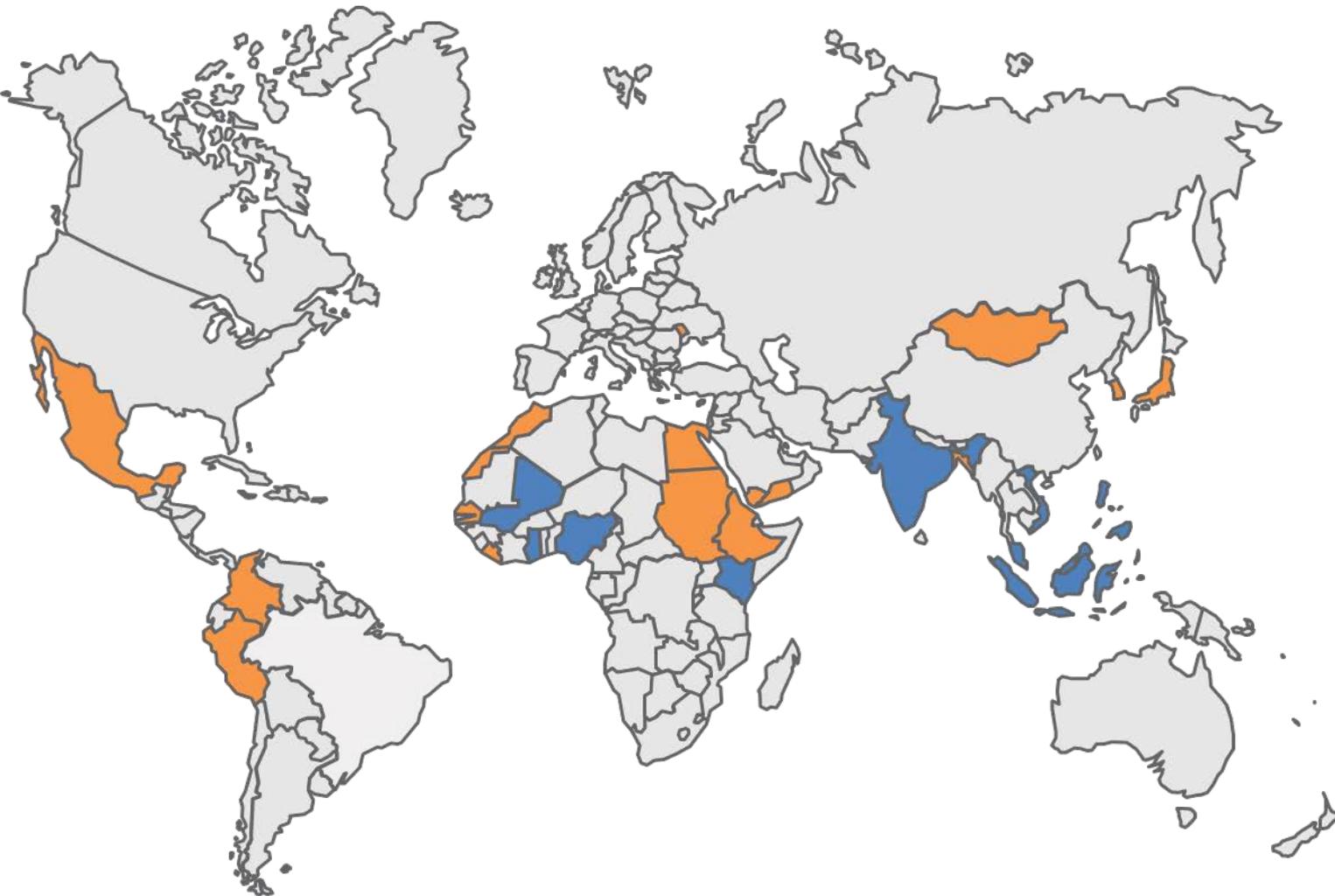


What is Joint Learning?

Francis Ukwuije, SMOH and Felix Obi, R4D
USAID HFG Health Financing Workshop
Abuja, February 2017



JLN Community of Policymakers and Practitioners From 27 Countries



Full Members

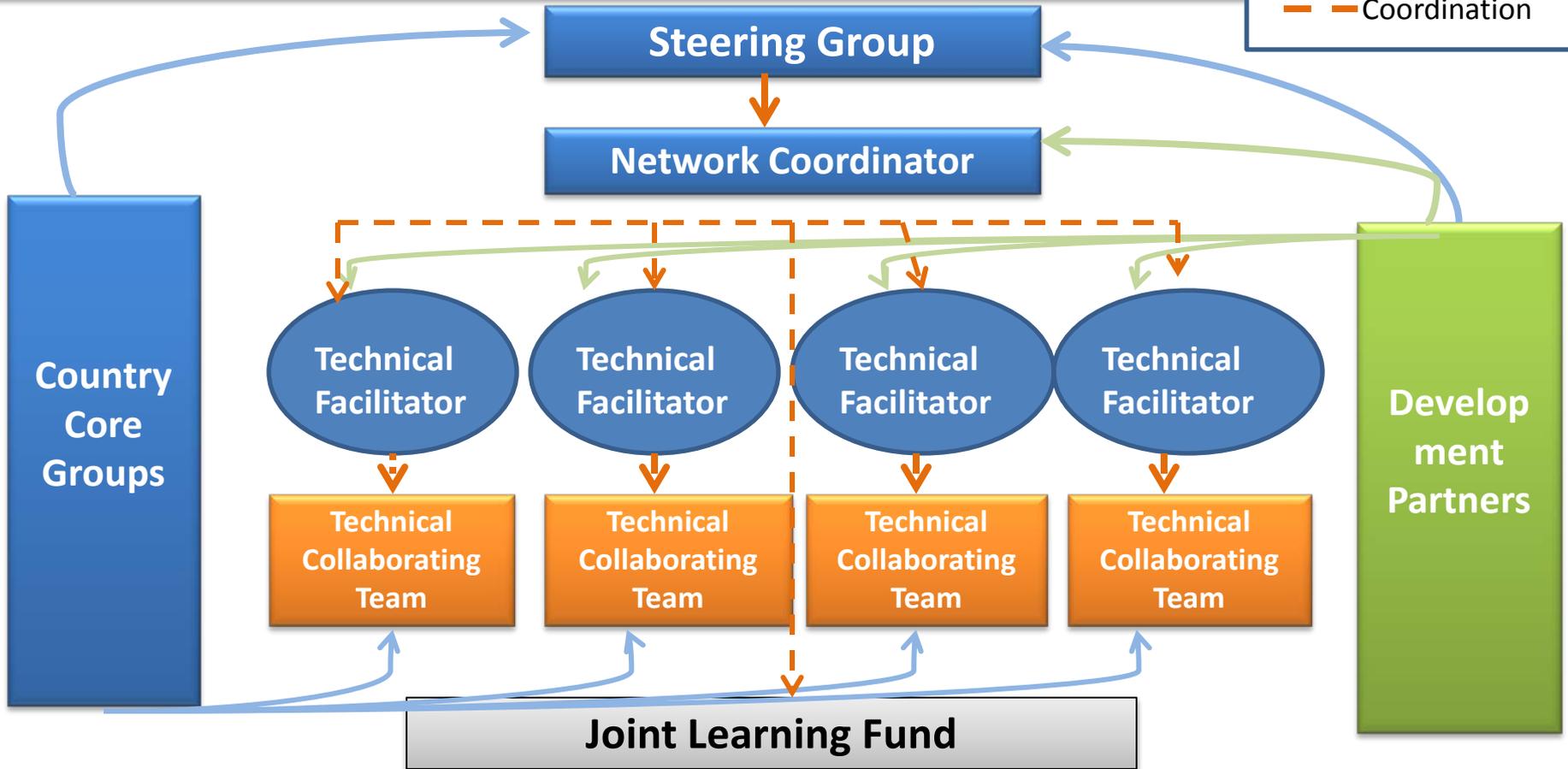
- Ghana
- Indonesia
- India
- Kenya
- Philippines
- Malaysia
- Mali
- Nigeria
- Vietnam

Associate Countries

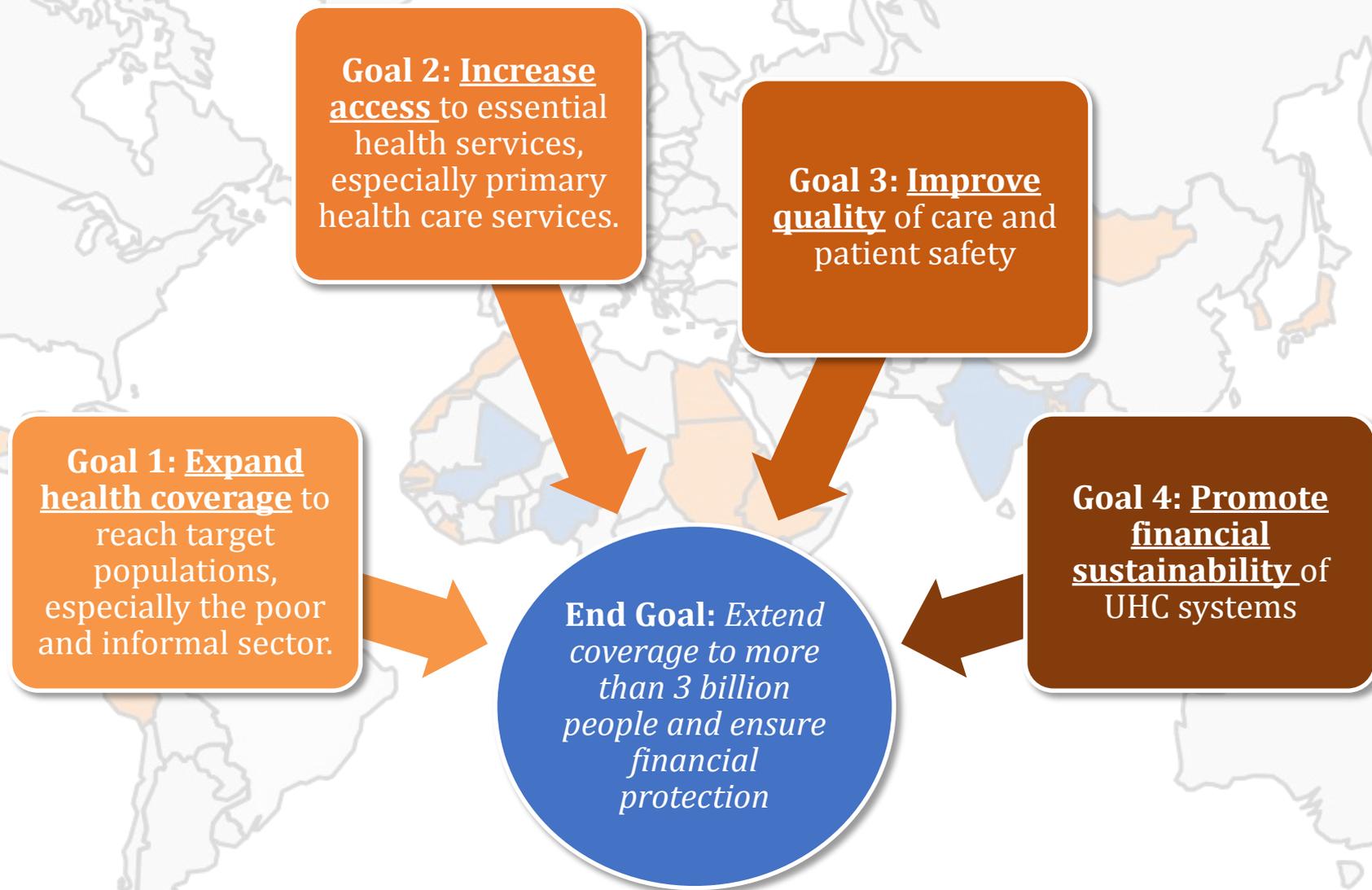
- Bangladesh
- Bahrain
- Colombia
- Egypt
- Ethiopia
- Japan
- Kosovo
- Liberia
- Mexico
- Moldova
- Mongolia
- Morocco
- Namibia
- Peru
- Senegal
- South Korea
- Sudan
- Yemen

JLN Governance Structure

- Representation
- Funding flows
- Coordination



The End Goal of the JLN



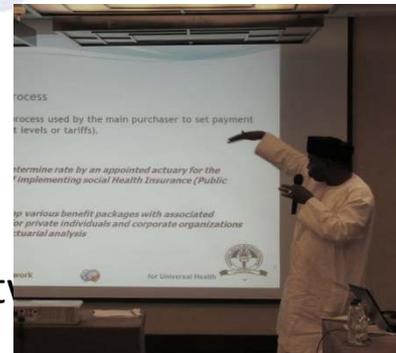
The JLN is guided by two core principles

Country Ownership

- Member countries demonstrate clear desire to be in the JLN, understand the reciprocity of membership, and are committed to sustaining and strengthening the network.
- Member countries have initiated, set the agenda for, and are leading a reform process.
- There is active engagement of a broad set of stakeholders.

Joint Learning

- Every country has something to learn and something to teach.
- Working jointly can help countries find **common** solutions more quickly.
- **Joint problem-solving** can lead to innovation and the production of new knowledge that can catalyze progress.



The Joint Learning Approach

Collaborative learning among practitioners to co-develop global knowledge on the practical “how-to’s” of achieving UHC

1. Common Problem Identification

2. Collective Problem Solving

3. Synthesis of New Knowledge

4. Knowledge Adapted Within JLN Countries



5. Knowledge Disseminated to Other Countries

Key Benefits of the JLN Approach:

- Strong country ownership
- Relevance to country priorities
- Space to analyze root causes
- Builds trust, safe space, and community
- Results in practical tools/knowledge products that can be used & shared
- Creates opportunities for responsive follow-up by partners

The Joint Learning Approach



Identify a common technical challenge and the underlying contextual conditions

Share experiences and strategies practitioners in different contexts have used to address the challenge

Document country experiences using a standardized approach

Find the gaps in knowledge

Build common solutions that can be adapted and implemented in different contexts

Develop a shared vision and roadmap for filling knowledge gaps

JLN Technical Initiatives and Collaboratives

Primary Health Care

- PHC-UHC Self-Assessment
- Engaging the Private Sector in PHC Delivery
- Health Benefits Policies for PHC
- PHC Performance Measurement and Improvement
- Financing and Payment Models for PHC

Provider Payment

- Costing Collaborative
- Data Analytics for Monitoring Provider Payment Systems
- Financing and Payment Models for PHC

Population Coverage

- Reaching the informal sector and the poor
- User experience mapping to inform identification and enrollment
- Strategic Communications (NEW)

Quality

- Institutional Roles and Relationships in the Governance of Health Care Quality
- Medical Audits

Information Technology

- OpenHDD
- Health Management System Interoperability
- Common Standards for National Health Coverage
- Data analytics for Monitoring Provider Payment

Health Financing [NEW]

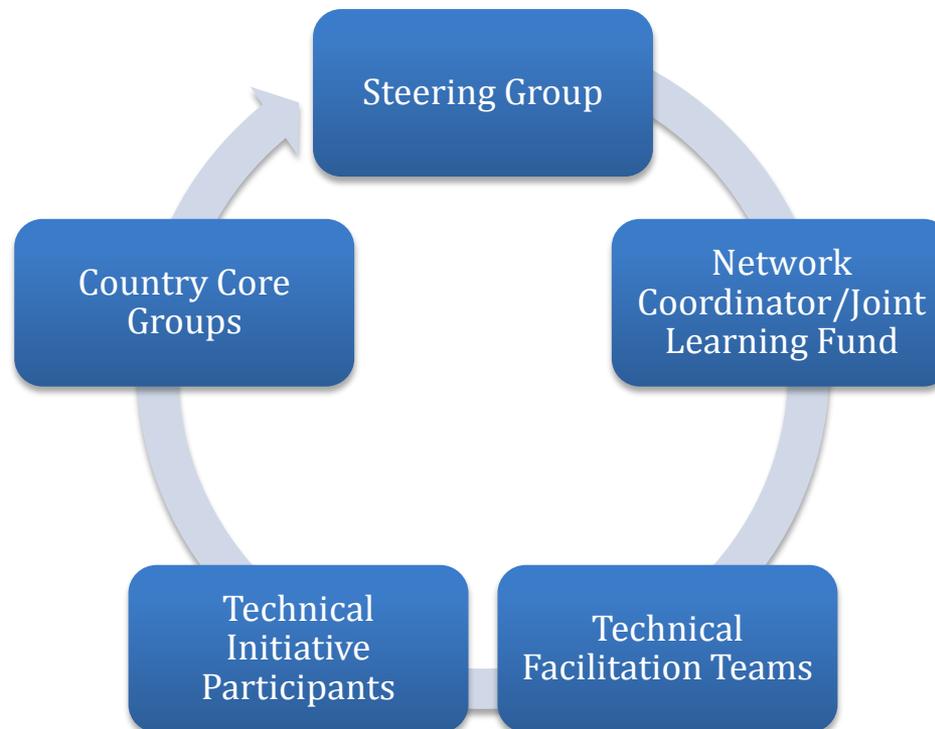
- Domestic Resource Mobilization
- Managing More from Existing Resources
- Fiscal Policy Instruments for Health Outcome

- ✓ Identifying a set of priority issues and common challenges
- ✓ Agreeing on useful knowledge product(s) to develop together
- ✓ In-person meetings and virtual collaboration
- ✓ Ongoing work in countries (both existing and inspired by the Collaborative)
- ✓ Co-producing new knowledge
- ✓ Creating a community

Governance and Country Ownership

JLN Country Core Groups: Facilitate cross-institutional dialogue within each member country, identify participants for JLN technical activities, and link to national and sub-national UHC efforts.

- Nigeria's JLN Country Core Group co-led by FMOH, NHIS, and NPHCDA



Opportunity: Sub-National Joint Learning in Nigeria

At the Global Level:

Nigeria is a full member of the JLN and has participated in a variety of activities at the global level.

At the Country Level:

- There is now an opportunity to develop a sub-national joint learning network in Nigeria
- The network will create a platform for states to share their experiences, challenges, and progress as they work jointly towards UHC goals
- Evidence can be generated, synthesized, and translated:
 - From state to state
 - From the federal to state level
 - From the state to federal level

Proposed Next Steps

- **Kick off joint learning with a sub-set of states in April/May**
 - Propose to start with USAID and BMGF priority states, as well as BHCPF pilot states (TBD)
 - Agenda will be developed collaboratively, building from this and preceding workshops. Will aim to be highly practical!
 - Co-define set of priority topics for future joint learning across states
- **Form 2-3 joint learning collaboratives (est. 6-12 months in duration)**
 - States opt into 1 or more priority technical topics
 - Collaboratives meet regularly (every 2-3 months), and communicate virtually in between
 - Practical product(s) that states can co-develop and use are defined for each learning collaborative
- **Bring all joint learning states back together later in 2017**
 - Share updates on progress and discuss next steps/future priorities
 - Discuss strategy for scaling joint learning to other states in 2018

Discussion Questions

- 1. What is the biggest challenge your state is facing in moving forward health financing reforms?**
- 2. What experiences would you like to learn about from your peers in other states in Nigeria? From your peers in other countries?**
- 3. What experiences and lessons learned from your state would you like to share with others?**
- 4. What kind of platform for learning would you like to see develop?**
 - Who would you want to be involved? What states? What types of institutions and people?
 - What topics would you want to focus on?
 - How do you want to connect and engage with your peers? In-person meetings? Virtually (e.g., WhatsApp, email, etc.)?

Discussion



FEDERAL
MINISTRY
OF HEALTH



USAID
FROM THE AMERICAN PEOPLE



**RESULTS FOR
DEVELOPMENT**