

LEADING THE WAY TO UNIVERSAL HEALTH COVERAGE

PROGRESSING
WITH PRACTICAL
KNOWLEDGE



PROGRESS REPORT 2016-2017



**JOINT
LEARNING
NETWORK**

For Universal Health Coverage

UN SUSTAINABLE DEVELOPMENT GOAL 3.8 (SDG 3.8)

Achieve universal health coverage (UHC) including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

THE JLN'S GOAL

In support of SDG 3.8, the JLN seeks to extend health coverage to more than three billion people by:

- ▶ Expanding health coverage, especially to the vulnerable;
- ▶ Increasing access and utilization of essential health services, particularly primary health care;
- ▶ Improving quality and safety of health care; and
- ▶ Promoting financial sustainability of UHC systems.



THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE

The Joint Learning Network for Universal Health Coverage (JLN) is uniquely positioned within the global health space as an innovative community of practitioners and policymakers from around the world who engage in practitioner-to-practitioner learning and co-develop tools to implement reforms for universal health coverage (UHC). The tools equip countries with the how-tos of designing and implementing efficient, equitable and sustainable health care systems, while contributing to the global knowledge on achieving UHC, a sustainable development goal of the United Nations (SDG 3.8).

The JLN embraces a country-led, country-driven model of governance to ensure learning outcomes align with countries' priorities. The JLN bridges the targeted knowledge gap between theory and practice – a critical enabler for countries to move toward UHC.

As the global UHC movement advances, health policymakers and practitioners need more cross-learning opportunities to share insights and exchange knowledge on the implementation of reform processes. By bringing countries together and globally connecting policymakers and practitioners with their peers, the JLN helps them leverage diverse experiences to jointly problem-solve and create solutions vital to accelerating progress toward UHC.

JLN MEMBER COUNTRIES*

Bahrain	Kenya	Namibia
Bangladesh	Kosovo	Nigeria
Colombia	Liberia	Peru
Egypt	Malaysia	Philippines
Ethiopia	Mali	Senegal
Ghana	Mexico	South Korea
Indonesia	Moldova	Sudan
India	Mongolia	Vietnam
Japan	Morocco	Yemen



*As of October 2017

THE JLN STEERING GROUP

The JLN has a new and expanded Steering Group based on elections held in February 2017, the first after the inception of the governance structure in 2013. The Steering Group oversees the strategic direction of the network and ensures that the network's technical areas of focus align with its member countries' priorities. The group is composed of representatives from full member countries and development partners.

Mideksa Adugna

Federal Ministry of Health, Ethiopia

Atikah Adyas

Ministry of Health, Indonesia

Lydia Dsane-Selby

National Health Insurance Authority, Ghana

Rozita Halina Tun Hussein

Ministry of Health, Malaysia, **JLN Convener**

Ashadul Islam

Ministry of Health and Family Welfare, Bangladesh

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Ministry of Health, Mongolia

Adolfo Martínez Valle

Ministry of Health, Mexico

Ethan Wong

Bill & Melinda Gates Foundation

THE JLN CORE TEAM

The JLN receives financial and in-kind support from JLN member countries and a host of development partners, including the Bill & Melinda Gates Foundation, German Development Cooperation (implemented by GIZ), Government of Japan (through the Japan-World Bank partnership program), Korean institutions (Korea Development Institute, National Health Insurance Service and Health Insurance Review and Assessment Service), Rockefeller Foundation, USAID and the World Bank.

JLN activities are coordinated by Results for Development and ACCESS Health, in partnership with the World Bank. The World Bank also provides support to the Steering Group's functions and helps optimize participation from member countries in the JLN. The network's technical activities are facilitated by a range of partner organizations. A list of JLN funders and technical partners is included in Appendix A.

To learn more about the JLN's activities and membership, please contact the JLN coordinator team at jln-nc@r4d.org.

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MESSAGE FROM THE JLN CONVENER

Dear JLN Friends,

As the Convener of the Joint Learning Network for Universal Health Coverage (JLN), it gives me great pleasure to share the expansion of the network over the past several years and the exciting direction we are moving in. The number of full member countries almost doubled over the last couple of years, a testimony to the benefits of the network for countries as they work toward reforms for universal health coverage (UHC). Even more encouraging, the deepening of their engagement with the network assures the continued political momentum in JLN's member countries to advancing the goal of UHC. In reaching these committed countries, the JLN community is well on its path to impacting almost three billion people with equitable and quality health care, contributing significantly to a key sustainable development goal for the world.

Along with an expansion of the network membership to 27 countries at varying levels of economic development, the range of our technical topics has also increased, driven by member countries' emerging priorities. The network provides a safe haven for policymakers and practitioners to come together on shared challenges and draw on other countries' experiences, enabling them to introduce new policies and refine existing processes back home.

With the network coming of age, the governance body of the JLN is now focusing on formulating a strategy that adequately meets the needs of a growing network and ensures quality engagement and learning products befitting the commitment shown by practitioners in undertaking JLN activities.

In JLN's next phase, some of our top priorities are to focus on the ability to respond effectively to the technical priorities of member countries for joint learning, implement a robust monitoring and evaluation system and secure long-term network sustainability. We will also address how to support countries in applying JLN's knowledge products and tools to chart their own innovative pathways to achieving the UHC 2030 goals.

This progress would not have been possible without effective country leadership, including by those countries that graduated from associate to full JLN members. Their active participation – not only in joint learning, but also in governing and setting the agenda for joint learning – fuels the network and makes it a rewarding experience for all.

We are grateful to our longstanding and new partners for supporting the network with resources and technical expertise. The network is now positioned to spread the benefits of its joint learning model and globally amplify progress toward UHC. We actively seek continued and new partners to support this critical JLN effort, as we strive to improve the level and quality of expert technical facilitation.

On behalf of the JLN community, I hope you enjoy reading the UHC stories from our member countries in this Progress Report. We also proudly share co-produced practical tools and knowledge that any country can utilize to tackle its UHC challenges.

Sincerely,

Rozita Halina Tun Hussein

Senior Deputy Director, Planning Division, Ministry of Health,
Malaysia, JLN Convener

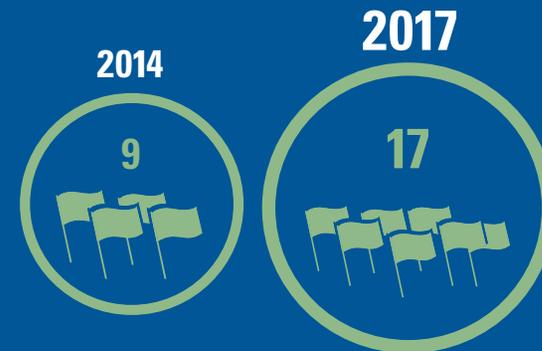
THE EXPANDING JLN

A JOINT LEARNING NETWORK FOR HEALTH SYSTEMS PRACTITIONERS

A GROWING AND DIVERSE GLOBAL COMMUNITY

Since the founding of the JLN with six member countries in 2010, the network has grown to 27 member countries, with 17 full members and 10 associate members.

Almost double the number of full member countries since 2014



The JLN's membership has expanded to Africa, Asia, Europe and Latin America, linking countries across the continents and the development spectrum.

2010

Asia: India, Indonesia, the Philippines, Thailand, Vietnam

Africa: Ghana

2011

Asia: Malaysia

Africa: Kenya, Mali, Nigeria

2014

Asia: Bangladesh, Japan, Mongolia

Africa: Egypt, Ethiopia, Morocco, Namibia, Senegal, Sudan

Latin America: Colombia, Mexico

Europe: Kosovo, Moldova

2015

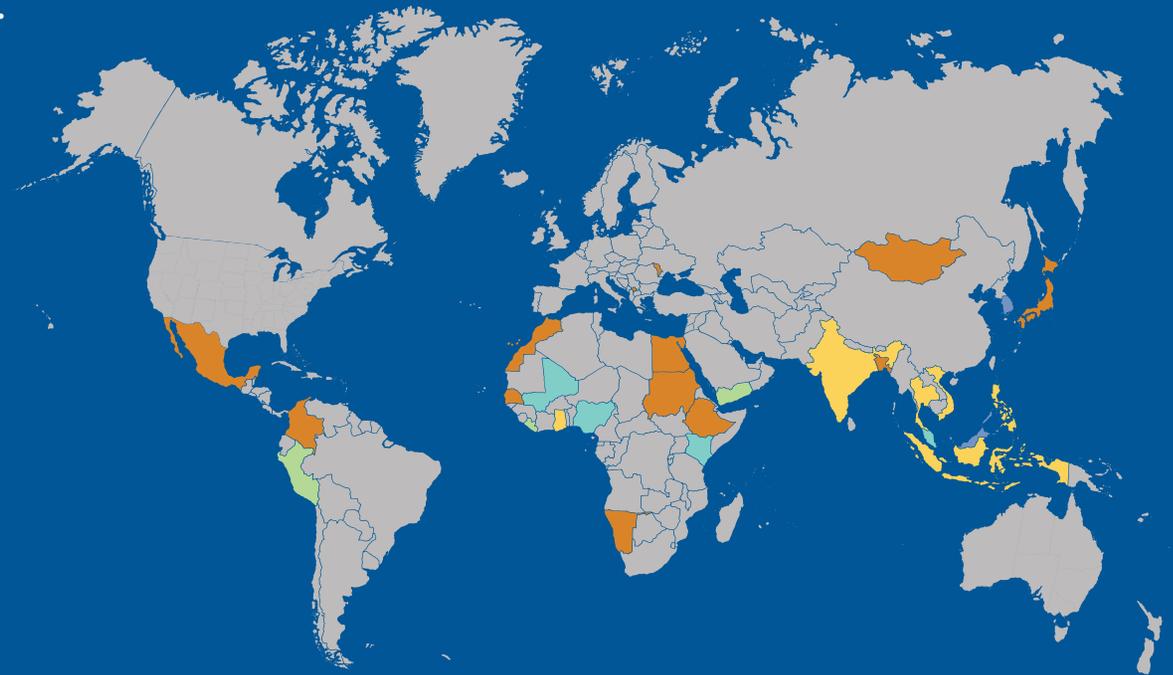
Asia: Bahrain, South Korea

2016

Asia: Yemen

Africa: Liberia

Latin America: Peru



THE EXPANDING PORTFOLIO FOR JOINT LEARNING

Along with growing interest from countries in JLN membership, the range of the JLN's technical topics for learning has also increased. Driven by member countries' demand and priorities, the network has established six technical initiatives, under which learning collaboratives come together on an expanding set of technical topics.

JLN Technical Initiatives



Population Coverage



Primary Health Care



Provider Payment Mechanism



Information Technology

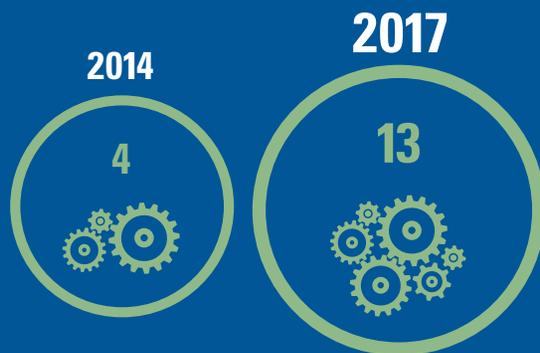


Quality of Health Care



Revisiting Health Financing

Number of Learning Collaboratives (combined for all technical initiatives)



See the full list of learning collaboratives in Appendix B.

INCREASING BODY OF UHC KNOWLEDGE

The JLN's focus on joint learning and co-production of practical knowledge has led to a substantial body of publicly available resources on how to implement UHC reforms.

18
Member Co-Produced
Guides and Toolkits



60+
Total
Resources



JLN knowledge products are an outcome of active engagement from approximately 260 mid- to senior-level government officials who are leading participants of their countries' UHC reform efforts.

See the full list of JLN knowledge products in Appendix C

JLN's country-driven collaborative learning model helps to bridge a critical gap between country commitment to the policy goal of UHC and the implementation of specific policy reforms as they navigate practical health system challenges and a maze of reform options.

JLN's joint learning approach helps countries:

- i) identify and frame priority issues;
- ii) systematically assess technical and organizational needs;
- ii) exchange ideas with countries on shared challenges;
- v) co-develop tools for designing reforms for UHC; and
- vi) adapt the tools to their context to implement reforms.

“

I really love the way the JLN is member driven. It is not the coordinators who tell us what collaborative [to create]. The collaborative is based on enough of us coming up with a common problem that needs a solution.

Dr. Lydia Dsane-Selby

Deputy Chief Operating Officer, Claims Management,
National Health Insurance Authority, Ghana

COUNTRY LEADERSHIP AND COMMITMENT

Country-led and country-driven joint learning are at the heart of the JLN's model. The network thrives on its membership of committed policymakers and practitioners who steer, lead and take part in learning exchanges that target real-world challenges that countries encounter as they strive toward UHC. A central role is played by “country core groups” or CCGs – formed of decision-makers from institutions in the country influential in UHC reforms – who channel their country’s learning priorities into the network and the global learnings from the network back into their country, driving the creation and use of tested practical knowledge to tackle their UHC challenges.



JLN's Growing Country Commitment

Over the last three years, eight JLN member countries formed country core groups and converted from “associate” to “full members” to strengthen their link with the network, enriching the network’s joint learning with more UHC experiences and lessons to share. New full JLN members: Bangladesh, Ethiopia, Liberia, Mexico, Mongolia, Senegal, South Korea and Sudan.

Photo: © World Bank

JLN 2016 GLOBAL MEETING IN PUTRAJAYA, MALAYSIA

The JLN 2016 Global Meeting, hosted by the Malaysian Ministry of Health and held July 20 – 22, drew more than 150 participants. These included ministers, policymakers and practitioners from 27 member and non-member countries. Development partners from the World Bank, Bill & Melinda Gates Foundation, USAID, the Rockefeller Foundation, GIZ and the World Health Organization were present, along with technical partners and facilitators.

The meeting marked a historic moment for the network as the first time that all JLN countries and partner organizations gathered with the goal of developing a shared vision for the next five years of collaborative learning. Countries envisioned stronger people-centered primary health care systems and identified their priorities for collaborative learning through joint discussions. Country core groups were identified as instrumental in driving greater engagement with the network’s learning and maximizing the resulting benefits at the country level.



THE JLN AND KENYA

KENYA'S HEALTH SECTOR

Since 2013, Kenya has a devolved government system, with the country divided into 47 counties, each headed by a governor. The health sector is one of its largely devolved sectors – the county governments provide health services distinctly and independently, with the central government providing policy formulation, technical guidance and health-sector regulation. Further, the Kenyan health system can be categorized into three subsystems: public sector, private sector and faith-based organizations. Of these three, the government is the main health provider with approximately 6,000 public facilities; the private sector and faith-based organizations account for nearly 4,000 facilities.

The Kenya Health Sector Strategic and Investment Plan 2014-2017 provides a blueprint for progression toward UHC. The plan outlines the health-sector objectives and the respective implementation strategies, with the objective of ensuring all Kenyans have access to equitable and quality health care.

KENYA'S EVOLVING CCG

Kenya joined the JLN as a full member in August 2011. Up to 2015, its CCG was comprised of members from the Ministry of Health and the National Hospital Insurance Fund (NHIF). Kenya also had a representative on the JLN's Steering Group. In December 2014, with support from the World Bank, a learning coordinator was brought on board to assist in coordinating the JLN activities in the country and support the working of the CCG. The period was characterized by a decrease in CCG activity, possibly from changes taking place both at the Ministry and within the NHIF; there also was a new chairperson appointed as the head of the Division of Health Financing at the Ministry of Health.

One of the immediate priorities for the new chairperson and other stakeholders was to expand the CCG. In the early months of the following year, the CCG was reconstituted with an expanded and more inclusive membership to represent partners and stakeholders working in the health sector in Kenya. As a result, the CCG had representatives from the Ministry of Health, NHIF, county health, private sector, faith-based organization health providers, insurance providers, donors and implementing organizations in health. It was also agreed that the JLN would be brought under the Division of Health Financing at the Ministry of Health and the leadership would be co-shared between the Ministry of Health and the NHIF, owing to their mandate in health.

With the new inclusive CCG and a dedicated learning coordinator onboard, the team has been able to execute their mandate effectively. The key to successful integration and use of JLN has been to ensure that it does not run as a parallel body, but rather, works with those with the UHC mandate in the country – with the knowledge and approval of the top leadership. This is possible because the CCG chairperson is the head of the Division of Health Financing, and the alternate is the CEO of NHIF. Additionally, the County Executive Committee Members for Health chairperson is on board.

The Kenya CCG maintains an annual calendar with quarterly face-to-face meetings and virtual meetings when the need arises. The CCG members are divided under the JLN technical initiatives based on their areas of expertise. Technical people are also co-opted from the organizations represented in the CCG. This model facilitated selection of members to participate in JLN learning collaboratives and workshops. The approach has led to better participation in the JLN activities both in-country and in the learning collaboratives, and greater cross-collaboration, allowing JLN Kenya to contribute to and implement some of the JLN tools.

LEARNING AND PROGRESSING WITH THE JLN

With the strengthened CCG in place, JLN Kenya has participated in several collaboratives: Health Benefits Policy; Primary Health Care Measurement for Improvement; Leveraging Resources for Efficiency; and Medical Audits. The CCG also applies WHO's Universal UHC Tracking: First Global Monitoring Report and generates biannual reports.

Currently, the Kenya team is developing case studies for the Private Sector Engagement collaborative that will lay the foundation for the third module of the private sector engagement guide. Another team is applying the Primary Health Care Health Benefits Policy Framework in country case studies.

JLN Kenya is working with partners to find innovative ways to mark UHC Day on December 12, which also happens to be Kenya's Independence Day. Plans are also underway to hold a stakeholder forum to disseminate JLN tools to partners to increase the awareness and application of these tools.

Overall, JLN activities in Kenya are on track and constantly working to contribute effectively to the UHC agenda in the country.

Contributed by: O.A. Omar, Project Manager – Transforming Health Systems for Universal Care Project/DANIDA UHC Program, Department of Health Sector Coordination and Intergovernmental Affairs, Ministry of Health; and Mercy Mwangangi, Head, Division of Health Financing, Ministry of Health, with support from Esther Wabuge, Kenya CCG Coordinator



THE JLN AND NIGERIA

NIGERIA'S HEALTH SECTOR

Health care in Nigeria is financed through diverse sources that include tax revenue, out-of-pocket payments, health insurance and donor funding. The mechanism for financing the health care system remains a critical factor for reaching UHC. As Nigeria focuses on achieving UHC through primary health care, implementing effective and efficient ways of financing health care services and identifying best practices from across the globe, the JLN is an important learning platform for the country.

Nigeria became a member of the JLN in 2011, with several organizations and the National Health Insurance Scheme (NHIS) taking the lead. The engagement/participation has since expanded to include 37 organizations as of September 2017.

EARLY JLN EXPERIENCE

2011-2015 served as a learning phase for the JLN in Nigeria. Modupe Ogundimu of the NHIS and Co-Convener of the JLN Steering Group commended NHIS as “The vehicle through which JLN came to Nigeria” in 2011. Many of the lessons learned during this period contributed to the successes the program has experienced. Results achieved during the gestation phase include Nigeria’s active representation at Steering Group meetings, as well as participation in more than 10 joint learning events. These events produced three tools and contributed to the drafting of country priority initiatives.

However, given that the CCG members are full-time employees with limited time to carry out activities for the network, implementing a program that aims to impact millions of people required dedicated personnel for consistent coordination. The World Bank recruited and seconded a learning coordinator in 2015 to support the JLN Nigeria CCG to ensure effective coordination, management and documentation of activities.

STRONGER CCG AND ALIGNMENT WITH THE JLN

The JLN in Nigeria now has a strengthened, active and well-represented CCG with basic structure and systems, including an active work plan that tracks progress and features a strategic framework and illustrative results model that led to an increased focus on achieving results. The Nigerian JLN secretariat is moving formally to the Federal Ministry of Health and has expanded to a tripartite core coordination team that includes the National Primary Health Care Development Agency, NHIS and the Federal Ministry of Health, with the requisite approval and support of all the principal managers and chief executives of these agencies, including the minister of health.

Additionally, the JLN in Nigeria has integrated wider UHC stakeholders through various technical and legislative working groups on health care financing. This group has grown from eight people in 2011 to over 80 registered members on the JLN’s online member portal in 2017. With the structure recently put in place by key stakeholders, the CCG meetings and discussions are back on schedule and CCG members are actively utilizing both online and in-person platforms for their deliberations.

CATALYZING CHANGE AND SUSTAINABLE OUTCOMES

One of the country-level successes of the JLN in Nigeria is that it informed the design of the nation's Health Financing Policy and Strategy, which has been widely adopted and validated by health stakeholders in Nigeria. In developing the strategy, Nigeria worked directly with the country leads and, on some occasions, met during and after joint learning exchanges. Further, the World Bank facilitated a training on the leadership required to achieve UHC, which contributed to the synergy and effective collaboration among various stakeholders. These learning opportunities also led to the expansion of the JLN to the sub-national level and the birth of the recently launched legislative learning network for UHC.

Currently, Nigeria is reviewing the NHIS Act, legislation aimed at reducing financial hardship experienced by over 90 percent of citizens who pay out of pocket for health care services. The review is enriched by lessons and inputs from other JLN countries whose evidence of what has worked for them can be adapted. Extending the joint learning network to include the legislative arm means that Nigeria now has many legislators who appreciate UHC goals and are committed to providing the required impetus for easy passage of future health care reform bills.

LOOKING FORWARD WITH THE JLN

JLN Nigeria has the continued support of its Minister of Health, Professor Isaac Adewole, who views the JLN as an important platform for practitioner-to-practitioner learning for UHC. With this support, Nigeria is emboldened and equipped to reach out to other countries and to use evidence from other JLN countries to improve health care outcomes for its teeming population in 36 states and the federal capital territory as it advances its UHC agenda through primary health care.

Contributed by: Modupe Ogundimu, NHIS; Francis N. Ukwuije, Senior Health Economist, Department of Health Planning, Research & Statistics, Federal Ministry of Health; Lekan Olubajo, Head, Health Financing, National Primary Health Care Development Agency; Nneka Orji, Health Economist/Senior Medical Officer I, Federal Ministry of Health; and Adelaja Abereoran, Deputy General Manager/Head, Special Services Division, Office of the Executive Secretary/CEO, NHIS, with support from Chioma Ogbozor, Nigeria CCG Coordinator



INDIA'S HEALTH SECTOR

The Indian health system has rapidly evolved over the years, implementing successful health innovation models. It has developed robust information technology systems within its government-sponsored health insurance programs and has vast experience and lessons to offer to other countries in their journey toward UHC.

The government of India is on the cusp of redesigning the largest government health insurance program in India – and perhaps the world in terms of population coverage – called Rashtriya Swasthya Bima Yojana. The program aims to create a sustainable health care system for the country's vast vulnerable and informal sector population to mitigate financial risks due to disability, health shocks, maternity and old age. In parallel, many states in the country are implementing their own state health insurance programs. This signifies a strong need for greater coordination, convergence and mutual learning within the country, as well as for best practices from countries across the globe.

ENGAGING WITH THE JLN

India, one of the founding members of the JLN, has engaged proactively over the years in various technical discussions, co-developed knowledge products and participated in technical capacity-building events. Some of the JLN knowledge products have been used in Indian states, such as Andhra Pradesh, Kerala, Karnataka, Telangana and Tamil Nadu.

India's CCG offers an efficient and structured platform to facilitate international cross-learning on the best practices and strategic communications key to technical components across Indian states. The JLN also provides dedicated support to India as a full member through the Joint Learning Fund to build technical capacity and participate in global learning exchanges. This supplementary and flexible fund can be used by JLN full members to promote and collaborate on technical innovations and enable cross-learning activities across member countries.

THE INDIA CCG

The India CCG has begun to work closely with states to identify learning needs and technical focus areas that can be addressed through the JLN. In February 2017, India's CCG convened a meeting to gather representatives from the state health departments of Andhra Pradesh, Gujarat, Karnataka, Tamil Nadu and Telangana, along with JLN partners. Several other states were included, as well. The CCG shared the range of technical initiatives, events and knowledge products available under the JLN and how India has benefited and contributed to the JLN since its inception. The participants concurred that the JLN will provide India and its states with a global learning exchange platform on good practices in health.

The India CCG plans to leverage the JLN for practitioner-to-practitioner learning between states and supplement the long-running World Bank-funded GSHIS Forum Series at the national level.

**THE JLN AND
INDIA**

LOOKING FORWARD WITH THE JLN

The motivation of the India CCG to strengthen and deepen its engagement with the JLN comes at a time when, globally, UHC is considered an essential criterion toward a nation's sustained development, with more and more governments adopting it as their national health priority. With sustained cross-learning among the states of India through the local and global knowledge learning platforms and continued support from development partners, network coordinators, technical partners and the CCG members, India is poised to emerge as a dynamic country. This will ensure dissemination of much-needed knowledge and best practices, and promote practitioner-to-practitioner learning at the state, national and international levels.

Contributed by: The Office of K. Rajeswara Rao, Former Joint Secretary, Ministry of Health and Family Welfare, Government of India





For JLN country members, the process of practitioner-to-practitioner learning is as important as the end knowledge products they co-develop over the course of learning collaboratives.

Through a combination of in-person meetings, webinars and discussion boards, members exchange tacit knowledge, expertise and experiences around specific challenges to co-produce a range of new knowledge products, such as step-by-step guides and self-assessment tools. These tools, available globally as international public goods, can be adapted by countries to create solutions for implementing UHC reforms specific to their contexts.

“ The JLN uses a peer-to-peer method to identify challenges in the health sector and work collaboratively to develop a solution to the problem. I have enjoyed the practical hands-on problem-solving approach used by the network. Such learning stays with you for good.

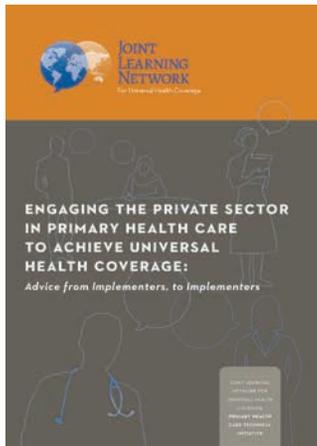
Olalekan Olubajo

Deputy Director of Health Financing at the National Primary Health Care Development Agency, Nigeria

JLN KNOWLEDGE PRODUCTS

JLN member countries have co-produced 18 global UHC knowledge products to date, with several products nearing completion in early 2018. The JLN continues to produce toolkits and guides resulting from learning collaboratives and exchanges targeting specific technical challenges, and shares the resources across the network and globally to apply and inform reform efforts for UHC.

The following are examples of recent knowledge products co-produced by JLN members.



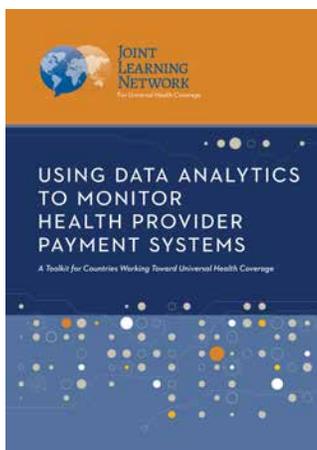
ENGAGING THE PRIVATE SECTOR IN PRIMARY HEALTH CARE TO ACHIEVE UHC

Policymakers are increasingly interested in working with the private sector to provide primary health care (PHC) services to achieve UHC, but frequently lack the information and resources to do so. The Private Sector Engagement collaborative is in the process of co-creating a five-part practical guide to help governments better engage the private sector in PHC delivery.

At the JLN's 2016 global meeting, the collaborative launched the first two modules of the guide, focused on initial communications and provider mapping. The next two modules will address provider regulation and contracting, with the final module addressing monitoring and evaluation.

Co-produced by JLN members from Ghana, India, Malaysia, the Philippines and Vietnam.

For more information please visit: <http://www.jointlearningnetwork.org/resources/PHC-Engaging-the-private-sector-in-PHC-to-Achieve-UHC>



IMPROVING DATA ANALYTICS FOR PROVIDER PAYMENT SYSTEMS

Countries need appropriate monitoring or early warning systems to measure quality and effectiveness, and to detect unintended consequences of payment systems. But monitoring for provider payment is rarely adequate in practice, and very little guidance is available on developing such systems.

To address this gap, 11 countries participating in the Data Analytics for Monitoring Provider Payment collaborative developed the Data Analytics Toolkit, launched in April 2017, which provides guidance on building a step-by-step process for making better use of claims and other routinely collected data; and increasing the use of data analytics to monitor provider payment systems.

Co-produced by JLN members from Ghana, India, Indonesia, Kenya, Malaysia, Mali, Moldova, Mongolia, Nigeria, the Philippines and Vietnam.

For more information please visit: <http://www.jointlearningnetwork.org/resources/data-analytics-for-monitoring-provider-payment-toolkit>

BEYOND LEARNING: COUNTRY APPLICATION

With a range of UHC resources to help countries design their reforms – from guidebooks and tools to country briefs and case studies – the JLN is directing new focus and support toward knowledge product uptake by leveraging the strength of in-country partners and champions to facilitate JLN tool implementation.

The following pages share a few recent examples of how JLN countries are using the network's knowledge products.



Nigeria utilized evidences and learning from over 22 countries, the majority of which belong to the JLN. In developing the Health Financing Policy and Strategy, Nigeria worked directly with the country leads and on some occasions, met during and after joint learning exchanges.

Francis Ukwuije

Senior Health Economist, and Head,
Health Care Financing Equity and Investment,
Federal Ministry of Health, Nigeria



IN GHANA

ALIGNING HEALTH FINANCING WITH PRIMARY HEALTH CARE

Ghana's National Health Insurance Scheme (NHIS) has been praised globally as an example of how government can implement UHC in low- and middle-income countries. But the system has not been without challenges.

Ghana's Community-based Health Planning and Services (CHPS) – a successful primary health care program that relocates health workers into communities to deliver preventive and promotive services, as well as treatment of minor ailments – encountered a significant bottleneck. There was no provision for reimbursement of community-based care in Ghana's NHIS, which was largely designed to protect Ghanaians from catastrophic health expenditures and improve access to curative care in clinic settings.

As a founding member of the network and a key participant in the JLN's PHC technical initiative, JLN Ghana suspected that Ghana's health financing approaches did not always support the country's primary health care goals, so they joined other JLN members in creating a tool to assess for misalignment. The JLN Ghana team applied the initiative's co-produced UHC Primary Health Care Self-Assessment Tool (<http://www.jointlearningnetwork.org/resources/uhc-primary-health-care-self-assessment-tool>) in collaboration with the NHIS and its Regional Health Directorate in the Upper East Region of the country in late 2014.

Dr. Koku Awoonor-Williams, a JLN representative from the Regional Health Administration Upper East Region in Ghana who piloted the tool, reflected, "The pilot provided us with a lot of new knowledge. We identified key areas of misalignment that work against the very foundation of universal health coverage. For example, delays in reimbursements of claims for services provided by health care providers at the PHC level, which serves as a disincentive to support the NHIS; inadequate coordination among stakeholders in PHC delivery; inadequate funding for PHC; and non-reimbursement by NHIA for preventive and promotive services."

"What this means is that, despite the progress that we have made since we first established CHPS, and later NHIS, in Ghana, there are still huge gaps that need urgent attention to ensure that the goals of UHC and PHC are met. There is no better time to address these gaps than now, and this tool was important to unearth these gaps," Dr. Awoonor-Williams concluded.

Since completing the UHC-PHC self-assessment analysis, a strong consensus emerged among stakeholders that primary health care should serve as a foundation for Ghana's universal health coverage goals. A presidential-level technical review of the NHIS in 2016 concluded that the insurance scheme should be revamped to focus on ensuring access to primary health care services for all Ghanaians – with a new PHC-oriented benefits package, provider payment mechanisms that incentivize preventive and promotive care, and automatic enrollment based on residence rather than voluntary enrollment based on premium payment or exemptions.

Applying the UHC Primary Health Care Self-Assessment Tool provided health service providers and stakeholders in Ghana's Upper East Region an opportunity to communicate their key concerns with the implementation of the NHIS. This led to further integration of Ghana's health financing and primary health care. The lead authors of the application of the self-assessment tool have also expressed a desire to extend its application to other regions and nationally – and as the new government sets its course for health system strengthening, the timing is ideal to do so.



IN THE PHILIPPINES

MEDICAL AUDITS COLLABORATIVE PROVES TIMELY

The Philippine Health Insurance Corporation (PhilHealth) had developed a health care provider performance assessment system around the same time that the JLN's Medical Audits collaborative was launched in 2015. The new PhilHealth monitoring system was designed to enforce performance standards among health care providers across different regions of the country. While the policies, processes and systems were put in place, the monitoring and evaluation (to check if the intended objectives were being met), did not exist. The launch of the Medical Audits collaborative could not have been timelier for PhilHealth's Standards and Monitoring Department.

A medical audit system is an iterative quality-improvement process that seeks to improve patient care and outcomes by systematically reviewing care against explicit criteria and the implementation of change. At the time, for the Philippines this meant revisiting the control indicators and developing triggers to take action for audits to ensure cost containment and quality improvement.

JLN's Medical Audits collaborative leveraged the experience of South Korea, a country with a mature health care system with an advanced provider performance and medical audit systems in place. A mix of virtual learning through webinars, email exchanges and WhatsApp chats, enriched with a series of site visits to South Korea through 2016, allowed participating JLN member countries to learn from each other and receive first-hand exposure to the established medical audit system in South Korea.

The participating PhilHealth members shared their experiences and reviewed their performance indicators for quality of care, patient satisfaction, financial-risk protection and fraud detection. Based on findings from analytics on claims in the database, the team found that some claims for conditions, such as pneumonia, had a length of stay below the recommended standard, which affected the quality of health care provided. PhilHealth decided to incorporate recommended length of stay as a control indicator for the reimbursement of claims. PhilHealth is considering bringing back pre-payment medical review to catch these inconsistencies.

Further, a shift in PhilHealth's payment system (to the bundled case payment from fee-for-service system) enhanced claims processing efficiency, but also compromised the rigor of the pre-payment medical review process. In some cases, the removal of some controls led to an unintended increase in benefit payouts. Insights from the experienced medical audit system of countries like South Korea allowed the Philippines' participating team to contribute to the development of medical review criteria for the top ten paid claims, which strengthened the controls in the pre-payment review process.

Aside from honing monitoring, participation in the collaborative helped PhilHealth build the capacity of its staff and instill in them the importance of data quality. The participating members shared the knowledge from the collaborative with colleagues through seminars, raising awareness around the need for standardization and the use of indices to ensure that changes introduced in the system are determined by the use of thresholds.

PhilHealth is continuing its UHC journey, working with research and development partners to determine thresholds for triggers for fraud identification and explore the use of machine learning and/or artificial intelligence to identify unusual patterns. It is also looking forward to the final product of the collaborative, a toolkit on medical audits set to launch at the end of 2017, to use as an additional guide for monitoring provider performance in the Philippines.

“The Medical Audits collaborative was a collaborative in the truest sense of the term. It was an opportunity for us to share what works well in the Philippines and learn from other participating members. The experiences from other countries are contributing to improving our medical audits systems and monitoring activities.

Gilda “Gitchi” Diaz

OIC-Vice President, Quality Assurance Group, PhilHealth, the Philippines



IN EGYPT

LEARNING BEST PRACTICES FOR COSTING OF HEALTH SERVICES

A new member of the JLN, Egypt's government identified the need for a more systemic approach to building capacity for costing of health services as a priority for its health sector. With support from the WHO country office, Egypt is adapting the JLN guide, *Costing of Health Services for Provider Payment: A Practical Manual* (<http://www.jointlearningnetwork.org/resources/costing-of-health-services-for-provider-payment-a-practical-manual>), to assess its costing processes and routinely produce cost data that can be used to inform the cost structure, pricing system and design of future payment mechanisms for the country's ongoing social health insurance reforms.

With support from the JLN Costing of Health Services collaborative under the Provider Payment initiative, the JLN Costing Manual also serves as a training tool for costing experts in Egypt, who have conducted a training workshop for their technical colleagues based on international lessons gained from similar costing activities. The training course aims to equip an in-country technical team with expertise to expand and continuously produce costing studies that can inform the ongoing reform process.

In the long term, the Egyptian Ministry of Health and other stakeholders are looking to develop a routine national unified costing system to serve the multiple planning, payment and management objectives of policymakers, purchasers and providers. The country's costing system will be developed based on the principles of the JLN Costing Manual.

“The JLN Costing Manual, as well as the on-site ‘training of trainers’ workshop, served multiple objectives of the costing project in Egypt. It brought insights on best practices from similar countries and equipped costing practitioners with easily adaptable tools and templates necessary to produce, standardize and further expand cost information for the provider payment system,” remarked Ahmed Khalifa, a health systems financing consultant with the World Health Organization representation in Egypt. Building on the new JLN–WHO Egypt partnership, Egypt is deepening its engagement in the JLN by forming a country core group to harness greater learning benefits for its stakeholders.

CONTINUED CAPACITY DEVELOPMENT ON COSTING OF HEALTH SERVICES

The country members participating in the JLN's Costing of Health Services collaborative and co-production of the manual remain committed to ensuring the resource is globally helping countries to build capacity and support costing exercises. An ongoing forum allows technical professionals to share experiences and solve common challenges related to the costing of health care services. Further, through a small grant, a core working group of country and international costing experts have developed a Costing Manual “Train the Trainer” curriculum for costing experts so they can inform provider payment processes in their own contexts, as well as become trainers in their own countries.

JLN COUNTRIES PILOT THE UHC PRIMARY HEALTH CARE SELF-ASSESSMENT TOOL

To date, four JLN member countries – Ghana, India, Indonesia and Malaysia – have applied the UHC Primary Health Care (PHC) Self-Assessment Tool, while Sudan, with World Bank support, is currently undertaking an exercise to apply the tool. The tool utilizes a multi-stakeholder survey to help practitioners and policymakers assess whether their national, state or district health financing approaches are aligned with their PHC service delivery goals.

The four pilots demonstrated that countries could adapt and rapidly implement the tool in a variety of settings, either at the national or sub-national level. In Malaysia, members found that private PHC providers are unaware of national health policies and priorities, yet they provide 51 percent of PHC services. In Ghana's Upper East Region, many users bypass PHC facilities in favor of accessing secondary care. In addition, the primary purchaser, Ghana's National Health Insurance Authority, does not cover preventive services and often experiences delays in paying for curative PHC.

JLN member countries identified common challenges, including: creating the best payment or funding mechanisms mix to support PHC priorities; adjusting PHC benefits packages; managing PHC demand vs. secondary care; engaging private providers; and strategic communications in policy implementation. To respond to these challenges, the JLN has prioritized two learning topics by creating dedicated collaboratives focusing on: 1) how to define and enable delivery of PHC benefits packages; and 2) how to engage private providers in the delivery of PHC services.

The four countries have documented their experiences in a new report (<http://www.jointlearningnetwork.org/resources/uhc-phc-self-assessment-summary-report-from-five-country-pilots>) with the goal of sharing their experiences with a global audience and other member countries facing similar challenges. The report contributes new evidence on implementing reforms for primary health care improvement to achieve UHC.



JOINT LEARNING FUND: SUPPORTING COUNTRIES' LEARNING FOR UHC REFORMS

The Joint Learning Fund (JLF) is a flexible pool of resources to support cross-country learning activities to strengthen health systems. The JLF is uniquely responsive to country needs and can be mobilized by practitioners on short notice. This allows practitioners to act quickly, leveraging political momentum to promote policy change.

“

At the Ministry of Health in Vietnam, we have used what we learned through JLF-funded study visits to make better decisions about our own health reforms.

Trong Khoa Nguyen
Deputy Director of Medical Services
Administration, Vietnam

The Joint Learning Fund (JLF) is a critical resource for JLN member countries. The JLF gives countries the opportunity to complement their work under JLN's technical initiatives with joint learning activities in other areas. The focus on activities outside technical initiatives allows members to identify and nurture new priorities for the network.

Member countries use the JLF to conduct study tours and participate in international meetings, workshops and trainings, with the goal of strengthening their practical knowledge around UHC-oriented reforms. The fund is also used to support long-term collaboration among countries working together to solve specific challenges.

LAUNCHING A NEW LEARNING COLLABORATIVE: MEDICAL AUDITS

The development of medical audit systems is an increasingly common and exceedingly important quality-enhancing strategy for national health systems. Many practitioners and policymakers across the JLN have expressed interest in establishing or strengthening their medical audit systems. The Joint Learning Fund, administered by JLN partner ACCESS Health International, responded to these requests by establishing a new Medical Audits collaborative and funding its learning activities. The collaborative is hosted by South Korea, JLN's newest member.

Over the course of three in-person meetings in 2016, participants from Colombia, Ghana, India, Indonesia, Kenya, Malaysia, Nigeria and the Philippines gathered in Seoul to share common challenges and experiences. South Korea offered members first-hand exposure to its medical audit system, and they observed South Korea's Health Insurance Review and Assessment Service (HIRA) in action. The in-person meetings helped JLN members learn from each other as they worked on their respective audit systems.



The collaborative members developed a public toolkit that any country can now use when establishing a new medical audit system or strengthening an existing one. Inspired by HIRA, Nigeria – a JLF beneficiary country – is planning a systematic review of present systems and processes within its own National Health Insurance Scheme. The goal is to use the knowledge gained through the collaborative to re-establish Nigeria’s medical audit system with a more robust IT system and improved linkages between claims review and payment. Similarly, the Philippine Health Insurance Corporation is applying the learnings to its newly established health care provider performance assessment system, incorporating an emphasis on the importance of data quality, the need for standardization and use of indices, and using thresholds for triggers for fraud identification.

The toolkit produced from the Medical Audits collaborative is set for launch at the end of 2017. The toolkit will offer step-by-step guidance on technical questions that surface when designing and enhancing medical audit systems and share examples of best practices.

A STUDY TOUR TO INDIA ON CLAIMS MANAGEMENT SYSTEMS

When JLN member countries identified the establishment and strengthening of claims management systems as one of the highest emerging technical priorities, the JLF organized a learning exchange and study tour to India hosted by India’s state-sponsored health insurance programs. A delegation of 15 participants from Bangladesh, Kenya, Malaysia and the Philippines visited the states of Gujarat, Telangana and Delhi to learn how their claims management systems operate.

Following this first learning exchange, each country submitted an action plan for next steps and jointly identified priority learning areas, such as structure and policy; workflow process; and information technology. In Malaysia, the JLN team is now drafting a claims process based on what they learned from the visit. Without the visit, the Malaysia team would not have been able to visualize the entire work flow from notification and processing to evaluation. The countries are now working together to narrow down common priorities and start creating a jointly developed product on claims management.



To date, more than 400 practitioners from 16 JLN member countries have benefitted from the Joint Learning Fund. This includes full member countries – Bangladesh, Ghana, India, Indonesia, Kenya, Malaysia, Mali, Mongolia, Nigeria, the Philippines, Sudan and Vietnam – and associate member countries like Colombia, Mexico, Morocco and Peru.



We would not have been able to set up a claims-management process if our delegation had not taken part in the JLF-funded study visit to India with other member countries. The visit helped Malaysia to visualize the entire work flow from notification and processing to evaluation.

Siti Nadiyah Binti Rusli

Principal Assistant Director of the National Health Financing Unit, Planning Division, Ministry of Health, Malaysia

SHARING KNOWLEDGE GLOBALLY

THE JLN MAINTAINS A ROBUST ONLINE PRESENCE TO SUPPORT KNOWLEDGE SHARING AMONG MEMBER COUNTRIES AND DISSEMINATION TO THE GLOBAL COMMUNITY TO COMPLEMENT THE NETWORK'S JOINT LEARNING EXCHANGES.

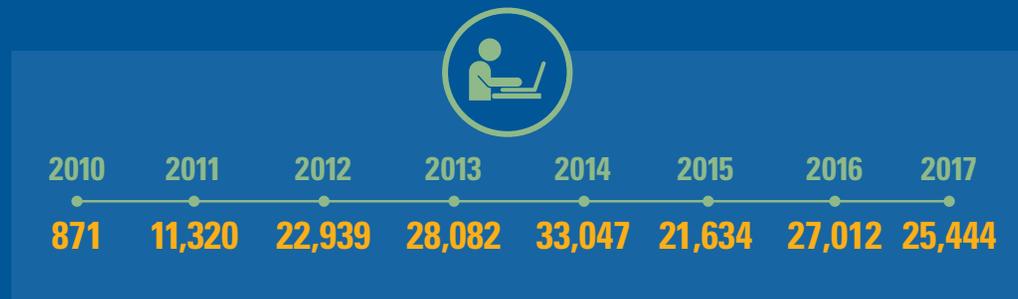
JLN DIGITAL COMMUNITY

Total JLN Website Visitors by Region From 2010-2017



JLN Website Visitors Per Year

Since 2010, over 169,000 visitors from 190 countries have accessed the JLN website.



Note: All data reported is as of October 2017.

ONLINE OUTREACH

The JLN shares network updates, knowledge products and stories from member countries through newsletters, social media channels and a private forum for JLN members to disseminate the collective UHC knowledge embodied by JLN members.



UHC KNOWLEDGE DISSEMINATION

With over 60 resources and tools focusing on the how-tos of UHC, JLN members and facilitators produce high-quality resources for the growing body of UHC knowledge worldwide. JLN products continue to be downloaded from the website, informing the reform efforts of member and non-member countries, as well as the wider global UHC community.

Total JLN Product Downloads



2010-2017
58,622

60+ JLN Knowledge Products

(Note: Some products are cross-cutting)



JLN Learning Exchanges: 2016-2017

- 30+ In-person and virtual workshops across six technical areas of focus
- 20 Events and learning exchanges supported by the Joint Learning Fund

New Co-Produced Knowledge Products Downloads



1,434

UHC Primary Health Care Self-Assessment Pilot Summary Report



947

Engaging the Private Sector in PHC to Achieve UHC: Advice from Implementers to Implementers



558

Using Data Analytics to Monitor Health Provider Payment Systems

Launching JLN's First Online Learning Aid: Costing Manual e-Module

The JLN introduced its first online learning aid to accompany the Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing Challenges, Trade-offs and Solutions tool as a digest of the comprehensive resource for quick online learning for the busy practitioner. The e-module walks its audiences through each of the 10 steps of the costing manual in an engaging and interactive manner. Developed in partnership with the World Bank's Open Learning Campus, the e-module succinctly conveys the main messages of the manual, while referring learners to additional resources in the manual and online interactive resources.

Visit this link to view:

<http://www.jointlearningnetwork.org/resources/e-module-costing-of-health-services-for-provider-payment-manual>

LOOKING AHEAD

As the JLN continues to evolve as a unique platform for accelerating UHC, while expanding its membership base and technical offerings, the JLN Steering Group has agreed to develop a longer-term strategic plan that defines the 2022 vision for the JLN. A technical working group on strategic planning is reviewing the network's global positioning, membership size and growth plan, institutional and financial sustainability and technical areas of focus.

The JLN experience highlights the successes of collaborative learning and its efficacy in joint problem solving. In the early days of the JLN, the network focused predominantly on the critical topic of health financing. However, UHC must also ensure that all people receive the necessary health care. Today, the JLN is increasing its focus on the delivery side – how countries can achieve more integrated, people-centered, high- quality systems – with primary health care at the core.

The JLN remains committed to being a country-driven network and open to new member countries that wish to join the growing JLN community. In the next few years, the network will strategically focus on enhancing the quality of the membership experience by investing in supporting country core groups, responsive technical offerings and robust networking opportunities.

With support from new and expanding partnerships with the Bill & Melinda Gates Foundation, GIZ, Japan, South Korea and USAID, JLN member countries will benefit from a wider portfolio of technical topics for joint learning as they navigate an evolving landscape and emerging challenges back home. A focus going forward will center on building cross-technical knowledge, which has been a key request from members as they encounter interdependencies in the areas of work under different learning collaboratives.

Equipped with a forward-looking strategy and a community of practitioners committed to solving the most pressing health challenges in their respective countries, the JLN and its 27 member countries will continue to pave the long, but surmountable, road to achieving universal health coverage by 2030 for its three billion citizens.

Photo: © World Bank



GET INVOLVED

JLN COUNTRIES

Visit the JLN website to access our co-produced resources and get updates on the latest JLN activities and the global movement toward UHC. Join the JLN member portal and follow the JLN on Facebook and Twitter.

Contact Us
jln-nc@r4d.org

PARTNERS

The JLN Steering Group continuously seeks ways to align with complementary UHC efforts and forums to expand the JLN's technical areas of focus, develop new training opportunities and enrich the diversity of experience represented in collaborative learning activities.

Contact Us
jln@r4d.org

FUNDERS

The JLN relies on generous funding and technical support from a consortium of partners and is always open to new funding partners.

Contact Us
Amanda Folsom,
JLN Network Coordinator Lead
afolsom@r4d.org

STAY CONNECTED

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 Joint Learning Network

 www.jointlearningnetwork.org

APPENDIX A

JLN PARTNERS AND DONORS

Many partners provide funding and technical support for JLN activities. Partners of the JLN include:

Access Health International

Aceso Global

Ariadne Labs

Asian eHealth Information Network

Bill & Melinda Gates Foundation

German Development Cooperation (implemented by GIZ)

Government of Australia through the Integrating Donor Financed Health Programs Multi-donor Trust Fund at the World Bank

Government of Japan through the Japan-World Bank Partnership Program

Harmonization for Health in Africa

Health Insurance Review and Assessment Service, South Korea

Health Strategy and Policy Institute, Vietnam

International Decision Support Initiative

Korea Development Institute

National Health Insurance Service, South Korea

PATH

Primary Health Care Performance Initiative

Qualis Health

Results for Development Institute

The Rockefeller Foundation

The World Bank Group

USAID ASSIST Project

USAID Health Finance and Governance Project

Wipro

World Health Organization

APPENDIX B

JLN'S TECHNICAL INITIATIVES AND LEARNING COLLABORATIVES

The work of the JLN is based on priorities identified by its member countries and is broadly structured across six technical initiatives. Within each technical initiative, JLN members convene in learning collaboratives, each focusing on specific technical challenges.

*These JLN learning collaboratives have been completed. The resulting knowledge products are available online on the JLN website at www.jointlearningnetwork.org/resources.

JLN TECHNICAL INITIATIVE: PRIMARY HEALTH CARE (PHC)

Learning Goal: How to design and implement the effective delivery and utilization of preventive, promotive and curative care by aligning health financing, policymaking and measurement with primary health care.

Private Sector Engagement	Develops guidance for implementers on best practices to engage and build partnerships with the private sector to deliver primary health care services to achieve UHC.
Health Benefits Policy	Develops a framework for analyzing available resources, policies, practices and stakeholders to align primary health care policies and service delivery with a defined benefits package.
Measurement for Improvement	Develops practical guidance to implement primary health care indicators and data collection to equip health systems managers with routine feedback mechanisms for decision-making and system improvement. <i>In partnership with the Primary Health Care Performance Initiative</i>
People-Centered Integrated Care	Shares best practices and co-develops guidance on empanelment and care- coordination strategies to integrate health care and promote holistic care from the patient perspective.
Vertical Integration	Explores new roles for hospitals and fosters care models that are organized around the health care needs of populations and an enabling financial, informational and institutional environment to support these models.

JLN TECHNICAL INITIATIVE: PROVIDER PAYMENT MECHANISMS (PPM)

Learning Goal: How to enhance financial sustainability, efficiency and quality of care through effective provider payment mechanisms.

Costing of Health Services	Focused on developing and implementing appropriate costing strategies for health care services.*
Using Data Analytics to Monitor Provider Payment Systems	Developed a practical toolkit based on country experiences to identify key policy questions and best practice indicators to capture the strengths and weaknesses of different payment systems from existing data sources.*
Primary Health Care Financing and Payment	Builds capacity and guides on better design, implementation and monitoring of primary health care financing and payment models for quality, efficient and equitable delivery of services.

JLN TECHNICAL INITIATIVE: INFORMATION TECHNOLOGY (IT)

Learning Goal: How to enable virtual communication and data interoperability across ministries of health and national health care payers for sharing knowledge, promoting high-quality care and ensuring responsible financial management.

Open Health Data Dictionary and Common IT Systems Requirements for UHC	Developed common global architecture tools and products that can be adapted by countries in a national setting.*
Using Data Analytics to Monitor Provider Payment Systems	Developed a practical toolkit based on country experiences to identify key policy questions and best practice indicators to capture the strengths and weaknesses of different payment systems from existing data sources.*
Data Foundations	Builds best practices to address challenges related to data availability and usability within health care, including data governance and data integration.

JLN TECHNICAL INITIATIVE: QUALITY OF HEALTH CARE

Learning Goal: How to incentivize improvements in quality of care from the perspective of payers.

Accreditation as an Engine for Improvement	Created a framework for health insurance agencies with a focus on accreditation as an engine for improvement.*
Medical Audits	Focuses on improving the efficiency of audits by using indicators and triggers to detect fraud.

JLN TECHNICAL INITIATIVE: REVISITING HEALTH FINANCING

Learning Goal: How to effectively navigate the balance of resource needs, resource availability and resource utilization for priority health services.

Leveraging Resources for Efficiency	Creates dialogue and supports implementation of practices for efficient use of health resources, efficient spending, strategic purchasing and measuring efficiency gains.
Domestic Resource Mobilization	Works on expanding domestic financing and the use of non-traditional financing for health services.
Fiscal Policy for Public Health	Explores the use of fiscal policies such as sin taxes and draws on country experiences to synthesize best practices and lessons learned regarding feasibility, implementation, achievements and challenges.

JLN TECHNICAL INITIATIVE: POPULATION COVERAGE

Learning Goal: How to support extending equitable health coverage to population groups, focusing on the poor and informal sector.

Reaching the Poor	Identified how to best expand access to the poor through country case studies, targeting methods and user-experience mapping.*
Reaching the Non-Poor Informal Sector	Generated understanding on how to best target the poor through country case studies and shared experiences.*

OTHER JOINT LEARNING EXCHANGES

Learning Goal: These shorter-duration learning exchanges build the capacity of countries on topics JLN members identify to progress toward UHC.

Strategic Communications for UHC	Outlines best practices for effective communications and engagement to garner stakeholder buy-in for expanding and scaling health systems reforms. <i>In partnership with USAID's Health Finance and Governance (HFG) Project</i>
Governing to Improve Quality	Explores best practices within the continuum of policymaking, planning, implementation, monitoring and evaluation to deliver high-quality health care and continuously improve health systems. <i>In partnership with USAID's Health Finance and Governance (HFG) Project</i>

APPENDIX C

INVENTORY OF CO-PRODUCED JLN KNOWLEDGE PRODUCTS

This inventory features a selection of knowledge resources developed and produced by JLN members. To explore all JLN resources, visit www.jointlearningnetwork.org/resources.

TITLE	URL	TECHNICAL INITIATIVE	COUNTRIES
Closing the Gap: Health Coverage for Non-Poor Informal Sector Workers	http://www.jointlearningnetwork.org/resources/closing-the-gap-health-coverage-for-non-poor-informal-sector-workers	Population Coverage	China, South Korea, Mexico, the Philippines, Vietnam
Primary Health Care Measurement for Improvement Indicator Inventory	http://www.jointlearningnetwork.org/resources/primary-health-care-phc-indicator-inventory-instructions-for-use	Primary Health Care	Argentina, Chile, Cameroon, Ghana, India, Indonesia, Malaysia, Mexico, Rwanda
Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers to Implementers	http://www.jointlearningnetwork.org/resources/PHC-Engaging-the-private-sector-in-PHC-to-Achieve-UHC	Primary Health Care	Ghana, India, Malaysia, the Philippines, Vietnam
UHC Primary Health Care Self-Assessment: Tool	http://www.jointlearningnetwork.org/resources/uhc-primary-health-care-self-assessment-tool	Primary Health Care	Ghana, India, Indonesia, Malaysia, Mali, Nigeria, the Philippines, Vietnam
UHC Primary Health Care Self-Assessment: Summary Report from Four Country Pilots	http://www.jointlearningnetwork.org/resources/uhc-phc-self-assessment-summary-report-from-five-country-pilots	Primary Health Care	Ghana, India, Indonesia, Malaysia
Open Health Data Dictionary	http://openhdd.org/index.html	Information Technology	Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Vietnam
Software Comparison Tool	http://www.softwarecomparisontool.org	Information Technology	Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Vietnam
Determining Common Requirements for National Health Insurance Information Systems	http://www.jointlearningnetwork.org/uploads/files/resources/NHIS_Phase_1_Public_Report_JLN_IT_Workshop_FINAL_Jan182012_A4_0.pdf	Information Technology	Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, the Philippines, Thailand
Connecting Health Information Systems for Better Health	http://www.jointlearningnetwork.org/resources/connecting-health-information-systems-for-better-health	Information Technology	Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Vietnam
Toolkit for Medical Audit Systems: Practical Advice from Implementers to Implementers	http://www.jointlearningnetwork.org/resources/medical-audits	Quality	Colombia, Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, the Philippines
Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward UHC	http://www.jointlearningnetwork.org/resources/assessing-health-provider-payment-systems-a-practical-guide-for-countries-w	Provider Payment Mechanisms	Mongolia, Vietnam

APPENDIX C CONTINUED

TITLE	URL	TECHNICAL INITIATIVE	COUNTRIES
Assessing Health Provider Payment Systems: Analytical Team Workbook	http://www.jointlearningnetwork.org/resources/assessing-health-provider-payment-systems-analytical-team-workbook	Provider Payment Mechanisms	Mongolia, Vietnam
Using Data Analytics to Monitor Health Provider Payment Systems	http://www.jointlearningnetwork.org/resources/data-analytics-for-monitoring-provider-payment-toolkit	Provider Payment Mechanisms	Ghana, India, Indonesia, Kenya, Malaysia, Mali, Moldova, Mongolia, Nigeria, the Philippines, Vietnam
Provider Payment Reform and Information Technology Systems: A Chicken-and-egg Question	http://www.jointlearningnetwork.org/resources/provider-payment-reform-and-information-technology-systems	Provider Payment Mechanism/ Information Technology	Abu Dhabi, the Netherlands, the Philippines, South Korea, Thailand
Costing of Health Services for Provider Payment: A Practical Manual	http://www.jointlearningnetwork.org/resources/costing-e-module	Provider Payment Mechanisms	Ghana, India, Indonesia, Malaysia, the Philippines, Vietnam
Costing Manual: Tools and Templates	http://www.jointlearningnetwork.org/resources/costing-manual-tool-kit	Provider Payment Mechanisms	Ghana, India, Indonesia, Malaysia, the Philippines, Vietnam
Costing Manual: Online Course	http://www.jointlearningnetwork.org/resources/e-module-costing-of-health-services-for-provider-payment-manual	Provider Payment Mechanisms	Ghana, India, Indonesia, Malaysia, the Philippines, Vietnam
Case Studies on Payment Innovation for Primary Health Care	http://www.jointlearningnetwork.org/resources/jln-giz-case-studies-on-payment-innovation-for-primary-health-care	Provider Payment Mechanisms	Argentina, Chile, Indonesia





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