has a technical assistance program it will explore with participating countries.



- Follow up surveys and remote support will be provided by the L4UHC team to help participant conduct in-country final reviews.

AGENDA MODULE 3

Monday 24th	Participants reconnect informally
18:30-21:00	Opening dinner
Tuesday 25th	Reflections on the 11 month journey
09:00-09:30 09:30-10:30	1. Welcome and introduction Reconnecting and on-boarding: intention and key-aspects of the whole program
10:30-11:00 11:00-13:00	Break 2. What has happened in our countries over the last 11 months: - reflections & preparations - presentations & dialogue
13:00-14:00	Lunch
14:00-14:45 14:45-15:45 15:45-16:15 16:15-17:00	3. Q-storm: what questions remain? 4. Deepening our understanding through listening: dialogue walk Break 5. Sensemaker Free evening
Wednesday 26th	Reflections on leadership and practice with dialogue
09:00-10:00 10:00-10:45 10:45-11:15 11:15-13:00 13:00-14:00	1. #Askanything Q&A café 2. Leadership lessons learned throughout the journey Break 3. Deepening our understanding through dialogue: case clinic Lunch
14:00-16:00 16:00-16:30 16:30-17:00 19:00	4. Progress on collective action process: identify possibilities Break 5. Introduction to sensing journey Dinner
Thursday 27th	Sensing Journeys
09:00-10:00 10:00-10:30 10:30-12:00 12:00-13:00	1. Country overview Japan Break 2. Open panel discussion Lunch
13:00-16:00 16:00-17:00	3. Sensing Journeys 4. Reflection session Free evening
Friday 28th	Sense making and the future
09:00-10:00 10:00-11:00 11:00-11:30 11:30-13:00 13:00-14:00	1. Making sense of the sensing journeys 2. Strategy for the future Break 3. Roadmap for the future: actions and support needed Lunch
14:00-15:00 15:00-16:00	4. Sensemaker 5. Closing circle

CAMBODIA



CAMBODIA OVERVIEW

CHALLENGE	GOAL	ACHIEVEMENTS
1. Establishment of a Payment Certification Agency (PCA)	Approval of a Transition Manual	The Transition Manual was approved by Minister of Health in February 2017. Draft sub-decree submitted for review in March 2017 before final submission for approval. Operational Manual drafted.
2. National Quality Enhancement Initiative (QEI)	Completion of training of Master Trainers for QAO Assessor training	Master trainer training completed in December 2016 and cascade training has commenced. QEI commences in May 2017.
3. Establishment of social health insurance for public sector (SHI-PS)	Agreement on contribution rate for social health insurance for public servants	Sub-Decree that sets the contribution rates drafted to be submitted in June 2017. Commenced design of SHI for informal sector.



OUTCOME HARVESTING

TRIGGER FOR THE OUTCOME	L4UHC SUPPORT?	OUTCOME	RELEVANCE	SOURCE OF DATA
Agreement on PCA Inter-Ministerial Working Group (IMWG) membership	L4UHC team involvement	PCA IMWG for PCA establishment	IMWG supports ongoing PCA establishment cooperation	Letters btw ministries to establish PCA IMWG
Cooperation in PCA IMWG for PCA establishment	L4UHC team involvement	Development and agreement on Transition Manual	Transition Manual guides PCA establishment	Ministry of Health
Commencement of the H-EQIP project, development of national QE process	L4UHC team involvement	Completion of QEI training	Basis of QA process to enable QE of Health Facilities	H-EQIP project documents
Cooperation through the NSSF-C Inter-Ministerial Working Group	L4UHC team involvement	Agreement on draft sub-decree on social health insurance	Enables the launch of the social health insurance scheme for public sector	Draft sub-decree on benefits for public sector

LAOS



OVERVIEW -LAO TEAM

CHALLENGE	GOAL	ACHIEVEMENTS
<i>Avoid multiple Social Health Protection pools, different schemes, projects, management systems, avoid duplications, competition MOH-MOLSW</i>	Dealing with fragmented social health protection schemes	Policy decisions to integrate all health benefits of SHP schemes under the National Health Insurance Bureau
<i>Precise the package of services that should be provided by health facility; More responsiveness of health providers</i>	Improve quality of services	Agreement from main Wksp: quality of service comes 1 st Service Delivery Package by level of facility agreed
<i>Bring the Health Sector Reform Strategy into practice. Link it with the current mechanisms</i>	Making Health Sector Reform committee functional	Same Committee for Health Sector Reform & Sector Wide Committee
<i>Avoid several contradicting not feasible plans far from operations</i>	Adequate realistic UHC workplan & roadmap	NHIB strategic plan drafted
<i>How to shape a new organization with adequate positioning, right decision & staff capacity to manage adequately social health protection schemes</i>	Institutional capacity to manage UHC	New leadership to NHIB Increased status of NHIB Increase # staff to NHIB Training sessions for N/PHIB



OUTCOME HARVESTING (RRIs)

TRIGGER FOR THE OUTCOME	L4UHC SUPPORT Y/N	OUTCOME	RELEVANCE	SOURCE OF DATA
-MOH decision to integrate HEF, FMNCH, CBHI under NHI -MOLSW-MOH agreed (policy) to integrate NSSF health benefits in NHIB	~	Policy decisions to integrate all health benefits of SHP schemes under the National Health Insurance Bureau	High	MOH internal meeting MOH-MLSW internal meeting
# provinces w/ NHI Budget NHI approved	Y	Expansion of NHI scheme in 10 out of 18 provinces	High	MOH/NHIB
New providers payment mech and rates agreed	Y	Submission for endorsement	High	MoH/NHIB
# NSSF Offices opened in all province # members enrolled in NSSF	N	Expansion of NSSF membership by 4%	Moderate	MLSW/NSSF
Service Delivery Package by level of facility clarified	Y	Final draft of Service Delivery Package	High	MoH/DHC

OUTCOME HARVESTING (Leadership)

TRIGGER FOR THE OUTCOME	L4UHC SUPPO RT Y/N	OUTCOME	RELEVA NCE	SOURCE OF DATA
# staff exposed to UHC concepts during key workshops or training	Y	Align people on basics of UHC More people involved and speak the same language	Moderate	Minutes of the 3 national workshops
# of internal meetings between ministries	~	Strong government policy commitment and alignment of line ministries	High	Minutes of internal meetings
-NHIB status upgraded -New leadership for NHIB appointed. -Health Sector Reform Committee to monitor UHC	Y	More effective institutions to drive the reforms towards UHC	High	MOH decrees
Development Partners support to NHIB strategic plan 2017-2020	Y	Coalition of DPs ready to provide support to NHIB agenda towards UHC	High	Matrix NHIB plan 2017-20 incl DPs DPs programs / projects docs

NEPAL



CENTRAL RRI OVERVIEW

CHALLENGE	GOAL	ACHIEVEMENTS
<ul style="list-style-type: none"> Limited budget in the districts Budget is not utilized in the center No PHC pharmacy guideline Success of Health Insurance depends upon availability of drugs 	Approval of PHCCs Pharmacy Guidelines	PHCC Pharmacy Guidelines endorsed
	Budget Allocation of amount 50% of the free drugs to insurance districts within 1month	Institutional platform for achieving UHC established in Nepal
	Policy decision to buy drugs from suppliers/manufacturers of drugs who publish institutional price of their drugs within 1 month	Raised Awareness and commitment
	Policy decision to develop reimbursement mechanism for amount of free care drugs in insurance districts within 3 months	



OUTCOME HARVESTING

TRIGGER FOR THE OUTCOME	L4UHC SUPPORT	OUTCOME	RELEVANCE	SOURCE OF DATA
Module 2	<ul style="list-style-type: none"> Coach helped the team prepare Skills and knowledge from Modules 1 and 2. 	TWG and National Steering Committee for UHC established	Official platform for on UHC related matters	Approved document in MoH
1.Launching event		Consensus to endorse PHCC pharmacy guideline	Legal instrument to establish pharmacy at PHCC	Draft approval document in MoH
2.Minister meets with the coalition		Awareness and commitment of RRI team increased	Moral drive to work together during difficult situations	-Meeting notes -Challenge note - Public launch - Mid point review



ACHHAM OVERVIEW

CHALLENGE	GOAL	ACHIEVEMENTS
<p>Irrational use of drugs</p> <ul style="list-style-type: none"> - Inadequate record keeping of the prescribed drugs along with morbidity. - Proxy drug requests 	<p>To reduce the number of incorrect prescription (48% to 10%/day in average) in 3 selected Health facilities* by 15 June, 2017</p>	<ol style="list-style-type: none"> 1. Evaluation of the level of irrational drug prescription in Achham completed 2. Some initial results of decrease in unnecessary amount drug usage



OUTCOME HARVESTING

Trigger for the Outcome	L4UHC Support Y/N	Outcome	Relevance	Source of Data
Amount of the irrational prescriptions was high	Coach helped to think in an innovative way	Prescription patterns started being analyzed and peer reviewed	Foundations from where the progress can be visualized	Survey of prescriptions in health facilities



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Social Health Protection Platform

ILAM OVERVIEW

CHALLENGE	GOAL	ACHIEVEMENTS
<ol style="list-style-type: none"> Incomplete recording of drug inventory Incomplete LMIS reporting in PHCs No routine verification of drug stock Lack of coordination between DHO store and different PHCs Lack of dedicated transport to ensure constant drug supply 	<p>To ensure in four PHCs that 100% LMIS reports are submitted on the 7th of each month to DPHO with no more than 10% incomplete records</p>	<p>100 % timely reporting</p> <p>Improvement in completeness of reports from with 10% error to 2 % error</p>



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P4H

Social Health Protection Platform

OUTCOME HARVESTING

TRIGGER FOR THE OUTCOME	L4UHC SUPPORT Y/N	OUTCOME	RELEVANCE	SOURCE OF DATA
<ol style="list-style-type: none"> Directive from the central public launch Formation of the district team and district public launch Monthly on-site monitoring HR support from LMD 	<p>Engagement and guidance in forming district goals</p>	<p>* Improvement in the LMIS recording and reporting on a monthly basis</p> <p>*Uninterrupted supply of drugs (58 items)</p>	<p>Consumer satisfaction</p> <p>Improved recordkeeping increases accountability and impact of health system</p>	<p>Monthly data reviewed at DPHO</p>



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PALPA OVERVIEW

CHALLENGE	GOAL	ACHIEVEMENTS
<ul style="list-style-type: none"> • Ineffective pull system • Reporting about existing stock is not timely and/or complete • Standard treatment protocol inadequately followed • Weak redistribution mechanism 	<p>TO INCREASE THE ASL AND EOP OF FREE ESSENTIAL DRUGS IN 2 PHCs and 1 DH FROM 40% to 60% BY MAY 2017</p>	<p>PERCENTAGE OF ASL maintain items increased :</p> <ul style="list-style-type: none"> ➢ 83% to 85% in Tahoon PHC ➢ 55% to 63% in Khasyauli PHC ➢ 33% to 63% in District Hospital Palpa from 3 March to 7 April 2017



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OUTCOME HARVESTING

TRIGGER FOR THE OUTCOME	L4UHC SUPPORT Y/N	OUTCOME	RELEVANCE	SOURCE OF DATA
RRI district team formed	Coach helped to move ahead	The health workers from three health facilities reports the ASL level to DHO weekly	Communication improvement critical to collaboration	Tracking chart of free essential drugs
RRI district launch event				
Mandate given by the Secretary of MOH		Tracking chart of free essential drugs prepared weekly		ASL and EOP weekly records from District hospital and Two PHC
Motivation of Health Workers		Maintain the stock level of drugs for next five months in District Hospital and two PHC		
Regular follow up by the Coach and GIZ Nepal				

CAMBODIA ROAD MAP

Long Term Goal: Universal Health Coverage for all Cambodians						
Short-term goal and indicator: Social Health Insurance for the formal sector (private sector and public sector)						
Challenge or technical problem being addressed: Design and launch of the SHI-PS						
Start date: ongoing	Due Date: 31 st May 2017	Due Date: 30 th June 2017	Due Date: 31 st July 2017	Due Date: 30 th September 2017	Due Date: 30 th October 2017	End Date
Milestones	Regulatory framework established	Contribution rate and mechanism approved	Develop Standard Operating Procedures	Public Awareness campaign delivered	Launch of SHI-PS	
Activities	<ol style="list-style-type: none"> Approval of Royal Decree by CoM (already submitted) Submit benefit package for approval to CoM Design payment mechanism through consultative process 	<ol style="list-style-type: none"> Design contribution collection mechanism through consultative process Conduct fiscal space analysis Agree contribution rate through consultative process Advocacy and awareness raising amongst stakeholders 	<ol style="list-style-type: none"> Draft SOPs Conduct consultation with stakeholders 	<ol style="list-style-type: none"> Development of IEC materials Workshops with public sector employees Deliver public media campaign 	<ol style="list-style-type: none"> Hold launch ceremony Start collecting premiums 	
Risk &/or Dependency	<p>Lack of commitment/support from stakeholders</p> <p>Need for supporting analysis (ILO)</p> <p>Policy decision required</p>	<p>Institutional capacity constraints</p> <p>Policy decision required</p> <p>Lack of awareness amongst stakeholders</p>	<p>Require approval of regulatory framework and contribution mechanism</p>	<p>Lack of awareness amongst PS scheme members</p> <p>Institutional capacity constraints</p>		

LAOS ROAD MAP

Road Map for Focus in the Short-Term

Long Term Goal: Legal framework for UHC is clarified and agreed
Short-term goal and indicator: **Develop NHI Law and Revise Guidelines approved**
Challenge or technical problem being addressed: Clarification of roles/responsibilities, funding, strategy

Dates	05/2017	01/2018	04/2018	08/2018	12/2018	02/2019
Milestones	Revise the draft Law NHI	Consultation with stakeholders	Submission to Government	Submission to National Assembly	Draft Implementing regulations	Dissemination
Activities (Content)	<ul style="list-style-type: none"> Review related documents Revise committee Revise op. plan Roadmap 	<ul style="list-style-type: none"> Consolidate comments Share draft 	<ul style="list-style-type: none"> Submit to MOI Consolidate comments 	<ul style="list-style-type: none"> Meet Socio-cultural committee Public consultation NA meeting Consolidate comments Register in Gazette 	<ul style="list-style-type: none"> Draft regulations Submit to Committee Approval 	<ul style="list-style-type: none"> Press release Publication
Activities (Leadership)	<ul style="list-style-type: none"> Listening Sensing Journalling 	<ul style="list-style-type: none"> Journalling Consultative meetings 	<ul style="list-style-type: none"> Dialogue 	<ul style="list-style-type: none"> Learning Journeys 		
Risk/Dependency	<ul style="list-style-type: none"> Risk of delay May not be approved due to various interests / financial commitment required Dependency: National Social Security Law approved first 					



NEPAL ROAD MAP

<p>Long Term Goal: Progressive realization of Universal Health Coverage Short-term goal and indicator: Increase enrollment into the Social Health Insurance by 20% in program districts by May 1 2018 Challenge or technical problem being addressed:</p> <ul style="list-style-type: none"> - Low level of understanding of people needs - Low level of awareness among the people about benefits of SHI - Inadequate coordination between provider and purchaser 						
Start date	May 1, 2017	Due Date	Due Date	Due Date	Due Date	May 1, 2018
Milestones	Gather evidence	Enhance coordination	Revise policies	Improve supply chain	Create and implement marketing and communications and marketing strategies	Strengthen quality of care at point of delivery
Activities	<ul style="list-style-type: none"> - Analyse routine data - Commission new studies - Feedback - Use evidence to inform implementation 	<ul style="list-style-type: none"> - meetings - workshops - use existing platforms to strengthen coordination 	<ul style="list-style-type: none"> - take stock of current SHI-related policies - Health Insurance Act - Support in revising policies - Disseminate during meetings, workshops and media 	<ul style="list-style-type: none"> - Drug forecasting in each health facility - LMIS and ASL of drugs - Equipment supply and maintenance 	<ul style="list-style-type: none"> - Develop and revise communication strategy - Brand Ambassadors - Marketing role - Media advocacy - Campaign 	<ul style="list-style-type: none"> - Training of health workers - Standard treatment protocol - Supportive supervisor - Technical backstopping - User satisfaction level - Revise strengthen referral mechanism in new federal context
Risks and dependencies						