

The Joint Learning Network for Universal Health Coverage

2019 GLOBAL MEETING SUMMARY REPORT

March 2020



**JOINT
LEARNING
NETWORK**
For Universal Health Coverage



Drawing on the JLN's 10 years of knowledge to act on UHC commitments

I. Executive Summary

The Joint Learning Network for Universal Health Coverage (JLN) is an innovative practitioner-to-practitioner learning network of 34 member countries in Asia, Africa, Europe, the Middle East, and Latin America where practitioners and policymakers are working together to build global knowledge that focuses on the practical, “how-to” of health system reforms. The JLN member countries adapt that global knowledge into their own policy contexts to make more rapid progress toward the vision of stronger, more equitable and efficient health systems to achieve universal health coverage (UHC).

The JLN’s second Global Meeting was held in Manama, Bahrain on December 4-5, 2019, and was hosted by the Bahrain Supreme Council of Health. The meeting attracted nearly 200 participants, including policymakers and practitioners from 30 member countries, a local delegation from Bahrain, development partners including the Bill & Melinda Gates Foundation, The World Bank, USAID, GIZ, JICA, the Carlos Slim Foundation, WHO, and technical partners such as Aceso Global, Results for Development, Abt Associates, ThinkWell, PATH, PHCPI, AMREF, and Gates Ventures.



Modupe Ogundimu, Convener of the JLN Steering Group welcomes attendees to the 2019 JLN Global Meeting. (Photo: Photic Studio)

The overarching theme of the meeting was ‘Drawing on the JLN’s 10 years of knowledge to act on UHC commitments.’ Following the UN General Assembly High-Level Meeting on Universal Health Coverage held three months earlier in New York, the JLN provides a unique platform to deliver on the *Political Declaration of the High-Level Meeting on Universal Health Coverage* which was adopted by member states. The JLN can directly contribute to the realization of SDG 3 and help make good on the Political Declaration by offering knowledge products to advance UHC reform efforts as well as a platform for active learning across countries on what works and how to do it.

The Global Meeting Plenary sessions highlighted Bahrain’s UHC experience, advances in UHC across the network (including a keynote on Indonesia’s advances in UHC) and celebrated the JLN’s 10 years. Other learning opportunities included

- **Site visits** to a Primary Health Center and King Hamad Hospital,
- **Participatory sessions** to expand the JLN’s technical agenda and help pave the way for more adaptation and implementation of knowledge products,
- **Poster sessions** on the JLN’s current and recent technical work, and
- **Lunch and learn sessions** on topics ranging from Country Core Group issues to learning about the Massachusetts Institute for Technology’s Abdul Latif Jameel Poverty Action Lab (J-PAL) and what these groups can offer member countries.



Participants in a small group discussion on Day 2 of the 2019 JLN Global Meeting. (Photo: Photic Studio)

Participant feedback indicated that the meeting was a valuable opportunity to reconvene, renew or further build relationships, celebrate the network’s evolution 10 years after its launch and shape the way forward with new technical priorities and how best to adapt and implement the JLN’s knowledge.

A full meeting agenda can be found in **Annex 1** and participant list in **Annex 2**. For all other resources, the JLN Network Manager team has organized a Google drive folder on USBs for participants with all meeting resources (i.e., presentations, posters) as well as JLN products and resources shared during the meeting.

II. Pre-meetings and a site visit

The week commenced with technical collaborative meetings held prior to the Global Meeting. The World Bank hosted the Domestic Resource Mobilization (DRM) and Efficiency Collaboratives’ workshops to disseminate their new knowledge products and launch next phases of work. For more information on the products, refer to the JLN’s website page on their collaboratives’ work.¹

The Bahrain Supreme Council of Health organized two optional site visits held on Tuesday afternoon, December 3rd. Over 70 participants visited either the Bank of Bahrain and Kuwait (BBK) HIDD Health Center, Halat Bu Maher Health Center, or King Hamad Hospital.

III. Day 1, December 4, 2019

The JLN Global Meeting was formally opened by H.E. Dr. Sheikh Mohammed Bin Abdulla Al Khalifa, Chairman of the Supreme Council of Health, Kingdom of Bahrain.

Celebrating the Joint Learning Network

Members from the JLN’s Steering Group and Network Manager team spoke about the growth of the network over the years, strengthening and developing the Country Core Groups (CCGs) and impacts in-country, and strengthening network management. Adolfo Martinez highlighted that with UHC front and center on the global health agenda, the JLN is especially important in providing the “how” countries make UHC reforms. With current membership spanning 5 continents and 34 countries, it is a growing network of policymakers and practitioners that provide a platform and approach on how to lead UHC

¹ Links to the [DRM collaborative webpage](#) and the [Efficiency collaborative webpage](#).

reform. Dr. Lydia Babaa Dsane-Selby explained why the CCGs are a critical link in ensuring uptake of JLN's knowledge, noting 16 examples of implementation across 6 countries. Dr. Kamiar Khajavi noted highlights from the past year (including MSH assuming the new role of JLN network manager), eight new knowledge product launches, and website analytics that show a healthy level of interest in, and accessing of, JLN resources.

The JLN's Technical Priorities

This session focused on the JLN's current technical priorities to highlight how these priorities meet the needs of JLN member countries, and to share results and lessons learned. As the moderator of this session, Sofi Bergkvist organized technical facilitators to deliver lightning talks on eight JLN current and recent technical topics summarizing their teams' work and future plans. Topics were as follows:

- Vertical Integration
- Primary Health Care (PHC) Financing and Payment
- Population Targeting
- Private Sector Engagement
- Efficiency
- Domestic Resource Mobilization
- Data Foundations
- Person-Centered Integrated Care

At the conclusion of the talks, the panel of facilitators were asked: "How can the JLN's technical work contribute to global momentum around UHC, particularly 'The Global Action Plan for Healthy Lives and Well-being,' and what opportunities do they see to help countries deliver on this plan?" In response, facilitators talked about the JLN's work in private sector engagement providing a strong learning laboratory for countries; JLN's work around DRM helping countries ensure the health sector gets its fair share in alignment with the broader financing envelope; and JLN's work in Information Technology and Data Foundations helping countries create an enabling environment to increase the amount of health data captured, available, analyzed and used to promote and monitor progress toward UHC goals.

The topics were supplemented by posters on the collaborative teams' work and opportunities to discuss these topics further with the facilitators over health breaks.

Keynote address

This session was introduced by Feng Zhao from the World Bank who warned that current trends show we will not achieve global UHC goals by 2030. To accelerate progress, we need to follow examples such as from Indonesia. Ir. Tubagus Achmad Choesni (Chairperson of the Dewan Jaminan Sosial Nasional (DJSN)) delivered the keynote address and spoke about



Ir. Tubagus Achmad Choesni, Chairperson of the Dewan Jaminan Sosial Nasional program in Indonesia, provided the the keynote address at the 2019 JLN Global Meeting. (Photo: Photic Studio)

Indonesia's experience with JKN, Indonesia's ambitious UHC program, and developing the country's National Social Security Council - a successful merger of various public health insurance programs. Between 2014 and 2018, Indonesia's annual health insurance coverage increased from 87 million to 214 million people. He noted that the success is "promising, but we can do better." Although Indonesia has come a long way, there are still challenges in quality of care and use of claims data, to name a few. He advised to "adapt best practices for the best fit" and that a direct "copy and paste" of reforms will not be successful or sustainable. Indonesia built local capacity and invested in shaping its system to suit its unique needs.

Expanding and Deepening JLN's technical agenda

The JLN adapts and expands to new topics as a response to country demands in addressing UHC. Four new topics described below were introduced at the Global Meeting for consideration as additions to the current JLN technical agenda. They were selected based on input from Steering Group members, CCGs, technical facilitators and collaborative teams, and the Network Manager. Each of the four was offered as a mini-learning exchange and facilitated using JLN's joint learning approach. Participants selected one session of the four to participate in and worked together to shape and scope these topics for potential new work as part of the JLN technical agenda.

- **Effective and efficient strategies to manage the NCD (non-communicable disease) epidemic:** NCDs account for an increasing share in the burden of disease, even in LICs. The public health system in many countries does not yet provide for a basic package of NCD preventive and therapeutic services, creating public pressure on ministries of health from affected populations. Many families, even in higher income groups, experience severe financial hardship due to a family member falling chronically ill or requiring expensive treatment for example for cancer. Several countries are now undertaking analytical work to better understand the burden of NCDs, develop an NCD strategy and identify ways to improve services. Facilitated by the World Bank and Access Accelerated, this learning exchange provided a platform for countries to report their approaches and progress and encourage collaboration among JLN countries and implementing partners.
- **Medicines and UHC:** Sustainably realizing the goals of UHC requires countries to address inefficiencies in their health systems. Three of the ten leading sources of inefficiency in health systems are related to medicines: the underuse of generics and higher than necessary medicine prices, falsified and substandard products, and inappropriate and ineffective use of medicines. Accelerating progress toward UHC therefore requires strengthened pharmaceutical systems to balance the competing objectives of ensuring the availability of safe, effective, quality pharmaceutical products and health technologies; ensuring equitable access to these products; ensuring their appropriate use; and keeping costs affordable. Facilitated by USAID's Medicines, Technologies and Pharmaceutical Services (MTaPS) Program partners Management Sciences for Health and Boston University, this learning exchange facilitated cross-country knowledge and exchange, and began to discuss the co-development of solutions helpful to implement effective strategies for strengthening pharmaceutical systems.

- **Reimagining PHC through Digital Health Innovation:** While the PHC approach is universally accepted as foundational for achieving UHC from Alma Ata in 1978 to Astana in 2018, ideas on PHC systems have remained stable with dominance of incrementalism rather than bold transformation and appear to be hitting a wall in terms of pace of progress in improving health outcomes. At the same time, trends toward rapid digitalization, increased data availability, and a proliferation of non-state actors in PHC are creating opportunities to leapfrog traditional fixed facilities and there are emergent examples of national scale programs with evidence of impact and cost-effectiveness. Facilitated by the World Bank and Gates Ventures, this learning exchange focused on re-imagining PHC systems and service delivery.
- **Quality improvement:** Data shows that five million lives per year could potentially be saved through improvement in the quality of care in low and middle income countries. It is clear that efforts for universal health coverage will be ineffective without work to improve the quality of care. Several recent global initiatives (including work by the Lancet Global Health Commission, World Bank, WHO and the US National Academies of Sciences, Engineering and Medicine) raise the importance of addressing quality of care and share new frameworks to illustrate the advances in policy, design and implementation strategies needed to address the complexity of improving quality of care. There is a growing number of countries that have demonstrated a commitment to and improvements in quality of primary care. Facilitated by Aceso Global, Access Health, and Northwestern University, this learning exchange covered what and how select countries have had success to date and reflected on how joint learning efforts can support members to advance and accelerate improving quality of care going forward.

In addition to these topics, participants noted these other interests for new technical topics on flip charts:

- Regulations for eHealth
- Grievance redress systems for healthcare: framework, implementation steps, best practices
- Exchange experiences about how to deal with emergencies in countries in civil wars to keep health systems intact

IV. Day 2, December 5, 2019

Report out from short learning exchanges

Each learning exchange had approximately 30 participants. The following highlights the outputs of each session as shared in plenary.

- For the **Effective and efficient strategies to manage the NCD epidemic** session, sub-topics of interest were as follows: (1) advocacy for NCDs, how to get governments to pay attention; (2) how to engage people living with NCDs; (3) making an effort to identify innovators in a given country (scouting); (4) how to successfully engage private players for the public good and ensure inclusion of underserved communities; and (5) a framework for governance and management of potential conflicts of interest in partnerships with private companies.

- For the **Medicines and UHC** session, rather than try to narrow down to a single topic, there was interest in developing an overall construct to bundle topics that were raised during discussion. Facilitators propose that a learning exchange focused on medicines pricing strategies, which would also include aspects of transparency and accountability, would meet a strong demand for work on pharmaceutical purchasing and drugs benefits. A follow-up virtual meeting may be dedicated to refining the topics within medicines pricing that countries are interested to work on and to confirm the most suitable learning products related to the agreed topics.
- For the **Reimagining PHC through Digital Health Innovation** session, three potential areas were identified of interest: (1) Connected health workforce: ensuring that the frontline workforce is supported by tools that enable their mission; (2) Effective data use: supporting the use of data in the health system to deliver better quality of care and patient outcomes; and (3) Interoperability: supporting the integration of different digital health systems as “more than the sum of their parts” in a way that is complementary to specialized working groups in this space.
- For the **Quality improvement** session, recommendations regarding the content of JLN participation varied widely from the very general to the very specific. There was overall agreement that quality measurement, specialized training and coaching to guide change in provider practices for quality improvement, and communication/outreach to communities to foster patient self-management, health promotion and prevention were major thematic areas of most interest to member countries.

The JLN Steering Group has asked the Network Manager to follow up with facilitators on all four topics to evaluate them for inclusion in the JLN technical agenda. Facilitation teams will be invited to submit statements of work for JLN Steering Group and Network Manager review and approval.

UHC2030 Knowledge Hub Taxonomy & Feedback

Dr. Somil Nagpal of the World Bank shared the vision for UHC2030’s knowledge hub which has been shaped by 27 networks, partnerships, and knowledge initiatives, including the JLN. The idea is to develop a go-to resource to inform and facilitate policy and implementation support in health system policy areas. It would serve as a connector between producers and users of knowledge using a common taxonomy to facilitate ease of access and foster better coordination and collaboration.

Bahrain UHC Experience

John Ryu (HIRA Commissioner, South Korea) moderated a session to learn about Bahrain’s experience with UHC reforms from Supreme Council of Health leadership - Mr. Ebrahim Al Nawakhtha, SCH Secretary General and Dr. Mohaed



Dr. Waleed Al Manaa, Undersecretary for Bahrain’s Ministry of Health, highlights progress in the country’s health sector reforms. (Photo: Photic Studio)

Al-Shaabani, Project Manager for Primary Care Autonomy - as well as Dr. Waleed Al Manaa who is Undersecretary for the Ministry of Health. Each of the speakers shared insight into the challenges and progress that Bahrain has made towards UHC reforms and in transforming the health system, particularly the importance of effectively engaging stakeholders in reform efforts. Ebrahim and Dr. Waleed spoke about how important it is to engage stakeholders early on. With feedback coming from all stakeholders, including patients, providers, government agencies, and the private sector, the SCH must remain responsive to drive progress.

Lunch and learn sessions

Five sessions were organized over lunch to offer participants an additional informal opportunity to discuss some topics in additional detail. Description of topics and a summary of the discussion are described below.

- The **CCG Chair/CCG Governance session** was an opportunity for CCG members to discuss country-level challenges related to CCG governance, nominating the right people to attend collaborative workshops, and more. They documented common challenges in order to help the JLN World Bank Core Team and Network Manager consider how we might assist CCGs in overcoming the challenges discussed. CCG Chairs, CCG Coordinators, and other participants interested in CCG governance were encouraged to join this table.
- Participants were introduced to **Exemplars in Global Health (EGH)**² - a partnership of funders, independent researchers, academics, and in-country experts committed to harnessing rigorous data and evidence to better understand how to replicate large-scale health successes around the world. EGH aims to help public health decision-makers around the world adapt strategies from positive outlier countries that have made extraordinary progress in important health areas. Exemplars in Global Health maintains an online platform of research and analytics on leading examples of progress against select challenges (e.g., positive outliers in stunting, under-5 mortality, community health workers, and vaccine delivery). This platform ensures that learnings and expertise are shared, and that successful practices may be adopted more widely. This session shared an overview of EGH's research and progress, sought input on priority topic areas for future EGH research, and discussed how learnings from the EGH program could inform the work of country-level practitioners and policymakers.
- Participants were introduced to the **Primary Health Care Performance Initiative (PHCPI)** and its country-based snapshot, the PHC Vital Signs Profile (VSP) and how it is created. Participants shared personal experiences and challenges in PHC measurement and improvement, considered how the VSP might relate to those experiences, and contemplated the potential value of engaging in a community of practice. They identified priority areas in measurement and improvement, and how a community of practice might contribute to addressing concerns in these areas.

² EGH is currently incubated at Gates Ventures, the private office of Mr. Bill Gates, in partnership with the Bill & Melinda Gates Foundation.

- The technical facilitation team from Results for Development hosted members of the **PHC Financing and Payment Collaborative**, as well as anyone else interested in learning more about the provider payment mechanism technical initiative. Representatives from the technical facilitation team provided more information on the knowledge products co-produced over the past eight years and discussed future plans for the collaborative's in-person and virtual learning engagements.
- Participants were introduced to the **Abdul Latif Jameel Poverty Action Lab (J-PAL)** - a global research center working to reduce poverty by ensuring that policies are informed by scientific evidence. Based at the Massachusetts Institute of Technology (MIT) with offices around the world and led by two Nobel laureates in economics, J-PAL is anchored by a network of about 200 affiliated researchers who partner with policymakers to conduct randomized impact evaluations. J-PAL's research in health systems focuses on issues around improving health worker performance, strengthening the accessibility of care, and generating demand for health care and health insurance. In this session, they highlighted policy lessons from existing research in each of these topics, with a focus on human resources for health; discussed how J-PAL thinks about whether lessons from one context could apply to another, which has implications for peer learning and learned what country members are working on and what additional research they might find useful.

UHC Advances Across the Network

Dr. Somil Nagpal moderated a session that highlighted Nigeria, Ghana and Vietnam's UHC advances as members of the JLN. Modupe Ogundimu, a General Manager in Nigeria's National Health Insurance Scheme and Convener of the JLN Steering Group, shared **Nigeria's** experience creating a sub-national JLN. As a populous country of 200 million with 6 geopolitical zones, Nigeria has diverse health needs. Outputs of the network to date include the development of two knowledge products. Stefan Nachuk also spoke about **India's** establishment of a sub-national JLN and how the JLN has informed India's health sector reforms.

With 29 states, many started insurance schemes on their own and so they saw the immediate value of collaborative learning to tackle tough questions such as: how to contract partners for insurance function at state level? How to control fraud? How to focus on equity? What does institutional strengthening mean when there is not a strong human resource base? People immediately saw that doing things separately was less productive than working together to learn from each other.



Dr. Lydia Dsane-Selby speaks during a session on UHC reforms in JLN countries at the 2019 JLN Global Meeting. (Photo: Photic Studio)

Ghana is one of the JLN's most active country members and has been part of the network since its inception. Dr. Lydia Dsane-Selby, Chief Executive of Ghana's National Health Insurance Authority and a Co-Convener of the JLN Steering Group, spoke about what's behind **Ghana's** active engagement and what they have used towards reform. Knowledge gained at the collaborative level is shared back, not kept in silos. JLN's products have been highly relevant for their needs. Intensive involvement has led to a lot of use of the products. For example, using the JLN's *Medical Audit Toolkit* changed their clinical audit manual.

Vietnam is another of the JLN's founding country members and has been actively involved over the last 10 years. Dr. Phuong Khanh Nguyen spoke about **Vietnam's** high level of commitment to UHC. JLN's work in quality improvement, efficiency improvement, and domestic resource mobilization have particularly contributed to Vietnam's policy change processes.

In response to a question from the audience about health insurance membership, Modupe Ogundimu, emphasized that, "national health insurance has to be mandatory... voluntary health insurance will not achieve UHC... It is key to have it passed as an act of Parliament," she continued, "this helps with the growth of the pool and helps ensure the scheme offers more benefits." Dr. Lydia Dsane-Selby, added that, "Law makes [mandatory coverage] a reality; however, there are a lot of laws that are not rolled out. Trying to attach health insurance to other things can make it easier to enforce. We (Ghana) have a large informal sector, so we have to find a way to tie health insurance to something that they have or want, and we have to make renewals easier."

Lessons and Opportunities for Adapting and Implementing JLN Knowledge

This session was designed to gather lessons to pave the way for adaptation and implementation of JLN knowledge and products. Three 20-minute rounds of small group discussion helped to draw out a better understanding of JLN member countries' priorities and feedback on adaptation and implementation in the future, including how to best document use of JLN knowledge and tools. The three rounds were organized as follows:

- **Round 1** Describe your experiences using UHC knowledge. Focus on specific actions, experiences, and insights. How have you used UHC related knowledge? (JLN or non-JLN); Have you shared knowledge or knowledge products with colleagues? Have you applied knowledge to your work? Share specific positive or negative examples.
- **Round 2** What are contributing factors that enable/disable using UHC knowledge? What factors enable the use of knowledge products? What unanticipated circumstances make it challenging to apply UHC knowledge? Reflect critically on contextual factors that influence both positive and negative experiences using knowledge.
- **Round 3** What are practical actions to respond to these challenges? What recommendations would you make in response to the contributing factors? What can the JLN do to help countries adapt and implement knowledge and advance UHC reforms? What can JLN collaboratives do to develop knowledge and knowledge products that are easier to adapt and use?

During the report out, participants noted that JLN knowledge products should also be used outside of member countries and promoted to development partners and international organizations that can also encourage their adaptation and use to further serve the global health community. Within JLN member countries, language challenges were identified as a barrier to use -- translation from English to other languages would help as would better understanding of technical, topic-specific terminology. What enables the use of knowledge products has been translation into other languages, and having them customized to the local context and validated. The latter especially brings confidence to users and donors. Participants asked for more dialogue between events (e.g., WhatsApp groups) and online help to identify resources. There was great interest in learning from countries that have either piloted or adapted knowledge products. This was noted as a clear gap in learning for the JLN - they would like a stronger feedback loop and a way to share, including through making the JLN website more informative.

V. Conclusion

To bring the meeting to a close, JLN's Steering Group conveners and Executive Director shared their reflections and takeaways from the meeting. Dr. Lydia Babaa Dsane-Selby spoke about the JLN being a family and the strong desire to stay connected as everyone returns to their countries to work on UHC reform. Dr. Kamiar Khajavi noted members' desire to be even more engaged to find solutions to problems.

Feedback from participant surveys provided useful insights and lessons for the next global meeting. All participant responses (100%) felt the global meeting was a good use of time and a great majority (96%, n=45) felt that the global meeting met its goals. Participants were asked what part of the meeting they liked the most. Overall, most respondents said they liked the opportunities to share their professional experiences with their peers and learn from the work of other countries. The global meeting offered opportunities for deep discussions, open dialogue, and the opportunity to exchange knowledge with other practitioners.

The JLN Steering Group is in strong support of hosting network-wide meetings in future years to bring together the JLN community and continue to build on its 10 years of active learning, advocacy and relationship building. It is acknowledged as the only opportunity to come together as a community outside of learning activities. It serves as a tremendous opportunity to discuss *how* member countries can deliver on their UHC commitments - JLN's niche within the global UHC landscape.

Annex I. Final agenda

Pre-Meeting Tuesday, December 3, 2019	
15:30-18:00	Site Visits
19:00-21:00	Global Meeting Welcome Reception and Social
Day I Wednesday, December 4, 2019	
07:30-08:30	Breakfast and Registration
08:30-10:00	<p>Welcome and Opening</p> <ul style="list-style-type: none"> ● Master of Ceremonies - Dr. Mohammed Al-Shaabani, Chief of Health Policies and Programs, Supreme Council of Health, Kingdom of Bahrain ● Opening Ceremony - Holy Quran ● Welcome Speech and Formal Opening - H.E. Dr. Sheikh Mohammed Bin Abdulla Al Khalifa, ● Chairman, Supreme Council of Health, Kingdom of Bahrain ● Ms. Modupe Ogundimu, Convener, JLN Steering Group ● Dr. Kamiar Khajavi, Executive Director, JLN Network Manager ● Group Photo
10:00-10:30	Health Break
10:30-11:15	<p>Celebrating the Joint Learning Network</p> <ul style="list-style-type: none"> ● Dr. Adolfo Martínez Valle, Co-Convener, JLN Steering Group ● Dr. Lydia Dsane-Selby, Co-Convener, JLN Steering Group ● Dr. Kamiar Khajavi, Executive Director, JLN Network Manager
11:15-12:45	<p>The JLN's Technical Priorities</p> <p><i>Lightning Talks</i></p> <ul style="list-style-type: none"> ● Vertical Integration - Dr. Jerry La Forgia ● Primary Health Care Financing and Payment - Ms. Agnes Munyua ● Population Targeting - Mr. Jonty Roland ● Private Sector Engagement - Ms. Jeanna Holtz ● Efficiency - Dr. Somil Nagpal ● Domestic Resource Mobilization - Dr. Ajay Tandon ● Data Foundations - Ms. Caren Althausen ● Person-Centered Integrated Care - Ms. Hannah Ratcliffe
12:45-13:45	Lunch
13:45-14:15	<p>Keynote Speaker</p> <ul style="list-style-type: none"> ● Ir. Tubagus Achmad Choesni, Chairperson, Dewan Jaminan Sosial Nasional (DJSN)

	<ul style="list-style-type: none"> Introductory remarks by Feng Zhao, Practice Manager, Health, Nutrition, and Population Global Engagement, World Bank
14:15-14:45	<p>Deepening and Expanding the Agenda to Critical Health System Topics <i>Lightning Talks</i></p> <ul style="list-style-type: none"> Effective and efficient strategies to manage the non-communicable disease epidemic (World Bank/Access Accelerated) Medicines and universal health coverage (Boston University/USAID MTaPS) Reimagining primary health care (World Bank) Quality improvement (ACCESS Health International/Northwestern/Aceso Global)
14:45-15:15	Health Break and Marketplace of Posters
15:15-17:45	<p>Deepening and Expanding the Agenda to Critical Health System Topics <i>Mini-Learning Exchanges</i></p>
17:45-18:00	Day 1 Wrap-up and Closing
19:00-21:30	Gala Dinner
Day 2 Thursday, December 5, 2019	
08:00-09:00	Breakfast and Check-in
09:00-09:15	<p>Welcome Back</p> <ul style="list-style-type: none"> Dr. Kamiar Khajavi, Executive Director, JLN Network Manager
09:15-10:30	Report-out on Deepening and Expanding the Agenda to Critical Health System Topics
10:30-11:00	Health Break
11:00-11:30	<p>UHC2030 Knowledge Hub Taxonomy & Feedback</p> <ul style="list-style-type: none"> Dr. Somil Nagpal, Senior Health Specialist, Global Practice on Health, Nutrition, and Population, The World Bank
11:30-12:30	<p>Bahrain's Universal Health Coverage Experience <i>Speakers</i></p> <ul style="list-style-type: none"> Mr. Ebrahim Al Nawaktha, Secretary General, Supreme Council of Health Dr. Mohamed Al-Shaabab, Chief of Health Policies and Programs, Supreme Council of Health Dr. Waleed Al Manea, Undersecretary, Ministry of Health
12:30-14:00	<p>Lunch</p> <ul style="list-style-type: none"> Lunch and Learn discussion tables (participation optional)
14:00-15:00	<p>Universal Health Coverage Advances across the Network <i>Moderator</i></p>

	<ul style="list-style-type: none"> ● Dr. Somil Nagpal, Senior Health Specialist, Global Practice on Health, Nutrition, and Population, The World Bank <p><i>Speakers</i></p> <ul style="list-style-type: none"> ● Ms. Modupe Ogundimu, General Manager, Enforcement, National Health Insurance Scheme, Nigeria ● Dr. Lydia Dsane-Selby, Chief Executive, National Health Insurance Authority, Ghana ● Dr. Phuong Khanh Nguyen, Head of Health Economics Department, Health Strategy and Policy Institute, Vietnam
15:00-15:30	Health Break
15:30-17:00	Lessons and Opportunities for Adapting and Implementing JLN Knowledge
17:00-17:30	<p>Reflection and Closing Remarks</p> <ul style="list-style-type: none"> ● Reflections from JLN Steering Group members ● Mr. Ebrahim Al Nawaktha, Secretary General, Supreme Council of Health ● Dr. Kamiar Khajavi, Executive Director, JLN Network Manager