



Joint Learning Fund

Progress Update 2025

January – December 2025

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Contents

- Executive Summary 3**
- Focus of the Progress Update 6**
- Approach and Methodology 7**
- Summary of JLF Portfolio 8**
- Overview of countries, implementation progress and fund utilization..... 10**
- JLF Feedback Survey 2025 14**
- Cross-Country Insights and Emerging Themes 17**
- Expected Impact and Pathways to Change 18**
- Lessons Learned and Improvements 18**
- Planned Activities in 2026..... 20**
- Annexure I – JLF Feedback Survey 2025 Questionnaire 21**
- Annexure II - Detailed Country wise Updates 25**

Executive Summary

The Joint Learning Network (JLN) provides catalytic funding to member countries through the Joint Learning Fund (JLF) to help member countries translate shared knowledge into country-level action in support of improvements in health systems in pursuit of universal health coverage (UHC). By providing flexible, targeted funding to Country Core Groups (CCGs), the JLF addresses a critical “last mile” gap - enabling countries to adapt, pilot, and implement JLN knowledge products and emerging guidance and practices from collaboratives within their policy, institutional, and operational contexts.

Launched in January 2025, the current JLF cycle has supported a diverse portfolio of 13 proposals from 12 Country Core Groups across Africa and Asia. These initiatives span key health system priorities, including health financing and provider payment reform, primary health care (PHC) performance management, service delivery and contracting mechanisms, information systems and digital health standards, and climate-resilient health systems. Collectively, they reflect strong country demand for implementation-focused learning and demonstrate how JLN’s peer-generated knowledge can be operationalized to address real-world reform challenges.

Progress to date demonstrates steady momentum. However, overall progress remains dependent on the submission of proposals on a rolling basis (through September 2025), as well as the subsequent review and approval timelines for selected proposals, which concluded in the first week of December 2025. Philippines, Liberia, Malaysia, Indonesia (climate proposal), Nigeria, and Mongolia - are at advanced implementation stages, with high fund utilization and achieving expected outputs like completed trainings, validated frameworks/ assessment tools, and co-created roadmaps. Other countries are in early or mid-stages, focusing on planning, stakeholder alignment, and preparatory technical work.

Early results from implementation point to strengthened stakeholder collaboration, accelerated implementation timelines, enhanced technical and managerial capacity (particularly at sub-national & PHC levels), and improved readiness for policy dialogue and system reform. Cross-country insights highlight common themes: the importance of contextualizing global knowledge products, sequencing reforms to align with political and budget cycles, and investing in foundational capacities such as data use, performance management, and policy analysis. Peer learning through joint proposals, shared workshops, and exchanges has enabled countries to draw on each other’s experiences while tailoring solutions to national realities. Strong leadership from CCGs, early stakeholder engagement, and alignment with government systems have emerged as key enablers of progress.

Looking ahead, most JLF-supported initiatives are designed as pilots with clear pathways for advocacy and institutionalization within the public systems the teams work in. In 2026, proposals planned activities include policy dialogues, dissemination workshops, development of national frameworks, etc. By anchoring reforms in national institutions and strengthening implementation capacity, the JLF is supporting the groundwork for sustained health system improvements, advancing progress toward UHC, reinforcing JLN’s role as a global platform for peer learning and collective problem solving.

Introduction

Background of the Joint Learning Fund

The Joint Learning Fund (JLF) is a flexible pool of catalytic funding available to JLN full member countries to aid member countries to effectively utilize JLN resources in addressing emerging policy and program challenges contributing to the progress towards Universal Health Coverage (UHC). Funding can be accessed by the Country Core Groups (CCGs) of member countries to support activities at the country level related to the adaptation and implementation of JLN Knowledge Products and Tools (KPs) and test/pilot a promising practice or a lesson emerging from an active collaborative that may not have been documented as a KP yet (referred to as the implementation learning approach or learning lab).

Rationale for JLF investments

Over the past 15 years, the JLN has become a key platform for peer learning among health systems policymakers and practitioners, now spanning 43-member countries. Through collaborative problem-solving, the network has produced more than 50 knowledge products, over half of which have been adapted and implemented by countries to advance health system reforms. As countries seek to accelerate progress toward UHC, there is increasing demand for structured learning and targeted funding to support the implementation of innovative approaches, particularly in primary healthcare and digital health. In response, JLN has established learning collaboratives aligned with the BMGF primary healthcare strategy to develop standard tools and approaches through collective expertise.

However, while these collaboratives generate valuable solutions, their design does not allow direct support for country-level adaptation and implementation of high-impact, low-cost activities. The Joint Learning Fund (JLF) addresses this gap by providing catalytic funding to help countries reach the “last mile” of reform, enabling timely policy action and contextual adaptation of JLN tools across priority technical areas. By supporting implementation through a structured application and accountability process, JLF ensures that JLN-generated knowledge is translated into sustainable, scalable actions that contribute to measurable improvements in health system performance and outcomes.

Objectives

The primary objective of JLF is to facilitate strengthening primary health systems and digital health in full member countries by providing catalytic funds that support activities for adaptation and implementation of JLN knowledge products at the country level developed by learning collaboratives within JLN technical initiatives - health financing, provider payment, service delivery and quality including primary healthcare, the information environment, and other cross-cutting areas.

- **Adapt and Implement JLN Knowledge Products:** JLF supports activities for adaptation and implementation of JLN knowledge products at the country level to ensure knowledge products are effectively utilized and scaled up, leading to meaningful health system improvements. This includes technical assistance, aiding in the design and implementation, hiring local experts to customize tools

for specific national context or conducting pilot projects to test tools before broader implementation.

- **Facilitate Practitioner-to-Practitioner Learning through Collaborations:** JLF promotes collaborations to enable member countries to engage in structured exchanges aligned with the aim to adapt and implement knowledge products such as expert consultations that leverage the collective knowledge and expertise of their peers to address shared challenges and develop joint solutions. However, JLF will not support member country requests for study tours, working groups, sub-collaboratives or secondments.
- **Promote Sustainability of Learning:** JLF prioritizes activities aligned with the aim to adapt and implement knowledge products from technical initiatives specified above with potential to create lasting impact, addressing emerging needs of member countries to ensure applicability in other contexts.

Linkages to the Joint Learning Network (JLN) and Universal Health Coverage (UHC)

The Joint Learning Fund (JLF) serves as a catalytic mechanism to translate the Joint Learning Network (JLN) collective knowledge, tools, and peer learning into country-level implementation. While JLN provides a platform for collaboration and co-creation of practical solutions, JLF enables countries to test, adapt, and apply these solutions in real-world contexts. The implementation experience and lessons generated through JLF are fed back into the JLN, strengthening its knowledge base and reinforcing a continuous cycle of learning and refinement across member countries.

Through this implementation-focused learning, JLF deepens JLN's contribution to health systems improvement by solving challenges in health systems policy and practicing directly to advancing Universal Health Coverage (UHC). JLF-supported activities address key UHC priorities such as service coverage, financial protection, efficiency, and equity, helping countries refine reforms in ways that are realistic and context-sensitive. By creating a structured feedback loop between country action and global learning, JLF strengthens the overall JLN-UHC ecosystem and enables countries to learn from each other's implementation journeys rather than working in isolation.

Focus of the Progress Update

This progress update presents a consolidated view of the advances made by countries supported by the Joint Learning Fund (JLF) between the period January and December 2025. It outlines the milestones achieved across their implementation pathways and illustrates how JLF support has enabled countries to refine solutions, strengthen processes, and advance priority reforms. The update reflects the steady momentum of country-led efforts and the practical value of embedding learning throughout implementation.

A central focus of the report is on how countries have drawn upon knowledge products, tools, and insights generated through JLN collaboratives and applied them within their specific contexts. The update captures how these resources have been adapted, integrated into ongoing initiatives, and used to generate early evidence on their usefulness. By highlighting these experiences, the report demonstrates how JLN's shared learning is being translated into practice, contributing to tangible progress toward universal health coverage (UHC). It also outlines the expected outcomes identified by country teams, reflecting both immediate system improvements and anticipated longer-term benefits.

The progress update further provides an overview of the utilization of JLF funds and the added value these resources have brought to implementation. It showcases how the funding has supported technical work, facilitated stakeholder engagement, enabled the development of tools and processes, and strengthened national capacities to drive reform. Together, these elements offer a clear picture of the achievements to date, the lessons emerging from implementation, and the catalytic role of JLF support in advancing country priorities.

Approach and Methodology

Overview of the Implementation Learning Approach

The Joint Learning Fund (JLF) adopts an implementation learning approach that enables countries to learn by doing as they test and improve solutions with direct support from the technical facilitators. Rather than treating learning as a separate activity, this approach embeds learning into every stage of the implementation journey - from identifying priority problems to piloting interventions and adapting solutions based on emerging evidence. Participating countries carry out activities such as adapting tools, improving processes, for strengthening their health systems, while simultaneously generating insights into what works, what does not, and why. This iterative process is supported through technical guidance and rapid feedback loops, ensuring that learning directly informs implementation decisions.

Monitoring and Documentation of JLF-Supported Activities

Continuous monitoring and systematic documentation form a core component of the methodology. Progress is tracked through regular meetings, and ongoing support to the country teams. Consultant deliverables, activity outputs, and participant feedback provide additional sources of data on implementation progress. Routine reporting mechanisms—such as monthly updates to SG members and the Bill & Melinda Gates Foundation (BMGF), and weekly updates to the World Bank JLN team—ensure that information flows consistently among stakeholders and supports timely decision-making.

Methods for Assessing Progress and Capturing Impact

Assessment of progress relies on feedback from country teams and focal points at key stages of the JLF cycle. Periodic surveys administered during critical moments such as the application and implementation phases capture country experiences, challenges, and emerging results. These inputs provide insights into implementation effectiveness and support adaptive management. The documentation of lessons learned informs adjusting ongoing activities. A feedback survey was administered in mid-December to all JLF country focal points, results from which are summarized in this report. Consequent surveys are planned for June 2026 and December 2026. Concurrently, JLF supported country interventions and outcomes will be documented through a case study approach. To document impact, the team will develop country case studies highlighting learning labs, implementation innovations, and knowledge exchange outcomes. This will be done in the later half of 2026.

Stakeholder Engagement Methods

Stakeholder engagement is central to understanding the progress, relevance, and outcomes of JLF-supported activities. Engagement takes place through continuous interaction with country focal points, implementation teams, technical experts, and other partners involved in the process. These interactions help validate priorities, clarify implementation needs, and ensure alignment with country contexts. This ongoing engagement supports shared learning, strengthens coordination, and provides a comprehensive view of country experiences and emerging results.

Summary of JLF Portfolio

Overview of approved country proposals

The Joint Learning Fund (JLF) supports a diverse portfolio of country-led initiatives aimed at strengthening health systems, improving service delivery, and advancing progress toward universal health coverage. The approved proposals for this cycle reflect a wide thematic spread, ranging from provider payment reforms and primary health care (PHC) performance management to climate-resilient health systems and health insurance information systems. Together, these activities represent a balanced mix of technical areas, geographies, and financial allocations, demonstrating both the breadth and relevance of JLF-supported implementation learning.

Thematic distribution of activities

Health Financing & Provider Payment Reform (Ethiopia, Malaysia, Nigeria, Kenya)

Countries engaged in strengthening provider payment, strategic purchasing, and domestic resource mobilization fall under this theme. These activities focus on improving the efficiency, equity, and sustainability of financing arrangements. Examples of Activities are as follows:

- Assessing and reforming provider payment systems
- Developing analytical tools for monitoring payment mechanisms
- High-level domestic resource mobilization (DRM) strategy development
- Data analytics to support strategic purchasing decisions

Primary Health Care (PHC) Performance Management (Philippines, Mongolia, Liberia, South Africa)

A significant share of activities concentrates on enhancing PHC performance measurement systems, building capacity for PHC managers, and improving monitoring frameworks. This theme reflects countries' commitment to strengthening frontline care and improving service delivery quality. Examples of Activities are as follows:

- Developing and applying PHC performance management frameworks
- Capacity building for district and provincial PHC managers
- Measurement of key PHC performance indicators
- Strengthening regional PHC systems through data use and performance monitoring

Service Delivery & Contracting Mechanisms (Liberia, South Africa, Bangladesh (Joint), & Malaysia)

Some countries focus on improving service delivery through contracting arrangements and implementation of learning. These efforts aim to enhance the accountability, efficiency, and quality of provider networks. Examples of Activities are as follows:

- Contracting organizations for health-related services
- Integrated care and coordinated service delivery models

- Implementation learning labs for contracting reforms

Information Systems & Digital Health Standards (Vietnam, Malaysia)

Strengthening information systems to support UHC implementation is another central theme. Countries under this pillar focus on improving data systems, implementing national insurance information guidelines, and establishing common digital standards. Examples of Activities are as follows:

- National health insurance information system assessments
- Establishing common requirements for health insurance IT systems
- Data analytics tools for provider payment monitoring

Climate-Resilient & Sustainable Health Systems (Indonesia)

This emerging theme reflects the integration of climate considerations into health systems planning and financing. Examples of Activities are as follows:

- Climate-smart adaptation planning
- Greening initiatives for resilient health systems
- Strengthening climate-health policy alignment

Table 1: Thematic distribution of activities

Theme	Countries	Representative Activities
Health Financing & Provider Payment	Ethiopia, Malaysia, Nigeria, Kenya	Provider payment reforms, Domestic Resource Mobilization, data analytics
PHC Performance Management	Philippines, Mongolia, Liberia, South Africa	PHC measurement, performance management capacity-building
Service Delivery & Contracting	Liberia, South Africa, Bangladesh, Malaysia	Contracting labs, integrated service delivery, implementation learning
Information Systems	Vietnam, Malaysia	Health insurance IT standards, data systems
Climate-Resilient Health Systems	Indonesia	Climate adaptation plans, greening initiatives

Figure 1: Geographic overview



Africa: Ethiopia, Liberia, Kenya, Nigeria, and South Africa

Asia: Bangladesh, Indonesia, Malaysia, Mongolia, Philippines, and Vietnam

Overview of countries, implementation progress and fund utilization

The Joint Learning Fund (JLF) Request for Proposals was launched in January 2025 and attracted strong interest from member countries. To date, 16 proposals were received, and 13 proposals from 12 Country Core Groups (CCGs) were approved and are at various stages of implementation. Following a structured review process, proposals from Ethiopia, Indonesia (Climate Health and Telemedicine), Kenya, Liberia, Mongolia, Malaysia, Nigeria, the Philippines, South Africa, Ghana, Vietnam, and a joint proposal from Liberia–Bangladesh–South Africa received Steering Group approval. All approved country teams have since initiated implementation, marking the transition of the JLF from planning to active delivery across multiple thematic and geographic contexts.

Country-wise stages of project implementation

- **Advance Stage** of Implementation (above 70% fund utilization): Philippines (96.6%), Liberia (92.5%), Malaysia (83.7%), Indonesia - Climate Change (75.7%), Nigeria (74.9%), Mongolia (72%),
- **Mid Stage** of Implementation (above 20% fund utilization): Ethiopia (28.5%), Joint Proposal Liberia, South Africa, and Bangladesh (22.1%),
- **Early Stage** of Implementation (below 20% fund utilization): South Africa (16.3%), Kenya (13.1%), Vietnam (0%), Ghana (0%), and Indonesia – Telemedicine (0%)

The table below provides the status of implementation and fund utilization under each JLF proposal.

Table 2: Summary table of country activities, and status of implementation and fund utilization

Country	Proposal Title	Knowledge Product/ Guidance from Collaborative	Implementation Status	Budget (USD)	Disbursements (USD)	Utilization (%)
Ethiopia	Strengthening provider payment methods for primary health care in Ethiopia	<ul style="list-style-type: none"> Assessing Health Provider Payment Systems: A Practical Guide for Countries Working Toward Universal Health Coverage. 	<ul style="list-style-type: none"> In August 2025, Ethiopia convened an inception meeting to launch the Provider Payment Mechanism Assessment in Primary Healthcare Units. Participants validated the inception report, assessment methodology, tools, work plan, and committed to active engagement throughout the process. The team is now working on preparing the plan for conducting a “Dissemination and Validation Workshop” to validate the assessment findings. 	79,850	22,725	28.5%
Philippines	Pilot Primary Health Care Performance Management Capacity and Network Building Towards a Quality and Resilient Local Health System	<ul style="list-style-type: none"> Performance Management for Primary Health Care Collaborative 	<ul style="list-style-type: none"> In November 2025, the team completed the stakeholder workshop titled, “Pilot PHC Performance Management Capacity & Network Building Towards a Quality & Resilient Local Health System Development”, to train 67 participants from the Agusan del Sur Province. 	67,620	65,333	96.6%
Mongolia	Supporting the improvement of Mongolian primary health care through measuring key performance and changing the standard	<ul style="list-style-type: none"> Performance Management Learning Collaborative Measuring the Performance of Primary Health Care 	<ul style="list-style-type: none"> Hired 3 technical consultants and each one of them have submitted their inception reports. The Consultants have developed the performance evaluation framework of PHC with optimal KPIs. 	38,850	27,960	72.0%
Liberia	Strengthening Primary Health Care (PHC) Performance Management in the Southeastern and Western regions of Liberia.	<ul style="list-style-type: none"> PHC Performance Management Learning Collaborative 	<ul style="list-style-type: none"> Liberia has developed a draft course outline and content for a training guide for facilitators and participants. A high-level stakeholder meeting was conducted in November 2025 to validate the package. Training for PHC facility managers—focused on verifying, analyzing, and using data for decision-making was also completed in December 2025. 	39,962	36,974	92.5%

Country	Proposal Title	Knowledge Product/ Guidance from Collaborative	Implementation Status	Budget (USD)	Disbursements (USD)	Utilization (%)
South Africa	Hard Skills Capacity Building for PHC Performance Managers in South Africa in Gauteng and Mpumalanga Provinces	<ul style="list-style-type: none"> PHC Performance Management Learning Collaborative 	<ul style="list-style-type: none"> The team has hired technical and non-technical consultants (4 in number) The team is working on their JLF implementation plan, curriculum design, tools for training/ capacity building in two districts. 	40,000	6,500	16.3%
Liberia, South Africa, and Bangladesh	Joint Proposal - Contracting Implementation Learning Lab	<ul style="list-style-type: none"> Collaborative on Contracting Organizations for Health-Related Services 	<ul style="list-style-type: none"> The team has developed their combined JLF implementation plan with Technical Facilitators The team is working on the next steps at the individual country level. 	160,000	35,422	22.1%
Indonesia	Building Climate-Resilient Health System for Sustainable National Health Security Greening Initiatives on Climate Smart Adaptation Plan	<ul style="list-style-type: none"> Climate-Smart Health Systems Collaborative 	<ul style="list-style-type: none"> In November 2025, Indonesia hosted one workshop to engage national level officials on climate initiatives under the National Adaptation Plan. The second workshop was conducted on December 9, 2025, in Bogor City, West Java Province, with 30 participants from 12 local agencies and 9 sub-districts The third workshop was conducted on December 10, 2025, in Yogyakarta Province with 32 participants from 14 local agencies and 4 sub-districts. In these meetings, the roadmap for implementing green health infrastructure was co-created. 	39,750	30,075	75.7%
Malaysia	Integrated care-coordinated networks provider payment and service delivery framework aligned with Malaysia Plan 2026	<ul style="list-style-type: none"> Assessing Health Provider Payment Systems: Analytical Team Workbook Data Analytics for Monitoring Provider Payment Toolkit Strategic Communication for Universal Health Coverage: Practical Guide 	<ul style="list-style-type: none"> In December 2025, the proposed governance structure and development framework for the Integrated Healthcare Model (IHM) were approved by MOH leadership. IHM focal points across MOH divisions were identified. The survey instrument was finalized and disseminated on 29 December 2025, marking the completion of preparatory activities. In parallel, the IHM team at the Health Transformation Office completed initial engagements with the local consultant to support pre-planning upcoming workshops and stakeholder engagements. 	80,000	66,931	83.7%

Country	Proposal Title	Knowledge Product/ Guidance from Collaborative	Implementation Status	Budget (USD)	Disbursements (USD)	Utilization (%)
Nigeria	Assessment and Monitoring of provider payment Methods for health insurance in Nigeria: Exploring policy options for reform	<ul style="list-style-type: none"> Assessing Health Provider Payment Systems: A Practical Guide for Countries Working Toward Universal Health Coverage 	<ul style="list-style-type: none"> Nigeria team concluded a two-day methodology workshop on the “Assessment of Provider Payment Methods for Health Insurance in Nigeria” in October. In November, the pilot testing to ensure the reliability and validity of data collection tools was completed. In December, team initiated the primary data collection and reporting phase. Quantitative and qualitative data collection, is nearing completion. 	80,000	59,959	74.9%
Kenya	High level DRM for financing for primary health care in 2026/27	<ul style="list-style-type: none"> Dynamic Inventory of DRM Resources and Efforts Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization 	<ul style="list-style-type: none"> The team is working on their JLF implementation plan along with the technical facilitators 	80,000	10,500	13.1%
Vietnam	Strengthening Vietnam’s health insurance information system through JLN assessment standards	<ul style="list-style-type: none"> A Guide to Common Requirements for National Health Insurance Information Systems 	<ul style="list-style-type: none"> The team is working on their JLF implementation plan along with the technical facilitators 	40,000	0	0.0%
Indonesia	Transforming Access Through Telemedicine: A Leap Towards Inclusive Digital Health for JKN	<ul style="list-style-type: none"> Digital Health Collaborative 	<ul style="list-style-type: none"> The Indonesia proposal was approved by the Steering Group. The onboarding meeting will be scheduled for January 2026. 	40,000	0	0.0%
Ghana	Review of the Guidelines for the Management of the NHIS Benefit Package Using the JLN Health Benefit Package Revision Guide.	<ul style="list-style-type: none"> JLN Health Benefit Package Revision Guide 	<ul style="list-style-type: none"> The Ghana proposal was approved by the Steering Group, the onboarding call was also conducted, and the team is now working on their implementation plan along with the Technical Facilitators. 	80,000	0	0.0%
Total				866,032	362,380	41.8%

JLF Feedback Survey 2025

The JLF Feedback Survey 2025 was administered with an objective to understand the experience of support provided to CCGs by the JLF team and reviewers, so that the results could inform future programming. An online survey was shared on 21 November 2025 with JLF focal points designated by the CCGs. JLF Country Focal Points are directly involved in the planning, coordination, and implementation of JLF-supported activities and thus they were to coordinate and provide a response to the survey.

Each of the 16 Joint Learning Fund (JLF) proposals (including one joint proposal by 3 countries) submitted by 13 CCGs were considered as part of the survey - Bangladesh, Ethiopia, Ghana, Indonesia, Kenya, Liberia, Malaysia, Mongolia, Morocco, Nigeria, Philippines, South Africa, Vietnam.

The survey was designed to capture country-level reflections and implementation experiences since the launch of JLF funding in January 2025. The survey covered four key areas: feedback on the JLF application and onboarding process; the status of implementation of JLF-supported activities; the ways in which JLF support has strengthened collaboration or capacity within country teams and across national stakeholders, and early successes or positive outcomes observed from implementation to date.

All 16 responses were received reflecting strong engagement. Of these,

- Eleven countries are currently implementing their approved JLF supported activities;
- Four remain in the planning phase, and
- One proposal from Morocco was rejected following screening.

1. Feedback on support provided during application and onboarding stage, was uniformly positive:

- All respondents 'agreed' that they had a clear understanding of JLF's objectives, requirements, and processes after reviewing the RFP. They 'agreed' that their queries were addressed in a timely manner by the Amref - JLF team. They 'agreed' that the onboarding process was adequate for initiating proposal implementation. Support provided by the Amref- JLF team during the application and onboarding phase was rated "extremely helpful" by nine countries and "very helpful" by seven. The technical facilitator inputs during proposal review were rated "extremely helpful" by nine countries, and very helpful by seven countries, indicating a strong support system.

Countries made suggestions for improvement - Mongolia reported, the paperwork required for application was complicated but the support provided helped navigate. Indonesia suggested to provide "applicants with a single point of contact or dashboard to track application status and view approval timelines". Kenya recommended to emphasize more on Monitoring and Evaluation processes of interventions as part of application. Ghana suggested "A dummy application can be added to the application packet to give countries an idea of how to apply."

2. Among the eleven countries that have initiated implementation, perceptions of support remained largely positive but more differentiated.

- Amref - JLF team support provided for administration and disbursement was rated “extremely effective” by four countries, “very effective” by five and “somewhat effective” by two countries. Technical support from JLN facilitators during proposal implementation was rated “extremely effective” by five, “very effective” by six.

The Philippines appreciated team’s efforts by sharing that “As government staff, we appreciate Amref’s speed and responsiveness. I haven’t felt any delay due to any bureaucratic process.” Mongolia shared “There were no delays or problems at all.” Liberia reported that there were “Just some communication gaps but without impact or effect on pilot project implementation, as Team Liberia is set to implement the pilot training from Dec 8-12, 2025.”

Countries that experienced administrative, financial, or timeline-related constraints and challenges, shared their reflections as below:

- Indonesia: *“Overall, support from the JLF–Amref Team was strong; however, a few challenges were noted that at times affected implementation. Some administrative and financial processes took longer than anticipated, particularly during approval and disbursement stages, which occasionally compressed implementation timelines.”*
- Liberia: *“Limited budget remains the major challenge as we are unable to implement all planned activities”*
- Nigeria: *“The only delay is with the 3rd party’s internal timelines of payment which we hear is 1month from submission of an invoice. Perhaps AMREF can engage and have them execute an expedited approval and payment process to consultants and field staff.”*

3. Countries consistently reported that JLF support strengthened collaboration and capacity by enabling multi-stakeholder coordination and collective problem-solving (Indonesia, Nigeria, Philippines), supporting pilot trainings and skills development (Liberia, Philippines), and facilitating cross-country learning through webinars and exchanges (South Africa, Mongolia, Bangladesh, Liberia).

- Nigeria noted a qualitative shift in problem-solving approaches: *“The JLF has made it possible for us to interrogate our processes, design the pathway to solve real operational problems collectively and not top bottom as happens many times.”*
- The Philippines: *The catalytic role of JLF funding was also evident in accelerating implementation timelines. “Otherwise (if not JLF), the actual implementation would take at least a year to source the funds, conduct procurement, and acquire other necessary resources.”*
- Indonesia: *“JLF support strengthened collaboration and capacity in several meaningful ways. Through structured coordination, facilitation, and technical guidance, JLF helped bring together diverse national stakeholders around a shared agenda... Capacity within the team was also*

enhanced through hands-on technical assistance, exposure to good practices from other countries, and timely feedback that improved planning, implementation, and monitoring of activities.”

- Liberia: *“JLF brought together 12 countries to share their experiences as it relates to contracting of TB services. The collaboration improved my capacity to understand different countries perspective on health-related issues (TB)”*
- Mongolia: *“I think it would be effective if countries could share their work with each other and have technical experts provide advice.”*
- Ethiopia: *“So far, the support from JLF- is very good. For further improvement, we would appreciate provide additional grants in a larger quantity and include additional support area like training on analysis and costing.”*

4. Early outcomes reported across countries suggest that JLF-supported activities are generating meaningful results. These include strengthened stakeholder collaboration and capacity (Indonesia, Nigeria), accelerated implementation and high-quality training outcomes (Philippines, Liberia), and emerging evidence to inform policy dialogue/ system reforms (Liberia, Ethiopia, Mongolia). Nigeria acknowledged that progress remains foundational due to limited scale or funding, reinforcing calls for sustained technical accompaniment, more frequent peer learning, and more flexible or larger funding envelopes to support scale-up in future cycles.

- Indonesia highlighted improved cross-sectoral coordination: *“This (JLF activity) has strengthened cross-sector collaboration, particularly between health, environment, and disaster-related institutions, which previously worked more in silos.”*
- The Philippines reported strong training effectiveness, noting: *“Our post-event SERVQUAL score is 6.86 (for overall service quality; a perfect score is 7). This high score means that participants absorbed the knowledge and skills from the capacity building.”*
- Liberia: *“Recommending to policy maker on the important of Domestic funding for health services (TB) using performance base has shown a positive interest.”*
- Mongolia: *“Yes, in Mongolia, the research being implemented this year has already yielded results, and in 2026, work has begun on a plan to change the standards of primary health care providers, increase human resources, and improve performance incentives.”*
- Nigeria: *“There is interest in the outcome already. We are, however, constrained because the funds available cannot give us the spread desired to review all component parts of the question we seek to answer. It is however a significant step forward.”*

Cross-Country Insights and Emerging Themes

Participating countries are using JLF support to adapt global frameworks into practical tools, pilots, and action plans that fit their national systems and priorities, rather than applying uniform solutions. JLF-supported activities show how existing knowledge can be tailored to address specific reform needs. This is reflected in provider payment reform in Nigeria, integrated care and health financing reforms in Malaysia, domestic resource mobilization in Kenya, PHC performance management in the Philippines, Liberia, Mongolia, and South Africa, and implementation readiness for UHC-related reforms in Ethiopia.

Peer Learning and Collaboration

Countries have learned that technical solutions alone are not enough. Actual improvement depends on aligning reforms with budget cycles, political timing, and administrative processes. Experiences from Ethiopia and the Philippines highlight the importance of government ownership and timely administrative support. Another shared lesson is the need to strengthen basic systems, such as data use and performance management, to support more advanced reforms. Countries are also learning from each other, as highlighted from the experiences in PHC performance management in South Africa, Mongolia, Liberia, and the Philippines. Joint initiatives, such as the Liberia–Bangladesh–South Africa collaboration, show how JLF supports shared learning and practical adaptation between countries through learning labs.

Enablers of Successful Implementation

The key factors helping countries implement their initiatives successfully include strong leadership from country core groups and early involvement of relevant and important stakeholders, such as ministries of health and finance, sub-national authorities, and technical partners. Countries are also working to link JLN knowledge products with existing national policies and planning processes. Ethiopia and the Philippines show how working within government systems and timelines supports steady progress. South Africa, Mongolia, Liberia and Philippines show the value of piloting and skills-building to ensure reforms work at the service delivery level.

Opportunities for Scale-Up and Sustainability

There are definite opportunities to expand and sustain JLF-supported activities in the future, enhancing the importance of JLF as a catalytic fund. Participating countries have used the JLF for initiatives that are starting as pilots or learning phases, with envisioned plans to scale up over time. These include expanding PHC performance management reforms, strengthening climate-resilient health actions, improving provider payment systems, and embedding financing and domestic resource mobilization reforms. By building capacity within national institutions, JLF-supported work is helping participating countries integrate reforms into health strategies, budgets, and routine systems, while also contributing to shared learning within the JLN and progress toward UHC.

Expected Impact and Pathways to Change

JLF supported activities help participating countries prepare for practical, system-level improvements. JLF investments act as catalytic support that is expected to lead to concrete reforms over time. The initiatives aim to deliver clear outputs such as national implementation frameworks, policy briefs, adapted JLN tools, pilot models, and stronger technical capacity at national and sub-national levels. Planned outputs include climate-smart health governance roadmap in Indonesia, integrated care framework in Malaysia, and provider payment assessment tools in Nigeria.

JLF-supported activities are also expected to shape ongoing and future health policies and programmes. In Kenya, work on domestic resource mobilization linked to the budget cycle aims to support more predictable financing for the Primary Healthcare Fund, SHIF subsidies for vulnerable groups, and the Emergency, Chronic and Critical Illnesses Fund. In Mongolia, Philippines and South Africa, activities are expected to inform improvements in primary healthcare performance management, quality improvement, and data use at facility and district levels.

Early signs suggest that the main impact will be on improving system preparedness, better alignment, and stronger capacity for reform rather than immediate results. Multi-stakeholder workshops are expected to build shared understanding among health, finance, and planning authorities, sub-national governments, and other stakeholders. Pilots and assessments in Mongolia and South Africa are expected to show how better performance measures and skills can strengthen routine PHC management and accountability. In Nigeria and Kenya, locally relevant evidence is expected to improve policy dialogue and reduce ad hoc financing decisions. Overall, by adapting JLN knowledge products to country needs, JLF initiatives are expected to strengthen health systems, support progress toward UHC, and create clearer links between learning and action.

Lessons Learned and Improvements

The experience of implementing JLF support provided valuable lessons for course correction of the JLF team with targeted improvements to further strengthen the effectiveness, coordination, and visibility of future JLF cycles. These learnings have been integrated into the JLF team's way of working at Amref already, with processes being progressively refined and improved.

- 1. Strengthening Application and Onboarding Support:** Early experiences highlighted the importance of clear guidance, timely communication, and close engagement between the JLF team and the country teams during the application and onboarding phase. Country teams that received hands-on support were able to quickly understand JLF objectives and transition smoothly into implementation. Building on this, continued investment in structured onboarding materials, clearer timelines, and early technical touchpoints were used to further improve readiness and reduce start-up delays in future cycles.
- 2. Enhancing Monitoring, Evaluation, and Learning (MEL):** While implementation progressed well in the last few months, this underscored the need for stronger monitoring and documentation of results. Country interactions emphasized the value of practical MEL approaches that capture early wins, learning processes, and adaptations. Placing greater emphasis on MEL, the JLF Amref Team, as

planned earlier, will commence documentation of each of the proposals implemented, using case study methodology, in the first half of 2026. This helps to systematically document outcomes, support learning across countries, and strengthen evidence for scaling and future investment decisions.

3. **Aligning Administrative and Financial Processes with Implementation:** Regular engagement between Amref and country teams revealed opportunities to better align administrative processes—such as contracting and disbursements across geographies and varied country jurisdictions—with implementation timelines. In addition, phased contracting and predictable disbursement schedules implemented in the latter half of the year supported countries planning for implementation.
4. **Right-Sized Funding to Maximize Impact:** While JLF funding has proven to be catalytic in enabling countries to initiate and advance priority activities, implementation experience suggests that a one-size-fits-all funding envelope (\$40 or 80k capped distribution) may not fully meet the varying needs and capacities of countries. Nigeria, Indonesia, South Africa, Bangladesh, Liberia identified opportunities to deepen or scale their work but were constrained by limited funding levels. Future cycles could consider increased funding envelopes to meet country expectations.
5. **Deepening Technical Facilitation and Specialized Support:** Strong technical facilitation played a critical role in supporting problem-solving and reinforcing country-led approaches. Ongoing dialogue with technical facilitators highlighted the need for continued access to specialized technical expertise as countries move from planning to implementation. Future cycles can benefit from more structured technical engagement models with appropriate time and funds allocated for technical facilitator teams that allow timely expert input tailored to country needs and implementation stages.
6. **Expanding Peer Learning and Cross-country Exchange:** Peer learning and cross-country exchange emerged as high-value components of the JLF, enabling countries to adapt ideas and practices to their own contexts. Early learnings demonstrated the benefit of creating more intentional spaces for shared reflection and learning. Expanding these opportunities—through structured exchanges, learning sessions, and shared documentation—can further amplify impact and strengthen the collective value of the JLF. These interactions will be planned for the second half of 2026 to amplify country learnings and exchange best practices within the technical facilitator CCG COP and targeted workshops that can bring together JLF country teams,

Planned Activities in 2026

Table 3: Country-wise planned activities for 2026

Country	Planned Activities in 2026
Ethiopia	<ul style="list-style-type: none"> • Evaluation to assess the current payment models for efficiency, equity, and quality in PHC service delivery. • Data analysis, Report writing and validation, Dissemination Workshops. • Policy dialog to facilitate discussions with policymakers, providers, and purchasers to align findings with actionable reforms and raising awareness regarding the financing modalities for primary health care.
Philippines	<ul style="list-style-type: none"> • Continue supporting the healthcare professionals in implementing the PHC performance management system • Conduct end-line assessment for better understanding the improvement in comparison to the baseline • Advocate for the scaling up of PHC PM in all provinces of Philippines
Mongolia	<ul style="list-style-type: none"> • Organize benchmark exercise for 4 PHCs using draft of evaluation framework • Propose PHC standards based on best practices • Organize discussion meeting with MOH, PHCs NGOs, health departments on the draft modelling approach to the structural and operational standards
Liberia	<ul style="list-style-type: none"> • Develop a strategic Scale-Up plan for expansion with detailed implementation steps and resource requirements.
South Africa	<ul style="list-style-type: none"> • The entire project will be implemented in 2026
Joint Proposal	<ul style="list-style-type: none"> • The entire project will be implemented in 2026
Indonesia (CH)	<ul style="list-style-type: none"> • Engage with the Ministry of State Secretariat to integrate the workshop findings into cabinet coordination meetings, with the aim of informing and monitoring adaptation plans in a structured and sustainable manner.
Nigeria	<ul style="list-style-type: none"> • Focus on cleaning and analysis of data to inform subsequent reporting and dissemination.
Malaysia	<ul style="list-style-type: none"> • Assess Malaysia's health system and readiness for the ICC, literature review on international experience implementing integrated care networks, and a stakeholder mapping. • Draft ICC implementation framework • Convene a multi-stakeholder workshop to validate the ICC implementation framework and the draft guiding manual for the governance and finance components.
Kenya	<ul style="list-style-type: none"> • The entire JLF supported activity will be implemented in 2026
Vietnam	<ul style="list-style-type: none"> • The entire JLF supported activity will be implemented in 2026
Indonesia (TM)	<ul style="list-style-type: none"> • The entire JLF supported activity will be implemented in 2026
Ghana	<ul style="list-style-type: none"> • The entire JLF supported activity will be implemented in 2026

All JLF supported activities are expected to complete their implementation by the end of August 2026.

Annexure I – JLF Feedback Survey 2025 Questionnaire

Dear JLF Country Focal Point,

Thank you for your active engagement with the Joint Learning Fund (JLF). We are grateful for your continued participation and commitment as your countries progress through the implementation phase.

We kindly request your support in completing this survey, before 15 December 2025, to share your reflections on the JLF experience so far. Your feedback is essential in helping us understand what has worked well, where additional support may be required, and how we can strengthen the structure, processes, and technical assistance in future cycles.

We truly appreciate your time and thoughtful contributions.

* 1. Personal Details

Name: _____ Country: _____

Please respond to the questions on JLF application and onboarding process.

* 2. After reading the JLF Request For Proposal (RFP) we had a clear understanding of JLF's objectives/purpose, the application requirements, and the application process.

Agree Disagree

If you disagree, kindly highlight in your response, the areas that need further explanation and refinement.

* 3. We were able to get all our questions answered about applying for JLF in a timely manner from the Amref - JLF Team.

Agree Disagree

If you disagree, kindly highlight in your response, the areas that need further explanation and refinement.

* 4. After your application was approved, the onboarding process provided your team with everything it needed to proceed with implementation of your proposal.

Agree

Disagree

Kindly add a 1-2 sentence explanation for your response

* 5. Please rate the helpfulness of the support you received from the JLF - Amref Team during the application process (submission to onboarding).

Extremely helpful

Very helpful

Somewhat helpful

Not so helpful

Not at all helpful

Kindly add a 1-2 sentence explanation for your response

* 6. Please rate the helpfulness of the inputs you received from the technical facilitators who reviewed your application.

Extremely helpful

Very helpful

Somewhat helpful

Not so helpful

Not at all helpful

Kindly add a 1-2 sentence explanation for your response

* 7. Do you have any other suggestions for improving the application, review, approval and onboarding process for JLF Funding?

Please respond to the next set of questions if JLF supported activity implementation has been initiated in the country.

* 8. How effective was the JLF - Amref Team support (administrative and financial, facilitation) in helping your country advance the planned activities?

- Extremely effective Very effective Somewhat effective
 Not so effective Not at all effective

Kindly add a 1-2 sentence explanation for your response

* 9. Were there any challenges or gaps in the support you received from JLF - Amref Team (e.g., timelines, communication, flexibility, administrative facilitation) that affected implementation? If so, how can we improve these areas?

Kindly add a 1-2 sentence explanation for your response

* 10. If your country requested support from a JLN technical facilitator, how would you rate the effectiveness of the technical support provided in advancing your planned activities?

- Extremely effective Very effective Somewhat effective
 Not so effective Not at all effective

Kindly add a 1-2 sentence explanation for your response

* 11. In what ways did JLF support strengthen collaboration or capacity within your team or across national stakeholders, and what additional types of support would help sustain or scale the proposed activity going forward?

* 12. Have you observed any early successes or positive outcomes from the implementation of the JLF-supported activities in your country?

Thank you for your feedback.

We will share the summary of analysis from your responses in early January 2026 as part of the pre-read package for the JLN Steering Group Meeting 23-25 January 2026. We are confident your feedback will improve the programming of the Joint Learning Fund in 2026 and beyond.

Annexure II - Detailed Country wise Updates

Ethiopia

Topic: Strengthening provider payment methods for primary health care in Ethiopia

Lead Organization: Ministry of Health, Ethiopia

Overview of JLF-supported activity

Under the Joint Learning Fund (JLF), Ethiopia is implementing an assessment and reform-oriented initiative to strengthen provider payment methods for primary health care (PHC). The activity responds to long-standing fragmentation in Ethiopia's health financing architecture, where multiple purchasers and payment mechanisms coexist without a unified, strategic design. The initiative focuses on assessing the ongoing capitation pilot and its interaction with other provider payment mechanisms, with the aim of generating actionable evidence to improve efficiency, equity, quality, and financial sustainability of PHC services in support of Ethiopia's Universal Health Coverage (UHC) goals.

Objectives and alignment with JLN knowledge products

The primary objective is to evaluate how different provider payment mechanisms—capitation, fee-for-service, line-item budgets, and performance-based financing—affect service delivery, provider behavior, and financial protection at the PHC level. The activity is closely aligned with several Joint Learning Network (JLN) knowledge products, including Assessing Health Provider Payment Systems, PHC performance measurement guides, costing tools, and data analytics toolkits. These resources guide the assessment methodology, analytical framework, and policy dialogue, ensuring that global best practices are adapted to Ethiopia's specific institutional and fiscal context.

Stakeholder engagement (actors involved)

The initiative is led by Ethiopia's Country Core Group (CCG) under the Ministry of Health, with active involvement from the Ethiopian Health Insurance Service, regional health bureaus, district authorities, and primary health care units. Key development partners and technical institutions—including WHO, the World Bank, Amref Health Africa, R4D, CHAI, and academic institutions—are engaged for technical input and validation. Policymakers, purchasers, providers, and community representatives are consulted through interviews, focus group discussions, and technical working groups to ensure broad ownership and policy relevance.

Challenges and mitigation strategies

Key challenges include fragmented financing arrangements, limited fiscal space, variability in data quality across regions, and differing levels of capacity among purchasers and providers. These are being mitigated through a mixed-methods approach that triangulates administrative data, facility-level financial records, and qualitative insights. Early and continuous stakeholder engagement, alignment with existing policy platforms such as health financing technical working groups, and structured policy dialogue are being used to manage coordination risks and strengthen uptake of findings.

Update: The team has received ethical approval for conducting the assessment, which includes primary data collection. The field partner for data collection was identified, and the field team will start data collection after the contractual formalities are completed. The team is also preparing the plan for conducting a “Dissemination and Validation Workshop” to validate the assessment findings with relevant stakeholders.

Expected or emerging impact

The initiative is expected to inform policy reforms on strategic purchasing and blended provider payment mechanisms for PHC in Ethiopia. Emerging outcomes include improved shared understanding among policymakers on the strengths and limitations of current payment models, strengthened analytical capacity within government institutions, and clearer pathways for linking payments to performance, equity, and quality goals. Over time, the findings are anticipated to contribute to more efficient resource use, reduced financial hardship for patients, and improved quality and accountability in primary health care service delivery.



Philippines:

Topic: “Pilot Primary Health Care Performance Management Capacity and Network Building Towards a Quality and Resilient Local Health System”

Lead Organization: Department of Health, Philippines

Overview of JLF-supported activity

Through the Joint Learning Fund, the Philippines is implementing a pilot initiative on Primary Health Care (PHC) Performance Management Capacity and Network Building to address long-standing fragmentation in service delivery resulting from health sector devolution. Led by the Department of Health (DOH) in partnership with selected local government units (LGUs), the activity focuses on testing practical approaches to strengthen PHC performance management systems, improve coordination across levels of government, and support a more integrated and resilient local health system in line with Universal Health Care (UHC) reforms.

Objectives and alignment with JLN knowledge products

The initiative aims to strengthen the capacity of national and subnational actors to measure, manage, and improve PHC performance using standardized frameworks and tools. It is closely aligned with the Performance Management for Primary Health Care Learning Collaborative and related JLN knowledge products, which provide structured guidance on defining performance standards, using data for decision-making, and linking performance management to quality and accountability goals under the National Quality Policy and Strategy for Health (NQPS-H).

Stakeholder engagement (actors involved)

The activity is led by the DOH Philippines, with active participation from provincial and local health offices, LGU health managers, and frontline implementers in pilot areas. Technical support is provided by international experts affiliated with the JLN collaborative, alongside coordination with internal DOH units responsible for performance monitoring, procurement, and administration. This multi-level engagement is designed to strengthen ownership, alignment, and peer learning across national and local stakeholders.

Challenges and mitigation strategies

Key challenges include variation in local capacity, fragmented governance arrangements, and the need to align new performance tools with existing systems and workflows. These risks are being mitigated through phased piloting, hands-on capacity-building workshops, continuous technical assistance, and close coordination with LGUs to adapt tools to local contexts. Early engagement of decision-makers has also helped manage expectations and support smoother implementation.

Update: The capacity-building workshop held from 10–14 November 2025 strengthened the skills of over 60 officials across multiple levels of service delivery from Agusan del Sur Province. Participants are now actively applying the skills and competencies gained during the workshop within their respective health care facilities, translating learning into practice. This implementation phase will continue over the

next three months, after which a mid-point assessment will be undertaken, in March 2026, to systematically document progress and improvements. Preparations for the mid-point assessment are currently underway by the core team.

Expected or emerging impact

Early results indicate improved collaboration among national and local stakeholders, clearer roles and accountability for PHC performance management, and strengthened capacity of LGUs to use data for planning and quality improvement. Over time, the initiative is expected to inform national policy discussions on PHC performance management, support scaling of standardized tools, and contribute to more consistent, high-quality primary care delivery across decentralized health systems in the Philippines.



Liberia:

Topic: Strengthening Primary Health Care (PHC) Performance Management in Southeastern and Western regions of Liberia.

Lead Organization: Ministry of Health, Liberia

Overview of JLF-supported activity

Through the Joint Learning Fund, Liberia is implementing a Primary Health Care (PHC) Performance Management strengthening initiative focused on building the hard skills of PHC managers in selected counties in the Southeastern (Maryland, Grand Kru, Rivercess, and Sinoe) and Western (Bomi and Gbarpolu) regions. The initiative pilots a structured capacity-building program to improve data use, analysis, and ownership among PHC managers, enabling them to better manage performance, resources, and service delivery within the context of Liberia's Performance-Based Financing (PBF) system.

Objectives and alignment with JLN knowledge products

The primary objective is to develop a cadre of competent PHC managers with strengthened skills in data analysis, digital literacy, and performance monitoring to support evidence-based decision-making. The initiative aligns closely with the JLN PHC Performance Management Collaborative, drawing on peer country experiences and best practices to co-develop a tailored hard-skills training module. By piloting and refining this approach, the initiative also aims to contribute to a scalable training model that could inform future JLN knowledge products.

Stakeholder engagement (actors involved)

The initiative is led by the Ministry of Health (MoH), Liberia, with active involvement from senior MoH leadership, the Performance-Based Financing Unit, and County Health Teams in the six pilot counties. The Joint Learning Network (JLN) provides technical guidance and learning support, while development partners—particularly the World Bank—are engaged to support future scale-up. Additional stakeholders include the Department of Policy and Planning, the Office of Financial Management, the Minister’s Delivery Unit, and monitoring and evaluation teams, ensuring alignment with national systems and priorities.

Challenges and mitigation strategies

Key challenges include limited data analysis capacity, weak data quality and utilization practices, low digital literacy among PHC managers, and uneven management capacity across counties—particularly in rural settings. These challenges are being addressed through a competency-based training approach informed by a baseline skills assessment, the use of blended learning and Training-of-Trainers models, integration with national health information systems, and continuous monitoring and feedback loops to refine the training during the pilot phase.

Update: A five-day training was successfully conducted from 8–12 December 2025 in Tubmanburg (Western Liberia) and Harper (Southeastern Liberia). The training brought together 24 Primary Health Care facility managers (OICs) from six counties—Maryland, Grand Kru, Sinoe, Rivercess, Bomi, and Gbarpolu—with the aim of strengthening facility-level management capacity. Prior to the training, preparatory meetings were held with facilitators to review the approved training tools, followed by a stakeholder engagement meeting with the Ministry of Health to review and validate the tools, ensuring alignment and effective implementation. The team is now working on the Training Workshop report.

Expected or emerging impact

The initiative is expected to strengthen PHC performance management by improving managers' ability to analyze and use data for planning, monitoring, and accountability. Emerging impacts include enhanced data-driven decision-making at facility and county levels, improved implementation of Liberia's PBF mechanism, and more effective PHC service delivery. Over time, the initiative is anticipated to influence national capacity-building strategies, support institutionalization of PHC management training, and enable scale-up to additional counties, contributing to stronger PHC systems and progress toward Universal Health Coverage.



Indonesia (Climate Health):

Topic: Building Climate-Resilient Health System for Sustainable National Health Security
Greening Initiatives on Climate Smart Adaptation Plan

Lead Organization: BPJS Kesehatan

Overview of JLF-supported activity

Through the Joint Learning Fund, Indonesia is implementing an initiative to build a climate-resilient and climate-smart health system by supporting the adaptation and implementation of greening initiatives under the national Climate Smart Adaptation Plan. The activity focuses on strengthening climate and health governance through a series of multi-stakeholder workshops at national and sub-national levels, complemented by a pilot case study in selected health facilities (initially in Java province). The initiative aims to translate national climate commitments into actionable, health-sector-specific governance and implementation pathways.

Objectives and alignment with JLN knowledge products

The primary objective is to strengthen national and sub-national capacity to integrate climate adaptation, resilience, and mitigation into health system planning and governance as part of Indonesia's progress toward Universal Health Coverage (UHC). The initiative is closely aligned with the JLN Climate-

Smart Health Systems (CSHS) Collaborative, particularly the Guidelines for Climate and Health Governance, which serve as the core knowledge product guiding workshop design, stakeholder engagement, and policy dialogue. Outputs from the initiative—including a policy brief and a practical “how-to” guide—are intended to inform Indonesia’s National Adaptation Plan and support implementation across multiple levels of government.

Stakeholder engagement (actors involved)

The initiative is led by the Indonesia Country Core Group (CCG), with strong engagement from key national ministries, including the Ministry of Health, Ministry of National Development Planning, Ministry of Environment and Forestry, Ministry of Finance, and other sectoral ministries. BPJS Kesehatan plays a central role, linking greening and resilience strategies with health financing and UHC reforms. Academic institutions (University of Indonesia, University of Gadjah Mada), research communities, health care providers, provincial and district officials (starting with West Java), and civil society actors are actively engaged through structured multi-stakeholder workshops and task force mechanisms.

Challenges and mitigation strategies

Key challenges include limited practical guidance for implementing climate-smart health actions, fragmented cross-sector coordination, and insufficient integration of health-sector greening initiatives into budgeting and planning processes. These challenges are being addressed through structured multi-sectoral consultations, adaptation of JLN governance guidance to the Indonesian context, phased engagement from national to district levels, and the use of pilot case studies to generate implementation-ready evidence. Co-financing from BPJS and government partners further supports ownership and feasibility.

Update: The second workshop was conducted on December 9, 2025 in Bogor City, West Java Province, with 30 participants from 12 local agencies and 9 sub-districts and the third on December 10, 2025, in Yogyakarta Province with 32 participants from 14 local agencies and 4 sub-districts. In these meetings, the roadmap for implementing green health infrastructure was co-created. The team is currently working on preparing meeting reports. In January 2026, the team plans to engage with the Ministry of State Secretariat to integrate the workshop findings into cabinet coordination meetings, with the aim of informing and monitoring adaptation plans in a structured and sustainable manner.

Expected or emerging impact

The initiative is expected to strengthen climate and health governance by increasing awareness, coordination, and capacity across sectors and levels of government. Anticipated impacts include policy-relevant recommendations integrated into Indonesia’s National Adaptation Plan, improved readiness of health facilities to manage climate-related risks, and stronger alignment between greening initiatives and UHC reforms. Over time, the work is expected to enhance health system resilience, protect vulnerable populations from climate-related health impacts, and provide a scalable model for climate-smart health system transformation in Indonesia.



Nigeria:

Topic: Assessment and Monitoring of provider payment Methods for health insurance in Nigeria: Exploring policy options for reform

Lead Organization: National Health Insurance Authority

Overview of JLF-supported activity

Under the Joint Learning Fund (JLF), Nigeria is implementing an assessment of provider payment methods (PPMs) within its health insurance system, focusing on capitation, fee-for-service, and the potential introduction of case-based payments (DRGs). Embedded within the National Health Insurance Authority (NHIA), the activity combines desk reviews, stakeholder consultations, and empirical data analysis across six states to generate evidence on how different payment methods influence efficiency, service quality, and provider behavior, with the aim of informing provider payment reforms aligned with Universal Health Coverage (UHC) goals.

Objectives and alignment with JLN knowledge products

The initiative seeks to assess existing provider payment mechanisms, document their intended and unintended effects, and provide policymakers with robust, context-specific evidence to guide reform decisions. It is closely aligned with the JLN knowledge product “Assessing Health Provider Payment Systems: A Practical Guide for Countries Working Toward UHC,” which informs the study design, data collection tools, and analytical framework. By adapting JLN tools to the Nigerian context, the activity

strengthens the application of global knowledge to national policy priorities in health financing and strategic purchasing.

Stakeholder engagement (actors involved)

The activity is led by the National Health Insurance Authority (NHIA) through its Department of Planning, Research, and Statistics, supported by a multi-stakeholder Technical Working Group. Key actors include the Federal Ministry of Health, National Primary Health Care Development Agency, State Social Health Insurance Agencies, healthcare providers and their associations, Health Management Organizations, civil society, and patient groups. JLN technical facilitators and network managers provide methodological and technical support throughout the process.

Challenges and mitigation strategies

Key challenges include provider incentives that may encourage overuse under fee-for-service, under-provision under capitation, and potential gaming risks associated with case-based payments. Data availability and comparability across schemes and states also pose risks. These challenges are being mitigated through the structured adaptation of JLN assessment tools, triangulation of quantitative data with qualitative insights from key informant interviews, and validation workshops to ensure findings are credible, contextualized, and policy-relevant.

Update: In November, the pilot testing to ensure the reliability and validity of data collection tools was completed. In December, the team initiated the primary data collection and reporting phase. The fieldwork, including quantitative and qualitative data collection, is nearing completion. In January 2026, the team will focus on data cleaning and analysis to inform subsequent reporting and dissemination.

Expected or emerging impact

The activity is expected to directly inform national provider payment reforms by generating evidence-based policy recommendations aligned with quality and efficiency benchmarks. It will strengthen stakeholder capacity—particularly at sub-national level—to assess and monitor provider payment systems, support more strategic purchasing under health insurance, and contribute to improved service delivery and resource use. Over time, the findings are expected to influence policy decisions that enhance financial sustainability, provider performance, and progress toward UHC in Nigeria.



Malaysia:

Topic: Integrated Care Clusters (ICCs) Implementation Framework for Malaysia

Lead Organization: Health Transformation Office (HTO), Ministry of Health Malaysia

Overview of JLF-supported activity

Through the Joint Learning Fund (JLF), Malaysia is developing an Integrated Care Clusters (ICCs) Implementation Framework to support Phase 2 of its Health Financing System Transformation under the Health White Paper (2023). The 12-month initiative focuses on building the service delivery and financing foundations required for the planned National Health Fund, enabling a shift from input-based financing toward demand-side, population-based, and person-centric integrated care. The work combines evidence synthesis, system readiness assessment, and structured stakeholder engagement to produce a nationally applicable ICC implementation framework.

Objectives and alignment with JLN knowledge products

The primary objective is to develop an evidence-based, Malaysia-specific ICC implementation framework that operationalizes integrated care delivery with accountability for population health outcomes and value-based healthcare. The initiative is closely aligned with key JLN knowledge products, including the Stakeholder Communications Toolkit, Assessment of Provider Payment Systems, and Data Analytics for Provider Payment, which will be adapted to inform governance design, provider payment mechanisms, and performance measurement within ICCs. This alignment ensures global best practices are systematically translated into Malaysia's health financing and service delivery reform agenda.

Stakeholder engagement (actors involved)

The initiative is led by the Health Transformation Office (HTO), Ministry of Health Malaysia, with technical partnership from Results for Development (R4D) and support from local consultants. Stakeholder engagement spans federal and state levels and includes the Ministry of Health, state health departments, public and private healthcare providers (particularly at the primary care level), and key partners involved in health financing and service delivery. Multi-stakeholder workshops and validation

sessions are integral to building consensus and ensuring alignment across levels of government and service delivery actors.

Challenges and mitigation strategies

Key challenges include varying levels of readiness across states, alignment of service delivery reform with financing mechanisms, and managing the transition from fragmented care toward integrated, population-based models. These risks are mitigated through phased implementation, early system readiness assessments, structured stakeholder mapping using JLN tools, and iterative validation workshops to build shared understanding and buy-in. Technical support from R4D and the adaptation of JLN knowledge products further strengthen analytical rigor and implementation feasibility.

Update: In December 2025, the proposed governance structure and development framework for the Integrated Healthcare Model (IHM) were approved by MOH leadership. IHM focal points across MOH divisions were identified. The survey instrument was finalized and disseminated on 29 December 2025, marking the completion of preparatory activities. In parallel, the IHM team at the Health Transformation Office completed initial engagements with the local consultant to support pre-planning for upcoming workshops and stakeholder engagements scheduled for early 2026.

Expected or emerging impact

The ICC implementation framework is expected to directly inform Malaysia's Health Financing System Transformation and shape the design of the National Health Fund, including future legislation and regulations. It will strengthen institutional capacity for integrated, value-based care delivery, improve coordination across levels of care, and support better management of non-communicable diseases and population health outcomes. Over time, the initiative positions Malaysia as a regional leader in practical health system reform and contributes transferable learning to the wider JLN network.

Mongolia:

Topic: Supporting the improvement of Mongolian primary health care through measuring key performance and changing the standard

Lead Organization: "Health for all" NGO

Overview of JLF-supported activity

Under the Joint Learning Fund, Mongolia is implementing an initiative to strengthen primary health care (PHC) by measuring key performance and revising existing standards. The activity focuses on developing and piloting an evidence-based, systems-oriented PHC performance framework that links inputs, service delivery processes, financing, and outcomes. Through benchmarking assessments in four pilot facilities (urban family health centers and rural soum hospitals), the initiative seeks to inform the design of standardized, efficient, and accredited PHC models that can be scaled nationally.

Objectives and alignment with JLN knowledge products

The primary objective is to develop a context-appropriate PHC performance evaluation framework and key performance indicators (KPIs) that reflect population needs, service delivery capacity, and realistic financing levels in Mongolia. The initiative is strongly aligned with the JLN PHC Performance Management Collaborative and the knowledge product “Measuring the Performance of Primary Health Care”, which guides the selection, measurement, and use of KPIs for decision-making. Lessons from other JLN member countries participating in PHC collaboratives will be adapted to the Mongolian context to support evidence-based PHC reform.

Stakeholder engagement (actors involved)

The initiative is led by the “Health for All” NGO as the primary implementing partner, working closely with the Ministry of Health (MOH) for policy oversight and regulatory alignment, and the Health Insurance General Agency (HIGA) for financing integration. Professional bodies such as the Mongolian Family Medicine Specialists Association and the Mongolian Soum Doctors Association provide technical validation and frontline perspectives. Additional engagement includes provincial and city health departments, researchers, and technical experts, with collaboration from development partners such as WHO and the World Bank.

Challenges and mitigation strategies

Key challenges include fragmented PHC standards, misalignment between financing and service delivery requirements, and wide variation in facility capacity—especially between urban and remote areas. These risks are being mitigated through phased piloting, strong stakeholder consultation to build consensus, comparative analysis of costs and standards, and the use of digital platforms to ensure inclusive participation while minimizing logistical constraints. Continuous engagement with policymakers is intended to support feasibility and uptake of proposed reforms.

Update: The Mongolia team developed the performance evaluation framework of PHC with optimal KPIs. In January, 2026, the team will conduct the assessment using the performance evaluation framework.

Expected or emerging impact

The initiative is expected to generate a replicable, evidence-based PHC service delivery and financing model, supported by clear performance indicators and aligned standards. Emerging impacts include strengthened national capacity to measure and manage PHC performance, improved alignment between financing, service packages, and population needs, and concrete policy options for revising accreditation, staffing, and infrastructure norms. Over time, the work is expected to influence PHC policy reforms and support more equitable, efficient, and high-quality primary health care delivery across Mongolia.

South Africa:

Topic: Hard Skills Capacity Building for PHC Performance Managers in South Africa in Gauteng and Mpumalanga Provinces

Lead Organization: National Department of Health, South Africa

Overview of JLF-supported activity

Through the Joint Learning Fund (JLF), South Africa is implementing a hard skills capacity-building initiative for Primary Health Care (PHC) performance managers in Gauteng (Tshwane District) and Mpumalanga (Nkangala District). The activity focuses on strengthening foundational managerial and analytical competencies—such as data management, performance monitoring, planning, and use of information for decision-making—through a phased approach that includes skills assessment, curriculum development, piloting, and phased roll-out across selected PHC facilities.

Objectives and alignment with JLN knowledge products

The initiative aims to standardise and improve data operations, strengthen analytical and IT competencies, enhance monitoring and evaluation (M&E) capacity, and improve the use of performance data for decision-making and quality improvement in PHC. It aligns closely with the JLN PHC Performance Management (PHCPM) Collaborative, drawing on JLN approaches to performance measurement, data use, and continuous quality improvement to design practical, context-specific training and coaching models for PHC managers.

Stakeholder engagement (actors involved)

Key actors include provincial and district health leadership, PHC operational and area managers, sub-district managers, information officers, and facility CEOs in Gauteng and Mpumalanga. Institutional stakeholders such as District Health Management Teams, Human Resource Development units, ICT and Information Units, and Quality Assurance managers are actively engaged to ensure buy-in and integration into existing systems. The Health Systems Trust (HST) provides technical expertise and support, while organized labor and unions are engaged to ensure alignment and labor stability.

Challenges and mitigation strategies

Key challenges include weak ownership of data, over-reliance on data clerks, inconsistent supervision, and limited practical use of information for decision-making. These are mitigated through early stakeholder consultation, structured skills assessments, piloting of interactive and practicum-based training, and on-the-job coaching to reinforce learning. Phased implementation and continuous feedback loops help identify risks early and allow for course correction before scale-up.

Update: Working on their JLF implementation plan along with the technical facilitators.

Expected or emerging impact

The initiative is expected to strengthen PHC performance management by improving managerial competencies, data quality, and evidence-based decision-making at facility and district levels. In the medium term, it will contribute to improved quality of care, more accountable management practices, and stronger health system performance. The model has clear potential for scale-up across additional districts and provinces, supporting broader PHC strengthening and policy implementation in South Africa.

Kenya

Topic: High-Level Engagements: Making a case for Domestic Revenue Mobilization to finance Universal Health Coverage in Kenya

Lead Organization: Social Health Authority, Kenya

Overview of JLF-supported activity

Through the Joint Learning Fund (JLF), Kenya is implementing an evidence-driven initiative to strengthen domestic resource mobilization (DRM) for health in support of Universal Health Coverage under the new Social Health Authority (SHA). The activity focuses on generating fiscal evidence, aligning advocacy with the national budget cycle, and building political and technical consensus to increase and ring-fence domestic financing for the Primary Healthcare Fund (PHCF), tax-subsidized SHIF for vulnerable populations, and the Emergency, Chronic and Critical Illnesses Fund (ECCIF) ahead of the 2026/27 budget.

Objectives and alignment with JLN knowledge products

The initiative aims to make a credible, politically resonant case for increased domestic financing for health by modelling revenue potential, shaping budget advocacy tools, and informing fiscal decision-making. It is strongly aligned with JLN knowledge products, particularly “Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization” and the Dynamic Inventory of DRM Resources and Efforts, which guide the fiscal analysis, framing of DRM options (including sin taxes), and development of evidence-based messaging tailored to Kenya’s public financial management systems.

Stakeholder engagement (actors involved)

The initiative is led by the Social Health Authority (SHA) with oversight from the JLN Kenya Country Core Group, and engages a wide range of actors across government and society. Key stakeholders include the Ministry of Health, National Treasury, Parliamentary Health and Finance Committees, Council of Governors, Commission on Revenue Allocation, selected county governments, and private sector representatives through KEPSA. Civil society organizations, think tanks, and development partners support technical analysis, advocacy, and dissemination.

Challenges and mitigation strategies

Key challenges include constrained fiscal space, competing national priorities, political sensitivity around new or increased taxes, and fragmentation across national and county financing decisions. These risks are mitigated through early alignment with the budget cycle, rigorous fiscal modelling to demonstrate feasibility and equity impacts, co-creation workshops to build political buy-in, and targeted messaging that positions health financing as an economic and social investment rather than a cost.

Update: Working on their JLF implementation plan along with the technical facilitators.

Expected or emerging impact

The initiative is expected to directly influence Kenya’s 2026/27 budget by increasing allocations to PHCF, ECCIF, and subsidized SHIF, and by advancing discussions on ring-fenced health revenue streams. It will strengthen national and sub-national capacity for DRM analysis and budget advocacy, improve coherence in health financing discourse, and contribute to more sustainable, equitable financing of essential health services. In the medium term, the work is expected to reduce reliance on donor funding and provide scalable lessons for other JLN countries pursuing tax-funded health reforms.

Joint Proposal – Liberia, Bangladesh and South Africa:

Topic: Implementation Learning Lab contracting of health-related services

Lead Organization: Ministry of Health, Liberia

Overview of JLF-supported activity

The Contracting Implementation Learning Lab is a 12-month, joint JLF-supported initiative involving Liberia (lead), South Africa, and Bangladesh to accelerate implementation of country-led contracting action plans developed under the JLN Contracting Collaborative. It combines cross-country peer exchange with hands-on, in-country technical assistance to advance government-led contracting of health services, particularly for TB, in the context of declining external funding.

Objectives and alignment with JLN knowledge products

The initiative aims to translate collaborative learning into action by implementing country-specific contracting priorities while generating implementation lessons for the wider JLN. It aligns with JLN guidance on government contracting of non-state providers and enabling policy environments, drawing directly on action plans and best practices developed through the Contracting Collaborative.

Stakeholder engagement (actors involved)

The Lab engages ministries of health, TB programs, finance and planning units, regulators, private and non-profit providers, mining sector actors, trade unions, and technical partners. Management Sciences for Health (MSH) serves as the technical facilitator, while country teams lead stakeholder consultations, workshops, and policy dialogues to build ownership and political support.

Challenges and mitigation strategies

Key challenges include reduced donor financing, politically sensitive reforms, legal and procurement constraints, and varying country capacities. These are mitigated through peer learning, global and local technical assistance, phased implementation, sustained stakeholder engagement, and adaptation of contracting approaches to each country's legal and institutional context.

Update: The country teams along with the technical facilitator have prepared their common learning agenda.

Expected or emerging impact

The Lab is expected to influence policy and program implementation by institutionalizing domestic contracting in Liberia, advancing legal and governance reforms in South Africa, and enabling practical service contracting and strategic purchasing in Bangladesh. Across countries, it will strengthen contracting capacity, support more sustainable service delivery models, and generate actionable case studies to inform national reforms and global JLN learning.

Vietnam

Topic: Strengthening Vietnam's health insurance information system through JLN assessment standards

Lead Organization: Health Strategy and Policy Unit, Ministry of Health, Vietnam

Update: Working on their JLF implementation plan along with the technical facilitators.

Indonesia

Topic: Transforming Access Through Telemedicine: A Leap Towards Inclusive Digital Health for JKN

Lead Organization: JLN-CCG Indonesia

Update: The Indonesia proposal was approved by the Steering Group. The onboarding meeting will be scheduled for January 2026.

Ghana

Topic: Review of the Guidelines for the Management of the NHIS Benefit Package Using the JLN Health Benefit Package Revision Guide.

Lead Organization: National Health Insurance Authority (NHIA), Ghana

Update: The Ghana proposal was approved by the Steering Group, the onboarding call was also conducted, and the team is now working on their implementation plan along with the Technical Facilitators.