

# Bridging Theory with Practice: The How-To's of Universal Health Coverage



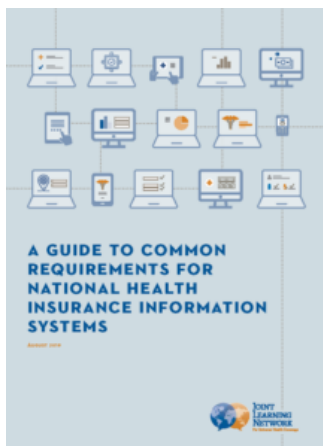
**JOINT  
LEARNING  
NETWORK**  
For Universal Health Coverage

The Joint Learning Network for Universal Health Coverage (JLN) brings together policymakers and practitioners from low- and middle-income countries for intensive learning exchanges on common technical barriers to universal health coverage (UHC). Together, the practitioners build on their shared experiences and expertise to co-produce practical knowledge products.

As more countries commit to implementing UHC, the lack of practical information on how to reform health systems has proved a major stumbling block to making progress. The JLN and its members have helped to fill this gap by documenting their experiences and lessons learned to help countries reach their UHC goals. Since 2010, the JLN's members have published more than 30 knowledge products on topics critical to UHC, including service delivery, health financing and provider payment, data and information systems, and quality of care.

## JLN Knowledge Products: Produced by Countries, for Countries

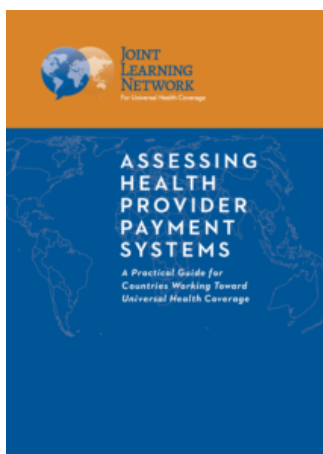
### **A GUIDE TO COMMON REQUIREMENTS FOR NATIONAL HEALTH INSURANCE INFORMATION SYSTEMS**



A Guide to Common Requirements for National Health Insurance Information Systems updates the JLN's 2012 publication, *Determining Common Requirements for National Health Insurance Information Systems*, to provide additional information on why system requirements are important; the methodology for documenting work process flows and determining system requirements; and how stakeholders may utilize common requirements as a building block to accelerate development and/or implementation of health insurance technologies.

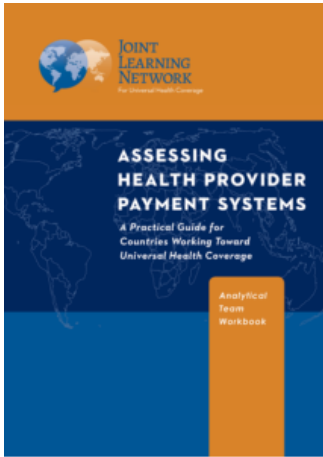
Co-produced by Cambodia, India, Indonesia, Kenya, Malaysia, Nepal, Nigeria, Peru, and South Korea

### **ASSESSING HEALTH PROVIDER PAYMENT SYSTEMS: A PRACTICAL GUIDE FOR COUNTRIES MOVING TOWARD UHC**



Designed to help countries find answers to their provider payment policy questions, this practical step-by-step guide draws from the real experiences of practitioners from Mongolia and Vietnam in designing, implementing, and managing the consequences of their payment systems. The guide is accompanied by a detailed workbook for countries to use in assessing their own provider payment systems.

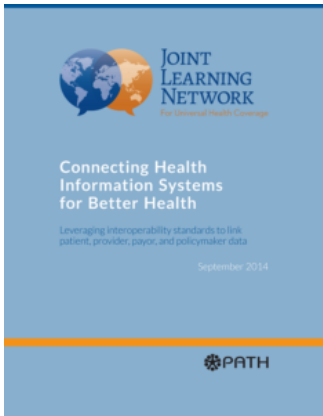
Co-produced by Mongolia and Vietnam



## **ASSESSING HEALTH PROVIDER PAYMENT SYSTEMS:ANALYTICAL TEAM WORKBOOK**

A companion to the practical guide, this workbook contains a set of sample data tables and interview tools that can be adapted and implemented by countries to assemble key background data and information, conduct interviews, and carry out the main analytical tasks for the assessment.

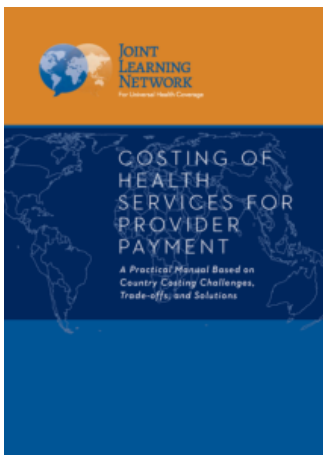
Co-produced by Ghana, India, Indonesia, Malaysia, the Philippines, and Vietnam



## **CONNECTING HEALTH INFORMATION SYSTEMS FOR BETTER HEALTH**

This guide addresses how decision-makers and health system planners can employ information and computer technology (ICT) to support care delivery and provider payment workflows and generate health system metrics and indicators. The report also provides guidance on developing ICT health systems and the norms and standards needed for national-scale system-to-system connectivity.

Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, and Vietnam



## **COSTING OF HEALTH SERVICES FOR PROVIDER PAYMENT:A PRACTICAL MANUAL**

This is the first resource on costing that bridges theory with practical step-by-step guidance on how to address challenges related to costing for provider payment in low- and middle-income countries. The manual is accompanied by a workbook with comprehensive tools and templates and an interactive online course that walks practitioners through the steps of costing exercises for bite-sized learning.

Co-produced by Ghana, India, Indonesia, Malaysia, the Philippines, and Vietnam



## **DESIGNING HEALTH BENEFITS POLICIES:A COUNTRY ASSESSMENT GUIDE, COUNTRY ASSESSMENTS,AND SYNTHESIZED ASSESSMENT REPORT**

This product guides countries in prioritizing and thinking through the complex web of decisions that must be considered when developing, implementing, or reforming a benefits package within a comprehensive health benefits policy.

Co-produced by Kenya, Indonesia, Malaysia, Mali, Morocco, and Vietnam

## **DETERMINING COMMON REQUIREMENTS FOR NATIONAL HEALTH INSURANCE INFORMATION SYSTEMS**



Chapter	Topic	Author(s)
1	Introduction	World Health Organization
2	Background	World Health Organization
3	Methodology	World Health Organization
4	Requirements for National Health Insurance Information Systems	World Health Organization
5	Implementation	World Health Organization
6	Conclusion	World Health Organization

This report provides a set of practical tools and resources for country decision-makers to employ as they develop national level health insurance information systems. Countries identify their common information technology needs and examine the functional requirements for information systems produced through the application of the collaborative requirements development methodology.

Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, the Philippines, and Thailand

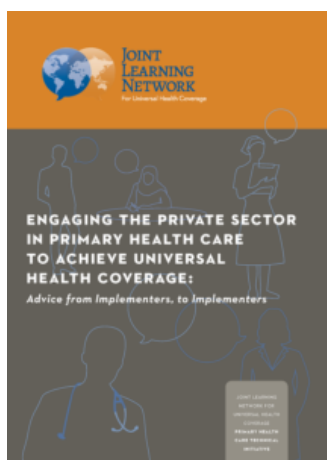
## **EMPANELMENT: A FOUNDATIONAL COMPONENT OF PRIMARY HEALTH CARE**



In many health systems, empanelment signifies a step toward more effective and better coordinated primary health care by helping to transform reactive care, oriented around visits, into proactive care that can deliver broader improvements to population health. This overview defines empanelment and explores its contributions to a country's universal health coverage progress.

Co-produced by China, Indonesia, Malaysia, Mongolia, Morocco, South Korea, Sudan, Thailand, and Vietnam

## **ENGAGING THE PRIVATE SECTOR IN PRIMARY HEALTH CARE TO ACHIEVE UNIVERSAL HEALTH COVERAGE: ADVICE FROM IMPLEMENTERS TO IMPLEMENTERS**



Policymakers and practitioners continue to demonstrate interest in engaging and partnering with private sector actors to improve primary health care, but often lack the information on how to do so. This practical manual contains step-by-step guidance, real-world examples, and case studies on facilitating public-private engagement around primary health care.

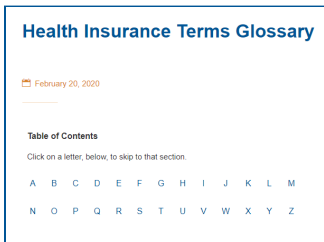
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## **FINANCING AND PAYMENT MODELS FOR PRIMARY HEALTH CARE: SIX LESSONS FROM JLN COUNTRY EXPERIENCE**



In most countries, primary health care (PHC) providers are the first point of contact that most people have with the larger health care system. Financing and payment models for PHC can be important tools for strengthening primary care and addressing issues of access, quality, and equity in health care.

Co-produced by Argentina, Bahrain, Bangladesh, Chile, Estonia, Ghana, India, Indonesia, Kenya, Malaysia, Moldova, Mongolia, Nigeria, Peru, the Philippines, South Korea, Sudan, and Vietnam



## **GLOSSARY OF HEALTH INSURANCE TERMINOLOGY**

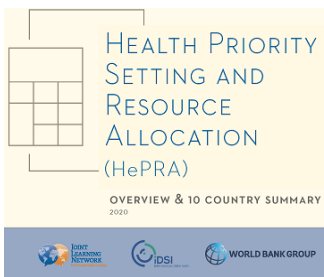
This product is a list of common terminology used in health insurance.



## **HEALTH PRIORITY SETTING: A PRACTITIONER'S HANDBOOK**

Regardless of a country's income level, decision-makers are forced to choose where and how best to spend their health budgets. This handbook provides practical guidance on how to use data and evidence when allocating resources in the health sector to help achieve health priorities.

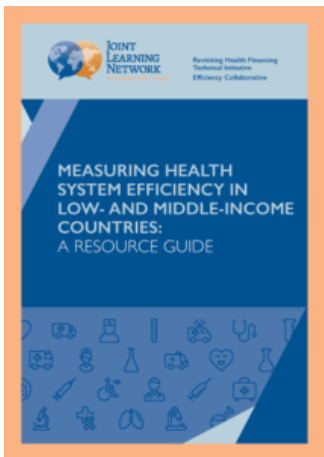
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## **HEALTH PRIORITY SETTING AND RESOURCE ALLOCATION (HePRA) TOOL AND DATABASE**

Countries have many mechanisms to establish health sector priorities; however, unless resources can be allocated and tracked according to these priorities, the priorities themselves hold little influence. The Health Priority Setting and Resource Allocation (HePRA) Benchmarking Tool and Database captures the current landscape of priority-setting practices that may be used to guide resource allocations for health.

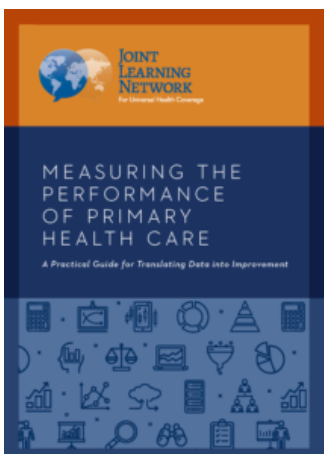
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## **MEASURING HEALTH SYSTEM EFFICIENCY IN LOW- AND MIDDLE-INCOME COUNTRIES: A RESOURCE GUIDE**

As more countries aim to implement universal health coverage (UHC), leaders will face challenging decisions from scarce resources. In addition to increasing health sector allocations, improving health system efficiency will be critical to their journeys to achieve UHC.

Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Mongolia, Nigeria, the Philippines, and Vietnam



## **MEASURING THE PERFORMANCE OF PRIMARY HEALTH CARE**

Measuring the Performance of Primary Health Care is a practical guide to address common measurement challenges that countries face while collecting data within their primary health care systems. Using this guide, countries can learn how to improve PHC system performance and effectiveness by systematically using this data.

Co-produced by Ghana, India, Indonesia, Malaysia, Mali, Nigeria, the Philippines, and Vietnam



## **PRIMARY HEALTH CARE MEASUREMENT FOR IMPROVEMENT INDICATOR INVENTORY**

This inventory tracks the primary health care (PHC) indicators of nine countries to improve country-level measurement of primary health care performance, address priority measurement gaps, and develop strategies for better utilization of measurement to drive PHC system improvements. The inventory is accompanied by an instruction manual and data collection template.

Co-produced by Argentina, Cameroon, Chile, Ghana, India, Indonesia, Malaysia, Mexico, and Rwanda



## **PROMOTING INTEROPERABILITY OF HEALTH INSURANCE INFORMATION SYSTEMS THROUGH A HEALTH DATA DICTIONARY**

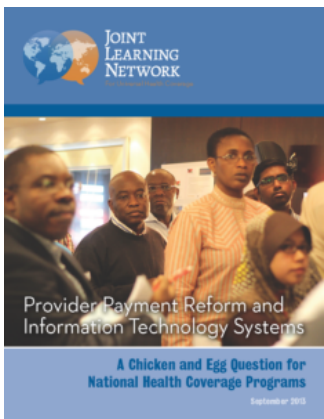
A three part series for countries that are consolidating health insurance schemes to achieve universal coverage by providing an overview for national policymakers on the role of the health data dictionaries and why establishing one early on is a key step in promoting system interoperability.



## **PROVIDER PAYMENT MECHANISMS PODCAST**

This miniseries was created as an accessible learning tool that captured insights and experiences of global experts in the voices of implementers themselves. The interviews that make up this miniseries represent the experiences of nine countries as well as synthesized learnings from technical experts.

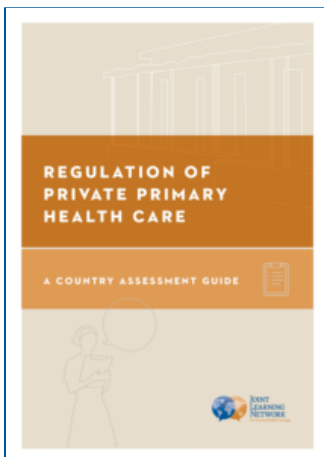
Co-produced by Argentina, Egypt, Ghana, Kenya, Lebanon, Malaysia, Mongolia, Nigeria, and the Philippines



## **PROVIDER PAYMENT REFORM AND INFORMATION TECHNOLOGY SYSTEMS: A CHICKEN-AND-EGG QUESTION**

This paper addresses key implementation questions raised by countries on the journey toward UHC and provides concrete data so that policymakers and information technology professionals understand the ramifications of the provider payment choice on the IT systems underpinning them.

Co-produced by the Netherlands, the Philippines, South Korea, Thailand, and United Arab Emirates

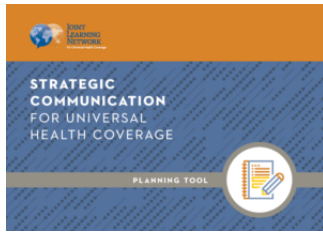


## **REGULATION OF PRIVATE PRIMARY HEALTH CARE: ASSESSMENT GUIDE, COUNTRY ASSESSMENTS, AND SYNTHESIZED ASSESSMENT REPORT**

As countries work toward UHC, they recognize that the public sector alone cannot provide all necessary comprehensive primary health care services to cover country populations and that countries need to engage and effectively steward both the public and private health sectors. This guide can be used by countries to assess country health regulatory systems, and to better understand challenges and opportunities related to regulating private PHC.

Co-produced by Ghana, Indonesia, Kenya, Malaysia, Mongolia, and Morocco

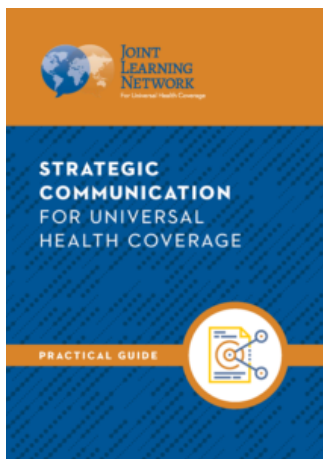
## **STRATEGIC COMMUNICATION FOR UNIVERSAL HEALTH COVERAGE: PLANNING TOOL**



The purpose of this Planning Tool is to help UHC policy champions and communicators in the design of comprehensive strategic communication plans for individual objectives by guiding communicators through a structured plan outlining process and includes guiding questions specifically related to strategic communication for UHC.

Co-produced by Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan

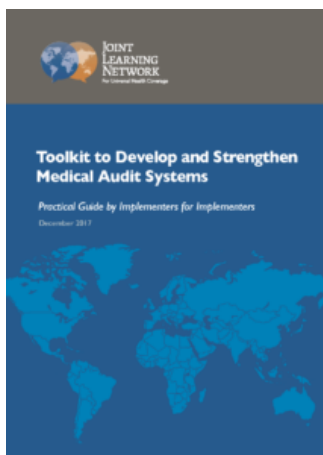
## **STRATEGIC COMMUNICATION FOR UNIVERSAL HEALTH COVERAGE: PRACTICAL GUIDE**



Realizing UHC requires deliberate, tailored communication strategies that increase engagement and knowledge, and create support for change among a diverse group of stakeholders – including political leaders, health care purchasers, providers, patients, suppliers and civil society groups; this practical guide can help UHC and health policy champions develop a comprehensive strategic communication plan tailored to different stakeholder groups to achieve a specific UHC objective.

Co-produced by Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan

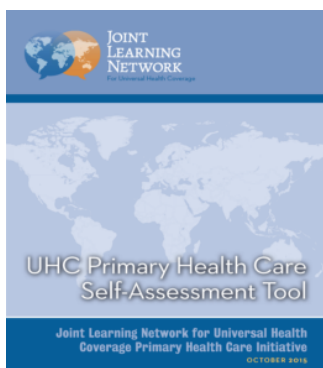
## **TOOLKIT FOR MEDICAL AUDIT SYSTEMS: PRACTICAL ADVICE FROM IMPLEMENTERS TO IMPLEMENTERS**



Aiming to address gaps in practical knowledge, this toolkit provides guidance on setting up medical audit units, conducting investigations, and using the results of a medical audit. The guide also includes a step-by-step review of claims to identify providers prone to fraud or poor quality of care.

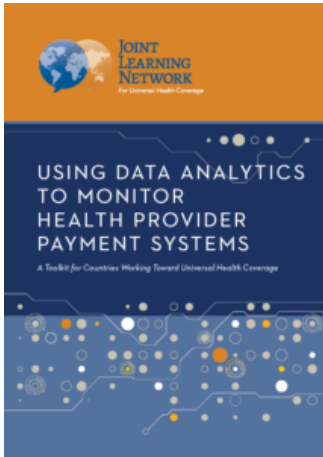
Co-produced by Colombia, Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, and the Philippines

## **UNIVERSAL HEALTH COVERAGE PRIMARY HEALTH CARE SELF-ASSESSMENT TOOL**



The UHC Primary Health Care Self-Assessment Tool provides a rapid diagnostic framework for identifying practical policy opportunities in the health system to improve the relationship between health financing and primary health care efforts. The tool is accompanied by a summary of the experiences of Ghana, India, Indonesia, and Malaysia in applying the framework.

Co-produced by Ghana, India, Indonesia, Malaysia, Mali, Nigeria, the Philippines, and Vietnam



## **USING DATA ANALYTICS TO MONITOR HEALTH PROVIDER PAYMENT SYSTEMS**

A carefully developed provider payment system can be a powerful instrument for making progress toward UHC – and effectively monitoring this system is an integral part of the process. Countries can draw on the collective experience presented in this toolkit to create a provider payment monitoring system that generates information on the status of its objectives and flags unintended outcomes.

Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Mali, Moldova, Mongolia, Nigeria, the Philippines, and Vietnam

## **USING HEALTH DATA TO IMPROVE UNIVERSAL HEALTH COVERAGE: A COMPANION GUIDE FOR ASSESSING DATA USE MATURITY**



As countries continue to invest in and strengthen their health information technology systems, they will gain greater access to data that can be used to deliver more efficient services. This guide is a companion to the *Using Health Data to Improve Universal Health Coverage* case studies and serves as a starting point for countries to assess their data use maturity, identify areas of possible improvement, and apply lessons from the case studies to their context.

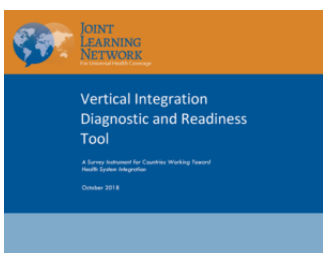
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## **USING HEALTH DATA TO IMPROVE UNIVERSAL HEALTH COVERAGE: THREE CASE STUDIES**

Using the experiences of South Korea as an example, these case studies look at country experiences of and challenges to using health data to improve universal health coverage policies. In particular, three case studies examine the use of data related to disease and case management, financial management, and operational efficiencies of health services.

Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, Peru, the Philippines, South Korea, and Sudan



## **VERTICAL INTEGRATION DIAGNOSTIC AND READINESS TOOL**

Vertical integration is a key pillar of integrated care and improving the linkages between providers at different levels of care can go a long way toward improving the efficiency and quality of health services. This tool can help leaders in low and middle-income countries assess and implement vertical integration policies, programs, and pilots.

Co-produced by Indonesia, Malaysia, Philippines, Sudan, and Vietnam