AFRICAN COLLABORATIVE FOR HEALTH FINANCING SOLUTIONS

ACS Achievements: findings from cross-project review and stakeholder validation

November 2017 – November 2021

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Project Overview

The African Collaborative for Health Financing Solutions (ACS) is a five-year, United States Agency for International Development (USAID)-funded project that supports sub-Saharan African (SSA) countries advance their universal health coverage (UHC) agenda. More specifically, ACS works with countries to smoothen their march towards UHC around the core functional areas below:

1. Continuous Demand Assessment
2. Multi-stakeholder collaboration
3. Strengthen accountability mechanisms
4. Promote Continuous shared learning
5. Provide Health Financing Technical Support

This report looks at the project's achievements to date in an effort to gauge how well ACS is meeting its five aforementioned main objectives in the countries it is supporting. To do so, this report will look at how the project has performed in each country team (Benin, Botswana, Namibia, and Uganda). In other words, what would be the value-add of the ACS project in each of the countries if support stopped at end of November 2021.

ACS achievements to date in Benin, Botswana, Namibia, and Uganda

Continuous Demand Assessment

This ACS core function consists of continuously assessing country demands and needs to advance progress towards country-specific objectives. ACS's approach is to identify country objectives by engaging with a broad range of key local stakeholders to inform the project's support strategy in each country. The process of identifying country objectives includes performing country-specific studies as a mechanism to make data-driven decisions. Demand is then periodically reassessed to ensure that support is meeting needs and being adapted for maximum impact.

Scoping mission and regular stakeholder check-ins in Botswana and Namibia

When ACS received USAID's funds to support Botswana and Namibia, the project's leadership team undertook scoping visits to interact with the national stakeholders and identify the local perspectives on priority intervention areas. During those scoping visits, ACS's leadership was mainly aiming to identify, in both Namibia and Botswana, country leads with intimate knowledge of the local stakeholders and dynamics, and who were trusted by their counterparts. Moreover, once ACS started the implementation of its work plan in Botswana and Namibia, the project continued to interact with national stakeholders to gather feedback on its implementation approach and make changes where deemed necessary. Those meetings were mainly held with USAID, the Ministry of Health and Wellness (MoHW), and the National AIDS and Health Promotion Agency (NAHPA)(in Botswana) and these could be regular formal meetings or informal ad hoc gatherings to briefly exchange on a given subject matter. During the quarterly formal

meetings, ACS would provide progress updates and would gather feedback on potential mitigation measures on the implementation challenges it faced. Finally, special meetings were held with both the USAID and the relevant Government entities whenever there was a need to adapt the work plan to a changing context. For example, such special meetings were held seeing the COVID-19 pandemic to collaboratively realign the project's work plan to its new implementation context.

Stakeholder consultations in Benin

ACS's work relative to this core function is best demonstrated by its experience in Benin. Before the start of the ACS project, ACS conducted a scoping mission in Benin where they had the opportunity to interact with national stakeholders as well as the other actors operating in the country's health system and brainstormed the project's approach towards achieving UHC in Benin. It is important to note that when ACS undertook its scoping mission in Benin, the project called upon the services of a local consultant who was known and accepted by the stakeholders/local experts who were to be interviewed. It is important to note that a similar approach to demand assessment was used in all the countries the project supports. Eventually, in the case of Benin, the consultant was hired as ACS's Country Lead to maintain the collaborative momentum with the national stakeholders and capitalize on the existing relationship the then consultant had with the national stakeholders. relationship the then consultant had with the national stakeholders.

Furthermore, during that scoping mission, discussions were centered around another government-sponsored project aiming at achieving UHC called "Régime d'Assurance Maladie Universelle (RAMU)." One reason stakeholders believed the RAMU failed was the lack of inclusive dialogue and collaboration among stakeholders. Per national stakeholders, the parties involved in RAMU were working in siloes without necessarily trying to link how their efforts and objectives fed into the work of other partners thus hindering its success. It is important to note that the scoping visit laid the foundations of the ACS project's legitimacy in Benin. A more diverse set of stakeholder profiles were interviewed leading to stakeholders who had never been involved feeling more valued and stimulating their engagement.

Readied with the crucial learnings from the scoping mission, ACS prioritized the creation of a collaborative and inclusive environment to support Benin's AM-ARCH[1] pilot project. ACS is working with the Beninese government and a broad set of system stakeholders to aid with the design, implementation, and evaluation of the pilot phase in preparation for the eventual national scale-up of AM-ARCH.

Creation of the Inter-Ministerial Committee in Uganda

Right when ACS was getting in Uganda, the country was at the point of finalizing its health financing strategy. Even though the country was moving ahead in the elaboration of its health financing strategy, there was not a unified definition of UHC among national stakeholders neither a stable, inclusive, and collaborative process to guide the country's march towards UHC. As an initial act of support towards

[1] AM-ARCH is a national health insurance program focusing on providing health coverage to the poorest segment of the population characterized as "extremely poor".

progress to UHC, ACS facilitated the creation of an Interministerial Committee (IMC) mandated to spearhead the development of the country's UHC roadmap. As soon as the IMC was inaugurated, the World Bank and the World Health Organization decided to join forces with the Ugandan Ministry of Health as well as the local USAID mission to support the roadmap development process by recruiting two consultants to assist in the design of the roadmap. It is also important to note that the IMC moved to create a smaller core committee mandated to work with the consultants, coordinate the roadmap development process, and provide quality assurance. Finally, ACS collaborated with the Ugandan Healthcare Federation to facilitate discussions, compile evidence, and collaborate with regional experts to provide technical advice to the IMC.

Multi-stakeholder collaboration

This ACS core function consists of bringing all critical stakeholders to the decision-making table for a coherent march towards UHC where all concerned parties have their issues and priorities taken into consideration. Integration, inclusion, and collaboration are keystone elements of the ACS approach. The underlying assumption is that for a country to put in place and advance a roadmap towards UHC, it is essential to have policymakers, policy implementers, as well as the population impacted by those policies collaboratively work towards defining the issue and identifying sustainable solutions. This approach aims to ensure that the definition of the issue(s) is understood across all involved parties and that all stakeholders agree on what their roles and responsibilities are, transparency and consensus is built around the actions to be taken, timelines, and the monitoring of progress. From our experience, this collaborative approach to challenging systemic issues requires a broker, who is legitimate in the eyes of the various stakeholders, to facilitate the agreed-upon collective process.

Creation of the Consultative Committee in Benin

One of the first, and probably the biggest, accomplishments of ACS in Benin is the creation of a consultative committee regrouping all relevant stakeholders from the very beginning of its support. The committee, facilitated by ACS and led by the *Agence Nationale de la Protection Sociale*[2] (ANPS) -formerly known as *Unité de Gestion du Projet*[3] (UGP) as the mandated body of the President's Office, is a platform where all issues pertaining to Benin's march towards UHC are collaboratively discussed and potential solutions brainstormed and transmitted to powerholders. The committee also serves as a platform to facilitate the sharing of knowledge/learnings among national stakeholders and to avoid siloed work. Furthermore, with ACS support, the committee designed a collective learning agenda/strategy for the pilot phase of the AM-ARCH project to inform the scale-up of the AM-ARCH pilot. It is important to note that it is during the learning agenda/strategy development that most, if not all, stakeholder groups had the chance to directly interact with one another and validate their ideas and assumptions. For the

[1] National Social Protection Agency

[2] Project Management Unit

next extension of AM-ARCH, the Government of Benin is targeting its civil servants. This consultative committee is also poised to serve this function for this next phase of scale-up to civil servants.

Reinvigoration of TWGs in Botswana and Namibia

Collaboration, while critical across the ACS project, does not look the same in all countries the project supports. ACS recommends potential structures/modes for collaboration based on country needs, existing platforms. The approach to multi-stakeholder inclusion and collaboration in Namibia and Botswana was similar, where the project created or revigorated a set of Technical Working Groups (TWG) to play the role of consultative committees. In Botswana, for example, there were three TWGs[4] in place, which were not as effective as they could be or as inclusive as they should be. ACS worked with country stakeholders to make those TWGs both more operational and more inclusive, and also supported the creation of a Communications TWG. A primary distinction is thus whether a collaborative platform has to be created, or something exists on which collaboration can be built. In Benin, supporting inclusive collaboration required creating a structure since none existed. In Botswana and Namibia, collaborative platforms already existed but needed to be restimulated. TWGs were dormant when ACS started working in Namibia, and so ACS facilitated a process whereby senior management of the MoHSS identified their priorities and defined the objectives of UHC in the Namibian context to reshape and reactivate a set of TWGs. In both Botswana and Namibia, TWGs played a lead role in advancing the work with ACS support and validating the end products with the Ministry of Health and a broader group of stakeholders.

More specifically to Botswana, in its effort to bring all critical stakeholders to the table and align their efforts to advance UHC, ACS has tackled the gap in collaboration that existed among many stakeholder groups, most notably between the MoHW and NAHPA planning divisions. These two organizations lead Botswana's health system, where one focuses on overall health system stewardship and the other on the HIV/AIDS response specifically. For a fully functional health system, their effective collaboration is essential, but it had previously been minimal and ACS's facilitation on strengthening the working relationship between MoHW and NAHPA planning units has resulted in better communication and collaboration. This improved collaboration has led to joint planning initiatives and better involvement in each other's activities. For example, to submit a request for funding from the Global Fund to Fight AIDS, TB and Malaria, the process was led by NAHPA's Programme Planning Unit with the support of senior officials from the MoHW Policy and Planning unit. Moreover, relative to the harmonized resource tracking exercise, with ACS's facilitation, both MoHW and NAHPA jointly shared the responsibilities of convening the expenditure tracking technical working group meetings, supervising the data collection process, and collectively resolving the harmonized resource tracking methodology implementation bottlenecks.

Creation of the Inter-Ministerial Committee in Uganda

In Uganda, talks around UHC were happening before ACS's engagement in the country. Different government and non-government stakeholders were discussing and working towards it but not in a collaborative manner. All UHC-related efforts were being done in siloes. Momentum to design and

[3] Expenditure Tracking TWG, Health Financing TWG, and HIV/AIDS Treatment & Care TWG

implement meaningful UHC policies was slow, and the lack of coordination in Uganda's UHC sphere had ramifications on the country's ability to leverage and use the financing opportunities at their disposal. For example, several development partners operating in Uganda wanted to invest in the country's UHC efforts but could not identify a legitimate channel for their funds. As such, ACS facilitated the creation of an Inter-Ministerial Committee (IMC) around UHC. The concept of IMCs was not foreign to Uganda, since there was another one focused on nutrition, but which was characterized as being too technical and detached from operations. However, the UHC IMC looked at both the policies as well as their operationalization to maximize their impact. Therefore, the value ACS added in Uganda's UHC efforts was the facilitation of a collaborative platform where all critical stakeholders participate in the formulation of national priorities as well as the strategies to put in place to meet those priorities. That collaborative platform, in addition to coordinating technical expertise around UHC, also enabled the country's UHC efforts to become more attractive for investment. Finally, the involvement of different ministries within the IMC to discuss UHC enabled the country to adopt a more holistic definition of UHC where health is prioritized beyond the health sector, and UHC is included in the Health Development Plan as well as the National Development Plan.

Creation of the People's version of the roadmap for UHC in Uganda

Following the inauguration of the Inter-Ministerial Committee for the development of the UHC roadmap, the World Bank and the World Health Organization (WHO) offered to collaborate with the Ministry of Health (MOH) and the USAID Mission to support the roadmap development process in Uganda. This led to the establishment of the Core Committee, which serves as a think tank and provides quality assurance to the UHC roadmap development process. However, the initial roadmap, which was drafted by a consultant, was deemed too technical and not accessible to non-academic audiences thus hampering the applicability of the roadmap. It is from that perspective that ACS began to draft the people's version of the roadmap, which was targeted for non-technical readers. The people's version of the roadmap informed readers of key UHC messages and contained communications directed at stakeholders from various sectors including the community, industry and government departments, and agencies. It also highlighted the definition of UHC and what UHC means in the Ugandan context, in addition to outlining key pathways, milestones and indicators on how Uganda will work to achieve UHC.

Study on the inclusivity of UHC policy dialogue platforms in Burkina Faso

Universal health coverage (UHC) is a highly political realm due to the fact that it requires the involvement of a myriad of actors with sometimes divergent interests. As such, multisectoral platforms with a diverse representation of stakeholder is necessary for the elaboration of coherent strategies for UHC. As such, Burkina Faso has set up a number of political dialogue platforms oriented towards bettering its health sector and eventually leading to UHC. However, it is unknown to what extent these dialogue platforms are inclusive to fully deliver on the set out expectations. As such, a study on the inclusiveness of political

dialogue platforms in Burkina Faso was conducted in an effort to identify the weaknesses/difficulties that limit the level of inclusion of dialogue platforms for UHC in Burkina Faso. The application of the learnings that emanated from the study would allow for the removal of any bottlenecks for inclusivity and strengthen the composition of those dialogue platforms. A report summarizing the totality of the findings was produced, validated with stakeholders, and disseminated.

Strengthen accountability mechanisms

ACS strives to provide all actors in the countries it supports with tools and resources to strengthen accountability around UHC. When stakeholders are aware of what they can expect of powerholders and each other, they are better able to chart a collective path with measurable indicators and to hold each other accountable when what is delivered does not meet commitments. It is important to note that ACS's working definition of accountability has been evolving since its implementation began. However, for this document, the following definition of accountability is used: "*A health system could be said to have strong accountability mechanisms if the following are guaranteed: 1) Access to information about the process as well as the role and responsibility of each actor, 2) Ability of actors to express their concerns without negative repercussions, 3) Ability of actors to influence the decision-making process, and 4) Ability of actors to hold each other responsible for their commitments and promises.*"

Elaboration of a communication strategy in Benin

Access to adequate information is necessary to ensure that beneficiaries of AM-ARCH are aware of the services to which they are entitled. Service providers also need to be aware of those services as well as the protocols to follow to ensure their effective delivery. Since the ultimate success of AM-ARCH will be in part measured by beneficiaries' perceptions of their care experience, collecting and circulating information among stakeholders of the utmost importance. When ACS conducted a study on AM-ARCH's communication strategy, it was found that most stakeholders, especially beneficiaries, did not have a good understanding of AM-ARCH and its benefits. This analysis was shared with the relevant authorities so they could make changes to increase the reach and effectiveness of their communication strategies.

The ACS study found that some of the channels being currently used by AM-ARCH were ill-suited to reach the targeted audience. Beneficiaries, largely uneducated and poor, did not hear the radio spots since they do not own radios, and were similarly unable to read the billboards. . A report on the findings of the study as well as recommendations was produced, approved by the consultative committee with the relevant stakeholders. As a result, AM-ARCH pivoted to traditional communication strategies, such as community communicators, who have direct access to the target population and who are trusted and able to share information with proper training. A follow-up study will be conducted to observe the changes from the revised communications approach.

Strengthening Uganda's Roadmap to UHC

To align and catalyze progress toward UHC, a group of consultants was mandated to draft Uganda's Roadmap to UHC. However, the roadmap produced was deemed too long and technical to be accessible to all national stakeholders. Ironically, the roadmap that was supposed to facilitate smooth, collective implementation of initiatives towards UHC was too dense to serve as a basis inclusive collaboration. Country stakeholders then advocated for the roadmap to be made less "academic" and more accessible. As such, ACS supported an effort to produce a "popular version" of the roadmap that would be accessible to all stakeholders. The initial roadmap was around 80 pages of technical information, whose streamlining to a 40-page document with a more accessible language was supported by ACS. Moreover, a 2-page version was produced for broad circulation. The value-add of the "popular version" of the roadmap was two-fold: 1) it enabled for a harmonized understanding of national priorities as well as the strategies put in place to meet them and 2) it enabled the creation of an accountability climate where all stakeholders are aware of their respective roles and responsibilities.

Benin's learning agenda

To strengthen relationships among key actors and to create an environment where all stakeholders can contribute to defining how to assess the pilot phase, ACS supported the development of a Learning Agenda Workshop to which diverse stakeholders[5] were invited to contribute. This workshop created the space and dialogue for participants to establish a common agenda and to know what to expect from one another, thus setting up the foundations for accountability.

Not surprisingly, all stakeholders had specific expectations that were important to them. However, through the interactions, they all converged towards the ultimate goal to ensure that all Beninese have access to a well-functioning and affordable health care system. All stakeholders agreed upon three (3) expectations from the pilot phase: 1) provision of health services of the utmost quality, 2) no delays in the reimbursement of health services fees by ANAM[6], and 3) An effective communication strategy that would allow recipients of AM ARCH to know to which health services they are entitled. Throughout the process, all parties had the opportunity to have their concerns heard and taken into consideration. The concerns raised by different stakeholders became the backbone of the research/evaluation questions, which would be the main aspects of the pilot phase to be measured before scaling.

Amplifying unheard voices in Namibia, Botswana, and Uganda

Through its Voices Inspiring Change (VIC) initiative, ACS managed to amplify some unheard yet critical voices in Namibia and Uganda's UHC efforts. A series of structured conversations were held with a set of individuals identified as having a vital voice but that were not being "heard" or leveraged in the UHC space. These profiles were then disseminated via myriad communications products and platforms within

[5] List of stakeholders : UGP, ANAN, CONSAMUS (Mutuals), C/CPS, Field Agents (in-field health personals)

[6] ANAM: Agence Nationale de l'Assurance Maladie / National Health Insurance Agency

the countries, but also at the global level. With the current COVID-19 pandemic, health systems weaknesses all around the world are being exposed, and take on an urgency that has brought UHC to the top of many countries' priorities. VICs are being profiled in Benin and Botswana as well to continue to elevate the chorus of diverse actors that drive UHC forward.

Accountability Initiative Mapping Studies in Benin and Botswana

To gain a clearer understanding of the accountability situation in the contexts where the project operates, ACS conducted accountability initiatives studies in Benin and Botswana. In Benin, the accountability study provided a clear landscape of established mechanisms that can support UHC accountability and an index of existing accountability tools in Benin's health system. The study also provided some avenues of reflection to strengthen accountability in Benin with concrete proposals to government, civil society, and community actors. Therefore, it could be concluded that, in Benin, ACS is still establishing the foundations of accountability but has not yet fully accomplished the accountability achievement as per the definition provided above. It is, however, important to note that the formalization of the consultative committee has strengthened it as an accountability mechanism in the Beninese UHC. The consultative committee is gaining the political capital it needs to serve as the institutional body through which health policies are collectively discussed and strengthened to achieve outcomes.

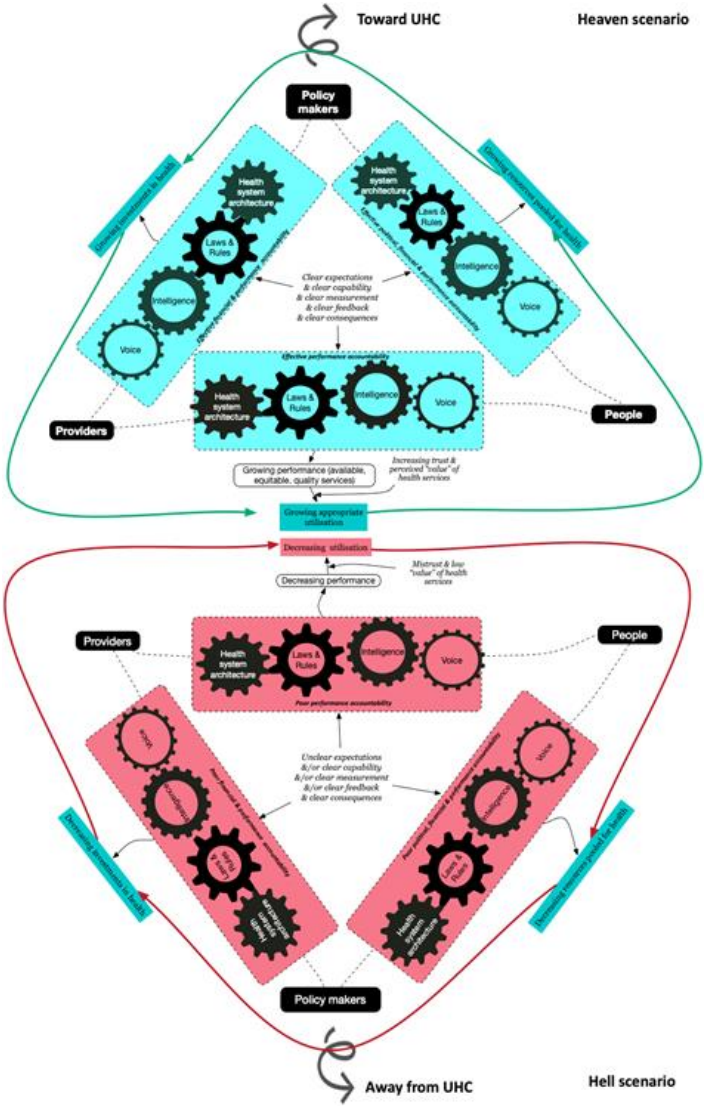
As in Benin, ACS conducted an accountability study in Botswana that aimed to identify the key stakeholders' networks and movements involved in promoting accountability within the health sector in Botswana, as well as the strategies, approaches, and platforms that have or could serve to promote accountability. The study identified existing gaps in promoting accountability, looking at stakeholders' capacity within various platforms, and drew lessons and recommendations for action in a published report.

Strengthening Benin's civil society in accountability for UHC

In terms of contributing to the achievement of Universal Health Coverage, Beninese civil society is represented by two umbrella entities: the House of Civil Society: '*Maison de la Société Civile*" and the COBCUS: '*Coalition des ONG pour la Couverture Sanitaire Universelle*." The first two years of ACS support as well, combined with the accountability mapping exercise, made it clear that these entities were not well organized or equipped to play their role in the field of accountability for UHC. With the support of RAME, we have set up a skill-building plan for these CSO networks to equip them to become credible and effective actors in the UHC process. This plan will make it possible to review, for example, modules such as the role of CSOs in UHC, budget advocacy, accountability.

Development of the Heaven and Hell Program Theory for accountability

In the recent literature applicable to health system strengthening, various concepts like "learning organizations", good governance, collaborative governance, accountability, institutional arrangements among many others are presented as key for health systems to achieve most of their objectives such as UHC. These concepts are informing already many projects and interventions that aim to support country progresses toward stronger health systems and UHC. However, little is known on how all those components operate, in isolation or together, and under which circumstances they lead to which changes and why. The ACS project's work on governance and accountability led to the development of a Theory of Program that highlights different elements functioning together to generate accountability and create possibilities of two main vortex-like dynamics respectively toward (heaven scenario) and away from (hell scenario) UHC. This is referred to as the heaven and hell theory of program (HTTP). HTTP is built on a triangular relationship between policymakers, providers, and people. Each line of this triangular relationship is made up of the health system architecture; laws and rules; information and intelligence; and ways and means of voicing and participation. These components continuously interact and influence each other in gear-like dynamics. A document explaining the integrality of the theory has been developed and disseminated



The present theory of program aims to contribute to filling this gap by engaging the conversation on this question and providing a starting point that can be refined and consolidated across projects and interventions.

Figure 1: Illustration of the HHTP

Evaluation of the social accountability mechanisms in Benin

One of ACS' pillars is to strengthen accountability so that UHC health financing solutions are designed, implemented, and tracked through a process that is evidence-based, transparent, and accessible. As such, ACS formed the Accountability Learning Collaborative (ALC) with the goal of generating evidence and promoting learning about accountability for informed action towards UHC in Africa. Seeing the importance of having strong accountability mechanisms in ensuring a smooth progression towards UHC, Beninese stakeholders requested an exercise that would allow them to answer the following questions:

1) How to improve and maintain citizen awareness, empowerment, and engagement around accountability for UHC? 2) How to strengthen capacity of different accountability actors to play their role effectively (CSOs, media, parliamentarians, policy makers, providers)? 3) How to communicate and message information for different stakeholders so that they understand their interest and engage? It is from that perspective that this accountability mapping exercise was conducted as a first step towards determining the status of accountability in Benin, while identifying learning and accountability challenges that could hamper successful implementation of UHC-related policies and strategies. The findings of the study have been duly validated by stakeholders and the report published.

Promote Continuous shared learning

Continuous shared learning is one of the main functions guiding the ACS project's support to countries to advance UHC. As such, the project creates an environment where learning exchanges are common practice among ACS country teams and also among country teams and other national and regional stakeholders. The goal is to create a learning culture for UHC, thereby instilling a continuous learning approach to how UHC processes are designed, implemented, evaluated, and refined as they advance.

Process Documentation

Process Documentation (PD) consists of documenting both endogenous and exogenous factors that can have an impact on the outcome of a given endeavor. In the ACS project, PD was used to perform a version of "market analysis" as a tool to document and analyze the Political, Economic, Social, Technological, Legal, and Environmental (PESTLE) aspects of each country context to anticipate potential policy changes or inform them, to support national stakeholders to engage in policy processes more effectively. In other words, through PD, the ACS project can provide national stakeholders an overview of different aspects that may hinder or expedite the country's UHC progress. Simultaneously, by cataloging the different events[7], country teams delineate learnings useful for their own implementation work but also document good practices to be shared with other ACS country teams. ACS uses the PD tool to continuously and in real-time track the changes in the political and economic environment of the countries it supports. As such, the PD is a forecasting and adjustment tool that the project uses to orient support modalities with country UHC processes. To date, however, in all countries where ACS provides technical assistance, the PD tool has only been used for internal purposes.

[7] **Events**: Any PESTLE occurrence that can directly or indirectly impact the sought-out outcomes of the project regardless of if they are related project activities or not. In other words, events are not limited to tasks or sub-tasks of a given ACS activity, they include other occurrences that lay beyond the project's boundaries.

Example: In the fight against COVID-19, Senegal develop fast and cheap testing kits that the country plans to share with all African countries. Even though this event did not happen in Burkina Faso, the Burkinabe MELA officer needs to document it into the PD tool because after receiving the testing kits, the number of confirmed cases will increase and the government will take different mitigation measures to cope with the virus. Those mitigation measures could mean that public gatherings are banned and that ACS could no longer conducts its training events.

Harmonized Resource Tracking (HRT) exchange

Seeing that both Namibia and Botswana are implementing the harmonized SHA/NASA resource tracking methodologies, they have been learning from each other throughout the process. Through the Process Documentation (PD) tool, both countries have cataloged their implementation successes and challenges to be shared via PD reports and presentations. Moreover, the two countries are supported by the same Regional Health Financing officer and regional coach who were able to ensure that learnings that emanated from one country's implementation efforts were taken into account in the other.

Facilitation of the creation of the COMVID COVID-19 movement for UHC in Burkina Faso

Burkina Faso has a long history of active and powerful civil society organizations (CSOs). These organizations have been at the heart of most, if not all, of the important socio-economic and political events of the country's history including on its COVID-19 response. As soon as Burkina Faso registered its first positive COVID-19 case, CSOs of the DES-ICI platform, with ACS's catalytic support, established the COMVID COVID-19 movement. COMVID COVID-19 is a community oriented social movement spearheaded by national CSOs with the mandate of putting all resources at the disposal of the population to ensure that they are well-equipped to halt the propagation of the virus in Burkina Faso. Moreover, through regional exchange, ACS facilitated conversation between representative of the movement and health experts within the African continent. The learnings gathered from those exchanges were then duplicated in Burkina Faso, when applicable, in the fight against COVID-19. A blog series on ACS's involvement in Burkina Faso's fight against COVID-19 was published on R4D's website.

Yearly Pause and Learn Events

ACS recognized the need to continuously celebrate accomplishments, evaluate areas that need improvement, and highlight key project elements that support success. As such, since the inception of the project, Pause and Learn (PaL) events are organized on a yearly basis. During these events, country and regional teams are given the opportunity to reflect on the design and implementation of workplan activities and share learnings for future project initiatives.

Provide Health Financing Technical Support

This core function consists of equipping country decision-makers with skills, evidence, and tools to enable them to make informed health financing decisions for accelerated progress towards UHC. ACS provides health financing technical support to decision-makers in three ways: capacity building, generating evidence to inform decision making, and developing tools and guidelines.

Capacity building

Health Financing Technical Skills

ACS facilitated the participation of two senior Botswanan policymakers from the Ministry of Health and Wellness (MoHW) in the World Health Organization's 6th Advanced Health Financing for UHC Course in Geneva along with ACS Botswana's country lead and ACS' USAID Botswana activity manager. The course exposed the participants to experts who shared and discussed different health financing strategies being implemented in other countries. The country team was also paired throughout the week with a mentor who helped them apply the different concepts to their own country context. In the wake of the course, ACS Botswana had new insights on current health financing challenges and formulated potential solutions. For instance, participants concluded that to meet their Health Financing objectives, the country should focus more on strategic purchasing rather than seek to establish a national health insurance scheme. The technical skills gained from the course were leveraged by the ACS team in Botswana in the Health Financing Technical Working Group to facilitate health financing reform processes and to translate and adapt proven strategies for greater efficiency and sustainability to the Botswanan context.

Harmonized Resource Tracking Capacity Building and Institutionalization in Namibia

Given its upper-middle-income status, Namibia is transitioning away from donor funding to fully finance its health system expenditures. Namibian health officials are thus keen to optimize their health financing strategy by tracking the flow of resources effectively and efficiently within its health system, both for specific disease areas (notably HIV/AIDS, which is heavily resourced) but also in a comprehensive manner. It is from that perspective that ACS worked hand-in-hand with MoHSS stakeholders to harmonize the resource tracking (HRT) methodologies and trained resource tracking staff on the combined methodology to ensure ownership and sustainability. To institutionalize Namibia's HRT, ACS organized a learn-by-doing exercise to ensure stakeholders within the Resource Tracking Technical Working Group (RT-TWG) had a solid understanding of the HRT methodologies and were able to conduct future resource tracking exercises using the newly harmonized methodology. Moreover, ACS also published a brief sharing the project's learnings on combining the SHA and NASA methodologies in Namibia to ensure that its experience is shared within and beyond the African continent. Additionally, ACS also developed a guidance manual for future resource tracking (RT) exercises that outline the step-by-step process to be used for RT in the Namibian context, as well as another generic guidance document on SHA/NASA harmonization for health financing practitioners in other countries who are aiming to achieve efficiencies through RT.

Harmonized Resource Tracking in Botswana as key step towards institutionalization

Similar to the processes in Namibia, Botswana was conducting parallel methodologies for health expenditure tracking, which were draining on the health system's resources, duplicative in terms of data acquisition efforts, and burdensome for involved stakeholders. To assist the Government of Botswana to plan and implement a harmonization process for health expenditure tracking as key step towards resource

tracking institutionalization, ACS trained the RT-TWG members on the SHA and NASA methodologies to highlight the specific HIV/AIDS (NASA) data needs that cannot be adequately addressed by Health Accounts exercises or SHA/NASA harmonized data collection tools and the harmonized resource tracking tool to build all the technical competencies they need to carry out future resource tracking exercises. In addition, ACS provided coaching and mentoring support to Government officials to apply the harmonized data collection tools through an expenditure tracking exercise. To strengthen buy-in and capacity in-country, ACS also secured strong collaboration with WHO and UNAIDS, both key partners to RT.

Learning Exchange between Botswana and Kenya on resource tracking institutionalization processes

The need to ensure continuous support for technical capacity building remains a priority for institutionalization process. ACS supported twelve core members of the Botswana SHA/NASA TWG on a learning exchange visit to Kenya in September 2019 to engage with counterparts on the Kenyan SHA/NASA process and learn their implementation practices as a way to pave way for institutionalization process in Botswana.

Financial Management Training (FMT) in Botswana

Out of the consultations of the health financing TWG, ACS identified and assessed technical and allocative efficiencies in the Botswana health system and the HIV response, which were prioritized and validated. The prioritization considered both the magnitude of potential efficiency savings as well as the political and economic viability of addressing these inefficiencies. Therefore, improved finance skills within the MoHW and CMS, NAHPA, and HIV/AIDS networks were identified as a cross-cutting lever that could have many impacts on efficiency in terms of financial management improvement as well as the overall budgeting process optimization and operational efficiency. Thus, improvements in financial management would lead to improving health system functionality and could potentially increase transparency and accountability for communities and civil society. As such, ACS supported the GoB to establish a training team comprising of MoHW senior officials, NAHPA, ACS, and a local consultant. The team delivered three Training of Trainers (ToTs) workshops which attracted a total of 46 participants (budget owners and managers) from 18 Regional Health Teams. The purpose of the training was to build the financial management capacity of central and district level budget holders within the system, including District Health Management Teams (DHMTs) and facilities with a focus on value for money and results-based management.

Generating evidence to inform decision-making

Reimbursement Mechanism in Benin

In Benin, the *Agence National de l'Assurance Maladie* (ANAM) is the unit responsible for the payment system for the health centers providing the services covered by AM-ARCH. Service providers have been unsatisfied with the turnaround time of reimbursements, which caused severe operational ramifications for providers. When funds are delayed or not available, service providers cannot provide quality health services to AM-ARCH beneficiaries, as promised, thereby diminishing the effectiveness and reputation of

AM-ARCH. ACS approached the stakeholders impacted by the delays in reimbursements to document their insights, concerns, and recommendations. Through its evaluation exercises, ACS found that the payment delays were due to three main factors: the lack of proficiency in data collection tools by health providers, the complexity and heaviness of the tools to be completed, and the lack of staff to process tools and invoices at ANAM. With ACS's findings and recommendations, the Government of Benin decided to computerize its information management system and to recruit the appropriate staff to speed up data processing, thereby making the reimbursement system more fluid. ACS also conducted a literature review on existing reimbursement mechanisms in Sub-Saharan Africa and beyond to provide the relevant authorities a variety of examples and evidence that they can use to design, with ACS's support, an official, revised reimbursement mechanism.

Costing studies in Benin

ACS has also supported the Government of Benin with the structuring of its insurance scheme for civil servants. ACS's support started with a conversation with the then UGP to better understand the priorities of the government. From that discussion, the need to conduct a costing study emerged in an effort to allow the Beninese decision makers to design informed and data-driven decisions relative to the health coverage of its civil servants. ACS designed the methodology of the study and conducted the literature associated with the study. ACS also worked with UGP to put in place a national technical team to carry out the implementation of the study. Simultaneously, ACS supported the *Plateforme du Secteur Sanitaire Privé*[8] (PSSP) in designing a methodology for its analysis of the production cost of healthcare and services. It is important to note that ACS ensured that the two methodologies aligned to create a solid ground for the eventual comparison of findings which will be crucial for PSSP's advocacy efforts with the government.

Botswana's rapid assessment of data system readiness for costing of services

In its support to the Government of Botswana (GoB), ACS supported the development of a national reference tariffs system and other related health financing and efficiency activities. The GoB is currently in the process of approving the HFS, which aims to ensure financial protection, equity, efficiency, and sustainability to achieve UHC. Among others, the HFS proposes a system of reference tariff for health services in order to ensure a fair payment system. The specific objectives of this assessment were to: 1) Assess the availability of the Minimum Data Set (MDS) needed to inform a tariff setting exercise, across levels of the health system for public and private sectors and 2) Assess the availability of other critical data elements. The findings of the exercise have been shared with stakeholders, validated, and disseminated.

[8] Private Health Sector Platform (PSSP)

Development of an HIV and AIDS Basic Service Package (HABSP) for Epidemic Control and Sustenance in Botswana and Namibia

To propel Botswana towards the HIV/AIDS epidemic control, ACS supported the development and costing of the HIV/AIDS Basic Service Package in consultation with the HIV/AIDS treatment and Care TWG, which is composed of members from government agencies, private sector, civil society, and development partners. The HABSP is a minimum service package that standardizes care and defines treatment regimens and service components or ingredients that patients should receive regardless of whether they are served from a public, private, or civil society setting. It serves as a reference guide to government, private sector, civil society and development partners, and different institutions on priorities for support, and is critical to transition planning, as the country transitions to domestic funding, and ensuring that beyond epidemic control, the response is sustained optimally to achieve the SDG 3 target of ending the AIDS epidemic by 2030 and achieving UHC. The Botswana package which has been costed, has been validated and endorsed by the HIV treatment & Care TWG and other stakeholders, and was essential to the development of the National Operational Plan of the National Strategic Framework for HIV/AIDS III. It is important to note that the need to integrate the HIV/AIDS services package into the broader Essential Health Service Package is key for Botswana and Namibia's financial sustainability and ultimately attainment and maintenance of both HIV/AIDS epidemic control and UHC. This is becoming more relevant to the countries as they are facing decreasing levels of donor funding for HIV/AIDS.

Developing tools and guidelines

Development of Harmonized SHA/NASA data collection tools in Namibia and Botswana

As part of the harmonized SHA/NASA approach in Botswana and Namibia, ACs supported the development of the SHA/NASA data collection tools to facilitate generation of comprehensive data on health and HIV spending through one single exercise, satisfying both the broader health and HIV/AIDS stakeholders' data needs as required by both methodologies to attain efficiency gains. The development of joint data collection tools was done based on the SHA tools and adapted to collect HIV data (health and non-health), with adequate disaggregation using the NASA classifications.

Identification of the Package for HIV/AIDS Epidemic Control (PHSEC) in Namibia

One of the more salient initiatives undertaken by ACS in Namibia to move the country closer to UHC was the creation and validation of the Package for HIV/AIDS Epidemic Control (PHSEC). For the creation of the PHSEC, ACS synthesized existing evidence, analyzed data, facilitated stakeholder consensus building, and presented final results to decision-makers for endorsement. This package dictated the list of services that all patients need to receive to control the HIV/AIDS epidemic in Namibia and was validated by all key stakeholders. The process of developing the PHSEC has proven to be remarkably effective and the

extensive continuous stakeholder engagement throughout the process allowed for broad buy-in and greater country ownership. Given the success of the approach, the MoHSS intends to use this same stepwise approach with stakeholder engagement facilitated to build consensus and obtain buy-in at each step of the process to develop the essential health services package for UHC.

Development of a roadmap for National Reference Tariff System in Botswana

The need to develop a national reference tariff for health services that promotes a fair payment system for health services is one of the key strategic actions for reforming the health financing system in Botswana. The national reference tariff system is instrumental in building the foundations for better strategic purchasing - by measuring and publishing health service prices and providing a clear definition of products to which the reference tariffs apply. Strategic purchasing is identified as one of the best health financing reforms for generating efficiency gains, moving the country from passive towards more active purchasing approaches to ensure that resources deliver results at the lowest possible cost for Botswana. ACS supported the development of a multi-year national reference tariff setting roadmap and implementation plan that would enable the establishment of a National Reference Tariff System. The roadmap is a multi-year plan that will show progressive gains to the GoB towards health services strategic purchasing. The Cost recovery initiative, which entails the processing of claims/reimbursements by the public sector from Medical Aid Schemes (voluntary private health insurance schemes) members who access the public health facilities, has been embedded in this broader purchasing and price-setting reform as a critical and initial building block for the National Reference Tariff System. The cost recovery implementation plan was also developed to provide a detailed description of the rate-setting activities as well as other foundational actions that will be needed to move toward strategic purchasing in Botswana.

Conducted an assessment to explore the resource tracking institutionalization capacity constraints in Botswana

To explore possible strategies for ensuring sustained domestic capacity building for long-term production and use of NHAs/NASAs, ACS conducted an assessment to explore the capacity constrains limiting their routine production in Botswana A desk review , as well as key informant interviews with selected public health and/or health economics/financing training institutions and representatives from MoHW's Department of Health Policy Planning, Research and Development, were conducted to explore resource tracking capacity constraints. The assessment explored the current resource tracking state, available institutional partnerships, resource tracking institutionalization progress, challenges to resource tracking, the MoHW's capacity needs, and country examples the MoHW could learn. Training institutions also explored their readiness to provide resource tracking courses and the potential to partner with the government to support related resource tracking efforts.

Development of resource tracking institutionalization guidelines for Botswana

ACS supported development of resource tracking institutionalization guidelines to describe the actions needed to facilitate the institutionalization of resource tracking in Botswana. Institutionalization of resource tracking is defined as "*routine, government-led, and country-owned production and utilization of an essential set of policy relevant health expenditure data using an internationally accepted accounting framework."*[9] The RT institutionalization guidelines are customized specifically for Botswana to operationalize the strategies outlined in the Resource Tracking Institutionalization Plan for Botswana developed through the support from WHO. These guidelines will be used in conjunction with other key national strategic documents including the National Health Policy and National Development Plan as well as the SHA and NASA methodological manuals and institutionalization guidance.

[9] World Bank (2013) Creating Evidence for Better Health Financing Decisions: A Strategic Guide for the Institutionalization of National Health Accounts.