

Bridging Theory with Practice: The How-To's of 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

HEALTH BENEFITS PACKAGE REVIEW TOOL (forthcoming)

COMING SOON

The new knowledge product aims to support countries in conducting reviews and revisions of their Health Benefits Packages through a transparent, evidence-based yet practical process that incorporates constraints and challenges specific to LMIC contexts.

Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, Philippines, Sudan, Vietnam.

POCKET GUIDE FOR NEGOTIATING WITH PHARMACEUTICAL MANUFACTURERS (forthcoming)

COMING SOON

This “pocket guide” is a tool for negotiations with pharmaceutical companies. It summarizes the key ingredients for successful negotiations, including a checklist for preparation, helpful tips for organizing negotiation meetings, and suggestions for the decision making process and longer-term relationship management. The pocket guide will include tips from the country participants, as well as the knowledge shared by our expert facilitators, in a compact, easy to read format.

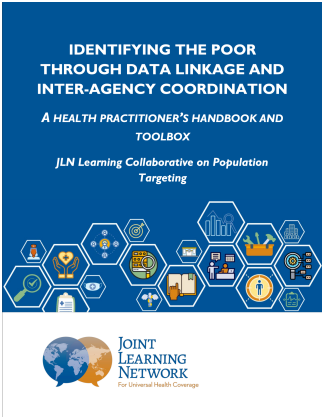
Co-produced by Bangladesh, Ghana, Indonesia, Kenya, Liberia, Malaysia, Namibia, Philippines, Vietnam.

THE PROVIDER PAYMENT MECHANISMS TECHNICAL INITIATIVE: A 10 YEAR JOURNEY



The PPM 10 Years On video serves as an accessible learning tool that illustrates and showcases the journey of the PPM technical initiative over the past 10 years. The video highlights key lessons from JLN members on their experiences in the technical initiative, what enables progress in provider payment, and the future aspirations for collaborative learning on provider payment.

Co-produced by Bangladesh, Ghana, Kenya, Malaysia, Mongolia and Nigeria.



A HEALTH PRACTITIONER'S HANDBOOK AND TOOLBOX FOR IDENTIFYING THE POOR AND VULNERABLE

Over the past decade, many low- and middle-income countries have made expanding health coverage a national priority. During 2021, 11 countries took part in the JLN Learning Collaborative on Population Targeting, which focussed on population targeting as a critical component for expanding effective coverage to unserved groups. The handbook is available in English and French.

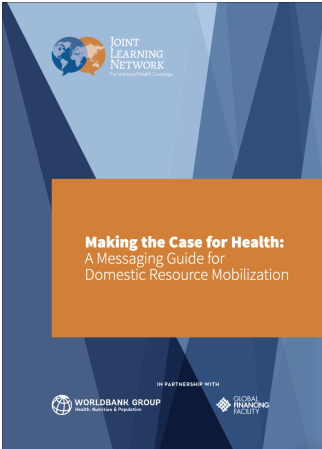
Co-produced by Bangladesh, Ghana, Indonesia, Kenya, Lebanon, Liberia, Mali, Morocco, Myanmar, Nigeria, South Korea, Sudan.



PROVIDER PAYMENT MECHANISMS PODCAST: SEASON 2

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

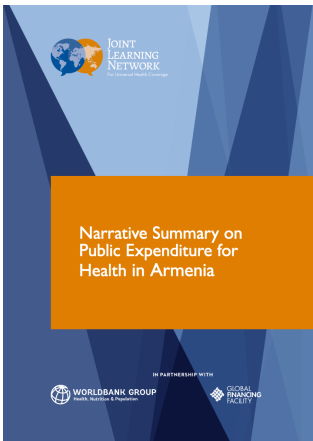
Co-produced by Egypt, Ethiopia, Liberia, Malaysia, Liberia, Moldova, Mongolia and the Philippines.



MAKING THE CASE FOR HEALTH: A MESSAGING GUIDE FOR DOMESTIC RESOURCE MOBILIZATION

Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization was created following member country requests for evidence-based arguments that can support communication across the health and finance sectors to make the case for investment in health. The guide provides a set of 16 compelling messages that can be used to make the case for investment in health as a way of achieving health sector objectives, including Universal Health Coverage goals. The Messaging Guide is available in English and French.

Co-produced by Cambodia, Ethiopia, Ghana, Indonesia, Kenya, Lao PDR, and South Korea.



NARRATIVE SUMMARIES ON PUBLIC EXPENDITURE FOR HEALTH

Narrative summaries present a picture of the health financing landscape at the country level with a focus on public expenditure trends over time. Health policy makers in each country have analyzed and presented their own budgetary data, supplemented as needed with global resources, and complemented these write-ups with descriptions of the policy trends that drove results. Paired with additional DRM collaborative products such as the [*Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization*](#), narrative summaries can be used by policymakers in Ministries of Health to engage in policy dialogue with their counterparts in their respective Ministries of Finance.

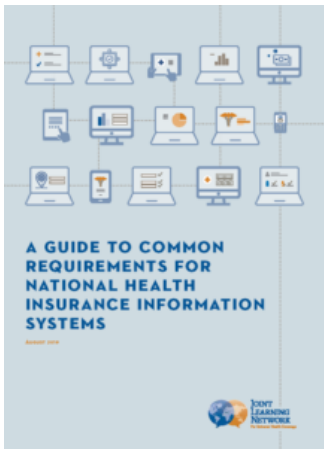
Co-produced by Armenia, Bangladesh, Cambodia, Indonesia, Lao PDR, Nepal, Pakistan, and Vietnam.



EMANELMENT: A FOUNDATIONAL CONCEPT 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. *Empanelment: A Foundational Component of Primary Health Care* defines empanelment and explores its contributions to a country's universal health coverage progress.

Co-produced by Ghana, Mongolia, Malaysia, and South Korea. .



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.

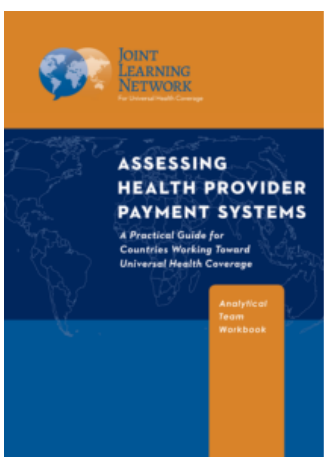
Co-produced by Cambodia, India, Indonesia, Kenya, Malaysia, Nepal, Nigeria, Peru, and South Korea



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.

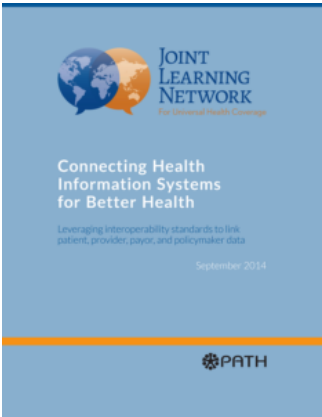
Co-produced by Mongolia and Vietnam



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.

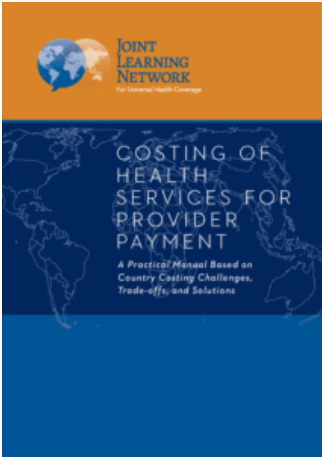
Co-produced by Ghana, India, Indonesia, Malaysia, the Philippines, and Vietnam



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.

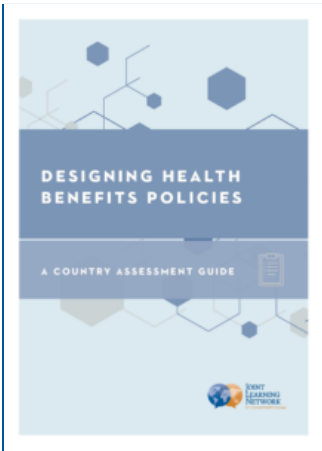
Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, and Vietnam



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

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.

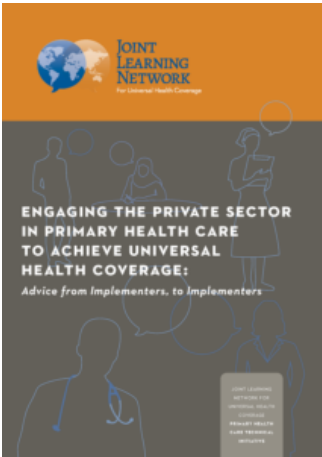
Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, the Philippines, and Thailand



EMANELMENT: 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.

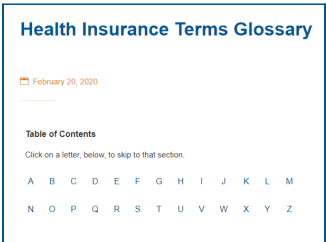
Co-produced by Ghana, India, Malaysia, the Philippines, and Vietnam



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

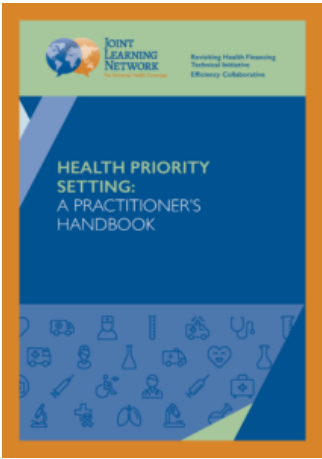
In most countries, primary health care (PHC) providers are the first point of contact that most people have with the larger health care system. Financing and payment models for PHC can be important tools for strengthening primary care and addressing issues of access, quality, and equity in health care.

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

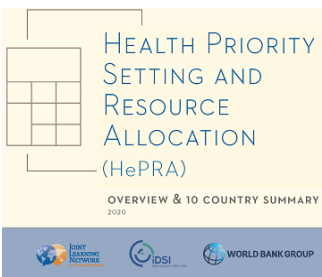
This product is a list of common terminology used in health insurance.



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.

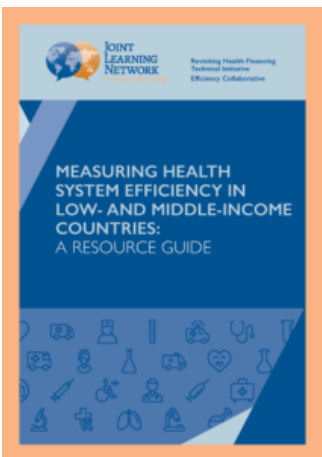
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HEALTH PRIORITY SETTING AND RESOURCE ALLOCATION (HePRA) TOOL AND DATABASE

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.

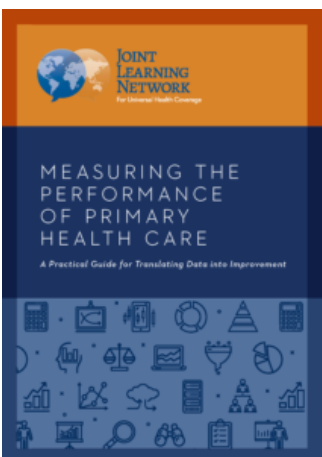
Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, the Philippines, and Vietnam.



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

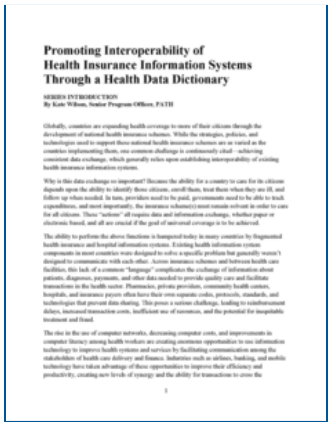
**PRIMARY HEALTH CARE MEASUREMENT FOR IMPROVEMENT
INDICATOR INVENTORY**



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.

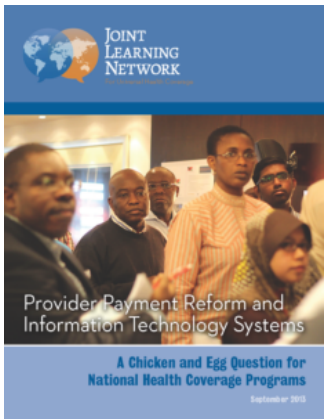
PROVIDER PAYMENT MECHANISMS PODCAST: SEASON I



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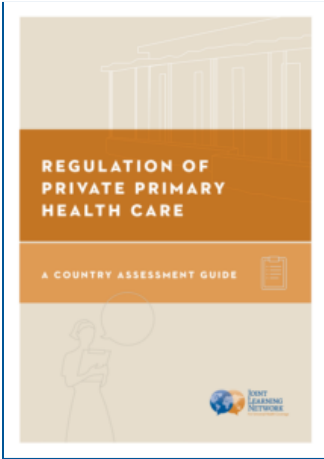
Co-produced by Argentina, Egypt, Ghana, Kenya, Lebanon, Malaysia, Mongolia, Nigeria, and the Philippines

**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.

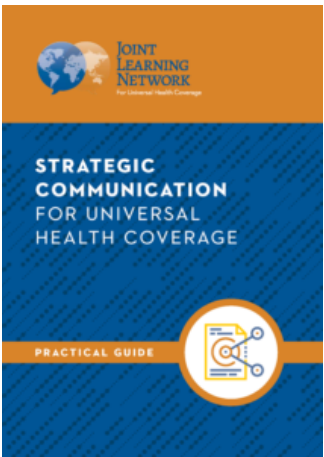
Co-produced by Ghana, Indonesia, Kenya, Malaysia, Mongolia, and Morocco



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.

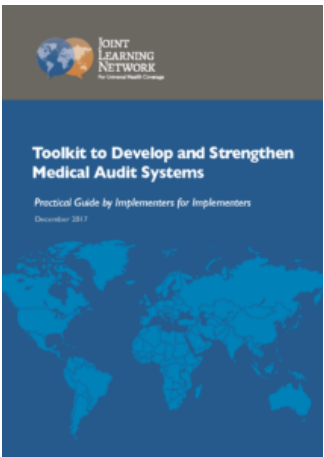
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STRATEGIC COMMUNICATION FOR UNIVERSAL HEALTH COVERAGE: PRACTICAL GUIDE

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.

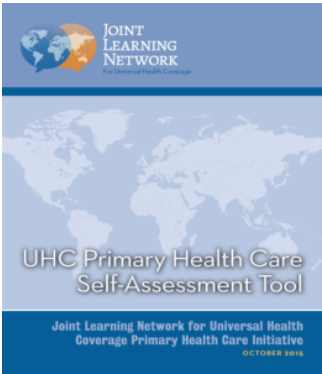
Co-produced by Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan



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.

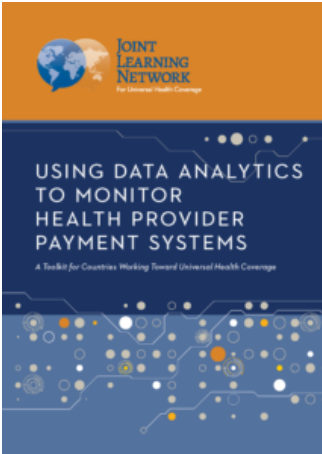
Co-produced by Colombia, Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, and the Philippines



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.

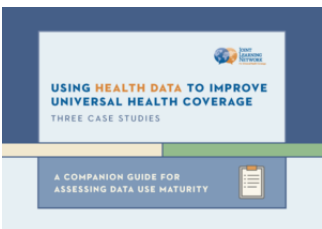
Co-produced by Ghana, India, Indonesia, Malaysia, Mali, Nigeria, the Philippines, and Vietnam



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.

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



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