



# Annual review

2016-2017



# Celebrating a decade of operations

---



**Let us make UHC a reality. We share a vision, we have the tools and we are ready. Welcome to the P4H Network - A global network for health financing and UHC**



P4H is celebrating its first decade of achievements, and gives us member organizations a lot to reflect! Ever since its inception in 2007, this unique network for health financing, economics and social health protection has proved effective, adaptive, and creator of value.

Indeed, the P4H Network has always been driven by a constant objective to provide its members and partners with effective support, whether through setting-up collaborative frameworks across numerous countries to optimise stakeholders' activities, or through unrivalled capacity to transform information into knowledge, then insight, and ensure this precious resource was widely disseminated to inform us, decision-makers at national and international levels.

P4H adapts, and that is the very fabric of this Network: being a change agent is in its DNA, which is the only way to thrive given its unparalleled positioning, spanning health ; finance ; and social sectors. In sum, the P4H Network constantly morphs to develop methods of work, technical abilities as well as a perspective that combines the strengths of all these sectors. P4H has spearheaded collaborative efforts towards Universal Health Coverage at a time where UHC was yet to be the foremost priority on the international agenda.

It is precisely because the P4H Network has always invested in harnessing good will; competencies ; and a strong political commitment to support economic and

social growth that it created tangible value, through better understanding, better knowledge, and better products and services as well.

Thanks to these, as well as a dedicated team of focal points at regional and country levels offer adequate and expert response to the needs of countries and organizations committed to progressing towards UHC and making social growth a reality.

In addition to the deployment of these expert advices and services, the P4H Network is also increasingly recognised as instrumental to make the UHC 2030 a dynamic field for networks' collaborations.

By essence operational and result-driven, P4H is on the right track. This first decade is an opportunity to take stock of the considerable achievements of this Network, and also to encourage it to carry on adjusting, adapting and offering high performance across the boards to support its ecosystem. Happy birthday P4H!



**Jacques Mader**  
Head of Health, SDC

# A year at a glance

---



## Network extension

The achievements of the Network, particularly in the field of product development (such as the L4UHC) have led potential new members to express their interest in joining forces with the P4H Network: Morocco, Kazakhstan have already sent formal applications while discussions are still being held with European institutions as well as other countries across North Africa and South East Asia.



## UHC2030

An active member of the UHC2030 movement, P4H has developed a high-performance Web platform which offers users an unprecedented capacity to co-produce knowledge, manage activities at regional and country levels. Networks with a global health remit have shown renewed enthusiasm and gratefulness to P4H for offering a similar web platform, which adequately addresses their needs.



## Leadership for UHC

Last year has been a very busy one for the P4H Leadership for UHC programme. Two cycles were implemented simultaneously, the first one in Asia and the second in Francophone Africa. Multisectoral teams representing more than 60 individuals from 7 countries went through the journey of self-discovery, unification around a common operational purpose and interaction with their respective UHC systems.

A qualitative monitoring tool was introduced to gather evidence on how participants' perceptions and behaviours change over the course of a cycle

(Sensemaker tool) and some very promising developments were observed in some of the participating countries: adoption of Social Health Protection frameworks, signature of UHC related executive orders, set up and staffing of UHC co-ordination unit, etc. It is of course very difficult to fully attribute these developments exclusively to the P4H Leadership for UHC programme but the links have been pointed by the participants themselves and the P4H Network is ready to embark on further cycles on the basis of these encouraging first results.



## Product development

P4H strives to be at the forefront of product development to best support its members and partners, and help them anticipate future trends to progress towards UHC. As such, P4H is in the process of developing a Regional Network kit to enable more integrated regional collaboration in the fields of social health protection and health financing. A "how to Network" kit is also being rolled out to contribute to the setting-up of sister networks aiming at strengthening health systems. Finally, the monitoring and evaluation tool for health financing strategy will reach its testing phase and be piloted in a set of selected countries.



## Effective Co-ordination team

With a team of 4 staff the Co-ordination Desk ensures stewardship from Geneva as well as Washington DC where it is mainly based, but is increasingly relying on a growing team of focal points at country and regional level to drive effectiveness and performance.



Co-ordination Team meeting, March 2017



## A jointly developed plan brings together global and country level activities, further develops inter-country collaboration, provides flexible space for innovation taking P4H products and service to the next frontier.



These focal points are at the frontline of collaboration facilitation, knowledge creation but also insight circulation which remains one of the main strengths of the P4H Network.

The P4H Co-ordination Team (CT) comprises the P4H Co-ordination Desk (CD) and the Regional/Country Focal Points (R/CFP). The CT has experienced a steady increase in numbers at the P4H CD (to 4) and R/CFP (to 8) over the past years. These are encouraging developments enhancing the organisation and

functioning of the CT as core service structure, backbone and face of the P4H Network. In support of the functioning and expansion of the Network, the CT defined key areas of work and expected results, assigned roles and responsibilities of CT members, and clarified the division of labour. A jointly developed plan brings together global and country level activities, further develops inter-country collaboration, provides flexible space for innovation taking P4H products and service to the next frontier.

# P4H at the centre stage

P4H is a global network dedicated to social health protection and universal health coverage through insight and knowledge brokerage, technical assistance co-ordination and policy dialogue advocacy. P4H is committed to promoting health systems strengthening, equitable access to quality services and financial risk protection. The P4H network supports the health related SDG and the UHC target specifically. The P4H Network comprises a broad mix of international partners and investors in Universal Health Coverage with different mandates, purposes, comparative strengths, and sector affiliation.

P4H combines the normative and technical support with the political commitment, financial contributions and wealth of expertise and experience of its member organisations to help national and international stakeholders progress towards Universal Health Coverage.

The P4H Network aims at co-producing and sharing Knowledge; brokering relationships between health, finance and social sector professionals; manage country-collaborations; and develop products and services to progress towards effective Universal Health Coverage.

## Logos and name of member organizations



World Health Organization (WHO)



France – Ministère des Affaires étrangères et du Développement International (MAEDI)



International Labour Organization (ILO)



Germany – Federal Ministry for Economic Co-operation and Development



World Bank Group



Spain – Spanish co-operation agency



Asian Development Bank (ADB)



Switzerland – The Swiss Agency for Development and Co-operation (SDC)



African Development Bank (AfDB)



The Global Fund



USA – United States Agency for International Development (USAID)

# P4H Network

Health financing and social protection for Universal Health Coverage

## Platform

Key figures about the platform

**800+**   
Registered online members

**35+**   
Countries

**13+**   
Multi- & bilateral partners

**10+**   
Focal points

## Change agent

Thought leadership across sectors



Products & services crafting

Knowledge & insight brokering

Leadership capability building

Health system performance empowering

## Marketplace

Value creation pathway

 Connecting & reaching out across sectors

 Building bridges between countries and partners

 Enhancing strategy, design & implementation performance

 Securing value for the money & progressing towards UHC

### P4H works as:

A unique congruent expanse between health, social protection and public finance, stemming from the proactive dynamics of the Network;

A hub for knowledge and insight garnered at global level (amongst member organizations) as much as at local level (thanks to an unparalleled network of focal

points) which partners would have difficulties garnering without relying on the P4H Knowledge exchange impulse;

The mainspring for a tangible change in the country co-operation and co-ordination methods in the area of health financing, leading to more catalytic connections between stakeholders.

# What have we achieved?



**11**

Member organisations



**21**

Health financing strategies supported



**8**

Ongoing membership discussions



**70+**

Participants in the L4UHC Programme



**36**

Countries with collaborations



**850+**

Registered users part of our ecosystem



**9**

Focal points to serve country collaborations



**17**

International partners engaged

## Focus on... Cambodia key achievements

- ✓ Endorsement social protection policy – the country officially embarks on UHC
- ✓ Joint official communication by P4HC+ partners on principles for health financing system
- ✓ 3 Rapid Result Initiatives achieved as part of Leadership 4 UHC
- ✓ Active collaboration on selected programmes/ projects
- ✓ P4HC+ 17 multi- and bilateral partners

# Snapshot on our operations

---

## Inter-departmental collaboration and co-ordination

Since health financing and social health protection is a cross cutting area of work, the P4H CD began to exert efforts to ensure better collaboration and co-ordination among diseases specific programs, health financing and health system departmental work within WHO. This initiative was welcomed by the Essential Medicine Department with which P4H collaborates to produce Guidelines on Health Technology Assessment for better health economics, but also the Global TB, NCD, maternal and child health, WHO emergency response programs and the team working on health financing, health system governance and service delivery. P4H is frequently invited and involved in program specific discussions and facilitated exchange of information. The CD also invites relevant departments and teams in discussion of specific topics for collaboration. In April 2017 organized a lunch time seminar on governance of public and private partnership for UHC which involved experts from other departments such as NCD.

## Inter-agency collaboration and co-ordination

The P4H CD continued to improve and establish partnerships with traditional and new partner agencies. In collaboration with the GIZ, a review of the lessons learnt from single national health insurance in the Philippines started. It aims to analyse and document more than 30 years of experience of national health insurance scheme operation and reforms in the context of UHC. In collaboration with SDC, the CD also facilitated the work to synthesize and publish a paper that captures the main findings, useful lessons and recommendations from the 2016 Geneva Health Forum discussions on leaving no-one behind. Partnership with the Inter-Agency Task Team on social protection care and support which is co-chaired UNICEF and the World Bank Group and co-ordinated by the UNAIDS Secretariat has resulted in development and finalization of HIV and Social Protection Assessment Tools which is now available for use to generate evidence for policy and action on HIV and Social Protection. Contacts were established with the World Vision (WV) based on mutual interests to explore further partnership opportunities.

The WV is the largest international NGO working nearly in 100 countries to provide support to children and families to alleviate poverty among other services. The CD organized a session on health resource tracking for health and capacity building during the UHC Day in December 2016. The CD initiated the work to produce a taxonomy paper to discuss the frequently interchangeably used two terms for UHC and Social Health Protection with intentions to have inputs from WHO and ILO technical teams.

## Expanded collaboration in countries and regions

One of the work objectives of the P4H CD is communicate and explore expanded collaboration with countries and regions. P4H advocacy and awareness increasing activities were undertaken with interested experts from China, Kazakhstan, Kyrgyz Republic, Japan, the Philippines, Republic of Korea, Singapore, Tajikistan and Thailand. Further a concept note was developed to discuss regional networking opportunities in Asia. Contacts established with OECD which plans to launch the first Asian Joint Network of Senior Budget Officers of OECD and non-OECD countries in May 2017. Other contacts with European institutions may also lead to requests to collaborate and join the Network in the coming months.



# Country collaborations

---

The examples of country collaborations presented hereunder aim at exemplifying current collaborative frameworks facilitated by the P4H Network, bolstered by its team of focal points at country and regional levels. For more in-depth information or for understanding of collaborations in other countries where the P4H Network is present, please meet us on our Web platform: [www.P4H.world](http://www.P4H.world).

## West Africa

### Geographical Span of activities

During the 8 months of the considered period of time, a number of field assignments enabled provision of technical advisory support to countries. This was the case for Benin, Mali, Sao Tome and Togo and of-ten demonstrated typical P4H Network organizational dynamics. As such:

1. Training provided in Mali was a joint activity with NGO “Save the Children”,
2. The assignment carried out in Benin was a joint mission with the P4H Network Co-ordination Desk (P4H CD), the World Bank, the Belgian Development Agency (BTC), the Global Fund and GAVI, and
3. In Togo a joint activity was performed with the Global Fund.

Besides this, the Adviser played a substantial role in the deployment of the P4H Network Leadership for UHC (L4UHC) flagship training programme as well as the rolling out of other P4H activities, as illustrated by the Co-ordination team meetings held in Vancouver, Canada as well as in Oxford, UK).

Throughout this time, a strong and continuing focus on the provision of adequate technical expertise to



Burkina Faso was ensured, in line with the strategic orientation aiming at building evidence about tangible UHC progress in francophone Western Africa.

In addition, joint activities with the Western Africa Health Organization (WAHO) were carried out, enabling operational connections with English speaking countries as well as with the Accra-based regional office of the American co-operation agency (USAID).

## Activity outcomes

### Country level

The table below summarises the comprehensive activity outcomes as well as progress achieved leading to further development stages:

	HCF strategies	SHI	Milestone to come in 2017	P4H support to come
<b>Benin</b>	The revision of the HCFS is programmed / scheduled	Partners' support to ARCH project is coordinated	ARCH project is designed including joint DP support workplan	A national focal point has been identified & regional advisor will closely follow-up
<b>Burkina-Faso</b>	A second draft version of the HCFS is ready to be submitted to the Steering Committee	An actuarial study is about to be carried out, after which the SHI Agency will be created	HCFS has been adopted and the SHI Agency has been set-up.	The Policy Adviser / regional focal point focuses on Burkina
<b>Mali</b>	The HCFS strategy dated 2013 has been updated - it should be discussed at ministerial level	The last studies before shifting to a national SHI are planned	The HCFS is adopted. The legal provision for SHI are drafted and ready to be incorporated in a Bill. The Focal Point is in place.	A focal point has been identified (AFD funded Project main TA)
<b>Niger</b>	The need for clarification of orientations is understood	The priority settings have put the support to supply side before any SHI project	The conditions are met for a P4H focal point to start working.	The opportunity for a focal point has been discussed with the Minister
<b>Sao Tome &amp; Principe</b>	Major pillars of a possible HCFS have been identified	A specific study could be carried out for a national SHI		P4H has been introduced to DPs but no plan for continuous support in that sense so far
<b>Togo</b>	A roadmap of the HCFS development in 2017 is about to be shared	The need for increased domestic resources has been anticipated	HCFS drafted	Regional advisor will follow-up closely

- In addition to the main activities detailed above, other pre-identified opportunities for a P4H regional network of focal points include:
- The scheduled appointment of a Health Financing Adviser in Mauritania. This position would be contracted out by BTC, and could become a P4H Network national Focal Point, upon agreement with the BTC as well as with other Development Partners (DPs)
- The availability of financial resources to fund a P4H Network Focal Point position based in Senegal (with the support of the World Bank)
- The optimization of WHO staff's presence in Côte d'Ivoire to be committed to supporting the P4H Network
- The development of work leads with the Accra-based USAID regional office as regards the P4H Western African Network development

### Other levels

- Leadership for UHC programme: The francophone session of the L4UHC proved a recognized success. This could in turn help replicate and amplify similar product development and roll out at regional and national levels alike.
- P4H Network Co-ordination Team: The P4H Network Co-ordination Team is now fully operational and committed to continuously providing added-value across the P4H activities. This will be achieved through a range of quality products and services, amongst which the above mentioned exclusive training programme, as well as the digitization of all P4H operations thanks to a new Web platform dedicated to Knowledge and insight brokerage, Collaboration development and an unparalleled market place for a variety of stakeholders involved in global health. The P4H Network work plan is underpinned by a clear-cut strategic positioning as well as thought leadership in its field of activities, enabling progressive capacities and opportunities development.



## Madagascar

Madagascar adopted the national UHC strategy in December 2015 with the support of P4H. In spring 2016, a study how to implement the strategy (with regard to the strategic objective 1,2 and 4) was prepared and delivered to the government in August 2016. The study was financed by P4H partners AFD and GIZ and outlines a number of first implementation elements, for example the institutional set-up, as well as points to areas that need further exploration – that is for example a more detailed health financing strategy. The health financing strategy is now being elaborated by USAID, Palladium. First results are to be expected in May 2017.



**The study was financed by P4H partners AFD and GIZ and outlines a number of first implementation elements...**



In September 2016, a P4H focal point funded by GIZ was deployed to Madagascar and first visits and links with all relevant partners were established: with the German Embassy, the Worldbank, WHO, UNICEF, ILO, UNFPA, AFD, the French Embassy, Monaco Co-operation, USAID, a number of NGOs working in the area of health financing and community based insurance (mutuelles) etc. In December 2016, a joint partner review with the Ministry of Health took place. Since March 2017, there are regular P4H meetings to discuss and inform about the UHC

plans and how to support Madagascar in a coordinated matter, this also to prepare for the upcoming comité de pilotage de la CSU under the chairmanship of the Prime Minister that will first take place in the beginning of June 2017.

Since November 2016, Madagascar takes part in the Leadership for UHC program, and has formed an inter-ministerial group that is very active to support the progress of the reforms: the group defined their first joint goal as to develop and adopt the legal regulation to establish the national health insurance agency. This would allow starting the piloting of the insurance agency in 3 districts of Madagascar with a total of 100.000 populations. The regulation was adopted on 19 April 2017 and signed by 5 ministries under the lead of the Prime Minister's Office.

The process to develop the regulation started in October 2016 and was accompanied by three national workshops in November and December with representatives from all regions and areas, including civil society. The team of the Leadership Group assisted especially in the last phase during January and February 2017 to finalize the regulation and to circulate in their respective Ministries for validation.

In February 2017, the ambassador of Germany – organized by the P4H focal point – invited the Leadership Group to a working lunch with the Minister of Health and the heads of the main P4H partners to further foster the political and inter-sectoral support for UHC. The Madagascar Leadership group is composed by representatives from the Ministry of Public Health, the Ministry of Labour, the Ministry of Finance, the Ministry of Population and Social Affairs, the Ministry of Economy, the Parliament, the Senate and the Prime Minister Office.



Further P4H topics to support the UHC process here in Madagascar over the past year were (besides the establishment of the national health insurance agency):

- Elaboration of the multi-annual multi-sectoral action plan to implement UHC (along the 6 strategic orientations of the strategy)
- Options of how to make use of the capacities that exist within the various mutuelles – options how to integrate them into the institutional set-up of UHC (as operators for the district insurance agencies for example)
- Options how to establish the Fonds Dédié that is supposed to finance the contributions of the poorest population to the health insurance scheme
- Preparations of the GFF Investment case for mother, child and adolescent health

## Cameroon

The UHC agenda has been reactivated since 2015 by the Government of Cameroon, under the leadership of the Ministry of Public Health. Via the National Technical Working Groups for UHC and Health Financing, this dynamic involves many stakeholders like Ministries of Labour & Social Security, Finance, Social Affairs, but also Parliamentarians, trade unions, the private sector, organizations of the civil society, universities and development partners.



**A well-known and active Cameroonian non-for-profit organization, “Positive Generation”, is about to become a member.**



P4H started accompanying the UHC process with a limited number of partners (ILO, WB, WHO, France, CHAI and GIZ). This “P4H group” was officially created in November 2016 at the request of the “Health DPs group” in order to become its sub-group “Health financing for UHC”. Thanks to this recognition and visibility, other actors have joined the cluster, among which multilateral (UNAIDS and UNFPA) and bilateral (USAID) partners, as well as NGOs (CARE, CIDR, Malaria No More). A well-known and active Cameroonian non-for-profit organization, “Positive Generation”, is about to become a member.



To support the country, the P4H group provides technical and financial assistance to implement the road map guiding the design of the health financing strategy for UHC in Cameroon.

Over the period March-April 2016, a study was carried out, with a consultant recruited by ILO, to analyze and redefine the role of Mutual benefit societies in the perspective of the future UHC frame. This contributed to shape the UHC architecture, which was validated during a national workshop in November 2016, in presence of the Ministers of Health, Social Affairs, as well as Women and Family Promotion. This achievement resulted from a participative and learning process involving several actors in working groups, who proposed three scenarios. In the one selected, it is expected to set up a Social Health Insurance scheme. Simultaneously, a review of the multiple existing approaches in Cameroon to target the poor led to the validation of the harmonized national methodology to cover the most vulnerable in the framework of the UHC plan.

To complement this work, with the support of the World Bank, a political economy study, a fiscal space analysis and a Public Financial Management study contributed to prepare the Health Financing Situation Analysis. The first draft was shared with the civil society and private sector in November 2016, before being approved during a national workshop. This step led to the next phase of

health financing strategy design as such. After internal consultations within the national technical working groups, the main axes of the strategy were defined between March and April 2017.

In addition, another study was conducted to analyze the cost recovery mechanisms used in health facilities and their adequacy with the UHC architecture. The related report was presented to the HF/UHC technical groups and validated in April 2017.

Another major activity in progress is the definition of the minimum benefit package. Several groups of experts proposed options which were consolidated and validated in April 2017. The definition of healthcare protocols and the costing will be undertaken in the second quarter of 2017, while a deeper fiscal space analysis will take place in parallel. This will aim to present different options to the government before the end of the third quarter.

### Tanzania

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) continued shaping the health financing strategy (HFS) draft throughout 2016 with the support of and in close co-operation with P4H partners:

In April 2016 it finalized a minimum benefit package (MBP) modeling and costing exercise supported by USAID, in order to get clarity on the different options of MBP which could be adopted as part of launching a Single National Health Insurance (SNHI). The package will largely focus on strengthening primary care services with some services at secondary care included up to regional hospital level. The latest HFS draft (January 2017) gives some general indications on the packages to be offered and phased in upon endorsement of a SNHI.

From the beginning of 2016 P4H was critical in accelerating the work of a Community Health Fund (CHF) implementer's group under the Health Financing Technical working group (development partners supporting Tanzania in the scale up of its CHF system) which supported the MOHCDGEC in developing a plan for harmonizing CHF approaches throughout the country and in line with the draft HFS – preparing the ground for a potential SNHI. A draft "improved CHF action plan" was presented at the end of 2017, showing important changes to the current system by introducing more strategic purchasing mechanism, a purchaser – provider split, uniform benefit package, provider payment mechanism and a pooling structure at regional level administered by the current National Health Insurance Fund (NHIF).

The action plan has now been finalized and is awaiting its launch in order to be applied in initially 50 districts across TZ – this is an initiative by the MOHCDGEC supported by development partners (largely P4H members) preparing the ground for implementation of the draft HFS once endorsed by cabinet.

In order to enable the endorsement of the HFS, the MOHCDGEC requested P4H partners to support the conducting of an actuarial assessment as part of the requirements for finalizing the HFS cabinet paper. Here USAID and GIZ – Tanzanian Health Program teamed in a joint P4H effort to engage a group of international and national consultants which produced the assessment in December 2016.

During the first quarter of 2017 the results of the assessment were reviewed under participation of the HF TWG and considered for the revision of the HFS cabinet paper.

As for the status of the HFS: MOHCDGEC submitted the related cabinet papers in December 2016 which the Cabinet returned to the ministry requesting revisions and incorporation of actuarial study results in January 2017. P4H partners (GIZ-P4H sector program and USAID through its PS 3 project) supported the relevant cabinet paper revision workshops in February and March 2017.



The cabinet paper's re-submission took place in May 2017, passed the Cabinet Secretariat entry level and are ever since further reviewed by the Cabinet's inter-ministerial technical committee.

On the advocacy side P4H has also been key in assisting the Ministry in the preparation of their HFS related advocacy to Parliamentarians, with the last session conducted in early 2016 strongly supported by the USAID HP+ project with co-ordination and facilitation support from the P4H focal person.

This was followed by an advocacy event to development partners (DP) in October 2016 aligning DP voices around harmonized messages for HF support in preparation of the Budget discussions 2017/18 and JAHSR (November 2016).

As internal work the CFP finalized the documentation on the HFS development process for Tanzania incorporating a review of the political factors contributing to the UHC process and the HFS (as potential P4H product). The document was shared with the P4H co-ordination team in March 2017 for feedback before sharing with a wider-circle.

GIZ-P4H sector program together with WHO conducted a process assessment of the first implementation phase of the Ministry's Results-Based Financing Program. The assessment results were presented to the HF TWG end of 2016 and recommendations taken up by the designated RBF Team of the Ministry for the further roll-out of the system.

### East African Community

In January 2017 the CFP Tanzania supported the GIZ EAC program in its annual planning workshop with the EAC Secretariat for their joint program on the establishment of a SHP portability roadmap. Areas where identified for EAC co-operation with P4H, namely:

- Partner identification and co-ordination
- Sourcing of technical and financial support
- Establishment of a regional information and exchange platform on SHP and UHC
- Capacity development in the area of HF and SHP

With support from GIZ P4H and GIZ EAC program, the Secretariat elaborated and submitted an official request for collaboration with P4H to the Co-ordination Desk at WHO, resulting in a planned P4H scoping mission to take place in June 2017. Here the Co-ordination Desk together with the TZ CFP will explore jointly with the EAC Secretariat potential areas and modalities of co-operation.



### Kenya

In October 2016 – a Kenya P4H partner workshop was conducted and facilitated by the P4H CD and RFP to explore where P4H could further help Kenya in partner co-ordination around the HFS development. Some interesting recommendations, possibilities were discussed and documented. A concrete, uniform request from the Kenyan partners is still outstanding despite regular follow-up.

GIZ-P4H supported a high-level Kenyan delegation of stakeholder in the organization and conducting of a Universal Health Coverage study tour to Germany and Estonia late 2016 with the scope to draw important lessons from those two countries useful for the strengthening of the Kenyan health financing and social health protection system. A P4H facilitated follow-up workshop was planned for early 2017, which, however, has – due to other priorities of Kenyan P4H partners not yet taken place.

### Cambodia

The approach to operating P4H activities in Cambodia was revamped. The impetus was given by the US\$175 million Health equity and Quality Improvement Program, a pooled funding arrangement for the Cambodian health sector under the spirit of the sector-wide approach (SWAP), whereby P4H was considered for co-ordination of related activities. Major development partners under H-EQIP are the World Bank, KfW, KOICA and the Australian Department of Foreign Aid and Trade while the Cambodian government shoulders US\$90 million.

P4H was enlarged to encompass 16 bi/multilateral partners and renamed P4HC+ with C indicating Cambodia and + accounting for organizations that have not joined at global level like UNICEF, UNFPA. A modus Operandi was formulated and agreed upon by all. This document stipulates P4HC+'s mission, vision, objectives, working principles and means of communication.

P4HC+ and its Modus Operandi were introduced to the Ministries of Health, Economy and Finance, and Labour, the three major players in the field of social health protection in Cambodia. A secretariat consisting of representatives of GIZ and SDC was established, later joined by a junior coordinator who is financially supported by USAID, while P4HC+ is currently jointly chaired by the World Bank and USAID. The secretariat produces a regular newsletter highlighting major developments related to health financing for social health protection in Cambodia, together with an overview of relevant publications as well as exchanges and updates on partners' activities. These newsletters and respective documents are retrospectively fed into the new P4H web portal.

Increasingly P4HC+ is becoming an active platform for collaborations between agencies in addition to coordinating and aligning activities to the maximum extent. Such collaborations include joint financial supports for a Flagship Course, study trip to Indonesia to learn from their approach to managing social protection activities and reforms, and advising each other on developments of support initiatives like projects and programs in the sector of social health protection. Every 6 months an overview of scheduled activities by agencies in support of the aforementioned three ministries is updated. However, because of the need for keeping track with recent developments explained below, a more pro-active approach whereby partners inform each other of embryotic ideas complements this overview.

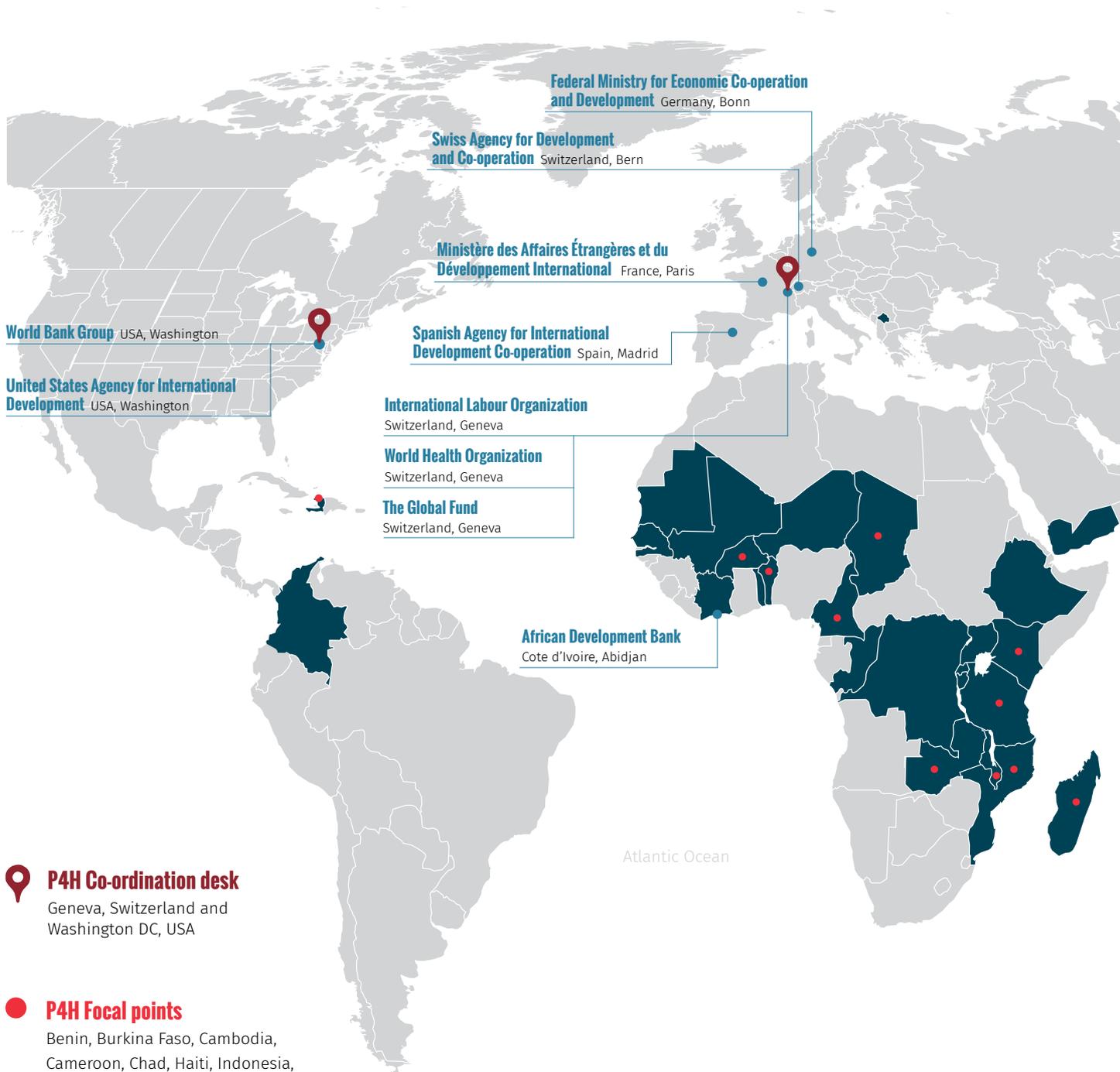
This pro-active approach was prompted by the endorsement of the Social Protection Policy by the Prime Minister in July 2017 whereby UHC is officially

embarked on. P4H contributed to development of this policy by assisting relevant government representatives to critically appraise it and to make informed choices amongst various options. The structural arrangements for implementing and operating health financing for UHC were formulated during the first module of the L4UHC. The Cambodian delegation participated with much gusto and emerged as a strong team from the program. Instead of one Rapid Result Initiative they successfully tackled three of them, all in the context of the Social Protection Policy: [1] seeking agreement amongst relevant stakeholders for the contribution rate by civil servants for social health insurance, translated into and officially endorsed sub-decree; [2] formulation of Terms of Reference for a semi-autonomous payment certification agency that will certify claims to social health protection schemes by health care providers; and [3] developing tools and training curriculum for a quality enhancement program with training of Master Trainers.

In anticipation of the formulation of a law to embed the Social Protection Policy selected P4HC+ partners suggested a set of principles, intended as a guide along which to formulate statements and provisions to continuously develop, establish, and refine a sound system for health financing for UHC. The suggestions are based on known international practices with due consideration of the Cambodian historical, socioeconomic and cultural context and in the light of existing legislation. For a variety of reasons these principles have not yet been communicated, principally because formulation of the law has been interrupted by interesting positive developments that will form part of the next activity report.



# P4H across the world



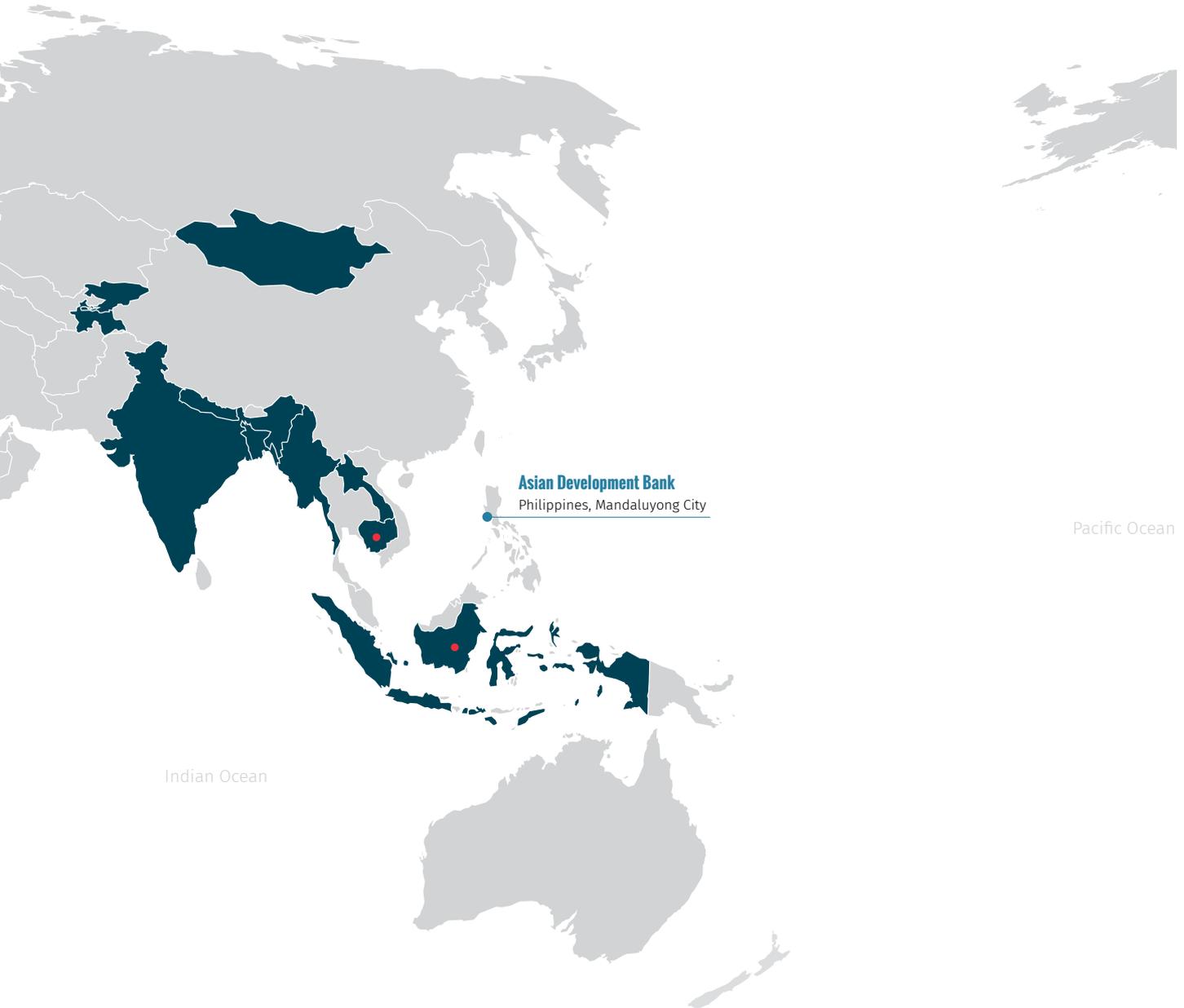
**P4H Co-ordination desk**

Geneva, Switzerland and Washington DC, USA

**P4H Focal points**

Benin, Burkina Faso, Cambodia, Cameroon, Chad, Haiti, Indonesia, Kenya, Madagascar, Malawi, Mozambique, Tanzania, Zambia

**Location of member organisations**



**36 countries have partnered with P4H across the globe**

Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, Colombia, Congo, Cote d'Ivoire, RD Congo, Ethiopia, Haiti, India, Indonesia, Kenya, Kosovo, Kyrgyzstan, Lao PDR, Madagascar, Malawi, Mali, Mauritania, Mongolia, Mozambique, Myanmar, Nepal, Niger, Rwanda, Senegal, Tajikistan, Tanzania, Togo, Uganda, Yemen, Zambia

# Flagship Products

## L4UHC

The Leadership for UHC programme can lead to more inclusive and multi-sectoral stakeholder involvement by strengthening the awareness of the need for broad ownership of change to achieve sustainable results; assist in unblocking, reviving and accelerating UHC processes by establishing trust between stakeholders through a joint project and a protected environment; be a catalyst for P4H supported Health Financing strategy processes, complementing and leveraging technical inputs (studies, flagship, etc.) with skills and tools for dealing with the adaptive aspects of UHC reform.

The P4H Leadership for UHC program has been developed by WB and GIZ under the umbrella of P4H; it is year-long program that supports country practitioners and teams on the “how to” of UHC reform with face-to-face workshops, action learning and coaching support; it has been first piloted in Africa region including teams from Ethiopia, Kenya, Uganda, Nigeria, South Africa, and Zambia.

It is based on an understanding that solutions to society-wide challenges such as UHC reform are not found in blueprints from elsewhere; they need to be developed in an adaptive process by those involved in and affected by change. It also stems from the assumption that UHC will only happen if leaders bring their individual qualities into a collective effort, and ultimately aims at supporting individual leaders to develop their leadership competencies; and facilitates ongoing UHC reform processes by bringing together a team of selected influential stakeholders.

L4UHC rolled out in Africa as well as Asia Led to more inclusive and multi-sectoral stakeholder involvement by strengthening the awareness of the need for broad ownership of change to achieve sustainable results; Assisted in unblocking, reviving and accelerating UHC processes by establishing trust between stakeholders through a joint project and a protected environment; Served as catalyst for P4H supported Health Financing strategy processes, complementing and leveraging technical inputs (studies, flagship, etc.) with skills and tools for dealing with the adaptive aspects of UHC reform.

## Web Portal

The P4H digital platform is designed to enable members to connect and joint efforts. This platform is a hub. It is a dashboard. It provides adaptive network space, and the possibility to get involved on both global and local levels across health; social and finance sectors.

It is the first global digital network on health financing and social health protection, and offers a unique pathway to knowledge, multi-dimensional collaboration and a marketplace to connect with others in the global health community.

The platform enables users to:

- Share real time insights at global and local levels
- Have interactive access to knowledge including case studies, good practice and communities of practice
- Get involved in country and regional activities
- Access topical information such as news and events
- Use a variety of online tools designed for interactive experience
- In addition, the web platform is designed to foster quality work standards and process, improving project and activity management.

The new P4H Network web portal is designed to empower members and stakeholders to access, diffuse, and share knowledge and promises to “change your experience both as a web user and a stakeholder.”



## P4H is proud to support the UHC2030 movement and to increase integration within the UHC2030 family, alongside other global networks.

“P4H is proud to support the UHC2030 movement and to increase integration within the UHC2030 family, alongside other global networks committed to health development and performance. This is a contribution in the spirit of full collaboration that underpins our teams working across UHC2030 networks. We thrive through mutual support, catalytic and synergetic work”.

### M&E Tool

A unique aspect of the P4H tool is its coverage of political economy issues. The tool is premised on the reality that policy reform working towards UHC will involve stakeholders and institutions outside the health sector, and that such reforms can be influenced by a wide range of motivations. Understanding these motivations of relevant stakeholders, the relationships between stakeholders, and distribution of decision-

making power are key to forging tenable strategies for UHC/SHP advancement. As a number of P4H Network member countries transition from HFS development to implementation, a prime opportunity for HFS quality assessment and P4H collaborative support is at hand.

A P4H working group consisting of ADB, France, Germany, ILO, the P4H Co-ordination Team, Switzerland, WHO and the World Bank has recently completed version 1.0 of the P4H Monitoring and Evaluation and Learning Framework and Tool as a start of the art instrument for assessing the quality and transformative power of HFS for UHC/SHP through a joint learning process. More importantly, the tool aims to assess and improve the quality of related P4H collaboration, resulting in self-monitoring and documentation of good practices and lessons learned.





Find us on:

---

**www.P4H.world**



**Disclaimer**

This Annual Report contains general information about the P4H Network and is intended for informational purposes only. The information contained in this Annual Report is a summary only of the activities carried out by the P4H Network during the period between June 2016 and June 2017. It is not complete, and does not include all material information. Please refer to the P4H Network website [www.P4H.world](http://www.P4H.world) for further information concerning specific activities or contact a staff member of the P4H Network Co-ordination Desk.

Photo credits: GIZ; Pixabay; Helga Malher. No reproduction without permission