



Catalogue of Universal Health Coverage (UHC) Policy Dialogue Platforms in African Collaborative for Health Financing Solutions (ACS) Countries

Universal health coverage policy dialogue platforms in Benin

Platform characteristics	Type of platform (formalization)	Mission(s)	Backbone organization(s) (management/liveliness)	Members / participants	Non-represented stakeholders (See ACS stakeholder profiles)	Commonly discussed themes	Convening frequency	Institutional anchor level (central/decentralized)
National committee for monitoring and evaluation of projects/programs (CNEEP)	Formal	Validates <i>Health Sector Performance Report</i> produced by the CNEEP sub-committee responsible for supervising the effective implementation of the sector's reforms as specified in the health policy and for analyzing major issues of concern.	DPP, SGM	All central and technical MoH directorates; All departmental health directorates; Central labor unions; Private sector; Some international organizations	Development partners Researchers	i) Health sector performance (Indicator levels assessment) ii) Bottleneck analysis iii) Implementation of sector reforms iv) Health sector perspectives	Annual	Central
CNEEP Subcommittee	Formal	Improves and validates the draft performance report elaborated from the self-assessment reports of the different technical MoH directorates (Provides topics for discussion to CNEEP)	DPP, SGM	All central and technical MoH directorates; All departmental health directorates; Central labor unions; Private sector; Some international organizations	Development partners Researchers	i) Health sector performance (Indicator levels assessment) ii) Bottleneck Analyses iii) Health sector reform implementation iv) Health sector perspectives	Annual	Central
Departmental Committee for monitoring and evaluation of projects/programs (CDEEP)	Formal	Validates the <i>Self-Assessment Report</i> at departmental level. Responsible for the analysis of the sector performance at departmental level and the implementation of	DDS; DPP	All health zone technical directorates, departmental health directorates; Service providers from major health centers; Departmental level central labor unions	Development partners Researchers	i) Health sector performance (Indicator levels assessment); ii) Bottleneck Analyses iii) Health sector reform implementation	Annual	Intermediary

		reforms at departmental level				iv) Health sector perspectives		
Joint annual review (JAR) of the health sector	Formal	Conduct sector reviews analyzing performance at all levels of the health pyramid	DPP, SGM, PTF	All central and technical MoH directorates; All departmental health directorates; Health zone medical coordinators; Central labor unions; private sector; and some international health organizations; All technical and financial partners The different professional unions	Researchers	i) Health sector performance: viewpoint of the technical and financial partners and other health sector stakeholders (Indicator level assessment) ii) Perspectives for the health sector	Annual	All levels
Extended Management Board (CODIR ELARGIR)	Formal	Discuss, when necessary, urgent sector topics that require guidance or instructions from the Minister to the sector actors (MoH Recommendations)	DPP, SGM, PTF	All MoH technical directorates; All health departmental Directorates; All health zone medical coordinators; University Hospitals directorates; Directorates of University Hospital Departments (DCHUD); Directorates of Zone Hospitals (D/HZ); Health Facility Managers	Researchers	i) Health sector performance (Indicator level assessment); ii) Current issues requiring guidance or instructions from the MoH	Annual	All levels
Health zone health committee	Formal	Manages conflicts between the population and health actors. It approves the expenditure of community funding in the zone	Health Zone	All public and private stakeholders who actively contribute to the functioning of the health zone	Technicians Development partners Researchers	i) Any health-related problem in the health zone territory (services offered, complaints from the population, etc.)	Biannual	Decentralized
Health Facility Management Committee (COGECS)	Formal	Health facility review body.	Health facility	All public or private stakeholders who actively contribute to the functioning of the municipality's health facility.	Technicians Development partners Researchers	i) Any health zone health issue (services provided, complaints from the population, conflicts between the population and the health facility, etc.)	Annually - General Assemblies of restitution of the results to the population Monthly - with the health facility heads Monthly and biannual - drug inventory at the pharmacy	Decentralized

AM-ARCH Dialogue Framework	Formal	Facilitates discussions between stakeholders in the ARCH health insurance scheme implementation.	ACS Benin and ANPS	Technicians: ministerial cabinets, central directorates, development partners; Private implementers: private for-profit and non-profit providers, civil society; Researchers, Academies	None	i) Learning questions from the AM-ARCH pilot phase ii) Periodic stakeholder needs assessment	Quarterly	All levels
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Universal health coverage policy dialogue platforms in Botswana

Platform characteristics	Type of platform (formalization)	Mission(s)	Backbone organization(s) (management/liveliness)	Members / participants	Non-represented stakeholders (See ACS stakeholder profiles)	Commonly discussed themes	Convening frequency	Institutional anchor level (central/decentralized)
Bogosi System	Informal	Custodians of culture and direct policy.	Traditional leaders such as Chiefs (Kgosi)	Community Members, Citizens	Politicians Technicians Public implementing operators Development partners Private implementing operators Researchers	i) Citizen's health and other development needs		Decentralized
Kgotla System	Informal	Public gathering place to discuss and resolve community issues	Kgosi	Government, Communities	Technicians Public implementing operators Development partners Private implementing operators Researchers	i) Matters affecting communities including health		Decentralized
Village Health Committees (VHCs)	Informal	Captures community health needs to inform health policy development processes as they are afforded opportunities to engage civil servants, politicians or any other stakeholder during community dialogues such as kgotla meetings	Health Workers in the facility	Communities	Politicians Technicians Public implementing operators Development partners Private implementing operators Researchers	i) Community health		Decentralized

Botsogo Pitso	Informal	A community health forum promoting engagement between government and the community	Community	Government, Community	Technicians Public implementing operators Development partners Private implementing operators Researchers	i) Community health	Regular basis	Decentralized
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Universal health coverage policy dialogue platforms in Burkina Faso

Platform characteristics	Type of platform (formalization)	Mission(s)	Backbone organization(s) (management/liveliness)	Members / participants	Non-represented stakeholders (See ACS stakeholder profiles)	Commonly discussed themes	Convening frequency	Institutional anchor level (central/decentralized)
Board of the ministerial sector (CASEM)	Formal	<p>(i) Monitors sectoral development policies and controlling objectives</p> <p>(ii) Analyzes physical and financial execution of development projects and programs</p> <p>(iii) Analyzes the execution level of the State budget allocated to the Ministry</p> <p>(iv) Monitors management of the Ministry's personnel and administrative activities</p> <p>(v) Monitors and controls existing advisory bodies</p> <p>(vi) Establishes and enforces administrative ethics within the Ministry</p> <p>(vii) Evaluates the overall Ministry performance</p> <p>(viii) Reviews draft Ministry budgets and plans</p> <p>(ix) Adopts Ministry's periodic activity programs</p>	Directorate of Prospective and Operational Planning (DPPO) of the Ministry of Health.	<p><i>Statutory Members</i> Minister, Cabinet Director, Secretary General, technical advisors, central directorates, directorates and/or heads of development projects and programs relating to the Ministry or under its supervision, inspectors, labor union representatives, and professional health sector associations.</p> <p><i>Non-statutory Members</i> Actors interested in the meeting topic</p>	<p>Development partners</p> <p>Private implementing operators</p> <p>Civil society</p> <p>Researchers</p>	<p>i) Health sector policies</p> <p>ii) MoH directorates strategic plans</p> <p>iii) Ministry's priorities and current health issues</p>	Biannual	Central

Sectoral framework for dialogue in the health planning sector (CSD/SPS)	Formal	<p>(i) Coordinates the monitoring and evaluation of the PNDES health planning sector implementation through the sectoral policy in effect</p> <p>(ii) Assesses sectoral policy implementation using specific monitoring and evaluation tools</p> <p>(iii) Provides guidelines to ministerial actors for their assigned activity implementation and the development of the outputs required to assess their impact</p> <p>(iv) Ensures dialogue on sectoral policy, sector budget support and the effectiveness of development cooperation.</p>	Directorate of Monitoring, Evaluation and capitalization (DSEC) of the Ministry of Health.	Central and deconcentrated structures of the three ministries (health, social welfare and agriculture); Local Authority representatives; Private sector; Civil society; Technical and financial partners; and Individual or legal entities, in view of their expertise, as observers.	Researchers	<p>i) MoH performance</p> <p>ii) Partnership framework</p> <p>iii) Dialogue and coordination of health sector implemented</p>	Biannual	Central
Functional Team 2 (EF 2) "integrated management of financial access and quality of care"	Formal	EF 2 is responsible for : (i) coordinating capacity building in administrative and financial management of health facility teams; (ii) building the capacity of health districts in preparation for the implementation of universal health insurance (UHI); (iii) managing exemptions and the transfer of payment and control functions to the National Universal Health Insurance Fund (CNAMU); (iv) organising the monitoring of quality	Technical Secretariat in charge of Universal Health Coverage (ST-CSU) with support of Directorate for Monitoring, Evaluation and Capitalization (DSEC) and Directorate for Quality of Care and Patient Safety (DQSS)	18 members representing each of the technical directorates of the Ministry of Health and the National Universal Health Insurance Fund; technical assistants or consultants who support certain Ministry of Health programmes. In addition, EF 2 may call on any expertise it deems relevant to the achievement of its objectives.	Private implementing operators Civil society Researchers	<p>i) Financial risk protection for populations</p> <p>ii) Access to quality health care</p> <p>iii) Financing schemes and health care fee exemption policies</p>	Monthly	Central

		and access to care for all; (v) promoting collaboration between health facilities and local authorities; (vi) promoting equitable access to health services, particularly for the disadvantaged population groups; (vii) coordinating the implementation of the patient safety strategy; (viii) promoting the rationalization of prescriptions; (ix) promoting the implementation of the community health strategy; (x) promoting the participation of the private health sub-sector in access to and quality of care; (xi) contributing to the writing of the sector performance report.						
Regional Technical Health Committee (CTRS)	Formal	The CTRS is specifically responsible for: (i) adopting regional health development plans; (ii) analyzing the epidemiological situation and the measures to be taken to improve the health of the population; (iii) identifying and implementing all actions likely to contribute to the harmonious development of the regional health zone; (iv) facilitating the dissemination of health information at the regional level; (v)	Regional Directorate of Health Services	(i) the chief physicians of the region; (ii) the heads of departments of the regional health directorate; (iii) the president of the Institutional Medical Committee (CMCE) of the CHR / CHU / CHN; (iv) the regional director of the National School of Public Health (ENSP); (v) the regional director of the Workers' Health Office (OST); (vi) a representative of each partner institution (NGO,	Politicians Private implementing operators Civil society Researchers	i) Evaluation of health performance indicators at the regional level ii) Management of human resources iii) Implementation of the national policy of free health care for women and children iv) Availability of essential generic drugs v) Harmonization of fees for procedures; epidemiological surveillance	Biannual	Intermediary

		developing cooperative relationships with neighboring health regions, including those of neighboring countries.		bilateral, multilateral cooperation, etc.). In addition, the CTRS may call upon any resource person whose competence is deemed necessary for its functioning.				
District Health Board (CSD/DS)	Formal	CSD/DS is responsible for: (i) adopting the district health development plan and the resulting action plans; (ii) monitoring the implementation of the different district plans; (iii) mobilising and involving the population in the achievement of health objectives; (iv) promoting self-management of health problems by the community; (v) promoting inter-sectoral collaboration and partnership; (vi) examining any other issue relating to the health of the district population.	District Health Management team	The participants are: (i) the prefects of the departments; (ii) the mayors of the communes; (iii) the heads of the management committees of the health facilities; (iv) a representative of each technical and financial partner intervening in the district; (v) a representative of the associations of private health facilities; (vi) a representative of the associations of Traditional healers; (vii) the Director General of the Regional Hospital (CHR) for districts centred on a CHR; (viii) a representative of each capacity-building non-governmental organisation (ONG Rencap) In addition, the CSD/DS can call on any resource person if needed, such as religious and traditional leaders.	Politicians Technicians Civil society Researchers	i) Monitoring and evaluation of the health district action plan ii) Analysis and monitoring of indicators, especially those of the Expanded Program on Immunization (EPI) iii) Monitoring of the pricing of medical services iv) Management of conflict situations v) Management of health facilities vi) Difficulties noted from the supervisions and monitoring vii) Evaluation of vaccination or information campaigns viii) Monitoring and evaluation of the transfer of resources to the communities ix) as well as any other relevant topic.	Biannual	Decentralized

Universal health coverage policy dialogue platforms in Uganda

Platform characteristics	Type of platform (formalization)	Mission(s)	Backbone organization(s) (management/liveliness)	Members / participants	Non-represented stakeholders (See ACS stakeholder profiles)	Commonly discussed themes	Convening frequency	Institutional anchor level (central/decentralized)
National Health Insurance Scheme (NHIS) Platform	Formal	Bring together stakeholders to lobby for national health insurance	Ministry of Health	Political Leaders, Technicians, CSOs, Private Sector Individual championing the cause of UHC or equity in access to health care, WHO, Religious leaders, Local government leaders, Development partners, MDAs	None	<ul style="list-style-type: none"> i) Implementation of the National Health Insurance Scheme ii) Health care financing 	Ad hoc (i.e. Meetings scheduled when there are issues to be discussed)	Central
Uganda Parliamentary Forum on Malaria	Formal	<p>Advocate for action and funding for malaria as the biggest killer in the country</p> <p>A platform that serves as advocates for political, legislative and community action for a malaria free Uganda</p>	Parliament	<p>Mak SPH, UNHCO, National Planning Authority (NPA), EPRC Members of Parliament, National Malaria Control Program, Africa Leaders Malaria Alliance, World Health Organization, UNICEF, Pilgrim, Malaria Partners Uganda, PACE, PATH, Malaria Consortium</p> <p>Any organization working to fight and reduce malaria in Uganda</p> <p>Planning to add other tropical disease to the docket and this will be discussed at the 2021 AGM.</p>	None	<ul style="list-style-type: none"> i) Influencing health related laws and policies. ii) Advocacy for increased financing for health. iii) Accountability iv) Mobilizing grassroots engagement for concerted mass action against malaria. v) Malaria Elimination Act vi) Research on indoor residual spraying. (these are examples of some of the activities) vii) Strategic plan for regular implementation of programs for a period of 5 years. 	<p>Executive Committee meets on a monthly basis.</p> <p>General Meetings take place when there is an issue to discuss or vote on.</p>	Central

National Non-Communicable Multi-sectoral Coordination Committee	Formal	Profile NCDs and form a coalition	Ministry of Health	Parliament, various ministries, Civil society, development partners, Office of the Prime Minister, Local government leaders	Development partners Private implementing operators Researchers	Hasn't been active for five years. Working to reactivate it.	Ad hoc (i.e. meeting scheduled when there are issues to be discussed)	Central
Inter-ministerial Committee on UHC	Formal	Steward the process of developing the UHC Roadmap and its cascade in the sectors through the sector representatives	Ministry of Health	Technicians Civil society Academia Private Sector Various Ministries (Agriculture, ICT, Health, Education, Gender Labor and Social, Energy, Works and Transport, Water and Sanitation, Justice Law and Order, Finance, Lands and Urban Development, Local Government, Office of the Prime Minister), National Planning Authority, Health development partners Development partners	None	To develop the UHC Roadmap.	Ad hoc (i.e. meeting scheduled when there are issues to be discussed)	Central