CASE STUDY

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JOINT LEARNING NETWORK
For Universal Health Coverage

Joint Learning Network for Universal Health Coverage

October 2016

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THE Rockefeller Foundation

MONITORING & EVALUATION OFFICE

CASE STUDY

Joint Learning Network for Universal Health Coverage

A practitioner-to-practitioner learning network supported by The Rockefeller Foundation's Transforming Health Systems Initiative

October 2016

Swetha Sridharan
Kimberly Smith

Supported by

The ROCKEFELLER FOUNDATION

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Acronyms

CCG	Country core group
DoH	Department of Health
DRG	Diagnosis-related group
GIZ	German Society for International Cooperation
HANSHEP	Harnessing Non-State Actors for Better Health for the Poor
HDD	Health data dictionary
HIRA	Health Insurance Review and Assessment Service
HMU	Hanoi Medical University
HSPI	Health Strategy and Policy Institute
IT	Information technology
JLF	Joint Learning Fund
JLN	Joint Learning Network for Universal Health Coverage
MoH	Ministry of Health
NHIA	National Health Insurance Authority
PHC	Primary health care
PPM	Provider payment mechanisms
R4D	Results for Development
THS	Transforming health systems
TI	Technical initiative
UHC	Universal health coverage
USAID	U.S. Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

The Joint Learning Network (JLN) is a key innovation and central part of The Rockefeller Foundation's efforts to promote universal health coverage (UHC) in low- and middle-income countries (LMICs) under its Transforming Health Systems (THS) initiative (2009-2017). Launched in 2010, the JLN is a country-led, global learning network that connects practitioners around the globe, in order to advance knowledge and learning about approaches to accelerate country progress toward UHC. The JLN currently includes 27 member countries across Africa, Asia, Europe, and Latin America that engage in multilateral workshops, country learning exchanges, and virtual dialogues to share experiences and develop tools to support the design and implementation of UHC-oriented reforms.

The core vehicles for shared learning and resource development under the JLN are technical initiatives, which are managed by several technical partners and organized around key levers for reaching UHC objectives, including i) provider payment mechanisms, ii) information technology, iii) primary health care, iv) population coverage, v) quality improvement, and vi) health financing innovations. To address more targeted technical needs, the JLN has also established technical collaboratives, which fall within or cut across technical initiatives, as well as the "Joint Learning Fund" (JLF), a flexible funding pool to address country-specific learning needs. A global Steering Group, comprised of member countries, technical partners, and network funders, ensures that the technical initiatives and other joint learning efforts are aligned with country priorities. It also sets the strategic direction of the network, implemented by a Network Coordinating Team of technical and coordinating partners. At the country level, country core groups (CCGs), comprised of staff at government agencies, organize and facilitate country participation in the JLN.

The Rockefeller Foundation is a founding funder of the JLN and has actively supported the network's activities and goal of becoming a high-impact, country-led, and sustainable learning platform. Under the THS initiative, the Foundation has provided almost $19 million in grant funding to the JLN, accounting for roughly 70 percent of total donor funding for the network to date. THS grants to JLN partner organizations have supported the design and launch of the network, ongoing network coordination, management of the JLF, and facilitation of three technical initiatives (Provider Payment Mechanisms [PPM], Information Technology [IT], and Quality). The Foundation has also engaged in a range of non-grant activities aimed at strengthening the JLN's influence and sustainability. These include coordinating with and building support for the network from other donors.

Achievement of key outputs and intermediate outcomes

The JLN has grown into a vibrant and highly valued global network through an iterative process that has been responsive to country needs and the changing UHC landscape. As more countries commit to UHC, demand for practical information, guidance, and tools to help countries implement

UHC-oriented reforms has increased. The JLN has responded effectively to this unmet need, leveraging country experiences with UHC reform processes, as well as international technical experts in key reform areas, and ensuring that JLN learning activities are driven by member country priorities. As the JLN has adapted its approach and expanded its technical initiatives to better serve the needs of LMICs, its perceived value has grown among both member and non-member countries, generating further demand for JLN membership and resources. The JLN's 2014 call for associate members resulted in expressions of interest from 40 LMICs across the globe, and the network grew from 6 to 27 members between 2010 and 2016.

Country engagement in the JLN has increased since the Steering Group and CCGs were introduced in 2013. To facilitate greater country ownership of and participation in the JLN, the network introduced a country-led Steering Group and CCGs in 2013. These two new entities have been successful in giving countries a greater voice in decision-making about the strategic direction of the network, and strengthening their engagement in technical initiatives and other cross-learning activities. Country representatives now regularly voice their opinions in Steering Group meetings and shape key decisions regarding country membership, technical priorities, and funding allocations. CCGs have helped to ensure that practitioners in key government agencies meet regularly to discuss priority learning needs for their country and how to leverage the JLN to address those needs.

Technical initiatives and collaboratives have developed a large number of resources to support country reform efforts. Technical initiatives and collaboratives, which are coordinated by technical facilitators from technical partner organizations, have worked closely with country participants to develop a variety of knowledge products and tools. Knowledge products have generally focused on documenting country reform experiences and learning. Tools have focused on providing practical guidance and templates to support data-driven reform processes. The PPM, IT, and Primary Health Care (PHC) Technical Initiatives have been particularly prolific. These initiatives, and associated collaboratives, have developed tools to better define health system issues and gaps, manuals for conducting critical analytical exercises (such as costing of health services), simulation models to understand the implications of different reform options, and specifications for IT systems.

The JLF has been used by member countries to support targeted learning activities, but has not been leveraged to its full potential. Country stakeholders greatly appreciate the JLF, and have drawn on it to conduct study tours and participate in meetings, workshops, and trainings that have helped strengthen their understanding and knowhow around key aspects of UHC-oriented reforms. However, the fund has received fewer and lower-quality applications than expected due to i) competing demands on CCG members' time, and ii) the requirement that JLF proposals address issues of interest to multiple countries, which can be difficult for country-level practitioners to identify.

Achievement of longer-term outcomes (or influence on country reform processes)

Country practitioners participating in the JLN regularly draw on each other's knowledge and experience to facilitate reform processes in their countries. The most commonly cited benefit of the JLN is the access it offers members to an expansive network of practitioners who have grappled with similar challenges and tested and iterated on solutions. Members frequently reach out informally to other practitioners in the network to brainstorm, troubleshoot issues, and obtain models or templates for programs, standards, and processes (such as requests for proposals). Informal interactions among country practitioners have also helped germinate policy ideas within country delegations and spur action. Members note that they are motivated to test new solutions to long-standing health system issues when they hear about approaches working in other countries.

Several countries have leveraged JLN tools and resources to design, strengthen, and advocate for UHC-oriented programs and reform efforts. Several member countries have drawn on JLN tools to better identify and diagnose health system issues, and to design new or strengthen existing policies, programs, and systems, such as health insurance policies, health protection schemes, and health insurance information systems. JLN tools have facilitated the collection of critical, comprehensive, and reliable data to support evidence-based decision-making and reform processes. Data collected through JLN tools have also helped country representatives make their case to policymakers for new approaches or reform efforts.

In the few cases where the JLN has provided long-term technical assistance to member countries, it has been very effective in advancing country-level reforms. The JLN's main role is to facilitate cross-country learning and generate resources to support country reform efforts, rather than to provide country-specific technical assistance. However, in the few cases where the JLN has provided in-country technical assistance, it has been very successful in catalyzing reform efforts. For instance, the technical facilitator for the PPM technical initiative spent six months in Vietnam helping practitioners design a pilot of evidence-based capitation models – the findings of which will inform implementation of the national health insurance law. Notwithstanding such successes, the JLN views its comparative advantage to be the facilitation of knowledge-sharing and production of global public goods, a critical gap in the UHC landscape. It envisions that countries will look to local partners for ongoing technical assistance.

Key learnings

The most successful technical initiatives are those that have embraced the network's joint learning and co-creation approaches. Technical initiatives have been particularly successful in advancing learning when their technical facilitators have worked closely with country participants to understand their needs and constraints and collaboratively develop practical tools to support UHC-oriented reforms. For example, the PPM technical initiative began with the goal of strengthening knowhow around provider payment models, but preliminary discussions led by the initiative's technical facilitator soon revealed

that several countries lacked a key ingredient for designing or refining such models – reliable cost data. This revelation led the initiative to form a Costing Collaborative, which went on to develop a widely used costing manual that provides instruction on how to collect, analyze, and use cost data, and also offers insight on how to address common practical challenges such as data availability and quality.

Technical initiatives with continuous engagement from a core group of practitioners and longer-term external funding have been more successful in developing useful tools for advancing UHC. Two factors emerged as critical for technical initiatives to be productive learning platforms: i) consistent participation from a core group of country representatives with relevant experience and expertise, and ii) sustained and adequate funding. The IT technical initiative initially experienced poor attendance at its events. However, over time, a core group of interested country participants emerged, with whom the technical facilitation team worked to develop a number of useful tools. In contrast, the Population Coverage technical initiative has had different people attending each of its meetings, which has made it more difficult to build momentum and collaboratively develop resources. Technical initiatives also require secure, steady, and adequate funding to maintain momentum and produce useful learning products.

Country participation in the JLN varies substantially across member countries due to differences in the strength and performance of CCGs. Factors limiting the effectiveness of CCGs in JLN member countries include i) lack of participation from government agencies and individuals closely involved in UHC efforts, ii) high rates of staff turnover in participating agencies, iii) the limited time participants have to engage in JLN activities outside of their routine work, and iv) limited engagement of senior officials with decision-making power.

Network sustainability

The JLN has made some progress in diversifying its funding base, but there is still a need for longer-term funding to replace and build on The Rockefeller Foundation's support. Although The Rockefeller Foundation is the largest JLN funding partner, financial support from other funding partners, including the Bill & Melinda Gates Foundation, German Society for International Cooperation (GIZ), and the World Bank has expanded over time. The Gates Foundation, whose support for the JLN has focused mainly on the PHC initiative, will provide bridge funding for the PPM and IT initiatives once current Rockefeller Foundation grants come to an end. GIZ, which has served mainly as a technical partner, recently started funding a PHC-focused technical collaborative. In addition, the World Bank recently leveraged an internal trust fund to support the new Innovations in Health Financing technical initiative. While these are positive steps toward network sustainability, there is still need for additional long-term funding to replace and build on The Rockefeller Foundation's support.

The World Bank's recently expanded role in the JLN has seeded promising international partnerships. The World Bank was integrated more closely into the JLN to strengthen network sustainability as Rockefeller Foundation funding came to a close, and has had some success in securing additional funding and building new partnerships. The World Bank has linked country-specif-

ic JLN learning efforts with its country office-led health financing efforts. It is also exploring potential partnerships with the International Health Partnership (IHP) for UHC, a World Bank-World Health Organization (WHO) initiative, and organizations involved in the Harnessing Non-State Actors for Better Health for the Poor (HANSHEP) network.

The Rockefeller Foundation's legacy

The Rockefeller Foundation is recognized for its catalytic role in the JLN, as both a funder and thought partner, among long-standing JLN partners and country participants. Individuals involved in the founding and early operations of the JLN stress the substantial risk the Foundation assumed by investing in the JLN, a new and innovative learning approach. They also highlight that, in addition to providing critical financial support for the JLN, the Foundation acted as a thought, technical, and strategic partner over the course of the JLN's evolution. THS staff helped develop and refine the joint learning model, provided input on the JLN's technical work, and took the lead on sustainability planning.

JLN partners greatly appreciate The Rockefeller Foundation's flexible and collaborative approach, which allowed the network to evolve organically to address country needs. Grantees note that the Foundation intentionally kept the scope of work for its THS JLN grants relatively open and loosely defined. This allowed them the flexibility and creative space they needed to identify country priorities and knowledge gaps, and develop and iterate on appropriate strategies for addressing those needs.

Implications for future cross-learning networks

Effective technical facilitation requires not only in-depth technical knowledge, but the ability to listen to and learn from practitioners' experiences, elicit and synthesize lessons, and "co-create" useful knowledge products. The JLN's collaborative learning approach has ensured that tools produced under the network's technical initiatives and collaboratives are useful to and used by member countries. This approach has also helped build the capacity of local agencies and create strong global communities of practice.

Impactful country engagement requires the buy-in of senior government officials and participation from all agencies closely involved in the relevant policy efforts. Buy-in from senior officials has ensured that mid-level technocrats can participate in JLN activities and increased the likelihood that JLN resources are used to effect policy change. However, strong country engagement also requires that the right mid-level officials (from the right agencies) are invited and agree to participate in network activities. Institutional diversity, which has been a challenge for the JLN, ensures that all key policy players are engaged in UHC discussions and on board with proposed changes in policy or programs that emerge from JLN learning.

High turnover among government officials and poor coordination among government agencies often hinder country engagement, but can be addressed by providing local logistical support and/or integrating CCGs into existing government committees. Local learning coordinators introduced by the JLN have been effective in helping form or reinvigorate CCGs, and in ensuring that the group meets regularly and takes advantage of relevant JLN learning opportunities. The JLN has helped increase the sustainability of CCGs by integrating them into existing government committees where possible; a government body already working toward UHC is less susceptible to staff turnover and institutional friction than a newly constituted CCG.

Providing flexible funding for targeted learning activities can yield useful inputs into reform processes, but only if funding is used strategically for results-oriented activities. The availability of untied funds (through the JLF) that can be used to address country-specific learning needs is one of the JLN's most attractive features for many participating countries. Some member countries have been able to leverage JLF funds effectively to address emerging reform issues and questions. Others, however, lack the capacity to prepare goal-oriented proposals for JLF funding. A JLN coordinating partner now provides targeted technical assistance to countries on how to tie learning activities to policy objectives.

Collaborative learning can help spark ideas and generate resources for reform efforts, but often needs to be supplemented with targeted technical assistance to ensure that learning is translated into policy action. The JLN's collaborative learning approach helps to bridge a critical gap between country commitment to the policy goal of UHC and targeted technical assistance to support implementation of specific policy reforms. As noted, it has helped countries to better define health system issues and identify possible solutions – and, in doing so, has catalyzed reform processes in some countries. However, as reform efforts are launched and implemented, countries may require more targeted, country-specific technical assistance. Proactively helping to connect countries to technical experts who can provide this type of tailored support may accelerate country-level change.

To ensure network sustainability, outreach to donors needs to begin early and be intensive and far-reaching. Case study findings highlight the importance of sustainability planning for a learning network. Funding is in short supply for efforts to develop global public goods, especially those that prioritize iterative learning without preset outputs and deliverables. The JLN acknowledges this challenge and has been working to strengthen financial sustainability with particular energy since the 2015 integration of the World Bank into the Network Coordinating Team. To ensure adequate and long-term funding, networks must engage in relationship-building early on and recruit the support of diverse partners.

1

Introduction

Background

The Rockefeller Foundation's Transforming Health Systems (THS) initiative (2009–2017) seeks to improve health and health equity in low- and middle-income countries (LMICs) through activities that promote improved health systems performance and the expansion of universal health coverage (UHC). The Joint Learning Network (JLN) is a key innovation and central part of the Foundation's efforts to advance UHC under the THS initiative. Launched in 2010, the JLN is a country-led, global learning network that connects practitioners around the globe in order to advance knowledge and learning about approaches to accelerate country progress toward UHC. Under the network, JLN member countries share information and ideas and develop solutions and tools to support health system reforms and achievement of UHC. The JLN currently includes 27 member countries across Africa, Asia, Europe, and Latin America that work together and share experiences through multilateral workshops, country learning exchanges, and virtual dialogues. These activities, and overall management of the network, are facilitated by several technical and coordinating partner organizations.

The Rockefeller Foundation is a founding funder of the JLN, and has actively supported the network's activities and goal of becoming a high-impact, country-led, and sustainable learning platform. Under THS, Foundation grants to JLN partner organizations have supported the design and launch of the network, ongoing network coordination, facilitation of practitioner-to-practitioner learning in three technical areas – provider payment, health information technology, and quality improvement – and management of a flexible fund to support country-specific joint learning activities. The Foundation has also engaged in a range of non-grant activities aimed at strengthening the influence, legacy, and sustainability of the JLN. These activities have involved coordinating with and building support for the network from other donors, including the Bill & Melinda Gates Foundation, the World Bank, and the German Society for International Cooperation (GIZ).

In December 2012, The Rockefeller Foundation engaged the Pact Institute, a U.S.-based non-governmental organization, to conduct a strategic review of the JLN. The review found that the JLN was positively influencing knowledge, information-sharing, and momentum around UHC in its member countries, but identified a need for greater country engagement in the network.[1] These findings eventually informed a structural reorganization

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[1] Pact Institute. "Preliminary Assessment of the Joint Learning Network for Universal Health Coverage: Findings and Options for Moving Forward." March 2013.

of the network aimed at strengthening country participation and leadership.

This report presents the results of a case study of the JLN that builds on Pact's strategic review. As described below, the case study focused on assessing the extent to which the JLN has achieved its goal of becoming a country-driven, sustainable network that is helping countries to design and implement health system reforms to achieve UHC.

Case study purpose and approach

Purpose and overall approach

This case study covers JLN activities supported under The Rockefeller Foundation's THS initiative between 2009 and 2016. The study was conducted in consultation with the THS team and the Foundation's Evaluation Office. The purpose of the case study was to assess i) successes and challenges in operationalizing the JLN model for collaborative learning, ii) the extent to which the JLN has helped advance country-level progress toward UHC, iii) the long-term sustainability of the JLN, and iv) the extent to which The Rockefeller Foundation is recognized as a founding funder and catalyst of the JLN. The study also aimed to generate lessons learned that could inform future Foundation efforts to leverage networks as a vehicle for influencing policy change. The evaluation team used a mixed methods approach to conduct the case study, which was guided by and structured around a logic model and evaluation matrix developed for the JLN case study (Annex 1 and 2).

Data sources

The evaluation team collected data from three main sources.

- Document review: Grantee proposals and reports, The Rockefeller Foundation documents, JLN knowledge products, tools, and strategy documents, and articles on the JLN website were reviewed.

- Portfolio review: Grant data from The Rockefeller Foundation's grants management database were made available to the evaluation team via the Foundation's SharePoint system; data on grants and grant performance pertaining to the JLN were reviewed.

- Key informant interviews: The evaluation team conducted in-person and phone interviews with 40 key informants, including Foundation staff, THS grantees supporting the JLN, stakeholders from JLN member countries, JLN funding and technical partners, and external stakeholders within the broader UHC landscape. In-person interviews were conducted by two researchers from the evaluation team during the 2016 JLN global meeting in Kuala Lumpur, Malaysia. The case study also drew on phone interviews and an online survey conducted as part of a broader evaluation of the THS initiative.

Analysis methods

The evaluation team employed two main qualitative evaluation methods in analyzing case study data: i) thematic framing and ii) data triangulation. Thematic framing involves the systematic review, sorting,

and interpretation of data according to a specified structure. For this study, the framing analysis was structured around the activities, outputs, and outcomes identified in the logic model developed for the JLN (Annex 1), and the research questions specified in the case study's evaluation matrix (Annex 2). The evaluation team used triangulation to confirm dominant themes and patterns, and identify important discrepancies across data sources and respondents participating in interviews. Common themes and patterns were consolidated into findings around the research objectives listed above. These findings formed the basis for developing a set of lessons learned to inform future Foundation efforts to leverage networks as tools for policy influence.

Organization of the report

The rest of the report is organized into five chapters. Chapter 2 provides an overview of the origins and evolution of the JLN, key components of the current JLN model, and The Rockefeller Foundation's grantmaking to support the JLN. The subsequent three chapters summarize case study findings – on key outputs and outcomes of the JLN's work (Chapter 3), the long-term sustainability of the JLN (Chapter 4), and The Rockefeller Foundation's support for the JLN (Chapter 5). The report ends by presenting overarching lessons learned on how to effectively leverage networks to promote joint learning and facilitate country-level change (Chapter 6).

2

Description of the JLN

Origins and evolution of the JLN

Motivation and purpose of the JLN

In 2009, as support for UHC was growing among key global actors, The Rockefeller Foundation's THS initiative was looking for ways to strengthen country capacity to advance UHC. The idea for the JLN emerged from key discussions held by the Foundation with global and country leaders about factors facilitating and inhibiting progress on UHC reforms. A particularly pivotal discussion took place at a meeting organized by the Foundation during the 2009 World Health Assembly in Geneva, which focused on gaining insight from LMICs with experience implementing policy reforms aimed at expanding health coverage. During the meeting, which included government representatives from Ghana, India, Vietnam, and Thailand, as well as THS grantees World Health Organization (WHO) and Results for Development (R4D), it became clear to participants that individual countries' experiences with UHC-oriented reforms offered valuable learnings that could be leveraged to support reforms in other countries. However, discussion of their UHC efforts had been largely confined to meetings with local donor representatives and large global health meetings. Country representatives at the meeting noted that there were few opportunities and platforms available to them to exchange best practices with other countries

on a similar trajectory. A Rockefeller Foundation staff member highlighted that recognition of this cross-learning challenge – "that [countries] have an embedded capacity that is not being shared" – was the genesis of the JLN.

Following the 2009 World Health Assembly meeting, the THS initiative began making exploratory grants to investigate different approaches to facilitating information sharing across countries. This included additional grant funding to R4D, which had been working under THS to establish and support a network to foster learning around health market innovations. The Foundation also collaborated with ACCESS Health and the World Bank, which had been working with Indian states to facilitate the exchange of best practices on expanding health insurance coverage, and were likewise committed to strengthening knowledge-sharing on health system strengthening and UHC globally. Out of these exploratory grantmaking efforts and collaborations came the vision for a global practitioner-to-practitioner learning network that would facilitate joint problem solving among LMICs tackling similar challenges on the pathway to UHC. The envisioned network would be composed of and led by government technocrats working on relevant health system issues, such as provider payment systems and claims reimbursement, with THS grantees R4D and ACCESS Health playing a coordinating role, at least in the initial stages.

Operationalizing the vision for the JLN

The vision for the JLN was operationalized iteratively as the Foundation and key THS grantees tested and refined their approach to joint learning (see Figure 1 for a summary of the JLN's evolution). Once the Foundation and its partners honed in on the idea of a cross-learning and information-sharing platform, they decided to organize a meeting with LMICs strongly committed to and working towards UHC to assess their interest in such a platform. In February 2010, representatives from Ghana, India, Indonesia, the Philippines, Thailand, and Vietnam (now considered the "founding members" of the JLN) met in Manesar, India, for a "pilot joint learning workshop." Funded by The Rockefeller Foundation and organized by ACCESS Health, the workshop generated buy-in for the learning platform among workshop participants, and functioned as the official launch of the "JLN for Universal Health Coverage." The Manesar workshop also helped to identify key technical areas in which countries sought to build knowledge and capacity to support their UHC efforts. Discussions with country practitioners revealed particular interest in learning more about i) reducing health care costs through provider payment reforms, ii) leveraging information technology to build and refine health insurance information systems, iii) expanding health coverage to large populations, and iv) improving quality of health care. The workshop included sessions designed to facilitate knowledge sharing in each of these areas, which participants appreciated and wanted more of.

With buy-in from countries for the platform, and a stronger understanding of country needs and interests, the JLN partners then decided to establish "technical initiatives" within the network, which would facilitate cross-learning and resource development around key health system levers for UHC advancement. The technical initiatives, led by technical partner organizations, were envisioned as key vehicles for information-exchange among countries facing similar health system challenges, and for developing new resources and tools to address these challenges.

Between mid-2011 and early 2012, four JLN technical initiatives were established around the priority technical areas identified by Manesar workshop participants: i) Provider Payment Mechanisms (PPM), ii) Information technology (IT), iii) Expanding Coverage, and iv) Quality. The PPM and IT initiatives were the most active initially, while the Expanding Coverage and Quality initiatives gained traction in later years. The Expanding Coverage Technical Initiative was eventually split into two initiatives, Primary Health Care (PHC) and Population Coverage, and a new initiative on Innovations in Health Financing was launched in April 2016. The evolution of the technical initiatives is described in more detail below.

To facilitate application of learning generated through the JLN, The Rockefeller Foundation also established a flexible funding pool under the JLN, called the "Joint Learning Fund" (JLF), which member countries could access to address country-specific learning needs. Foundation staff envisioned that by providing untied funds that could be accessed on short notice, country practitioners would be able to address technical needs on a timely basis and leverage periods of positive political momentum to promote policy change. The JLF was also intended to support low-cost, high-impact learning exchanges, such as secondments of staff from one country to another to gain hands-on experience in rolling out key health system reforms.

To support its technical initiatives, run the Joint Learning Fund, and facilitate coordination among members and various JLN partners, the JLN formed a "Secretariat." This body, which included ACCESS Health, GIZ, the International Health Policy Program, Thailand, R4D, and the World Bank, was responsible for guiding strategy and managing network activities, with input and participation from country delegations.

Evolution of the JLN

In 2012, The Rockefeller Foundation engaged Pact to conduct a strategic review of the network's first two years (2010-2012). The purpose of the review was to obtain an independent assessment of the JLN's "value

FIGURE 1. Key milestones in the formation and development of the JLN

Membership

2009

2010

FEBRUARY 2010

Delegations from the founding members – Ghana, India, Indonesia, the Philippines, Thailand, and Vietnam – convene for a pilot Joint Learning Workshop in Manesar, India.

2011

AUGUST 2011

Kenya, Malaysia, Mali, and Nigeria join the network as full members.

2012

2013

2014

NOVEMBER 2014

13 new countries join the JLN as associate members: Bangladesh, Colombia, Egypt, Ethiopia, Japan, Kosovo, Mexico, Moldova, Mongolia, Morocco, Namibia, Senegal, and Sudan.

2015

NOVEMBER 2015

Bahrain and South Korea join the JLN as associate members.

APRIL 2016

Liberia becomes an associate member.

2016

JULY 2016

Peru and Yemen become associate members.

Governance

MAY 2009

Stakeholders from Ghana, India, Vietnam, and Thailand, and representatives from The Rockefeller Foundation, R4D, and other global development partners meet in Geneva to discuss the need for cross-learning among countries working towards UHC.

NOVEMBER 2010

The Secretariat is formed to manage the JLN. It includes ACCESS Health, GIZ, the International Health Policy Program, Thailand, R4D, and the World Bank.

DECEMBER 2012

Pact is contracted to conduct an independent strategic review of the network.

MARCH 2013

Pact findings are reviewed in Bellagio, Italy, to develop a new vision and management structure for the JLN, which entailed the creation of a country-led Steering Group to oversee the Secretariat (later known as the Network Coordinating Team), and country core groups.

MARCH 2014

The JLN issues a call for associate members.

JANUARY 2015

The JLN launches a deepened partnership with the World Bank, with seed funding from The Rockefeller Foundation to strengthen the Bank's network coordination function and its work on network sustainability.

MARCH 2015

The JLN website launches a member portal, which allows members to connect with each other, contribute to discussions, access JLN resources, and retrieve information on JLN events.

JULY 2016

The Bill & Melinda Gates Foundation joins the Steering Group.

Technical support

JUNE, AUGUST, OCTOBER 2011

The Provider Payment Mechanisms, Information Technology, and Expanding Coverage Technical Initiatives are launched.

JANUARY 2012

The Quality Technical Initiative holds its first meeting.

APRIL 2016

The Innovations in Health Financing Technical Initiative is launched.

proposition, mechanisms for engaging members, and decision-making structures."[2] Drawing on data from an online survey and in-person interviews, the review concluded that the JLN was having a positive influence on individual participants and member country efforts to advance UHC. The vast majority of respondents indicated that JLN activities were increasing knowledge, that knowledge from the JLN was being shared and applied at the country level, and that JLN engagement was increasing motivation to accelerate progress toward UHC in member countries. At the same time, the review highlighted the need for greater country engagement in and ownership of the network. Respondents called for more clarity on the roles and responsibilities of country leads and delegations, a local structure or mechanism to facilitate country participation in JLN activities, and more transparent decision-making on network strategy.[3]

In March 2013, The Rockefeller Foundation convened a meeting of JLN member countries, funders, Secretariat organizations, and technical initiative partners in Bellagio, Italy, to discuss the results of Pact's strategic review, and develop a common vision and plan for the JLN's future. The meeting led to several key changes in the organizational structure and governance of the JLN. Most notably, to facilitate greater country ownership of and participation in the JLN, two new country-led entities were created: i) a country-led Steering Group, responsible for guiding network strategy and overseeing the Secretariat (later known as the Network Coordinating Team), and ii) "country core groups" (CCGs), comprised of staff at government agencies involved in UHC efforts and responsible for organizing country participation in the JLN. Specifically, CCGs were made responsible for i) engaging in priority-setting exercises to assess key country-specific technical needs, ii) facilitating country participation in technical initiatives to help address those areas, and iii) organizing in-country events to share insights gained

through JLN learning activities. By requiring that CCG members be affiliated with an agency working on UHC efforts, the JLN hoped to ensure that country delegations were composed of individuals who not only had interest in advancing UHC, but the ability to influence policy change.

While implementing its new governance structure, the JLN kept its membership base relatively small, adding only four new country members to the network's original six founding members between 2010 and 2013. In 2011, with an eye towards strengthening representation from sub-Saharan Africa and francophone countries, it integrated Kenya, Mali, Nigeria, and Malaysia into the network. Once the revised structure was established, JLN partners decided to grow the size of the network. In 2014, the JLN issued a call for "associate members." In contrast to full members, who participate in the Steering Group and receive funding to attend in-person JLN meetings, associate members tend to be less directly involved in network strategy and often participate virtually in key discussions and meetings. After a few years, associate members can transition to full membership, pending establishment of a functioning CCG and demonstrated engagement in two or more key network activities, such as participation in a technical initiative, active engagement in a virtual platform, or organization of a network meeting or workshop.

To support the selection and integration of new member countries, the JLN formalized its membership application process. This begins with a short verbal or online expression of interest, followed by a more detailed application, which summarizes the country's rationale for applying and envisioned contribution to the network, and provides background information on the country delegation selected to participate in the JLN. Applicants are also asked to submit a letter of support from a senior government official involved in UHC efforts, as a measure that ensures government buy-in for country participation in the JLN. Membership decisions are made by the Steering Group, following a screening of applications by the Network Coordinating Team.

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[2] Joint Learning Network for Universal Health Coverage. "Joint Learning Update." 2013.

[3] Pact Institute. "Assessment of the Joint Learning Network for Universal Health Coverage: Findings and Options for Moving Forward." April 2013.

As the network has grown, and The Rockefeller Foundation has begun transitioning out of its role as primary funder of the JLN, efforts to ensure sustainability of the network have intensified. The Foundation has been proactive in seeking to ensure that the JLN has the support it needs once the THS initiative comes to a close. In 2015, it provided additional funding to the World Bank to expand its network coordination role and assist in efforts to secure new donor partnerships. With this funding, the World Bank became responsible for procuring the network coordination function through a competitive bidding process (which R4D and ACCESS Health won). The World Bank also now directly supports the Steering Group, guides the CCGs through its country-based offices, and works on efforts to strengthen the JLN's overall financial sustainability.

Key components of the JLN

Figure 2 provides a detailed overview of the current JLN model, which reflects the organizational changes implemented after the 2012 strategic review. Below we describe each of the core components of the JLN's approach (shown in the center column of Figure 2), including the Steering Group, Network Coordinating Team, Joint Learning Fund, and technical initiatives. These entities are managed and/or supported by the funding, coordinating, and technical partners (shown in the left column), and facilitate country engagement in the JLN's collaborative learning process (shown in the right column). The JLN also draws on a set of "resource countries" – countries that have experience and expertise in specific reform areas – to support key learning activities.

Steering Group
The JLN Steering Group guides the overall strategy of the network based on member country needs. It selects new member countries, directs use of JLN funds, oversees efforts to build partnerships and strengthen network sustainability, and makes other strategic decisions related to the network's overall direction and approach. The Steering Group is led by country

participants – it has a country convener (currently a senior official from the Malaysian ministry of health [MoH]) and a representative from each of the JLN's nine full member countries. It also includes representatives of coordinating partners (R4D and the World Bank), and key funders (The Rockefeller Foundation, Bill & Melinda Gates Foundation, and GIZ). Funders provide financial support for network coordination as well as the learning activities and technical work conducted by the JLN, and also offer strategic guidance to coordinating and technical partners. As associate members become full members, a larger number of countries will become eligible for membership in the Steering Group. To accommodate for this, the Steering Group plans to increase the number of country seats from 9 to 13. Countries will be elected to these seats on a rotating basis.
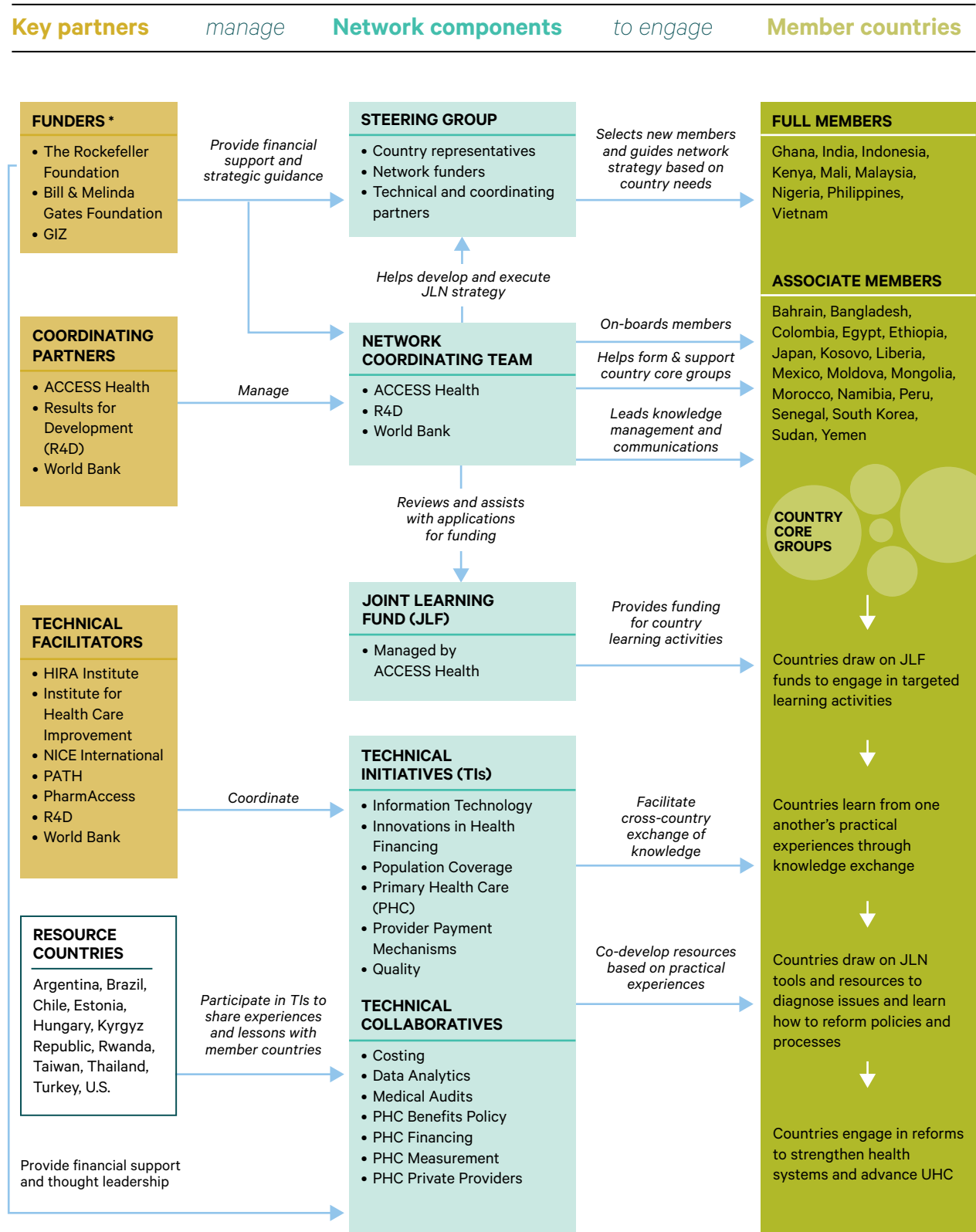
Network Coordinating Team
The Network Coordinating Team (formerly known as the Secretariat) is responsible for implementing the strategic and operational decisions of the Steering Group. Led by ACCESS Health, R4D, and the World Bank, it manages the country membership application and onboarding process, helps form and support CCGs, facilitates coordination across technical initiatives, organizes Steering Group meetings and network-wide convenings, and leads knowledge management and communications. The main mechanism for knowledge management is the JLN website, which catalogs resources developed by the JLN, documents country experiences with UHC, and includes blog posts and articles about health system and UHC issues. The JLN website also has a member portal, through which member countries can participate in virtual discussions regarding specific technical issues. The Network Coordinating Team also administers the Joint Learning Fund, described below.

Joint Learning Fund
The JLF was originally established to help address country-specific learning needs, by providing funds that countries could use to obtain specific guidance or build specific skills needed to support their UHC reform

FIGURE 2: The JLN model

| Key partners | *manage* | Network components | *to engage* | Member countries |

FUNDERS *
- The Rockefeller Foundation
- Bill & Melinda Gates Foundation
- GIZ

Provide financial support and strategic guidance

STEERING GROUP
- Country representatives
- Network funders
- Technical and coordinating partners

Selects new members and guides network strategy based on country needs

FULL MEMBERS

Ghana, India, Indonesia, Kenya, Mali, Malaysia, Nigeria, Philippines, Vietnam

Helps develop and execute JLN strategy

COORDINATING PARTNERS
- ACCESS Health
- Results for Development (R4D)
- World Bank

Manage

NETWORK COORDINATING TEAM
- ACCESS Health
- R4D
- World Bank

On-boards members

Helps form & support country core groups

Leads knowledge management and communications

ASSOCIATE MEMBERS

Bahrain, Bangladesh, Colombia, Egypt, Ethiopia, Japan, Kosovo, Liberia, Mexico, Moldova, Mongolia, Morocco, Namibia, Peru, Senegal, South Korea, Sudan, Yemen

Reviews and assists with applications for funding

COUNTRY CORE GROUPS

TECHNICAL FACILITATORS
- HIRA Institute
- Institute for Health Care Improvement
- NICE International
- PATH
- PharmAccess
- R4D
- World Bank

JOINT LEARNING FUND (JLF)
- Managed by ACCESS Health

Provides funding for country learning activities

Countries draw on JLF funds to engage in targeted learning activities

Coordinate

TECHNICAL INITIATIVES (TIs)
- Information Technology
- Innovations in Health Financing
- Population Coverage
- Primary Health Care (PHC)
- Provider Payment Mechanisms
- Quality

Facilitate cross-country exchange of knowledge

Countries learn from one another's practical experiences through knowledge exchange

RESOURCE COUNTRIES

Argentina, Brazil, Chile, Estonia, Hungary, Kyrgyz Republic, Rwanda, Taiwan, Thailand, Turkey, U.S.

Participate in TIs to share experiences and lessons with member countries

TECHNICAL COLLABORATIVES
- Costing
- Data Analytics
- Medical Audits
- PHC Benefits Policy
- PHC Financing
- PHC Measurement
- PHC Private Providers

Co-develop resources based on practical experiences

Countries draw on JLN tools and resources to diagnose issues and learn how to reform policies and processes

Provide financial support and thought leadership

Countries engage in reforms to strengthen health systems and advance UHC

*USAID has also provided funding for specific JLN events

efforts. Over time, the purpose and scope of the JLF has broadened. Countries are now encouraged to use JLF funds for activities that yield learning that is relevant to not only their own health system strengthening efforts, but those of other member countries as well.

Administered by ACCESS Health, the JLF has been used to finance i) study tours to countries with experience in specific types of reforms, ii) trainings to build needed technical capacity, iii) targeted support from JLN technical initiatives and subject matter experts, and iv) participation in regional conferences and meetings. To receive JLF funds, countries must submit a short application describing the learning activity to be funded through the JLF and how it will generate learning that is applicable to multiple countries. ACCESS Health reviews JLF applications and selects applications to be funded, pending the Steering Group's final approval.

Technical initiatives and collaboratives

The JLN's technical initiatives (Table 1) are the network's core vehicles for shared learning and resource development to support country-level reform efforts. Reflecting the JLN's initial focus on health financing and health IT as key levers for advancing UHC reform processes, the PPM and IT Technical Initiatives have been active the longest, and produced a host of knowledge products and tools to support country-level reform efforts. In 2013, the Expanding Coverage Technical Initiative was divided into two separate, but related initiatives – PHC and Population Coverage – in response to the Gates Foundation's interest in exploring PHC issues in greater depth. In mid-2016, the JLN launched a new Innovations in Health Financing Technical Initiative. Over time, technical initiative facilitators and participants recognized a need for targeted investigation of specific technical topics, as

TABLE 1. JLN technical initiatives

TECHNICAL INITIATIVE	FOCUS AREAS
Provider Payment Mechanisms	The PPM Technical Initiative, facilitated by R4D, explores how provider payment systems can be refined and restructured to manage health care costs more effectively, reduce fraud, and improve quality of care.
Information Technology	The IT Technical Initiative seeks to understand and tackle common challenges countries face in developing national health insurance information systems, including alignment with user needs, interoperability between systems, and weak vendors. The initiative is facilitated by PATH and PharmAccess, with assistance from the Public Health Informatics Institute.
Primary Health Care	The PHC Technical Initiative, facilitated by R4D, focuses on helping countries assess alignment of their health financing approaches with primary care priorities and services, design benefits policy, develop strategies for integrating the private sector into primary care delivery, and learn about financing and payment models for primary health care.
Population Coverage	The Population Coverage Technical Initiative, facilitated by R4D, seeks to develop ideas and solutions for ensuring equity in the expansion of coverage to disadvantaged groups and the informal sector.
Quality	The Quality Technical Initiative, facilitated by Institute for Healthcare Improvement and NICE International, focuses on mechanisms for improving quality of health care, including accreditation and empanelment, reform of provider payment systems, and adjustments to benefit packages.
Innovations in Health Financing	The new Innovations in Health Financing Technical Initiative, which will receive technical and financial support from the World Bank, plans to advance learning on i) domestic resource mobilization for health financing, ii) strategies for increasing efficiency in spending, such as systematic priority setting and health technology assessment, and iii) ways to reorganize systems to minimize duplication across funding sources and streams, such as integration of vertical programs.

TABLE 2. JLN technical collaboratives

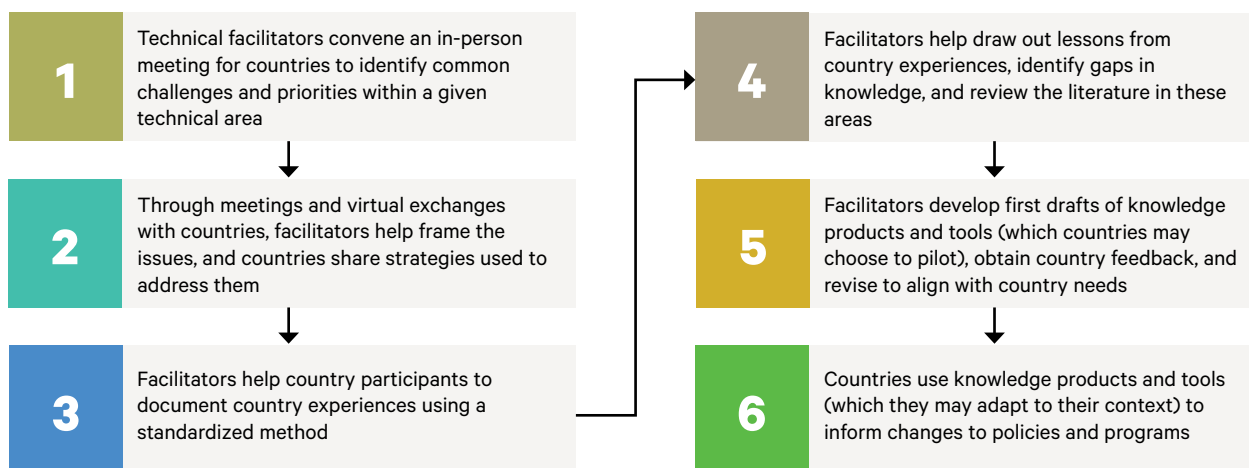| COLLABORATIVE	FOCUS AREAS
Costing	The Costing Collaborative, a sub-group of the PPM Technical Initiative, was formed in 2012 to address common challenges that low- and middle-income countries face in costing health services as an input for provider payment reforms.
Data Analytics	This collaborative, jointly launched by the PPM and IT Technical Initiatives in early 2015, promotes experience-sharing on provider payment monitoring systems – which can track the influence of provider payment reform on quality and effectiveness, and provide "early warning" of any unintended consequences.
PHC Benefits Policy	Launched in 2015, this collaborative under the PHC Technical Initiative is developing a framework for designing and implementing health benefits policies that promote primary health care.
Engaging Private Providers in PHC	Launched in 2015, this collaborative explores strategies and processes for strengthening private sector engagement in PHC delivery, including communication and partnership, provider mapping, regulation, provider contracting and payment, and monitoring and evaluation.
Medical Audits	Launched in March 2016, the Medical Audits Collaborative, facilitated by the Health Insurance Review and Assessment (HIRA) Service of South Korea, is advancing country learning on how to build and strengthen medical audit systems to improve quality of care.
PHC Measurement for Improvement	This collaborative was launched under the PHC Technical Initiative in April 2016 in collaboration with an external primary health care improvement initiative supported by the Gates Foundation, the World Bank, and the WHO. It aims to facilitate evidence-based improvements in PHC by developing solutions for common measurement challenges, such as poor quality of data, limited integration of different data collection platforms, and the absence of feedback mechanisms to facilitate data-driven decision-making.
PHC Financing & Payment Models	Launched in August 2016, this PPM-PHC collaborative promotes knowledge exchange on the design, implementation, and results of different PHC funding and payment mechanisms.

well as development of specific tools, to facilitate country reform processes. To address more targeted technical needs, the JLN established "technical collaboratives," which fall within or cut across technical initiatives (see Table 2 for a full list).

Technical initiatives and collaboratives are managed by "technical facilitators," who are teams from technical partner organizations. To ensure responsiveness to country needs, these teams have adopted a unique bottom-up or collaborative approach to joint learning instead of relying on a more traditional top-down or prescriptive technical assistance model. Their approach, described in Figure 3, entails a multi-step process to facilitate experience-sharing among countries and develop resources that can guide country reform efforts. Specifically, through multiple in-person and virtual engagements, technical facilitators collaborate with country participants to identify the

key health sector constraints member countries face and develop knowledge products and tools to address these constraints. Examples of knowledge products developed under technical initiatives include country case studies and summaries of cross-cutting findings. Tools created under the initiatives include assessment tools, a manual for costing health services, and sample standards and indicators. The vision is that countries will tailor JLN tools to their context, and use them in conjunction with knowledge products to guide health reform efforts.

On occasion, technical initiatives and collaboratives draw on the expertise and experience of "resource countries," countries that have made significant progress in implementing reforms that support UHC, and offer learnings that are relevant to JLN member country efforts. For example, under the PHC Technical Initiative, the R4D Technical Facilitation Team

FIGURE 3. Key steps in technical facilitation

1 Technical facilitators convene an in-person meeting for countries to identify common challenges and priorities within a given technical area

2 Through meetings and virtual exchanges with countries, facilitators help frame the issues, and countries share strategies used to address them

3 Facilitators help country participants to document country experiences using a standardized method

4 Facilitators help draw out lessons from country experiences, identify gaps in knowledge, and review the literature in these areas

5 Facilitators develop first drafts of knowledge products and tools (which countries may choose to pilot), obtain country feedback, and revise to align with country needs

6 Countries use knowledge products and tools (which they may adapt to their context) to inform changes to policies and programs

collaborated with a Chilean benefits package expert to facilitate a series of "mini-exchanges" (meetings among two or three member countries).

The Rockefeller Foundation's support for the JLN

The Rockefeller Foundation has provided foundational and catalytic support for the JLN, supplying operational resources and strategic guidance to support the network's growth into a global, multi-component learning collaborative. To date, the Foundation has provided almost $19 million in grant funding to the JLN, accounting for roughly 70 percent of total donor funding for the network (Figure 4). The Foundation's funding for the JLN began with a 2008 non-THS grant to R4D (that was leveraged to support the design of the JLN), and continued under the THS initiative starting in 2009. THS funding for the JLN has supported the network coordination role, the PPM, IT, and Quality Technical Initiatives, and the Joint Learning Fund. Roughly half of total THS grant dollars invested in the JLN have been awarded to R4D, which plays a key network coordination and knowledge management role, and facilitates several

technical initiatives. The World Bank, which also plays a key role in network coordination and planning for network sustainability, has received roughly one-fifth of THS funding for the JLN. The last JLN grant awarded under THS was to ACCESS Health in 2015. Based on grants awarded to date, THS grant funding for the JLN is set to end in 2017.

Although The Rockefeller Foundation is the largest JLN funding partner, the JLN receives financial support from other partners, including:

- **Bill & Melinda Gates Foundation**, which supported the Expanding Coverage Technical Initiative before it was divided into the PHC and Population Coverage Technical Initiatives, currently supports the PHC Technical Initiative, and recently agreed to provide network-wide support as well as bridge funding for the PPM and IT Technical Initiatives (as The Rockefeller Foundation's support for the JLN winds down)
- **World Bank**, which will draw on one of its trust funds to establish and run the new Innovations in Health Financing Technical Initiative
- **GIZ**, which provides funding for the Primary Care Payment Technical Collaborative.[4]

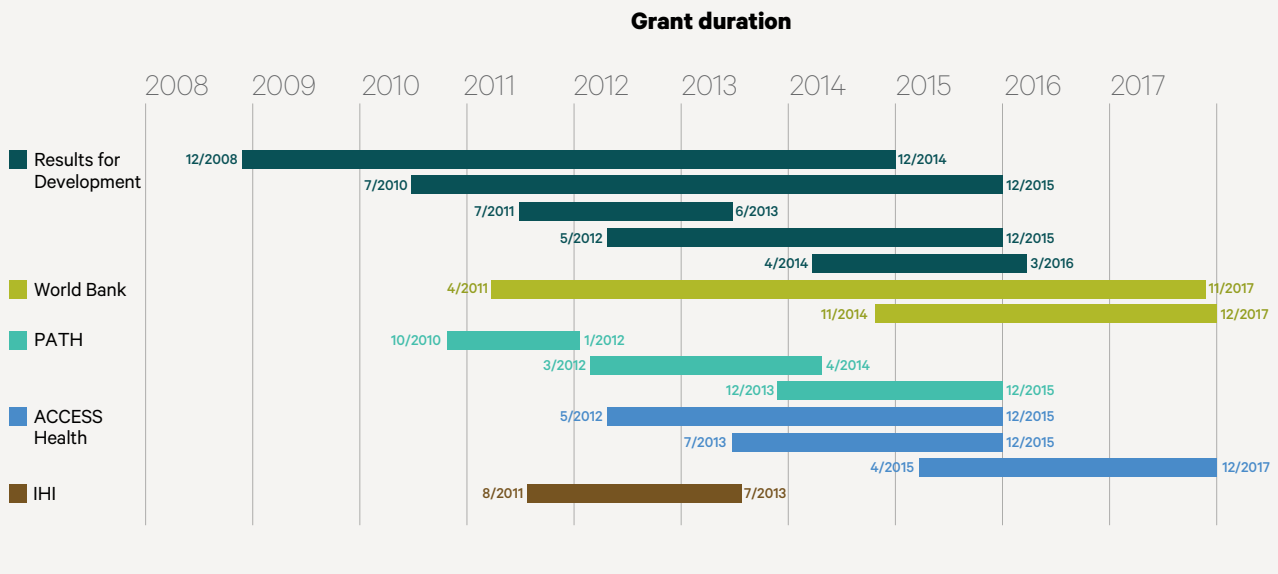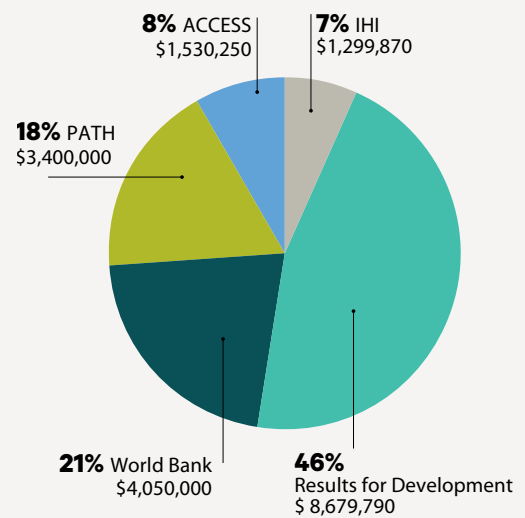
4   USAID has also provided funding for a few JLN events.

The JLN also relies on in-kind support from its member countries, which the Network Coordinating Team estimates is equivalent to about $1.5 million in funding. In addition, it receives non-financial support from its partners, including The Rockefeller Foundation. THS initiative staff members have provided strategic guidance to JLN network coordinators and country participants on the goals and structure of the network, participated in and contributed to discussions during technical initiative meetings, and conducted outreach to other donors to support the growth and long-term sustainability of the network.

FIGURE 4. The Rockefeller Foundation funding for the JLN under the THS initiative

The Rockefeller Foundation awarded a total of $18,959,910 in grant funding to the JLN under its THS initiative. This funding supported:

- **R4D:** Network coordination (including membership management, knowledge management, communications, and coordination of network-wide events) and facilitation of the PPM Technical Initiative
- **World Bank:** Network coordination (including support for the Steering Group, strategic guidance for CCGs, and efforts to increase network sustainability)
- **PATH:** Facilitation of the IT Technical Initiative in partnership with PharmAccess
- **ACCESS Health:** Network coordination (including management of the Joint Learning Fund and CCGs, and coordination of network-wide events) and support for the Medical Audits Technical Collaborative
- **Institute for Healthcare Improvement (IHI):** Facilitation of the Quality Technical Initiative in partnership with NICE International

8% ACCESS
$1,530,250

7% IHI
$1,299,870

18% PATH
$3,400,000

21% World Bank
$4,050,000

46%
Results for Development
$ 8,679,790

Grant duration

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

Results for Development
- 12/2008 — 12/2014
- 7/2010 — 12/2015
- 7/2011 — 6/2013
- 5/2012 — 12/2015
- 4/2014 — 3/2016

World Bank
- 4/2011 — 11/2017
- 11/2014 — 12/2017

PATH
- 10/2010 — 1/2012
- 3/2012 — 4/2014
- 12/2013 — 12/2015

ACCESS Health
- 5/2012 — 12/2015
- 7/2013 — 12/2015
- 4/2015 — 12/2017

IHI
- 8/2011 — 7/2013

3

Findings: Key achievements and learnings

In this chapter, we discuss key achievements and learnings from JLN activities conducted between 2010 and July 2016. Our discussion of JLN achievements is organized around the logic model developed for the JLN case study, which reflects the theory of change underlying the JLN model described in the previous chapter, and lays out specific organization- and country-level outputs and outcomes to be achieved along the JLN's pathway to becoming a high-value, country-led, and sustainable cross-learning network (see Annex 1). We begin by discussing achievement of key outputs and targeted intermediate outcomes. At the organization level, these include recruitment of member countries and development of an organizational structure and processes that support country leadership and engagement, effective network coordination, and responsiveness to country needs. At the country level, these include organizing and facilitating forums for cross-learning and the development and dissemination of relevant knowledge products and tools under the JLN technical initiatives. Next, we discuss the extent to which the JLN has achieved its longer-term goals related to facilitating UHC-oriented reform processes in LMICs. In particular, we focus on the extent to which and how the JLN has

been leveraged by countries to advance health reform efforts. In the final section of this chapter, we discuss key learnings from the JLN's efforts to achieve targeted outcomes to date.

In the subsequent two chapters, we discuss the extent to which the JLN has achieved its sustainability goal, a distinct organizational goal (Chapter 4) and the extent to which The Rockefeller Foundation is recognized as a key founding partner of the JLN (Chapter 5). Chapter 6 offers high-level, cross-cutting lessons on how to leverage networks to facilitate country-level change.

Achievement of key outputs and intermediate outcomes

The JLN has grown into a vibrant, highly-valued global learning network through an iterative process that has been responsive to country needs and the changing UHC landscape.
A number of contextual and organizational factors have contributed to exponential growth in the JLN's membership base and scope of activities over the past

six years. Since the JLN was launched in 2010, support for UHC as a health policy goal has grown significantly among global and country actors, culminating in the inclusion of UHC in the Sustainable Development Goals (SDGs). As more and more countries commit to UHC, demand for practical information, guidance, and tools to help countries implement UHC-oriented reforms has increased. The JLN has responded effectively to this unmet need, leveraging country experiences with UHC reform processes, as well as international technical experts in key reform areas, and ensuring that JLN learning activities are driven by member country priorities. As the JLN has adapted its approach and specific activities to better serve the needs of its member countries, its perceived value has grown among both member and non-member countries, generating further demand for JLN membership and resources. Country participants note that they shared their JLN

experiences with other countries, who later expressed interest in joining the network. Strategic dissemination of JLN activities and products through the network's website, as well as the integration of several technical and funding partner organizations, has also increased the JLN's visibility over the last few years.

Reflecting this increased demand for JLN resources, the JLN's 2014 call for associate members resulted in expressions of interest from 40 LMICs across the globe, with countries making considerable effort to gain buy-in for network participation from government policy leaders and complete the application process.

Over time, the JLN has built an institutional and governance structure that is both aligned with the network's commitment to being country-led and responsive to country priorities, and can effectively support a larger number of member countries. Specifically, the Steering Group, with its new elected (and rotating) country seats, helps to ensure that the needs of an increasingly diverse group of countries are represented and addressed. In addition, the JLN's more formalized membership process, managed by the Network Coordinating Team and overseen by the Steering Group, has facilitated identification of countries that are committed to UHC and JLN participation, as well as the onboarding of new members.

Today, the JLN comprises 27 countries, an almost five-fold increase in size since the network was launched six years ago. Member countries are in different parts of the world and at varying stages of progress toward UHC, but share a common base of challenges to tackle together.

Country engagement in the JLN has grown since the Steering Group and country core groups were introduced in 2013.
The 2013 reorganization of the JLN, which responded to the findings of the Pact strategic review, has been successful in giving countries a greater voice in decision-making about the strategic direction of the network, and strengthening their engagement in the

TABLE 3. Growth in JLN membership

YEAR	REGION	MEMBER COUNTRY
2010	Asia	India, Indonesia, 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

> "[Country ownership] has increased. Just listening to the air time in the steering group meetings, it used to be the World Bank, Rockefeller Foundation, and GIZ. They were talking maybe 85 percent of the time. Now they don't talk at all. It was all run by the country convener at [a recent Steering Group] meeting."
>
> — Coordinating partner

technical initiatives and other cross-learning activities. Key informants note that when the Steering Group was first formed, the Network Coordinating Team and donor partners were much more vocal than country participants during key Steering Group meetings. This status quo has changed over time. Member country representatives now regularly voice their opinions and shape key decisions regarding which countries to include in the network, which technical areas to prioritize, how to structure collaborative learning activities as the network grows, and how to allocate JLN funding reserves. The introduction of CCGs has also helped to increase member country engagement in the network. These bodies have helped to ensure that country delegations are holding structured meetings and strategic discussions to identify priority learning needs for the country, how best to leverage the JLN to address those needs, and which individuals should participate in relevant technical initiatives and other learning activities. However, CCGs still face capacity and funding constraints that impede their functionality, as well as effective country participation in the JLN. These constraints are discussed in the "Key learnings" section below.

Technical initiatives and collaboratives have developed a large number of knowledge products and tools to support member country reform efforts.
The collaborative learning process facilitated through the JLN technical initiatives and collaboratives

(described in Chapter 2) has resulted in a number of knowledge products and tools (Figure 5). Knowledge products have generally focused on documenting country reform experiences and learning. Tools have focused on providing practical guidance and templates to support evidence-based and data-driven reform processes. As shown in Figure 5, the PPM, PHC, and IT Technical Initiatives have been particularly prolific. These initiatives, and associated collaboratives, have developed tools to better define health system issues and gaps, manuals for conducting critical analytical exercises (such as costing of health services), simulation models to understand the implications of different reform options, and specifications for IT systems. The next section provides examples of how these knowledge products and tools have been leveraged at the country level. Country participation and overall performance have varied across technical initiatives, with the Expanding Coverage and Quality Technical Initiatives tending to be less continuously active than the PPM, PHC, and IT Technical Initiatives. Factors influencing varied performance across technical initiatives are discussed in the "Key learnings" section.

The JLF has been used by member countries to support focused learning activities, but has not been leveraged to its full potential.
Country stakeholders greatly appreciate the JLF, and have drawn on it to conduct study tours and participate in meetings, workshops, and trainings. Examples of JLF-funded activities include Indonesia's visit to Thailand to learn more about its experience linking national IDs with health insurance numbers; participation by India and Vietnam in workshops on standard treatment guidelines, clinical pathways, and quality standards; and participation by India, Kenya, Mali, Nigeria, and the Philippines in a workshop on provider accreditation.

While these activities show that JLF funds have been used for productive learning purposes, the fund continues to be an underutilized resource. The JLF has received fewer and lower-quality applications

FIGURE 5. Knowledge products and tools

PPM TECHNICAL INITIATIVE AND COSTING COLLABORATIVE

- Assessing Health Care Provider Payment Systems: A Practical Guide for Countries Moving Toward UHC
- Assessments of Systems for Paying Health Care Providers in Vietnam and Mongolia
- A Simulation Model as a Tool to Assess Alternative Health Care Provider Payment Reform Scenarios
- Costing of Health Services for Provider Payment: A Practical Manual

PHC TECHNICAL INITIATIVE

- UHC-PHC Self-Assessment Tool – a tool to assess opportunities to strengthen alignment between health financing and PHC strategies
- Engaging the Private Sector in Primary Health Care to Achieve UHC: Advice from Implementers, to Implementers – manual including country case studies
- [In Development] An interactive tool to help policymakers refine health benefits policy

EXPANDING COVERAGE TECHNICAL INITIATIVE

- Closing the Gap: Health Coverage for Non-Poor Informal Sector Workers – paper based on literature review and interviews with country experts
- Compendium: 12 Country Approaches to Covering Poor, Vulnerable, and Informal Populations to Achieve Universal Health Coverage – profiles offering information on the benefits, membership categories, eligibility criteria, and enrollment and payment collection processes of various country programs

DATA ANALYTICS COLLABORATIVE

- Provider Payment Reform and Information Technology Systems: A Chicken and Egg Question for National Health Coverage Programs – paper summarizing IT requirements for different payment methods, and lessons from countries that have used IT to support provider payment reform

IT TECHNICAL INITIATIVE

- Determining Common Requirements for National Health Insurance Systems – report summarizing efforts to document and develop functional requirements for common business processes, including eligibility determination, enrollment, pre-authorization, claims processing, and payment collection
- Requirements for National Health Insurance Systems – sample functional requirements for key business processes
- Promoting Interoperability of Health Insurance Information Systems Through a Health Data Dictionary (HDD) – paper detailing the role of HDDs in facilitating system interoperability

- OpenHDD – web-based open-source tool for developing HDDs
- Connecting Health Information Systems for Better Health: Leveraging Interoperability Standards to Link Patient, Provider, Payor, and Policymaker Data – reference guide for developing a national eHealth standards framework
- Software for UHC Directory – a compendium of software solutions that support national health insurance systems

than expected due to i) competing demands on CCG members' time, and ii) the requirement that JLF funds be used to address issues of common interest among member countries, such as issues related to human resource management. CCG members have full-time jobs, and tend to have limited time or capacity to prepare applications to the JLF. In addition, CCG members, who tend to be technocrats within government agencies, are not always well-positioned to identify and develop proposals that address broader learning needs across multiple countries. They tend to lack a global view

of other countries' technical needs and are unable to gauge whether their proposed learning activities are more broadly applicable. Many JLF applications request funding to support individual participation in large global conferences, which will likely not lead to learning specific enough to facilitate change at the country level.

To increase use of the JLF as a learning vehicle, ACCESS Health has started to play a more proactive role in the JLF application process, helping countries to identify appropriate learning activities and strengthen their proposals. This often involves helping countries to narrow the scope of proposed learning activities to increase the feasibility of achieving identified learning objectives. To further facilitate use of JLF funds, ACCESS Health recently reviewed the results of CCGs' priority-setting exercises to try to identify common technical and learning needs across JLN member countries. In addition to generating ideas for possible uses of JLF funds, this review led to the establishment of a Technical Collaborative focused on medical audits, led by the HIRA institute of South Korea and funded by the JLF. JLF funds may also be used to support future collaboratives around claims management and health technology assessment, other priority issue areas identified by multiple member countries.

FIGURE 6. Examples of knowledge transfer between JLN member countries

FEEDBACK ON HEALTH SYSTEM SOLUTIONS

- Ghana was able to have its newly developed accreditation standards "peer reviewed" at a Bangkok meeting.

SHARING OF MODELS AND TEMPLATES

- Ghana offered Kenya its eClaims formats and standards to use as a starting point for their own.
- Kenya obtained from the Philippines a sample RFP for a consultant to conduct a situational analysis to inform health technology assessment.

GERMINATION OF POLICY IDEAS

- Ghana and Indonesia made the decision to test a capitation payment model when they observed other countries doing the same to address inefficiencies in resource use.
- Mali chose to use a mobile phone-based system for collecting premiums after seeing Kenya use MPESA (a mobile money transfer service) for contribution payment collection during a site visit organized as part of the Mombasa meeting.
- The World Bank's country-based task team leaders use the JLN as a "demand generation" device. That is, countries gain insight into new health system strengthening approaches through their JLN engagements. This enables the Bank to identify new interests/priorities and support them through technical assistance and funding.

Achievement of longer-term outcomes (or influence on country reform processes)

JLN members regularly draw on their connections to other practitioners through the network to brainstorm and troubleshoot issues, obtain templates to support their work, and gain insight into the appropriateness of reform options for their context.
The most commonly cited benefit of the JLN is the access it offers members to an expansive network of practitioners who have grappled with similar

challenges, and tested and iterated on solutions. JLN members leverage these connections in different ways (Figure 6). Members frequently reach out to other practitioners in the network informally, to gain insight into whether a particular process, practice, or reform approach is appropriate for their context. Members also regularly exchange models or templates for programs, standards, and processes (such as requests for proposals). This prevents practitioners from having to "start from scratch" when developing new initiatives. Finally, informal in-person and virtual interactions among members and technical partners have helped germinate reform ideas within country delegations. Country members note that they become more motivated to develop and test new solutions to long-standing health system issues when they hear about and see those approaches working in other countries facing similar challenges.

Diversity and finding common ground through the JLN

The breadth of the network has allowed members to identify other countries facing similar contextual or systemic barriers to UHC and reach out to them for their guidance. For example, Nigeria recently reached out to Mexico – with which it shares a high level of decentralization in health services, a large informal population, and widespread incidence of fraud – to learn more about the roll out of *Seguro Popular*, the public health insurance program Mexico introduced in 2004 to extend health care to poor and uninsured households and shrink health inequities. Importantly, knowledge transfer happens not only from those at an advanced stage of reform to those earlier in the process, but also vice versa. Mexican stakeholders note, for instance, that they learned from other countries "what they could have done, but didn't do." They found it particularly beneficial to learn about the Philippines' "more developed" accreditation system and Ghana's systems for tracking and following up on provider payments.

Countries have used JLN tools to better identify and diagnose health system issues and make the case for new reform efforts.

A large proportion of the tools developed by the JLN (Figure 5) are assessment tools that enable countries to better understand, diagnose, and address health sector issues. One example is a honeycomb diagram developed during a PHC mini-exchange that lays out key factors to consider in designing and introducing a new health insurance benefits package. Malaysian and Vietnamese stakeholders report that the exercise of creating the diagram helped them to realize that the benefits package could not be developed in isolation. To determine the optimum service mix, they found they needed to better understand and address issues related to the financing, costs, regulation, and monitoring of health services.

Several JLN countries have documented the results of health sector assessment exercises that have drawn on JLN guides and tools. Country representatives note that systematically collected evidence of health sector issues and processes has been helpful in making their case to policymakers about a new approach or reform. For example, Malaysia learned from administering the PHC self-assessment tool that while private sector providers knew they had a role to play in PHC delivery and were willing to be trained to provide an expanded package of preventive services, they had limited awareness of Malaysia's PHC priorities and goals. Evidence generated through the PHC self-assessment tool was used to convince policymakers of the need for a communications strategy targeting private providers.

Several countries have leveraged JLN tools and resources, and some have used JLF-sponsored learning activities, to inform the design of program and policy reform efforts that advance UHC.

Several member countries have drawn on tools developed by the PPM, IT, and PHC Technical Initiatives to design new or strengthen existing programs and systems, or to inform reform efforts (Figure 7). In many cases, JLN tools have facilitated the collection of essential data for decision-making in a structured, systematic, and scientific way. Some countries have

also drawn on the Joint Learning Fund to engage in capacity-building exercises to inform key reform efforts.

In a few member countries, the JLN has increased coordination of UHC reform efforts across key government agencies.

While fragmentation of UHC efforts across health sector agencies continues to hinder the effectiveness of CCGs in advancing reform efforts in their countries, JLN learning activities have sometimes led key government actors from different agencies to work together to address health sector reform issues. For example, a study tour in Thailand for Indonesian stakeholders – to learn about Thailand's experience linking national IDs with health insurance numbers – prompted officials from the Indonesian Ministry of Internal Affairs, Social Security Agency, and Ministry of Health to collaborate closely for the first time. Upon Thailand's request, the study tour group, composed of "individuals who had never met or spoken," jointly conducted a self-assessment exercise prior to the trip. This group is still actively involved in an IT working group to support Indonesia's national health insurance scheme.

As another example, the JLN has also helped Indian states align their accreditation standards with one another, a step to which they were originally resistant. At a non-JLN meeting organized by the World Bank, experts suggested to participating Indian states that they consider aligning their insurance accreditation criteria, all different from one another, with those set by the national bureau of accreditation. This recommendation was met with substantial pushback, with observers noting that "there was no willingness to even consider change" and that "it was a hostile feeling in the room." Soon after, at a JLN meeting on accreditation, it was noted that the same individuals seemed far more convinced of the need for national alignment of standards. International participants linked the shift in attitude among Indian states to "their seeing the potential and not being told what to do," a tenet central to the JLN collaborative learning approach. Today, with support from ACCESS Health and others, all state insurance programs have aligned their accreditation criteria with those set nationally.

FIGURE 7. Use of JLN resources and JLF funds to inform reform efforts

USE OF JLN RESOURCES TO INFORM REFORM EFFORTS

- PPM: Two Indian states conducted costing studies using the methodology proposed in the costing manual. Data from the two studies are now being used to inform a new national health protection scheme that is in development.
- PPM: Vietnam drew on the provider payment assessment guide to identify strengths and weaknesses in its provider payment systems. It also used the draft costing manual to conduct a rigorous costing study. The results of these studies have informed the country's capitation payment reform process. (More details are provided in Figure 8.)
- PPM/IT: Ghana has drawn on the Data Analytics toolkit to develop early warning indicators to monitor the rollout of capitation payments.
- IT: Philippines drew on the IT initiative's openHDD and process description documents to rebuild the software for its health insurance information systems.
- IT: Bangladesh is using the sample functional requirements for key business processes developed by the IT track as a starting point for the IT infrastructure for two new health insurance schemes.
- PHC: By using the PHC self-assessment tool, Ghana uncovered key misalignments between PHC and UHC. The findings contributed to the recent effort to revise the national health insurance policy, which will now cover PHC through capitation.

USE OF JOINT LEARNING FUND TO INFORM REFORM EFFORTS

- Based on a JLF-supported training by NICE International, stakeholders from the Indian state of Karnataka developed standard treatment guidelines for cancer. The team is now using the same methodology to develop technical guidelines for cardiology.
- Based on trainings from NICE International, Vietnam has developed quality standards for the treatment of stroke.

The JLN focuses on enabling or catalyzing reform through its learning processes and tools, rather than providing direct technical assistance to countries.

The main role of the technical facilitation teams is to bring countries and practitioners together to exchange information, experiences, and ideas, synthesize learnings, and co-develop other resources and tools in collaboration with participating countries. They have limited time and resources to engage intensively and on an individual basis with member countries to discuss or provide technical assistance on how to use JLN learnings and tools to propel UHC reforms forward in their specific contexts. To some degree, the Joint Learning Fund was designed to help address this gap and get countries the support they need to apply broad learnings from JLN activities to country-specific reform efforts. However, as mentioned above, many CCGs do not have the capacity to effectively leverage JLF funds, and, as a broader issue, some may lack the global vision and expertise needed to know how to translate JLN learnings to policy action at the country level.

In the few cases where the JLN has provided long-term technical assistance to specific member countries, it has been very effective in advancing reforms at the country level.

As mentioned above, the JLN's primary role is to facilitate cross-country learning around reform

processes and practices and to provide tools that can be used to catalyze reform, rather than to provide country-specific technical assistance. However, in the few cases where the JLN has provided in-depth technical assistance, it has been very successful in advancing reform efforts at the country level. A key example is Vietnam, where a PPM technical facilitator spent six months at a semi-autonomous think tank within the MoH, known as the Health Strategy and Policy Institute (HSPI), to provide technical assistance to support the government's ongoing provider payment reform efforts. The intensive hands-on support provided by the JLN consultant was instrumental in increasing HSPI staff's understanding of different provider payment approaches, as well as how to use data collected through the PPM Technical Initiative's Diagnostic and Assessment Guide and Costing Manual, along with simulation modeling, to inform the capitation payment reform process, including the design of capitation pilots in four provinces. As part of a 2014 THS grant, HSPI is overseeing and analyzing the results of the capitation pilots, which will be used to reform the capitation system (see Figure 8 for additional details). It is also conducting research and consensus-building activities to inform a new diagnosis-related group (DRG) payment system.

While the provision of country-specific technical assistance has been successful in furthering country progress toward UHC, both JLN partners and member countries recognize that the network's lean structure does not allow for provision of this type of in-depth assistance on a regular basis. Instead, they view the JLN's main comparative advantage to be the production of highly responsive and collaboratively developed global public goods – which, as shown above, can help countries identify and diagnose health system issues, advocate for new policy and program reform efforts, and begin designing reforms. Once these preliminary but vital steps are underway, and as the reform process proceeds, the JLN envisions that countries will look to local partners for ongoing technical assistance.

Key learnings

Technical initiatives that have embraced the network's "joint learning" and "co-creation" approaches have been more effective than those that have adopted a more traditional top-down, training-based approach.
Technical initiatives have been particularly successful in advancing learning when their technical facilitators have developed knowledge products and tools collaboratively with country participants, and ensured that these resources integrate and reflect a strong understanding of country needs and constraints. This requires a bottom-up JLN technical facilitation that involves i) listening closely to country participants, ii) understanding the challenges and constraints they face on the ground, iii) facilitating a discussion across countries to learn what has and has not worked as practitioners have tried to address these challenges, and iv) developing resources and tools that are responsive to contextual constraints and key priorities. The bottom-up approach is central to the JLN model, and is a sharp contrast to traditional training and technical assistance approaches that continue to be commonly used by development partners.

JLN Global Meeting 2016, Kuala Lumpur, Malaysia.

The PPM Technical Initiative has adopted this approach very successfully. It began with the goal of strengthening know-how around capitation and DRG payment models, but preliminary discussions led by the initiative's technical facilitator soon revealed that several countries lacked a key ingredient for developing or refining these models – reliable cost data. Recognizing that country needs differed from what they originally had thought, the technical facilitation team decided to shift focus to tackle this fundamental constraint inhibiting country efforts to advance provider payment reforms. They formed, together with interested member countries, a Costing Collaborative, which focused its efforts on producing a costing manual that offers step-by-step guidelines on how to conduct a costing exercise (Table 2). Based on a series of interactive experience-sharing meetings led by the technical facilitator, and pilot costing studies by several member countries, the manual provides

instructions on how to collect, analyze, and use cost data. It also offers insight on how to address data availability and quality constraints and a host of other practical considerations, such as how to communicate costing results to different audiences and use them to inform provider payment policy. The manual – and its "flash drive" of sample data collection instruments, staff training manuals, and costing models – have been widely used across the network.

In contrast, technical initiatives that have adopted a more traditional training-based approach have been less successful in building sustained country interest and producing useful and relevant tools. Initiatives that have adopted this approach have tended to use pre-designed training and technical support materials, which are not well-tailored to member country challenges and priorities. The Quality Technical Initiative is an example of an initiative that has adopted

this strategy and has not been able to gain traction. Its "top-down" or "transactional" approach has largely involved one-off trainings and workshops that do not appear to be linked to a long-term learning strategy that is responsive to countries' specific priorities and interests. As a result, and despite high levels of country interest in advancing learning on quality improvement, the initiative has not been able to create any knowledge products or tools.

Technical initiatives with continuous engagement from a core group of individuals and longer-term external funding have been more successful in developing useful tools for advancing UHC.

Two factors that have emerged as essential for technical initiatives to be productive learning platforms are i) consistent participation from a core group of country representatives with relevant experience and expertise and ii) sustained and adequate funding. The IT Technical Initiative initially experienced poor attendance at its events, but, over time, a core group of interested country participants emerged, with whom the technical facilitation team worked to develop a number of useful tools and templates (Figure 5). In contrast, the Population Coverage Technical Initiative has had different people attending each of its meetings, which has made it more difficult to build momentum and generate common knowledge and understanding needed to produce resources. As a result, the Population Coverage initiative has fewer knowledge products completed or in development than other initiatives.

Technical initiatives also require secure, steady, and adequate funding to maintain momentum and produce useful learning products. For example, the PHC Technical Initiative, which has benefited from continuous support from the Gates Foundation, has been able to engage country members in a series of mini-exchanges. These exchanges have led to the production of several tools that are intended to inform country-level efforts to strengthen PHC delivery. The initiative continues to be active with Gates Foundation support, and recently established the PHC Measurement for Improvement collaborative, in partnership with an external primary

health care improvement initiative supported by the Gates Foundation, World Bank, and WHO, called the PHC Performance Initiative. In contrast, the Population Coverage Technical Initiative has not received sustained external funding (when the Expanding Coverage Technical Initiative was divided into the PHC and Population Coverage Technical Initiatives, the former received the majority of the available funding, given the Gates Foundation's interest in the area). As a result, the Population Coverage Technical Initiative is largely dormant at present, and has not been able to produce as many knowledge products and tools as the other technical initiatives.

> "[The issues the JLN focuses on] are part of our work in the health sector. It all just seamlessly fits into what we're doing. All the tracks have so much practical application that we're not having to go out of our way."
>
> **- Country participant**

Country participation in the JLN varies substantially across member countries.

A key factor driving country participation in the JLN is the performance of CCGs. Several CCGs are not active or are not functioning at the level needed to ensure strong and meaningful participation in the JLN, overall, and in technical initiatives and collaboratives in particular. There are five main factors influencing the strength and effectiveness of CCGs.

1. **Profile of CCG members.** CCGs have been most effective when they are composed of individuals from key government agencies involved in UHC efforts, who themselves are closely involved in processes directly related to UHC advancement. In Ghana, for instance, CCG members note that the work of the JLN has direct relevance to the near-term goals of their employers (key government agencies). As a result, they use JLN tools and implement JLN learning in the course of their day-to-day work.

JLN Global Meeting 2016, Kuala Lumpur, Malaysia.

Another example is Vietnam, where the internal MoH think tank, HSPI, has been tasked with developing the basic health package for the country's national health insurance program. The HSPI team has relied heavily on the PHC Technical Initiative's meetings focused on this issue to inform its thinking, even conducting a literature review prior to a PHC Technical Initiative meeting and preparing a series of questions for experts attending the meeting. In contrast, in Indonesia, country representatives originally leading in-country JLN efforts have been transitioned to non-health sector roles. While these individuals remain involved in the JLN, the CCG in Indonesia is inactive, and Indonesia is no longer drawing on JLN resources to directly inform health systems reform.

2. **Rates of turnover in participating government agencies.** To ensure that CCGs are composed of individuals whose work is directly related to country UHC efforts, the JLN recently mandated that CCG membership be at the organizational rather than individual level. This is a needed shift, but presents yet another challenge for country engagement in the network, as rates of turnover in participating government agencies are exceedingly high, resulting in inconsistent and ineffective country-level participation in JLN initiatives and collaboratives. Each time country practitioners participating in the JLN transition to new roles and are replaced by others, network partners must repeat the process of explaining the JLN's value and persuading these individuals to continue participating in JLN activities. This is a difficult undertaking because recent government agency hires may prioritize day-to-day functions of their new positions, or may not have the same commitment as their predecessors to advancing learning in key technical areas. When this is the case, CCGs often become inactive for periods of time and do not participate in technical initiatives – or they send a series of different individuals to participate

in technical initiative meetings and workshops. As noted above, this lack of continuity in participation hinders the productivity and overall effectiveness of the technical initiatives.

3. **Bandwidth of CCG members.** To be effective as stewards of JLN participation and ensure that learning is translated into action, CCGs need to meet regularly, make informed and strategic decisions about individual participation in JLN activities, and ensure that learning generated through JLN participation is disseminated to the right people at the country level. However, government officials have limited time outside of their regular jobs to devote to CCG activities and coordination across individuals and agencies participating in the CCG. To address this issue, the World Bank has introduced local learning coordinators, part-time consultants who are helping to start, activate, and reinvigorate CCGs. Country participants report that local learning coordinators have been extraordinarily helpful in managing coordination and meeting logistics, bringing people together frequently, and maintaining momentum among country members after JLN meetings and events.

4. **Engagement of senior government officials with decision-making power.** CCGs have been particularly active when senior government officials are engaged in the JLN. For instance, Malaysia is especially active today because a senior MoH official currently heads the JLN Steering Group. Ghanaian stakeholders note that decisions about JLN process issues (such as approvals for international travel) were made more quickly and with less bureaucracy when a senior Ghanaian official was still the head of the Steering Group and closely involved in CCG activities.

5. **Participation of key government agencies.** Several CCGs have been able to engage some, but not all, key government agencies involved in local UHC efforts, which inhibits internal coordination needed to catalyze UHC reform efforts. In some cases, this is due to fragmentation across key government agencies, and lack of coordination between ministries of health and national health insurance agencies in particular. In the Philippines, for example, the national health insurance corporation (PhilHealth) was the first agency to become actively involved in the JLN – which led the Department of Health (DoH) to initially view the JLN as a group primarily focused on health financing, for which its staff members were not the right "fit."[5] In other countries, CCGs have had difficulty engaging agencies that typically do not interface with donors or other external agencies. For example, Vietnam Social Security, the internal implementer of the national social health insurance program, has been slow to participate in the CCG, in large part because its staff members have historically had more limited engagement with international partners than the MoH, and have limited fluency in English.

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[5] Only recently has the DoH discarded this perception. Following some cross-migration of staff between the two institutions, the DoH has recognized other opportunities for learning through the JLN and started to participate in the CCG.

Findings: Network sustainability

The JLN has made some progress in diversifying its funding base, but there is still a need for longer-term funding to replace and build on The Rockefeller Foundation's support.

JLN participants are busy government officials with limited time available for network management. For this role, they rely on international partners that can assume network coordination as a formal responsibility, maintain institutional memory, and act as a neutral party across countries. Until now, The Rockefeller Foundation's funds have supported the network coordination role, as well as management of the JLF and facilitation of key technical initiatives. As the THS initiative comes to a close, JLN stakeholders have been looking for alternative sources of financial support for these key JLN functions, an effort that has had a promising start, but not yet yielded all needed funding. The Gates Foundation, which was focused mainly on the PHC initiative, has recently started to play a more central and expanded role in the JLN. It joined the Steering Group in 2016 and will provide bridge funding for the PPM and IT Technical Initiatives once current Rockefeller Foundation grants come to an end. GIZ, which has served only as a technical partner since the JLN's formation, recently started providing financial support for the Financing and Payment Models for PHC collaborative. Other donors, such as USAID, have provided funding for select events thus far, but the JLN hopes that these donors will become more deeply involved over time. Discussions regarding potential partnerships have also been held with the Asian Development Bank, Wish Foundation (in Qatar), Children's Investment Fund Foundation, the Australian Department of Foreign Affairs and Trade, and the UK Department for International Development.

JLN Global Meeting 2016, Kuala Lumpur, Malaysia.

The World Bank's expanded role in the JLN has led to the identification of additional funding sources for technical initiatives and seeded promising international partnerships.

The World Bank's expanded role in the JLN in recent years has helped to increase the JLN's visibility and facilitated progress in the network's efforts to secure additional resources to support the network's long-term sustainability. The World Bank has leveraged an internal trust fund to support the new Innovations in Health Financing Technical Initiative, and also linked country-specific JLN learning efforts with local health financing efforts by World Bank country offices. As a large and influential global actor, the World Bank's involvement in the JLN has also increased the network's visibility, which may lead to new funding sources and also serve to strengthen partnerships with technical experts and thought leaders. For example, the World Bank is exploring a potential partnership with the World Bank-WHO initiative, International Health Partnership (IHP) for UHC, and has discussed potential collaboration with partners from the Harnessing Non-State Actors for Better Health for the Poor (HANSHEP) network.

5

Findings: The Rockefeller Foundation's legacy

There is strong recognition of The Rockefeller Foundation's catalytic role in the JLN, as both a founding funder and thought partner, among long-standing JLN partners and country participants.

JLN partners and country participants who were involved in founding and early operations of the JLN universally acknowledge and appreciate The Rockefeller Foundation's critical role in both the genesis and evolution of the JLN. These individuals stress the substantial risk that the Foundation assumed by investing in the JLN, a new and innovative networking and learning approach. They note the network's practitioner-to-practitioner learning approach represented a significant departure from tried and tested models of expert-to-practitioner technical assistance, but that THS staff decided to "embrace the new construct and push it through."

The Foundation has not only provided critical financial support for the JLN, it has acted as a thought, technical, and strategy partner over the course of the JLN's evolution. Members of the Network Coordinating Team report being in almost daily contact with THS staff members "in the early days" to brainstorm ideas and collaboratively develop a joint learning model. They also note that Foundation staff provided important insights that shaped the network's response to Pact's strategic review of the JLN, including revisions to the network's organizational and governance structure to increase country ownership and engagement. Key informant reports also highlight the strong role the Foundation played in thinking through how to institutionalize or sustain the JLN. THS staff members were instrumental in establishing the JLN's partnership with the World Bank and also conducted extensive outreach to other potential JLN partners. Finally, THS staff members have also been closely involved in the JLN's

> "The best part of this whole initiative is the trust that Rockefeller [Foundation] placed in an idea that was untested and put money behind it. You can't but salute the Foundation's vision and entrepreneurial investment in JLN… The JLN wouldn't be the JLN if it were not for Rockefeller [Foundation]."
>
> - Coordinating partner

JLN Global Meeting 2016, Kuala Lumpur, Malaysia.

technical work. They have helped identify facilitators for the technical initiatives and resource countries to bring into technical discussions, and also participated in several technical initiative meetings.

Not surprisingly, individuals whose involvement in the JLN is more recent are less aware of The Rockefeller Foundation's role in founding the network and supporting ongoing operations. The Foundation has had a smaller "presence" in the network in recent years given that the THS initiative is coming to a close and Foundation staff engagement in JLN activities has decreased. Country participants encouraged The Rockefeller Foundation to increase its visibility, a step they felt was appropriate given its role in forming and supporting the network, but would also incentivize other critical partners to join or increase their engagement in the network.

JLN partners greatly value and appreciate The Rockefeller Foundation's flexible and collaborative approach to the JLN, which allowed the network to grow and evolve organically to address country needs.

The Rockefeller Foundation took a highly iterative and adaptive approach to designing, operationalizing, and funding the JLN, giving THS JLN grantees leeway to adapt and build on the network's initial objectives and activities, as they learned more about country needs and promising strategies for collaborative learning. Grantees have noted that, in contrast to their agreements with other donors, which typically involve a detailed and relatively rigid scope of work and set of deliverables, The Rockefeller Foundation intentionally kept the scope of work for their THS JLN grants relatively open and loosely defined. This allowed them the flexibility and creative space they needed

"It never would have happened without The Rockefeller Foundation. The Foundation has a long history of being a pioneer, of being the first one at the door when no one's even thinking about it. They took a risk on this. But now you have a bunch of people lining up for the JLN!"

- Key informant

to identify country priorities and knowledge gaps, and develop and iterate on appropriate strategies for addressing those needs.

The Rockefeller Foundation's unobtrusive support for the JLN enabled the network to build partnerships and obtain support from other donors, and thereby strengthen its long-term sustainability. The Rockefeller Foundation has not widely publicized its catalytic role in forming and supporting the JLN. While this has constrained global recognition of the Foundation's contributions, it has also allowed for easier integration of new donors – who may not be inclined to join initiatives that are strongly branded by another funder. The Foundation's openness to diverse types of partner engagement in the JLN also facilitated new JLN partnerships. After introducing other donors to the JLN platform, The Rockefeller Foundation encouraged them to support and engage with the JLN in whatever way why they chose. For the Gates Foundation, that was supporting the work of one technical initiative, until its recent decision to join the Steering Group and provide support for other technical initiatives. In contrast, GIZ was mainly a thought leader and technical partner, until its recent decision to provide financial support for a technical collaborative. USAID's partnership has taken a different form, whereby it co-hosted one JLN meeting and, more recently, funded participant travel for the 2016 global JLN meeting in Kuala Lumpur, Malaysia.

"I've had a lot of different funder relationships and this one felt much more like a partnership than a funder. I think the reason was that those of us who were involved in the beginning really believed in the model and were passionate about it. It was never bureaucratic. It was never – 'we're going to do a grant and here are the deliverables.' Instead, it was 'let's see if we can make this work.' What Rockefeller [Foundation] did was find funding as opportunities emerged. First they funded the [Manesar] meeting, and then out of the meeting there was this idea of starting technical initiatives. So they said, 'Okay, we'll find the funding and we'll find a partner and we'll make a grant so this can happen.' [The JLN] was really allowed to evolve. It had an organic and iterative nature and Rockefeller [Foundation] deserves a lot of credit for seeing that."

- Coordinating partner

6

Implications for future cross-country learning networks

Effective technical facilitation requires not only in-depth technical knowledge, but the ability to listen to and learn from practitioners' experiences, elicit and synthesize lessons, and "co-create" useful knowledge products.

The JLN has been most successful in generating actionable learning and useful resources for its member countries when it has adopted its own brand of technical support, which involves collaborative problem-solving and output-oriented learning. As discussed previously, the JLN's learning approach differs substantially from traditional training and technical assistance approaches, which typically involve experts imparting knowledge during a one-time training or country visit, or through a short-term technical assistance engagement. In contrast, the JLN's approach emphasizes the importance of "co-creation" of knowledge, which requires technical experts to be good listeners, skillfully distill lessons from practitioners' experiences, and use their technical knowledge to inform country-driven and crowdsourced solutions. Technical facilitators must be able to think in both the long and short term – about tactical outputs (knowledge products and tools) to support UHC, as well as milestones in the

development of those outputs. They must also have high "EQ," which might include the ability to motivate country participants about the work, as well as sensitivity to cultural and other differences while leading discussions.

Within the JLN, technical facilitation is viewed as technical assistance that goes the extra mile. It entails not only the provision of expertise, but also responsiveness to countries' needs and commitment to doing what it takes to help them achieve their objectives. This country-driven, collaborative learning approach ensures that tools produced under the network's technical initiatives and collaboratives are useful to and used by countries. The JLN co-creation approach also helps to build the capacity of local practitioners and agencies (such as Vietnam's HSPI), as well as strong global communities of practice (such as the Costing Collaborative and the IT Technical Initiative).

Strong, impactful country engagement requires the buy-in of senior government officials and participation from all agencies closely involved in relevant policy efforts.

Networks cannot effectively generate learning and drive country-level policy change without the support and engagement of both the senior government officials setting the vision for UHC reforms and the mid-level officials executing their vision. For the JLN, buy-in from senior government officials ensures that mid-level technocrats can participate in network learning activities. It opens up internal funding sources for travel and meeting arrangements, and even more importantly, allows these individuals to engage in long-term learning without worrying about compromising their day-to-day work. Support from senior leadership also strengthens the likelihood of network resources and learning being used to effect policy change. Key informants highlight the example of Ghana, where the current chief executive officer of the National Health Insurance Authority (NHIA), and former head of the JLN Steering Group, has embraced the JLN's philosophy on collaborative learning and sought to "cultivate an organization that is honest about its challenges and always seeks to learn from others." This culture of learning is reflected in NHIA staff participating in the JLN, who take strong initiative to leverage learning opportunities offered by the network.

For the above reasons, the JLN requires buy-in from senior government leaders as a prerequisite for country membership. Once that is secured, however, it is also important to ensure the right mid-level officials (within the right agencies) are invited and agree to participate. Institutional diversity (which many JLN CCGs lack) can ensure that all key policy players are engaged in discussions surrounding the country's trajectory toward UHC, and are on board with changes in policy or programs suggested by learning.

High turnover among government officials and poor coordination among government agencies often hinder country engagement in the network, but can be addressed by providing local logistical support and/or integrating CCGs into existing government committees.

To ensure sustained and meaningful engagement by countries, networks must strengthen their resilience to pervasive institutional challenges, which include high rates of turnover among government staff and fragmentation in country-level UHC efforts across key government agencies. The JLN has employed two key strategies to tackle these challenges, with some success. First, the "local learning coordinators" introduced and supported by the World Bank have been very effective in helping constitute or reinvigorate CCGs with broad institutional representation, and ensuring that the group meets regularly and takes advantage of relevant learning opportunities. Second, the JLN has sought to integrate CCGs whenever possible into preexisting UHC coordination committees within government. In doing so, engagement in and collaborative learning through the JLN can become an additional function of government bodies that are already working toward UHC (and are potentially less affected by issues of staff turnover and institutional friction than a newly constituted CCG).

Providing flexible funding for targeted learning activities can yield useful inputs into reform processes, but only if funding is used strategically for results-oriented activities.
The availability of untied funds that can be used to address joint or country-specific learning needs is one of the JLN's most attractive features for many participating countries. Some countries, such as Malaysia, have made full and extensive use of their JLF allotment, drawing on available funds on an ongoing basis to answer questions that emerge in the course of their reform efforts. While nearly all member countries have similarly pressing learning needs, many lack the capacity to prepare high-quality and goal-oriented proposals for JLF funding. To address this issue, network partners have had to become more closely involved in the proposal development process. ACCESS Health now provides targeted input on how to tie learning activities to policy objectives, and is also helping to identify the need for and form technical collaboratives and other initiatives to address learning priorities that cut across JLN member countries. This

level of oversight and guidance, though resource-intensive, is needed to ensure that funded learning activities have tangible and useful outputs.

Collaborative learning can help spark ideas and generate resources for reform efforts, but often needs to be supplemented with targeted technical assistance to ensure that learning is translated into policy action.
The JLN's collaborative learning approach helps to bridge a critical gap between country commitment to the policy goal of UHC and targeted technical assistance to support implementation of specific policy reforms. Once countries have publicly committed to achieving UHC, they face the challenge of operational-izing this complex and long-term policy goal. They can draw on the support of both national and international experts, but are often unsure how to structure these engagements to address targeted health system challenges and explore specific reform options. (This is particularly true of government agencies in low-income countries that tend to have more limited in-house technical expertise.) It is at this juncture in a country's path toward UHC that the JLN has been able to add the most value. Its collaborative learning process has helped countries i) identify and frame priority issues they must tackle, ii) systematically assess technical and organizational needs, ii) gather ideas from other countries' reform experiences on how to address key challenges, and iv) develop tailored resources that are helpful in designing reform efforts. As reform efforts are launched and implemented, however, the network is more limited in its influence. Its small technical teams are unable to provide the long-term and context-spe-cific technical assistance that countries need to design and execute health system reforms.

To ensure that countries receive the level and intensity of technical assistance they may need to advance UHC reform efforts, the JLN can and should help to connect countries and technical experts that can provide this type of targeted and tailored support. Some World Bank country offices rely on the JLN to help country

practitioners identify priorities and potential reform options, and then, through their offices, provide the technical assistance and/or funding needed to execute next steps in the reform process. However, this is still a relatively indirect route to equipping countries with technical support needed to successfully implement reforms. The network may be able to drive country-level change more effectively if it were more proactive in identifying and linking member countries to technical experts – who could work with country practitioners to leverage JLN learning and resources to advocate for, design, and execute reforms in their countries. Although it can be difficult to identify funding sources that are flexible enough to support this type of longer-term technical assistance, the JLN may be able to play an important role in facilitating the identification of both technical experts and potential sources of funding.

To ensure network sustainability, outreach to donors to explain and showcase the value of a country-driven learning network needs to begin early and be intensive and far-reaching.
Findings from this case study highlight the importance of sustainability planning for a learning network. Funding is in short supply for efforts to develop global public goods, especially those that prioritize iterative learning without preset outputs and deliverables. The JLN acknowledges this challenge and has been working to strengthen financial sustainability with particular energy since its 2015 integration of the World Bank into the Network Coordinating Team.

While these efforts have been successful in increasing support from existing partners and developing partnerships with other potential donors, the network still lacks a strong funding base to support the learning needs of its growing membership. To ensure adequate and long-term funding, networks must engage in relationship-building early on and recruit the support of diverse partners, including multilateral institutions, bilateral donors, private foundations, and other multi-country learning partnerships.

Branding and publicizing of Foundation support for networks needs to be carefully calibrated to invite, not detract, support from potential collaborators. The Rockefeller Foundation brand and the Foundation's long history of funding new and innovative initiatives can legitimize and invite support for new networks. At the same time, building networks that are tied too closely to the Foundation brand can detract engagement from large funders with preexisting priorities and agendas. In the case of the JLN, the Foundation has adopted an understated role, allowing countries to own the network, and working behind the scenes to inform network strategy while also inviting new partners and different types of partnerships to meet the network's technical and funding needs. This approach has allowed prominent donors such as the Gates Foundation to sign on to the network, define the scope and focus of their partnership, and, in turn, strengthen the overall financial sustainability of the network and its operations. However, as mentioned above, one consequence of this approach is that the Foundation's contributions are not widely known outside of the JLN's "inner circle" of longstanding partners and country participants.

Annexes

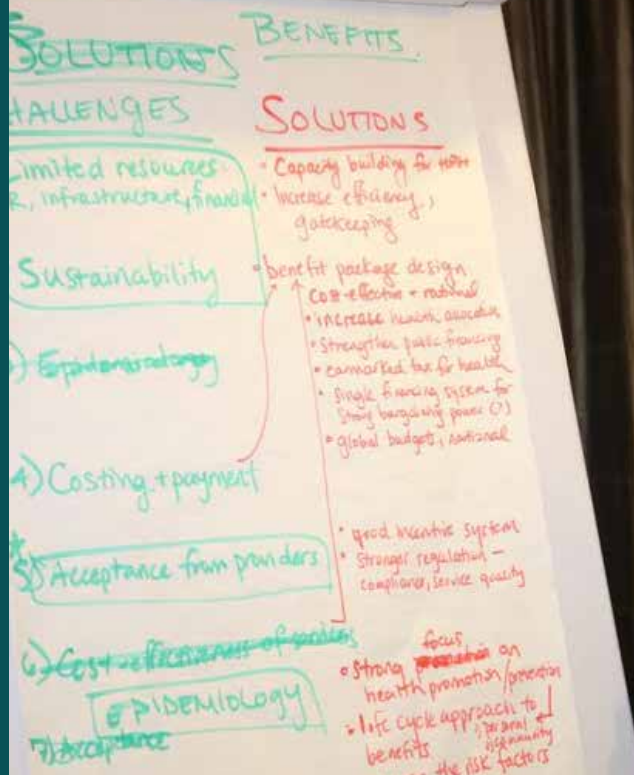## Annex 1: Logic model for the JLN Case Study

INPUTS

GOVERNANCE AND MANAGEMENT	JOINT LEARNING FUND (JLF)	TECHNICAL INITIATIVES	TECHNICAL COLLABORATIVES	
Steering group Network coordinating team Country core groups		Information technology Innovations in health Financing Population coverage Primary health care Provider payment mechanisms Quality	Costing Medical audits PHC benefits policy PHC financing	PHC measurement Data analytics PHC private Providers

Activities

ORGANIZATION LEVEL

KEY ACTIVITIES

- Engage and recruit countries as members and active participants in the network
- Establish a governance structure and processes that support country leadership and engagement and effective network coordination
- Mobilize support from technical and funding organizations to promote network effectiveness, growth, and sustainability

OUTPUTS/INTERMEDIATE OUTCOMES

- New countries join and actively engage in JLN as members
- Country core groups are formed and countries are represented on Steering Group
- Country practitioners leverage the JLF to support learning activities at the country level
- Technical and funding organizations support and engage in JLN activities

LONGER-TERM OUTCOMES

- Strong and transparent leadership and oversight of the JLN
- Professional and continuous management of network activities
- Non-RF funding secured for the JLN

COUNTRY LEVEL

KEY ACTIVITIES

Technical facilitators:
- Identify common health system constraints and learning needs across member countries
- Organize in-person and virtual meetings and workshops to facilitate information-sharing among member countries on strategies to address common health system constraints
- Draw out key lessons from country experiences

OUTPUTS/INTERMEDIATE OUTCOMES

Technical initiatives and collaboratives generate and disseminate:
- Knowledge products that document country reform experiences and learning
- Tools that provide practical guidance and templates to support evidence-based reform processes

LONGER-TERM OUTCOMES

- JLN member countries leverage knowledge products and tools to facilitate UHC-oriented reform processes
- Non-JLN countries adopt UHC as a policy goal and adopt tools and approaches disseminated by JLN

ULTIMATE GOAL
JLN transitions to sustainable, country-led cross-learning platform

ULTIMATE GOAL
UHC advancement reached at country level

Annex 2: Evaluation matrix for the JLN Case Study

	DATA SOURCES	INTERVIEWS		WEB SURVEY		SECONDARY SOURCES		
Research questions	**Sub-questions**	**Phone**	**In-person**	**Grantee Survey**	**External Stakeholder Survey**	**Program and Monitoring Documents**	**Online Resources**	**Case studies of THS focus countries**
1. To what extent (TWE) is the JLN an effective cross-learning and knowledge generation platform for policymakers and practitioners?	How successful has the network been in recruiting, engaging and retaining member countries? What factors have driven membership and variability in participation? TWE have country core groups been developed and supported country participation in and application of learnings from JLN activities? TWE have JLN members participated in the JLN technical initiatives and related workshops? What is the perceived value of the JLN among member countries? TWE does it address the HSS needs of low and middle income countries?	✓	✓		✓	✓	✓	✓
2. TWE and how has the JLN advanced country-level progress toward UHC?	Is the cross-learning platform an effective means for promoting health systems change? How is the JLN being used at the country and individual level? TWE have countries leveraged and applied the knowledge and tools generated disseminated under the JLN to guide decision-making, policy formulation, and reform efforts? How is it changing how people see themselves, perceive the issues, and apply the ideas? How is it changing awareness among country core groups, and communication between stakeholders within and across countries? What factors separate the successful JLN technical initiatives and knowledge/tool generation building efforts from those that have been less successful?	✓	✓	✓	✓	✓	✓	✓
3. TWE is the JLN a country-led and sustainable cross-learning platform?	How effective, stable, and sustainable is management and ownership of the JLN and its technical tracks? TWE is the network and its technical initiatives country-led and owned? What factors have facilitated and inhibited transfer to country ownership? TWE is the current "hub and spoke" management structure appropriate and sustainable as the network grows? What are the major factors influencing the long-term growth, success and sustainability of the network?	✓	✓			✓		
4. TWE is the RF recognized as a founding funder and catalyst of the JLN?	What is the perceived role of the Foundation in the development and evolution of the JLN? What factors have supported or inhibited the Foundation's legacy as a founding funder and catalyst for the network?	✓	✓		✓	✓	✓	