Innov8 approach for reviewing national health programmes to leave no one behind

What does it really mean to “leave no one behind”

The SDG’s commitment to leave no one behind requires that Ministries of Health and other stakeholders involved in health programme delivery, design and monitoring and evaluation:

- understand why some populations are being left behind and the factors contributing to this;
  
  and

- explore how to respond to these challenges concretely and effectively.

WHO’s Innov8 approach for reviewing national health programmes to leave no one behind supports operationalization of the SDGs commitment to leave no one behind at concrete, programmatic level through an 8-step review process.

Innov8 supports programmes to be more equity-oriented, rights-based, gender-responsive and to address social determinants influencing programme effectiveness.
8 steps of the Innov8 approach

STEP 1
What is the baseline of the programme?
Complete a diagnostic checklist to set a baseline for the rest of the analysis

STEP 2
Why is the programme expected to produce results?
Articulate how the programme is intended to work, across stages and the assumptions that underpin it

STEP 3
Who is being left out by the programme?
Identify population groups not reaching or benefiting less from the programme

STEP 4
What barriers and facilitating factors exist?
Identify the factors that prevent or hinder and facilitate effective coverage (e.g. income, education, gender norms and discrimination on other grounds)
STEP 5

How are health inequities being generated?
Identify the intermediary and structural causes and mechanisms resulting in health inequities (e.g. including from social determinants, gender and human rights perspectives, within and beyond the health sector)

STEP 6

How can intersectoral action and social participation help overcome these challenges?
Consider how these barriers and mechanisms can be overcome, including through intersectoral action and social participation in the programme

STEP 7

What are the recommendations for how to leave no one behind in the programme?
Produce a proposal with action-oriented, targeted recommendations for programme adjustments to make it more equity-oriented, rights-based, gender-responsive and to address social determinants

STEP 8

How can monitoring and evaluation (M&E) be strengthened?
Propose revisions to M&E to track programme improvements and ensure sustained attention to leaving no one behind
Innov8 application modalities

**OPTION 1**

**Full Innov8 application in synergy with a national programme review**

All Innov8 steps are applied by a multidisciplinary review team during a multi-month period timed to feed into a wider health programme review and/or development of a strategy or action plan. Three capacity-building workshops interspaced with national work results in a comprehensive proposal with recommendations for entry points and actions to address identified programme gaps and challenges; and enhanced capacity of review team members to apply these concepts in their daily work.

**OPTION 2**

**Integrating aspects of Innov8 into a national programme review**

After mapping the existing approach for the programme review, specific aspects of Innov8 are built into the existing review modalities (e.g. exercises linked to subpopulations being missed, barriers or determinants). In Option 1, this integration is actually an outcome (of Step 8), however, aspects of Innov8 can be integrated even if Option 1 is not done.

**OPTION 3**

**Using Innov8 in district-level primary health care strengthening towards Universal Health Coverage, across programme areas**

For a district planning cycle and as input to a district health plan, a subset of Innov8 exercises are done for tracer conditions matching the disease burden. Smaller Innov8 teams for each tracer condition and one health system team focus on separate and cross-cutting health system bottlenecks and governance issues impacting equity. This results in recommendations reflecting system-strengthening and potentially intersectoral approaches, and provides inputs into the district health plan review. Other WHO guidance on equity in health sector reviews and subnational planning can also be drawn from.
**OPTION 4**

**Using Innov8 in conjunction with qualitative barrier assessments**

Qualitative instruments to assess barriers to services can complement equity-oriented quantitative data disaggregation, exploring the “why” behind the differences. WHO is developing such instruments drawing from the fields of equity, gender and human rights, which can be adapted for a single health topic (as part of a programme review) or a range of health topics (in the context of primary health care strengthening for Universal Health Coverage). Exercises from Innov8’s Steps 2 and 3 can be used in conjunction with qualitative instruments to assess barriers.

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**OPTION 5**

**Using Innov8 in the context of annual health sector reviews or linked to NHPSP renewals**

To align national health policies, strategies and plans (NHPSPs) to deliver on the SDGs commitment to leave no one behind, annual health sector reviews must include measures for evaluating how health programmes are missing subpopulations and recommendations to overcome these coverage gaps. In this setting, the forthcoming WHO checklist for equity, gender and rights in NHPSPs can be used followed by the application of Innov8 to a set of tracer condition programmes reflecting the country’s disease burden. A group could also look at leaving no one behind in cross-cutting system strengthening initiatives.

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**OPTION 6**

**Using Innov8 Step 1 in trainings for basic sensitization on leaving no one behind**

If a full review of a health programme is not feasible, Step 1 of Innov8 can be used, which focuses on applying a diagnostic checklist to the programme. This can be accompanied by a training to understand the basic concepts and principles related to equity, gender, human rights and social determinants of health. If there is specific interest, the trainings can be expanded to include more in-depth sessions focused on intersectoral action or the Health in All Policies approach and/or gender analysis (e.g. drawing from the WHO Health in All Policies Training Manual and Gender mainstreaming for health managers: a practical approach, respectively).
Innov8 outputs and follow up at county level

Indonesia


- Recommendations informed national and subnational maternal and neonatal action plans and programming to strengthen a ‘leave no one behind’ approach (as reflected in situation analysis, operational strategies, activity lines, and M&E framework; e.g. target and indicator added on reducing disparities in maternal health services).

- Innov8 methodology adapted and integrated into annual district level planning process for maternal and newborn health to ensure sustained focus on ‘leaving no one behind’.

- Generated demand for strengthened capacity building at national and subnational levels to analyze, report, visualize and disseminate data on health inequalities, as well as to use that data to inform programme planning and policy processes. Subsequent activities carried out using WHO’s Health Equity Assessment Toolkit (HEAT).

- Work underway to apply Innov8, in combination with capacity building on health inequality monitoring, to support national and subnational operationalization of SDGs.

- Participation in a Regional meeting in Nepal on reaching every adolescent resulting in inputs to new adolescent health programme. Innov8 and the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance currently being drawn from to review draft National Action Plan on School Aged Children and Adolescent Health.

Nepal

Application in 2015 to review the national adolescent sexual and reproductive health programme, with follow up in 2016-2017.

- Recommendations incorporated into revised National Adolescent Health and Development Strategy, currently in process of endorsement.

- Diverse recommendations, for example related to

  - Programme design: Adapt programme criteria and performance reviews for and enhance community outreach in rural remote and slum areas
  - Financing: Build the economic case for increased investments in adolescent health programme and increased allocations in local level funds
  - Legislation: Strengthen work across sectors to address the causes of and enforce laws against early marriage
  - Coordination: Create core teams at national and district level for intra/intersectoral coordination.

- Regional workshop with 10 member countries of the South-East Asian Region on reaching every adolescent hosted by the Government of Nepal, which informed the Global AA-HA! Implementation Guidance document and introduced how Innov8 and AA-HA! could be used together.

- The draft National Adolescent Health and Development Strategy used to test the OneHealth Tool’s Adolescent Health Program Costing Module and a national costed implementation plan to take forward recommendations in 2018-2019 will be developed following endorsement of the new Strategy.

“All roads lead to universal health coverage – and this is our top priority at WHO. For me, the key question of universal health coverage is an ethical one... Universal health coverage is a human right.¹

I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and improve the health and wellbeing of people everywhere.²”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

¹ Adhanom Ghebreyesus, T. All roads lead to universal health coverage. The Lancet, 2017; 5(9): e839-840.

Further information:
www.who.int/life-course/partners/innov8/en/