

Leadership for Universal Health Coverage (UHC) Output of Design Camp for “UHC 2.0 – Asia”

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Date:	1.12.2015-4.12.2015
Topic:	LDP 2.0 Asia – Design Camp
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Institutional acronyms:	Akademie für Internationale Zusammenarbeit (AIZ) Gesellschaft für Internationale Zusammenarbeit (GIZ) P4H Coordination Desk (P4H CD) World Bank (WB)

KEY OUTPUTS

Concept:	“Results“ is the objective of the L4UHC 2.0. Emergence & coalition building are the tools to support participants to deliver results.
Format:	LDP 2.0 will continue with 3 regional modules of a largely stable group of enablers, complemented by country-level CAIs/RRIs that link enablers to implementers, having three milestones (inception, mid-term review, final review), being supported by on-site coaching and followed by a 4 th follow-up intervention (country support by alumni work / Coaching / regional follow-up module – offered by GIZ and WB depending on countries’ needs)
Participating countries:	Final decision on 20 Jan 2016
Scaling up:	A manual will be developed based on <ul style="list-style-type: none"> - Concepts (incl. Theory of Change) - Format (i.e. delivery model) and a - Toolbox (modular set of content / sessions anchored in Concept/ToC)
M&E:	A strong M&E format will be developed in agreement with GIZ
Francophone program:	Aim is to deliver in parallel to LDP Asia Expertise France welcome to add expertise on UHC
Responsibilities:	<ul style="list-style-type: none"> • Overall Project Management: GIZ/AIZ • M&E: Lead WBG LLI; coordination with GIZ/AIZ • Manual development: Lead WBG LLI • Engaging UHC resource persons and developing UHC content: Lead GIZ, coordination with P4H CD • Participant recruitment / country relations: Lead P4H CD, coordination with GIZ and WBG • Facilitator team recruitment lead by AIZ in consultation with P4H and WB

Some views and lessons from Africa edition

- The GIZ Sector Project P4H has a long-term view. There are many activities to support national strategies towards UHC, L4UHC is one of them. The course is thus part of a larger integrated approach.
- The country teams (CT) are the most important resource. Hence, the selection of the participants is absolutely crucial for the overall success of the program. L4UHC 1.0 has shown that it is better to have fewer but bigger teams.
- Composition of CTs: there is a clear need to move beyond government and include actors from civil society.
- We need to enhance the engagement of development partners (DPs) and World Bank Task Team Leaders (TTLs)
- We need to strengthen our support to the Collective Action Initiatives (CAIs).
- Participants need to be supported by facilitators and resource persons to focus on adaptive issues. Otherwise CAIs may focus on technical challenges and L4UHC does not add value.
- We need a more explicit theory of change and implementation plan.
- We need stronger Monitoring and Evaluation (M&E). Not an easy task: L4UHC is so well aligned with the country processes that attribution becomes difficult. Many effects are long-term and unfold during the follow-up.
- Workshop contributions: there should be a shift from technical experts (i.e. DPs) towards more practitioners who have been engaged in successful UHC reforms in their own countries
- It is important to develop a manual to render the program sustainable and scalable. First structure has to be finished before next edition and to be completed and filled in during the next edition
- Leadership coaching was not picked up.
- Need of a technical panel, workshops should include a UHC practitioner input – peer-to-peer learning¹
- Some participants changed positions and dropped from L4UHC 1.0.
- Composition of CTs: we need to increase the diversity of stakeholders

Intention of running the program LDP

- GIZ: L4UHC is an additional component to support ongoing processes. The ultimate goal is to improve health outcomes and financial risk protection. GIZ provides technical assistance, systemic advice and technical capacity development programs. L4UHC is intended to complement and strengthen all those measures by unlocking the executive / political level constraints.
- P4H CD: equity, improve handling of social issues, see bigger picture, not only health sector, but beyond (development perspective); P4H represents not only Health Sector, includes also Social Protection, Finances and others. Asia important area for UHC, 2 regions: a) Western Pacific Region Office b) South East Asia Region Office
- WBG: personal connection to Health Sector, one of most effective ways of saving the life of human beings in the countries we serve, L4UHC great chance to be impactful at scale, beyond one country
- GIZ: so far thousands of technical solutions, now it is about recognizing that it is human beings that make a difference and are accountable for the design of systems, momentum of change, getting the right cocktail to make things work, adding human factor to more scientific approach, critical factors so far not really been taken into consideration, human capacity development and leadership is a **game changer**, it is a big thing and an adventure, risky, broaden perspective, let go and see what emerges

¹ Ceren, please let us know if this point is captured & represented in your sense

Initial ideas for country selection for further discussion

Proposed shortlist of potential countries	Potential host / resource countries:
Cambodia	Malaysia
Nepal	India
Lao PDR	Turkey
Bangladesh	Thailand
Myanmar	

- Everybody agrees that India is extremely relevant, both as a resource country and as a potential participant country. As of its role as a participant country: due to its size and complexity it would make sense to have a special edition just for India at some point instead of including it in the Asia edition alongside the other countries.

LDP in Francophone Africa (FA)

- P4H is currently active in 35 countries, 12 of them are francophone.
- There is a large diversity within FA regarding the UHC processes. A recurring issue is the set-up of a legal framework before the formulation of a strategy.
- There is a strong tendency to focus on technical issues, thus L4UHC with its focus on adaptive issues can make an important contribution.
There is strong support from the French side, maybe also Spain and AfDB
- **CONCLUSION:** There is a general consensus to aim for the francophone edition in parallel to the Asia edition; Expertise France (the French TA agency) is welcome to be in core team to provide UHC expertise.

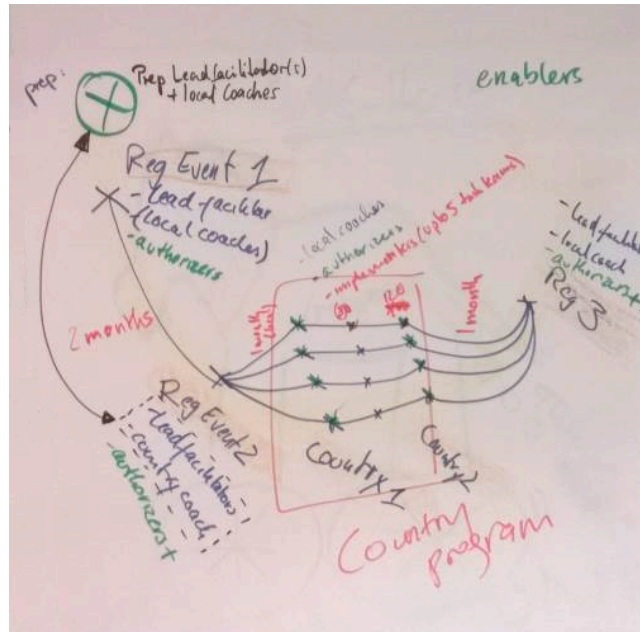
LDP – CONCEPT

Results through emergence and coalitions

Use “results orientation” as starting point of the program. Our partners want to deliver results – we support them. By anchoring the discourse in results, we take participants with limited exposure to leadership methods along and create the space to work with them through a process that is based on emergence. Coalition building tools provide the means to translate new insights and plans into collective action. Together this creates the impact of sustainable and effective change for the future.

LDP – FORMAT

L4UHC 2.0 will continue with **3 regional modules** of a largely stable group of enablers, complemented by country-level CAIs/RRIs that link enablers to implementers, having three milestones (inception, mid-term review, final review), being supported by on-site coaching and followed by a **4th follow-up intervention** (country support by alumni work / Coaching / regional follow-up module – offered by GIZ and WB depending on countries’ needs)



Format in detail:

- Prep Phase: Lead facilitator and local coaches start collaboration (capacity development concept for local coaches has still to be developed in more detail)
- M1: Kick-Off, Target group: Enablers + Facilitators + local coaches
Phase M1-M2: 2 months, homework for enablers is to define implementers
M2: Retreat Character, Target group: Enablers, facilitators + country coaches
After M2: Implementation Phase / Country Program
=> work on country-level with 3 interventions, overall duration 4-6 months (180 days)
target group: enablers, implementers and local coaches
Country Program happens parallel in each country, happens in different task teams
 - a) Intervention 1 happens ca. 1 month after M2 => country level kick-off
 - b) Intervention 2 happens approx. 60 days later
 - c) Intervention 3 happens after 120 days
- M3: target group: enablers, national champions (1-2 per country), facilitators, local coaches takes place ca. 1 month after the country program
- Intervention 4: depending on country needs, takes place to support result and sustainable UHC implementation / reform

Other suggestions:

- 1) Stick with the same participant group, but also maintain certain flexibility where needed to optimize the team (take into account country situation)
- 2) Shorten time between M1 and M2 => 2 months
- 3) Extend time between M2 and M3 => 6 months
- 4) Offer intervention between M2 and M3 on country level, work with success on ground
- 5) There needs to be a follow-up after M3 => provide possibility of M4, country support through e.g. alumni work /coaching / follow up module on regional level (offers by GIZ and WB depending on need of countries)
- 6) In some countries, might want to include more stakeholders for M2 (REOS approach)