

# Leave no one behind

Strengthening health systems for  
UHC and the SDGs in Africa



framework  
of **actions**



The African Region has witnessed significant improvements in population health outcomes over the past two decades. However, these gains still fall short of global and regional targets and are not uniform across or within countries. The Region is also faced with major demographic, economic, epidemiologic, and socio-cultural transitions as well as health security and environmental threats which place greater demands on health systems.

In response to these, and to guide Member States in strengthening their health systems towards achieving universal health coverage and the sustainable development goals, the WHO Regional Office for Africa has developed a framework of actions which builds on various prior frameworks. It is rooted in an integrated approach to systems strengthening, a focus on communities and districts, and appropriate sequencing of actions for the best possible outcomes. The framework calls for investments in seven health systems input areas, and facilitates more pro-active results monitoring through four output areas and six outcomes that measure the impact on wellbeing for all.



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Health Systems and Services Cluster  
WHO Regional Office for Africa  
Cité du Djoué, Brazzaville  
Republic of the Congo  
Tel. + 47 241 39260  
email [afgohssinfo@who.int](mailto:afgohssinfo@who.int)  
[www.afro.who.int/en/hss](http://www.afro.who.int/en/hss)



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# Message from the Regional Director



IT HAS BEEN TWO YEARS since the Member States of the United Nations and the global development community reviewed the impact of the Millennium Development Goals (MDGs). While significant progress was made, much still needs to be done in the field of health and global development as a whole. The 2030 Agenda was subsequently adopted, marked by the 17 Sustainable Development Goals (SDGs) which demonstrated a shift in the discourse on health and its place in national development.

The framework presented in these pages is the result of many months of hard work and consultations with the Member States of the Region, which began in Windhoek, Namibia late in 2016. The outcome was further endorsed by the Ministers of Health during the sixty-seventh session of the WHO Regional Committee for Africa in Victoria Falls, Zimbabwe in August 2017. This signifies that as a Region, Africa is firmly committed to driving forward changes for greater and more inclusive outcomes in health of populations.

The framework presents a holistic approach to strengthening health systems, moving away from the programme-specific approach of the MDG era. It also reflects the Regional Office's renewed focus on working with countries based on their specific circumstances to produce health systems that are fit for their context and can meet the needs of their populations – both routinely and in times of crisis.

The lessons learned from the Ebola Virus Disease outbreak in West Africa have led us to an approach that recognizes resilience as an inherent output of the health system in our Region, not an add-on or afterthought.

This framework requires the Member State governments in our Region to take ownership in the process of identifying the needs of their countries and implementing the right interventions to build the health system that will help to achieve better health outcomes and ultimately contribute to the attainment of the SDGs.

A handwritten signature in black ink, appearing to read 'M. Moeti', written in a cursive style.

Dr Matshidiso Moeti  
WHO Regional Director for Africa

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# Foreword

THE SUSTAINABLE DEVELOPMENT GOALS (SDGs) present us with a unique opportunity for a shift in perspectives and recognizing that on one can achieve them alone. They require multi- and inter-sectoral engagement, holistic thinking, and approaches that are evidenced-based, inclusive and sustainable.

This framework embodies the key message of the SDGs – to leave no one behind. The renewed focus of the Health Systems and Services Cluster is on people, in alignment with the global movement around integrated people-centred service delivery. It is at the primary care level that the greatest achievements can be made, where the processes and approaches can come to fruition, and where ultimately the successes of the health sector as a whole can be revealed. Every link, in every chain, at every level needs to work in tandem if we are to demonstrate that health is playing its role in facilitating movement towards sustainable development.



The WHO Regional Office for Africa has realigned its work on strengthening health systems based on WHO's core functions, with a focus on appropriate and smart technical assistance, more pro-active monitoring and evaluation and building capacity in Member States. With the Region experiencing demographic, economic, social, security and environmental changes, it is imperative that these challenges, and opportunities, are brought forth in this SDG era, with health arguably at the centre.

We are putting an increase emphasis on health system outputs and outcomes, and ensuring that all our work demonstrates contribution to these, as outlined in the framework. In health, there is no one size fits all. Rather, this framework provides a menu of options to allow countries to tailor their approach, focusing on their needs which in turn will allow WHO in the African Region to provide more relevant technical support, in line with its core functions.

A handwritten signature in black ink that reads "Dr. Delanyo Dovlo". The signature is written in a cursive, slightly slanted style.

Dr Delanyo Dovlo

Director, Health Systems and Services Cluster  
WHO Regional Office for Africa

# Abbreviations and acronyms

AMR	Adult Mortality Rate
CHW	Community Health Worker
DHMT	District Health Management Team
DfID	Department for International Development
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HALE	Healthy Adjusted Life Expectancy
HSS	Health System Strengthening
IHP+	International Health Partnership Plus
IMR	Infant Mortality Rate
JICA	Japan International Cooperation Agency
LE	Life Expectancy
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
SDG	Sustainable Development Goal
U5MR	Under 5 Mortality Rate
UHC	Universal Health Coverage
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

# Executive summary

## Health in Africa

The current improvement in health amongst people in Africa, while unprecedented, is driven by specific interventions on which activities and funding have been disproportionately focused. This progress has, as a result, not been evenly distributed, not impacted on health at the expected levels, and is not sustainable. The Region is undergoing transitions in its demography, epidemiology, economy, culture and societal makeup that are placing new expectations on health. Added to this are new / re-emerging health threats to the people of Africa whose effects are magnified due to the easing of movement across the Region. Increases in funding by governments and partners may therefore not achieve the desired impacts on overall health if there is no change in the approach to service provision.

## Current policy response

The current policy environment is conducive to guide an appropriate realignment of the health systems and service delivery focus in Africa to address the current challenges. Globally, the Sustainable Development Goals (SDGs) have placed health actions at the centre of sustainable development, with direct and indirect goals and actions defined across the goals and targets. Regionally, the WHO Regional Director for Africa's Transformation Agenda has placed emphasis on a results-driven culture, calling for an increased focus on alignment of health system strengthening efforts, plus scaling up actions in health security, noncommunicable diseases (NCDs), neglected tropical diseases (NTDs) and other relatively under-focused priorities for a holistic approach to the health challenges of the Region. Global and regional commitments towards system strengthening and refocused service provision have been made at the African Union, TICAD and other high level decision-making fora.

## Key issues

The current health system and services provision focus is not aligned to allow effective policy response. Many priorities are still partner-driven, with limited policy or institutional buy-in. Verticalization of efforts is still in effect, both for health services and health system strengthening initiatives, with limited linkages within and across the work areas. There is also weak emphasis on an integrated approach to the system strengthening efforts being supported, leading to duplications and, in some cases, underinvestment in critical elements needed for effective service provision.

## Action framework overview

The action framework is designed as a common framework for guiding investment in health systems strengthening actions. This will lead to the required capacity for service provision to facilitate attainment of health outcomes and the SDGs. It is designed to provide a comprehensive perspective of health systems and services relevant to countries in the region, to allow them to consider priorities that will help them attain their health goals. The action framework is unique in that it:

- Provides one framework consolidating both HSS and disease programmes interventions
- Presents cross cutting elements for monitoring health system performance and outcomes
- Integrates future (e.g. health security, NCDs) and current priorities (e.g. HIV, malaria)

The framework defines areas that countries need to prioritize actions at the impact, outcome, output, process and input domains. These provide the logical approach for planning and monitoring actions, with countries able to predict, and attribute trends and achievements.

The long term vision for this framework is a Region with the highest possible levels of health and wellbeing of its population. The goal of the framework is to guide Member States' efforts towards re-aligning their health systems in a manner that facilitates movement towards Universal Health Coverage, and attainment of their sustainable development aspirations.

The targets and milestones by which the implementation of this framework will be monitored are outlined below.

## Targets

By 2030,

- At least 80% of Member States will have health systems that are performing optimally<sup>1</sup> for effective delivery of essential package of health and related services
- All Member States will have at least 80% of their populations utilising the identified essential package of health and related services
- All Member States will have in place and be implementing the investments plans needed to align their health systems to the SDGs

## Milestones

By 2021,

- 50% of all Member States will show evidence of improving population coverage of agreed standards and assessments.
- 50% of Member States will have evidence of improving health system performance as measured by the framework
- 80% of Member States will have started implementing the health system investments plans required for optimal performance

By 2025,

- 80% of Member States will show evidence of improving population coverage of agreed standards and assessments
- 80% of Member States will show evidence of improving health system performance
- All Member States will have started implementing the health system investments plans required for optimal performance

## Domains of action

The first domain comprises of the sector inputs and processes level which is where the package of major actions and investments are defined, including for hardware and software, to produce outputs that lead to the defined outcomes and, eventually, impact. Seven areas of actions are defined: (1) health workforce – to ensure motivated, productive and fit-for purpose health workers; (2) health infrastructure – to ensure an appropriate infrastructure and logistics base; (3) medical products and health technologies – to ensure the safe and efficacious medicines and other medical products of good quality are available ; (4) service delivery systems – to ensure effective service delivery of essential interventions to improve and maintain health; (5) health governance – to establish mechanisms for making policies, managing the sector and accounting for results; (6) health financing – to ensure that the health interventions are appropriately financed and that services produce value for money;

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<sup>1</sup> An optimally performing health system implies it is guaranteeing equitable access to a desired quality of services, with effective community demand for services and inbuilt resilience

and (7) health information, research and innovation – to ensure that health systems interventions are evidence-based and utilize the most appropriate technology to produce health.

The second domain comprises the outputs by which health system performance should be measured. The efficiency and effectiveness of the health system is an important pre-requisite for essential services delivery. Four areas of performance are defined to integrate the outputs from investments in the health system: (1) System resilience - the ability of the system to allow for continued provision of essential services even in the presence of internal or external shocks; (2) Equity and efficiency of access - the ability of the system to overcome physical, financial, and/or socio-cultural barriers that hinder utilization of essential services; (3) Quality of care - the ability of the system to provide essential services that are person centred, effective and responsive to expectations; (4) Service demand - the ability of the system to build the capacity of the communities to access and use essential services that are available.

The third domain deals with the outcomes of population coverage with essential interventions. Six outcome areas are proposed: (1) Availability of essential services – Presence of essential health services as required by life course cohorts: pregnancy and new-borns; childhood; adolescence; adulthood; elderly; (2) Coverage of essential services – Population utilizing the available essential health interventions across four groups of health promotion; communicable disease prevention and control; non communicable disease prevention; and the medical and rehabilitative interventions; (3) Health security – Population protected from preventable outbreaks, disasters and other health emergencies; (4) Financial risk protection – Population protected from financial hardships arising from utilizing essential services; (5) Client satisfaction – Population satisfied with essential services/ responsiveness to needs; (6) Coverage with health interventions from other SDGs – Population utilising key essential interventions in other SDGs that improve health.

The last domain is the impact which is represented by SDG 3 – healthy lives and wellbeing for all at all ages. Three elements relate to this goal: (1) Life expectancy – Overall and disaggregated measure of expectation of life; (2) Morbidity and mortality reduction – The reductions seen in the major causes of ill health and death in the country; (3) Risk factor reduction – The reductions in incidence of key risk factors associated with current or future health threats, including behavioural, environmental and metabolic risk factors.

## **Operationalizing the framework**

This framework suggests actual operational actions meant to assist countries to determine and phase in priorities when planning, implementing and monitoring their national health strategies. Choices must be made on the options in order to identify the most important impact, outcome, output and input/process actions needed to strengthen health systems for UHC.

An investment approach is presented that outlines a step-wise approach for countries to go through when defining their system investment priorities as they apply the framework.

Regional planning and monitoring guidelines and tools are being developed to facilitate alignment of these processes with the framework logic. A monitoring and evaluation (M&E) framework, with indicators for countries to consider in each domain and area of the framework are also presented, drawn from the SDGs and global health monitoring indicators.







# 1. Setting the scene

## 1.1 Health in Africa

THE AFRICAN CONTINENT has witnessed improvements in the overall health of her people over the past 20 years. Data from the *Atlas of African health statistics 2016*<sup>1</sup> show that improvements in several health indicators have been significant during this period. Overall, life expectancy at birth has risen from 50 years in 1990 to 60 years by 2015 – an improvement of 10 years, marginally better than the global life expectancy improvement of seven years during the same period. Specific mortality rates have also shown reductions during 1990–2013, though these are not uniformly better than other regions.

- Adult mortality rate per 100 000 populations has decreased from 361 to 300, a reduction of 61 deaths per 100 000 population as compared to the global reduction of 46 deaths per 100 000 population.
- Under-5 mortality rate has decreased by 54.2%, higher than the global reduction of 53.7%.
- Maternal mortality rate has declined by 40.7%, marginally lower than the global reduction of 43.9%.
- HIV prevalence has dropped by 57%, significantly higher than the global reduction of 38%.
- Malaria incidence has declined by 42%, better than the global reduction of 37%.
- Tuberculosis mortality has declined by 31%, significantly lower than the global 45% reduction.

The Region has also witnessed increased funding for health. The per capita total health expenditure has increased from Intl\$<sup>2</sup> 101 in 1995 to Intl\$ 228 in 2014<sup>3</sup>. This increase has been achieved through improved domestic financing, along with increased external development funding. General government expenditure on health has risen on average from Intl\$ 43 to Intl\$ 111 per capita. While government expenditure on health as a proportion of total government expenditure only improved marginally from 9.7% in 1990 to 10.3% in 2014, it is closer to the 15% target of the 2000 Abuja Declaration<sup>4</sup>.

1 Atlas of African health statistics 2016: health situation analysis of the African Region. Brazzaville: WHO Regional Office for Africa; 2016 (<http://apps.who.int/iris/handle/10665/206547>, accessed 8 November 2017).

2 The international dollar is a currency unit that would buy in a given country a comparable amount of goods and services as a US dollar in the United States. Source: World Bank.

3 WHO GHED: Global Health Expenditure Database. Geneva: World Health Organization. (<http://apps.who.int/nha/database>, accessed 8 November 2017)

4 The African Summit on Roll Back Malaria, Abuja, Nigeria, April 25 2000. Geneva: World Health Organization, 2000. (<http://apps.who.int/iris/handle/10665/66391>).

However, these improvements in health outcomes and financing for health are not uniform across and within countries. For example, in 2013, the total health expenditure varied from Intl\$ 24 in the Central African Republic, to Intl\$ 1170 in Equatorial Guinea.

## 1.2 Emerging health issues in Africa

The African Region still faces major challenges with complex issues influencing health. These include:

- **Demographic transitions:** Most countries in the Region are witnessing increases in both youth and elderly populations.
- **Epidemiologic transitions:** The Region has an evolving double disease burden, with significant increases in noncommunicable diseases co-existing with still high communicable diseases burden.
- **Sociocultural transitions:** Significant parts of the Region are still evolving from traditional to modern practices, introducing unique health challenges such as burial and other cultural practices that contributed significantly to the difficulties with the Ebola Virus Disease outbreak in West Africa.
- **Socioeconomic transitions:** Countries in the Region are affected by globalisation, sometimes with risks to health systems. Unplanned urbanization, along with slow economic growth and commodity-based economies, create new challenges that countries are not well prepared to address. New middle-income countries have emerged, and the expansion of mobile technology creates both opportunities and challenges to health.
- **Health security threats:** The African Region has an average of over 100 outbreaks and health-related emergencies annually, with unacceptably high morbidity and mortality leading to socio-economic disruption. The Ebola Virus Disease outbreak required significant funds and staff re-routing to be contained. Conflict remains prevalent in several countries, and almost none have achieved their IHR core capacity requirements.
- **Environmental threats:** Climate change has resulted in changing disease epidemiology, with diseases recurring in areas where they had previously been eliminated.

## 1.3 Revising the approach to Health Systems development in Africa

The WHO Regional Office for Africa, following the introduction of the Regional Director's Transformation Agenda, has reviewed and revised its approach to strengthening health systems. The approach includes integrating the different building blocks towards effective health service delivery and universal health coverage, and designing health systems strategies and interventions based on country situations and contexts.

The overall objective of the Health Systems and Services cluster in the Regional Office is to “support Member States of the WHO African Region to build robust, resilient and responsive health systems and services that can sustain equitable delivery of integrated packages of essential services (prevention, health promotion, curative and rehabilitative services) of good quality that enables vital access for all individuals, communities and populations”.

The key expected result of health systems in Africa is to provide universal coverage of comprehensive quality and person-centred health services to the populations and mitigate risks

to health, while avoiding social, geographical and financial obstacles to receiving care. These services should be responsive to the population needs and provided in a manner that guarantees equitable access, and is efficient and effective.

Health systems components should function in an integrated and holistic way to enhance universal coverage in districts and communities, reduce morbidity and mortality and improve populations' wellbeing.

## 1.4 Overview of the Sustainable Development Goals and health

In September 2015, the UN General Assembly adopted the 2030 Agenda for Sustainable Development<sup>5</sup> as the successor to the Millennium Development Goals (MDGs). The 2030 agenda has 17 Sustainable Development Goals (SDGs) with 169 associated targets.

The following principles underpin the SDGs:

- The overarching goal is poverty eradication, with the core agenda built around issues of people, planet, prosperity, peace and partnerships.
- The goals are of an unprecedented scope and significance. A premium is placed on the intersectoral action and deepening / expanding partnerships.
- The goals are integrated and indivisible, global in nature and universally applicable, being relevant to all countries – not only the low-income countries.
- The goals have a strong focus on equity and ensuring no one will be left behind. Their success will be realized by improving the lives of the most disadvantaged.
- Each country has a primary responsibility to incorporate the SDGs in its own development agenda.

Figure 1. The sustainable development goals



Source: United Nations General Assembly, resolution 70/1. New York.

5 Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>, accessed 8 November 2017)

In a departure from the MDGs, health actions are reflected across most of the SDGs, as opposed to being limited to one. Goal 3 relates to the direct actions that influence health, while SDGs such as goal 1 (poverty), 2 (hunger), 4 (education), 5 (gender), 6 (water), 10 (inequality), 11 (cities), 13 (climate) and 16 (inclusive societies) relate to those indirectly influencing health. Goal 3, “ensuring healthy lives and promoting wellbeing for all at all ages” has nine targets that cover the unfinished MDGs agenda, newly formulated targets and targets that facilitate implementation as shown below. Umbrella target 3.8, “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all” underpins achievement of all the health targets and Goal 3.

**Figure 2. Interrelations amongst SDG 3 targets, means of implementation and other SDGs**

<b>SDG 3. ENSURE HEALTHY LIVES AND PROMOTE WELL BEING FOR ALL AT ALL AGES</b>		
<b>TARGET 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all</b>		
<b>MDG unfinished and expanded agenda</b>	<b>New SDG3 targets</b>	<b>SDG3 means of implementation targets</b>
TARGET 3.1: Reduce maternal mortality	TARGET 3.4: Reduce mortality from NCD and promote mental health	3.a: Strengthen implementation of framework convention on tobacco control
TARGET 3.2: End preventable newborn and child deaths	TARGET 3.5: Strengthen prevention and treatment of substance abuse	3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
TARGET 3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases	TARGET 3.6: Halve global deaths and injuries from road traffic accidents	3.c: Increase health financing and health workforce in developing countries
TARGET 3.7: Ensure universal access to sexual and reproductive health-care services	TARGET 3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	3.d: Strengthen capacity for early warning, risk reduction and management of health risks
<b>Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation</b>		

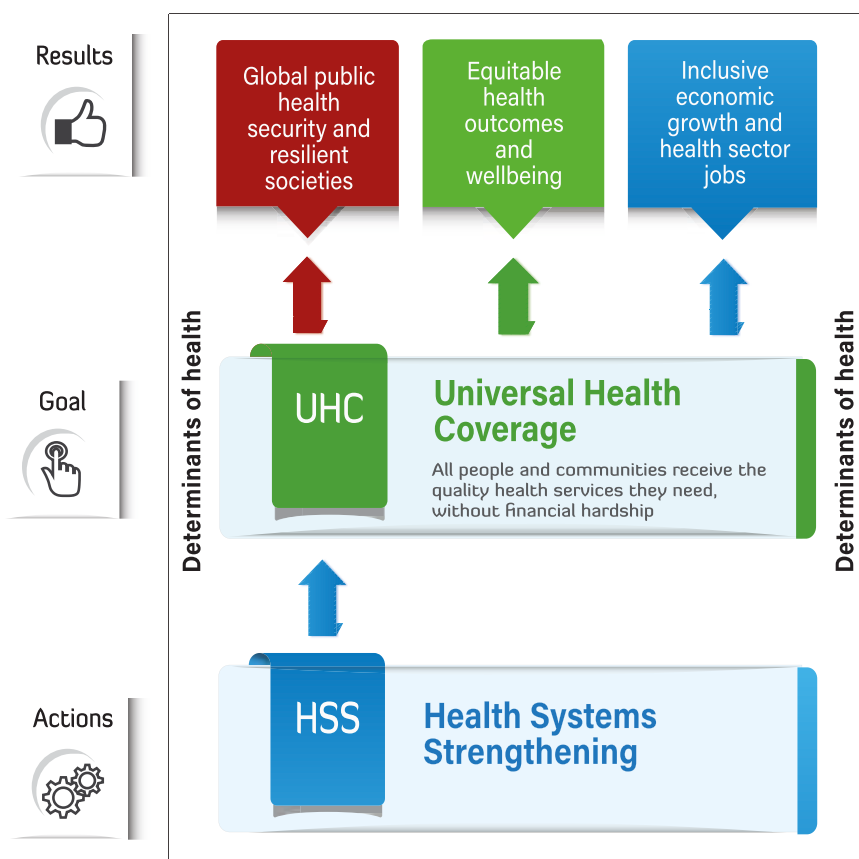
Source: World Health Organization

## 2. Health systems strengthening for the SDGs and UHC

### 2.1 Health systems strengthening in the SDGs

THE ATTAINMENT OF UHC, the overarching target that should facilitate achievement of all the other health targets in SDG 3, is directly concerned with the performance of the health system. A country is only able to provide the essential health and related services its people deserve if it has a functioning health system that can provide the services as and when needed.

Figure 3. Health systems strengthening, UHC and SDGs results



Source: World Health Organization Geneva, Health Systems and Innovation cluster

## 2.2 Interpreting health system strengthening for UHC

Efforts have taken place to operationalize Goal 3, including a G7 call for a ‘UHC partnership’ to coordinate the efforts and expertise of all relevant stakeholders. In addition, the International Health Partnerships and other initiatives (IHP+) has transformed into the International Health Partnership for UHC 2030 (UHC2030) to provide a multi-stakeholder platform for accelerated, equitable and sustained progress towards UHC.

WHO has proposed an approach of prioritized emphasis based on countries’ contexts. It proposes three types of health systems interventions as a continuum based on each country’s context:

- i) **Foundational:** The health system lacks basic foundations needed to support provision of essential services. Health system strengthening efforts are therefore focused on making available the foundations of the system for delivery of essential services.
- ii) **Institutional:** The health system has the basic foundations, but lacks the appropriate institutional structure and mix needed to maximise health outcomes. Health system strengthening efforts are focused on the organization and alignment of the institutional structures and functioning, to improve delivery of essential services.
- iii) **Transformational:** The health system has the basic foundations and institutional structures / mix. In this case, the health system strengthening efforts are focused on sustainability, exploring new ways of providing services that provide additional benefits, and supporting other countries whose systems are still in development.

In the African context, this is seen as a continuum, as a single country may require a mix of foundational, institutional and/or transformational interventions simultaneously, with emphasis weighed according to its needs.

## 2.3 Health system strengthening and UHC in Africa

The African Union (AU) Commission and WHO convened the first joint African Ministers of Health meeting in March 2014, which called for a multisectoral approach to implement strategies and set the year 2025 as a continental target for all Member States to attain UHC. In September 2016, African heads of state and health international partners met as part of the 6th Tokyo International Conference on African Development (TICAD-VI) and agreed to expand UHC in Africa. A UHC “Africa framework for action” was built around five priority areas: financing, governance, services, preparedness and equity.

Taking forward the implementation of these commitments is challenging in Africa, as countries are complex and exhibit wide variations in their system focus, design and performance. A ‘one-size fits all’ approach would be wrong for strengthening health systems; rather, an approach that recognizes commonalities but also allows for diversity of actions would be more practical.

Recognizing this, the Regional Office initiated a process to design a common framework for health systems strengthening actions that recognizes its countries’ contexts, disease burdens and bottlenecks. This facilitates an assessment of the best combination of systems building efforts to achieve the strategic health results desired, and the design of appropriate investments. This regional approach focuses on certain principles:



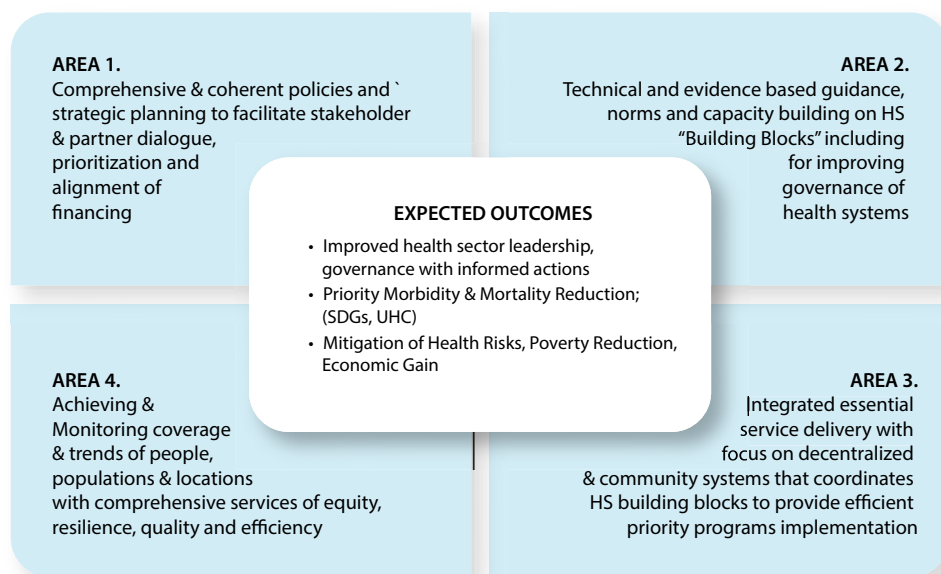
- Country and sub-national contexts and priorities appreciation as basis for inputs and actions
- A step-ladder approach to health systems improvement, using problem solving approaches and bottlenecks mitigation, to sequence investments and interventions
- Incorporate attention to emerging health challenges and risks (such as health security, climate change and NCD alerts) into designing systems that are sustainable
- Designing systems as efficient platforms for the provision of priority high impact interventions at district and community levels

The key elements for the African Region are:

- A primary emphasis on district and community health systems as the focus of health improvement actions, realigning the health system “building blocks” towards communities and families’ health
- Improving data generation, analysis and use to support primary health care (PHC) and UHC performance including
  - services and care delivery according to basic packages of essential services
  - risks assessments on disease burden (and potential risks burden)
  - health promotion and preventive interventions to secure health
  - attention to issues such as NCDs, climate change and new or renewed pathogens/ health security
- Improved governance, management and accountability at operational (districts) and community levels linked clearly to health service coverage and quality results

To achieve UHC with equitable reduction in priority morbidities and mortality in all population groups, WHO in the African Region has organized its health systems development operations along the results chain illustrated below:

**Figure 4. Concept of health systems interventions and results chain**



Source: WHO Regional Office for Africa, Health Systems and Services cluster





## 3. A framework of actions to achieve UHC and the SDGs

### 3.1 Vision

THE LONG-TERM VISION for this framework is a Region with the highest possible levels of health and wellbeing of its population.

### 3.2 Goal

The framework aims to guide Member States' efforts towards re-aligning their health systems in a manner that facilitates movement towards UHC and attainment of their sustainable development aspirations.

### 3.3 Logical approach

This framework of actions builds on the existing frameworks described in the previous chapter – which describe *'what'* countries should focus on by emphasising on *'how'* countries should organize and target their efforts. The approach brings together all the actions needed for HSS to impact UHC into a common consolidated logic to address the following:

1. Provide comprehensive descriptors, guidance on how the HSS and UHC elements are interlinked to attain SDG 3.
2. Provide the Region's Member States with a *'menu of options'* to consider when deciding and prioritizing the relevant actions and interventions and the sequencing needed for their specific contexts.
3. Place emphasis on utilizing a 'holistic system approach' to developing health systems by defining expected joint outputs required to deliver essential or critical health services.
4. Suggest guidance for operationalizing the interconnections between the health systems building blocks and guide synchronization of investments to maximize outputs.
5. Propose approaches for the integration of health security and resilience needs into priority country actions to develop health systems.

A logical approach derived from existing planning and monitoring and evaluation (M&E) frameworks is utilized to define impact, outcome, output, process and input domains for the actions defined.

Inputs/processes: The tangible (hardware) and process (software) investments that countries need to invest in.



- Health outputs: The system performance elements that are needed, for effective delivery of essential health and related interventions and services.
- Health outcomes: The population coverage targets of African countries for the different health and related services important for populations – including the most vulnerable and marginalized groups.
- Health impact: The desired health that African countries have expressed commitment to attain.

The ‘logic’ in the approach is based on elaboration of the inputs/processes (health system strengthening initiatives) needed to produce a comprehensive set of outputs (health system performance) that will facilitate attainment of the required coverages of services and interventions important for the population to achieve the impact (level and distribution of health) that they desire. In each of these logical domains, there are specific dimensions that allow planning and/or monitoring of its status in a country (as shown in Figure 5), and are further elaborated on in the remaining sections of this chapter.

### 3.4 Targets and milestones

The targets and milestones by which the implementation of this framework will be monitored include:

#### Targets

By 2030,

- At least 80% of Member States will have health systems that are performing optimally<sup>6</sup> for effective delivery of essential package of health and related services
- All Member States will have at least 80% of their populations utilizing the identified essential package of health and related services
- All Member States will have in place and be implementing the investment plans needed to align their health systems to the SDGs

#### Milestones

By 2021,

- 50% of all Member States will show evidence of improving population coverage of agreed standards and assessments.
- 50% of Member States will have evidence of improving health system performance as measured by the framework
- 80% of Member States will have started implementing the health system investment plans required for optimal performance

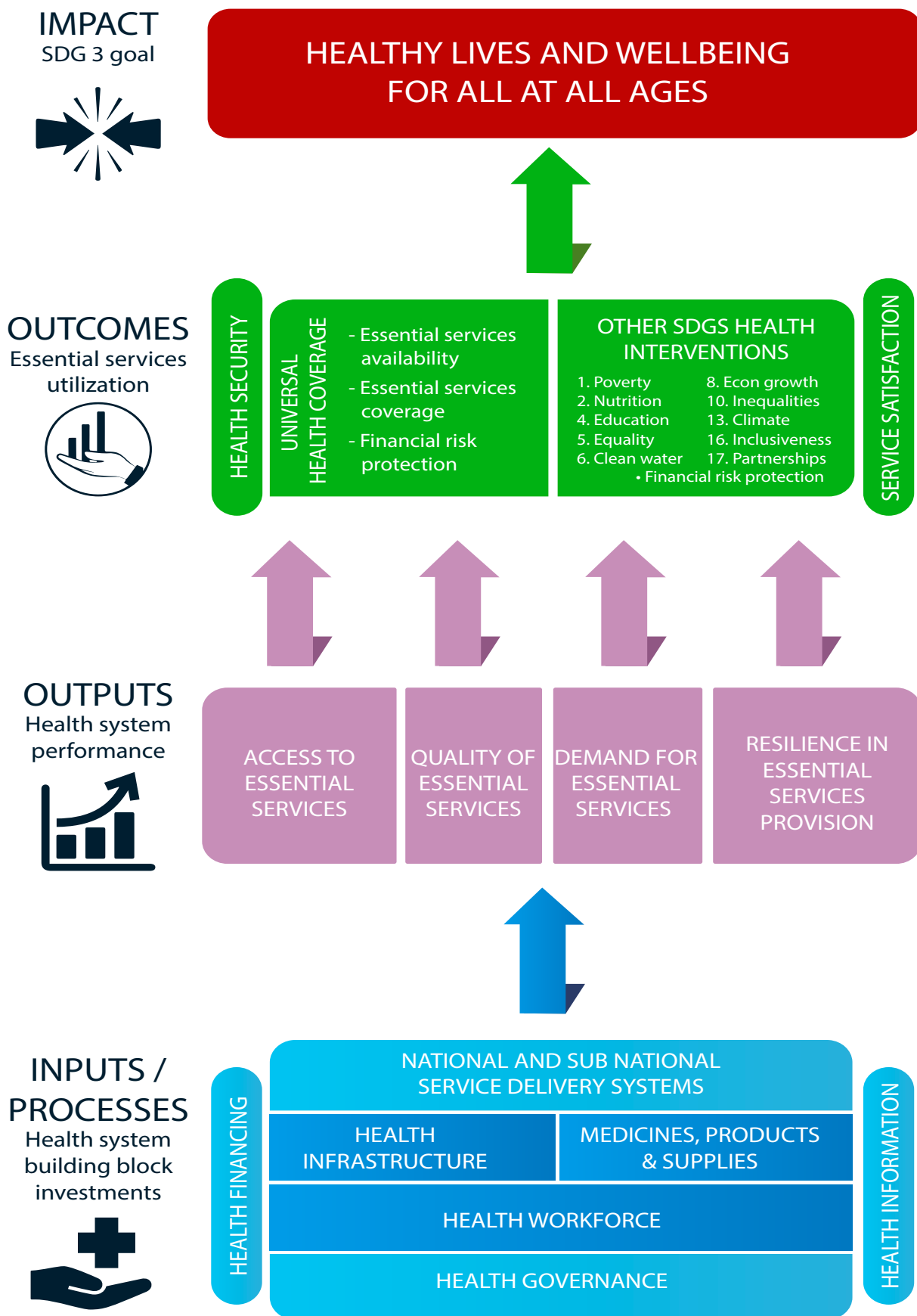
By 2025,

- 80% of Member States will show evidence of improving population coverage of agreed standards and assessments
- 80% of Member States will show evidence of improving health system performance
- All Member States will have started implementing the health system investment plans required for optimal performance

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6 An optimally performing health system implies it is guaranteeing equitable access to a desired quality of services, with effective community demand for services and inbuilt resilience.

Figure 5. Framework on HSS towards UHC and the SDGs



## 3.5 Domain 1: Inputs and processes scope, expectations and deliverables

### 3.5.1 Key considerations

This domain is concerned with the functions of the health system needed to deliver services. A well-functioning health system is built on a foundation of well trained, motivated and equitably deployed health workers, a well-functioning infrastructure, and a reliable supply of medicines and technologies, all coordinated by an appropriate governance and service delivery system and supported by efficient financing and information mechanisms.

A health system requires a portfolio of investments in both hardware and software elements, to produce holistic system-wide performance and results. The following health systems investment areas, representing aspects of WHO building blocks, are fundamental action areas.

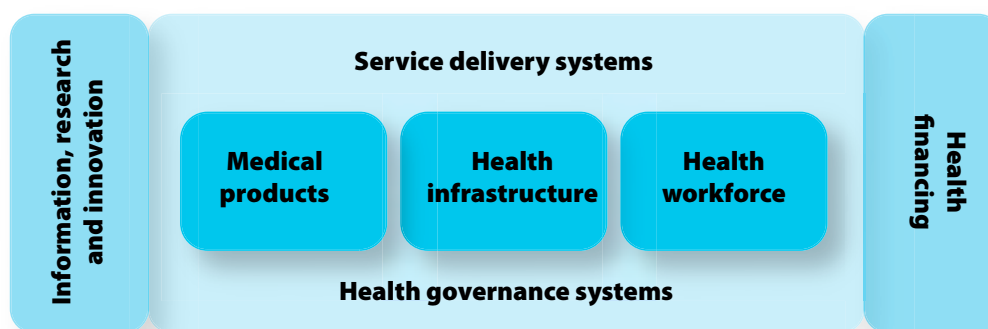
- **Area (1) Health workforce:** The range of actions needed to ensure motivated, productive and fit-for-purpose health workers are available
- **Area (2) Health infrastructure:** presents the range of actions needed to ensure an appropriate infrastructure and logistics base exists
- **Area (3) Medical products and health technologies:** The range of actions needed to ensure the availability of the appropriate quality and quantity of medical products
- **Area (4) Service delivery:** presents the range of actions needed to ensure there is an appropriate system to ensure rational and effective delivery of essential interventions to improve and maintain health
- **Area (5) Health governance:** The range of actions needed to establish facilitative mechanisms for making policies, managing the sector and its units, and producing and accounting for results from health interventions
- **Area (6) Health information, research and innovation:** The range of actions needed to ensure that health systems interventions are based on appropriate information and evidence and utilize the most appropriate technology to improve health
- **Area (7) Health financing:** The range of actions undertaken to ensure that health sector actions and interventions are appropriately financed to ensure the optimum provision of essential services and that these finances are efficiently managed

These areas are all interrelated and interlinked to produce a functional system and should not be addressed independently of each other. Medical products, infrastructure and the workforce represent the key “tangible hardware” that are essential to a system. These “tangibles” require governance and service delivery systems (“software”) for their effective translation into results. Information and financing mechanisms further facilitate these actions.

This ordering by health system areas (e.g., workforce, infrastructure, medical products, service delivery, health governance, health information, research and innovation, and financing) should not over-simplify the complex reality of the intimate interactions between them, often in non-linear feedback loops.



**Figure 6. Interrelations amongst health system areas/building blocks**



The relative importance and gaps in each area will vary according to each country’s context and resources. This will determine what types and levels of investments are needed to get the best results from their health system.

Each area is associated with clear dimensions of interventions that countries must assess to decide on the priority actions needed to strengthen their health systems. The timing and sequencing of interventions are important country level considerations to ensure that investments are made when most needed. Interventions should be defined not only at the national level, but also at subnational and community levels, in line with the focus on functional district health systems.

### 3.5.2 The health workforce

The health workforce represents all persons employed primarily for health actions. The scope of actions ranges across five key areas, as shown below.

**Figure 7. Health workforce: Areas for action**



The health workforce investments need to be made across the following investment areas:

- **Technical workforce:** Comprising all the persons with formal pre-service training in the health professions. These include the medical workforce, the nursing and midwifery workforce and the paramedical workforce (definition of these in footnote?).
- **Management workforce:** Comprising all the persons who carry out management/ leadership functions. These are at the facility and outreach levels (such as facility management teams) and include managers at the national or sub-national levels such as district health management teams (DHMT) or MOH headquarters teams. Often management and technical workforce overlap.
- **Administrative and support workforce:** Comprising all persons providing administrative support functions that are not usually particular to the health sector or require a health professions background. It may include accountants, logisticians, clerical and secretarial staff.

- **Ancillary, including community health workforce:** Comprising all persons recruited for individual, family and community engagement and mobilization activities. Some of their functions relate to intersectoral and social determinants related work.

### 3.5.3 Health infrastructure

The health infrastructure represents a range of supportive hardware and logistics subsystems that facilitate service delivery. The scope of actions ranges across five key areas as shown below.

**Figure 8. Health infrastructure: Areas for action**



Investments in health infrastructure are expected along the following areas:

- **Physical infrastructure:** Comprising all the physical buildings and other structures – medical and support – needed to facilitate delivery of services
- **Equipment and supplies:** Comprising all the health and general equipment, machines and tools needed to make the physical infrastructure functional and to carry out health interventions
- **Transport:** Comprising all the vehicular equipment and engineering support needed to support health services delivery and related interventions
- **Technology infrastructure:** The infrastructure that drives the information, communication and technology needed to ensure effective functioning of the health system at all levels

### 3.5.4 Medical products and health technologies

Medical products represent a variety of physical inputs that are needed as integral parts of the treatment and care to clients. The scope of actions ranges across five key areas as shown below.

**Figure 9. Medical products and health technologies: Areas for action**



Medical products and health technologies investments cover the following areas:

- Medicines, vaccines and medical supplies
- Medical laboratory technologies
- Diagnostic and imaging technologies
- Blood, blood products and other medical products of human origin (MPHO)
- Traditional medicines and products

### 3.5.5 Service delivery systems

The service delivery represents all the actions needed to facilitate the efficient management of inputs for delivery of health services to users/clients. The scope of actions ranges across a number of key areas as shown below.

**Figure 10. Service delivery: Areas for action**



The service delivery investments need to be made across the following investment areas:

- Subnational (regional or district) service delivery system, comprising
  - Community service delivery system
  - Primary care facilities
  - Secondary care facilities (1<sup>st</sup> level referral facilities)
  - Sub national (regional or district) management system
- National service delivery system, comprising
  - Tertiary care facilities
  - National management teams – MOH and its (semi) autonomous institutions

### 3.5.6 Health governance

The health governance area represents a scope of actions across all domains providing policies, standards, regulations and guidance to guide the use of resources and the functioning of health systems. Key areas of engagement with governance are shown below.

**Figure 11. Health governance: Areas for action**



The health governance elements need to be defined across the following investment areas:

- Community level governance actions – voice, engagement and participation mechanisms
- Health facility level governance actions – comprising the actions to improve governance at hospitals, and health centres
- Subnational level governance actions – comprising the actions to improve decision space, responsibilities and partnerships at the regional or district management levels, and
- National level governance actions – comprising the actions to improve stewardship at the national level including MOH and (semi) autonomous health institutions

### 3.5.7 Health information, research and innovation

The health information, research and innovation actions are expected to function across the key areas shown below.

**Figure 12. Health information, research and innovation: Areas for action**



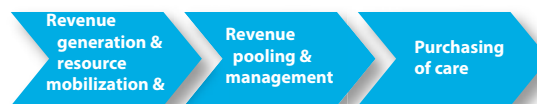
The health information, research and innovation investments are needed in the following areas:

- Routine data sources: HMIS, CVRS and routine surveys such as DHS, SARA and NHAs
- Disease surveillance
- eHealth and other innovative initiatives
- Biomedical and operations research

### 3.5.8 Health financing

The financing scope of health and the actions needed for effective mobilization and application of resources to the health sector are defined across the proposed areas shown below

**Figure 13. Health financing: Areas for action**



Actions to facilitate effective financing of health may require actions in the following areas:

- Policies, regulations, strategies and plans to guide financing actions
- Management and accountability systems
- Institutional design and operations
- Generating evidence for policy dialogue

## 3.6 Domain 2: Outputs scope, expectations and deliverables

### 3.6.1 Key considerations

As already highlighted, it is important to ensure an integrated and holistic approach to health system investment. Efficiency and effectiveness of the health system is an important pre-requisite for delivery of essential services. To ensure countries are focusing on comprehensive system performance planning and monitoring, four performance areas are defined that integrate the outputs from investments in the health system:

- **Area (1) System resilience:** the ability of the system to allow for continued provision of essential services even in the presence of internal or external shocks
- **Area (2) Equity and efficiency of access:** the ability of the system to overcome physical, financial, and/or sociocultural barriers that hinder utilization of essential services
- **Area (3) Quality of care:** the ability of the system to provide essential services that are person centred, effective and responsive to expectations
- **Area (4) Service demand:** the ability of the system to build the capacity of the communities to access and use essential services that are available

The monitoring of national health systems will utilize a common approach and index that reviews performance across these four result areas.

### 3.6.2 Ensuring system resilience

Shocks such as outbreaks and natural disasters can directly disrupt health services delivery with serious consequences for populations and their socioeconomic wellbeing. As such, a critical element of the performance of a health system is its ability to absorb such internal and external shocks while allowing for continued provision of essential services. A regular system ‘stress test’ and simulations should be established across four proposed domains that will assess the readiness of the system to respond to shocks. The proposed areas of identified domains are as follows:

Awareness	Regular assessments are undertaken to identify strengths and vulnerabilities of the health system, and ensure this knowledge is shared to inform actions to address the vulnerabilities.
Diversity	The availability and functionality of critical health systems elements to address and respond a broad range of health events effectively through better preparedness even for unknown events, drawing on existing capacities and skills.
Versatility	The level of health system flexibility to respond adequately to unknown health threats, and the existence of capacity, protocols and processes to deploy the system’s assets to where they are most needed in the event of a threat. It also includes the ability of the health system to respond to changing needs without loss of its functionality.
Mobilization	The existing levels of communication and resources (such as human, financial, infrastructure, logistics) and their exchanges across diverse actors to facilitate rapid action. Actors include other government sectors, communities, partners, NGOs, etc.

### 3.6.3 Ensuring equitable and efficient access to essential services

This describes how well the health system reduces barriers to accessing services, especially for vulnerable populations. Three domains for describing equitable and efficient access are defined:

Physical	Approaches to ensure provision of services to people in hard to reach areas or cut off by geographical barriers.
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Financial	Mechanisms that reduce direct financial barriers to service utilization and improve financial risk protection, particularly for the most vulnerable populations.
Social	Methods for reducing social and cultural barriers to its services, particularly in terms of age, gender, ethnicity, sexual orientation, disability and other sources of marginalization.

### 3.6.4 Ensuring quality care

A functional health system should ensure the highest possible quality of essential services and interventions. These may otherwise undermine possible benefits and reduce services utilization. Three domains of quality care are identified:

Safety	The ability of the health system to avoid/reduce harm to its clients that is due to the care provision process.
Effectiveness	The ability of the health system to ensure that services provided give the best possible outcomes to clients and ensure value for money of investments.
Experiences	The ability of the health system to ensure the clients have positive experiences during the care process.

### 3.6.5 Ensuring effective demand for services

A health system whose services are not needed, wanted or utilized by its population will have difficulty reaching the anticipated health results and impact. A health system must therefore enable demand and utilization for its essential interventions, and ensure that individuals, households and communities are aware of and able to utilize these available services. Two domains identified for effective demand are:

Awareness	The health system's ability to build the knowledge of households, individuals and communities on essential services available to the population and understand the health seeking behaviours of its catchment population.
Behaviours	The ability of the health system to encourage and ensure that individuals and households are practising healthy behaviours and actions.

## 3.7 Domain 3: Outcomes scope, expectations and deliverables

### 3.7.1 Key considerations

As previously highlighted, health is cross cutting, with direct health actions reflected in SDG 3 and indirect health related actions across the other SDGs. As a result, the population outcomes relating to improved coverage of key services and interventions needed for improving health are reflected across the SDGs. Six areas for service coverage outcome elements are proposed.

- **Area (1) Essential services availability:** Presence of essential health services as defined by the country.
- **Area (2) Essential services coverage:** Population utilizing the available essential health interventions.



- **Area (3) Financial risk protection:** Population protected from financial hardships arising from utilizing essential services.
- **Area (4) Client satisfaction:** Population satisfied with essential services/responsiveness to needs.
- **Area (5) Health security:** Population protected from preventable outbreaks, disasters and other health emergencies.
- **Area (6) Health interventions in other SDGs:** Population utilizing key cross-sector essential interventions that improve health.

Areas 1–3 are the goals of UHC; Area 4 relates to optimal utilization; Area 5 is the important focus on health security; and Area 6 is the important intersectoral contribution of other SDGs toward attainment of SDG 3.

### 3.7.2 Availability of essential health services

Countries should aim to make available the well distributed infrastructure and software needed to deliver the set of services required to sustain health of all at all ages. Five cohorts of population health needs are defined to ensure comprehensiveness and specificity of services across all age cohorts. These are as follows:

Cohort 1	Pregnancy and newborn: A period of life when a person is primarily vulnerable. This broadly covers the time from known conception till six weeks post-natal.
Cohort 2	Childhood: A period of life when a person is primarily biologically and socially dependent. This broadly covers the time from seven weeks to nine years of age.
Cohort 3	Adolescence: A formative period of life when a person is undergoing rapid physical and social transformation. This broadly covers the time from 10–19 years of age.
Cohort 4	Adulthood: A productive period of life, when a person is expected to be most economically and socially productive. This broadly relates to 20–59 years of age.
Cohort 5	Elder: Older retired or less physically able population as experienced social and economic assets. This cohort starts at 60 years of age.

The classification is primarily to define the core services required by each cohort and the table below suggests a basic menu of services needed by each age cohort.

**Table 1. Menu of types of services needed by age cohort**

COHORT	ESSENTIAL SERVICES
Pregnancy and newborn	Antenatal care services Perinatal care services Care for the new-born Postnatal care services
Childhood	Childhood immunization Child nutrition (under and over) Integrated childhood services Primary school health services Promotion of childhood healthy lifestyles
Adolescence	Adolescent sexual and reproductive health services Adolescent / Youth friendly health services Secondary school health services Harm reduction services for prevention of drug and alcohol use Promotion of adolescent healthy lifestyles
Adulthood	Screening for common communicable conditions Screening for common non communicable conditions and risk factors Reproductive health services including family planning Promotion of adulthood healthy lifestyles Adult nutrition services Clinical and rehabilitative health services
Elderly	Annual screening and medical exams Elderly persons social support services Clinical and rehabilitative services for the elderly

### 3.7.3 Population covered with essential health interventions

Countries should aim to ensure at least 80% of their populations requiring each intervention are receiving it. Essential health interventions should be established based on each country's income, health profile and needs. Interventions target the individual, family and/or community to ensure both person and community-centred services are available and utilized by those with the greatest need. Four intervention groups<sup>7</sup> are proposed as follows:

- Group 1      **Health promotion:** Interventions aimed at enabling people to increase control over, and improve their health as they go about their daily activities.
- Group 2      **Communicable disease prevention and control:** Interventions aimed at reducing the risk of acquiring and transmitting known communicable diseases.
- Group 3      **Noncommunicable disease prevention:** Interventions aimed at reducing the risk of acquiring known noncommunicable conditions and exposure to their risk factors and where exposed to provide treatment.

<sup>7</sup> A potential fifth intervention group – population with appropriate health security – is of high importance and so captured as a standalone area

Group 4                    **Medical and rehabilitative:** Interventions aimed at restoring a state of health in people who have been ill or injured or suffered other health challenges.

A menu of interventions needed for each group is provided below. Each country shall regularly review coverage for the interventions that are relevant to it. Positive movement shall focus on increasing the coverage of interventions available in the country per group.

**Table 2. Menu of intervention types of each health service delivery area**

DOMAIN AREA	ESSENTIAL INTERVENTIONS
Health promotion	Individual / family based healthy behaviours and actions Health workplace and safety Behaviour change communication for healthy lifestyles in targeted environments Community initiated and owned health promoting actions
Communicable disease prevention and control	Immunization / vaccinations Surveillance for health threats Integrated Vector Management Environmental hygiene management Prevention & control of common communicable conditions: HIV, Hepatitis, STIs, TB and Malaria Control and prevention neglected tropical diseases
Noncommunicable disease prevention and control	Mental health services Violence and injury prevention Prevention of cardiovascular disease, cancer, diabetes and obstructive pulmonary disease Food quality and safety Prevention of tobacco use, unhealthy nutrition, physical inactivity and harmful use of alcohol Control and prevention of drug and substance abuse
Medical and rehabilitative	Outpatient care Emergency and trauma care services Maternity services Investigative / diagnostic services Inpatient care Operative care Specialized therapies Palliative and end of life care Rehabilitation

### 3.7.4 Population protected from health risks including outbreaks, disasters and other emergencies

Health security has become a key focus area, as a poorly managed health emergency produces a dual effect on attainment of health goal. It leads to avoidable disability and loss of life because of the event, and can lead to further loss of life from other routine health events due to diversion of resources, disruption and reduced functionality of the health system.

Essential interventions to ensure effective population protection require a three-pronged approach – *Prevent, detect and respond*. A menu of intervention options for countries are shown below.

**Table 3. Menu of interventions to improve health security**

<b>DOMAIN AREA</b>	<b>ESSENTIAL INTERVENTIONS</b>
Prevent	Emerging / re-emerging infectious disease control Antimicrobial resistance risk mitigation, tracking and control Food safety surveillance, risk mitigation and control Robust zoonotic surveillance system Comprehensive biosafety and biosecurity risk management services Vaccine delivery for epidemic prone vaccine preventable diseases Public health capacity at major points of entry to prevent public health threats Programmes to prevent chemical and radiation hazards
Detect	Real time bio-surveillance and laboratory network system Real time surveillance system (indicator event based and syndromic) Public health capacity at major points of entry to detect public health threats Programmes to detect chemical and radiation hazards
Respond	All hazard preparedness plan Public health emergency operation centres according to defined standards and emergency response operations Public health linkage to security agencies Human resource surge capacity and delivery of medical countermeasures Risk communication mechanisms Public health capacity at major points of entry to respond to public health threats <sup>2</sup> Programmes to respond to chemical and radiation hazards

### **3.7.5 Population protected from financial hardship while accessing essential health services**

Countries endeavour to ensure that households can access health care without financial barriers and do not endure hardships as a result of accessing essential health interventions. This is to prevent households or individuals from sinking further into poverty, leading to reductions in utilization of critical services.

### **3.7.6 Population satisfied with essential services**

A health system must be responsive to the health needs and circumstances of the population. Satisfaction with services increases confidence and utilization, and monitoring satisfaction levels and identifying areas of dissatisfaction are important for effective health system performance. This may include monitoring of

- Overall levels of satisfaction with health services,
- Levels of satisfaction with specific interventions, services, or delivery points.

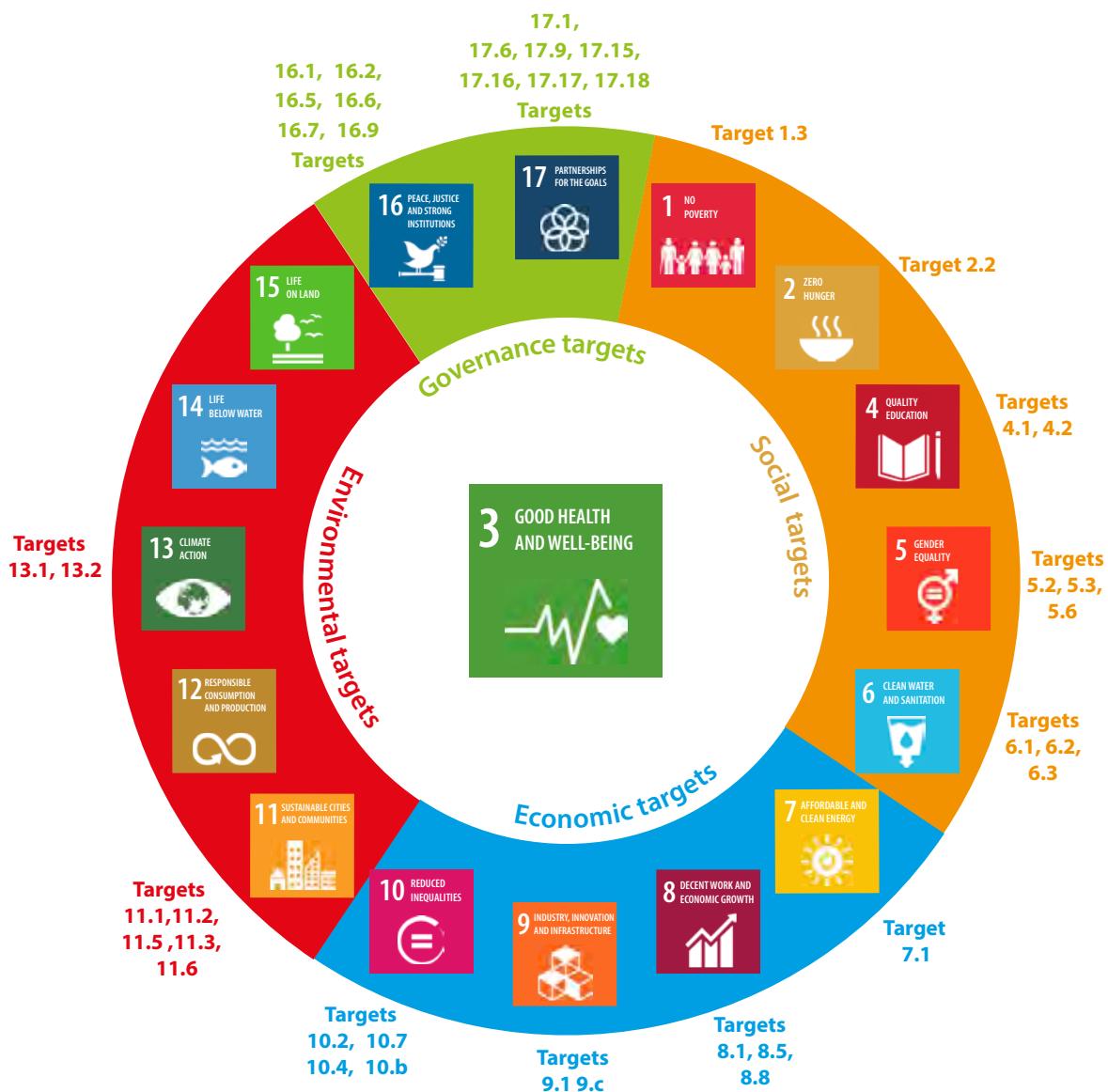
### 3.7.7 Population covered with essential health interventions in other SDGs

Achieving SDG 3 goal is dependent on reaching the SDG 3 targets, together with targets in other SDGs. While most of the targets in other SDGs influence health indirectly, there is a core group with direct influence on health and wellbeing:

- Social targets: contained in SDGs 1, 2, 4, 5 and 6
- Economic targets: contained in SDGs 8 and 10
- Environmental targets: contained SDGs 11 and 13
- Governance targets: contained in SDGs 16 and 17

The targets in the other SDGs that contribute to reaching SDG 3 are shown below.

**Figure 14. Menu of health-related targets in other SDGs**



### 3.8 Domain 4: Impact scope, expectations and deliverables

SDG 3 – Healthy lives and wellbeing for all at all ages – is the overall health goal that countries in the African Region are committed to achieve by 2025. It represents the ultimate objective of all actions of the health and related sectors aimed at improving health. Achieving universal population coverage with key services and interventions across the six outcome areas should lead to the attainment of goal 3.

Three elements relate to this goal

- **Area (1) Life expectancy:** Overall and disaggregated measure of expectation of life in the country. This can be through looking at the life expectancy (at birth, or at specific ages), and/or the healthy life expectancy (HALE) that discounts life expectancy for time spent unwell / with disease disabilities.
- **Area (2) Morbidity and mortality reduction:** The reductions seen in the major causes of ill health and death in the country. This is looked at through monitoring trends with
  - Top causes of disease burden in the country from disease burden studies
  - Mortality trends overall (total mortality) for specific conditions (such as HIV, Malaria, NCDs, etc.) and cohorts (infant, maternal, child, adolescent, adult)
  - Incidence and prevalence trends overall and for specific conditions of concern in the country
- **Area (3) Risk factors reduction:** The reduction in incidence of key risk factors associated with current or future health threats. This relates to
  - Behavioural risk factors such as physical (in)activity, substance abuse and others
  - Environmental risk factors such as noise and particle pollution
  - Metabolic risk factors such as high blood pressure, high blood sugar and others



# 4. Applying the framework

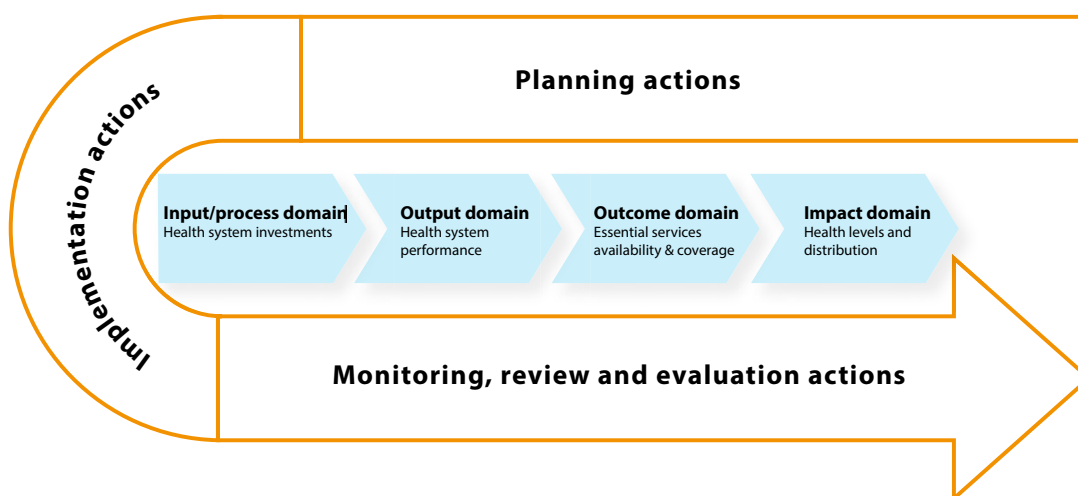
## 4.1 Translating the framework into action

THIS FRAMEWORK SUGGESTS OPERATIONAL ACTIONS to assist countries to determine and phase in priorities when planning, implementing and monitoring their national health strategies. Choices must be made amongst the options to identify the most important impact, outcome, output and input/process actions needed to strengthen health systems for UHC. The framework gives countries a comprehensive way to integrate health services and system needs and priorities. The different actions may take precedence at different points in the planning, implementation and review processes.

- The planning process defines how actions are determined. These relate to the different domains of the action framework.
  - Long term health aspirations at the impact level across the three impact areas, followed by
  - The sequential medium-term essential services targets across the six outcome areas that will lead to the long-term health aspirations, followed by
  - The expected performance targets of the system across the four output areas that will facilitate attainment of the medium-term essential services targets, followed by
  - The investment priorities across the seven input/process areas that will lead to the desired system performance
- The implementation process defines the translation of the actions selected from the seven defined input / process areas into activities
- The monitoring, review and evaluation process defines the appraisal of the actions implemented, in terms of their ability to achieve the targets planned at the output, outcome and impact levels
  - Appraisal of the immediate input / process actions through regular / ongoing activity reviews
  - Appraisal of the output targets through health system performance assessments at national or sub national levels as part of annual sector monitoring processes
  - Appraisal of the outcome targets through sector or programme review processes, and
  - Appraisal of the impact aspirations through national evaluation and monitoring processes such as SDG monitoring, or policy evaluations

The planning, implementation and monitoring process however is not linear in practice, with overlap of actions and interventions depending on context. However, MoH planners could utilize this logical approach while navigating through these processes (see Figure 14 and Appendix 1 for details).

**Figure 15. Relations between the planning, implementation and monitoring processes and the action framework**



The planning, implementation and monitoring tools available to facilitate this process include:

- Health policy: A definition of the long-term aspirations in health that the country intends to attain
- Health strategy: A definition of the medium-term health goals and outcome, output and input/process priorities that the country will focus on attaining
- Programme strategies: A derivative of the health strategy, defining medium-term programme specific goals and outcome, output and input/process priorities that the country will focus on attaining
- Budget framework: The allocation of available funds across outcome, output and input/process priorities
- Operational plans: A definition for a planning / reporting unit of the short-term outcomes and outputs to be achieved, plus operations and activities to achieve these with the allocated funds
- Individual plans: A definition of the short-term activities for an individual in a planning unit

Each country needs to define its priorities within each of these plans, for the different domains of the action framework. Prioritization at the outcome level is primarily defined by the country’s core needs. An investment approach is proposed for defining how resources are applied to these priorities to achieve defined system performance and health outcomes.

## 4.2 Investment framework

Often, health systems investments are not well-linked to expected health sector outcomes. There is sometimes a disconnect between service interventions and the overall health system focus. Investments by disease programmes are often designed for their direct system actions and results (for example, vaccine procurement and cold chain systems for immunization programmes) which may undermine important wider system investments, such as human resources and infrastructure, that are necessary to achieve sustainable programme outcomes.

In addition, investments in health systems are themselves often done vertically, with limited interlinkages and absence of crosscutting system performance measures.

This actions framework addresses these two elements in the following way:

1. places emphasis on ensuring system investments are linked to health service outcomes, and are not an end in themselves, and
2. provides a set of crosscutting system performance areas for countries to assess, avoiding a silo approach on each building block

This investment framework proposes an approach that countries could consider to prioritize investments to obtain the required performance and the necessary health programme outcomes. It is a useful integration of strategic and budgeting tools, and a mechanism targeting funding to priority system needs.

The investment framework uses the agreed objectives at the impact, outcomes and output levels to target funds according to the following:

IMPACT DOMAIN TARGETS	OUTCOME DOMAIN TARGETS	OUTPUT DOMAIN TARGETS
<ul style="list-style-type: none"> <li>• Life expectancy</li> <li>• Morbidity and mortality reduction</li> <li>• Risk factor reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Available essential services</li> <li>• Coverage with essential services</li> <li>• Protection from financial hardship</li> <li>• Satisfaction with essential services</li> <li>• Effective health security</li> <li>• Coverage with other SDG services</li> </ul>	<ul style="list-style-type: none"> <li>• System resilience</li> <li>• Equity and efficiency of access</li> <li>• Care quality</li> <li>• Service demand</li> </ul>

A country situation analysis helps to determine the priorities that need to be achieved and this creates the investment targets needed to produce required deliverables. The derivation of these targets is part of the planning process.

The investment framework takes a stepwise approach to ensure dialogue, clarity and understanding of stakeholders to achieve a coherent and coordinated process. Once the targets at the required results levels are agreed, the following steps are followed.

- Step 1: Comprehensive health system assessment
- Step 2: Selecting the menu of options
- Step 3: Utilization of a prioritization framework for health systems:
- Step 4: Consideration of enabling factors
- Step 5: Sequencing of health system investments for best value:

### **Step 1: Comprehensive health system assessment**

Using well tested assessment tools, a country conducts an assessment of the status of the seven areas of the health system, that identifies the baseline status and reviews the possible bottlenecks that could affect attainment of the defined health outcomes. This step illustrates the gaps in the health system's performance and what is needed to achieve the agreed sector outcomes.

## Step 2: Selecting the menu of options

This step focuses on development of a *potential list of options* for addressing the health system gaps identified in step 1. It is important to consider at least two or three options for each gap identified based on evidence and with clear theory of change towards expected results. The options identified create a list of options that can be implemented for the seven areas of the inputs/processes to impact outputs and outcomes.

## Step 3: Prioritization of health systems actions utilizing the framework

Prioritization is done by comparing the available options against a set of criteria that allows their ranking in terms of relative importance to each other. The criteria include:

- i. Need:* The option is recognized as important towards attaining the desired outcomes
- ii. Effectiveness:* The option is able to bring about desired change in the outputs and outcomes.
- iii. Cost-Effectiveness:* The option costs less and results in much greater benefit than the alternative options.
- iv. Equity implications:* The option has higher implications on disadvantaged populations.
- v. Feasibility:* There are facilitating factors to allow implementation of the option. These include political, legal, technical or community related factors.
- vi. Budget impact:* The option has a low impact on expenditure once adopted, considering both the initial costs and the recurrent costs in the future.
- vii. Sustainability:* There is evidence the option can be sustained within the available system – financially, politically and technically.

In applying these criteria, they can be weighted or ranked depending on the context; however, this must be done with a transparent and evidence basis. Each of the seven areas of the health system inputs will normally require investments, although care should be taken to limit the number of options to be tackled. There should be an overall focus on options with cross cutting effects. At the end of this step, the different options should be ranked as investment options.

## Step 4: Consideration of enabling factors

There are other factors beyond the technical ones that facilitate prioritization. It is important to consider enabling factors that may exist in the environment that will facilitate the adoption of proposed actions. Technical priorities may require certain environmental interventions to become operationally effective. For example, some health promoting interventions may have to be initiated in order to increase demand for a technical intervention.

Important enabling factors for priority investments may include the following:

- Geopolitical and macroeconomic context
- Global and regional commitments and treaties
- Intersectoral collaboration
- Structured policy dialogue
- Donor/partner coordination
- Accountability mechanisms

At the end of this step, the country should have ranked lists of priority options and identified enabling factors to facilitate their adoption.

## Step 5: Sequencing of health system investments

The paucity of resources and the large number of competing priorities creates a need to sequence health system investments in order to ensure that the fundamentals needed for the investments to yield results are in place. An appropriate mix of investments should be designed to maximize synergies and ensure value for money. Sequencing decisions should be based on:

- Urgency of the investment – urgent investments should be sequenced earlier
- Other synergistic priority investments – investment options that are linked to other priorities should be sequenced together. For example, training of new health workers and purchase of the new equipment they will need to use to deliver a service.

At the end of this step, identified and ranked priorities along with identified enablers are planned for investment in a chronological sequence as part of the budget process.

### 4.3 Roles and responsibilities in actualising the framework

Supporting HSS for UHC and the SDGs will require the engagement of a spectrum of stakeholders and actors within and outside the health sector.

- **Ministries of health** need to provide stewardship of this process. They should bring together stakeholders in the country, and coordinate the process of interrogation of actions guided by the revised planning and monitoring guidelines.
- **Other government sectors** and actors need to be oriented on choices made and why, particularly on the health-related intersectoral actions that support the interventions identified.
- **Communities and populations** are the beneficiaries of an effective health sector and whose cooperation is essential for the effectiveness of interventions
- **Non-state actors** in the country (NGOs, CSOs, and others) aligned around common priorities identified by the country and owned by its citizens, avoiding external partner-driven priorities
- **External/international actors** – Global Health Initiatives, multilateral institutions and agencies, bilateral cooperation agencies, (sub) regional institutions, private philanthropic foundations that fund, advise and facilitate actions on health development interventions.

To achieve the key performance objectives, health system strengthening is best supported through a holistic approach. Projects that focus on specific health systems building blocks in isolation do not result in robust, resilient and responsive health services.

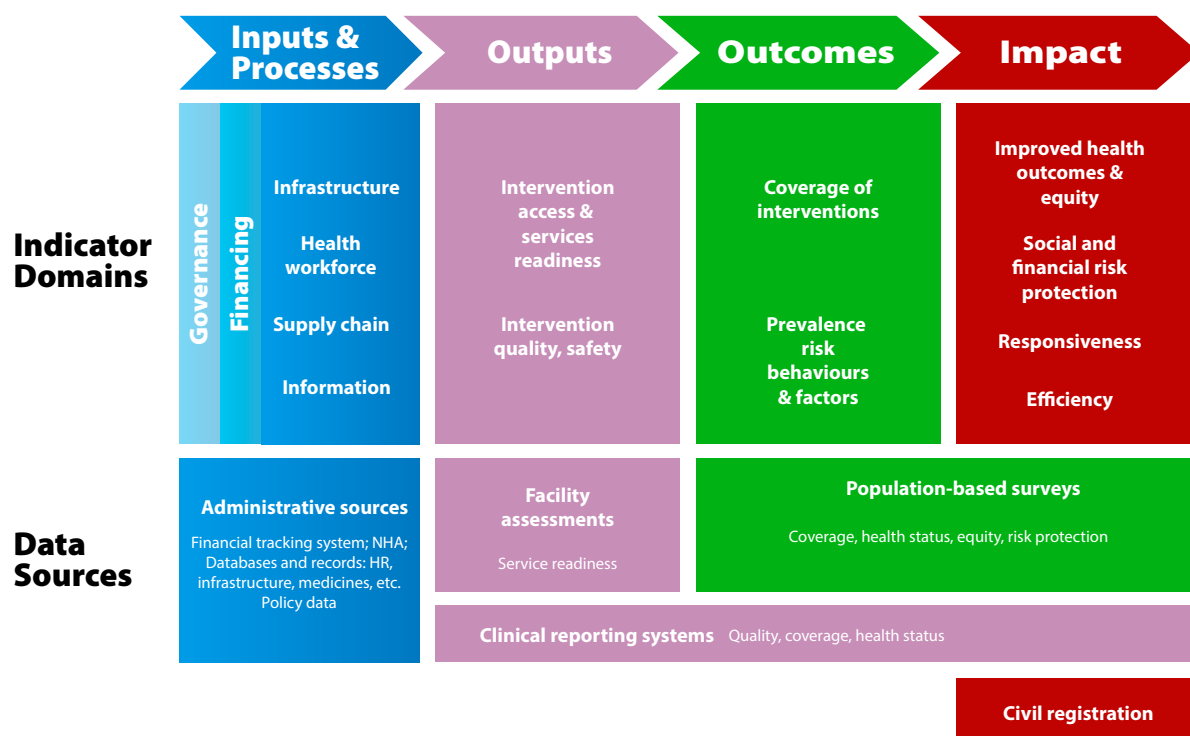
### 4.4 Monitoring and review of the action framework

It should be emphasized that this action framework is not intended to develop a new and separate health plan. It is used to guide the development / review of the existing health plan to ensure a coherent integration of the SDG and HSS elements. The health planning and monitoring guides are being reviewed to reflect this.

The actions selected from the framework by countries will guide the M&E focus and indicators. National and subnational planning and monitoring guidelines are being revised to reflect the SDG focus. Monitoring and evaluation of selected actions, and how they are implemented towards the global UHC and SDG goals should take place at subnational, national and global/WHO levels.

Country efforts to attain UHC and the SDGs will require continuous monitoring to track performance and progress towards the set objectives and to identify challenges and introduce corrective measures. Global indicators and targets are defined for the impact and some elements of the outcomes. Countries are encouraged to include these indicators, as they will have to report on them as part of the overall SDG monitoring process. Each country selects the indicators on the related actions to assess progress and performance along all the domains of the action framework.

**Figure 16. Monitoring progress towards UHC and the SDGs requires multiple data platforms**



#### 4.4.1 Monitoring and evaluation of chosen actions at country level

A limited set of indicators are proposed for countries to consider based on selected criteria, namely:

- i. Reflect the context and priorities of the country to achieve UHC
- ii. Is in alignment with the regional and global goals and targets,<sup>8</sup>
- iii. Ability of the indicator to reliably and meaningfully measure the progress and performance, and
- iv. Data availability and feasibility of collection.

#### 4.4.2 Proposed indicators

The indicators are organised along the results chain framework: input/process, output, outcome and impact.

Inputs/processes      The tangible (hardware) and processes (software) investments that countries need in invest into.

<sup>8</sup> Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators (2016); Monitoring Universal Health Coverage in the WHO African Region – A Regional Framework (2016); WHO; Global Reference List of 100 Core Health Indicators (2015); Health in 2015: from MDGs to SDGs. Geneva: World Health Organization; 2015 (<http://www.who.int/gho/publications/mdgs-sdgs/en/>); Joint WHO / World Bank Group Discussion Paper; Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework, (2013)



Health outputs	The system performance elements that are needed, for effective delivery of essential health and related interventions and services.
Health outcomes:	The population coverage targets of African countries for the different health and related services important for populations – including the most vulnerable and marginalized groups
Health impact:	The desired health that African countries have expressed commitment to attain.

The proposed indicators are suggested as guides to countries to utilize in developing their own and to illustrate the nature of interim and process measures towards the UHC and SDG targets. These are elaborated in Appendix 2.

#### **4.4.3 WHO support for monitoring and evaluation of the actions framework**

The Regional Office will work to strengthen country capacities to monitor and review their progress towards the HSS for UHC actions in their national plans and reports. Several mechanisms will be employed

- **Communities of practice:** A mechanism for continuous feedback built around communities of practice will be set up to share experiences and build common understandings of the elements of the action framework
- **Planning and monitoring guidelines:** The existing planning, implementation support and monitoring guidelines and frameworks will be updated, and countries oriented on how to ensure these processes are aligned with the expectations of SDG planning and reporting
- **Regular review:** An annual mechanism for Ministry of Health, WHO and partners to come together and review progress will be instituted
- **Capacity improvements:** Direct support will be provided to improve country capacity in M&E, specifically focusing on CVRS, HMIS and the research aspects of information and knowledge management
- **Health observatories:** Countries will be supported to establish and maintain national observatories that will facilitate collation, management and feedback on HSS for UHC actions.



# Appendices

## Appendix 1: Description of planning and reporting tools and their relationship to the action framework

<b>Tool</b>	<b>Focus</b>	<b>Source of guidance</b>	<b>Stakeholders involved</b>
Health policy	Description of long term aspirations to be attained	Global, and regional commitments National development agenda Citizens forums on 'the health we want'	Government actors: All sectors International actors: All partners active in the country National non-governmental actors: All Civil Society, NGO and community groups
Health Strategy	Agreement on the medium term health goals	Health policy Review of previous medium term performance Sector situation analysis	Government actors: All health related sectors International actors: All partners active in the health sector of the country National non-governmental actors: All Civil Society, NGO and community groups active in the health sector
Program strategies	Definition of medium term goals for specific programs	Health strategy Review of previous medium term program performance Program situation analysis	Government actors: All sectors related to the program International actors: All partners active in the program National non-governmental actors: All Civil Society, NGO and community groups active in the program
Budget framework	Allocation of available funds across priorities	Health strategy Program strategy documents	Government actors: Planning/Finance, and health at national and sub national levels International actors: All partners providing funding for priority actions National non-governmental actors: All Civil Society, NGO and community groups spending funds from health actors
Operational plans	Definition of short term activities for a planning / reporting unit	Health strategy Budget framework Program strategies	Government actors: Planning/reporting units at national and sub national levels International actors: All partners working with the planning / reporting unit National non-governmental actors: All Civil Society, NGO and community groups working within the planning / reporting unit
Individual plans	Definition of short term activities for an individual in a planning / reporting unit	Operational plan	Government actors: Planning/reporting units members

### Action framework elements

Impact domain	Outcome domain	Output domain	Input / process domain
Long term overall impact goal and targets	Definition of targets across the 6 outcome areas to be universally attained	Definition of system performance targets expected across the 4 output areas	N/A
Overall impact targets for the medium term	Prioritized services, interventions and targets across the 6 outcome areas	Health system performance targets to be achieved in the medium term across the 4 output areas	Prioritized system interventions to be implemented in the medium term across the 7 input / process areas
Program specific impact targets for the medium term – derived from the health strategy	Prioritized program services, interventions and targets where relevant from the 6 outcome areas	Definition of system performance targets needed across the 4 output areas for delivery of prioritized program outcomes	Prioritized system interventions relevant to the program to be implemented in the medium term where relevant from the 7 input / process areas
Overall impact targets for the budget period	Prioritized services, interventions and targets during the budget period across the 6 outcome areas	Health system performance targets across the 4 output areas to be achieved during the budget period	Allocation of funds to the prioritized system interventions to be implemented in the budget period across the 7 input / process areas
N/A	Prioritized services, interventions and targets to be attained in the short term by the planning / reporting unit across the 6 outcome areas	Health system performance targets across the 4 output areas to be achieved during the short term	Prioritized activities to be implemented with available budgets in the short term, across the 7 input / process areas
N/A	N/A	N/A	Prioritized activities to be implemented in the short term across the 7 input / process areas by the individual



## Appendix 2: Indicator guide for HSS actions for UHC and SDGs

Domain	Areas	Suggested indicators for consideration	Related reference	
			100 core indicators	SDG monitoring
Health impact	Life Expectancy	• Overall life expectancy at birth (M/F)	✓	
		• Healthy Life Expectancy (HALE)		
	Morbidity and mortality reduction	• % disease burden contributed to by top 10 conditions		
		• Total mortality rate	✓	
		• Mortality rates for specific life cohorts (maternal, neonatal, infant, child, adolescent, adult)	✓	
		• Mortality rates attributed to key conditions (e.g. HIV, suicide, malaria)	✓	✓
		• Mortality rates attributed to key determinants (e.g. pollution, unsafe water, sanitation, hygiene, etc)		✓
		• Incidence rates for key conditions (e.g. HIV, suicide, malaria, etc)	✓	✓
		• Prevalence rates for key conditions (e.g. HIV, suicide, malaria, etc)	✓	✓
	Risk factor reduction	• Fertility rate (total / adolescent)	✓	
		• Incidence rate for key risk factors (tobacco use, IPV, alcohol abuse)	✓	✓
		• Exclusive breastfeeding rate	✓	
		• Malnutrition rates (stunting, wasting, obesity)	✓	✓
Health outcomes	Essential services availability	<b>Overall</b>		
		• Coverage of essential health services index		✓
		<b>Pregnancy / new-born</b>		
		• Antenatal care coverage	✓	
		• Proportion of births attended by skilled attendants	✓	✓
		• Postpartum care coverage	✓	
		<b>Childhood</b>		
		• Immunization coverage rate, by vaccine	✓	
		• Coverage of children receiving integrated child services		
		<b>Adolescence</b>		
• Adolescent birth rate		✓		
• Coverage of adolescents receiving integrated adolescent services				

Domain	Areas	Suggested indicators for consideration	Related reference	
			100 core indicators	SDG monitoring
Health outcomes (cont'd)	Essential services availability (cont'd)	<b>Adulthood</b>		
		<ul style="list-style-type: none"> <li>Coverage of adults receiving integrated adult centred services</li> </ul>		
		<b>Elderly</b>		
		<ul style="list-style-type: none"> <li>Coverage of elderly receiving integrated elderly centred services</li> </ul>		
	Coverage of essential interventions	<b>Health promotion</b>		
		<ul style="list-style-type: none"> <li>Proportion of women of childbearing age receiving modern FP</li> </ul>	✓	✓
		<b>Communicable disease prevention</b>		
		<ul style="list-style-type: none"> <li>HIV cases detected</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>TB case detection rate</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>ITN use (all, mothers, children)</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>Coverage of preventive chemotherapy for applicable NTDs</li> </ul>	✓	
		<b>Non communicable disease control &amp; prevention</b>		
		<ul style="list-style-type: none"> <li>Alcohol per capita consumption</li> </ul>	✓	✓
		<ul style="list-style-type: none"> <li>Cervical cancer screening</li> </ul>	✓	
		<b>Medical and rehabilitative</b>		
		<ul style="list-style-type: none"> <li>Coverage of treatment interventions (substance abuse, mental health, treatment of common diseases, etc)</li> </ul>	✓	✓
	<ul style="list-style-type: none"> <li>Proportion of persons requiring palliative care receiving it</li> </ul>			
	Financial risk protection	<ul style="list-style-type: none"> <li>Proportion of population with large household expenditures on health as a share of total household expenditure or income</li> </ul>		✓
	Client Satisfaction	<ul style="list-style-type: none"> <li>Proportion of clients satisfied with services</li> </ul>		
	Health security	<ul style="list-style-type: none"> <li><b>Prevent:</b> IHR capacity and health emergency preparedness</li> </ul>		✓
<ul style="list-style-type: none"> <li><b>Detect:</b> Proportion of health security threats detected on time</li> </ul>				
<ul style="list-style-type: none"> <li><b>Respond:</b> Proportion of avoidable morbidity/mortality prevented</li> </ul>				
Social determinants	<ul style="list-style-type: none"> <li>Coverage for services addressing country specific health determinants (by SDG)</li> </ul>		✓	

Domain	Areas	Suggested indicators for consideration	Related reference	
			100 core indicators	SDG monitoring
Health outputs	System resilience	• Health system resilience index (average score of resilience variables: awareness, diversity, versatility and mobilization)		
		• Health system performance index (national, sub national)		
	Equitable and efficient access	• Proportion of population living within 5km of a health facility	✓	
		• Outpatient utilization per capita		
	Quality of care	• Service specific availability and readiness (routine and emergency)	✓	
		• Intervention success rate for defined conditions (e.g TB, rehabilitation)	✓	
	Service demand	• Proportional increase in utilization for essential services attributed to community interventions		
	Health inputs / processes	Health workforce	• Proportion of approved posts filled by skilled personnel	
• Health worker density and distribution			✓	✓
• HWs trained annually as % of total workforce gap (by cadre)			✓	
Health infrastructure		• Health facility density and distribution	✓	
		• Hospital bed density and distribution (inpatient, maternity, infant, isolation)	✓	
		• Proportion of facilities meeting safety and preparedness standards		
Health products		• Proportion of the population with access to affordable products		✓
		• % of health facilities reporting no stock out of tracer health products		
		• Proportion of health products not meeting national quality standards		
		• % of health products on EDL available at Service Delivery points		

Domain	Areas	Suggested indicators for consideration	Related reference	
			100 core indicators	SDG monitoring
Health inputs / processes (cont'd)	Service delivery systems	• Proportion of service units with fully functional referral services		
		• Proportion of service units complying with service standards		
		• Proportion of service units (labs, facilities, etc) fully accredited for services		
		• Functional supportive supervision and mentoring system		
		• Fully functional management structure (national, subnational, facility)		
		• Proportion of facilities providing full complement of essential health services (by level, ownership, type)		
	Health governance	• Proportion of service units with functional governance structures		
		• Planning and reporting tools relevant to each level of care (policy, strategy, operational plans)		
		• Functional coordination and partnership mechanism from community to national level		
		• Proportion of management staff with required skills and knowledge for their functions		
	Health information	• Coverage of birth and death registration	✓	
		• Proportion of national budget allocated for health research		
		• Integrated data repository		
		• Proportion of hospitals using correct ICD coding		
		• Coverage of IDSR surveillance systems		
		• Presence of comprehensive country health database for past 5 years		
		• Functional country health observatory		
	Health financing	• % of population covered by health insurance		✓
		• OOP Health expenditure as % of current expenditure on health	✓	
		• Out-of-pocket expenditure per capita	✓	
		• Total current expenditure on health (% of gross domestic product)	✓	
		• Government expenditure of health as % of total current expenditure		

## Appendix 3: Examples of Areas of actions for each domain

### Health workforce

Scope	Other actions, to be selected by investment area and country-specific need			
	Community workforce	Clinical/facility-based workforce (medical, paramedical, nursing, midwifery)	Management workforce	Administrative & support workforce
<b>Standards and norms</b>	Develop and implement up-to-date norms & standards for community workforce	Develop and implement up-to-date norms & standards for skilled health workforce for routine, and emergency response needs	Develop and implement up-to-date standards for management workforce; guidelines and mechanisms for performance standards	Develop and implement up-to-date norms & standards for administrative workforce
<b>Policy and regulations</b>	Community workforce that is appropriately regulated and incorporated into comprehensive HRH policy and strategy	Skilled health workforce that is appropriately regulated and incorporated into comprehensive HRH policy and strategy	Professional management workforce that is appropriately incorporated into HRH comprehensive policy and strategy	Administrative workforce that is appropriately incorporated into comprehensive HRH policy and strategy
<b>Planning</b>	Carry out short-term and long-term community workforce planning and projection	Carry out short-term and long-term public health workforce planning and projection for routine, and emergency response needs	Carry out short-term and long-term management workforce planning and projection	Carry out short-term and long-term administrative workforce planning and projection
<b>Production</b>	Update the curricula of community health workforce to align training to needs	Update the curricula and scale up numbers of skilled health workforce to align training to needs for routine and emergency services	Provide continuing education and training of management workforce to align with health sector needs	Update the curriculum of administrative workforce to align training to needs
		Ensure regular accreditation of health training institutions and training programmes	Update the curricula of management workforce to align training to needs	Provide continuing education and training to align with health sector needs
<b>Recruitment &amp; deployment</b>	Ensure equitable recruitment & deployment of community health workforce	Ensure equitable recruitment & deployment of public health workforce in routine and emergency events Develop retention strategies and labour market analysis	Ensure equitable recruitment & deployment of management workforce	Ensure equitable recruitment & deployment of administrative workforce
	Common metrics for measuring and monitoring community workforce availability and distribution	Common metrics for measuring and monitoring public health workforce availability and distribution by using National Health workforce accounts; develop comprehensive HRIS, HWF registries	Common metrics for measuring and monitoring management workforce availability and distribution (performance indicators, HRIS)	Common metrics for measuring and monitoring administrative workforce availability and distribution (performance indicators, HRIS)



Scope	Other actions, to be selected by investment area and country-specific need			
	Community workforce	Clinical/facility-based workforce (medical, paramedical, nursing, midwifery)	Management workforce	Administrative & support workforce
Leadership & Governance	Supportive supervision and adequate support to the community health workforce within country context	Promote accountability, functional results oriented, enabling team work and communication	Building capacity, accountability and fostering intersectoral policy dialogue; and HWF observatories	Ensure adequate administrative support to health workforce
	Include all community health workforce in HRIS	Complete HRIS to cover all health workforce in whole health sector	Scale up of HRIS to cover all management health workforce	Scale up of HRIS to cover all administrative health workforce

## Health infrastructure

Scope	Actions, by domain area			
	Physical infrastructure (facilities, hospitals)	Medical equipment	Transport	Information & Communication Technology
<b>Standards and norms</b>	Develop norms and standards for establishment and management of infrastructure	Develop norms and standards for medical equipment investments	Develop norms and standards for transport infrastructure	Develop norms and standards for ICT infrastructure
<b>Policy and regulations</b>	Establish regulations and standard operating procedures to guide establishment and/or use of infrastructure	Establish regulations and SOPs for management and use of medical equipment	Develop regulations and SOPs for management and use of transport infrastructure	Develop regulations and SOPs for management and use of ICT infrastructure
<b>Planning</b>	Develop long-term master plans for establishment/expansion of physical infrastructure	Annual and medium-term planning for medical equipment needs	Develop medium-term transport investment plan in collaboration with transport and roads ministries	Develop medium-term ICT investment plan
	Develop annual/medium-term plans for infrastructure investment			
<b>Maintenance</b>	Develop and finance facility-specific infrastructure maintenance plans	Develop and finance facility-specific maintenance plans for equipment	Develop and finance facility-specific maintenance plans for transport	Develop and finance facility-specific maintenance plans for ICT infrastructure

## Medical products and health technologies

Scope	Actions, by investment area					
	Medical laboratory technologies	Diagnostic and imaging technologies	Medicines & medical supplies	Vaccines	Blood, blood products and other MPHO	Traditional medicine products
<b>Standards and norms</b>	Update and complement norms and standards for medical laboratory technologies including point of care tests (POCT)	Update and complement norms and standards for diagnostic and imaging technologies	Update and complement norms and standards for medicines and supplies	Update and complement norms and standards for vaccines	Update and complement norms and standards for blood, blood products and other MPHO	Update and complement norms and standards for traditional medical products, practitioners and practices
<b>Policy and regulations</b>	Develop/ update and complement policy, plan and legislation on laboratory technologies	Develop/ update and complement policy, plan and legislation on diagnostic and imaging technologies	Update and implement policy, plan and legislation on medicines and medical supplies	Update and implement policy, plan and legislation on vaccines	Develop policy, plan and legislation on blood safety and other MPHO	Develop policy, plan and legislation on traditional medical products and practices
	Establish national regulatory framework for medical laboratory technologies	Establish national regulatory framework for diagnostic and imaging technologies	Establish national regulatory framework for medicines and supplies	Establish national regulatory systems for vaccines	Establish national regulatory systems for blood, blood products and other MPHO	Include traditional medicines and products into national medicines regulatory systems
<b>Planning</b>	Develop investment plan for medical laboratory technologies, aligned to a national health strategic plan	Develop investment plan for diagnostic and imaging technologies, aligned to a national health strategic plan		Develop long term plan for new vaccines, aligned to a national health priorities	Conduct regular surveys for data collection and management on blood and other MPHO	
	Develop and update list of essential medical laboratory technologies	Develop and update list of essential diagnostic and imaging technologies	Develop and update list of essential medicines and supplies	Develop and update list of essential vaccines and supplies	Develop and update list of essential blood and blood products	Develop and update list of essential traditional medicines as part of the national essential medicines list
<b>Local Production</b>	Scale up local manufacturing capacity for medical laboratory technologies that are cost efficient to produce	Scale up local manufacturing capacity for diagnostic and imaging technologies that are cost efficient to produce	Scale up local manufacturing capacity for medicines and supplies that are cost efficient to produce	Scale up local manufacturing capacity for vaccines that are cost efficient to produce	Scale up collection and preparation capacity of blood and blood products	Scale up local manufacturing capacity for traditional medical products that are cost efficient to produce

Scope	Actions, by investment area					
	Medical laboratory technologies	Diagnostic and imaging technologies	Medicines & medical supplies	Vaccines	Blood, blood products and other MPHO	Traditional medicine products
<b>Procurement and supply chain management</b>	Develop annual and medium-term procurement plans for medical laboratory technologies	Develop annual and medium-term procurement plans for diagnostic and imaging technologies	Develop annual and medium-term procurement plans for medicines and medical supplies	Develop annual and medium-term procurement plans for vaccines	Scale up capacity for voluntary and donor blood collection in line with needs	Develop annual and medium-term procurement plans for traditional medical products
	Procure and distribute medical laboratory technologies in line with procurement plan	Procure and distribute diagnostic and imaging technologies in line with procurement plan	Procure and distribute medicines & supplies in line with procurement plan	Procure and distribute vaccines in line with procurement plan	Ensure donation and distribution of blood products in line with needs	Procure and distribute traditional medicines in the EML in line with procurement plan
<b>Maintenance</b>	Put in place maintenance and replacement plans for medical laboratory technologies	Put in place maintenance and replacement plans for diagnostic and imaging technologies	Put in place maintenance plans for the supply system to ensure availability of medicines and supplies at the point of care	Put in place maintenance plans for the supply system to ensure availability of medicines and supplies at the point of care	Align existing capacities of blood transfusion schemes and organ transplant services with need	
<b>Rational use</b>	Put in place a functional system to implement and monitor rational use of medical laboratory technologies	Put in place a functional system to implement and monitor rational use of diagnostic and imaging technologies	Put in place a functional system to implement and monitor rational use of medicines & supplies	Put in place a functional system to implement and monitor rational use of vaccines	Put in place a functional system for the rational use of blood, blood products and organ donations	Put in place a functional system to implement and monitor rational use of traditional medicines
	Monitor pricing of medical laboratory technologies	Monitor pricing of diagnostic and imaging technologies	Monitor quality, pricing and availability of medicines & supplies	Monitor the quality, prices and availability of vaccines	Reinforce quality management programmes, including improvement of screening strategies for TTIs in blood and organ donations	Monitor the quality, prices and availability of traditional medicine products with scientific evidence on the safety, efficacy and quality

## Service delivery

Scope	Actions, by investment area				
	Community service delivery system	Sub national service delivery system			Tertiary facility service delivery system
Primary facility service delivery system		Secondary facility service delivery system	Management system		
<b>Standards and norms</b>		Use of accreditation standards and process for primary care services	Use of accreditation standards and process for secondary care services	Support and monitor accreditation of facilities in the subnational unit (district)	Use of accreditation standards and process for tertiary care services
<b>Essential package of services</b>	Define / refine a community essential service package	Define / refine a primary care essential service package	Define / refine a secondary care essential service package	Coordinate planning, and monitoring application of essential service packages in the subnational unit (district)	Define / refine a tertiary care essential service package
<b>Supervision mechanisms</b>	Clinical supervision for community service provision	Clinical supervision for primary care service provision	Review outputs from clinical supervision in the subnational unit (district)	Clinical supervision for secondary care service provision	
		Co-supervision process with communities	Managerial and public health supervision process at subnational level	Plan, organize and undertake managerial and public health supervision in the subnational unit (district)	Managerial supervision process at national level



Scope	Actions, by investment area				
	Sub national service delivery system				Tertiary facility service delivery system
	Community service delivery system	Primary facility service delivery system	Secondary facility service delivery system	Management system	
<b>Organization of health services</b>	Review and update the organization of services at the community level	Review and update the organization of services within primary facilities	Review and update the organization of services within secondary facilities	Plan, coordinate, assess and monitor organization of services within the subnational unit (district)	Review and update the organization of services within tertiary facilities
	Design and apply community referral systems/ document health pathways and roll out people-centred services	Design and apply primary care referral and feedback systems/ document health pathways and roll out people-centred services	Design and apply secondary care referral and feedback systems	Plan, organize and manage referral services in the subnational unit (district)	Design and apply tertiary care referral feedback systems
	Put in place person-centred care actions for community service provision	Put in place person-centred care actions for primary care service provision	Put in place person-centred care actions for secondary care service provision	Support and monitor application of person-centred actions in the subnational unit (district)	Put in place person-centred care actions for tertiary care service provision
	Strengthen capacities for community and patient engagement	Strengthen capacities for community and patient engagement	Strengthen capacities for patient engagement	Strengthen capacities for community and patient engagement	Strengthen capacities for patient engagement
<b>Management of service delivery (processes and resources)</b>	Put in place a mechanism for input management (HR, infrastructure, products) at community level	Put in place a mechanism for input management (HR, infrastructure, products) at primary care facilities	Put in place a mechanism for input management (HR, infrastructure, products) at secondary care facilities	Review and update the organization of the subnational unit (district) management team	Put in place a mechanism for input management (HR, infrastructure, products) at tertiary care facilities
		Put in place a mechanism for process management (financing, information) at primary care facilities	Put in place a mechanism for process management (financing, information) at secondary care facilities	Support capacity strengthening for process management (financing, information) at sub-national level	Put in place a mechanism for process management (financing, information) at tertiary care facilities
		Analysis and optimization of patient flows in facilities	Analysis and optimization of patient flows in facilities	Build capacity for health facility patient flow analysis	Analysis and optimization of patient flows in facilities

Scope	Actions, by investment area					
	Sub national service delivery system				Tertiary facility service delivery system	
	Community service delivery system	Primary facility service delivery system	Secondary facility service delivery system	Management system		
<b>Quality and safety of service delivery</b>	Develop and apply service standards for community services	Develop and apply service standards for primary care services	Develop and apply service standards for secondary care services	Support and monitor application of service standards in the subnational unit (district)	Develop and apply service standards for tertiary care services	
		Establish functional therapeutic committees in primary care facilities	Establish functional therapeutic committees in secondary care facilities	Monitor and oversee the operations of the therapeutic committees	Establish functional therapeutic committees in tertiary care facilities	
		Put in place infection prevention and control interventions in primary care facilities	Put in place infection prevention and control interventions in secondary care facilities	Develop and monitor infection prevention and control strategy in the subnational unit (district)	Put in place infection prevention and control interventions in tertiary care facilities	
		Set up accreditation mechanisms for different classifications of facilities	Set up accreditation mechanisms for different classifications of facilities	Develop/establish a national accreditation system	Set up accreditation mechanisms for different classifications of facilities	
		Develop and apply service standards and guidelines for different facility types	Develop and apply service standards and guidelines for different facility types	Undertake periodic reviews of service standards and guidelines	Develop and apply service standards and guidelines for different facility types	
	Develop and apply service standards for community services (cont'd)	Establish functional therapeutic committees in all facilities	Establish functional therapeutic committees in all facilities		Establish functional therapeutic committees in all facilities	
		Establish infection prevention and control approaches in all facilities	Establish infection prevention and control approaches in all facilities	Provide guidelines and build capacity for infection prevention and control	Establish infection prevention and control approaches in all facilities	
	Establish mechanism/network to ensure patient empowerment					
		Establish mechanism/network to ensure community engagement	Establish mechanisms for patient education and dialogue	Establish fora for interaction with patients/clients associations	Establish mechanisms for patient education and dialogue	

Scope	Actions, by investment area				
	Sub national service delivery system				Tertiary facility service delivery system
	Community service delivery system	Primary facility service delivery system	Secondary facility service delivery system	Management system	
<b>Equity in service delivery</b>	Implement a continuous system for identification and surveillance of vulnerable populations	Facilitate identification and surveillance of vulnerable populations in primary care facility area of responsibility	Facilitate identification and surveillance of vulnerable populations in secondary care facility area of responsibility	Put in place linkages with communities for identification and surveillance of vulnerable populations within the subnational unit (district)	Facilitate identification and surveillance of vulnerable populations in tertiary care facility area of responsibility
	Develop and implement targeted community interventions for vulnerable populations	Develop and implement targeted primary care interventions for vulnerable populations	Develop and implement targeted secondary care interventions for vulnerable populations	Plan, organize and manage targeting of services for vulnerable populations in the subnational unit (district)	Develop and implement targeted tertiary care interventions for vulnerable populations

## Health governance

Scope	Actions, by investment area			
	Community governance systems	Health facility governance systems	Sub national governance systems	National governance systems
<b>Organisational structure</b>	Align community management & oversight structures with operational needs and accountability mechanisms	Align health facility management & oversight structures with operational needs	Align subnational management & oversight structures with operational needs	Align national management & oversight structures with operational needs
<b>Accountability systems</b> <b>KEY PRIORITY ACTION</b>	Define and align responsibilities of actors at all levels of the health system			
	Develop, implement and monitor comprehensive community based performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive community based performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive community based performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive community based performance monitoring systems guided by country planning framework
	Put in place regular feedback and learning loops across all levels of the system (goal to promote citizen participation)			
<b>Policy, legal and regulatory systems</b>	Align existing regulatory framework with needs for community services provision	Align existing regulatory framework with health facility services provision	Align existing regulatory framework with the subnational management needs	Align existing regulatory framework with the sector policy needs for national service provision
	Have a process to build capacity and awareness of regulatory requirements at the community levels	Have a process to build capacity and awareness of legal and regulatory requirements at the health facility levels	Have a process to build capacity and awareness of legal and regulatory requirements at the subnational levels	Have a process to build capacity and awareness of legal and regulatory requirements at the national levels
				Align mandates and capacities of professional associations with legal and professional requirements
		Develop and apply accreditation mechanism for health facilities	Accredit subnational management teams	Accredit national management teams
			Build capacity in subnational governance teams to adapt or develop appropriate regulatory frameworks	Build capacity in MOHs to develop and revise appropriate regulatory frameworks
<b>Authority and mandate</b>	Review and align scope of authority of actors at the community level	Review and align scope of authority of actors at the health facility level	Review and align scope of authority of actors at the subnational level	Review and align scope of authority of actors at the national level

Scope	Actions, by investment area			
	Community governance systems	Health facility governance systems	Sub national governance systems	National governance systems
<b>Partnerships and engagement</b> <b>KEY PRIORITY ACTION</b>	Put in place mechanisms to empower communities to participate and engage in health action	Put in place mechanisms to coordinate actions of service providers	Put in place mechanisms to engage with and coordinate actions of all categories of health actors	Put in place mechanisms to engage with and coordinate actions of all stakeholders within the health sector and across sectors
<b>Stewardship capacity</b> <b>KEY PRIORITY ACTION</b>		Review and align health facility institutional capacity with service provision needs	Review and align subnational institutional capacity with service provision and management needs	Review and align national institutional capacity with service provision and health system governance needs
		Develop and inculcate a common learning culture for performance improvement at the facility level	Develop and inculcate a common learning culture for performance improvement within management teams at the subnational level	Develop and inculcate a common learning culture for performance improvement within governance and management entities at the national level
		Match knowledge, skills and attributes of managers with expectations at the health facility	Match knowledge, skills and attributes of managers with expectations at subnational units	Match knowledge, skills and attributes of managers with expectations at national level
		Put in place an enabling environment for effective leadership and management at the facility level	Put in place an enabling environment for effective leadership and management at the subnational level	Put in place an enabling environment for effective leadership and management at the national level

## Health information, research and eHealth

Scope	Actions, by domain area						
	Routine HMIS	Civil registration	Health Research	Surveys / census	Surveillance	e-Health	
<b>Data generation</b>	Map sector indicators to be collected through routine HMIS system		Map sector indicators to be collected through health research	Map sector indicators to be collected through surveys	Map sector indicators to be collected through surveillance systems	Establish a data sharing and interoperability framework and system	
	Introduce / scale up integrated electronic mechanisms for HMIS data collection (e.g. DHIS2) to all facilities	Working with civil registration and health sectors to improve coverage for births, deaths and cause of death reporting	Establish a national health research agenda	Identify, and plan for health surveys needed during the strategic plan period (DHS, BoD, STEPs, SARA, etc)	Establish a web-based reporting system for notifiable conditions	Establish an eHealth policy and strategy including architecture and roles of different eHealth applications	
		Optimise vital statistics data collection at health facilities and coding capacity				Improve capacity to use eHealth applications in data generation	
	Establish open data policies and facilitate access to data from all sources for all						
	Identify, map and mobilize resources for scaling up routine HMIS data architecture	Identify, map and mobilize resources for universal vital statistics data registration	Identify, map and mobilize resources for scaling up health research data architecture	Identify, map and mobilize resources for scaling up survey data architecture	Identify, map and mobilize resources for scaling up surveillance data architecture	Identify, map and mobilize resources for scaling up eHealth data architecture	
<b>Data validation</b>	Conduct annual data quality review for routine HMIS data	Conduct annual data quality review for vital statistics data	Put in place a research committee to assure quality of research	Ensure components created for HMIS and civil registration data quality verification	Conduct data verification and cross checking among systems	Establish automated systems for data validation	
	Conduct additional data quality assessment at least once every 3 years, if possible						



Scope	Actions, by domain area					
	Routine HMIS	Civil registration	Health Research	Surveys / census	Surveillance	e-Health
Data analysis	Establish clear institutional capacity for analysis and synthesis of routine HMIS data	Establish clear institutional capacity for analysis and synthesis of vital statistics data	Establish clear institutional capacity for synthesis and analysis of research data	Establish clear institutional capacity for analysis and synthesis of survey data	Establish clear institutional capacity for analysis and synthesis of surveillance data	Establish automated systems for real-time data analysis at source, where applicable
	Design and put in place a training programme to build skills in analysis of routine HMIS data	Design and put in place a training programme to build skills in analysis of vital statistics data	Design and put in place a training programme to build skills in analysis of health research data	Design and put in place a training programme to build skills in analysis of survey data	Design and put in place a training programme to build skills in analysis of surveillance data	Design and put in place a training programme to build skills in use of eHealth solutions
	Agree stratifiers for routine HMIS data			Agree stratifiers for survey data		
Dissemination	Establish functional mechanisms to ensure routine HMIS data is fed into performance monitoring process	Establish functional mechanisms to ensure vital statistics data is fed into performance monitoring process	Establish functional mechanisms to ensure health research data is fed into performance monitoring process	Establish functional mechanisms to ensure survey data is fed into performance monitoring process	Establish functional mechanisms to ensure surveillance data is fed into performance monitoring process	
	Develop an annual report on the state of routine HMIS system, plus dissemination of its outputs	Develop an annual report on the state of vital statistics, plus dissemination of its outputs	Develop an annual report on the state of health research, plus dissemination of its outputs	Develop reports of surveys conducted	Develop an annual report on the state of surveillance in line with IHR recommendations	Design a system for generation of automated reports
	Establish functional mechanisms to feed routine HMIS data into the country's health observatory	Establish functional mechanisms to feed vital statistics data into the country's health observatory	Establish functional mechanisms to feed health research data into the country's health observatory	Establish functional mechanisms to feed survey data into the country's health observatory	Establish functional mechanisms to feed surveillance data into the country's health observatory	
Use of evidence	Ensure HMIS data is routinely used at service level for actions	Use vital statistics data for health policy, planning and evaluation	Conduct an annual health research forum			

## Health financing

Description	Actions, by investment area		
	Revenue Raising	Resource Pooling and Management	Purchasing arrangements
<b>Financing Policy, regulatory and legal systems</b>	Develop legislation and policy to support domestic revenue generation Conduct evidence-based advocacy for increased domestic revenue for health using innovative financing e.g. alcohol, tobacco and other taxes and health insurance schemes etc	Develop instruments (policy, legal and/or regulations) for efficient and equitable pooling and management of health funds	Strengthen oversight and regulation of service provision
	Establish governance and partnership mechanisms to coordinate revenue generation	Establish governance and partnership mechanisms to coordinate revenue pooling and management	Establish governance and partnership mechanisms to coordinate purchasing arrangements
	Design and develop comprehensive health financing strategies and plans.		
<b>Financial management and accountability systems</b>	Put in place financial management information systems that are integrated into financial management systems	Establish/strengthen integrated information systems for managing pooled resources	Strengthen institutional capacity for management of financing information systems for applicable provider payment mechanisms
	Regular assessment of public and donor finance management systems for efficiency and equity		
	Institutionalize resource mapping systems for all sources of revenue		
		Develop a sector-wide mechanism for stakeholders to participate in budgeting process for public and non-public funds	Put in place a mechanism to ensure alignment of resources with strategic priorities
	Put in place and/or update information systems for mapping of funds from all sources		
<b>Institutional Arrangements</b>	Establish pre-payment schemes	Develop, and/or align needed institutional structures and processes for pooling and management of health resources	Put in place institutional structures and processes for contextually relevant and feasible purchasing mechanisms to improve service provision effectiveness.
	Implement evidence-based measures for reducing waste and inefficiencies		Regularly review available options for purchasing mechanisms in terms of feasibility, efficiency, equity and effectiveness of service provision
			Develop independent verification of reimbursement mechanisms
<b>Evidence generation for health financing</b>	Institutionalize National Health Accounts	Regular review of efficiency and equity in pooling and management system	Regular review of efficiency and effectiveness of purchasing mechanism
	Regular update of feasibility of options for domestic and external resource mobilization		
		Conduct regular expenditure tracking surveys for public and partner resources	
		Conduct expenditure reviews	

