The global health network for social health protection and health financing

SOCIAL HEALTH PROTECTION NETWORK

Annex of the Annual Review

JULY 2021 – JUNE 2022

BURUNDI

EX ANTE (BASELINE) - BEGGINING OF THE YEAR			EX POST (EVALUATION) - END OF THE YEAR			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q1.1 Health financing policy/Heath financing strategy	Support government in the process of elaboration of health financing strategy towards Universal Health Coverage	Non availability of a national health financing strategy	A draft health financing strategy toward Universal Health Coverage is available	Drafting of the health financing strategy in collaboration with key stakeholders and technical partners	Support dialogue around health financing and enhance collaboration beetwen key stakeholders namely Ministry of health, Ministry in charge of social protection, Ministry of finance, civil society and Development partners	Challenges remain on the collaboration between the Ministry of health and the Ministry in charge of social protection. Capacity building needs of some stakeholders. Necessity for technical assistance to be patient on reforms in consideration of the government agenda. A piloting comittee has recently been created by the government to coordinate the process.
Q3.1 Pooling revenue/ Strategy for pooling revenue	Support to the policy dialogue on national revenues pooling strategy	Multiple fragmented pools implemented with limited population coverage	The strategy to pool revenues has been discussed with stakeholders and describe in the draft health financing strategy. Pooling mechanisms are being considered with the leadership of the ministry of health and the technical team of the National Commission for Social Protection.	Technical support on analyzing different schemes implemented and potential areas of reform for the system to be more efficient and provide quality services to more people.	Sessions with key Ministries and high level government and parliamentarian actors. Contribution to health financing partners' meetings. Support to other consultants working on health financing. Sensitization of key government stakeholders on UHC concept and principles, on health financing policy and global evidence.	Pooling revenues' strategy to be discusses with all the stakeholders and to be presented to the piloting comittee. Need of a high level coordination instance or platform

CAMBODIA

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Q1.1 Health Finaning strategy / statement available	Support the development of the National UHC Roadmap	In January 2022 the Government established a Technical Working Group of key senior decision makers from different relevant institutions to develop the roadmap towards achieving UHC in Cambodia (TWG-UHC).	A first draft has been developed and will be soon shared with development partners and other relevant actors.	Regular technical support on the different areas of UHC	Joint participation and collaboration of different development partners (GIZ, WHO, ILO, ecc) in supporting the dialogue between national partners in defining common priorities.	
		The participation of the TWG-UHC to the 2022 L4UHC follow-up programme will greatly facilitate the process of consensus building among the team. Improving the collective understanding of UHC complexity, developing individual competencies and strengthening coalitions, which can deliver results, are necessary ingredients for advancing UHC reforms.	The members of the UHC Technical Working Group are all participating to the 2022 L4UHC follow-up programme.	In-country L4UHC Workshop	Joint collaboration between different partners globally (GIZ, WHO, World Bank, Global L4UHC Team, P4H) to organise the face-to-face L4UHC module abroad.	
					The reception hosted by the French Embassy, to celebrate the launching of the L4UHC programme, has gathered more the 50 people, reinforcing relationships between P4HC+ Network members, Cambodian senior decision-makers participating to the programme and other health actors.	
			From the participants' perspective, there is no distiction between the UHC-TWG and the L4UHC delegation.	Organisation and facilitation/moderation of UHC-TWG workshops	The UHC-TWG is multisectoral and includes 16 senior decision makers from 13 different institutions.	

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Q1.2 Accountability via governance & processes	Coordinate the Social Health Protection Partners Working Group (SHP-TWG). The Working Group was established as a working group under the umbrella of the Coordination Mechanism between the Government and Development Partners in Social Protection.	The Coordination Mechanim was established so as to better develop and implement relevant initiatives by strenghtening participation in coordination and mutual accountability.	WHO and P4H are coordinators of the Social Health Protection Working Group launched in March 2022. As coordinators, they are also members of the higher-level Policy Input Working Group.	Organisation and facilitation of SHP-TWG	The working group membership includes 16 development partners and international NGOs.	
					The Coordinators (WHO and P4H) work in close collaboration with the General Secretariat of the National Social Protection Council (GS-NSPC) to ensure smooth functioning and results of the SHP-TWG.	
Q1.3 Info used for M&E to improve policy & implementation	Develop a joint understanding across Government institutions of the importance of monitoring service coverage (SDG 3.8.1)	Strenghtening the monitoring of service coverage can foster greater accountability and assess progress, and ultimetely, inform decision-makers and enable targeting resources and policies to ensure sustained progress towards UHC	Equip key actors from several government institutions with knowledge and skills on the WHO's methodology and its application in computing the UHC essential service coverage index.	Organisation of a first workshop on the UHC Essential Service Coverage Index.	The workshop was jointly organised by WHO and GIZ under the P4H network.	
					Representatives from the GS-NSPC, Ministry of Health, Payment Certfication Agency, and the National Institute of Public Health participated to the workshop.	
Q2.5 Taxation for Health	Support the GS-NSPC in developping fical policies with the aim to curb unhealthy behaviours	Prevalence of non-communicable diseases are increasing in Cambodia and "health taxes" have prooven to be a powerful tool to reduce consumption of unhealthy products.	The implementation of such policies is currently at an early stage.	Review of the literature on the topic and assessment of current Cambodia's corrective tax status.	Ongoing discussions with P4H Asia Regional Network and CFPs.	

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Q 3.4: What measures are in place to address problems arising from multiple fragmented pools?	To ensure communication between the MoH the MoF and the various partners who finance the same healthcare services	Several sources of funding support the payment of the same services in the same health facilities, creating a waste of resources	The list of services covered twice has been identified with the budgetary impact that this entails. On this basis, in health facilities in which several mechanisms are involved, there is coordination so as not to cover the same services.	Capacity Building ; support for the identification and cross-analysis of funding duplicates in three ongoing funding mechanisms (PBF, health vouchers and out of pocket payments)	Facilitation of exchanges between the MoH, the MoF and the main donors who finance the 3 mechanisms. Organization of an exchange workshop which allowed all the stakeholders to identify duplications and engage in the coordination of interventions	There is a challenge in the complementarity of interventions due to the different objectives followed by each partner and the lack of coordination during the implementation of projects
Q 1.3: Is health financing information systemically used to monitor, evaluate and improve policy development and implementation?	To contribute to the collection of data on health financing for the production of national health accounts	The latest national health accounts is from 2012 and the data used for the formulation of strategies are not up-to-date	The national health accounts for 2019-2020 are produced taking into account the data collected	Participate in the work of analysis and validation of the data collected and the NHA draft report		The availability of data remains difficult and the ownership by the Ministry of Health of the mechanism for producing national accounts on a frequent basis remains a challenge. It is essential that the production of accounts be institutionalized and that it be part of the routine activities of the Ministry of Health
Q 6.1. Is there an up-to-date assessment of key public financial management bottlenecks in health?	1. To facilitate the payments to health providers working with the vouchers' system, as well as expenditures related to emergency servcies 2. To contribute to the analysis of bottlenecks in the management of public finances at the peripheral level and disbursement of co-funding	1. The delays recorded in the payment of vouchers' subsidies jeopardize the performance of health facilities, these difficulties are due to the incompatibilities of the rules of public financing management with the implementation of the strategy 2. The health facilities of the peripheral level face many diffiuclties in getting the resources from the central budget and to date it is difficult to clearly identify the bottlenecks.	1. The Ministry of Finance has adopted a special measure for the payment of health check subsidies. From now on, a single commitment is made in the budget instead of several quarterly commitments. The health facilities immediately takes possession of the subsidies after justification of the use of funds without extra budgetary procedures. in addition, the Ministry of Health has benefited from special derogation granted whenever there is a need for urgent expenditure, 2. The ToRs have been developed and validated by the Ministry of Health and Development Partners of the health financing working group	1. Contribute to the analysis of bottlenecks in the provision of resources and delays due to public financial management procedures 2. Share the experiences of different countries to solve the problem 3. Draft the terms of reference and share them with all stakeholders	1. Facilitate exchanges between the MoH-MoF 2. create a space for exchange between MoH and development partners	Building the capacity of health actors in public finance management, especially budget execution procedures, is essential to solving certain problems of under-execution. In addition to capacity building, it is essential to establish good communication with the Ministry of Finance so that the latter understands the specific challenges of the health sector and proposes mitigation measures.

CHAD

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Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
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Q1.1.	Evidence based for health financing policy	Urgent need for capacity building of the national UHC Unit members	A fact finding trip to Rwanda has been organised for the six (6) National staff	Drafting ToR and administrative follow-up with the Rwandan Autorithies	The other Development Paryners (DPs: WHO, SDC, AFD) contribute to the TOR	
Q1.2. Appropriate governance arragements and processes	Progressive setup of the National Health Insurance Scheme (NHIS)	Need to Operationalize the National Health Insurance Fund (NHIF)	General Director and the deputy General Director have been recruited	Advisory and technical support (drafting ToR)	Joint technical support and advisory with WHO to the MoH	
		Need to have a common view on the progressive setup of the NHIS	A 5-years roadmap for the deployment/development of the UHC schemes has been drafted	Advisory and technical support for drafting TOR and following up the consultant's work	The other DPs (WHO, SDC, AFD) contribute to the TOR	
		urgent need to define the core technical procedures and set up the IT system	ToR have been validate and selecting Consultants is ongoing	Technical support for carrying out the study on the core technical procedures and the IT système (ToR, recruitment process for selecting consultants, etc.)	The other DPs (WHO, SDC, AFD) contribute to the ToR	
Q2.2 Domestic resource mobilization (Predictability of public funding), and sufficiency	Identifying mechanisms for the mobilisation and effective transfer of domestic resources to the UHC	The 2020 Finance Act has established the financing of UHC by domestic resources from specific taxes but the institutional and legal arrangements have not yet been defined.	A decree on the transfer of resources to the NHIF has been signed.	Advisory and technical support	Advisory and technical support to MoH and MoF	Challenges remain in collaboration between MoH and MoF.
Q5.5 Benefit and revenue availability	Identifying the benefit package	The need to have a benefit package in line with the existing capacity of the health care providers	(i) decree on the benefit package has been signed (ii) orders have been drafted	Technical support for drafting ToRs	Joint support with other DPs (WHO, Unicef, SDC) for organizing workshops	

CÔTE D'IVOIRE

EX ANTE (BASELINE)			EX POST (EVALUATION)		
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Q1.1 Is there an up-to-date health financing policy statement guided by goals and based on evidence?	Support the dialogue around the update of the health financing strategy designed in 2015 so that it is in line with the current context	Côte d'Ivoire has in particular a new institutional framework for health financing through the "Plateforme Nationale de Coordination du Financement de la Santé" (PNCFS), a new strategic vision with the Plan National de Développement Sanitaire (PNDS) 2021-2025, a Budget Programming Document 2022-2024	• Start of the analysis of the national health financing strategy and its contribution to progress towards UHC. • Start of the development of the plan for the viability of co-financing and transition policies in the health sector in Côte d'Ivoire • Analysis of the budget and financing of primary health care	• Contribution to the completion of the health financing progress matrix with the executives of the Ministry of Health • Drafting of ToRs and advocacy with the World Bank for the recruitment of an international consultant • Contribution to the drafting of the ToR for the development of the Viability Plan with exchanges with Development Partners (DPs) and actors from the Ministry of Health • Presentation of the preliminary results of the analysis of the budget and financing of Primary Health Care (PHC), and preparation of a presentation for the next meeting of the PNCFS	• Accelerate the process of recruiting consultants to work on the analysis of the health financing strategy, and on the viability plan • Strengthen dialogue between PNCFS actors and DPs • Produce the final results of the analysis of the budget and financing of PHC, and preparation of a presentation for the next meeting of the PNCFS
Q6.1. Is there an up-to-date assessment of key public financial management bottlenecks in health?	Support policy dialogue around bottlenecks in the management of public resources in the health sector, and levers to improve performance	This dialogue is based on an observation from 2017: the existence of inefficiencies estimated at 51% of public health expenditure in a context of budgetary effort made by the State at 97% of its maximum capacity over the period from 1998 to 2015	• Effective implementation of the program budget from 2020; • Gradual efforts to articulate strategic program plans on the PNDS 2021-2025; • Creation of a national health financing coordination platform housed at the Primature (PNCFS), as a high place for discussion on these issues • Administrative and operational procedure manual of the Health General Direction (DGS);	• Support for the finalization of the final report • Preparation of a policy note for the removal of bottlenecks in health Public Financing Management (PFM), to be submitted to the PNCFS • Leading the country team's participation in the Technical Workshop on Managing Inefficiencies Across Programs in the WHO African Region. This required synthesizing and sharing lessons learned from the application of the tool in AFRO countries like Côte D'ivoire, including targeting the root causes of the constraints	Efforts are still needed to strengthen government leadership at all levels.

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Q 7.2. Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?	Support the dialogue around the fragmentation of health financing, with mechanisms that promote the coordination of health programs: no duplication in personnel and activities, a consolidated vision of all financing, easier bridges with implementation programs.	• The multiplicity of vertical program management units within the Ministry of Health does not facilitate the harmonization of procedures and alignment with national procedures. • questions of the fragmentation of the healthcare system are still an issue. • absence of a concerted framework of management units within the Ministry in charge of Health does not facilitate the harmonization of procedures and alignment with national procedures.	• Ongoing process of harmonization of health financing mechanisms • Establishment of the Project Coordination Unit for External Funding in 2019 which will host all external financing mechanisms; • Merger of funding between GAVI and the FM envisaged: an order is being drafted; • Effective implementation of the program budget from 2020;	• production of a document to ensure complementarity between all health financing reforms • Programming of a meeting with the Technical Secretariat of the PNCFS in order to convene a specific meeting on the topic • Exploit the recommendations of the Knowledge Sharing Workshop on the use of Performance-Based Financing (PBF) for Universal Health Coverage for more synergies and coherence between health financing mechanisms	Accelerate the implementation of the Universal Health Insurance (CMU) which will help the establishment over time of a strategic and operational planning framework linked to budgeting;
Q 7.4. Are public financial management systems in place to enable a timely response to public health emergencies?	Support for the financial monitoring and monitoring-evaluation mechanism of the Covid response indicators in Côte d'Ivoire, as part of the activities of the operational monitoring committee of the response plan	The General Directorate of Budget and Finance did not know exactly what was being executed by the donors, the management units; nor the level of execution of the planned contributions	• a Platform for Monitoring the Performance of the Covid-19 Response Plan = digital device (https://projectperformancemonitoring.org/) makes it possible to map, by pillar of the response and by detailed interventions, the financial resources of the partners announced, planned • Mechanism for monitoring and evaluating the results achieved and the amounts spent by source of funding and by Management Structure	i) support the training of partners on the operation and practical use of the platform; ii) sensitize all partners involved in the response on the use of the matrix of budgeted actions of the response plan against covid-19, and follow them in filling in the matrix of budgeted actions; iii) serve as an interface between the TFPs and the actors of the prime minister in charge of managing the platform in the event of technical difficulty in filling; iv) participate in the various discussion meetings convened by the operational coordinator of the monitoring committee on the management and operation of the platform	After the emergency phase, relaxation of the Ministry of Health which was to put some pressure on the donors, their project management units as well as the national structures to inform the platform.

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Q4.2. Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?	Support for joint reflection on strategic purchasing between the ministry in charge of health and the ministry in charge of social protection.	• Realization of a study of the costs of public, parapublic and private health establishments in the context of Universal Health Coverage, but the results were not applied in setting the pricing • The procedures manuals are designed according to the approaches of the TFPs implementing the approach • No joint roadmap between CNAM and CTN-PBF • No joint agenda around strategic purchasing	• Development of a draft roadmap between the Ministry of Health and the Ministry of Employment and Social Protection, one of the actions of which will be to apply the provisions of the interministerial decree setting the agreed rates for medicines covered by the CMU • CNAM and CTN-PBF work together in the process of institutionalizing strategic purchasing	• Participation in joint work to develop the budgeted roadmap, and advocacy with the World Bank for its funding • Training of the CTN-PBF in the principles of institutionalization and scaling up of a health financing strategy	A greater frequency of PNCFS meetings around the Prime Minister is necessary to improve the joint work of the two ministries and reduce any tensions in the leadership around the CMU and its corollaries.
Q4.4. Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?	Support for learning from experiences and lessons learned on PBF in Côte d'Ivoire.	The implementation of PBF and CMU is not always efficient: for example, the verification mechanisms are parallel although they sometimes cover the same health structures • Risk of fragmentation of mechanisms related to strategic purchasing;	• Current dynamic around the institutionalization of strategic purchasing with harmonization between PBF, CMU, targeted free healthcare, hospital reform • Ongoing production of a roadmap on the institutionalization and sustainability of the functions of verification and payment of subsidies	• Training of the PBF National Coordination Team in the principles of institutionalization and scaling up of a health financing strategy • Participation and moderation of Knowledge sharing workshop on the use of PBF for Universal Health Coverage: presentation on verification and possible improvements of the process in a context of scaling up	The PBF is currently funded by a single donor (the WB) and requires real state ownership

ETHIOPIA

EX ANTE (BASELINE) - BEGGINING OF THE YEAR			EX POST (EVALUATION) - END OF THE YEAR		
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Q2.5 To what extent does government use taxes and subsidies as instruments to affect health behaviours	Support to improve design and implementation of health taxes (tobacco, SSB, alcohol).	Health taxes are a cost-effective health intervention to achieve UHC and reduce the burden of NCDs. NCDs are placing an increasing burden on the already over-stretched health system. Over the past two decades, the share of disability adjusted life years (DALYs) due NCDs has increased from 17% to 35% in Ethiopia.	Assessment of effect of a recent tobacco tax increase and illicit tobacco trade study led by the Ethiopian Public Health Institute completed. WHO awarded Ms Heran Gerba Director General at the Ethiopian Food and Drug Administration for her leadership and committment on tobacco control, including on the increase of tobacco taxation in 2020.	Technical support provided on the assessment of tobacco tax increase and illicit tobacco trade study - two activities conducted as per request from the FDA.	- Chaired discussion between the WHO, MOF, MOH and the Food and Drug Administration (FDA) on strategic priorities for improving the design of health taxes in Ethiopia in the coming years. - Provided technical support through the Technical Working Group for the illicit tobacco trade study with WHO, FMOH, Food and Drug Administration (FDA), Capetown University and the Mathiwos Wondu Ethiopian Cancer Society.	There is a need and high level interest to learn from other countries on health taxes, in particular on successfully strategies to reduce illicit trade in resource-limited settings.
Q 6.5 Is health expenditure reporting comprehensive, timely, and publicly available?	Institutionalization of production of National Health Accounts (NHA) reports to systematically track health expenditure.	Country capacity to generate and use reliable information on health financing is critical for monitoring, decision-making and efficient use of funds.	The 8TH round of NHA was successfully completed under the leadership of FMOH. Results were disseminated and discussed at a high-level policy dialogue and have also been used to inform other policy discussions, e.g. on PHC financing and donor dialogues.	Technical support provided, incl. data cleaning, data analysis, drafting of chapters for the main report and policy briefs, and preparing materials for the dissemination workshop and high-level policy dialogue.	The NHA is a collaborative process led by the FMOH. The P4H worked in close cooperation with partners from USAID, CHAI, Fenot Project/Harvard University, the World Bank, WHO and Merq Consultancy to support the FMOH to complete the 8TH round of NHA.	While health expenditure per capita continues to increase, the share financed by OOP remains high, despite recent efforts to improve financial protection. The 8TH round of NHA captured the first months of the pandemic but there is a continued need to understand the impact of COVID-19 on health expenditure.
Q5.2 Are decisions on those services to be publicly funded made transparently using explicit processes and criteria? Q5.3 To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms? Q5.4 Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?	Revision of the health insurance benefit package (HIBP) and institutionalization of HTA in Ethiopia.	The objective of the revision of the HIBP is to: • Devise explicit list of services for the health insurance benefit package • Generate a health insurance benefits package well aligned with FMOH's EHSP. • Design a health Insurance benefits package list convenient for costing to help ensure accountability and assess financial sustainability.	A long-list of services to be considered for inclusion have been created, building on the services in the EHSP. Data for costing has been collected and a literature review of cost-effectiveness articles has been initiated.	Data cleaning and analysis to support the costing; facilitated the hiring of and provided technical oversight to two local consultant to support cost-effectivness analysis and review of health insurance medicine list.	The P4H focal person facilitated and chaired technical exchanges between development partners and EHIS, and organized a joint-mission from WHO Headquarters and Bergen University to Ethiopia to meet with FMOH, EHIS, CHAI, CGD and other partners to discuss benefit package design and resource allocation for UHC.	

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1) HEALTH FINANCING POLICY, PROCESS & GOVERNANCE	Not applicable. The CFP started working on Kuwait in Dec 2021. Strategic interventions were formulated as part of a HFPM analysis, see column with Remarks / critical analysis / recommendations to the network.		From summary findings of HFPM analysis: **Progressing** Some roles and responsibilities are defined and divided across governing bodies for health financing, but there is duplication and weak coordination. Some accountability mechanisms are in place but remain fragmented. Monitoring mechanisms exist but are not systematically used to inform policy and planning.	HFPM stage 1 (17 Apr 2022) HFPM stage 2 (17 Apr 2022)	Health economics and financing capacity building workshop carried out in Kuwait on 30-31 Mar 2022. TORs for MOH Health Economics and Financing Unit developed and approved by MOH (6 Apr 2022).	(1) Support the operationalization of the HEFU in MOH as the platform for driving policy analysis and evaluation using health economics and financing tools and approaches, and bringing together institutions and individuals with a stake in health financing reform (2) Build the information system infrastructure and processes to increase access to timely and accurate data and information, is essential to policy and decision-making
2) REVENUE RAISING			From summary findings of HFPM analysis: **Established** Government spending is the dominant source of financing in the health sector. Government spending on health has increased significantly during the last 10 years and is at a level comparable to other high-income countries in the region. While health financing is being diversified (e.g., employer payment of premium contributions to the Dhaman scheme for non-citizens), government revenues are expected to remain the main financing source in the medium-term. Health budgets are usually executed as planned.			(1) Consider introducing taxes on SSBs as a public health measure to reduce consumption of a product harmful to health (2) Review the feasibility of earmarking some of those revenues for health promotion and prevention of diabetes (3) Ensure that contributions to the Dhaman scheme are fully paid by the employer (as stated by law) and not passed on to the employee (which has been reported anecdotally).
3) POOLING REVENUES			From summary findings of HFPM analysis: **Emerging** The introduction of the two new health coverage schemes in the absence of a strong policy and regulatory framework and weak coordination is likely to lead to increased fragmentation of pooling and increased inequities in health coverage and access between citizens and non-citizens. Complementarity exists among some revenue sources, but there is no health system-wide framework of health benefit entitlements indicating the specific role of different funding sources and streams.			

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4) PURCHASING & PROVIDER PAYMENT	Not applicable. The CFP started working on Kuwait in Dec 2021. Strategic interventions were formulated as part of a HFPM analysis, see column with Remarks / critical analysis / recommendations to the network.		From summary findings of HFPM analysis: **Progressing** The basis for resource allocation to providers is driven by historical trends and line-item budgeting, with limited adjustments for population health needs or provider performance. Purchasing arrangements do not provide incentives that promote better quality or coordination of care. Information on utilization is basic and of limited use to inform purchasing decisions. Public providers have no or limited autonomy and cannot respond to financial incentives through the payment system.	HFPM stage 1 (17 Apr 2022) HFPM stage 2 (17 Apr 2022)	Health economics and financing capacity building workshop carried out in Kuwait on 30-31 Mar 2022. TORs for MOH Health Economics and Financing Unit developed and approved by MOH (6 Apr 2022).	(1) Examine the mix of payment methods across the health system to ensure coherent incentives for providers to increase quality and promote efficiency in service delivery (2) Carry out feasibility study of giving public sector providers more autonomy in how they spend the health budget
5) BENEFITS & CONDITIONS OF ACCESS			From summary findings of HFPM analysis: **Progressing** A comprehensive set of health services are provided to the entire population with no user fees for citizens and nominal user fees for non-citizens. Some decisions on publicly funded benefits are assessed against selected criteria and plans to establish a formal process is being considered, but decision-making is generally not transparent. Costing of interventions and explicit provider payment mechanisms exist for some benefits but are small scale and typically outside the core PFM system.			(1) Conduct information campaigns to increase population awareness of entitlements (2) Support the establishment of HTA processes and tools health technology assessment (HTA) to enable better resource prioritization (3) Develop and implement process for regular costing of the health benefit package (4) Apply CEA and budget impact analyses to promote optimal use of public resources (5) Review treatment abroad program to reduce costs, including the consideration of cooperation with medical centers in GCC countries
6) PUBLIC FINANCIAL MANAGEMENT			From summary findings of HFPM analysis: **Progressing** Health policy priorities are not clearly defined, and are not reflected in the budget, which is dominated by rigid input-based line-items. Health budgets are fully executed and significant under-spending rarely happens. Financial reporting in health is fragmented and not comprehensive.			(1) Develop a plan for producing National Health Accounts (NHA) on a regular basis (2) Carry out review of PFM bottlenecks and challenges

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Q.1.1- Is there an up-to-date goal-driven and evidence-based health financing policy statement?			A draft decree setting the procedures and methods of financing the Universal Health Insurance Scheme (RAMU) was introduced in the Council of the Ministries process.	Review of the ToR relating to a new RAMU actural study	Upon analysis of funding needs and the funding gap observed, the operationalization of RAMU was postponed to a later dat	An additional study is in progress
Q 1.3.- In the health financing information systematically used to monitor, evaluate and improve policy development and implementation?			The analysis of RAMU implementation funding needs led to the decision to postpone its operationalization			
Q.2.2- How predictable is public funding for health in you country over a number year?			Public health funding is predictable within the framework defined by the 2022-2024 multi-year budget programming document			
Q5.1- Are these a set of explicitly defined benefits for the entire population?			The RAMU is defined for the entire population regardless of social category			
5.3- To what extent are population entitlements and conditions of access defined explicitly and in easy to understand terms?			Implementation of mechanisms facilitating financial access to care for vulnerable groups (Health Insurance Scheme for destitutes = RAMED, free measures, etc.)	Development of the RAMU operational implementation plan	Validation of the operational plan by the Select Committee	In view of the financing needs, the operationalization has been postponed

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				Technical work	Collaborative work	
6.1- Is there an up-to-date assessment of key public financial management bottlenecks in health			This assessment was made in the 2022-2024 multi-year budget programming document	Development of ToRs and noted RAMED evaluation methodology		The evaluation work is scheduled to start this month of July 2022
6.3- Are process in place for health authorities to engage in overall budget planning and multi-year budgeting?			The 2022-2024 multi-annual budget programming document has been adopted			
7.1- Are specific health programmes aligned with or integrated into overall health financing strategies and policies?			A consensus on the integration of all free services into the RAMU package is obtained	Methodological note relating to the drafting of texts instituting free treatment in health establishments in Mali	Validation workshop for texts on free healthcare announced by the President of the Republic from March 14 to 20, 2022	
Q7.3- Do financing arrangement support the implementation of IHR capacities to enable emergency population?			In accordance with the provisions of the IHR, Mali launched the process of assessing its compliance with the provisions of the IHR on February 28, 2022			

MOZAMBIQUE

EX ANTE (BASELINE) - JULY 2021			EX POST (EVALUATION) - JUNE 2022			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q5.4 User charges are clear and have financial protection mechanisms	Support to dialogue and policymaking process on user charges	Need to ensure user charges are in line with UHC recommendations	User fee Decree is being prepared with an expected UHC approach	1) Technical support to the Legal Directorate (in charge of producing the Decree) to introduce a UHC approach 2) Coordination of the Health Financing Panel at the Coordination Council (Minister' level), incl. User charges	Support to joint work between National Directorates and other relevant parts of the system (National Institute of Health, Hospitals Directors) on user fees and UHC.	User charges, although low, continue to be seen as a collection mechanism, susceptible to relevant increases at specialized levels. Attention is required to follow-up policy developments.
			Civil society has an increased knowledge on the topic and leverage capacity to promote the UHC Agenda on user fees	Training on UHC and support production of a study of the effects of the highest user fees in public health facilities		Civil society can have leverage in policy reforms
Q1.2 Health financing institutions have appropriate governance	Support to health financing analysis as a base for policymaking	Enhanced knowledge on health financing situation as a base for system' stewardship	MoH progressively increases information available on HF composition and trends, UHC performance, and develops internal capacities	Joint analysis of expenditure, UHC performance, inequalities and initial efficiency analysis	Co-chairing of the new Joint Planning, Financing and Strategic Investment Group, which includes MoH and development partners	Expenditure analysis capacities need to be expanded further, including deeper analysis (efficiency, inequities)

MYANMAR

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Area 3 - Pooling revenues	Creating a multi-lateral pooled fund	Establishing a multi-lateral pooled fund to operate an independent purchasing agency	Multi-lateral pooled fund was created	• Technical Support and coordination assistance in the development of the fund from concept notes to ongoing technical assistance	Multi-lateral pooled fund was created by contributions from the US, UK, Switzerland, Sweden and Norway. Additional funding from ADB is under process. Additional resources needed to scale up.
Area 4 - Purchasing & provider payment	Establishing an independent purchasing agency (PA) under UNOPS	Conceptual design of the purchasing agency Securing funding for the PA Operation of the PA	Concept note developed Potential funding sources identified, explored and secured Draft manuals developed	• Technical assistance in the development of the concept note • Funding sources are identified and explored • Technical assistance in drafting 3 manuals (Purchasing manual, Quality assessment manual and Community Client Satisfaction Survey manual) • Assistance in training of the staff of the PA	The independent purchasing agency, currently under the management of UNOPS with board members from WHO, WB and P4H, will be handed over to a legitimate government when the time comes. A tender process for a consultancy on the data management of the PA is under process (supported by GIZ/SDC)
Area 5 - Benefits and conditions of access	Mapping all the strategic purchasing initiatives in Myanmar Implementation Research (IR) to understand access to promised health services in the strategic purchasing initiatives	A mapping exercise is done to illustrate what services are being purchased, where, by whom, for whom and how providers are being paid Identification of thematic areas for Implementation Research and operationalization of the research agenda	A mapping exercise was done in 2021 and to be repeated in 2022 3 thematic areas identified for the IR Operationalizable research plans for the 3 thematic areas under development	• The mapping exercise is initiated and led by P4H • IR workshop is co-supported by P4H • Technical and coordination assistance in the operationalizing the 3 thematic areas identified	Both the mapping exercise and IR plans are highly dependent on the changing context of the country. P4H is closely working with on-ground partners to monitor 'operational space' and advising partners accordingly.
Area 7 - Public health functions & programs	Coordination of actors within the realm of health financing	Regular meetings for health financing actors in Myanmar	Health Financing meetings are held every two-months	• P4H has been leading the Health Financing Meetings	The Health Financing Meetings used to be coordinated by the MOH in the previous administration. After the coup in Feb 2021, WHO coordinated the HF meetings. At the end of 2021, P4H was asked by WHO and partners to lead the HF meetings. The meetings are done every two months, as voted by the members.

EX ANTE (BASELINE) - BEGGINING OF THE YEAR			EX POST (EVALUATION) - END OF THE YEAR			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q1.1 Health Financing strategy/ statement available	Coordination of the preparation of the update of Niger's health financing strategy	Health financing strategy expires in 2021, Multiple studies and development of eocnometric analysis tools underway, Major discordance between the Developpment Partners (DPs) and weakness of the MOH's positions on health financing issues/ strategies.	Framing of the next health financing strategy, definition of joint TORs, identification of MOH and DPs' expectations, organization of financing and contractual arrangements	Mapping, review and amendment of preparatory studies at different stages (TOR elaboration, methodology, reports). Elaboration of ToR, budget framing and discussion of administrative and financial support solutions.	Facilitation of bi- and multi-lateral discussions to improve the ToR and define possible synergies from a technical and financial point of view.	
Q.2. 2. How predictable is public funding in your country over a number of years	Strengthen data coherence and predictability of "health" financing by supporting the integration of the National Health Accounts and Financing Mapping exercises	Separate NHA and health financing mapping exercises, leading to problems of data consistency, double financing, duplication in the mobilization of source data, etc.	Interest of the MoH in integrating the two exercises. Review of tools and articulation of NHA data collection in the health financing mapping tool	Support for the development of a single tool for collecting data on DPS' contributions to health financing	Mobilization and articulation of the efforts of the DPS (WHO, GFF) to integrate the exercise. Search for consensus between the divisions of the Direction in charge (Direction of Studies and Planning: DEP) in MoH on the process undertaken and the articulation of tools.	This activity has been delayed due to the reluctance of one of the DEP departments involved. Testing of the tool to come. Full integration of the two exercises is planned for 2023. The planned 2022 implementation has turned into the first step of a longer and more complex process due to MOH internal institutional constraints.

EX ANTE (BASELINE) - BEGGINING OF THE YEAR			EX POST (EVALUATION) - END OF THE YEAR			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
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Q.3.3. What measures are in place to address problems arising from multiple fragmented pools? / Q. 3. 4. Are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits? / Q.7. 2. Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?	Support for the reform of the Health Basket Fund (HBF)	The evolution of the HBF has led to a loss of the fungible character and alignment of this tool with the Health Development Plan	Consensus on the reform of the HBF, validation of the reform tracks, their prioritization and the joint implementation planning by the MOH and DPs.	At the request of the MoH Permanent Secretary analysis and proposal of the HBF reform and support to the development of a performance framework.	Feedback and facilitation of high-level working groups to validate the proposed reforms, identify their degree of priority and the conditions for their implementation.	Key activity of the previous period, which took longer than expected due to turnover at the MoH Permanent Secratary level. A very interesting dynamic was initiated both at the MoH and DPS' level, within and outside the HBF, with a view to making it a central financing mechanism for the health care offer. This case is a key point of convergence that articulates a number of issues and approaches that the P4H-CFP is trying to promote, so it is a long-term case that could be a benchmark for the future, in the same way as the approach deployed in the framework of the Health Insurance National Agency (INAM).
	Budget Support alignment	Budget support is the primary contribution of the DPs to the Government of Niger budget. The lack of alignment between donors leads to fragmentation and a lack of coherence in the indicators used, which limits the potential of this support tool, including in the health sector.	A process of alignment of budgetary indicators is initiated by taking into account the public health and technical priorities of the MoH.	Review of budget support alignment strategies, discussion and validation of key sectors for the MoH, definition of indicators and proposal of their evolution over the next health development plan.	Mobilization of DPs on this issue and bilateral discussions with MoH directorates to ensure the relevance of the proposed areas and indicators.	The approach is being finalized and should quite easily find high-level technical relays with the new Permanent Secratary and DEP director. Links with other P4H focal persons or members of the network to reflect on the modalities of alignment of budgetary aid could promote the sharing of experience and lead to approaches / good practices.
	INAM	The policy of free health care in Niger is a patent failure and, at the same time, a key objective at the heart of the INAM and, through it, of the UHC strategy.	Creation of the INAM, definition of its statutes, its roadmap, the communication strategy of the UHC, start of the operationalization of the INAM within the framework of a strategy of piloting the new reforms within the MoH.	Technical accompaniment of the work of the UHC worling group, support for the definition of INAM's statutes, the steering bodies of the UHC, the communication strategy of the UHC, development of ToRs for key tools for INAM's critical activities (calculation of free-of-charge packages), negotiation and implementation of a "administration de mission" to prepare for the operationalization of INAM in connection with the "collective action initiative" (cf. L4UHC programme) approach and in connection with the L4UHC approach in general.	Support of the internal dynamics of the MoH, link between L4UHC and the other UHC support bodies, mobilization of the DPS on the issues of financing INAM within the framework of free services but also of alignment within the framework of Performance-Based Financing (PBF) approaches via a series of working and coordination meetings to identify and put into action the possible synergies	Here again, this is a long-term work that could become a flagship for the P4H position because it deals with a subject that is part of the network's purpose, but it is also organized around a change management strategy that is of interest to the Permanent Secratary and should be carried by the new DEP Director, and in so doing, it could feed into the reflections on the dynamics of L4UHC and the ways in which reforms are managed at the MoH level.

VIETNAM

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				Technical work	Collaborative work	
Support to the Health Insurance Law reform in line with international standards	Support to the Health Insurance Law reform process for adoption of reforms in line with international social security standards which foster greater equity, solidarity and sustainability of the SHI scheme.	The additional health insurance benefit package reform proposal threatens the equity, solidarity and sustainability of the scheme through caring for the needs of the better off and fragmenting the risk pool.	Provided inputs to law reform in line with international social security standards.		P4H members took part in dialogue efforts, namely through the presentation of countries experience and Viet Nam policy options reform, organized by the WHO in April 2022. The workshop was attended by P4H partners (ILO, WHO, World Bank) and Government officials.	Observed limited engagement of all partners in DP meetings beyond the WB and WHO.
					The CFP presented technical inputs and analysis of the policy options and priorities for the revision of the HI Law, along with WHO countries presentation and WB presentation on Provider Payment Mechanisms.	
	Support the Health Insurance Law reform process for the building of a shock-responsive SHI scheme.	The impacts of COVID on the scheme's sustainability need to further understood and acted on.				More DPs engagement should be fostered as well as more contribution on the P4H platform.

VIETNAM

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Strengthening national capacities for the effective implementation of evidence-based social health protection policies	Awareness raising and capacity building on SHP among rising SHP talents, professionals and the general population.	A culture of SHP is needed to insure effective promotion, take up, and implementation of SHP floors.	In 2020/2021, under the CONNECT/ ILO-Lux project, the ILO CFP has supported the development of a Master Degree on Primary Health Care Management and Social Health Protection, delivered by Mahidol University in Thailand. Courses and capacity building material are available to emerging and established SHP professionals.		ITCILO course on Social Health protection: the CFP is one of the Master trainer of the 7 weeks e-version of the flagship ILO training on Social Health Protection, implemented in partnership with P4H and Connect.	The DP training matrix is a good practice and could be replicated for other areas of work / with more partners.
				The CFP supported the development of a satisfaction index to measure satisfaction with social health insurance, as well as its operational framework, among members, and to recommend how to measure and document results of the index appropriately and systemically within VSS.	In October 2021: Presentation by ILO and Viet Nam Health Strategy and Policy Institute of a research paper on the impact of Covid-19 on the health insurance fund at the "25TH Global Social Security Forum: Social Health Protection in times of COVID-19 Crisis" organize by Korea Institute for Health and Social Affairs (KIHASA) to present initial findings from three research papers from Thailand, South Korea and Viet Nam.	
		The development of a local SHP talent base is key for effective and sustainable national capacity building efforts	In 2022, 6 students from Cambodia, Lao PDR, Nepal and Indonesia were selected to study the Master on Primary Health Care Management, with special track on social health protection. The classes will officially start on the 1st August 2022. As in past years, P4H experts will participate as resource persons and lecturers to the Master Degree during the academic year 2022/2023.			
					In December 2021 and March 2022: CONNECT-IBC Regional conference on the extension of social health protection in the Asia Pacific region and launch of the ILO Compendium "Extending social health protection: Accelerating progress towards Universal Health Coverage in Asia and the Pacific"	

VIETNAM

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				Technical work	Collaborative work	
Strengthening national capacities for the effective implementation of evidence-based social health protection policies	Support the Vietnam Social Security's capacity in actuarial analysis and use of evidence in social health protection policy-making.	Capacity on actuarial analysis are also almost non-existent among practitioners and policy makers, which hinders the ability of the scheme to be effectively managed and sustained as well as to project and plan for the extension of coverage to uncovered members of society.	Ten officials from VSS attended a 10-hour introductory training to the ILO-Health model and its basic functionalities, completing the regional training on actuarial analysis organized in Hanoi in 2019. The training was based on a mix of on-line sessions (4h) and individual work (6h). In 2022, the project developed a roadmap to conduct an actuarial valuation, including a detailed methodology, steps and responsibilities. A series of e-discussion were organized with VSS and the ILO regional actuarial expert in order to clarify central objectives for VSS in carrying-out an actuarial analysis.	Technical support through the review of Vietnam's Social Security's actuarial capacity in health insurance and recommendations for the strengthening of national social health protection actuarial valuation capacity: models reviewed and recommendations provided, with results disseminated.	Capacity building delivered in collaboration with the international training centre.	Collaboration with partners can be developed on the basis of new collaborative tools.

A PORTRAIT OF TEAM WORK

Brainstorming workshop on output-based financing and the integration of existing health financing (HF) mechanisms for Universal Health Coverage Phase-I, held in Mbankomo, 4 May 2022.

Shown from left to right (all ministries and offices referenced are in Cameroon);

Bottom row: **Robert Mbah (1)**, consultant in charge of health sector at KfW; **Ihong III (2)**, technical advisor, Prime Minister's Office; **Kakanou Ze (3)**, director of financial resources at Ministry of Health (MoH); **Aminata Tou (4)**, technical advisor at GIZ and P4H Country Focal Person (P4H-CFP); **Yohanna Duncan (5)**, team task leader at World Bank Group; **Modeste Gatcho (6)**, HF specialist at WHO

2nd row: **Josselin Guillebert (7)**, director of project at GIZ; **Evinard Gaston de Foix (8)**, head of labor promotion at Ministry of Labor and Social Security; **Samuel Attagana (9)**, staff at the Health Promotion Direction, MoH; **Kanaabe Fabrice (10)** in charge of budget programming for social sectors at Ministry of Finance; **Louise Bamba (11)**, technical advisor at BACKUP Health

3rd row: **Adama Booba (12)**, consultant in charge of health voucher mechanism monitoring at the Joint Programme Coordination Unit (UCPC) at MoH; **Adama Traore (13)**, technical advisor for health mechanism at Agence Française de Développement; Dr **Charlotte Odile Tchekountouo (14)** in charge of medical control for health voucher mechanism at UCPC, MoH; **Patrick Mache (15)**, coordinator of national health development plan at MoH

Top row: **Yannick Kouokeng (16)**, in charge of investment planning at the Ministry of Planning; **Mamadou Nasser (17)**, agent in charge of budget execution at MoH; **Enock Mfouapon (18)**, consultant in charge of Performance-Based Financing monitoring at MoH; **Hawaou Mariam (19)**, agent in charge of budget execution report at MoH, **Bartez Pazimi (20)**, lead of budget execution service in charge of HIV user fees at the MoH

SOURCE: AMINATA TOU, P4H-CFP IN CAMEROON

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