Annual Report

for the period

May 2011 - April 2012

Prepared by

the P4H Coordination Desk

1. Introduction

Providing for Health (P4H) is a global network launched in 2007 during the G8 summit in Germany, aimed at improving social health protection (SHP) and strengthening health financing systems to promote universal health coverage (UHC) in low and middle-income countries. P4H operates through an open network of partners, to date including the African Development Bank, France, Germany, the International Labour Organization, Spain, Switzerland, the World Bank and the World Health Organization. The purpose and focus of P4H is to support countries in developing effective, efficient, equitable and sustainable health and social protection systems for UHC and SHP, in particular for the poor and other disadvantaged populations. P4H support is country-led and covers a broad range: from coordinated technical support for the design and implementation of UHC and SHP policies, strategies and plans including capacity development to facilitate learning and exchange of experiences through conferences and the internet. The launch of P4H was an important landmark for promoting coordinated responses by external partners to accelerate countries' transitions to UHC. P4H does not promote any specific standardized model to achieve these aims, recognizing that options need to be developed within the particular macroeconomic, sociocultural and political context of each country.

The following summary report outlines the main developments and progress of P4H during the period 5/2011 until 4/2012. It provides an overview of **achievements, performance and challenges** in terms of country support and further development of the global network and its links to related networks, initiatives and coordination mechanisms in a changing global environment. Hence, this report may also serve as a strategic decision making tool for adapting P4H to the challenges, making good use of the opportunities and shaping the future of P4H.

Overall, the reporting period has been a successful year for the P4H network almost doubling the number of countries, adding new members at global and even more so collaborating network partners at country level. This report also illustrates how the quality of joint support provided by the P4H network has improved. Considering the increasing momentum for UHC and demand for support, P4H has evolved into a well-established mechanism for harmonising and aligning the growing investments in UHC and SHP.

2. P4H Country Support

There has been a steady increase in the number of countries where P4H support is provided: from **10 countries in March 2011** (Cambodia, Kenya, Mongolia, Nepal, Philippines, Rwanda, Senegal, Sri Lanka, Tanzania and Uganda) to **19 countries in March 2012** (the previous list + Bangladesh, Benin, Chad, Haiti, Indonesia, Lao PDR, Madagascar, Mali and Togo). A few other countries (Vietnam, Myanmar, Burkina Faso, Yemen) are already identified or have expressed their interest in collaborating with the P4H network.

The type of support provided **varied greatly** according to the level of advancement of the SHP/UHC topic in each country. In countries like Chad, Haiti, Madagascar or Nepal, the focus has been mainly on **building consensus** around the concept of SHP/UHC among national

authorities and the donors involved locally in order to gradually establish a national vision and later on develop a national SHP/UHC strategy and roadmap. In more advanced countries like Cambodia, the Philippines, Mongolia or Rwanda the support was provided for more **specific components** of already existing SHP/UHC strategies and action plans.

Some interesting developments have been observed with regard to the quality of the processes observed in the countries supported by the P4H network. The multi-sectorial approach promoted by P4H is applied and **plays an important role** for example in Chad, Haiti, Indonesia or Mali. In countries like Chad and Mali, the P4H network has facilitated the involvement of other ministries that are not directly in charge of SHP/UHC (the ministries in charge are the Ministry of Health in Chad and the Ministry of Social Development in Mali). Apart from ministries of health or social affairs/labour, **ministries of finance, planning and local government** are the most frequently involved in SHP/UHC processes. But this trend is not uniform and arrangements can be sometimes surprising: in Cambodia it is the national Council for Agriculture and Rural Development who is in charge of the national coordination of social protection policies, including the health pillar. In other countries (e.g. Kenya, Tanzania and Uganda), the multi-sectorial approach is followed with varying results, hence: opportunities to reinforce this dimension need to be identified.

Links between the work around the national SHP/UHC strategy and the broader social protection (all pillars, not only health) agenda have been developed in several countries: Chad, Cambodia, Haiti and Togo. In these countries, **synergies between** existing (or in the finalization process) **broad social protection strategies** and the activities of **the local P4H networks** have been initiated, for example in the P4H joint support plans. Nevertheless, there is room for further improvements in the other countries in relation to the activities of the Social Protection Floor Initiative or of UNICEF country offices' activities for instance.

Particularly during joint scoping missions, the P4H network provided in several countries recommendations to set up or reinforce **high-level steering bodies** in order to improve the overall governance and raise the profile of the SHP/UHC processes at national level. This type of body can be found for example in Indonesia (National Social Security Council which has been tasked to develop and monitor the national UHC roadmap) but is **usually missing so far in the African countries** supported by the P4H network.

Significant progress was achieved in **forming or broadening inclusive development partners' networks at country level**. Several scoping missions (Indonesia, Bangladesh, Benin, Haiti or Tanzania) were carried out involving development partners active in the area of health financing in these countries even if not members of the global P4H network (USAID, Canada, IADB, etc.). These successful country collaborations might lead to further global P4H network expansion in the near future.

The collaboration with the regional level of several development partners saw as well some improvements. The **WB regional Africa hub** was specifically targeted for 2011-2012 and led to their **involvement in several P4H missions** (e.g. Benin, Kenya) as well as to more systematic exchange of information with both the Nairobi and Dakar units. The partnership with WHO AFRO office benefited from the launching of P4H support in several Francophone countries.

In terms of monitoring of the country activities, the introduction of **P4H joint support plans in an increasing number** of P4H countries improved the capacity of the network to follow up on its added value and eased the planning processes of the P4H budgets allocated by several P4H development partners.

A more detailed account of P4H activities in supported countries including relevant documents can be accessed at http://www.who.int/providingforhealth/countries/en/ .

3. P4H global

3.1. Presentation of the P4H network in the 3rd International Conference on Health Financing in Developing and Emerging Countries (Clermont-Ferrand, May 2011)
The Clermont-Ferrand international conference on health financing takes place every five years and gathers numerous stakeholders (national authorities, academe, NGOs and development partners) involved in the area of health financing in developing countries.

The conference was for the P4H network an excellent **opportunity both to present the first lessons learnt** in the countries supported and at global level and **to liaise with country delegations** in order to explore opportunities for future collaboration.

3.2. Involvement in UHC global advocacy (London, December 2011)
Most development partners, including international NGOs and foundations, involved in the health sector agreed that it would be valuable to develop and implement an **appropriate advocacy strategy for UHC/SHP**. At the country level, over the next 4-5 years a number of countries will be reviewing where they are in relation to UHC/SHP and how their health financing systems are functioning. They will, hopefully, then develop and implement strategies for moving closer to UHC. This might result in a new or revised national health financing strategy for UHC/SHP, but most importantly it would lead to policy changes and more rapid progress. Recognizing that all **health financing strategy modifications have important political components**, the P4H network and its approach are well positioned to meet this growing demand and support these processes.

The P4H network partners WHO, GER/GIZ and the CD participated in the London global advocacy meeting that took place in December 2011. The overall goal was to support countries to do "at least one thing" to modify their health financing strategies to move closer to UHC/SHP. This was supported by the specific objective of seeking to ensure that **UHC/SHP is embedded in whatever internationally agreed development goals will replace the MDGs in 2015**. In practical terms, it means focusing on all opportunities to bring UHC/SHP into the global and regional debates between now and 2013 when the first negotiations about post-MDG development goals will take place.

3.3. Prince Mahidol Award Conference side event (January 2012)

The P4H network organized a **P4H side event during the Prince Mahidol Award Conference** (PMAC) in January 2012. This year, the PMAC was entitled "Moving towards Universal Health Coverage: Health Financing Matters" and focused on the same issues and objectives as the P4H network.

The P4H side event was **attended by approximately 70 people** (40 country representatives and 30 development partners' representatives) and covered the following topics: the link between the WHO Plan of Action for Universal Coverage and the P4H country support activities as P4H is one of the mechanisms that can contribute to both mobilize other development partners and harmonize the support provided; the presentation of the P4H approach and added value for clarification and feedback from the audience; the country perspective expressed by the country delegations during group sessions.

In term of **country needs**, the coordination both among national authorities and with the development partners as well as the central role of capacity development in the complex area of health financing (in particular through exchanges with more advanced countries) were the two major needs expressed during the side event.

3.4. Preparation of 2012 WHA

The P4H network has been active in the preparation of the **2012 World Health Assembly (May 2012) side event** "Overcoming Obstacles in Health Financing for Universal Coverage" organized by Switzerland, Germany and France in partnership with the P4H network.

The main objective of this side event is to present the developing **countries' perspective on their path towards universal coverage**. Several local P4H networks (Benin, Philippines, Cambodia, Kenya) have been activated to discuss and prepare the involvement of high-level national representatives in the side event. Two ministers of health, a permanent secretary and a national director have confirmed their participation.

3.5. Relation to other initiatives and coordination mechanisms

International Health Partnership (IHP+). Though P4H and IHP+ are global health initiatives with different mandates and approaches, there is, however, ample potential for synergies. A good example how both initiatives can complement each other is Uganda, where a review of the national health sector strategy based on the JANS[1] tool proposes the development of a comprehensive HF strategy - an issue previously raised by P4H. Further consultations with P4H partners and the participation of a high level Ugandan delegation in the PMAC have reiterated the importance of a strategic approach towards UHC. With UHC gaining momentum on the Ugandan health sector agenda, the MoH has eventually engaged in a HF strategy process, which is receiving support from the P4H network.

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[1] Joint Assessment of National Health Strategies and Plans;
http://www.internationalhealthpartnership.net/CMS_files/documents/joint_assessment_tool_EN.pdf

Harmonisation in Health for Africa (HHA)[2]. The P4H CD is in contact with the HHA secretariat to coordinate activities of both networks and mechanisms for harmonisation. Countries in Africa who seek technical support on health sector issues can channel their requests through the WHO country office or other network partners, which in turn can forward them to the HHA secretariat (regional WHO office) and/or the P4H CD (WHO HQ). A recent example is a request from the Kenyan Government for a review of their HF strategy, which was forwarded by the WHO country office to the HHA secretariat and the P4H CD, and resulted in a joint HHA/P4H response.

Joint Learning Network (JLN)[3]. From a P4H point of view, it would be preferred if support activities from other private networks such as the JLN would be integrated and aligned with country HF strategy processes. Hence the P4H CD has started information exchange with JLN and facilitates the inclusion of JLN in the (P4H) country level networks (e.g. in Bangladesh and Indonesia).

Social Protection Floor Initiative (SPFI). Though there is clarity about the conceptual complementarity of P4H and the SPFI, there are still challenges in generating synergies at operational level. It would be advisable to give this issue more consideration and to develop a more effective link for enhancing collaboration and coordination between both initiatives at country level.

4. P4H Expansion

4.1. New members
Spain and the **African Development Bank** newly joined the P4H network bringing the total number of members at global level to eight. USAID has expressed interest in P4H, however is still assessing the implications and formalities of membership. Discussions with other potential partners such as Thailand, UNICEF (thematic collaboration, partnering option D) and the Clinton Health Access Initiative (country level collaboration, partnering option A) are ongoing.

Spain: The Spanish political parties have formally expressed their support to the P4H initiative during a parliamentary debate that took place during the first semester 2011. Initial activities of the new partner include a comprehensive situation analysis of all the Spanish activities in the area of UHC. This first phase of the Spanish involvement will explore opportunities for collaboration and assess the resource requirements for Spanish technical support and possible contribution to P4H activities in countries. The mapping of the Spanish activities will not only cover AECID programmes but also other levels (Spanish regions, cities, etc.) and other institutions as well (universities, training centres, etc.). A few institutions that have already been identified as part of the mapping are: OISS (Organizacion Ibero-americana de Seguridad Social); FIIAPP (Fundacion Internacional Ibero-americana de Administracion Politicas Publicas); ISCIII (Instituto de Salud Carlos III). Simultaneously, AECID will try to activate its network with a P4H presentation during the next annual meeting in Madrid.

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[2] http://www.afro.who.int/en/clusters-a-programmes/hss/cluster/hha.html
[3] http://www.jointlearningnetwork.org/

African Development Bank (AfDB): UHC and SHP are high on the future agenda of AfDB, and are integrated in their new overall strategy, which covers 3 pillars: competitiveness; value for money in service delivery; and social cohesion and risk protection. AfDB is in the process of building up a team of health economists that will complement their current efforts. AfDB has offices in more than 30 countries with approx. 25 experts in health, social protection and education. These offices are supported by AfDB regional resource offices in Pretoria and Nairobi. AfDB intends to strengthen the dialogue between the Ministries of Finance and Health. In this context, AfDB is planning a workshop with MoF and MoH in July 2012 in Tunis. Furthermore, South-South learning and collaboration will play an important role in their future support.

So far AfDB has mainly relied on the HHA mechanism to coordinate their activities with other development partners. However, the P4H network is seen as a complementary mechanism to scale-up their efforts in the area of UHC and SHP. The close link between HHA and P4H is greatly appreciated.

4.2. Other potential members

USAID: There have been several contacts with USAID colleagues and their implementing partners, e.g. Abt Assoc. and MSH, where they are part of the (P4H) country networks (e.g. Bangladesh, Benin, Tanzania). This has led to discussions with USAID HQ in Washington, who expressed interest in P4H, in particular the soft network architecture, the (P4H) approach and being a platform for information sharing. The decision to join P4H at global level is pending.

Thailand. Based on the observation that Thailand/IHPP is providing technical support on UHC to several countries that are receiving P4H support, the CD initiated dialogue and exchange of information with Thailand's International Health Policy Programme (IHPP). The purpose was to explore the potential for collaboration and possible participation in the P4H network. The IHPP has a strong focus on research, mainly to inform Thai policy; comprises 14 researchers working on HF and many other health related priority areas in health; responds to adhoc requests from other countries financed by requesting country or third party; South-South component for technical support is not clearly defined. Potential for collaboration in countries where both, IHPP and P4H, are involved exists in: Nepal, Bangladesh, Philippines, Sri Lanka, Lao PDR, Vietnam and Uganda (request for study visit to Thailand). There is general interest in P4H, however IHPP still wants to clarify the added value and the possible implications of joining P4H in terms of workload and type of resources that would be expected from them and or their National Health Security Office.

UNICEF: The health section of UNICEF in New York is interested in UHC and SHP; and has for example carried out a Health Insurance survey in several countries with support from the Rockefeller Foundation (RF). Though HQ would like to explore collaboration with P4H on reducing access barriers, the decentralised structures of UNICEF have not yet decided if they want to pursue this agenda. Though the RF would like UNICEF to stay engaged). Possible countries for (thematic) collaboration: Uganda, Malawi, Vietnam, India, and China.

Clinton Health Access Initiative (CHAI). More recently, CHAI has contacted the CD and expressed interest in joining P4H under Partnering Option A (country level collaboration only). CHAI has initially been working on HIV/AIDS, assisting countries with GFATM proposals, unit costing, paying-for-performance in maternal and child health, resource tracking and institutionalising national health accounts (NHA). Now, with new funding from Swedish International Development Agency (SIDA) and Norwegian Agency for Development (NORAD), CHAI wants to tackle the issue of sustainable HF in five African countries with a strong and long-term commitment to UHC (Ethiopia, Rwanda, Malawi, Zambia and South Africa). CHAI has already carried out some scoping visits in these countries meeting with MoH, MoF and some DPs (WB, WHO, USAID, GIZ, etc.) at country level. So far, the participation in (P4H) country networks would only apply to Rwanda, possibly to Malawi as a potential future P4H country. However, CHAI may also help P4H to explore expansion of support to the other mentioned countries they are supporting.

4.3. Renewed commitment of founding P4H members
After a positive internal evaluation of the German contribution to P4H in 2011, the **German Federal Ministry for Economic Cooperation and Development (BMZ) renewed its commitment to P4H** and commissioned a 2nd 3-year funding phase from 2012-2015. This also includes continued support to the P4H CD during this time period.

4.4. Open networking at country level
The open multi-sectoral network approach at country level has facilitated collaboration with development partners that are not formally members of P4H at global level, e.g. **USAID** (which projects are most of the time implemented by Abt Assoc. and MSH), **EC, DFID, Belgium Technical Cooperation, SIDA, UNICEF.** Though it has not always been easy to explain what P4H is or to promote the P4H identifier, once understood there is generally broad acceptance of the flexible network approach among involved partners, which in turn increases the scope for harmonisation and alignment.
The experience over the last year shows that a designated coordinator of the network at country level significantly helps to strengthen the support process in terms of harmonisation and alignment, as well as ensuring timely implementation of agreed upon joint outputs.

4.5. WHO Plan of Action
WHO has developed a Plan of Action to support countries to modify their health financing systems so they can move more rapidly towards UHC and sustain the gains they have made[4]. The plan has already attracted substantial resources and constitutes an important reference document for potential new investors wanting to kick-start their support in the area of UHC/SHP. Some of these resources will be used to strengthen WHO's role and participation in P4H activities in selected countries. Through P4H CD participation in planning and coordination meetings, the action plan indirectly helps to **harmonise the global level investments** for UHC of DFID, EC and AusAID with ongoing country support of the P4H network where applicable.

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[4] World Health Organization, Health System Financing: The Path to Universal Coverage, Plan of Action

5. P4H Development

5.1. More clarity on P4H approach and added value

Based on the experience over the past 3 years, the P4H CD has prepared a document summarising the approach and added value of the P4H network. The document serves to provide more clarity on how P4H works with countries. It identifies some key entry points for optimising the process of joint support of the P4H network partners in addition to current and future bi- and multilateral contributions to UHC and SHP. The P4H **approach** at country level focuses on two main areas of intervention: Support to country-owned national strategies for the transition to UC and SHP, based on a multi-sectoral process and guided by a respective roadmap; and open multi-level networking and collaboration for harmonised bi- and multilateral support, guided by a joint support plan. The accumulated experience of the past 3 years points to four ways in which P4H can **add value** to joint network responses: by connecting different sectors; combining technical and political dimensions; and providing more and better support. The document can be used as a communication tool for P4H, and could help existing and new partners to reflect on how they can best contribute to joint support according to their mandates and comparative advantage. Finally, it could also serve as a framework to assess P4H performance.

5.2. Reflections on the future of P4H

In addition to the increased P4H country portfolio and membership, there are several other positive developments concerning the external environment and context P4H is operating in: the rapidly growing global momentum for UHC has generated more interest and commitment in low- and middle income countries to move closer to UHC, as well as more demand for technical support. There is also more interest among development partners and more investments for UHC at global and at country level: this trend reiterates the importance of effective mechanisms for coordination, harmonisation and alignment with national policies and strategies. For P4H to maintain its role and purpose in the future, P4H needs to be sensitive to the changing global context and identify **options for optimising its relevance, standing and performance**. Hence, the P4H Steering Group has engaged in a process of reflecting on the **need for adaptation**, as well as some possible scenarios for further developing P4H to meet the increasing demand for support in a flexible, tailored, integrated and coordinated manner.

5.3. More emphasis on Capacity Development

A number of capacity building activities have been supported by the network partners such as study tours, attendance of conferences (PMAC) and training workshops (flagship course in Nepal and Paris), and links to technical level Communities of Practice (CoP) on HF and UHC. During the P4H TCG meeting in Bern in 2011, a more systematic and comprehensive approach was suggested, adapting the international **Capacity Development concept with its three dimensions** people, institutions and social framework conditions to the area of UHC and SHP. The partners have agreed to develop a tool for assessing the Capacity Development needs at country level, while it was proposed to integrate support to Capacity Development activities in national UHC and SHP strategies. The WHO Plan of Action provides an additional platform for broadening collaboration in the area of Capacity Development. WHO and GIZ have already started to exchange ideas about the content for such a tool.

5.4. Some issues that may require attention

There are some issues that have repeatedly surfaced which would need clarification and resolving to further enhance the performance of P4H.

P4H is commonly referred to as a network. However, what does this mean? Do all partners have a common understanding about **the (P4H) network** and their respective roles? The P4H PMAC side-event showed that some partners, even interested new partners that consider joining, are somewhat concerned about losing visibility behind the P4H label. Partners prefer a platform where their contributions are visible and acknowledged; a coordination mechanism that respects their mandates and builds on their comparative advantages. Suggestion: clarify among P4H partners what networking means and what the implications, in particular the opportunities and benefits for its partners are; then communicate this innovative, adapted and agreed upon **network concept** among partners at different levels to foster a common understanding.

Another issue refers to the concepts of **UHC** and **SHP**. These two concepts, quite close and even interchangeable in some circumstances, are nevertheless based on specific perspectives. It may therefore be useful for the P4H network to develop a common understanding of these specific perspectives and to underline their added value for the dialogue among P4H partners and with national authorities, while respecting the preferred terminology at country level.

6. Communication

Following the strategic direction given by the April 2011 Steering Committee meeting, a **particular emphasis was put on the P4H communication** strategy and tools in the last twelve months. The P4H Coordination Desk worked mainly on four issues: standard documents and presentations, the P4H flyer, the P4H website and the publication of three "Success stories".

The standard Powerpoint **presentations were updated** to reflect on the latest developments, the increase in the number of countries supported and the expansion of the P4H network. The Coordination Desk made a particular effort to graphically represent the multi-sectorial perspective (health, social, finance and others) of the P4H network. These presentations as well as the P4H Key Messages document were all **translated into French** in order to be used in the francophone countries.

The first version of the P4H flyer was prepared for the P4H Forum that took place in Berlin in November 2010 for the launching of the WHR 2010. All P4H partners agreed it would be useful **to revise the P4H flyer for the PMAC** in January 2012. Inputs from all P4H partners were received during the last quarter of 2011, they were consolidated by the Coordination Desk and a designer was contracted to improve the layout and graphics of the flyer. The modified P4H flyer got ready just in time for the PMAC and was circulated during the closing session of the conference. The P4H flyer is nevertheless still work in progress as the World Bank team kindly proposed a new version recently.
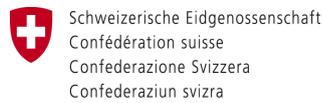
The P4H website (http://www.providingforhealth.org) was **regularly updated** by the Coordination Desk. Before being published on the P4H website, the updates are sent to a

professional editor as editing has been outsourced by the Coordination Desk. These web-based country updates are now the main tool for following up on the activities of the P4H local networks.

Three **"Success stories"** (Burundi, Cambodia and Rwanda) booklets have been **published and printed** for the G20 meeting on the social dimension of globalization organized by France in October 2011. The publication of the "Success stories" was coordinated by the WHO HSF department and the design was outsourced.

Following internal P4H discussions held during the PMAC, the P4H CD is also preparing a proposal for new services to be provided by the CD: this proposal is based on setting up a **P4H Intranet** that would enable access to a **comprehensive database** including country contacts, internal and public domain reports, national regulations, etc. Other services like a dedicated communication platform (for monthly or ad hoc P4H calls) and editing / formatting of documents could as well be considered.

The P4H members:

World Health Organization

ILO

Federal Ministry for Economic Cooperation and Development

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