

P4HC+ meeting notes (Second half only)

(November 28, 2018)

Attendants: World Bank (n = 11), GIZ (3), WHO (1), ILO (1), USAID (2), KOICA (2), DFAT (2), JICA (2)

Venue and topics: 12.30 – 14.00, hosted by the World Bank team at their office. The session includes a presentation on the World Bank's regional work on supporting countries in their transition from external financing, led by Enis Baris, the new World Bank Practice Manager for East Asia and Pacific countries. This will also be an opportunity for partners to provide feedback on the experience over the last two years with the P4H platform as a coordination mechanism for H-EQIP

Effectiveness of P4HC+ as the H-EQIP coordination entity

In addition to the governance arrangement among the pooling partners for the Health Equity and Quality Improvement Program (H-EQIP), the H-EQIP Project Appraisal Document (PAD) envisaged using P4H as a regular coordination mechanism for H-EQIP to focus on information exchange and coordination with other development partners working in the health sector, particularly on health financing and the thematic focus areas of H-EQIP. With the Midterm Review (MTR) of H-EQIP approaching in a few months, the H-EQIP pooling partners used this opportunity to seek feedback from P4HC+ on the experiences and perceived effectiveness of this mechanism for H-EQIP coordination and suggestions for improvement, which will also get reflected in a few knowledge products being developed for the MTR.

Bart Jacobs from GIZ noted that P4HC+ as a platform has performed well but there is potential scope of improvement with the challenge of high turn-over of people experienced over the course of H-EQIP. At the same time, as the government is currently planning for a new platform for the social protection framework and with a lot of changes since 2015, open dialogues, collaboration and a common vision among development partners is crucial. Somil Nagpal from World Bank emphasized that H-EQIP was designed in a way to address some of the sustainability challenges. For instance, there has been close collaboration with USAID through the Social Health Protection and Quality Health Systems projects, and with GIZ providing technical assistance and supporting the quality work since the second Health Sector Support Programme (HSSP2), in addition to the support from the H-EQIP pooling fund partners.

While there are other collaborative platforms such as the Health Partners Group and the Technical Working Group for Health, P4HC+'s strength lies in its focus on health financing and social protection. However, it was noted that H-EQIP is broader than health financing and social protection with its focus on quality improvement. One challenge brought forth by Christina Lau from USAID was that with all the different forums that exist with slightly different constituencies, the development partners end up having to join all these meetings and listening to the same presentations on H-EQIP. It might be important to have a better coordination on H-EQIP as a whole rather than only focusing on health financing and social protection aspects in one forum and on quality aspects in another forum. With H-EQIP having its own mechanisms to engage with the Ministry of Health and Ministry of Economy and Finance, another key point for discussion would be on how the development partners could approach the government with one voice on the health system reforms, to align on the reforms holistically and jointly advocate along with the H-EQIP pooling fund partners on these reforms.

It was suggested that P4HC+ meetings could do a joint meeting every once in a while, with the Health Partners Group in order to avoid the fatigue of attending different forums to get H-EQIP updates. Also in 2015, it was planned that if there ever was a joint review mission of the Cambodian Health Sector then one of the H-EQIP Implementation Support Mission (ISM) could have overlapped with this mission. However, this plan did not get implemented till date, though there was also funding earmarked for joint annual performance review. This remains an area which can be reenergized where rather than each partner doing

its own project based mission, a jointly owned mission can be conducted every 2-3 years that will be aligned with the respective partners' missions. It was pointed out that there is still time as typically the joint annual performance review would happen a few weeks before the National Health Congress and P4H can reconnect with DPHI to check their interest on this.

Sarah Wadley from DFAT noted that it would be a good idea to bring forth the key policy issues as shared among the H-EQIP pooling fund partners from the ISM and the MTR with the other key development partners working on similar issues and agenda.

Bernd Appelt from GIZ expressed that P4HC⁺ serves as a good platform for information sharing but he would like to see more of H-EQIP's role as part of the Universal Health Coverage (UHC) agenda. H-EQIP alone will not guarantee UHC with its coverage of 25% of the population by the health equity fund that it supports. There is also the National Social Security Fund (NSSF) and gaps to cover the informal sector. H-EQIP has set up an important precedence but how to drive this further will be an important point for discussion as the country moves towards the goal of UHC.

As pointed out by Enis Baris from World Bank, the MTR presents a great opportunity to look back at the accomplishments and the lessons learnt but also given the time for project implementation, what are the new and upcoming policy issues that can be built into the project itself. He iterated that it is a good time to update our analytics, understanding of the key policy issues and what can be integrated within the project for restructuring so that we can stay on top of the policy agenda. Suggestions from this forum are very valuable in informing the MTR and in bringing some changes and modifications to the project design at this stage.

Nareth Ly from World Bank clarified that during the development of the Sub-decree for the Payment Certification Agency (PCA), there was an intention to have the PCA review claims from all the social health protection schemes but this was not seen as an option by NSSF. PCA is newly established but as a first step it already covers beyond the social health protection for the poor and has added informal workers to the system. The discussion emphasized that it is important to see the policy vision for the future beyond H-EQIP and for example, by 2021, should NSSF start investing its own IT system when there is already a system in place with PCA. These are critical issues where key development partners and a platform such as P4HC⁺ can raise awareness and do some joint advocacy to ensure there is clear vision and policy direction for 2025.

Malika Ok from ILO noted that at times it has been difficult to follow P4HC⁺ meetings, which are mainly health-related. ILO focuses on social security and working with NSSF. She mentioned that a few months ago it was suggested that UNICEF, P4H, Social Assistance Coordination Team will have a seat in the government like in an Executive Committee platform but she was not sure whether such a platform has been established. This would be a good platform to discuss the future of the health reforms along with the newly established General Secretariat for Social Health Protection and support to the National Social Protection Council. However, in the recent Rectangular Strategy Phase IV, the government has prioritized UHC in its new mandate and the line ministries such as the Ministry of Labor and NSSF have started policy discussions on the strategic plans for the next 5-10 years. Therefore, this would be a good time to engage in the UHC dialogues with the government.