



Health Financing and Protection Network- Asia Pacific

P4H Network Co-ordination Desk

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Background

- All countries and territories in the Asia and Pacific Region are committed to UHC. Although UHC is relevant to all, each country needs to customize their approach to UHC in their own context. The inclusion of UHC in the SDGs made the UHC 2030 agenda as an universal development goal to achieve universal health coverage leaving no one behind (SDG 3) and end poverty (SDG1).
- Health system strengthening with a focus on health financing and social health protection is central for UHC. Many countries in the region need to improve their health financing and social protection systems to ensure universal coverage and access to quality health service, and financial protection against health care cost. Some evidence suggests that direct medical and indirect non-medical costs can be relatively lesser compared to other costs such as income loss during illness.¹ But this is inadequately addressed in health financing and social protection systems.
- ILO estimates that globally, only 27 per cent of the global population enjoy access to comprehensive social security systems, whereas 73 per cent are covered partially or not at all.² There is a broad agreement that countries need to strengthen their health systems and rely more on domestic revenue resources for health financing and social protection in the next 15 years. This will happen not only with high level political commitments and declarations, but also with effective policies, strategies, actions and inclusive partnership collaboration at national, regional and global levels. Currently, development partners are increasingly taking initiatives to work together in countries and align their technical support with national health and development priorities. At global level, the P4H network connects more than 800 national and international experts from 13 multi and bi-lateral partner institutions in 35 countries.³
- These initiatives also show that countries are interested in closer collaboration and partnerships among themselves. This type of collaboration will change the traditional donor and recipient model and transform it into equal ``south to south`` and ``triangular`` partnerships. However, it will need new thinking and collaborative mechanisms where regions can play a central role to increase overall partnership impacts and benefits for all. Asia and the Pacific is one of the regions with enormous potentials. Currently, it experiences some challenges in ensuring universal coverage and social protection for everybody because of changing epidemiological and demographic profiles, urbanization and migration, climate change, emerging diseases, and disparities within countries.⁴ But the Region can effectively address these challenges and successfully achieve region specific development goals and targets by strategizing partnership collaboration at the regional level.

¹ Tanimura T et al. 2014. Financial burden for tuberculosis patients in low-and middle-income countries: a systematic review. PubMed ERJ. 43(6):1763-75. doi: 10.1183/09031936.00193413. <https://www.ncbi.nlm.nih.gov/pubmed/24525439>

² ILO 2015. World Social Protection Report. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf

³ P4H Annual Report for 2015-2016.

⁴ Universal Health Coverage: Moving Towards Better Health. WPRO, 2016. http://iris.wpro.who.int/bitstream/handle/10665.1/13371/9789290617563_eng.pdf

Networking situation in the Asia and Pacific Region

- The importance of collective work, knowledge sharing and capacity building has been well recognised in the Region. It has regional networking experiences that many countries benefited in the past. These include the Asia Pacific Health Economics Network (APHEN) and the Asia Pacific National Health Accounts Network (APNHAN), ASEAN +3 UHC Network, the Regional hub for health financing based on Nossal University, which served as a regional platform to discuss health financing in the Pacific context. The APNHAN actively advocated and promoted NHA and contributed to build capacities to adopt and produce health accounts in many countries like China, Malaysia, Mongolia, Philippines, Sri Lanka and Viet Nam.

- There was also a network of individual experts and researchers like the Dragon Net that enabled to meet and discuss health financing related topics among individual experts. However, their activities substantially reduced in recent years or ceased because of administrative issues including funding. In parallel, newly emerging initiatives like the Asia Pacific Observatory (APO) and the Asia Network for Capacity Building in Health Systems Strengthening (ANHSS) have been observed.

- Other embryonic networks and collaborative such as Global Symposium on Health System Research, Asia-Pacific Rim University Global Health Network, and Japan-Thailand collaboration on global health and UHC are also established. The most recent initiative is to launch an Asia Regional Joint Network on Fiscal Sustainability of Health Systems among the OECD and non-OECD Asian countries. So far, no systematic review and analytical work has been undertaken to better understand these regional network initiatives, their mission, objectives, benefits, issues, challenges and future prospects. But there are some issues which are relevant to discuss regional networking activities. These include:
 1. Network initiatives often led by active individuals and therefore, network activities largely depended on these people (sustainability and sometime, conflict of interest issues).
 2. Each network has an own specific and in most cases, narrow agenda that created difficulties to operate and maintain their activities over time.
 3. Regional networks often established and structured on ad-hoc basis. They operate without evident coordination, communication and lacked partnership among themselves. Sometimes, their activities duplicated each other.
 4. Networks often lacked clear vision and business plans to promote and sustain their activities and secure funding. As a result, several network activities were ceased mainly for financial reason, once policy priorities of funding institutions and organizations had changed.

Proposal to establish a Health Financing and Protection Network for Asia and Pacific

- Asia and Pacific Regional experience shows that networking is a helpful and feasible mechanism to discuss common policy issues, challenges and to produce policy relevant evidence and recommendations where applicable. So far, networking initiatives in health are focused on specific technical issues such as resource tracking, budget management and capacity building. Sometimes, narrowly focused separate initiatives and processes largely limited their potentials for wider and longer term impacts and influences. The situation can be changed with a fundamentally new approach under the prominent and broadly accepted UHC 2030 and SDG goals and efforts to translate them into region and country specific work.

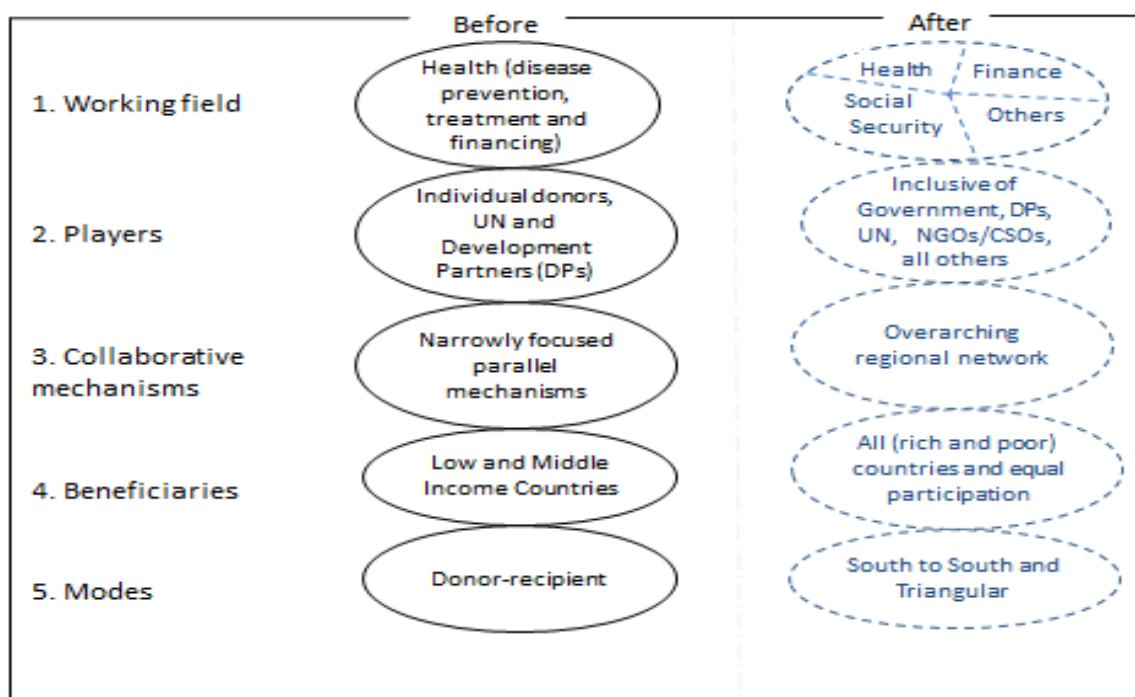
- The WHO bi-regional health financing forum organized in June 2016 in Manila made an important step in this direction. Following this event, one specific action is to support regional institutional partnership collaboration across the 3 key sectors for UHC, namely health, finance and social protection. This consolidated partnership can be developed on the basis of ongoing collaborative work among ILO, WB and WHO and potentially transformed into a Health Financing and Protection Network for Asia and the Pacific (HFPPN-AP). This proposal is a subject for further discussions during related regional events including the WHO bi-regional health financing meeting to be held in New Delhi in 2017.

- The proposed HFPPN-AP will offer another level of regional institutional collaboration aimed to effectively serve countries and respond to their need and demand based on lessons learnt from previous regional networking experiences. Therefore, it will be regarded as a result of collective, consolidated actions and continuing work and progress to promote inclusive partnerships with outcome oriented engagement. This is the space for all partners to address and promote best practices in aligning available resources with national and regional priorities using evidence base policies. Improvements in integrated and coordinated health financing and social protection systems will reduce fragmentation and multiple financial flows and ensure greater equity, efficiency and monitoring in resource mobilisation, allocation and use. Successes will be guaranteed when partners understand and trust each other, work together with shared vision, voices and contributions respected. It will create a space where countries can share each other their experiences, best practices and lessons learnt.

- This can be seen as a platform for all relevant partner institutions inclusive of government stakeholders, non-governmental organizations (NGOs), academic and research institutions, civil society organizations (CSOs), development partners and UN organizations to be connected, informed and involved in activities to develop and implement multi-disciplinary, coherent, consolidated and quality country work. As mentioned earlier, the network will eventually change the partnership model from donor-recipient to South to South and Triangular modes of collaboration from which not only low and middle income countries, but all countries in the region will benefit (Fig 1).

- This networking initiative will need administrative support to ensure that the partnership is well managed to produce wider impacts and influences and maximizes value to each partner institution involved in the network.

Figure 1 Shifting focuses with the HFPN-AP



Aims and objectives

- The main aim of HFPN-AP is to support and coordinate regional initiatives to move towards UHC by reviewing, updating, improving, implementing, monitoring and evaluating health financing and social protection reform policies and activities. It's general objective is to promote and contribute to high level political commitment for UHC by facilitating multi-sector policy dialogues, health financing and social protection reform related information exchange, experience and knowledge sharing.
- The specific operational objectives and focuses are as follows:
 1. *Space*-a regional platform to serve countries and provide multidisciplinary, consolidated and quality support.
 2. *Communication*-equal opportunities to use all modes of network communication to share information, experiences, as well as learn from others' experiences, best practices and reform implementation issues within and outside the region through the network.
 3. *Joint advocacy*-multi sectoral work and approach to sustain high level commitments and promote integrated policies by exercising existing potentials, available expertise and knowledge and collectively pool financial and non-financial resources to reduce poverty and equity gaps.
 4. *Connectivity* – open prospects to connect each other and maximize values of each member in achieving their own as well as shared goals for UHC and SP.
 5. *Inclusiveness*-well structured, coordinated, efficient and effective networking and partnership among all interested stakeholders, organization, academic institutions and

professionals genuinely concerned and working on health financing and social protection issues at country, regional and global levels.

Expected benefits

- The HFPN-AP is a content specific (health financing and social protection) and outcome (universal health coverage, social protection and poverty reduction) oriented network for inclusive institutional partnership in Asia and the Pacific region. It is an overarching body aimed to improve and strengthen regional level collaboration for sustainable health, economic and social development.
- The Network will perform general facilitating functions rather than focusing on particular thematic and technical issues of health financing and social protection such as national health accounts, public finance management and social protection floors. HFPN-AP activities will connect, engage, consolidate and facilitate interactions between all partner institutions working on health financing and social protection in the region. More specifically, it will have an annual regional policy dialogues to strategize and contribute to region and country specific policies and reforms to make progresses towards UHC and SDG related goals and targets.

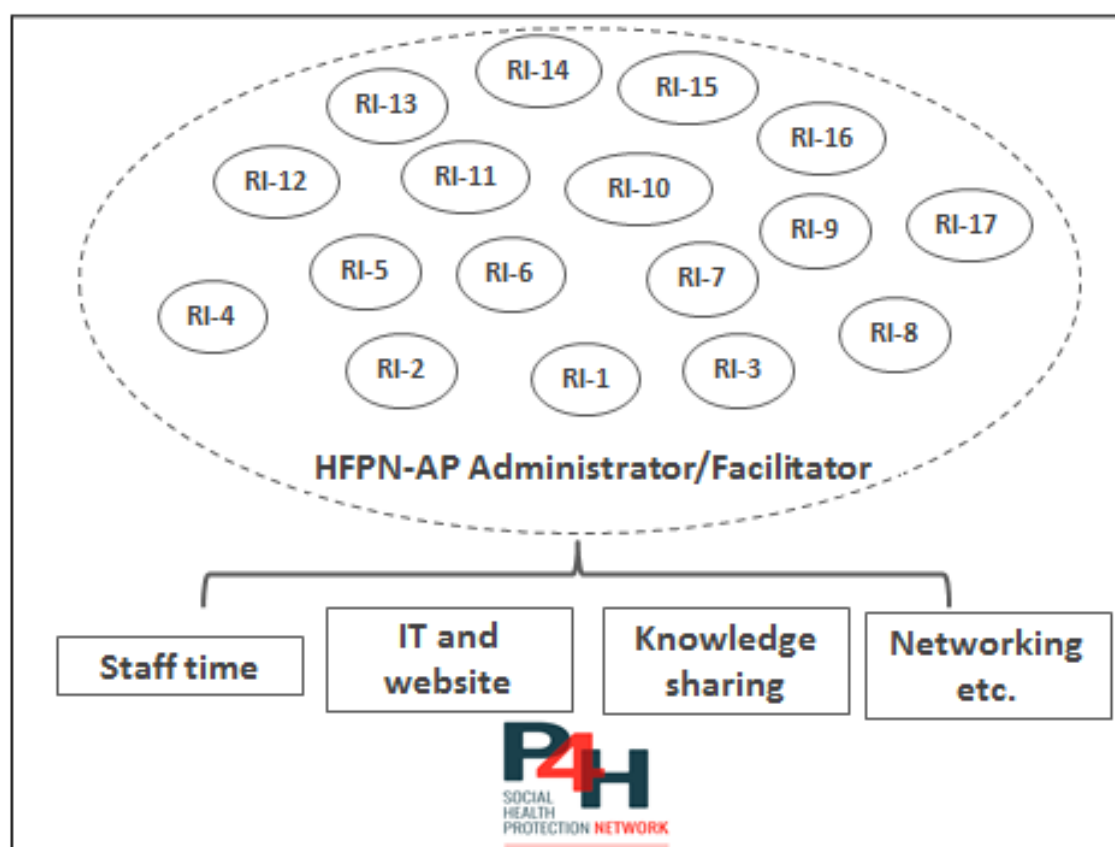
Additional insights

- There is increasing interest in inclusive partnerships and technical collaborations among countries in Asia and the Pacific. Countries like Australia, China, Japan, Indonesia, India, New Zealand, the Republic of Korea, Singapore, and Thailand already have good expertise, experience and capacities to support, as well as actively participate in such partnerships.
- Regional and other experiences suggest that networks consolidate efforts, expertise and resources to work together. For example, the African Health Economics and Policy Association (AfHEA) is a well-established and influential network with its regular and competent activities supported and involved by its network of members. A health system joint network was established for Latin America and the Caribbean in 2016 that connects high-level officials from health and finance ministries and social security institutions.
- Currently, an increasing number of partners e.g. OECD, regional development banks, bi and multi-lateral organizations and international institutions like the Global Fund is keen to support regional networks which aim to contribute to the attainment of region specific development goals and targets.
- Therefore, HFPN-AP is a timely initiative which can obtain needed support from regional professionals, technical experts, institutions, national governments, development partners, UN organizations and all other partners who are working on health financing and social protection. Practically, WHO (HQ, WPRO and SEARO) can initiate it and facilitate further partnerships through the existing structure and supportive actions of P4H.
- This would include the use of related regional meetings and consultations planned in 2017 to discuss HFPN-AP related issues by inviting interested institutions and other players including global

collaborative events for health financing and protection to be organized during the UHC Day on 12 December in Tokyo, Japan. It will ensure that the proposed HFPN-AP are discussed, understood, developed and maintained as a regional partnership initiative among regional institutions (RI) rather than one single organization. The P4H network can be effectively used for advocacy and other activities including capacity building.

- P4H network structure and potentials for communication and information sharing including its website and other services (staff time, IT, website administration and knowledge sharing etc.) will be open for HFPN-AP as feasible (Fig 2).

Figure 2 Operational link and support between P4H and HFPN-AP



- According to the priorities that were set up and which stemmed from their work i) **efficiency**, ii) **politics, political economy** and iii) **equity** were rated as the top three collaborative topics that the P4H network partnership should focus on in the forthcoming time.



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