



**JOINT  
LEARNING  
NETWORK**  
For Universal Health Coverage

# REVISITING HEALTH FINANCING TECHNICAL INITIATIVE

IN PARTNERSHIP WITH



**WORLD BANK GROUP**  
Health, Nutrition & Population



**GLOBAL  
FINANCING  
FACILITY**



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## THE JOINT LEARNING NETWORK

**THE JOINT LEARNING NETWORK (JLN)  
FOR UNIVERSAL HEALTH COVERAGE IS AN  
INNOVATIVE GLOBAL LEARNING NETWORK  
CONNECTING PRACTITIONERS, POLICYMAKERS  
AND TECHNICAL EXPERTS TO DEVELOP  
PRACTICAL AND TIMELY SOLUTIONS TO  
UHC IMPLEMENTATION CHALLENGES.**

# The Joint Learning Network

**THE JOINT LEARNING NETWORK (JLN) FOR UNIVERSAL HEALTH COVERAGE** <sup>1</sup> is an innovative global learning network connecting practitioners, policymakers and technical experts to develop practical and timely solutions to UHC implementation challenges. While ensuring technical rigor and adherence to global best practice, JLN facilitators use unique joint learning methodologies to elicit the tacit, but often undocumented know-how that sits with JLN members. Through technical exchanges and other learning modalities, facilitators and members work together to co-develop knowledge products addressing demand-driven issues that focus on the practical “how to” of achieving Universal Health Coverage (UHC).

The Joint Learning Network (JLN) was established to create a country-owned and country-led community of practice to encourage joint learning and shared knowledge exchange among low and middle income countries that are undertaking reforms to achieve Universal Health Coverage (UHC). Since the founding of the JLN with six member countries in 2010, the JLN has grown to 34 member countries in 2019, with 22 full members and 12 associate members. The JLN thrives on its membership of committed policymakers and practitioners who steer and lead the network, and is comprised of leaders from ministries of health, national health financing agencies, and other key government institutions across Asia, Africa, Europe, Latin American and the Middle East.

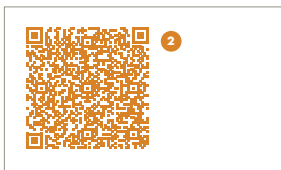
The World Bank—a founding partner and active participant in the JLN for the past nine years—has been prioritizing its support to the JLN by contributing to efforts to broaden membership, providing inputs into technical activities, fostering strong country ownership and revitalization of country engagement, and supporting strengthened

governance and monitoring systems within the JLN. The World Bank is connecting the JLN's flexible and practitioner-driven learning models with analytic and advisory activities (AAA) and lending, and foster follow-up technical support programs in specific countries as an extension of JLN engagements.

The core strength and sustainability of the JLN lies in its country ownership, which allows the network to articulate country demand and co-create responsive products. A core function of the JLN is to build and support in-country leadership and capacity, with the help of partners, through the formation of Country Core Groups (CCGs). CCGs are composed of in-country leaders for UHC that link local practitioners to global knowledge exchange, ensuring that the JLN is working seamlessly to adapt and implement products at the country level. As the JLN continues to emerge as a key global platform for knowledge exchange on UHC, the JLN will need to deepen its proactive work to establish CCGs across member countries at an effective and sustainable pace.

# The Joint Learning Network’s New Strategy

In July 2018 the JLN entered a new phase of implementation with the launch of its five-year vision and strategy. These concepts, summarized in the **JLN STRATEGY BRIEF**, <sup>2</sup> will guide the next phase of the JLN. The Strategy was developed by a working group of country members from the JLN Steering Group and shaped by inputs from all the members of the network.



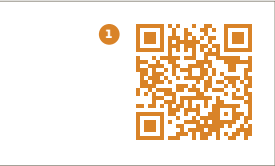
## THE NEW JLN STRATEGY PRIORITIZES THE FOLLOWING GOALS:

		
<b>STRENGTHEN</b>	<b>MAINTAIN</b>	<b>FOSTER</b>
the JLN’s role in the global UHC space as a leading source of action-oriented knowledge on how to implement UHC	alignment of the network’s technical topics for joint learning with the demand of our member countries	partnerships to support technical priorities and promote institutional and financial sustainability of the network

## FUNDING FOR THE JLN

The JLN is currently funded by the Bill and Melinda Gates Foundation, Rockefeller Foundation, USAID/Health Financing and Governance Project and World Bank. Some JLN countries also contribute directly to JLN activities by hosting meetings and providing in-kind support.

The World Bank’s partnership to the JLN receives support from the Gates Foundation, Rockefeller Foundation and the World Bank- Japan. PHRD trust fund since 2017, as well as country participation support from Australia’s DFAT for East Asian countries.





# Revisiting Health Financing Technical Initiative

The World Bank’s support to the Joint Learning Network for UHC is made possible with financial contributions from the following partners:



JLN’s long-term technical priorities are organized under Technical Initiatives which provide a framework for joint learning. JLN Technical Initiatives to date have focused on topics such as Information Technology, Primary Health Care, Population Coverage, Provider Payment Mechanisms, and Quality.

The Revisiting Health Financing Technical Initiative (RHFTI) was launched after extensive consultations with JLN member countries and the JLN Steering Group, including during the Annual UHC Financing Forum (April 2016, Washington DC), the JLN Global Meeting (July 2016, Malaysia) and through multiple JLN Member surveys. Led by the World Bank, a country-by-country consultation was held from February to March 2017 to further identify membership and representation.

Consultations revealed that as countries move towards UHC, their health financing systems are undergoing rapid change, and are faced with additional pressures related to transitioning external support. At such a time, revisiting conventional financing practices in a peer-to-peer knowledge exchange setting can be very valuable for countries to gain practical know-how related technical support from each other. More specifically, these

consultations revealed a high demand for the following 3 thematic areas for joint learning:

- 1. Leveraging Existing Resources (Collaborative)
- 2. Domestic Resource Mobilization (Collaborative)
- 3. Fiscal Policy for Public Health (Learning exchange)

Typically convened for 18-24 months with support from international experts and technical facilitators, collaboratives consist of designated representatives from Country Core Groups who participate in discussions on a particular topic. Members determine explicit collaborative goals and share country experiences with the eventual aim of co-producing knowledge products. Learning exchanges are shorter in duration and less intensive (e.g. one workshop plus product) and provide an opportunity to intensively focus on a specific topic and in response to country demand.

Country members and partners within the RHFTI

	FISCAL POLICY FOR PUBLIC HEALTH LEARNING EXCHANGE	EFFICIENCY COLLABORATIVE	DRM COLLABORATIVE
BANGLADESH	●	●	●
CAMBODIA*			●
CAMEROON**			●
COTE D'IVOIRE**			●
ETHIOPIA	●	●	●
GHANA	●	●	●
INDIA	●	●	●
INDONESIA	●	●	●
KENYA	●	●	●
KOREA			●
LAO PDR		●	●
MALAYSIA	●	●	
MONGOLIA	●	●	
MYANMAR		●	●
NIGERIA	●	●	
PHILIPPINES	●	●	
SENEGAL**			●
SUDAN		●	●
UGANDA**			●
VIETNAM		●	●

\*DENOTES OBSERVER COUNTRIES    \*\* DENOTES GFF PARTNER COUNTRIES

# Leveraging Partnerships and Joint Collaboration

## PARTNERS

Collaboratives under the RHFTI draw on the unique contributions of partners.



### International Decision Support Initiative (iDSI)

Since 2017, the World Bank and the International Decision Support Initiative (iDSI) have partnered as technical facilitators to create technical content, provide strategic guidance and review, and facilitate discussions as a part of the Leveraging Resources for Efficiency Collaborative. iDSI's engagement and collaboration with the RHFTI is led through the Center for Global Development (CGD) and Imperial College. iDSI is a global network of health, policy and economic expertise, working to support countries to lead their own progress towards Universal Health Coverage (UHC). As a result of recently renewed Gates Foundation funding, iDSI's global network of expertise has expanded. iDSI core partners now include: the Asia Health Technology Assessment consortium that includes the National Health Foundation of Thailand, the Saw Swee Hock School of Public Health, National University of Singapore and Health

Intervention and Technology Assessment Program; the Health Economics Research Unit of the KEMRI Wellcome Trust Programme, the Norwegian Institute of Public Health and the Clinton Health Access Initiative, Inc., in addition to current core partners: the Global Health and Development Group at Imperial College London, the China National Health Development Research Center and the Center for Global Development (secretariat to the current iDSI grant). Through its extensive network, iDSI produces a range of in-country support activities, knowledge products and global public goods related to tackling health care challenges, generating and using evidence, strengthening institutions, smart purchasing, value for money, and measuring impact. In particular iDSI has expertise in providing support and developing partnerships for strengthening priority setting institutions and processes for decision making in health and health benefits package (HBP) design.

### Global Financing Facility (GFF)

In April 2018, and in recognition of the challenges that many countries face in the mobilization of domestic resources for health care, including the financing of interventions to support reproductive, maternal, neonatal, child and adolescent health (RMNCAH), the Global Financing Facility for Women, Children, and Adolescents partnered with the DRM Collaborative to integrate Global Financing Facility country participants into the DRM Collaborative's community of practitioners. The partnership

has provided a rich collaboration between a diverse set of low and middle income countries across Asia and Africa that are seeking ways to mobilize domestic resources for health across various contexts, including countries that are donor dependent within health and other sectors, experience various stages of economic growth, and/or countries that are classified as facing development challenges such as fragility, conflict, and violence. The DRM Collaborative aims to create materials that are adaptive for various low- and middle-income contexts, and available in French.

## THE JOINT LEARNING NETWORK AND CO-LOCATION

Through the JLN partnership, the RHFTI took advantage of co-location with other JLN meetings and participants have expressed positive feedback on the co-location of meetings.



1. At its first in-person meeting held April 2017 in Washington DC, USA, the Efficiency Collaborative convened 37 participants from 11 JLN member countries. The meeting resulted in the identification of the 2 strategic Work Streams for the Efficiency Collaborative for 2017-18 (a) Measurement and Information for Efficiency, and (b) Systematic Priority Setting.



2. At its second in-person meeting held December 2017 in Seoul, Korea, DRM Collaborative members networked and discussed the outputs and progress of the Medical Audits Collaborative (under the Quality Technical Initiative) alongside in-person meetings of the Health Benefits and Policy Collaborative and the Private Sector Engagement Collaborative (under the Primary Health Care Technical Initiative).



3. In February 2018 the third in-person meeting of the Efficiency Collaborative was co-located with the learning exchange on Fiscal Policy for Health allowing attendees an opportunity to learn about and discuss various aspects of efficient use of resources for health and the use of fiscal policy instruments for positive health outcomes.



4. In early 2019, the third in-person meeting of the DRM Collaborative members was co-located in New Delhi, India and held before the fourth in-person meeting of the Leveraging Resources for Efficiency Collaborative so that members could explore the linkages between DRM and efficiency while sharing their country experiences.



5. In late 2019, DRM and EC products will launch at the JLN Global Meeting in Manama, Bahrain.

## Key Areas of Impact

Through the participation of country nominated senior policymakers from Ministries of Health and Ministries of Finance, the DRM and Collaborative on Leveraging Existing Resources, also known as the Efficiency Collaborative, engaged and built in-country capacity and technical knowledge of health financing, while also utilizing country experiences to create practical guides for use by practitioners in low- and middle-income countries.

The top-down approach of enhancing country capacity by including senior policymakers within the Collaboratives encourages practitioners to take their learnings back to their countries and impart shared knowledge to their peers, effectively transforming and adapting what they've learned. For instance, the Policy Dialogue Workshop deliverable of the DRM Collaborative encourages countries, such as Sudan during September 2018, to engage sub-national and national level policymakers from their ministries of health and financing in a dialogue on DRM for health through a country-owned and country-driven process, synonymous with the principles of Universal Health Coverage and as echoed within the JLN.

As a foundational step, Collaboratives introduce participants to a shared understanding of key concepts and principles. In the DRM Collaborative, discussions on measuring the fiscal space for health, country experiences with reprioritization for health, and understanding the applicability of DRUM (Domestic Resource Use and Mobilization) provides practitioners with the tools to devise economic and evidence-based arguments that inform their in-country discussions between the Ministry of Health, Ministry of Finance and other stakeholders.



**THE APPROACH TO ENHANCING COUNTRY CAPACITY**  
**BY INCLUDING SENIOR POLICYMAKERS WITHIN THE COLLABORATIVES**  
**ENCOURAGES PRACTITIONERS TO TAKE THEIR LEARNINGS BACK TO THEIR**  
**COUNTRIES AND IMPART SHARED KNOWLEDGE TO THEIR PEERS,**  
**EFFECTIVELY TRANSFORMING AND ADAPTING WHAT THEY'VE LEARNED.**

# THE FISCAL POLICY FOR PUBLIC HEALTH LEARNING EXCHANGE

The FP Learning Exchange considered positive health outcomes that can be achieved through fiscal policy measures. The overarching objective of this Learning Exchange was to discuss the use of fiscal policy such as sin taxes for tobacco to discourage consumption and lead to positive health outcomes.

### THIS INCLUDED UNDERSTANDING:

- a. country experience in feasibility, implementation, achievements and challenges in using fiscal policy for public health;
- b. diagnostic tools for evaluating and strengthening tax policies for public health;
- c. benefits, political economy, and ease of introduction of tobacco tax



### PROGRESS TO DATE

This learning exchange was held in **FEBRUARY 2018**, in **NAIROBI, KENYA** co-located with the Third In-Person Meeting of the Efficiency Collaborative – attended by 36 participants from the following 11 JLN countries: Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, Philippines, and Sudan.

### 11 JLN COUNTRIES



The meeting benefited from technical presentations from subject matter experts from the Ministry of Health Malaysia, the UK Health Forum, the Public Health Institute (Oakland, United States), The Kenya Revenue Authority, Sovereign Insight (Kenya) and the World Bank. Presenters provided an extensive overview on the use of fiscal policy measures for positive health outcomes. Showcased global implementation experience and modeled health and cost impact with case studies on

**TOBACCO TAX** in Ukraine, Malaysia, UK and Kenya,  
**SUGAR TAX** in Mexico, Berkeley and California and  
**ALCOHOL DUTY** in the UK.

Discussions and key take away messages from the learning exchange were captured in a blog which was published on the JLN website shortly after the event.



# COLLABORATIVE ON LEVERAGING EXISTING RESOURCES (EFFICIENCY COLLABORATIVE)

As this collaborative came together, participants within the Efficiency Collaborative shared their countries' experiences while highlighting persisting challenges faced by them in the efficient use of resources for health. After detailed discussions, the group decided that challenges in systematic priority setting and measurement of efficiency are two of the most significant issues faced by their countries in the efficient use of resources for health.



## PROGRESS TO DATE

Two strategic work streams were set up to undertake collaborative work on jointly addressing these challenges: the Systematic Priority Setting Stream and the Measurement and Information Stream. Over the last two years members of the Efficiency Collaborative have engaged in person and virtually to delve deep into the focus areas of the two work streams.

The Efficiency Collaborative (EC) came together for the first time in April 2017, co-located with the Second Annual UHC Financing Forum in Washington DC, for a two-day face to face meeting. Since its launch, the Efficiency Collaborative has had three in-person meetings (Surabaya in September 2017, Nairobi in February 2018, and New Delhi in February 2019) and several virtual meetings to continue work on the two work streams.

The core team of technical facilitators for the Efficiency Collaborative was comprised of Amanda Glassman, Kalipso Chalkidou, Carleigh Krubiner of the Center for Global Development; Francoise Cluzeau, Y-Ling Chi and Mairi Jeffery of Imperial College London; and Reem Hafez, Somil Nagpal, Lydia Ndebele, Naina Ahluwalia, Danielle Bloom, Lauren Hashiguchi, and Aditi Nigam of the World Bank.

Below is a description of the work done under this collaborative:

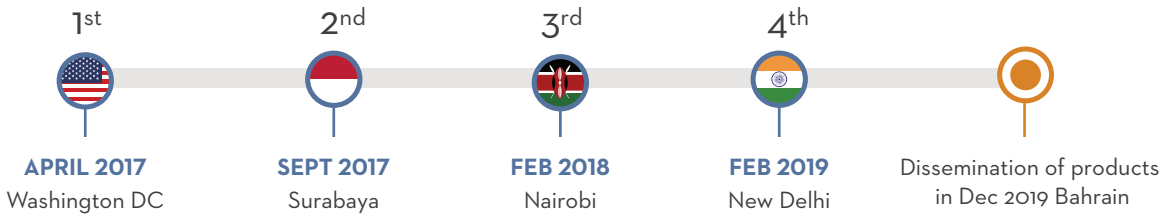
1. **Systematic Priority Setting Work Stream:**  
This work stream has co-produced two knowledge products:
  - i. **Health Priority Setting and Resource Allocation Tool and Database (HePRA)** a database of existing resource allocation frameworks in 11 member countries.
  - ii. **Using Data And Evidence for Priority Setting: A Practitioners' Handbook**, a comprehensive guide (aimed at LICs and LMICs) on the Use of Evidence for Priority Setting.
2. **The Measurement and Information Work Stream:**
  - i. **Measuring Health System Efficiency in Low- and Middle-Income Countries: A Practical Guide**, includes guidance on the challenges of measurement and information on the efficient use of resources. Includes a list of partial indicators along the results chain that can be used to tell a story of efficiency in a health system.



## NEXT STEPS

This collaborative concludes its first phase with the JLN global meeting in December 2019, and has been extended into its next phase. The second phase, with a focus on Systematic Priority Setting, will continue to be jointly facilitated by WB and IDSI during 2019-2021.

### THE EFFICIENCY COLLABORATIVE (EC) MEETING TIMELINE



## QUOTES FROM PARTICIPANTS

“ Well organized with huge benefits through engagement with facilitators.”

“ Need to continue in-person meeting because this topic is very interesting and dynamic.I think this collaborative needs to continue and meet annually if possible.”

“ Very informative especially having an opportunity to compare with other countries and learn new ways of doing things.”



EFFICIENCY COLLABORATIVE: TABLE OF DELIVERABLES		
DELIVERABLE AND DESCRIPTION	PURPOSE	COUNTRY CONTRIBUTIONS
<b>#1</b> <b>THE HEALTH PRIORITY SETTING AND RESOURCE ALLOCATION (HePRA) DATABASE</b> of existing resource allocation frameworks in 11 member countries.	<ul style="list-style-type: none"> <li>- The HePRA database can serve as a ready reference for understanding resource allocation approaches used by a set of 11 countries, including both methods used for prioritization during resource allocation, and a picture of whether and how resources flow according to those priorities. This can be used by countries as a benchmark or precedent as well as to advocate for change in processes being used in their own context. It may also be used as a repeated tool to create a baseline picture, and document progress in a given context over a period of time, helping understand the evolution of these systems and assess the impact of alternative interventions.</li> <li>- The HePRA database could point to further areas for country technical support for priority setting in both macro as well as downstream resource allocation decisions by indicating areas of these processes that may require improvement, for example, improving downstream coordination of donor funding with government priorities.</li> </ul>	<ul style="list-style-type: none"> <li>- In the inception stage, country representatives filled out a mini-questionnaire on existing resource allocation frameworks and also provided verbal feedback in response to the questions in the mini-questionnaire.</li> <li>- In support of the developments and reorganization of the HePRA database, country representatives have validated and provided feedback on the scope, structure and organization of the database while confirming particulars for each of their countries and providing additional information to fill knowledge gaps.</li> </ul>
<b>#2</b> <b>USING DATA AND EVIDENCE FOR PRIORITY SETTING: A PRACTITIONER'S HANDBOOK</b> (aimed at LICs and LMICs)	<ul style="list-style-type: none"> <li>- The Guide can be used by country practitioners during operational and budgetary planning to help identify technical resources and tips that can enable more systematic, evidence-based priority setting and maximize gains within the budget envelope, potentially building bridges between ministries of health and finance.</li> <li>- The Guide, with its repository of existing practical tools and resources, could be used to identify the most appropriate resource for such support, such as identifying a specific priority setting tool that may be used for benefit package creation, revision or review or how the analytical approaches and governance processes can be applied to real policy decisions with immediate resource implications, including listing of technologies and procurement arrangements</li> </ul>	<p>Country representatives have conceptualized the Comprehensive Guide and supported co-production of the outline for the Guide.</p> <p>Country representatives have also provided several examples how priority setting takes places in their respective health systems along with where and how evidence has been used while making resource allocation decisions.</p>

EFFICIENCY COLLABORATIVE: TABLE OF DELIVERABLES		
DELIVERABLE AND DESCRIPTION	PURPOSE	COUNTRY CONTRIBUTIONS
<b>#3</b> <b>PRIORITIZED LIST</b> of indicators along with fact sheets	<ul style="list-style-type: none"> <li>- Consolidated, streamlined and prioritized list of 'partial indicators' along the results chain (financing, inputs, outputs and outcomes) to tell a story of efficiency in a health system.</li> <li>- Fact-sheets for each of the prioritized indicators help countries to understand the prevailing state of efficiency including using benchmarking.</li> </ul>	<ul style="list-style-type: none"> <li>- Since the formation of this work stream, country representatives have consolidated, streamlined and prioritized a list of 'partial indicators'.</li> <li>- This prioritized list of indicators was piloted in 4 EC member countries (Kenya, Philippines and 'self-pilots' from Malaysia and Ghana). Results of these pilot have been shared with the Collaborative as a way to demonstrate how the list of prioritized indicators may be used to understand efficiency in a health system.</li> </ul>
<b>#4</b> <b>MEASURING HEALTH SYSTEM EFFICIENCY IN LOW- AND MIDDLE-INCOME COUNTRIES: A PRACTICAL GUIDE</b>	This handbook details how partial indicators may be used to understand the state of efficiency in a given health system. It also captures lessons from the 4 pilots conducted under the Efficiency Collaborative.	Lessons from the 4 pilots conducted under the Efficiency Collaborative are captured in the Resource Guide.



FUTURE DIRECTIONS

Going forward, owing to Systematic Priority Setting being ranked among the highest priority technical topics for continuation of joint learning under the JLN, the Efficiency Collaborative will focus on the following two sets of activities:

1. **Follow-on** and application based on the current phase of work through a strengthened virtual network of focused communities of practice. This activity would include refining products and creating linkages to new areas of learning by supporting policy dialogue and identifying areas for application and in-depth technical assistance.
2. **Exploring** new sub-themes that haven't been addressed so far but are high priorities of a practical nature for countries. The next phase of this collaborative re-focuses on the implementation aspects of Systematic Priority Setting.

# COLLABORATIVE ON DOMESTIC RESOURCE MOBILIZATION (DRM COLLABORATIVE)



## PROGRESS TO DATE

Collaborative members have engaged in three virtual meetings and three in-person meetings to discuss planning, progress, and next steps on the Collaborative’s five deliverables. Following detailed discussions, participants determined three strategic work streams for engagement in joint learning and joint problem solving in 2018 and identified deliverables for cross-collaboration in 2019. The three workstreams around which members

determined five deliverables are: **a)** Making the Case for Investment in Health, **b)** Macroeconomic Conditions and Domestic Resource Mobilization, and **c)** Exploring the Transition from External Financing. A full list of deliverables with next steps and their expected contribution for practitioners can be found in the following tables on pages 15 and 16.

4  VIRTUAL MEETINGS

3  IN-PERSON MEETINGS

5  DELIVERABLES

**FACILITATORS INCLUDE:** Maria Eugenia Bonilla-Chacin (also of the World Bank Global Financing Facility team), Danielle Bloom, Lauren Hashiguchi, Emiko Masaki, Somil Nagpal, Lydia Ndebele, Aditi Nigam, Ajay Tandon, and Val Ulep of the World Bank constitute the core team of technical facilitators for the JLN DRM Collaborative.



## NEXT STEPS

Upon completion and dissemination of its deliverables in late 2019, the DRM collaborative will shift learning modalities from a collaborative engaged in active knowledge production into a collaborative structured more in application of the products. This ‘tail funding’ for

the DRM collaborative will provide support in the knowledge adaptation phase for member countries, effectively serving as a bridge between the completion stage of the deliverables and the implementation stage of the deliverables.

## DRM COLLABORATIVE: TABLE OF DELIVERABLES

DELIVERABLE AND DESCRIPTION	PURPOSE	COUNTRY CONTRIBUTIONS
<b>#1</b> <b>POLICY DIALOGUE WORKSHOPS</b> are country-led meetings with various Ministry of Health, Ministry of Finance, and other key stakeholders within the country, to discuss common communication challenges and share mutual targets for making the case for investment in health.  <b>MEETING TOOLKIT</b> , which includes meeting material templates e.g. sample agenda, sample TOR text, policy simulations, and meeting synthesis of September 2018 Sudan pilot Policy Dialogue Workshop.	- To take advantage of “low-hanging fruit”, the DRM Collaborative will create a toolkit of its standard materials for countries to adapt for use in their in-country dialogues on DRM.	- Sudan volunteered to hold the first Policy Dialogue Workshop pilot and engaged in a country-led and country owned process to bring 54 state and federal level stakeholders from 3 Ministries (Health, Finance, and the National Health Insurance Fund) to a jointly planned dialogue platform in September 2018.
<b>#2</b> <b>ONLINE INVENTORY</b> of DRM Efforts.  - A collection of existing DRM inventories and use cases. Includes an add-on analysis to the earmarking database and broader DRM efforts.	- The database will serve as a ready reference of inventories, as well as a summary of DRM efforts in comparator countries.	- Country participants contributed their country experiences with innovative financing mechanisms such as earmarking for health.
<b>#3</b> <b>DRM MESSING GUIDE: BRIDGING THE COMMUNICATION DIVIDE BETWEEN HEALTH AND FINANCE</b> Includes a compilation of messages used in making the case for investment in health including applied macroeconomic concepts, data, indicators, and country experience, as well as practitioner-led tips on communicating effectively across health and finance sectors.	- The Guide can be used by countries as a practical toolkit containing tips and communication strategies around DRM for health during annual budget negotiations, mid-term planning or other ad hoc opportunities.	- Country co-authors wrote and/or reviewed messages.



DRM COLLABORATIVE: TABLE OF DELIVERABLES

DELIVERABLE AND DESCRIPTION	PURPOSE	COUNTRY CONTRIBUTIONS
<div>#4</div> <div>1-2 PAGE NARRATIVE SUMMARY of country budgetary data for a subset of countries.</div>	<div>- The narrative summaries demonstrate how countries can use their past budgetary data to make the case for investment in health for informed within country dialogue, and are representative of a range of low- and middle-income countries.</div>	<div>- The collaborative members working closely with the technical facilitation team compiled, processed and analyzed the budgetary data of the 8 countries that were able to organize the availability of their budgetary data (Bangladesh, Cambodia, Ethiopia, Indonesia, Lao PDR, Malaysia, Nigeria, and Vietnam). Analyses involved a time trend analysis of public spending on health in the last 15 years, and fiscal decomposition.</div>
<div>#5</div> <div>CASE STUDIES of countries that have systematically used reprioritization as a way to increase or maintain the level of health expenditure despite changes in economic growth.</div>	<div>- The case studies demonstrate how low, middle, and high-income countries have faced similar challenges in DRM. The case studies present the various options countries have utilized to increase or maintain the level of health expenditure despite changes in economic growth and other macroeconomic factors that affect fiscal space.</div>	<div>- The technical facilitation team analyzed global databases to identify potential countries for the case studies. These potential countries for focus in the case studies were discussed with members during the 3rd In-Person meeting and were developed working closely with country members and other potential stakeholders.</div>



QUOTES FROM PARTICIPANTS

“ The presentation team also allowed French speaking participants to communicate in French. The team also used the IT to translate French into English for the benefit of English participants.”

“ Overall, I can say that the 2 days conference was not only a learning curve for me but importantly, it broadened my knowledge in the topics that were covered. It added new dimension to my knowledge.”

“ From my observation, the content of the 2 day’s conference was properly designed to meet the objectives or outcomes of the conference.”



IN ITS NEXT PHASE, DRM COLLABORATIVE WILL SHIFT LEARNING MODALITIES FROM A COLLABORATIVE ENGAGED IN ACTIVE KNOWLEDGE PRODUCTION INTO A COLLABORATIVE STRUCTURED MORE IN APPLICATION OF THE PRODUCTS.

FUTURE DIRECTIONS

NEXT PHASE OF JOINT LEARNING FOR THE DRM COLLABORATIVE

Policy Dialogue Workshops  
In the next phase of joint learning, the DRM Collaborative will support the facilitation and application of the Policy Dialogue Workshop at the country level for a select number of countries from those listed, based on resource availability and country readiness to organize and facilitate the policy dialogue workshop.

COUNTRY APPLICATIONS

The DRM Collaborative has received requests for adaptation and application work from the following countries:

- 










- \*has requested a second and follow-up workshop from the September Policy Dialogue Workshop adaptation exercise
- The World Bank’s support to the Joint Learning Network for UHC is made possible with financial contributions from the following partners:
- JAPAN GOV  
THE GOVERNMENT OF JAPAN
- BILL & MELINDA GATES foundation
- Australian Aid
- THE ROCKEFELLER FOUNDATION
- 16
- JLN
- THE JLN REVISITING HEALTH FINANCING TECHNICAL INITIATIVE
- 17





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