Joint Learning Network

For Universal Health Coverage

JOINT LEARNING UPDATE

This report is generously funded by The Rockefeller Foundation

INTRODUCTION

The Joint Learning Network for Universal Health Coverage (JLN) has been a central part of The Rockefeller Foundation's work towards advancing health and achieving universal health coverage (UHC), through our flagship health initiative, Transforming Health Systems. The vision of the JLN is one of strong leadership from country members, collaboration, shared learning and joint problem solving among high-level practitioners, staff in ministries of health and policy-makers in Africa and Asia as they progress towards UHC. During its first three years, the JLN, approach has shown tremendous value. This report captures the highlights of success to date and shares findings from a recent strategic review.

The past year has seen growing global commitment to achieving UHC, including a historic United Nations resolution in 2012, and a speech by Jim Kim, President of the World Bank at the 2013 World Health Assembly that highlighted the opportunity for UHC to serve as an overarching health goal in the post-2015 dialogue. As global momentum for UHC grows, so too has enthusiasm for the JLN as a model of South-South learning and exchange.

As the founding funder of the JLN, The Rockefeller Foundation is grateful for the partnership and commitment of the Bill & Melinda Gates Foundation, GIZ, the World Bank and the World Health Organization.

This report charts how the JLN can build a strong governance structure and grow towards sustainability, led by its country members. With such a foundation and a record of achievement, I am confident that the JLN can continue to achieve real progress in countries across the globe towards the goal of universal health coverage.

Dr. Judith Rodin
President, Rockefeller Foundation

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Practitioners from Ghana and Malaysia share experiences during the "Expanding Coverage to the Informal Sector" workshop held in Mombasa, Kenya in June 2011

JLN member countries:

GHANA

INDIA

INDONESIA

KENYA

MALAYSIA

MALI

NIGERIA

PHILIPPINES

VIETNAM

ABOUT THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE

Governments around the world are struggling to navigate the legal, financial, and political frameworks of their countries to determine the best path toward universal health coverage (UHC) reforms. These countries face a multitude of design and implementation challenges due to the adaptation required, political challenges and the complexity of reform.

The Joint Learning Network for Universal Health Coverage (JLN) is a unique practitioner-to-practitioner learning network that is connecting low- and middle-income countries with one another so that they can learn from one another's successes and challenges with implementing UHC, jointly solve problems, and collectively produce and use new knowledge, tools, and innovative approaches to accelerate country progress and avoid 'recreating the wheel'.

Through a unique and very practical collaborative model for joint problem solving including multilateral workshops, country learning exchanges and virtual dialogue, JLN members build on real experience to experiment and produce useful new knowledge and tools to expand coverage to the more than three billion people globally, many of them in the poorest half of the world's population, that lack access to quality, essential health care with financial protection.

The Joint Learning Network Secretariat, based at the Results for Development Institute (R4D), and the Joint Learning Fund, administered by ACCESS Health, are supported by The Rockefeller Foundation and The Bill & Melinda Gates Foundation. As requested by country members, technical support for activities to date has been provided by partners including GIZ, the Institute for Healthcare Improvement, the National Institute for Health and Care Excellence (NICE), PATH, PharmAccess, R4D, the World Bank, and the World Health Organization.

"The visits and interaction of JLN really helped Ghana with capitation. People would go see what is happening in Thailand and then return home to apply those lessons."

Sam Adjei, Centre for Health and Social Services, Ghana

Provider Payment Costing Collaborative in Bangkok, Thailand prior to the 2012 Prince Mahidol Award Conference in January 2012

Perspective from a JLN Member Country: Indonesian Vice Minister of Health Ali Ghufron Mukti

As a founding member of the **Joint Learning Network for Universal Health Coverage (JLN)**, Indonesia has been able to help shape the design of the network and contribute to many in-person workshops and activities over the past three years. Working with the JLN has provided Indonesia the opportunity to interact with and learn from policymakers and practitioners from Africa and Asia that are grappling with similar challenges in the pursuit of universal health coverage (UHC).

The exposure to other countries has opened our eyes to all of the available choices with regard to designing and implementing UHC reforms. More importantly, we have developed a sense of community that lets us know we are not alone on our journey.

As the current Vice Minister of Health in Indonesia and chairman of a task force that is tasked with preparing for the implementation of UHC in Indonesia, I can speak to the many challenges we face in Indonesia as we continue to work toward universal coverage, such as how we can achieve political consensus, and how the new integrated schemes (BPJS-Health) will function. Of course, developing one scheme poses more challenges, including the following:

- **Support for improving information technology (IT):** Which IT system should we develop? Will we improve an existing system or start from the beginning? How will we use a national identification number in our enrollment system?
- **Building the benefit package:** Indonesia has five different benefit packages; how do we unite these five packages to develop one basic benefit package?
- **Transforming institutions:** How do we consolidate our existing institutions? That is, of course, not easy because we are talking about assets, human resources, and many other complex areas. Our context is made even more complex due to the large number of stakeholders. As the third biggest democratic country in the world, it can be challenging to achieve consensus.

Through the JLN, we have learned that other countries are grappling with similar challenges. And although our contexts are different, there are many lessons and tools that can be shared and adapted to fit our individual needs. For example, we have learned how the Philippines is trying to target their informal sector, and we are working with our friends in India to understand how they are developing a complex information system. Also with support from the JLN, we have learned from Thailand that vital statistics and national ID are very important for integrating an efficient enrollment system.

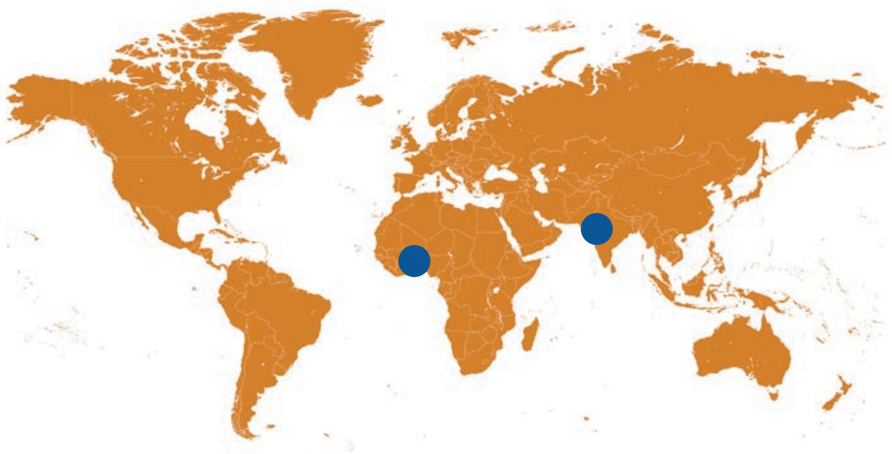
The JLN is an exciting model for sharing knowledge and experience among individuals working on similar challenges in different settings. In the coming months we are eager to work with our colleagues in the network to implement a refreshed vision for the JLN that will further strengthen the network and ensure its sustainability for years to come.

Membership in the JLN has helped Indonesia address the complexities of UHC implementation. Looking forward, we hope to continue interacting with the network and our counterparts from around the globe for many years to come.

We hope that you enjoy this update on our activities.

Sincerely,

Ali Ghufron Mukti
Vice Minister of Health, Indonesia



"I am staying in contact with other JLN Provider Payment Mechanisms Assessment participants. It's great that we can get support from JLN members in other countries. That is the meaning of a network."

Dr. Phuong, Health Strategy and Policy Institute, Vietnam

A Vision for the Joint Learning Network for Universal Health Coverage

Over the past three years, the Joint Learning Network for Universal Health Coverage (JLN) has become a well-established practitioner-to-practitioner network of countries at the forefront of the global movement toward universal health coverage (UHC). Now that the JLN has been active for a few years, many involved in the JLN felt that it was an appropriate time to assess what has been achieved to date and develop a roadmap for the future.

During the first six months of 2013, the JLN underwent a strategic review, followed by a meeting of stakeholders to reflect on the results and collaboratively develop a strategy and vision for the future of the JLN.

Strategic Review of the JLN

In December 2012, the Rockefeller Foundation engaged Pact, an independent NGO that specializes in community engagement and networks, to conduct an independent strategic review of the JLN's value proposition, mechanisms for engaging members, and decision-making structures. Pact sampled each stakeholder group in the JLN by administering an online member survey and conducting a series of in-person interviews to gather perspectives from across the community and gain a deeper understanding of how each group contributes to the JLN's goals.

One hundred and four JLN members — a 45 percent response rate — responded to the member survey and 27 stakeholders participated in semi-structured interviews. The results provided useful information about JLN members and how they are applying knowledge acquired through network activities in their own context. A few of the results from the JLN's strategic review are outlined below. More detailed results can be found in the Pact Final Report.

- **JLN activities are increasing knowledge.** 93% of respondents agreed or strongly agreed that they had increased knowledge and skills related to specific UHC policy and implementation issues. And, 85% of respondents agreed or strongly agreed that they have used knowledge gained through the JLN to be more effective in their professional role.
- **JLN members are applying knowledge.** 80% of respondents reported at least one specific instance of applying knowledge from the JLN to help accelerate progress on UHC.
  - 40% reported using information to design/revise a strategic plan

JLN "Expanding Coverage to the Informal Sector" workshop participants visit a local hospital in June 2011

  - 39% reported using international evidence to convince others about a reform
  - 18% had introduced a new operational practice
  - 14% had introduced a new policy
  - 13% had introduced or revised an existing operational practice or policy
- **JLN participation helps individuals develop professionally.** 62% of respondents agreed or strongly agreed that they had become a mentor to other colleagues either within or outside the JLN who are working on similar issues.

Strengthening Country Ownership and Leadership of the JLN

During the week of March 4, 2013, key points of contact from seven JLN member countries and representatives from each of the funders, technical track partner organizations, and secretariat organizations came together at the Rockefeller Foundation's center in Bellagio, Italy to review the findings from the strategic assessment. Meeting participants developed a future vision for the network and revised the JLN's governance and management structures, to build on the most valued aspects of the network and address identified challenges for its future sustainability.

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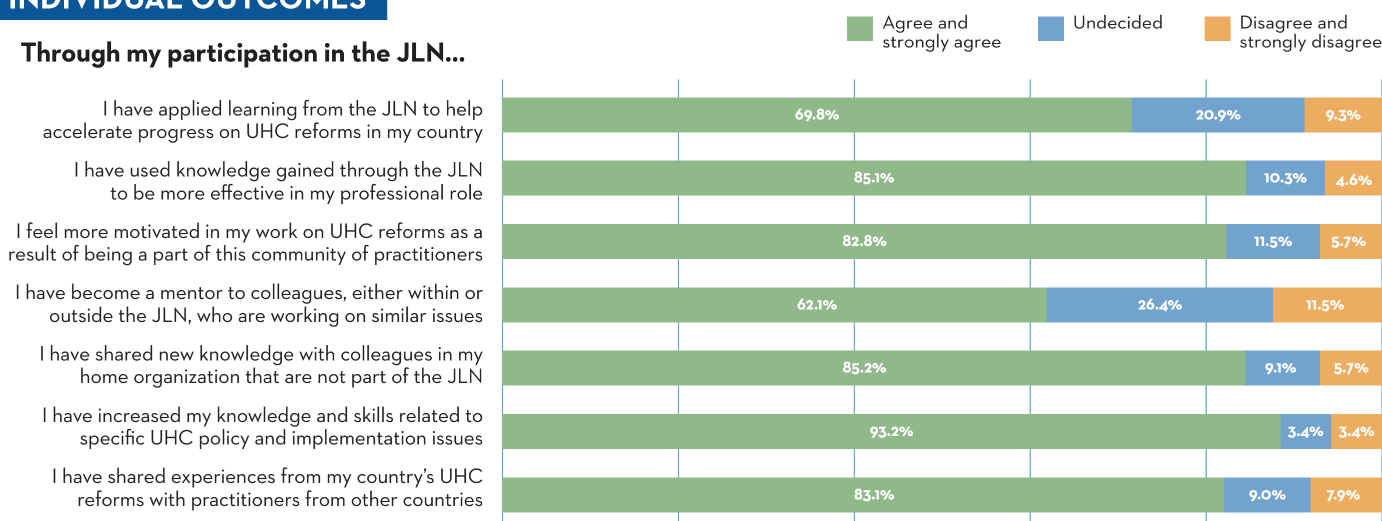
INDIVIDUAL OUTCOMES



The vast majority of individuals have reported increased knowledge (93%), using and sharing knowledge at home (85%), and increased motivation to pursue reforms (83%).

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Meeting participants affirmed that the JLN is a highly valued network, unique in its pragmatic focus on practitioner-to-practitioner collaborative learning, with many successes to date and much potential to become even more valuable in the future. The participants recognized that member countries are ready and eager to evolve new structures that will enable country leaders to take ownership and direct the management of the network.

The group was optimistic that by formalizing JLN governance and country-level structures, ownership and leadership of the JLN can be adjusted to respond to the evolving needs of the network, ensuring that country leaders set direction about how the network can best support their efforts to achieve UHC.

JLN members discuss expanding coverage in Mombasa, Kenya during the "Expanding Coverage to the Informal Sector" workshop held in June 2011

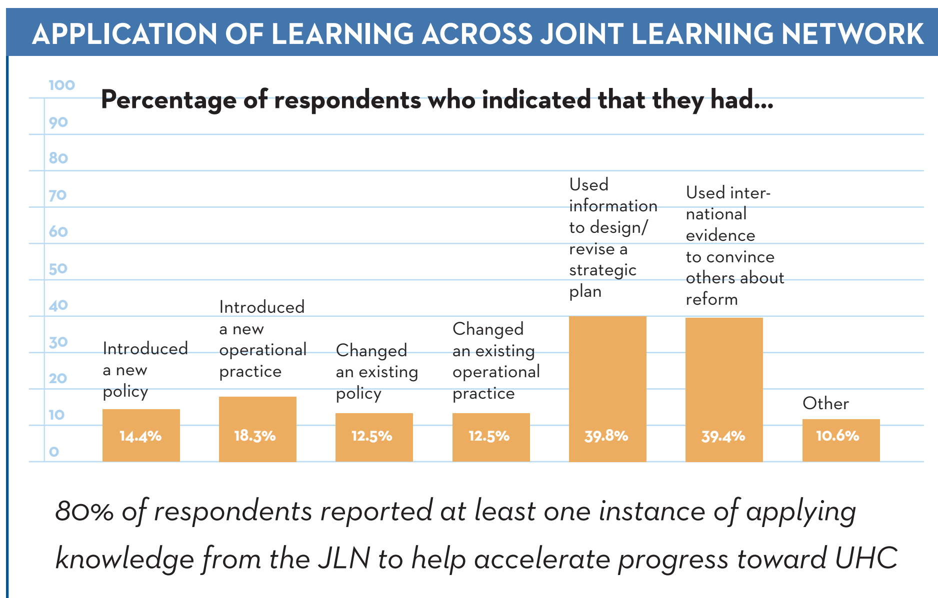
Looking Forward

The Bellagio meeting participants developed proposals for a revised governance and management structure, including a Steering Group that sets the overall strategic priorities for the network and oversees the network's management, technical activities and a Secretariat that will manage the daily operations of the network. The new groups and roles are briefly summarized below. More detailed information can be found in the Bellagio Synthesis.

- Develop infrastructure at the country-level to deepen engagement within countries and across the broader global network by creating a **Country Core Group** in each member country, with broad representation from key institutions engaged in UHC reforms
- Formalize a JLN governance structure by creating a global **Steering Group** led by JLN country representatives
- Empower a new Steering Group to select and oversee a **Secretariat** organization (s) to manage daily operations with strong country oversight and engagement

The JLN members look forward to strengthening the network and ensuring its sustainability in order to promote the global movement toward UHC.

APPLICATION OF LEARNING ACROSS JOINT LEARNING NETWORK



80% of respondents reported at least one instance of applying knowledge from the JLN to help accelerate progress toward UHC

Provider Payment Core Working Group in Hanoi, Vietnam, October 2012

Third Information Technology Core Working Group in Manila, the Philippines, April 2012

Expanding Coverage to the Informal Sector in Mombasa, Kenya, June 2011

Evolution of the Joint Learning Network

The Joint Learning Network for Universal Health Coverage (JLN) was launched by several initiating countries and development partners in 2010. Since then, the JLN has become a well-established practitioner-to-practitioner network of countries at the forefront of the global movement toward universal health coverage.

2009

May 2009

Representatives from Ghana, India, Thailand and global development partners discuss the wealth of experience and knowledge that practitioners in countries moving toward UHC have, and the lack of opportunities for those practitioners to connect.

2010

February 2010

Delegations from six founding countries – Ghana, India, Indonesia, the Philippines, Thailand and Vietnam – come together for the pilot Joint Learning Workshop in **Manesar, India** with catalytic funding from the Rockefeller Foundation.

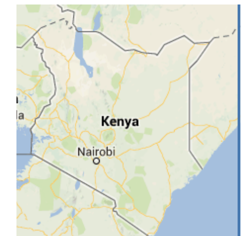
November 2010

The organizing members – ACCESS Health, GIZ, IHPP, the World Bank and the Results for Development Institute – form a Secretariat to manage the network with active participation from country leads and delegations.

December 2010

Delegations from six member countries, plus observing countries Kenya and Malaysia, convene in **Bangkok, Thailand**. Approximately 80 participants in total participated in the workshop, which focused on provider payment building blocks and overviews of the different provider payment mechanisms available.

2011



June 2011

The Joint Learning Network hosts a workshop in **Mombasa, Kenya.** This meeting also serves as the launch of the Expanding Coverage track.

August 2011

The Provider Payment track forms.

Kenya, Malaysia, Mali and Nigeria formally join the JLN.

October 2011

The Information Technology track convenes for its first meeting in **Singapore.**

January 2012

The Quality track convenes their first meeting during the Prince Mahidol Awards Conference in **Bangkok, Thailand.**

February 2012

Secretariat and track representatives come together in **Bellagio, Italy** at the Rockefeller Foundation retreat facility to conduct technical planning, discuss operational issues, and set clear guidelines to follow in the future.

2012

December 2012

The Rockefeller Foundation contracted Pact, an independent NGO that specializes in community engagement and networks, to conduct an independent strategic review of the JLN's value proposition, mechanisms for engaging members, and decision-making structures.

2013

March 2013

Representatives from seven JLN member countries, each of the network funders, technical partners, and Secretariat organizations came together at the Rockefeller Foundation's center in **Bellagio, Italy** to review the findings from the Pact assessment and to develop a new vision for the future of the JLN.

JOINT LEARNING FUND UPDATE

Supporting Ongoing Practitioner-to-Practitioner Exchange

Practitioner-to-practitioner learning is the foundation of the Joint Learning Network for Universal Health Coverage (JLN). Recognizing that there is no "one-size-fits-all" approach to move towards universal health coverage (UHC), the JLN established the Joint Learning Fund (JLF) — a flexible pool of funds — to further foster learning exchanges among the member countries outside of JLN workshops. In alignment with its mission, the JLF supports study tours, exchange programs and expert support on specific technical areas of expertise. Here are a few examples of JLF supported exchanges:

JLF Supported Learning Activities

Seven representatives from **Ghana's** National Health Insurance Authority visited **India's** Rashtriya Swasthya Bhima Yojana (RSBY) and Rajiv Aarogyasri Scheme Aarogyasri in **April 2012** to gain a better understanding of their information systems. The Ghanaian delegation investigated the structure and operations of a call center, evaluated the potential impact of information technology on electronic claims processing, and gained a thorough understanding of biometric membership ID and subscriber authentication.

From **2011-2013**, the JLF supported a series of workshops to study, develop and propose appropriate provider payment reforms in **Malaysia, India (Kerala)** and **Vietnam**. The JLF also provided support for JLN experts from India, Malaysia and Thailand to attend workshops in other JLN countries to share their experience with provider payment reform and contribute expertise around specific elements of the reform process.

In **November 2011**, the JLF provided funding for a one day workshop on provider payment mechanisms which brought together International experts and national participants from across the Indian states of **Andhra Pradesh** and **Karnataka**. During this event, participants developed a framework for stakeholders to identify specific objectives for provider payment reform and explored different options for the respective states.

A ten-member delegation from **Indonesia**, representing multiple departments and ministries, visited **Thailand** in **November 2012** to learn how the Thais have integrated National ID's and Social Security Numbers, and the information technology operation system.

Eight representatives from **Indonesia** traveled to the **Philippines** in **February 2012** to study the role of local government units in the Philippines and investigate the challenges and successes of central government/local government unit coordination.

"When we drafted Circular 9, Vietnam's guidelines for the implementation of health insurance regulations, we did not conduct an assessment or engage in dialogue. This process, facilitated by the JLN, is a new process for developing Circular 9."

Dr. Tuan, Ministry of Health, Vietnam

ACTIVITIES TO DATE

Shaping Provider Payment Mechanisms

The manner in which health care providers are paid to deliver the covered package of services forms the anchor of strategic health purchasing, which is an often underutilized tool in the overall health financing policy toolkit. Provider payment can play a strategic role not only in reaching universal health coverage (UHC), but also in driving service delivery changes that make providers more responsive to the people they serve.

At the Joint Learning Network for Universal Health Coverage's (JLN's) first workshop in India in February 2010, JLN members expressed interest in more in-depth studies of the different provider payment models and in learning the methodology behind capitation and diagnosis-related groups, a system used to classify hospital cases.

Additionally, members expressed the need for tools and assistance in developing action plans for implementation and support for managing challenges, such as creating the necessary political will for reform, harmonizing disparate systems, and controlling costs.

Over the past three years, with support from Results for Development Institute Expert Cheryl Cashin, JLN members have shared experiences and solved common problems in order to advance provider payment reforms in their own countries. All Provider Payment track tools are vetted and shaped by members to create practical, experience-based guides to meet the challenges of designing and implementing provider payment systems.

Provider Payment Diagnostic and Assessment Guide

The **Provider Payment Diagnostic and Assessment Guide** helps countries determine their objectives for provider

JLN Provider Payment Track Costing Collaborative in Vietnam

payment reforms, assess policy options, identify joint learning and technical assistance needs, and progress through the reform process. In mid-June 2012, the JLN supported a rapid assessment of the Vietnam provider payment system using the guide at a provider payment workshop convened by the Vietnamese Ministry of Health.

The assessment confirmed that the guide can support a rigorous objective process for assembling stakeholder opinion and developing a road map for provider payment reform that is grounded in the country's health system objectives. A full provincial-level test of the guide began at the end of 2012.

The completed guide will help policy-makers and practitioners fully assess the greatest challenges in using provider payment systems to achieve UHC and ultimately help practitioners better leverage provider payment systems to reach objectives such as increased quality of care, efficiency, and sustainability.

Costing Manual for Provider Payment

In January 2012, a Collaborative on Costing of Health Services for Provider Payment was launched at the Prince Mahidol Award Conference in Bangkok, Thailand. Since the launch of the Collaborative, members have initiated costing studies in India and Vietnam. Leveraging the experience of the Collaborative members, the group is developing a practical, experience-based costing manual that outlines the key steps in designing and carrying out costing of health services for provider payment.

This manual will help countries overcome challenges in designing and carrying out costing studies that will help develop a realistic cost basis for provider payment and create appropriate incentives by synthesizing practical country experience. The manual addresses key decision points and explains choices that countries have made.

The first Collaborative meeting took place in Kuala Lumpur, Malaysia, on October 3-5, 2012 and the second meeting in Jakarta, Indonesia, on February 25-27, 2013. The third and final working session in the series will take place in mid-2013.

JLN Costing Collaborative participants in Bangkok, Thailand prior to the 2012 Prince Mahidol Award Conference Conference. From left to right: Francis Asenso-Boadi (Ghana), Christopher Mshelia Mbuja (Nigeria), and Nicolas Twenaboa (Ghana)

Looking Ahead

Through a three-part workshop series, the provider payment tools and guides can be integrated into country-led processes for provider payment reform in support of UHC and other health system goals.

The costing manual will be completed in late 2013. Vietnam is currently using components of the manual to help design a costing study that will inform reforms of its capitation system. The provider payment track recently began working with Indonesia on a costing workshop and expects to continue collaboration in the future.

In the longer term, the Provider Payment Mechanisms track will focus on developing member ability to share experience and expertise in using the guide and costing manual, with other countries pursuing similar reform paths.

"I believe I speak for all when I say the JLN Mombasa workshop was one of the most focused and fruitful learning sessions I have ever attended. We appreciate the pointers and will grab all the offers with two hands."

Anthony Seddoh, Centre for Health and Social Services, Ghana

ACTIVITIES TO DATE

Exchanging Information to Expand Universal Health Coverage to Underserved Populations

Countries implementing health financing reforms to expand coverage to all, including the informal and disadvantaged groups, face many challenges.

Members of the Joint Learning Network for Universal Health Coverage (JLN) Expanding Coverage track, facilitated by the Results for Development Institute, participate in knowledge sharing and joint learning activities on issues related to expanding coverage across benefit and population dimensions.

Dr. Matthew Opoku-Prempeh, a Parliamentarian from Ghana, speaks about the importance of equity during the "Equity in Health Coverage" workshop in Morocco in September 2012

Transforming Data into Decision-making: A Dashboard for Expanding Coverage

Track members first voiced a need for readily available data on expanding health coverage at the *"Expanding Coverage to the Informal Sector,"* held in Mombasa, Kenya in June 2011. Workshop participants came together in a special session to brainstorm and prioritize information needs related to expanding coverage. This session was replicated at the Pan-African Health Conference in Accra, Ghana in November 2011, and a list of "information needs for expanding coverage" was developed as an output of these sessions.

Based on the information needs shared by track members and other input shared by members from other tracks, a prototype country-level Expanding Coverage (EC) "Information Dashboard" has taken shape.

The "EC Dashboard" is an interactive, electronic interface that will routinely synthesize data and display progress against key indicators related to expanding coverage to disadvantaged and/or underserved populations.

Fast Facts about the EC Information Dashboard

- The prototype EC Dashboard has a **one-page display** that allows the user to view performance indicators and track progress regularly at a glance. The user can also access and view real-time data that feed into the dashboard by "drilling-down" to view data at a disaggregate level.
- The expected primary users of the EC Information Dashboard are **health insurance scheme managers** whose responsibilities include monitoring the expansion of health

coverage to underserved and/or disadvantaged populations.

- Countries can **customize all aspects of the dashboard** according to their needs and priorities, including: the indicators, the management flags, the target population groups, the frequency with which data are reported, and the design of the dashboard.
- The interface of the dashboard will be integrated into the existing information system of a scheme, and the main sources of data will be a scheme's **enrollment and claims databases.**

Participants at the "Equity in Health Coverage" workshop in Morocco learn about enrollment procedures and the identification card for RAMED beneficiaries

Juliette Maara (Kenya), Dr. Matthew Opoku-Prempeh (Ghana), and Daniel Asare (Ghana) mingle during a site visit to RAMED facilities at the "Equity in Health Coverage" workshop in Morocco

Sample Indicators for Expanding Coverage

The EC Information Dashboard is designed to measure and monitor how a scheme is serving its beneficiaries from underserved and/or disadvantaged groups (the scheme's "target population"). These groups might include populations that are economically disadvantaged, have limited access to health services, or face a high burden of disease. The Expanding Coverage track developed a sample set of indicators aimed at helping scheme managers understand various dimensions of coverage for their target population — beyond enrollment — so they can better understand how their disadvantaged groups are accessing and utilizing health services and the quality of care they receive. The proposed set of indicators is designed to respond to questions that scheme managers responsible for monitoring expansion of coverage might have, such as enrollment, re-enrollment and new enrollment, utilization of services, accessibility of the provider network and financial management.

Looking Forward

Expanding Coverage track members will continue to share approaches and jointly problem solve around challenges related to reaching the poor.

Indonesia is currently exploring the possibility of piloting the EC Information Dashboard in four provinces. Other track member countries (Ghana, Malaysia, and Vietnam) are interested in observing and learning from this experience, and the Philippines (PhilHealth) and India (Aarogyasri) have developed their own dashboards for overall scheme management and will share learnings from their experiences.

Track members are also considering a cross-track collaborative to develop key performance indicators for the expansion of coverage to disadvantaged and/or underserved populations.

"I took advantage of the opportunity provided by the ongoing revision of the NHIS Bill, pending before Parliament, to introduce an amendment to the bill to mandate that the National Health Insurance Authority annually report on equity of access within the NHIS."

Matthew Opoku Prempeh, Ghanaian Parliamentarian

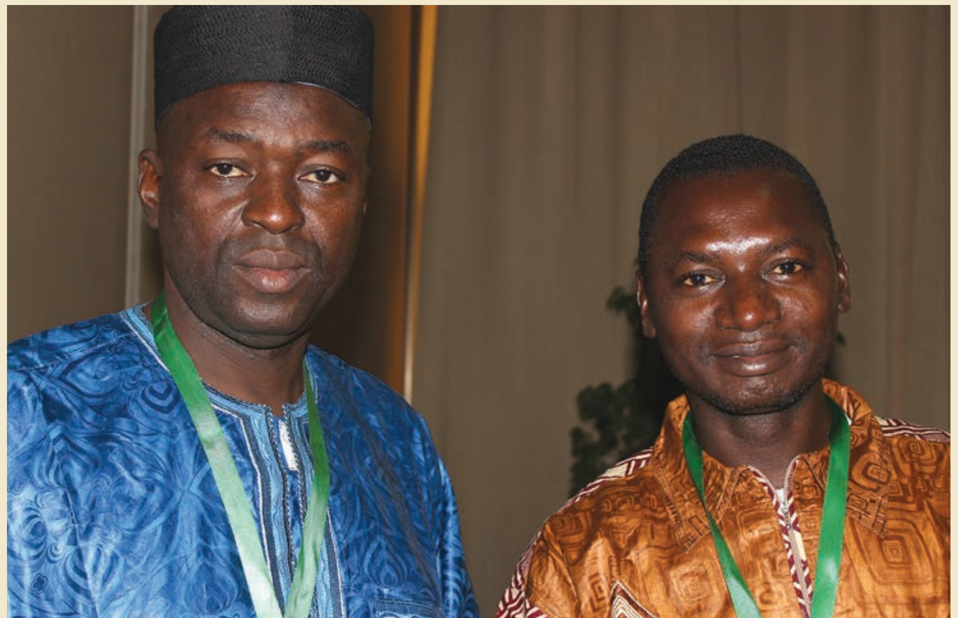
COUNTRY VOICE

Parliamentarians as Key Allies in the Movement toward Universal Health Coverage

By Matthew Opoku Prempeh, Ghanaian Parliamentarian

In September 2012, members of the Joint Learning Network for Universal Health Coverage (JLN) Expanding Coverage track participated in a workshop in Marrakech, Morocco, in cooperation with the Moroccan government and the Health for Harmonization in Africa Financial Access to Health Services Community of Practice, on the subject of equity in universal health coverage (UHC) and how to reach the poorest.

The workshop format utilized experience sharing to diagnose, understand, and identify strategies to overcome the challenges of covering the poorest, and included site visits to learn from the recent scale-up of the Regime d'Assistance Medicale (RAMED), Morocco's medical assistance scheme to cover the poor. Over 90 participants from Benin, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Mali, Morocco, Nigeria, Rwanda, and Senegal came together with the community of practice members; experts from Cambodia, Vietnam, and India; and international organizations. Participants included a mix of technical experts, senior-level policymakers, and parliamentarians, who engaged in dynamic dialogue and exchange, interacting freely and



Seydou Traore (Mali) and Yamba Kafando (Health for Harmonization in Africa, Financial Access to Health Services Community of Practice) participate in the "Equity in Health Coverage" workshop in Morocco

Participants at the "Equity in Health Coverage" workshop in Morocco at a hospital where RAMED is implemented

openly with each other over the four days of the workshop and working in smaller collaborative groups to develop concrete country action plans.

Between September 24-27, 2012, I participated, as part of Ghana's team, in a workshop titled "Equity in Universal Health Coverage: How to Reach the Poorest," jointly organized by the Moroccan Ministry of Health, the Financial Access to Health Services Community of Practice, and the Joint Learning Network for Universal Health Coverage (JLN).

The workshop provided an opportunity to review efforts by countries in Africa and Asia in their march toward universal health coverage (UHC) for their populations—the theme of the 2011 World Health Report as well as of a number of international and regional conferences over the past 18 months.

Indeed, the topical nature of UHC in these two continents is not surprising considering the endemic inequities that bedevil their healthcare delivery systems.

Participants at the "Equity in Health Coverage" workshop in Morocco during a country group-work session

Topics dealt with at the workshop were well selected and included an overview of mechanisms implemented in Africa to cover the poorest (a summary of experiences from participating countries), the UHC strategy in Morocco, the stakes of scaling up the Regime d'Assistance Medicale (RAMED) and other interventions nationally, and the evidence base on mechanisms to expand health coverage to the poorest in developing countries.

The workshop also featured field trips to selected health facilities and district administrations in Marrakech and its environs. A notable key innovation of the workshop was a session titled "Parliamentary Round Table: Political View on Equity and Universal Health Coverage." The session provided an opportunity for five lawmakers from four African countries to share their perspectives about the role of parliaments in the march toward UHC.

One thing that struck me during the parliamentary round table was the commonality of purpose and efforts of the participating parliamentarians to expand access to healthcare notwithstanding the diversity of their democracies. Indeed, it emerged from the discussions that as elected representatives of the people, members of parliament can become key agents for catalyzing the movement toward

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COUNTRY VOICE

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universal coverage in a number of ways, including the following:

- Eliciting input on the healthcare needs of their constituents to enrich the UHC debate
- Informing their constituents about progress being made in the movement toward UHC
- Influencing UHC legislation
- Influencing the allocation of budgets to UHC programs
- Strengthening parliamentary oversight of UHC programs

Following the round table, during a country group discussion by the Ghanaian team, it became clear that assessing equity in Ghana's National Health Insurance Scheme (NHIS) was a challenge. Accordingly, the team's workshop action plan was to develop tools for assessing equity of access within the scheme.

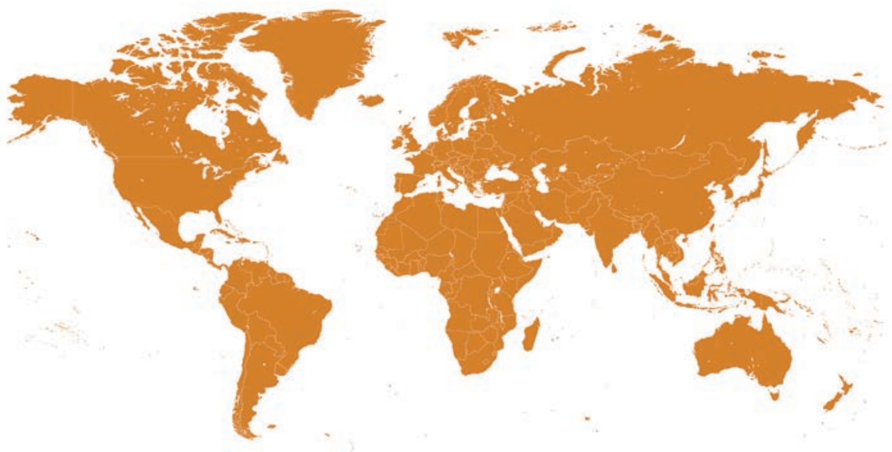
In view of my experience that many such action plans often do not see any progress in implementation following a return home, I took advantage of the opportunity provided by the ongoing revision of the NHIS bill — then pending before parliament — to introduce an amendment that directs the National Health Insurance Authority (NHIA) to report annually on equity of access within the NHIS. I managed to place this amendment on the agenda within six hours of my return to Ghana, and the bill was passed into law two days later.

Overall, the experience in Marrakech was rewarding and reinforced the rightness of Ghana's decision to move toward universal coverage. The excellent organization and the hospitality of the Moroccan government contributed in no small way to making the workshop experience a memorable one. ■

Participants at the "Equity in Health Coverage" workshop in Morocco participate in a site visit

Workshop participants visit a district health office during the "Equity in Health Coverage" workshop in Morocco

Workshop participants on a site visit to a tertiary hospital during the "Equity in Health Coverage" workshop in Morocco



"I'm interested in lessons learned. If I can avoid some of the mistakes that others have committed it would save me a lot of time and money."

Dr. Alvin B. Marcelo, Philippines Health Corporation, The Philippines

ACTIVITIES TO DATE

Developing Common Health Information Tools for National Health Insurance

Policies, implementation challenges, technologies, and models of universal health coverage (UHC) programs vary from country to country. Yet one challenge all countries face is the need for consistent data exchange and a robust information system underpinning their UHC choices.

Without a robust information system in place, health care providers, insurers, government agencies, and other stakeholders are unable to run the system effectively, which can lead to inadequate financial management that can bankrupt the system or, more importantly, poor customer care manifesting itself through unpaid claims, poor treatment, and low customer satisfaction. This can ultimately reduce political support for UHC in a country. But information systems can be costly investments that all too often do not meet the needs of users due to rushed planning of their vendor selection and implementation, inadequate understanding of what system features are most required by when, and a failure to harmonize data standards.

Aiming to prevent these common complications, at the request of members, PATH and PharmAccess have facilitated the Joint Learning Network for Universal Health Coverage (JLN) Information Technology track to de-mystify information technology for policymakers, develop common strategies and tools that can be shared across countries and used to develop national health insurance information system plans, and solve common implementation challenges. Over the past two years, track members have met several times in small and large groups, both regionally and world-wide, to

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Members of the Information Technology Core Working group convene in Dubai in March 2013

"Countries coming to JLN workshops can have different cultural environments, but the economic conditions are similar and we can learn from these situations."

Dr. Tran Van Tien, Vietnam Ministry of Health

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develop shared business requirements, an open health data dictionary (open-HDD) tool that captures and compares data elements, a software comparison tool that allows countries to map requirements to vendor solutions, and contributed to a series of papers on topics that help policymakers understand information technology issues and how to plan for them. This includes a series on the "how-to" of developing a national health data dictionary (HDD), as well as the information technology (IT) system ramifications and choices of various provider payment mechanisms.

From left to right: Nellie Keriri (Kenya), Jennifer Hennig (GIZ), Aminu Tanimu (Nigeria) and Kabir Mustapha (Nigeria)

Determining Common Requirements for National Health Insurance Systems

Functional requirements are statements that describe what an information system needs to do to support the tasks or activities of a national health insurance program. Developing functional requirements for a national information system can be a slow and laborious process. The purpose of developing common functional requirements that can be adapted at a national level is to provide countries with a way to shorten that process and learn what system requirements other countries found critical. To provide this starting point from which countries can develop their own processes, Information Technology track members have worked together to develop a set of "common" functional requirements that members and other interested countries may take and adapt. These were developed using the collaborative requirements development methodology (CRDM), which starts by working with country and global experts to describe the work at a high level in a specific context and then brings together countries to a) map the work flows for how the work is done today; b) examine how to streamline that work; and c) identify what the system needs to do using common language to explain it. These requirements are then documented for others to use.

As a first step in the process, the track members met with global experts on health insurance to develop a view to all the business processes required to run a national health insurance scheme and identify the core business processes. They learned from best practices being implemented in Thailand's National Health Security Office, India's Rashtriya Swasthya Bima Yojana (RSBY) and Aarogyasri Health Care Trust. From these specific schemes, they developed a view on which business processes had shared common functional requirements. Track members have come together in

four subsequent sessions, beginning in October 2011, to develop functional requirements for six business processes and their sub process areas including eligibility determination, enrollment, preauthorization, claims management, premium payments, and provider payment.

The initial common requirements were shared with nonmember countries in January 2012 and have been continuously updated during subsequent meetings. Ghana, the Philippines, and Indonesia have each used aspects of the common requirements to adapt national level requirements. The track is now working on importing these requirements into an online software comparison tool that maps them across multiple vendors which in the future should allow countries to more quickly understand which software systems map to their requirements.

Promoting Interoperability of Health Insurance Information Systems

Existing health information system components in most countries are designed to solve a specific problem but generally are not designed to communicate with other systems. Across insurance schemes and between healthcare facilities, this lack of a common "language" complicates the exchange of information about patients, diagnoses, costs, payments, and other data needed to provide quality care and facilitate transactions in the health sector. To help harmonize the language that allows the health information systems of different health organizations to communicate with each other, the JLN developed openHDD—an open source tool that allows countries to easily create, share, and compare HDDs. OpenHDD helps countries develop and share common data definitions to promote interoperability between the various information systems.

With openHDD, countries can view the data elements being collected by many countries (both JLN members and nonmembers) to create their own HDD. The concept of creating an openHDD was developed over two years of collaboration by a core working group of JLN country members. The openHDD was launched in August 2012 for use by nonmember countries. It is expected that openHDD will prevent countries from having to "reinvent the wheel" while simultaneously promoting the development of applications that can be more easily modified for reuse in multiple countries.

Connecting the Dots: From Workshop to Implementation

In 2012, the Philippines Health Insurance Corporation announced the adoption of openHDD as its national HDD tool and Malaysia used it to publish their HDD in early 2013. Ghana and Kenya are using the tool to document the joint e-claims standard that they have developed, and to harmonize their data elements. Indonesia is considering adopting openHDD as well.

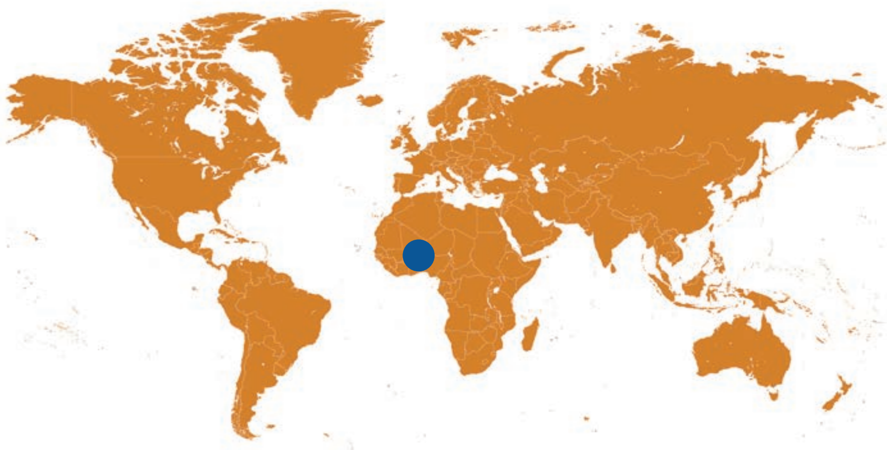
SPOTLIGHT

In November 2012, the Philippines Health Corporation (PhilHealth) issued a national announcement about its "crucial" collaboration with the JLN to develop a national health data dictionary.

According to Dr. Alvin B. Marcelo, PhilHealth Chief Information and Technology Executive, "without a data dictionary, confusion and misinterpretations are common." With the *openHDD*, PhilHealth can create new strategies "to improve universal health coverage."

PhilHealth's adoption of *openHDD* is an international partnership embraced at the highest level of PhilHealth. With continued success, the partnership will continue to garner real benefits for the Filipino people and the advancement of UHC in the Philippines.

Visit www.openHDD.org to learn more about this tool.



"No one person or country is a repository of wisdom or knowledge; the wheel has been invented, so you don't need to adopt it wholesale but you can study it and adapt it to your conditions."

Dr. Nicholas Tweneboa, National Health Insurance Agency, Ghana

ACTIVITIES TO DATE

Improving the Quality of Health Systems

A high-quality health system is defined by its fidelity to cost-effective, evidence-based care; its capacity to continuously learn from and prevent errors; and its commitment to the respect and dignity of the patients and families it serves. Policymakers, payers, providers, patients, and the public all have a role to play in achieving these goals. Through collaboration, they can achieve an effective quality strategy that, combined with expansions in health care access, will achieve improvements in health outcomes.

The Joint Learning Network for Universal Health Coverage (JLN) Quality track helps payers and governments in JLN member countries gain a deeper understanding of the available options for improving health system quality. Quality track members focus their activities on the following areas: building will among multi-stakeholder leadership for investment in quality of care, strengthening accreditation and empanelment, implementing clinical guidelines and protocols, and establishing systems for performance measurement.

Quality Track Country Engagement

GHANA AND NIGERIA

Members of the Quality track participated in strategy sessions led by the Ministry of Health in Ghana and Nigeria to determine opportunities for multi-stakeholder collaboration for quality improvement (QI). In Ghana, representatives from the Ministry of Health, the Ghana Health Service, the National Health Insurance Authority (NHIA), and other key stakeholders considered how their agencies could use quality methodologies to collaboratively increase the uptake of partographs — graphical representations of the progression of labor — among traditional birth attendants and midwives.

In Nigeria, the Ministerial Task Team on Clinical Governance and Quality

Malian delegation at the "Accreditation as an Engine for Improvement" workshop in Bangkok, Thailand in April 2013

Improvement met to chart a path toward a Federal Ministry of Health quality strategy that would integrate quality management, assurance, and improvement functions.

INDIA

The Aarogyasri Health Care Trust in Hyderbad, India engaged the Quality track, with support from the National Institute for Health and Care Excellence (NICE) for guidance on how to strengthen the empanelment system, use data more effectively to improve quality, and stimulate collaboration among stakeholders within the Trust.

And, in Kerala, India, the government and the Kerala Federation of Obstetricians and Gynecologists worked with the Quality track to develop quality standards for postpartum hemorrhage to reduce maternal mortality.

MALAYSIA

In Malaysia, the Institute for Health Systems Research of the Ministry of Health is using the Quality track's universal health coverage (UHC) measurement model to revise its system of national indicators.

"Accreditation as an Engine for Improvement" workshop participants visit the Charoenkrong Pracharak Hospital in Bangkok, Thailand in April 2013

Accreditation as an Engine for Improvement

As countries move toward universal health coverage, health care delivery systems must continuously improve to match the increased demand they face from patients. Empanelment, accreditation, and other external evaluation systems are widely-used tools for assuring a standard level of quality of care, and they are increasingly used to promote continuous improvement as well. Understanding how and why some accreditation schemes have fostered a culture of improvement among providers, and some of the key implementation challenges they have faced along the way, can accelerate others' progress toward a robust Quality Assurance and Improvement system.

From April 9-12, 2013, nearly 60 members of the JLN Quality track gathered in Bangkok, Thailand to participate in the "*Accreditation as an Engine for Improvement*" workshop, hosted by Thailand's Healthcare Accreditation Institute and Capacity Building Program for Universal Health Coverage, and facilitated by the Institute for Healthcare Improvement.

Meeting participants included a diverse group of stakeholders that are engaged in quality improvement, including ministries of health, independent accreditation bodies, national and state health insurance schemes, and even private clinical social franchise organizations working to improve quality. While exploring each other's accreditation systems and designing action-plans for their own settings, participants raised a range of key issues, from micro-level implementation challenges like surveyor selection to the fit of accreditation in an overall quality strategy and the institutions that should drive system-wide improvement.

Track members stated that they would find it useful to develop a common repository of accreditation resources, such as standards and indicator sets, as well as more evidence about the quality tools and institutional structures that have worked in various countries, to build will amongst political leaders.

Common Resources and Tools for Quality Improvements

The Quality track has developed common resources and tools for quality improvement, including summaries of the initiatives and policies that each country has used or is using to influ-

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ence quality of care (available only to JLN members), a Framework for Payer-Driven Improvement in Health Care Quality, an associated assessment tool to guide stakeholders on how to begin improvements, and a UHC Measurement Model that offers an approach for countries to develop performance indicators for their health systems.

Quality track members will continue to exchange practical knowledge through a monthly webinar series, in which expert presenters discuss techniques for health system strengthening. Previous topics have included guidelines and standards, accreditation, process improvement, indicators and measurement, leadership for improvement, and planning on benefit design. The series is an important tool for building community-wide discussion and disseminating new content to participants.

Members of the JLN Quality track participate in an ice breaker exercise during the "Accreditation as an Engine for Improvement" workshop in Bangkok, Thailand in April 2013

Resources and Tools

Over the past three years, Joint Learning Network for Universal Health Coverage (JLN) members have developed several tools to help practitioners and policymakers accelerate progress toward universal health coverage (UHC) in their own countries. To view these and other materials, visit www.jointlearningnetwork.org.

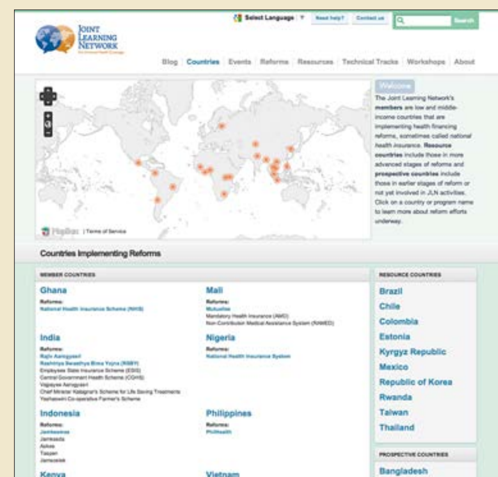
RESOURCES ON FINANCING

Costing Manual for Provider Payment

The costing manual is built from recent costing experiences in JLN member countries. The manual serves as a baseline of knowledge for countries to consult around the different options available to them, and provides concrete examples of how different costing methodologies and data collection strategies work in practice. The manual will be available in late 2013.

Provider Payment Diagnostic and Assessment Guide

The Provider Payment Diagnostic and Assessment Guide helps countries determine their objectives for reform, assess policy options, identify joint learning and technical assistance needs, and progress through the reform process. The Guide will be available in late 2013.



CASE STUDIES

Comparative Country Case Studies

The JLN systematically documents the reforms of its member countries and other countries that are moving toward UHC. The interactive, online case studies are brief, comparative, and modular in nature, describing the key highlights and technical features of each program.

Promising Practices Case Studies

The JLN regularly documents operating practices from member countries. Promising Practices Case Studies are snapshots of programs or initiatives in JLN countries that are helping to expand coverage in pursuit of UHC.

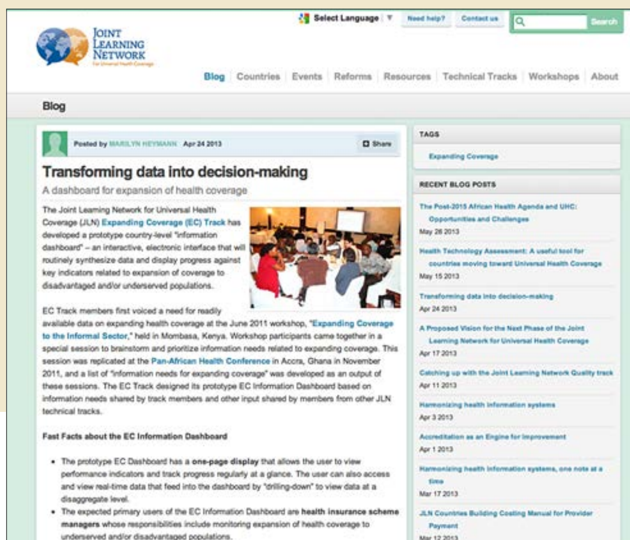
INFORMATION TOOLS AND TECHNOLOGY

Expanding Coverage Dashboard

An interactive, electronic interface that will routinely synthesize data and display progress against key indicators related to expansion of coverage to disadvantaged and/or underserved populations. This tool is still in development.

Information Technology Publications

These reports provide practical guidance that decision-makers can access as they develop national-level health insurance information system plans including the "how-to" of developing a national health data dictionary, as well as the information technology system ramifications and choices of various provider payment mechanisms.

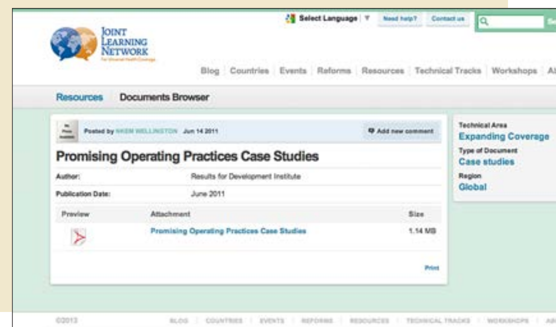


OpenHDD

The JLN Information Technology track developed OpenHDD — an open source tool that allows countries to easily create, share, and compare health data dictionaries (HDDs). The concept of creating an openHDD was developed over two years of collaboration by a core working group of JLN members.

Quality Self-Assessment Tools

The self-assessment tools allow users to assess their country's current state regarding the levers that are available to payers to improve quality.



Joint Learning Network
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