

Leadership for UHC - Collective Action Initiatives

Ethiopia	Area:	Strengthening the National Social Health Insurance System
	Objective:	Create a supportive supervision mechanism at the EHIA for CBHI
	Action Plan:	<ol style="list-style-type: none"> 1. Prepare Action Plan (by end Nov 14) 2. Identify team members for travel (by end Nov 14) 3. Prepare check list and methodology and identify places to visit (by 1 Dec 14) 4. Estimate budget (by 1 Dec 14) 5. Conduct first visits (by mid Dec 14) 6. Conduct Focused Group Discussions (Dec 14 - end Feb 15) 7. Weekly monitoring (continuous) 8. Compile implementation report (by week1 Mar 15)
	Context of the CAI	Ethiopia aims to achieve UHC by covering the entire population through two social health protection (SHP) mechanisms: mandatory social health insurance (SHI) for the formal sector, and voluntary community based health insurance (CBHI) for the informal sector. The Ethiopian Health Insurance Agency (EHIA) is responsible for overseeing the implementation of both schemes. CBHI has been piloted and is currently being scaled up. SHI implementation is delayed by slow enrolment of members and slow empanelment of accredited service providers.
	Assessment of the CAI	The CAI aims at strengthening the CBHI through supportive supervision on site. If effective, improved functioning of the local CBHI schemes can lead to higher enrolment and consequently better financial access to care at public health facilities. As the target population of CBHI is the informal sector, it has the potential to reduce impoverishment and improve equity.
Team mandate and position in relation to the CAI	Deputy Director General Mulat Reda has the authority to authorize the use of resources for such an initiative, while Director of Planning Taye Binyam is in the position to integrate it effectively into the operations of the EHIA. The branch managers from the Regions on the team can effectively pilot the initiative in their Regions without much further consultation.	
Kenya	Area:	Support an inclusive stakeholder dialogue on health financing
	Objective:	Engage additional stakeholders from the decentralized level in the UHC Technical Working Group
	Action Plan:	<ol style="list-style-type: none"> 1. Team Member to brief bosses, relevant colleagues and subordinates of represented organisations (by end Nov) 2. Set up google group 3. Share documentation of agreements 4. Members to individually take responsibility to inform key stakeholders and lobby potential members identified before next UHC Steering committee meeting (incl. Council of Governors on Health, Treasury, MOH departments, HENNET – an NGO forum, Kenya Medical Association and others)
	Context of the CAI	Kenya has been working health care financing reforms for more than 10 years. In 2004, a bill for a universal Social Health Insurance was vetoed by the President after protests from the private sector. After massive riots in 2007, Kenya administratively and financially decentralized to elected County governments. These are now responsible for social services and hold the budget to finance service provision. The current UHC reform effort aims to establish universal Social Health Insurance through a centralized purchaser while maintaining the mandates of Counties. A larger stakeholder committee including Government Ministries, associated parastatals, private actors and development partners was in place until recently. Due a general reorganization of the Government dialogue structures (and also related to the slow progress), this committee was recently replaced with a smaller Technical Working Group on UHC. This Group is now focused on central level Government, but includes selected other stakeholders and development partners.
Relevance of the CAI	<p>UHC stretches across Government levels and departments as well as across the public-private sectors. The lack of wide agreement over reform design is a precondition for an effective implementation of reform plans, as the failed Social Health Insurance reform of 2004 showed.</p> <p>As Counties currently hold most of the funding for health, their participation in the TWG UHC is of high importance. Any reform that involves strengthening the central purchasing function at the NHIF will need to be supported by them. Being constitutionally responsible for access to health care, County governments face a strong pressure to show progress. This may make them a driving force for reforms. At the same time, they have the power to push for a place at the table.</p> <p>Inclusion of private groups is also a positive momentum. Against the background of the recent downsizing of dialogue structures, ways need to be found to ensure meaningful consultation without raising fears in central Government that progress in the design process may slow.</p>	

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	Team mandate and position in relation to the CAI	As chair of the Council, program participants Governor Ranguma and County Minister Ominde can effectively push this agenda. Support from the NHIF, for which Nellie Keriri can lobby within the management of the NHIF, would facilitate agreement with the MOH. Kennedy Pambo holds a junior position in the MOF and is unlikely to effectively influence the MOFs position on UHC.
Nigeria	Area:	Improved Central Coordination of Stakeholder Efforts in Nigeria Towards achieving Presidential Mandate on UHC
	Objective:	Establish national and state level coordination mechanisms (Steering Committee & Technical Working Group (TWG))
	Action Plan:	<ol style="list-style-type: none"> 1. Submit Report of Leadership Program and collective action project to Top Management (by end Nov 14) 2. Advocacy to SC members including FMOF (by end Dec 14) 3. Conduct National Stakeholders forum (by end Dec 14) 4. Establish National Steering Committee (by end Jan 15) 5. Establish National TWG (by end Jan 2015) 6. Advocacy to State Governors on UHC (in Feb 2015) 7. Develop clear Orientation Strategies on HCF & UHC (in Feb 15) 8. Conduct Team Meeting to monitor Progress (monthly) 9. Write Report (by Mar 15)
	Context of the CAI	<p>Nigeria is a federal Nation in which the States have authority over health services. The country currently prepares to develop a medium term health sector development plan (2015-2019), including plans to achieve UHC. The country is also considering preparing a health financing strategy, among other strategies, to inform the development and outputs under the HSDP. Nigeria has committed to achieving UHC, but details have to be specified in terms of what is within the UHC benefit package, who will be targeted, who will finance and how will it be delivered. The pooling and purchasing functions have to be well defined (federal, state, or hybrid).</p> <p>Nigeria has established a national health insurance scheme (NHIS), focusing on civil servants. It has recently decided to scale up the coverage under the program to a larger population. However, it has not specified how the poor and the informal sector workers will be covered, and who will finance the coverage of these beneficiaries. Private HMOs act as purchasers of services, while the NHIS plays the role of fund holder and regulator. Enrolment is done by the NHIS itself for civil servants through payroll deductions, while HMOs enroll the non-civil servants on behalf of the NHIS. Nigeria is currently in the process of rethinking its strategy on risk pooling, and new Bill is under preparation for the roles and functions of NHIS under a decentralized system. As of now, a consultation structure on reforms has been lacking at the national level. Specifically, the integration of State level actors into the national reform process has not been functioning effectively.</p>
	Relevance of the CAI	UHC stretches across Government levels and departments as well as across the public-private sectors. Integrating stakeholders from the different sectors into the reform dialogue is central to not only designing but also implementing reforms. Only in a highly streamlined society can central Government govern by fiat. In the federal context and a diversified society like Nigeria, including stakeholders from different levels of government (federal, state, local), different sectors and across the public-private divide, is a precondition for success of different reforms. This holds both for the national as well as for the State level. Similarly, consultations at the national level need to include representatives from the States in order to ensure that reform proposals will be accepted by the largely autonomous states. This is especially the case, where a (partially) centralized national health insurance scheme (NHIS) is meant to be working across States.
	Team mandate and position in relation to the CAI	Francis Ukwuije as the Head of Health Financing & Equity unit, under the Planning Department at the Federal Ministry of Health, and is the technical focal person for designing the Government Strategy for UHC. He is in the position to suggest a dialogue structure to MOH management to this end. He is personally very committed. Jonathan Eke is part of the executive management of the NHIS, which is central to the Federal MOH's UHC reform plan. He can lobby within the NHIS to support the Federal MOH's initiative. Some of the State representatives are senior executives, who can represent the States' interests vis-à-vis the FMOH and the NHIS, while mobilizing support from State level for FMOH plans they agree with. The team is therefore in a very good position to achieve their goals.
South Africa	Area:	Move the National Health Insurance reform process forward
	Objective:	Establish a Project Implementation team for National Health Insurance
	Action Plan:	<ol style="list-style-type: none"> 1. Submit a combined report on the proceedings of the past week to the Director-General 2. Finalization of the concept paper on the establishment of the Project

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		<p>Implementation team (by 15 Dec 14).</p> <p>3. Development of the Terms of Reference for the operations and functioning of the Project team (by 30 Dec 14)</p> <p>4. Consult with the Provincial NHI coordinators (by 20 Jan 15).</p> <p>5. Mobilize financial & related resources for the Project team using the NHI indirect grant beginning FY 2015/16 (by 31 Jan 15).</p> <p>6. Initiate the process for the secondment and appointment to staff the Project team</p>
	Context of the CAI	<p>South Africa faces huge inequities in access to health care. The country has a world class private health sector financed by private health insurance, and a severely stretched public sector financed from taxes. It wants to introduce universal National Health Insurance, linked to organizational reforms on the service delivery side. Reform plans are relatively far developed at the Department of Health and resistance from the Treasury has gradually reduced. The DOH tries to push reforms forward but continues to struggle against continued resistance from private insurers and service providers. Two special advisers are tasked with moving the reform process forward.</p>
	Relevance of the CAI	<p>Basically all observers agree that some sort of major reform needs to happen in order to reduce the immense inequities in access to quality health care between rich and poor South Africans. Without judging the technical merits of the (yet to be made public) NHI White Paper, it seems an immense task for two special advisers to consult and manage all stakeholders, especially with the strong opposition from the private sector. Establishing a Project Implementation Unit to support the two advisers in this process appears to be justified by the task.</p>
	Team mandate and position in relation to the CAI	<p>The team includes the two special advisers on NHI, as well as two CEOs from large public hospitals. The two special advisers have analyzed the stakeholder landscape in detail on the Leadership Program and are best placed to assess the expected remaining workload with completing the White Paper. They have a strong professional commitment to moving the reform agenda forward. The two CEOs can from their positions engage with decision makers in the DOH to communicate the urgent need to move NHI reforms to improve financing of providers of care, even at an increased cost at central level.</p>
Uganda	Area:	Develop a Health Financing Strategy
	Objective:	Establish a consultation architecture and facilitate effective dialogue for the development of a Roadmap for Universal Health Coverage
	Action Plan:	<ol style="list-style-type: none"> 1. Define key stakeholders; 2. Develop a policy brief for strategic communication of key UHC issues; 3. Organize a top management meeting between the MOH, and MOPED, among others (by core team) 4. Trigger a substantive dialogue in the MOH Management Committee (by mid Dec 14), intermediate steps: solicit views and develop a concept note 5. Push a national stakeholder consultation and consensus building initiative (two Workshops) (Jan-Mar 15) 6. Present results (Mar 15)
	Context of the CAI	<p>The UHC process was initiated by MoH in 2010. However the process stalled several times; the main issues slowing down the HFS development: First, <i>leadership</i> for UHC and the Health Financing Strategy (HFS) remains at technical level and within the health sector; top management engagement and accountability are limited and thus a bottleneck for moving ahead. Second, the vision for UHC is still limited to the health sector, especially MOH. More stakeholders need to be brought on board to attain the goal of UHC. Third, there have been different views about the <i>HFS content</i>; the current version appears to serve as a platform for wider health sector reform beyond the HF scope; there needs to be clarity and consensus on what should be in the HFS and what not.</p>
	Relevance of the CAI	<p>The consultations planned are aiming at creating an enabling environment for the HFS development, e.g. by generating a shared understanding of UHC, broadening commitment and reviving/accelerating the process. The envisaged dialogue should capture the views and interests of various stakeholders, help raising the profile beyond the technical level and build consensus on a joint vision and way forward.</p>
	Team mandate and position in relation to the CAI	<p>The team consists of the Director of Planning (MoH), the Executive Director of the Uganda National Health Consumers Organization, a senior health advisor from the World Bank and a health economist from WHO. It shall be expanded to co-opt other key stakeholders. The team has been involved in the HF strategy process and advocacy for UHC so far and is in a good position to advocate for improved stakeholder involvement and effective dialogue. Proposed entry points: the use of existing fora for deeper UHC discussion; convening meetings with key stakeholders through MoH top management.</p>

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	Area:	Establish the National Social Health Insurance scheme
	Objective:	??
	Action Plan:	<ol style="list-style-type: none"> 1. Finalize the collective action initiative (by week 1 Dec 14) 2. Undertake country team retreat for sensing (week 1 Dec 14) 3. Finalize the communication strategy for SHI (by end Jan 15) 4. Commence implementation of the communication strategy (Jan-Mar 15)
	Context of the CAI	Tba
	Relevance of the CAI	Tba
	Team mandate and position in relation to the CAI	tba