JLN KNOWLEDGE PRODUCTS BRONCHURE
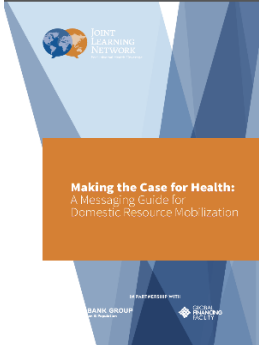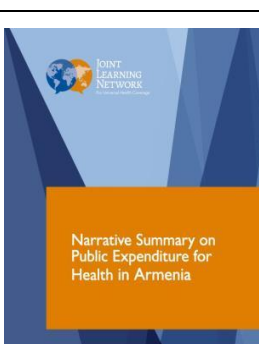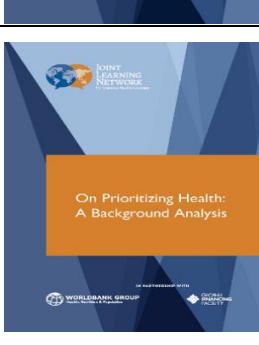
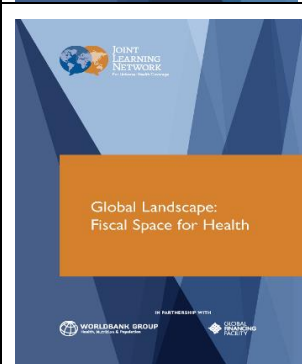## Bridging Theory with Practice: The How-to's of Universal Health Coverage

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). Together, the practitioners build on their shared experiences and expertise to co-produce practical knowledge products.

As more countries commit to implementing UHC, the lack of practical information on how to reform health systems has proved a major stumbling block to making progress. The JLN and its members have helped to fill this gap by documenting their experiences and lessons learned to help countries reach their UHC goals. Since 2010, the JLN's members have published more than 50 knowledge products on topics critical to UHC, including service delivery, health financing and provider payment, data and information systems, and quality of care. Below is a list of the available knowledge products classified by technical initiatives. Click on the name of the product to go to the product that allows you to download and use.
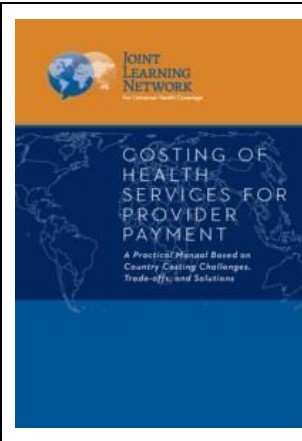
HEALTH FINANCING

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	Revisiting Health Financing Technical Initiative The Health Financing technical initiative was launched 2016 and is led by the World Bank. This brochure provides an introduction to the JLN, an overview of the initiative's work, and summaries of the learning collaboratives and exchanges that the initiative has organized.
	Making Explicit Choices on The Path To UHC: The Health Benefits Package Revision Guide The knowledge product aims to support countries in conducting reviews and revisions of their Health Benefits Packages through a transparent, evidence-based yet practical process that incorporates constraints and challenges specific to LMIC contexts. Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, Philippines, Sudan, Vietnam.
	Health Priority Setting: A Practitioner's Handbook Regardless of a country's income level, decision-makers are forced to choose where and how best to spend their health budgets. This handbook provides practical guidance on how to use data and evidence when allocating resources in the health sector to help achieve health priorities. Other related resources include: Health Priority Setting and Resource Allocation (HEPRA) Tool and Database Health Priority Setting and Resource Allocation (HePRA) overview & 10 country summary Health Priority Setting and Resource Allocation Database Blank HePRA Visualization Tool Blank HePRA Questionnaire Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mongolia, Nigeria, the Philippines, and Vietnam

	Measuring Health System Efficiency in Low- and Middle-income Countries: A Resource Guide As more countries aim to implement universal health coverage (UHC), leaders will face challenging decisions from scarce resources. In addition to increasing health sector allocations, improving health system efficiency will be critical to their journeys to achieve UHC. Co-produced by Bangladesh, Ethiopia, Ghana, India, Indonesia, Mongolia, Nigeria, Philippines, and Vietnam Country pilots in Kenya and Malaysia.
	Making The Case for Health: A Messaging Guide for Domestic Resource Mobilization A Messaging Guide for Domestic Resource Mobilization to support communication across the health and finance sectors to make the case for investment in health. It provides a set of 16 compelling messages that can be used to make the case for investment in health as a way of achieving health sector objectives, including Universal Health Coverage goals. French Translation Version Russian Translation Version Co-produced by Cambodia, Cameroon, Ethiopia, Ghana, Indonesia, Kenya, Lao PDR, and South Korea.
	Narrative Summaries on Public Expenditure for Health Narrative summaries present a picture of the health financing landscape at the country level with a focus on public expenditure trends over time. Health policy makers in each country have analyzed and presented their own budgetary data, supplemented as needed with global resources, and complemented these write-ups with descriptions of the policy trends that drove results. Paired with additional DRM collaborative products such as the Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization, narrative summaries can be used by policymakers in Ministries of Health to engage in policy dialogue with their counterparts in their respective Ministries of Finance. Co-produced by Armenia, Bangladesh, Cambodia, Indonesia, Lao PDR, Nepal, Pakistan, and Vietnam.
	Dynamic Inventory of DRM Resources and Efforts This was created to bridge a gap in the current discourse between Ministries of Health and Ministries of Finance, providing an easy to-access compilation of existing resources, including existing databases of such efforts, case studies, and other tools. A living document, the Inventory will be updated when additional resources are identified, and as new experiences with DRM for health unfold.
	On Prioritizing Health: A Background Analysis This resource shares the results of a global review of country efforts to prioritize public spending in the health sector, intended as background reading material developed during the course of the JLN's Domestic Resource Mobilization (DRM) collaborative. *It* includes a global review of health share of public spending across 20 low, middle, and high-income countries, to identify successful cases of reprioritization. Subsequent efforts based on this analysis can focus on a deep dive for a sub-set of countries that have sustained recent reprioritization efforts toward health.

	This is a set of tools produced by the Domestic Resource Mobilization Collaborative to guide policy dialogues. Policy Dialogue Toolkit Policy Dialogue Toolkit: Compiling Relevant evidence and Technical Resources Policy Dialogue Toolkit: Presenting the Evidence Policy Dialogue Toolkit: Planning a Workshop Policy Dialogue Toolkit: Country Adaptation of Toolkit Materials Policy Dialogue- Phase I Policy Dialogue- Phase II
	Global Landscape: Fiscal Space for Health This is a report compiled by the DRM Collaborative that helps make the case for why countries must "realize fiscal space for health" to continue to advance their UHC goals. Public financing in the health sector is an essential component for countries working to implement universal health coverage (UHC). Unfortunately, the reality that many low- and middle-income countries currently face are health systems that are inefficiently funded through high levels of out-of-pocket spending. As demographics shift and the burden of chronic disease management rises, countries must identify ways to increase public financing for health and reduce out-of-pocket costs.

PROVIDER PAYMENT

	Costing of Health Services for Provider Payment: A Practical Manual based on Country Costing Challenges, Trade-offs and Solutions 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. Costing Train the Trainer Course Materials Costing Manual Toolkit eModule: Costing of Health Services for Provider Payment Manual Co-produced by Ghana, India, Indonesia, Malaysia, the Philippines, and Vietnam
	Financing and Payment Models For Primary Health Care: Six Lessons From JLN Country Implementation Experience In most countries, primary health care (PHC) providers are the first point of contact that most people have with the larger health care system. Financing and payment models for PHC can be important tools for strengthening primary care and addressing issues of access, quality, and equity in health care. Co-produced by Argentina, Bahrain, Bangladesh, Chile, Estonia, Ghana, India, Indonesia, Kenya, Malaysia, Moldova, Mongolia, Nigeria, Peru, Philippines, South Korea, Sudan, and Vietnam

	Using Data Analytics to Monitor Health Provider Payment Systems: A Toolkit for Countries Working Toward Universal Health Coverage 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, and Vietnam
	Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward Universal Health Coverage 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 and Vietnam
	Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward Universal Health Coverage- Analytical Team Workbook A companion to the practical guide, this workbook contains a set of sample data tables and interview tools that can be adapted and implemented by countries to assemble key background data and information, conduct interviews, and carry out the main analytical tasks for the assessment. Co-produced by Ghana, India, Indonesia, Malaysia, the Philippines, and Vietnam
	The Provider Payment Mechanisms Technical Initiative: A 10-Year Journey The PPM 10 Years On video serves as an accessible learning tool that illustrates and showcases the journey of the PPM technical initiative over the past 10 years. The video highlights key lessons from JLN members on their experiences in the technical initiative, what enables progress in provider payment, and the future aspirations for collaborative learning on provider payment. Co-produced by Bangladesh, Ghana, Kenya, Malaysia, Mongolia and Nigeria.
	Coordinating, Financing and Paying for COVID-19 Health Services: A Synthesis of Lessons and Best Practices from Country Experience This report includes six case studies sharing how Bangladesh, China, Kenya, Nigeria, the Philippines, and the Republic of Korea have coordinated their COVID-19 pandemic responses. The case studies, which were developed by the JLN Primary Healthcare (PHC) Financing and Payment Collaborative sub-group, also cover how these countries are financing and paying for essential health services at the primary health care level. Co- produced by Bangladesh, China, Kenya, Nigeria, Philippines, South Korea
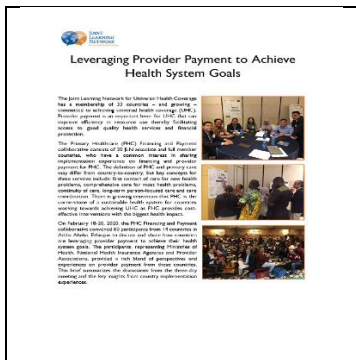
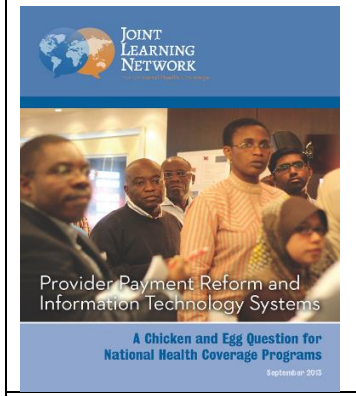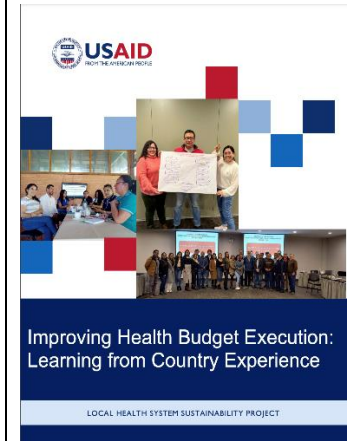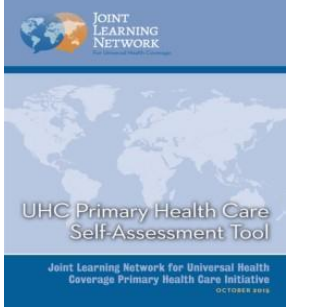|	
	Leveraging Provider Payment to Achieve Health System Goals A report by the Primary Health Care Financing and Payment collaborative capturing discussions and sharing from 60 participants from 14 countries on how provider payment mechanisms support health goals in different countries. Some key takeaways from the discussions included: • There is no one approach that works everywhere all the time, and no endpoint. • There are many ongoing country innovations to learn from. • Being a strategic purchaser starts with analysis and analysis starts with using what you have.
	Season One -The core building blocks of strong provider payment –benefit packages, costing, and utilizing provider payment The podcast miniseries is a joint learning modality to create an accessible learning tool that captures country insights and experiences in the voices of implementers. Season One described the core building blocks of strong provider payment – improving benefit packages, costing to improve the design of provider payment, and utilizing provider payment to achieve health system goals. Co-produced by Argentina, Egypt, Ghana, Kenya, Lebanon, Malaysia, Mongolia, Nigeria, and Philippines. **The Provider Payment Mechanisms Podcasts: Season 2- : The Who, What and How of Paying for Health Services for Universal Health Coverage** Season Two aims to amplify the building blocks established by Season One. Countries build upon this foundation and delve deeper into i) strategic purchasing as a lever for UHC, ii) utilizing data systems to make strategic purchasing decisions, and iii) incentivizing providers to provide quality health services. Co-produced by Egypt, Ethiopia, Liberia, Malaysia, Liberia, Moldova, Mongolia and Philippines.
	Provider Payment Reform and Information Technology Systems: A Chicken and Egg Question for National Health Coverage Programs This paper address key implementation questions raised by countries on the journey toward universal health coverage, and provides concrete data so that policymakers and information technology professionals alike may understand the ramifications of the provider payment choice on the IT systems underpinning them. This paper is also available in Bahasa. Co-produced by Netherlands, Philippines, South Korea, Thailand, United Arab Emirates
	Improving Health Budget Execution: Learning from Country Experience This learning brief presents key learnings from a review of the literature to identify examples of successful MOH efforts that have led to increased health budget execution, learning exchange meetings, and country-specific TA support. It summarizes the activity implementation process. This is followed by summaries of literature review findings and learning exchange outcomes on health budget execution; a shared vision of good health budget execution; and learning and promising practices in the areas of budget structure and processes and budget accountability. It also has a description of TA provided to two learning partners—Lao PDR and Peru— and, finally, a synthesis of key learning from the activity. Co-produced by Bangladesh, Ghana, Kenya, Laos, Liberia, Malaysia, Nigeria, Peru
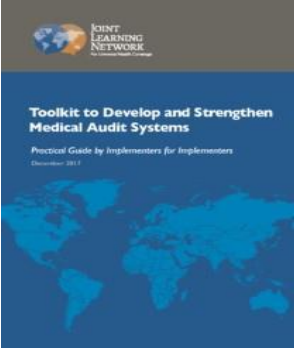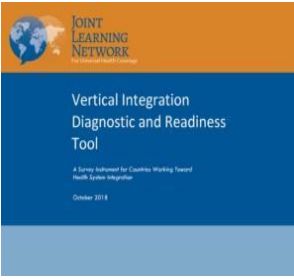
INFORMATION ENVIRONMENT & OTHER CROSS-CUTTING

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	Using Health Data to Improve Universal Health Coverage: Three Case Studies As countries continue to invest in and strengthen their health information technology systems, they will gain greater access to data that can be used to deliver more efficient services. This guide is a companion to the Using Health Data to Improve Universal Health Coverage case studies and serves as a starting point for countries to assess their data use maturity, identify areas of possible improvement, and apply lessons from the case studies to their context Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, Peru, the Philippines, South Korea, and Sudan
	Using Health Data to Improve Universal Health Coverage: Three Case Studies, a Companion Guide for Assessing Data use Maturity Using the experiences of South Korea as an example, these case studies look at country experiences of and challenges to using health data to improve universal health coverage policies. In particular, three case studies examine the use of data related to disease and case management, financial management, and operational efficiencies of health services. Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, Peru, the Philippines, South Korea, and Sudan
	A Guide to Common Requirements for National Health Insurance Information Systems This is an update of the JLN's 2012 publication, Determining Common Requirements for National Health Insurance Information Systems, to provide additional information on why system requirements are important; the methodology for documenting work process flows and determining system requirements; and how stakeholders may utilize common requirements as a building block to accelerate development and/or implementation of health insurance technologies. Co-produced by Cambodia, India, Indonesia, Kenya, Malaysia, Nepal, Nigeria, Peru, and South Korea
	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, Mali, Nigeria, the Philippines, and Thailand, Vietnam
	Promoting Interoperability of Health Insurance Information Systems Through a Health Data Dictionary A three-part series for countries that are consolidating health insurance schemes to achieve universal coverage by providing an overview for national policymakers on the role of the health data dictionaries and why establishing one early on is a key step in promoting system interoperability.

	[Connecting Health Information Systems for Better Health: Leveraging interoperability standards to link patient, provider, payor, and policymaker data](#) 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. It is informed by on-the-ground experiences from a number of countries, including Canada, Colombia, India, the Netherlands, the Philippines, South Africa and Thailand. [The e-book](#) is best for online reading and includes interactive video. Co-produced by Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, Philippines, and Vietnam
	[Strategic Communication for Universal Health Coverage: Practical Guide](#) Realizing UHC requires deliberate, tailored communication strategies that increase engagement and knowledge, and create support for change among a diverse group of stakeholders – including political leaders, health care purchasers, providers, patients, suppliers and civil society groups; this practical guide can help UHC and health policy champions develop a comprehensive strategic communication plan tailored to different stakeholder groups to achieve a specific UHC objective. [Strategic Communication for Universal Health Coverage: Planning Tool](#) The tool is to help UHC policy champions and communicators to design comprehensive strategic communication plans for individual objectives by guiding communicators through a structured plan outlining process and includes guiding questions specifically related to strategic communication for UHC. There is a case study for adaptation and implementation of this tool- [Using Strategic Communications in Nigeria](#) Co-produced by Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan.
	[Health Insurance Terms Glossary](#) This product is a list of common terminology used in health insurance.

SERVICE DELIVERY & QUALITY INCLUDING PRIMARY HEALTH CARE

	[UHC 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, and Vietnam

 Joint Learning on Strengthening Rehabilitation in Primary Health Care Virtual Roundtable Series Technical Report February 2023 Background and Acknowledgements Through funding from the Leahy War Victims Fund (LWVF) and partnership with USAID's Inclusive Development Hub, Health Systems Strengthening Accelerator (Accelerator) partnered with Joint Learning Network for Universal Health Coverage (JLN) to facilitate peer learning on rehabilitation in primary health care. As a first step to initiating cross-country dialogue, the Accelerator and the JLN co-hosted a public webinar on Rehabilitation and Universal Health Coverage in February 2022, that invited country policymakers and practitioners to learn about and discuss approaches to strengthening rehabilitation for UHC. Over 150 participants from 30 countries joined the webinar, demonstrating considerable demand for cross-country learning. In response, the Accelerator and the JLN hosted a Virtual Roundtable Series on Integrating Rehabilitation into Primary Health Care. From November 2022 to January 2023, 53 total participants from ministries of health, service delivery settings, non-governmental organizations, and universities in 18 countries came together to share their experiences advancing rehabilitation in health systems and primary health care and to co-develop a cross-country learning agenda. This report is a synthesis of the virtual roundtable series. It: • Synthesizes country experiences, challenges, and needs related to strengthening rehabilitation in primary health care, including (1) planning and prioritization; (2) strengthening the health workforce; and (3) enhancing data collection, generation, and analysis. • Identifies a short-list of cross-country needs and learning priorities. USAID · RESULTS FOR DEVELOPMENT · HEALTH STRATEGY AND DELIVERY FOUNDATION · ICF · BILL & MELINDA GATES foundation	**Strengthening Rehabilitation in Primary Health Care Virtual Roundtable Series- Technical Report** A report of synthesis of the learning from a Virtual Roundtable Series on Integrating Rehabilitation into Primary Health Care. It brough together country policymakers and practitioners to learn about and discuss approaches to strengthening rehabilitation for UHC. Over 150 participants from 30 countries joined the webinar, demonstrating considerable demand for cross-country learning. Fifty-three participants from ministries of health, service delivery settings, non-governmental organizations, and universities from 18 countries shared their experiences advancing rehabilitation in health systems and primary health care and to co-develop a cross-country learning agenda. Participating Countries: China, Ethiopia, Fiji, Gabon, Ghana, India, Kenya, Malawi, Malaysia, Mongolia, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Spain, Tanzania, Uganda, Ukraine
TRANSFORMING PHC DELIVERY AND FINANCING THROUGH PRIMARY CARE NETWORKS *Brief · February 27, 2023* phcpi · RESULTS FOR DEVELOPMENT · JOINT LEARNING NETWORK	**Transforming PHC Delivery and Financing Through Primary Care Networks** As countries work to improve access to and utilization of essential health services for their populations, many are undertaking health system transformations to prioritize and strengthen primary health care (PHC). This learning brief highlights the process for developing the learning community and some of the key learnings on how to successfully implement PCNs. Furthermore, it provides key recommendations for country policymakers, practitioners, and development partners based on lessons from the PHCPI COP. Implementing Countries: Colombia, Ghana, Kenya Peer Supporting Countries: Bangladesh, Belgium, Cameroon, Costa Rica, Guinea-Bissau, India, Indonesia, Lao PDR, Lebanon, Liberia, Malaysia, Morocco, Mozambique, Myanmar, Nigeria, North Macedonia, Philippines, Senegal, South Africa, Sudan, Tanzania, Uganda, Ukraine, United States of America
JOINT LEARNING NETWORK **Toolkit to Develop and Strengthen Medical Audit Systems** Practical Guide by Implementers for Implementers December 2017	**Toolkit to Develop and Strengthen 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. Medical Audits in India This is a case study for adaptation and implementation of this toolkit in India Co-produced by Colombia, Ghana, India, Indonesia, Kenya, Malaysia, Nigeria, and Philippines
JOINT LEARNING NETWORK **Vertical Integration Diagnostic and Readiness Tool** A Survey Instrument for Countries Working Toward Health System Integration October 2018	**Vertical Integration Diagnostic and Readiness Tool: A Survey Instrument for Countries Working towards Health System Integration** Vertical integration is a key pillar of integrated care and improving the linkages between providers at different levels of care can go a long way toward improving the efficiency and quality of health services. This tool can help leaders in low and middle-income countries assess and implement vertical integration policies, programs, and pilots. Co-produced by Indonesia, Malaysia, Philippines, Sudan, and Vietnam.

	Fundamentals of Contract Management of Private Sector Healthcare Providers: Mini-Guide The primary aim of the mini-guide is to build a foundational understanding among public payers and governments about how to monitor, manage, and enforce contracts for subsidized healthcare services with private healthcare providers. It addresses the following key questions: • What is contract management? • Why is contract management of private providers important? • What would an ideal system of contract management look like? • How did one country (India) develop and improve its mechanisms for contract management as part of its new national health insurance reform AB–PMJAY? Co-produced by Egypt, Ghana, India, Indonesia, Kenya, Lao PDR, Liberia, Malaysia, Morocco, Nigeria, Philippines, Rwanda, Sudan.
	Fundamentals of Harnessing Private Capital for Universal Health Coverage Mini-Guide The primary aim of this mini-guide is to build a foundational understanding among public officials as to the key concepts around harnessing private investment to achieve government's UHC agenda. It addresses the following key questions: • Why should governments pursuing universal health coverage care about private investment? • What is private healthcare investment and who controls it? • Why doesn't private investment align with governments' visions for UHC? • What levers can governments use to harness and direct private investment? • How did one country (Republic of Georgia) manage to harness private investment as part of its healthcare reform story? Co-produced by Egypt, Ghana, India, Indonesia, Kenya, Lao PDR, Liberia, Malaysia, Morocco, Nigeria, Philippines, Rwanda, Sudan.
	Negotiated Solutions for Purchasing High-Cost Medicines: A Practitioner's Guide This "pocket guide" is a tool for negotiations with pharmaceutical companies. It summarizes the key ingredients for successful negotiations, including a checklist for preparation, helpful tips for organizing negotiation meetings, and suggestions for the decision-making process and longer-term relationship management. The pocket guide will include tips from the country participants, as well as the knowledge shared by our expert facilitators, in a compact, easy to read format. Co-produced by Bangladesh, Ghana, Indonesia, Kenya, Liberia, Malaysia, Namibia, Philippines, Vietnam.
	Empanelment: A Foundational Concept of Primary Health Care In many health systems, empanelment signifies a step toward more effective and better coordinated primary health care by helping to transform reactive care, oriented around visits, into proactive care that can deliver broader improvements to population health. Empanelment: A Foundational Component of Primary Health Care defines empanelment and explores its contributions to a country's universal health coverage progress. **Person-Centered Integrated Care in Mongolia: JLN Knowledge Product use Case Study** A case study of the adaptation and implementation of knowledge product in Mongolia Co-produced by Ghana, Mongolia, Malaysia, and South Korea.
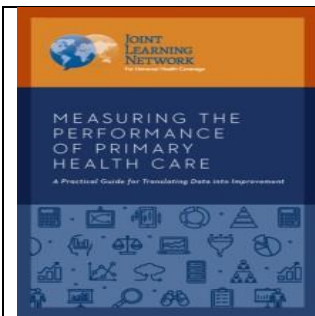
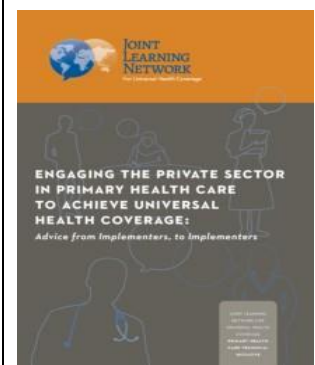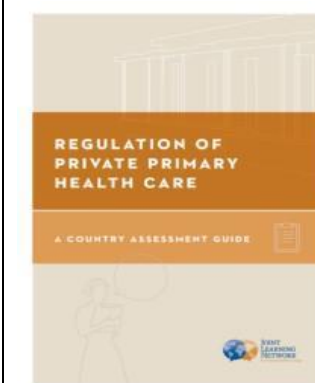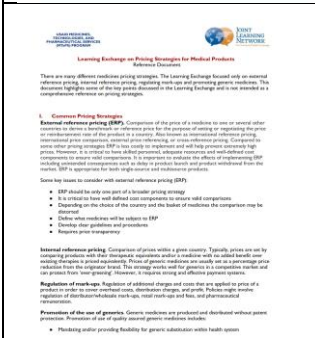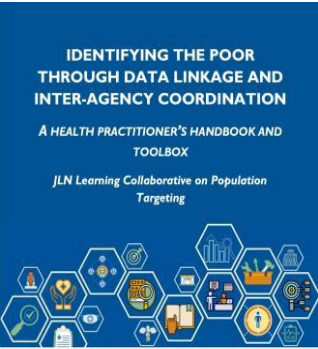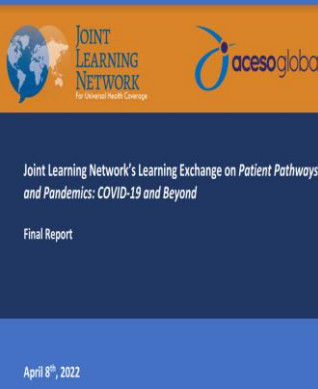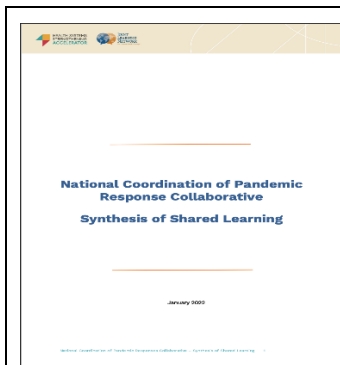|	
	Measuring the Performance of Primary Health Care: A Practical Guide for Translating Data into Improvement A practical guide to address common measurement challenges that countries face while collecting data within their primary health care systems. Using this guide, countries can learn how to improve PHC system performance and effectiveness by systematically using this data. Co-produced by Argentina, Bangladesh, Benin, Cameroon, Chile, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mexico, Nigeria, Rwanda, Vietnam
	Primary Health Care Measurement for Improvement Indicator Inventory The inventory is intended to serve as a menu of measures currently utilized by countries, inclusive of routine systems and national surveys and complemented by globally recognized indicators, to allow countries to review indicators, identify gaps, then learn from example indicators other countries are using to measure PHC performance. The inventory is organized according to PHCPI's Conceptual Framework for PHC, which outlines the key inputs, service delivery processes, and goals of an effective PHC system. It is intended to be a "living" tool that will be regularly updated with additional country indicators and as the global indicator sets evolve Co-produced by Argentina, Bangladesh, Benin, Cameroon, Chile, Ethiopia, Ghana, India, Indonesia, Kenya, Malaysia, Mexico, Nigeria, Rwanda, Vietnam
	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, and Vietnam
	Regulation of Private Primary Health Care: A Country Assessment Guide As countries work toward UHC, they recognize that the public sector alone cannot provide all necessary comprehensive primary health care services to cover country populations and that countries need to engage and effectively steward both the and private health sectors. This guide can be used by countries to assess country health regulatory systems, and to better understand challenges and opportunities related to regulating private PHC. **Regulation of Private Primary Health Care: Lessons from Six JLN** This are case studies from participating countries Co-produced by Ghana, Indonesia, Kenya, Malaysia, Mongolia, and Morocco
	Pricing Strategies for Medical Products- Reference Document There are many different medicines pricing strategies. This brief from a Learning Exchange focused only on external reference pricing, internal reference pricing, regulating mark-ups and promoting generic medicines. It highlights some of the key points discussed in the Learning Exchange and is not intended as a comprehensive reference on pricing strategies. Participating countries: Bangladesh, Colombia, Denmark, Ghana, India, Kenya, Lebanon, Malaysia, Mongolia, Myanmar, Nepal, Philippines, Rwanda, Switzerland, Thailand, United Kingdom, Vietnam

	Designing Health Benefits Policies: A Country Assessment Guide This product guides countries in prioritizing and thinking through the complex web of decisions that must be considered when developing, implementing, or reforming a benefits package within a comprehensive health benefits policy. It comes with an case studies on adaptation and implementation of the guide in 6 countries- Designing Health Benefits Policies: Lessons from Six JLN Countries Co-produced by Kenya, Indonesia, Malaysia, Mali, Morocco, and Vietnam

POPULATION TARGETING & EQUITY

	Identifying the Poor through Data Linkage and Inter-agency Coordination: A Health Practitioner's Handbook and Toolbox Over the past decade, many low- and middle-income countries have made expanding health coverage a national priority. During 2021, 11 countries took part in the JLN Learning Collaborative on Population Targeting, which focused on population targeting as a critical component for expanding effective coverage to unserved groups. The handbook is available in English and French. The collaborative focused on 2 themes that each developed specific toolbox that can be accessed below: Institutional Coordination Between Health and Non-health Agencies on Population Targeting Data Linkage Between Health and Non-health Agencies for Population Targeting Co-produced by Bangladesh, Ghana, Indonesia, Kenya, Lebanon, Liberia, Mali, Morocco, Myanmar, Nigeria, South Korea, Sudan.

NETWORK FOR OPEN DIALOGUE & EXCHANGE (NODE)
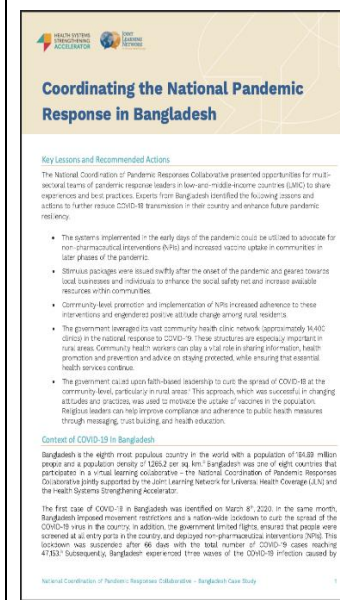
	Patient Pathways and Pandemics: COVID-19 and Beyond Final Report This is a report from a Community of Practice (CoP) designed to foster practical learning by accompanying implementation in an "implementer" country, Malaysia, which had previously launched an E-consultation initiative during the pandemic and wanted to improve and expand it further. A number of lessons emerged from COP experience than can guide the design of future JLN implementation–oriented engagements. **JLN Community of Practice on Scaling e-Consultations: Evaluation Report** Technical facilitators and country participants provided support and learnings to the Malaysia team. This mixed methods evaluation aimed to understand how real-time implementation within a technical team supported Malaysia's preparation for and implementation of the E-consultation extension initiatives. Participating Countries: Bangladesh, Bahrain, Brazil, Egypt, Ghana, India, Indonesia, Kenya, Malaysia, Mali, Myanmar, Nigeria, Peru, Vietnam, Zimbabwe

	National Coordination of Pandemic Response- Synthesis of Shared Learning This brief synthesizes relevant evidence, participant country experiences, and lessons learned on national responses to the COVID-19 pandemic to highlight efficient and effective approaches that may be applied for health systems resiliency and improved pandemic preparedness. Bahrain, Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Mongolia, Nigeria, Senegal
	Coordinating the National Pandemic Response: Three Country Case Studies These country case studies outline the key lessons learned and recommended actions for multi-sectoral teams brought forth by pandemic response leaders in three low-and-middle-income countries. Experts from the countries identified lessons and actions to further reduce COVID-19 transmission in their countries and enhance future pandemic resiliency. Coordinating the National Pandemic Response in Bangladesh This brief summarizes lessons and actions to reduce COVID-19 transmission in Bangladesh and enhance future pandemic resiliency. Coordinating the National Pandemic Response in Ethiopia Experts from Ethiopia identified the following lessons and actions to further reduce COVID-19 transmission in their country and enhance future pandemic resiliency. Coordinating the National Pandemic Response in Kenya Experts from Kenya identified the following lessons and actions to further reduce COVID-19 transmission in their country and enhance future pandemic resiliency