



JOINT LEARNING NETWORK

For Universal Health Coverage

**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), resulting in practical knowledge resources developed and produced by the practitioners themselves.

As more countries make the commitment to achieve UHC, the lack of practical information on how to reform health systems has proved a major stumbling block to making progress. With over 60 published resources on topics critical to UHC, including service delivery, health financing and provider payment, data and information systems, and quality of care, the JLN and its members fill that gap by documenting their experiences and lessons learned to help countries reach the goal of universal health coverage.

Visit our UHC resource library:
www.jointlearningnetwork.org/resources

TOOLS FOR UHC: PRODUCED BY COUNTRIES, FOR COUNTRIES

POPULATION COVERAGE



CLOSING THE GAP: HEALTH COVERAGE FOR NON-POOR INFORMAL SECTOR WORKERS

In countries pursuing UHC, health coverage is often provided to the poor and workers in the formal employment sector – but not to those who fall between the two groups. This report synthesizes the experiences of five countries covering the non-poor informal sector to achieve UHC.

Co-produced by China, Mexico, the Philippines, South Korea, Vietnam

PRIMARY HEALTH CARE



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, Rwanda



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, Vietnam



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, Vietnam

INFORMATION TECHNOLOGY



OPEN HEALTH DATA DICTIONARY AND SOFTWARE COMPARISON TOOL

The Open Health Data Dictionary is a collaborative, web-based, and open-source application resource aimed at developing and sharing common data definitions. The Software Comparison Tool maps common country requirements with technology and solutions suitable for UHC.

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



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, Vietnam

QUALITY OF HEALTH CARE



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. *Coming soon.*

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

PROVIDER PAYMENT MECHANISMS



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, 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, Vietnam



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 Abu Dhabi, the Netherlands, the Philippines, South Korea, Thailand



COSTING OF HEALTH SERVICES FOR PROVIDER PAYMENT: A PRACTICAL MANUAL ACCOMPANIED BY AN E-LEARNING COURSE

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, Vietnam



CASE STUDIES ON PAYMENT INNOVATION FOR PRIMARY HEALTH CARE

Developing financing and payment systems for primary health care that align with payment systems at other service delivery levels is challenging – and little evidence is available on models that could shift the balance of resources toward primary and preventive care. This resource aims to fill that gap by documenting the payment systems for primary health care of Argentina, Chile, and Indonesia.

Co-produced by Argentina, Chile, Indonesia

JLN DEVELOPMENT PARTNERS

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