African Collaborative for Health Financing Solutions

Outcome Harvesting
Evaluation Report
February 28, 2022

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Acronyms

ACS	African Collaborative for Health Financing Solutions
AIP	African institutional partner
AM-ARCH	Assurance Maladie - Assurance Pour le Renforcement du Capital Humain
ANPS	Agence Nationale de la Protection Sociale
CSO	Civil society organization
GoB	Government of Benin
IMC	Inter-Ministerial Committee
R4D	Results for Development
RAMU	Analyse du Régime d'Assurance Maladie Universelle
SSA	Sub-Saharan Africa
UHC	Universal health coverage
USAID	United States Agency for International Development

Introduction

The African Collaborative for Health Financing Solutions (ACS) project is a five-year project, funded by the United States Agency for International Development (USAID) and led by Results for Development (R4D), that works to advance universal health coverage (UHC) across sub-Saharan Africa (SSA). As stated in ACS project documentation:

> *"ACS aims to advance UHC in SSA by working with countries to identify challenges to implementation of health financing policies that support UHC. ACS supports multi-stakeholder processes and collective solutions, including developing targeted learning agendas, communications opportunities, advocacy and accountability activities that drive UHC progress. ACS sees a key role for regional institutions and organizations by leveraging their expertise, proximity for support, deep understanding of country contexts, unique convening power, position and potential to advocate and spur accountability to UHC commitments. ACS aims to bolster capacity at the country and regional level towards building linkages between countries and regional institutions to apply knowledge and evidence-based solutions for advancing UHC."*

Beginning in 2017, the ACS project worked with policymakers, civil society partners, and technical experts from SSA to take a demand-driven, participatory, and tailored approach to support progress toward UHC in several countries across Africa.

Due to the inherently demand-driven nature of the ACS approach, project activities and outcomes are likely to vary across different locations and time. While ACS is guided by an overarching theory of change, there is a high potential that outcomes from the project may be unanticipated, requiring inductive methodologies to surface evidence regarding these outcomes. As the project closes in March 2022, project leadership sought to undertake an evaluation that would identify significant outcomes from the project and provide evidence and validation for how these outcomes occurred and in what context.

This evaluation report presents the methodology and findings from one evaluation of the ACS project.

Methodology

The ACS evaluation utilizes the outcome harvesting methodology to identify and validate ACS project outcomes in two target countries (Benin and Uganda) and regionally[1]. The purpose of outcome harvesting is to identify and validate those outcomes that were not anticipated during the design and implementation of the project or intervention. Outcome harvesting uses a rigorous process to identify potential outcomes, triangulate evidence regarding the link between outcomes and the intervention (in this case, support provided by the ACS project), and support the use of the ultimate findings.

[1] The methodology used for the ACS evaluation is based on the methodology developed by Ricardo Wilson-Grau and Heather Britt, as outlined in their 2012 methodological note available here.

Sample

While ACS operated within and across many countries on the African continent, the outcome harvest focused on two countries – Benin and Uganda. These countries were purposefully chosen for several key reasons. First, both countries were the sites of many varied types of support as part of the ACS project over an extended period of years, which means that there is greater potential that unexpected outcomes occurred in the locations. Second, the ACS project has strong and established partnerships with stakeholders in both countries, including having African Institutional Partners (AIP) based in each country; while data collection did not rely solely on these stakeholders to minimize bias in data, the presence of these stakeholders was expected to improve the ability to secure interviews and collect data to identify and validate outcomes. Finally, Benin and Uganda were also the target locations for the ACS Learning Report, allowing this evaluation to leverage ongoing data collection for related but distinct research and learning activities.

While the findings outline some aspects of each country context that may contribute to the outcomes identified, an additional difference between the countries is important to acknowledge: the level of project investment in each country. While both Benin and Uganda received USAID mission buy-ins which enabled dedicated activities in each country, Benin's budget ($1,400,000 USD) was significantly higher than that of Uganda ($159,151 USD). It is important to keep this difference in mind while interpreting the findings from the two countries.

Data collection and analysis

Outcome harvesting is an inherently participatory process and, as such, data are collected from stakeholders as early as the design phase of the evaluation. This evaluation undertook a methodology that involved a series of steps, with reflection and revisiting of several steps undertaken throughout the process.

Evaluation design. As a first step, the ACS core team was led by an external consultant through a discussion to agree upon the rationale for the outcome harvesting and the key questions to be answered. The project team iterated and ultimately agreed upon the following research question to guide the evaluation:

How have ACS project activities and partners contributed to UHC progress, including:

- ***Increasing diverse voices and collaboration in UHC policy design and implementation?***
- ***Strengthening processes to develop and implement UHC policies and programs to better ensure access to quality care?***

Documentation review. After agreeing on the evaluation research question, the evaluation team compiled and reviewed documents developed throughout the duration of the project. The list of documents was developed using a snowball methodology, beginning with a list of core

documents shared by the ACS core team and then augmented with new documents referenced in the original list and recommended during key informant interviews.

Ultimately, twenty-five documents were reviewed during the document review, including:

- Core functions value proposition report;
- Achievements and lessons learned reports;
- Interview transcripts from AIP value proposition and theory of change work;
- Quarterly reports for Benin and Uganda;
- Workplans and leveraging achievements document (Benin specifically); and,
- AIP social network analysis baseline.

The goal of the documentation review was to identify preliminary outcomes from Benin, Uganda, and regionally for which there is evidence that (1) the outcome was significant to UHC progress and (2) the outcome was influenced by ACS project activities and partners. To achieve this goal, a standard set of codes for geography and outcome types were developed, and all documents were systematically coded to find evidence of significant outcomes. The coding of these documents resulted in a database containing 103 references to potential outcomes. These codes were then analyzed to identify outcomes that were cited by multiple sources, resulting in a set of eight potential outcomes (four for Benin, three for Uganda, and one overarching) to detail, refine and validate with stakeholders.

Key informant interviews and feedback gathering. Upon completing the initial eight outcome descriptions, the evaluation team began the process of refining and validating these outcomes by gathering feedback from three types of stakeholders:

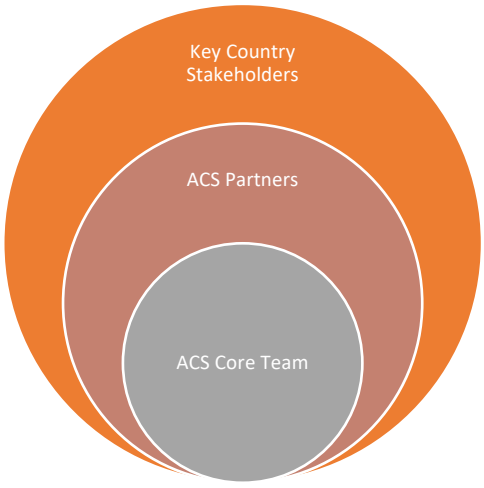

Figure 1: Stakeholder feedback types

The preliminary group consulted was the ACS core team, including ACS project team members supporting activities across multiple countries and project staff leading work in countries. This group was engaged in a series of discussions to provide feedback on the first draft of the

outcome descriptions, ultimately resulting in the consolidation of several outcomes and significant revision of the resulting six outcome descriptions. After incorporating feedback from the ACS core team, the evaluation team undertook interviews with ACS partners and key country stakeholders (Box 1) in order to provide insight into what occurred without the bias of being directly affiliated with the project.

Box 1. Partners and Stakeholders interviewed:

- ACS partners include organizations and individuals who worked directly with the ACS project to support work in Benin and Uganda, including civil society organizations and technical consultants.
- Country stakeholders included individuals who were involved in ACS-related engagement, such as the consultative committee (Benin) and development of the UHC Roadmap (Uganda) but in their capacity as civil society representatives, healthcare providers, or government officials.

For the interviews with ACS partners and stakeholders, the evaluation team collected feedback on the following questions related to the outcome descriptions:

To what degree do you agree with the description of this outcome?
To what degree do you believe that this is a significant outcome for UHC in the country?
To what degree to you believe that ACS contributed to this outcome occurring?
Are there other important things about the context that you believe contributed to this outcome?
Are there other activities or actions that ACS undertook that helped contribute to this outcome?
Are there activities or actions that ACS undertook that hindered this outcome?

In most cases, informants were provided with the draft outcome descriptions and asked these questions directly, which provided direct feedback on each of these issues. In a subset of cases, the evaluation team relied on interviews undertaken with stakeholders for the ACS learning reports (a separate learning and research activity, referred to in this report as “secondary interviews”) because stakeholders were not available for a second interview. In these cases, interview transcripts were analyzed to identify where they provided information on these issues for the key outcomes identified and/or where they disagreed. While not all secondary interviews referred to identified outcomes because respondents were not asked directly about these, all interviews referred to at least one outcome without prompting. As such, the secondary interviews became a valuable source to triangulate and/or repudiate outcomes identified in previous stages of the outcome harvesting process.

Ultimately, primary data that contributed to the outcome harvesting was collected from 16 ACS representatives and country stakeholders, and this feedback was used to revise the outcome harvesting findings, ultimately resulting in five outcomes identified.

Finalizing outcome descriptions. Any information in the final outcome descriptions has been reviewed and validated by sources representing each of the categories described above – ACS core team, ACS partners, and country stakeholders. While not all representatives were able to provide input on all outcomes or components, the evaluation team used the following approach to developing the final statements:

- Each part of the outcome statement (including outcome, context, and mechanism) needs to be verified and substantiated by at least one representative from each of the three categories of stakeholders listed above.
- No part of any outcome statement could be refuted by any stakeholder interviewed or consulted with as part of this process. Meaning, any component of an outcome description that was refuted by a stakeholder was removed from the final description. This decision was made to provide the most conservative results for outcomes to which the ACS project contributed; while we cannot say for sure that stakeholders who disagreed with outcome components were correct, we erred on the side of removing any element on which there was disagreement.

As such, all outcomes presented in the Findings section do not include any statements that were actively refuted by those consulted with in this process.

Limitations

While this evaluation was designed and implemented to remove as much bias as possible, there are some limitations that should be kept in mind when interpreting these findings.

First, the research was undertaken during the final year of the ACS project; as such, the timing of the outcome harvesting does not allow us to identify outcomes that may not arise until months or years after the project concludes. Further, the results may reflect outcomes that may dissipate over time. Second, while the lessons and recommendations from the findings in Benin and Uganda can likely be leveraged and adapted to support the design and implementation of UHC-focused programming in other countries in SSA, the specific results from the outcome harvesting in these countries are not generalizable to other countries in which ACS worked. Finally, the data collection and analysis relied on the perspectives and experiences of key stakeholders to identify these outcomes and on independent perspectives and documentation where possible to validate the occurrence of these outcomes and their potential linkage to the ACS project. While all outcomes described below were validated by three different categories of stakeholders, there is still a potential for bias in reporting and perception of contribution. We have sought to minimize this bias by including as many data sources as possible given the timeline for this evaluation and by using a conservative set of criteria for what was included in the ultimate descriptions.

Findings

The ACS outcome harvesting ultimately found five key significant outcomes to which there is evidence that the project and partners contributed. These five outcomes are presented in detail below.

Supported an institutionalized inclusive policy dialogue in Benin

ORIGINAL PROBLEM AND CONTEXT: When ACS began engaging with the GoB, there was strong political will to achieve success with the new AM-ARCH project, in part in response to a largely unsuccessful former effort (Analyse du Régime d'Assurance Maladie Universelle - RAMU) which stakeholders believe was hurt by the lack of collaboration in RAMU's design and implementation. Nonetheless, the GoB did not initially want to run a broad policy dialogue in a desire to keep strong decision capacity and control of the AM-ARCH implementation process and to avoid criticism. Instead, the GoB initially undertook decisions without integrating the views of those who would implement AM-ARCH activities and those who would experience the impact of those decisions in communities and facilities.

OUTCOME: <u>Government of Benin (GoB) has institutionalized an inclusive policy dialogue</u>, convening district health implementers, civil society organizations (CSO), trade unions, civil servants, and the public sector to actively, regularly, and formally contribute to the design, implementation, evaluation, and expansion of Assurance Maladie - Assurance Pour le Renforcement du Capital Humain (AM-ARCH)[2]. After initial reticence to include some voices in consultations on issues related to AM-ARCH, the lead agency (Agence Nationale de la Protection Sociale (ANPS) – formerly Unité de Gestion du Projet) now actively engages with new stakeholder groups and is in the process of expanding this collaborative process and approach to other components of Benin's social protection projects. Stakeholders, including those within and outside of government, feel that they have the capacity and the forum for their voices to be heard on issues related to AM-ARCH, and they have found sufficient value in the process to institutionalize it moving forward. Stakeholders also are comfortable and see value in speaking about what is not working as means to identify ways to improve AM-ARCH.

MECHANISM: The ACS project contributed to the outcome of increased and diversified structured collaboration being institutionalized into AM-ARCH's design, implementation, evaluation, and expansion through the following approaches:

[2] A national health insurance scheme currently being piloted and prepared for national scale-up focusing on the most vulnerable population segments

- ACS team members and partners began by building legitimacy of the project team and its support by **listening to diverse stakeholders** and taking a demand-driven approach to their support.
- ACS worked with local partners and stakeholders to **undertake a situation analysis to identify capacity gaps** and to build capacity of interested stakeholders who could better contribute to AM-ARCH discussions with more knowledge on technical topics. This included support to CSOs associated to the policy dialogue.
- A preliminary recommendation from the situation analysis was to **create a platform for collaboration**. The ACS project undertook dialogues with GoB officials to suggest the terms of reference, objectives and intended results for such a platform, leading to the development of the consultative committee made up of diverse and empowered stakeholders. This platform created space for discussions for committee members to come to agreement on a common goal for their work. ACS provided juridical assistance to ANPS which ensured the passage of a legal provision (now enacted) to ensure the consultative committee exists and functions after ACS close-out.
- The ACS project supported the GoB to **identify who should be included in the consultative committee**, utilizing political economy analysis and research from partner CERRHUD to identify the voices that needed to be involved and to continuously identify new voices to include.
- ACS built on local partners' capacity and ownership to integrate learning into critical implementation gap areas, **supporting a system of contextualized evidence generation and learning** for ongoing and future UHC policies and programs and increasing the potential that learning activities will be led by national counterparts including both government and civil society partners after the ACS project ends. The learning agenda of the pilot phase of AM-ARCH that was developed by the various stakeholders and facilitated by ACS is the compass of this advisory committee, making it possible to base the monitoring of the implementation of the project on common concerns identified collaboratively. This included the development of an inclusivity compendium to support the functioning of the consultative committee.
- ACS encouraged ANPS and the consultative committee to **reflect on challenges as they arose, iterate designing and implementing home-grown solutions, and adapt** based on learning from the process.

Facilitated a structured practice of learning and evidence in Benin

ORIGINAL PROBLEM AND CONTEXT: At the start of the AM-ARCH pilot, program administrators lacked a mechanism to collect feedback and address challenges using evidence and experiences from Benin and from across the region, leading to further roadblocks to delivery and communications. The result was dissatisfaction among providers regarding the length of time that it took to be reimbursed for services provided and other breakdowns as well as potential AM-ARCH beneficiaries left without accurate information about the program. Despite these challenges, the stakeholders involved expressed a sincere desire to build learning and evidence into the process of improving AM-ARCH, sharing an openness to discuss both good and bad practices to strengthen the pilot project.

OUTCOME: AM-ARCH stakeholders, including the GoB, built a structured practice of learning, reflecting, and integrating evidence into policy design and implementation across all components of the AM-ARCH pilot and scale-up. This learning and evidence practice has contributed to concrete improvements in practices and mechanisms, including: (1) operational changes to improve the efficiency of provider reimbursement, such as computerizing its information management system and recruiting staff to speed up process of data for reimbursement; (2) a revised communications strategy for AM-ARCH now includes the use of local languages in messaging and leveraging mechanisms such as community communicators who are trusted and have strong social connections with local communities; and (3) the development of a digital tool that program administrators can use to track complaints and resolutions for all pilot health zones. Beyond these changes, stakeholders continue to discuss learning questions and evidence during every meeting of the consultative committee, with members of the committee following up on requests for evidence from previous engagements and volunteering to share experiences and learning from pilot districts. While the institutionalization of a culture and practice of learning is a long-term pursuit, evidence from ACS highlights that progress has been made toward making this practice of learning and evidence a longer-term practice.

MECHANISM: The ACS project contributed to the outcome of institutionalizing structured learning, reflection, and integration of evidence into AM-ARCH design and decisions through the following approaches:

- ACS began by undertaking a **needs assessment** with participants in learning workshops to identify the main bottlenecks to the AM-ARCH pilot phase, surfacing a short-list of issues identified by local stakeholders that hindered the effectiveness of the pilot program.
- At the same time, ACS helped stakeholders **develop a learning agenda**, including a set of learning questions, for their work. This was seen as one of the first successes under the project, and the consultative committee reflected on the learning questions in every meeting.
- ACS then undertook **further evaluations of the bottlenecks**, using rapid assessments and evidence synthesis from the region to provide more detailed information related to the root causes of bottlenecks as well as approaches taken in other contexts to address similar challenges.
- Using this evidence, ACS **facilitated discussions with government officials, the consultative committee, and health insurance pilot district teams to support these stakeholders in reflecting on the evidence and revising their policies and mechanisms for AM-ARCH**. Ultimately, these discussions led to the development of concrete program and policy changes.
- ACS has **continued to support the GoB and consultative committee to develop and use evidence** to inform these and other changes to the AM-ARCH program, including supporting a collaborative research agenda with the GoB, AIP CERRHUD, and the consultative committee.

Facilitated and supported multisectoral collaboration on UHC policy in Uganda

ORIGINAL PROBLEM AND CONTEXT: While the Government of Uganda has developed and implemented policies related to UHC in the past, these policies were largely led by a single ministry or department, with little consultation and coordination with other parts of the government that affect and are affected by those policies. The result was a set of policies that were sometimes duplicative across different departments and that did not benefit from the views and perspectives of all relevant voices.

OUTCOME: Representatives from multiple ministries and departments in Uganda are collaborating in the implementation of policies that are aligned to the UHC roadmap, reducing siloed activities and duplication of efforts. The Inter-Ministerial Committee (IMC), whose creation was facilitated by ACS, is a collaborative platform through which progress toward UHC can be made and includes all sectors of the government that should have a role in the implementation of UHC priorities and policies (such as those involved in food and nutrition, water and sanitation, and access to information) as well as civil society, private sector and other key actors.

MECHANISM: The ACS project contributed to the creation of the IMC through the following approaches:

- The ACS project first worked with stakeholders to **identify one obstacle to UHC progress in Uganda: that different stakeholders in the country had different definitions of what UHC means** and thus no clear and consistent ownership in the country for driving forward a consolidated UHC roadmap.
- After identifying this gap, the project reached out to the Ministry of Health to **offer support in developing a multi-stakeholder process** for developing a UHC roadmap for the country, a process which included partners such as the World Bank and others.
- ACS **worked closely with local partner - Uganda Healthcare Federation - to support this process**, leveraging local expertise and networks of civil society and stakeholders that build trust and ownership among those in the IMC.
- The IMC also **incorporated the voices of those outside of government**, with several civil society partners noting that this process ensured that they were consulted throughout the Roadmap process and not just at the beginning and again after decisions were already made.
- The resulting committee (the IMC) is an important step toward UHC progress; however, it is important to note that UHC still faces challenges in Uganda as the goal of achieving UHC is not a key priority in the national development plan.

Developed a clear Message for UHC Roadmap in Uganda

ORIGINAL PROBLEM AND CONTEXT: A challenge with UHC is that it is often seen as highly technical by stakeholders outside of the health sector; however, given the important contribution of UHC to the well-being of residents in Uganda, the IMC recognized the critical

importance of making information on Uganda's plan to achieve UHC accessible to all people across the country, regardless of their technical knowledge of health policies.

OUTCOME: Diverse Ugandan stakeholders, including communities, private sector, and government officials, collectively developed a common definition and vision for what UHC is for Uganda. Further, Ugandans from many sectors within government, as well as civil society and the private sector, now have access to concise information that allows them to understand Uganda's plan for achieving UHC for the country and their roles within this plan. The UHC Roadmap, whose development was facilitated by the ACS project, has been distilled into outreach and communications materials that are easy to use and understand and that are now being used in government meetings and advocacy efforts to ensure that a diverse set of stakeholders benefit from, directly support, and/or mobilize support for UHC in Uganda.

MECHANISM: The ACS project contributed to the development of the UHC Roadmap and related communications and outreach materials through the following approaches:

- After facilitating the creation of the IMC (a new mechanism for UHC in Uganda), the ACS team was asked to **lead the development of a UHC Roadmap draft** to deliver to the IMC.
- The ACS team **worked with the IMC to develop and revise the UHC Roadmap**, which began with agreeing on a common understanding of what UHC is in the Ugandan context and then proceeded to planning how to achieve this common vision.
- A final version was **presented to the Ministry of Health's Health Policy Advisory Committee**. With their approval, the Roadmap is now an official MOH document that is guiding Uganda's progress on achieving UHC.
- After sharing the completed UHC Roadmap with the Government of Uganda, the ACS team was asked **to develop a version of the document that was abbreviated and presented critical UHC milestones and indicators in non-technical language**. The ACS team developed a People's Version of the UHC Roadmap, using easy to understand messages to highlight existing policies and roles and responsibilities of different parties.
- While these resources are a critical component, the ACS team also recognized that written materials like these would not be read or used by many key audiences. As such, the project **developed a series of videos** that can be shared in meetings, conferences, and through direct engagement with stakeholders to relay important messages including: what is UHC in Uganda, how can CSOs advocate for UHC, and how can domestic resources be mobilized to support UHC.

Strengthened cross-country collaboration and knowledge sharing for UHC progress

ORIGINAL PROBLEM AND CONTEXT: While regional networks focused on UHC existed before ACS, there was limited engagement across countries in which institutional partners in one country provided direct support and cross-learning opportunities for UHC progress in other countries in the region.

OUTCOME: <u>Government and non-governmental partners across several African countries have shared learnings and collaborated on concrete activities at the regional level to advance UHC in their own countries</u>. This outcome included both sharing of evidence across countries and direct collaboration between stakeholders in different countries. In particular, non-governmental African institutions including think tanks and CSOs have worked across countries to collaborate on research, learning and advocacy, and their learnings and experiences have been shared and integrated into UHC processes and policies across the region.

MECHANISM: The ACS project contributed to cross-country learning and sharing for UHC progress through the following approaches:

- Building on country-level work, the ACS project **organized and facilitated several dialogues** that included representatives from multiple countries.
- These engagements **began with stakeholders closest to the project**, including the AIPs from four countries (Benin, Burkina Faso, Kenya, and Uganda). The AIPs engaged with each other to build cross-learning opportunities, including sharing their complementary strengths and opportunities for learning from other AIPs. These engagements have now been institutionalized into existing and emerging UHC resources hubs led by the AIPs across the continent.
- The AIPs then **organized and facilitated additional dialogues for UHC stakeholders across different countries**, such as one dialogue for actors in Benin, Burkina Faso, and Togo. These dialogues included discussions of real experiences from one country that could be adapted and adopted by other countries; for example, stakeholders from Benin shared their experience of mapping UHC beneficiaries, as this was an item that stakeholders in Burkina Faso and Togo were interested in taking forward. While some of these individuals may have had opportunities to engage before, this was the first opportunity for cross-country UHC dialogue for many stakeholders of different profiles involved.
- In addition to dialogues like these, ACS **facilitated knowledge sharing across countries on specific issues**. For example, in Uganda's development of the UHC Roadmap for the country, ACS facilitated engagement with stakeholders in other countries whose experiences could help Uganda in their development of the Roadmap.

Discussion of trends

The ACS project worked with partners and with stakeholders from many countries and with diverse backgrounds, ensuring that the outcomes that the project sought to achieve were responsive to the specific needs and priorities of the people and institutions leading this work in the region. While the findings from the outcome harvesting reflect this diversity, they also highlight trends in the ACS approach, contexts, and enabling factors that together can provide valuable insight into how efforts to support UHC progress can be strengthened across SSA.

Common mechanisms for contributing to change.

While the specific outcomes achieved in Benin and Uganda as well as regionally vary considerably, there is consistency in the mechanisms that

ACS found effective in contributing to these outcomes. These approaches include demand and situation assessments to identify country-specific challenges and those most prioritized by stakeholders; facilitating multisectoral groups to consult, advise, or make decisions; and generating and sharing evidence from outside the focus country were leveraged in different contexts and programs. Seeing these consistent approaches is important as it begins to define a set of methods that can be adapted to take a demand-driven and consultative approach to a range of different challenges with UHC, highlighting the potential for use in addressing an array of goals.

Importance of diverse voices and collaboration. The value of supporting inclusive and diverse dialogue is a theme that carried throughout all outcomes. Change agents repeatedly cited that ACS addressed a core challenge with UHC policy in their different countries: that many important stakeholders were not included in policy discussions and decisions. In some cases, the outcome itself focused on the inclusion of different stakeholders in decisions and consultations, whereas in other cases this was an important means to support other UHC outcomes. In all cases, this progress towards more inclusiveness has served as a critical outcome and legacy of the project, and it is one that could be replicated in future work.

Diverse contexts but all with recent gaps to address. A common thread among the contexts in which these outcomes were achieved is that the ACS project was able to leverage past mistakes to build better processes. In Benin and Uganda, stakeholders could point to a motivation to change the country's approach to UHC and point to specific challenges in the recent past, such as past political pushback, ineffective programs, and/or siloed efforts of policymaking. These contexts may provide incentives for change agents to engage in process improvements and opportunities to build a practice of learning and reflection.

Focusing on process for sustainability. While the outcomes identified include concrete policy improvements, stakeholders agreed that the critical component of these outcomes was in fact the improvement in UHC processes and approaches to issues like using evidence, learning from mistakes, and including diverse voices. These changes are steps in a longer journey toward changing how UHC and broader health systems strengthening occurs; however, there was agreement that the focus on these steps laid an important foundation for country- and region-driven UHC progress that policy changes alone could not achieve. For donors and implementing partners seeking to support similar efforts, this finding on sustainability may also suggest the need to rethink funding windows as well as monitoring and evaluation requirements that focus on shorter terms tangible outcomes rather than foundation setting efforts.