



# Annual review

---

2017-2018



# Who dares wins!

## Who dares wins! The spirit of entrepreneurship and initiative a key factor in the continuing success of our Network

Across the health sector, the impetus for better systematic performance throughout health systems in order to progress towards Universal Health Coverage permeates all levels of the international health agenda and national strategies alike. And this year proved again particularly intense for the global health community. This is of course a year of celebration, marked by the 40 years of the Almaty Declaration on primary healthcare.

This essential milestone, which highlights the spearheading role of the Republic of Kazakhstan in global health, coincides with the first year-anniversary of this country's joining the P4H Network as a member. More than ever, Kazakhstan is at the forefront of health transformation to enable universal access to adequate care for all, a policy commitment that is shared by all P4H members.

Quite naturally, this year's annual review wished to single out Kazakhstan and underline its substantial engagement for global health. In addition to the tribute of its cover, featuring the magnificent Lake Almaty as an echo of another beautiful Lake situated in Geneva, where the Network hosts its Co-ordination Desk, the current review will offer insight into a year of commitment to UHC in Kazakhstan.

More broadly, 2017 and 2018 provide robust evidence of how the P4H Network empowers the global health ecosystem through the development of successful products as well as initiatives, or expert advice. This annual review outlines how our Network strived and achieved help, support and technical input to the global health community, in particular through its successful Web platform, which 7 Networks in total will have adopted by the end of the first year of its existence! This is an unprecedented endeavour, one that unites and builds bridges across health communities.

**P4H is a thriving Network. Its country activities reflect a know-how which is increasingly recognised, as well as echo throughout regions of the world where we, member organisations of the Network are particularly active.**

Similarly, it is the inception phase of the P4H Turnkey Network Tool which helps set up two global networks: one on regulation system strengthening, the other on health technology assessment. A clear indicator of the performance of our network may be drawn from the fact that both times P4H was requested by international partners to bring its know-how to bolster the operationalisation of sister networks.

In addition to this, 2018 witnessed a strategic turning point with policy makers across the world increasingly grasping the importance of addressing the burden of Non Communicable Diseases (NCDs). Glancing at the past 12 months provides indeed ample demonstration of the steep rise in awareness across the board. As always the P4H Network pioneered support in this field, fully aware that NCDs account for more than two-thirds of the global burden of mortality!

Illustrative of the active role played by our Network are its participation in the Global NCDs conference co-organised by the Lancet and WHO in Copenhagen in April 2018, to speak about Capital investment in health as a driver of health expenditure as well as future performance; its contribution to the management, production and publication of the Bloomberg and WHO global report on NCDs economics specifying the return on investment on prevention policies; as well as its participation in the publication of the WHO High Level Commission report on NCDs.

P4H is a thriving Network. Its country activities reflect a know-how which is increasingly recognised, as well as resonate throughout regions of the world where we, member organisations of the Network are particularly active. This is the case in particular of the African continent, where many of us have contributed to better, more effective health financing policies.

France appreciates the efforts carried out to accompany African partners in the roll-out of their strategies to progress towards UHC. Health, human and

social development across the continent spring from the continuous engagement of multi-stakeholders, from policy and decision makers, populations, as well as international partners amongst which France is fully present.

As a founding member, France pledged its support to this Network more than 10 years ago. This commitment to the full achievement of the objectives set out for P4H takes many forms, from the funding of a position sitting in our Co-ordination Desk to the organisation of our annual meetings, such as the March meeting held in Paris for the members of the P4H Technical Co-ordination Group and of course the hosting of the annual Steering Group meeting under the prestigious auspices of the Ministry of Foreign Affairs in its historical buildings in Paris.

At a time where more members express their interest in joining us, we all face the opportunity of broadening our Network and welcome new ideas, initiatives and experience. This spirit of innovation of the P4H Network is well alive and contributes to our constant growth and strengthening. Let us all carry on acting and creating for UHC. As the motto goes: who dares wins!



**Jean-François Pactet**  
Assistant-Director  
Human Development Directorate,  
French Ministry of Europe and Foreign Affairs



# P4H at the centre stage

P4H is a global network dedicated to health financing, economics and social health protection in order to progress towards universal health coverage. It favours a multidisciplinary approach to empower health, social and finance sector policy makers 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.

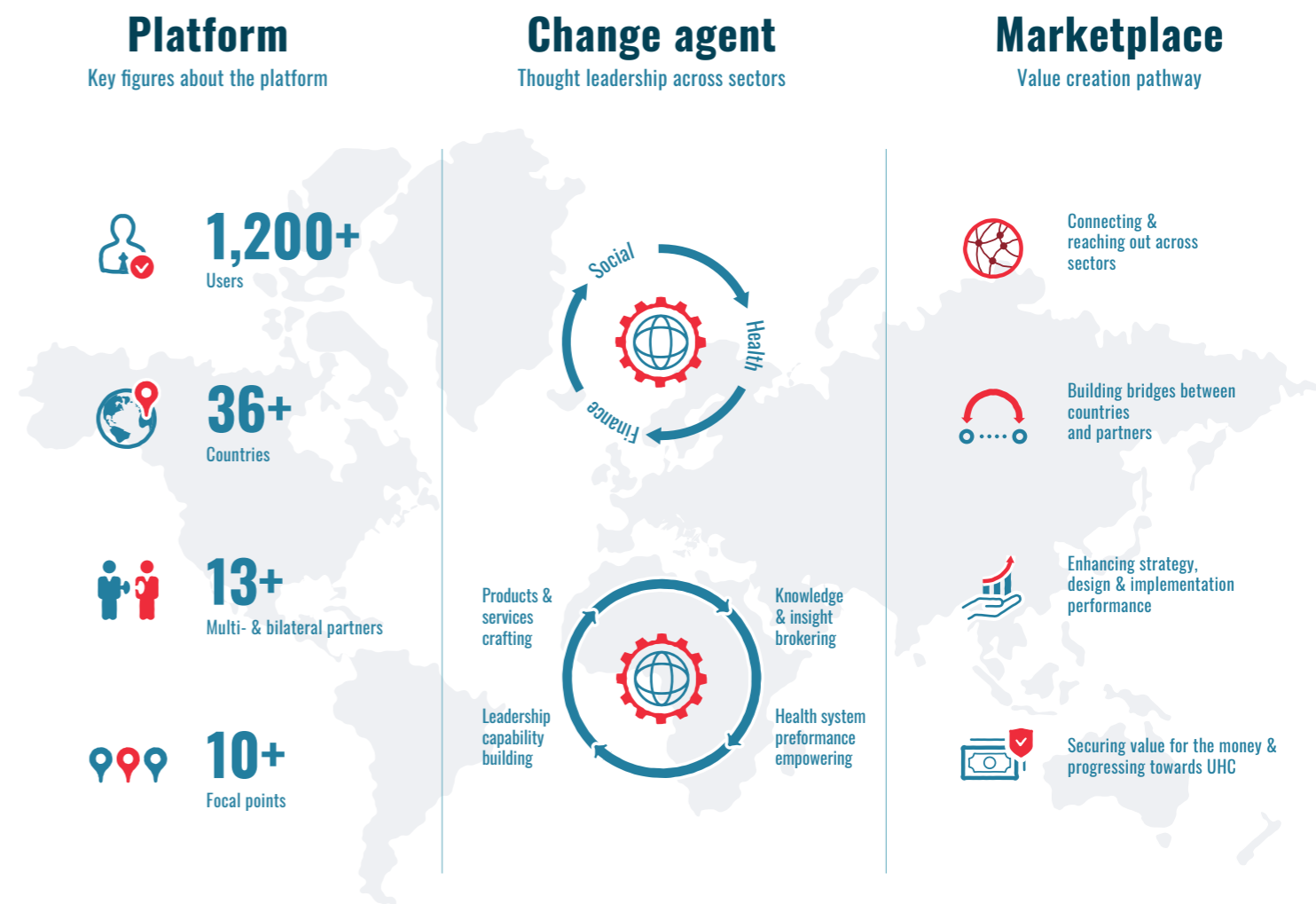
The P4H Network aims at co-producing and sharing Knowledge; brokering relationships between health, finance and social sector professionals; manage country-collaborations; and develop products and services to progress towards effective Universal Health Coverage.

## Logos and name of member organisations

	World Health Organisation (WHO)		Germany – Federal Ministry for Economic Co-operation and Development
	International Labour Organisation (ILO)		Kazakhstan - Centre for Health Economics
	World Bank Group		Morocco - Minister of Health
	Asian Development Bank (ADB)		Spain – Spanish co-operation agency
	African Development Bank (AfDB)		Switzerland – The Swiss Agency for Development and Co-operation (SDC)
	The Global Fund		USA – United States Agency for International Development (USAID)

# P4H Network

## Health financing & economics and social health protection for Universal Health Coverage



### 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 organisations) 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.

# A year at a glance



## Network growth

P4H is more than ever a striving network which leading-edge approach to international collaboration across health financing and economics draws attention from numerous stakeholders. The products and expertise focus of the Network in particular have enabled to engage discussions with 6 new applicants such as the Council of Europe Development Bank, the Seoul School of Public Health representing Korea, China and the Russian Federation which have already submitted their application to join the Network, as well as European countries and institutions which have expressed an interest in participating, such as Belgium and Croatia. The Network is fully aware of the opportunities stemming from these candidatures, and has worked on a change of its governance rules to accommodate the growing success and corresponding growth of its membership base.



## Inter-Network collaboration

As part of its engagement with other Networks committed to the UHC2030 agenda, the P4H network has significantly increased its operational collaboration with other global health networks. Using the P4H Web platform product which is now used by the Governance Collaborative, the Health Data Collaborative, and soon by the UHC Partnership as well as 5 other Networks (the CIP Network for Regulatory System Strengthening, the Health Technology Assessment Network, the SPARKS Network and the International Nursing Network part of GHWN), the P4H has initiated an unprecedented day-to-day co-operation: networks talk to each other, exchange, share strategic information and design new operational collaborations at country level.



## Product development

Two of the networks above are also using the support of the P4H Network to design their own strategic and operational framework. Upon the request from their funders (Switzerland and the Gates Foundation) they have approached P4H to use the «Turnkey Network Tool» and set-up their network, thus creating a close relationship with P4H.



## Web platform: full success

The Web platform was developed a year ago to enable full digitization of work processes. It was meant to enable networks to engage their ecosystem and increase work performance through the use of digital tools. This space has proved successful beyond expectations. While P4H Web users have increased more than 40% in the first year, 7 Global health networks have already used or are in the process of implementing this platform, available through «white labelling», i.e. a replication process. With the active help of the P4H Co-ordination Desk, these Networks are now shifting to compatible Web platforms and have spread the word, with other networks now reaching out to P4H to know more and envisage to join and benefit as well from this P4H landmark product.



## Thriving Co-ordination Team

The WHO-hosted Co-ordination Desk, under the stewardship of the Network Co-ordinator, is fully complemented by a growing web of regional and country focal points, whose wealth of expertise and experience are instrumental to broker insight, manage activities, strengthen relationship and co-create knowledge across the board. The Co-ordination Team is fully operational, and smoothly operates as an integrated international team.

# TCG - increasing collaboration



Co-ordination Team meeting, March 2017

The Technical Co-ordination Group (TCG) is one of the governance groups of the P4H Network for health financing & economics and social health protection. As such, it has a large ambit and its scope of engagement spans the following areas:

- ✓ Preparation of the work plan and information of the Steering Group of the Network
- ✓ Design of practical collaborations between member organisations
- ✓ Insight in key trends across the health, social and finance sectors
- ✓ Exploration of new technical and/or methodological avenues to be cleared by the Steering Group, thus paving the way for new activity or product development

In practice, the Technical Co-ordination Group endorses a variety of roles. Empirically, the TCG meets on average once a year and focuses mainly on the preparation of the strategic orientation to be cleared by Steering Group members.

This year's meeting was held in Paris, France, at the invitation of the Ministry of Europe and Foreign Affairs and Expertise France. Representatives of implementing agencies took this opportunity to comprehensively map their on-going operations at country level in order to increment their level of co-operations. In addition to effective collaborations in the field to support UHC-prone policies, members of the TCG discussed the main trends across health sector development: the burden of NCDs, the SDG Health price tag and the cost of attaining health targets pertaining to UHC, as well as the use of HTA to inform decision making in health.


The wealth of expertise and experience shared led to new initiatives as well as a better understanding of the complementarity and synergies amongst members of the P4H Network.

# What have we achieved?

 **13**  
Member organisations

 **7**  
Networks currently implementing the P4H Web platform

 **6**  
Ongoing membership discussions

 **2**  
Networks using the P4H Turnkey Network Tool - network setting-up support

 **37**  
Countries with collaborations

 **1,200+**  
Registered users part of our ecosystem

 **12**  
Focal points to serve country collaborations

 **750+**  
Followers of the P4H activities on our social media platform

## New initiatives.... P4H on the move

✓ **UHC High level Forum, 12-15 December 2017, Tokyo, Japan**

The Tokyo Forum provided opportunities at the highest political level to discuss UHC. P4H co-organised a side event on “Health System Financing and Social Health Protection for UHC: Role of Comparative Health System Analysis and Regional Collaborations in Asia” with speakers from P4H member organisations, namely ILO, WB, BMZ and Kazakhstan. The event underscored the role of health financing and social protection partnerships in moving towards UHC.

✓ **Proposal to strengthen decision makers' capacities in the field of health economics, March 2018, Morocco**

At the request of new P4H member the Ministry of Health of Morocco, the P4H Co-ordination Desk met with decision makers in Morocco and prepared a proposal to develop training options to strengthen health stewardship capacities in the field of health economics. The range of five options will be further discussed in order to build ad-hoc certified training modules enabling to shift the handling of quantitative and predictive methods to anticipate health trends changes and consequences in financing needs, as well as forecast the return on investment to be expected from health policy choices.

✓ **Second Social Protection Action Research and Knowledge Sharing (SPARKS) network meeting, 30-31 May 2018, Stockholm, Sweden**

P4H partnered with the WHO Global TB program to establish SPARKS network in 2016 in collaboration with the Karolinska Institute and the London School of Hygiene and Tropical Medicine. P4H presented its new global digital web platform which will be useful for SPARKS to create a web platform to facilitate and disseminate information and evidence.

✓ **An expert meeting in Asia: Private sector participation in health, June 2018, Ho Chi Minh Ville, Vietnam**

P4H initiated an expert meeting to discuss P4H Asia network platform in collaboration with School of Public Health, Seoul National University in March, 2018. The network meeting will be jointly organised in collaboration of the Centre for Health Economics (CHE), Chulalongkorn University in Bangkok in November 2018. A concept note spanning the extent of Private Sector Participation in Health was developed based on the expertise of the P4H Co-ordination Desk, shared and very well received by the different stakeholders in June 2018.

✓ **ILO training course on Social Health Protection-addressing inequities in access to health care, 02-13 July, 2018, Turin, Italy**

P4H was invited to co-organise the training course in 2018 and was involved in developing and updating its program and in providing technical inputs into selected sessions ranging from the global health policy agenda to the economics of NCDs and capital investment as a driver of health expenditure to achieve UHC. The course opened up discussions on inequities in accessing to health care aimed at UHC in low and middle income countries.



# The P4H Co-ordination Team at your service !



Increasingly the P4H Co-ordination Team operates as an integrated driving force behind international collaborations. A matrix-structured approach enables to delve into a range of technical and organisational skills to empower progress towards universal health coverage.

With the full support of the P4H Network Steering Group which condoned a more integrated method of work across continents to serve all countries on the path to UHC, the Co-ordination Team has further accelerated its operations at global and country levels. The course of action sketched out by the Steering Group members enabled all team members to shift their focus onto a product-oriented approach to address the challenges of health systems. In addition to the provision of expertise spanning health financing, economics, health systems strengthening as well as institutional capacity building, the members of the Co-ordination team have increasingly ensured that they can rely on the breadth and depth of team members and a wide array of technical and organisational skillmix.

As a result, the members of the team, which comprises of the Geneva-based Co-ordination Desk staff members under the leadership of the P4H Network Co-ordinator and the regional and national focal points across the world, organised a joint working programme. This close collaboration enabled the carrying out of projects that drew upon the combined expertise of team members.

It translated into the Focal points based in regions and countries managing Web spaces dedicated to their area of work. Regular meetings such as monthly telemeetings or occasional meetings on the occasion of important international events stemmed from this constant striving to build a team spirit, perspective as well as effective processes.

# The P4H Web platform - An unprecedented success



This is certainly the best investment that the Network ever made.

Ch. Kurowski, The World Bank

## How successful is the web platform?

The P4H Network has created a state-of-the-art Web platform that incorporates innovative functionalities to allow the management of collaborative activities; network and broker as well as co-produce knowledge; develop contacts and interactions amongst others.

This digital work space was designed according to the principles of white labelling, i.e. with a capacity to be entirely replicated (wireframes, IT architecture and the whole of the functionalities) and made available to

sister networks in the global health arena as part of the commitment to progressing towards UHC.

This product is in line with the P4H Network's mandate to empower global collaboration across the global health community and enable sister global health networks to develop effective, high-performance digital work spaces to bolster the engagement of their stakeholders as well as increase their footprint in their respective areas of specialisation UHC.



Already 4 Networks are currently using the P4H Web platform: in addition to P4H, the Governance Collaborative (governance and institutions), the Health Data Collaborative (health information systems) and the CIP Network (regulatory systems strengthening) are already benefiting from their own operational platform.

By the end of 2018, 4 other networks will have implemented or started the rolling-out of their platform using the P4H white labelling: the UHC Partnership, the SPARKS Network, the HTA Network as well as the International Nursing Network (part of GHWN).

Besides this, the P4H Co-ordination Desk has been extensively consulted by other Network interested in taking on the Web platform: UHC2030, the Partnership for Maternal, Newborn and Child Health, the Global Fund, the Gates Foundation, the Bloomberg Philanthropies NCDs network, the Service Delivery Network, and the WHO Joint Working Team on UHC.

### Web platform in a nutshell

The Web platform is a digital tool that enables to enhance Network users' experience through:

- A personal, right-based and user-friendly dashboard to manage preferences and activities;
- Real time insight sharing at global and local levels through a calendar that syncs with any devices, semi-automated newsletters and alerts;

- Access to interactive knowledge (case studies, good practices, communities of practice) that can be co-produced between groups and communities through a range of tools;
- Country and regional activity involvement with distinct spaces and collaborative areas;
- Access to topical information (news and events, synched with social media accounts);
- Engagement through a variety of tools design for a more interactive users' experience such as in in-built chat available on all pages and between users as well as an in-house instant survey module enabling consultations;
- Contact development through a personal contact book and a possibility to send contact requests to registered users (while personal details are protected);
- Intuitive understanding of the web spaces' organisations through « universal object » page structuring enhancing UX throughout the platform as well as similar networks' web portals (e.g. infographic-intensive pages to prompt key data, interactive timeline for an understanding at a glance of the projects in place or the policy agenda steps);
- A unique ability to manage spaces, projects or the whole platform through a sleek back-end that operates on any devices;

### Web platform highlights:



Manage products, activities, relationships and knowledge with the required levels of confidentiality



It incorporates unprecedented functionalities such as a calendar that syncs with all devices



Users will own their dashboard to define the areas of knowledge they are interested to follow



The new web portal has been designed to empower members and stakeholders in accessing, diffusing, sharing knowledge



### This platform is a real global public good

A. Soucat, WHO



- In addition, the Web platform is designed to foster quality work standards and process, improving project as well as activity management, while complying with the stringent copyrighted materials use and data confidentiality protection requirements from all member organisations and stakeholders. All users are therefore called to agree on terms and conditions prior to using the restricted space of the platform (and the agreement is stored electronically).
- Users will own their dashboard to define the areas of knowledge they are interested to follow, the community of users they want to interact and collaborative with, and what countries and regions they want to be involved with. All of these services will enable them to do better what they do best: work towards UHC with unprecedented insight into health systems.
- The new web portal has been designed to empower members and stakeholders in accessing, diffusing, sharing knowledge. It also aims at proposing to network members a comprehensive perspective

on the work activities, planning and ultimately link the different work streams together to amplify the efficiency, impact and added-value of the work achieved.

- It incorporates unprecedented functionalities such as a calendar that syncs with all devices; the possibility to have instant surveys on any topics to engage stakeholders; instant chat rooms to engage a worldwide audience; and completely secure, confidential spaces to co-edit, share and work on sensitive insights and documents.
- Networks are therefore able to secure an integrated, high-performance web portal which ergonomics attracts users, help disseminate knowledge, enhances co-operation, support reporting. In sum, the web portal overhaul will primarily respond to key priorities from the CIP network's standpoint: manage products, activities, relationships and knowledge with the required levels of confidentiality, while ensuring a « no closed door » UX.
- The use of the platform helps shift the dissemination of insight available at granular and global levels; contribute to performance development; develop the network's social footprint through intense flows of information and insight to influence, impact the larger global health ecosystem across relevant social media paired with the web portal.

# TNT - The Turnkey Network Tool... How to set-up your Network ?

Conversely, Networks are flexible in nature, which is illustrated by the fact that they are not separate legal entities. They are collaborative spaces hosted by international organisations, which require them to abide by a certain number of rules regarding their

- status and organisation (which have to be specified in terms of reference);
- governance (it is mandatory that a steering group comprising of representatives of the member organisations meet regularly and is responsible for strategic decisions. Networks are also encouraged to designate member organisations' representative to ad hoc technical working groups to help delineate and implement work plans);
- and accountability (e.g. operations and activities are subject to administrative, financial, procurement and HR rules as well as legal oversight).

P4H is an example of a Network which experience, method of work as well as work processes have led other burgeoning initiatives to reach out to its Co-ordination Desk to request support to set-up their own Networks.

## TNT: What are we talking about?

The collaboration between the P4H Network and the CIP Network stems from a specific request from common constituent Switzerland. As a result, the P4H Network designed a proprietary product, the Turnkey Network Tool (TNT). This TNT is an off-the shelf tool box based on a set of materials to fast track the setting-up of an international network and help define as well as set-up:

- A legal framework assessment – benchmarking preferable options based on the aims and objectives, constituency, scope of work;
- A governance structure – template Terms of Reference to set up a Network and the rules applying therein are included in the TNT;
- A management structure – template framework for a Secretariat / Co-ordination Desk as well as regional and country-based focal points (complete with JD);
- Activity management processes to successfully implement PARK objectives: Product development – Activity management – Relationships and networking – Knowledge co-production & brokering;
- An agile-based project management dashboard with task lists, completion indicators as well as task allocation amongst team members;
- A digitized work space to successfully engage the Network's ecosystem and stakeholders: this is the Web platform that P4H has developed for the benefit of global health networks;
- An integrated M&E system enabling the definition of KPIs at the outset of the Network's operations and the adjustment of the activities to ensure performance targets are met.

**The Turnkey Network Tool (TNT). This TNT is an off-the shelf tool box based on a set of materials to fast track the setting-up of an international network and help define as well as set-up**

## TNT: How does this work?

In essence the TNT will translate in a Project management tool-intensive mentoring exercise with P4H being available to accompany networks from the outset and share its experience through the methodological steps specified hereunder:

### 0. How to Network?

Positioning – Value proposition – mapping & benchmarking existing offerings – Horizon scanning

### 1. Project engineering:

A&O – expected outcomes – M&E – Branding – Visual identity

### 2. Resources:

Who? – Where? – How much?

### 3. ToR:

Governance – Organisation – Stewardship rules – Membership

### 4. Legal analysis:

Legal framework – contractual check-up – boundaries – T&C of use of digital collaborative space

### 5. Team:

Getting the right skill mix: Scope of work – Composition of Co-ordination team – Contractual instruments -JD

### 6. Strategy definition:

Strategic vision – concept note – KPIs

### 7. Priority-setting:

Activities – geographical remit – positioning towards stakeholders and wider ecosystem

### 8. Starting kit:

Design and outline of a 2-year activity action plan – Corresponding timeline

### 9. Products & Services toolkit:

Output design – Templates – Production processes (ISO compatible processes)

### 10. Country co-ordination Kit:

Design of country-based collaborative activities

### 11. Digitisation:

White labelling of a high-performance Web collaborative space (Web platform) developed by P4H

### 12. Communications:

Comms strategy – Action plan – Comms materials (digital newsletter – Annual Review – Social media footprint)

### 13. Full-fledged implementation:

Action plan roll out- Activity facilitation – Stewardship – Adjustment – Growth management

The above summarises the content and phases of the TNT. It does not preclude from including additional steps (bespoke steps based on the needs of the Networks). It also calls for intensive staff involvement and ideally a dedicated staff in charge of the network set-up and facilitation. This approach is being pursued by the P4H with the CIP Network and the HTA Network across 2017-2019.



# Snapshot on Kazakhstan - A first-year anniversary as a member of the P4H Network



**The P4H Network is very proud that the Republic of Kazakhstan became a member in 2017. This first year-anniversary is the occasion to take a snapshot of the latest initiatives led by Kazakhstan in health financing, social health protection and more broadly on the way to UHC**



Kazakhstan is an upper-middle-income country with nominal GDP per-capita \$7138 (2015). It is the largest economy in Central Asia with 17.54 mln. population (2015). According to the WHO global health expenditure database, total health expenditure as percentage of GDP remained unchanged around 4% in the past 15 years. Government health expenditure accounted for its half and reported as 2% of GDP in 2000 and the same in 2014.

This is a relatively low level of government spending on health relative to the economic potentials of the country and the health outcome. Currently, almost half of total health expenditure is reported as OOPs. The Ministry of Health of the Republic of Kazakhstan invited P4H to attend the 10th Astana Economic Forum held from 15-16 June 2017.

The Ministry of Health considered it as a good opportunity to discuss Kazakhstan's interests in P4H as continuation of the policy dialogue started in May 2017 during the World Health Assembly.

Since Kazakhstan is planning to introduce mandatory health insurance, the Ministry of Health was interested

in partnerships and exchange of information on social health insurance policy and implementation aspects.

The Ministry identified the Republican Centre for Health Development (RCHD) as a potential institution to join the P4H network. The center operates as an operational arm of the Ministry, as well as think tank for health policy, health financing and health system relevant matters.

These include health sector management, administration, health economics, provider payment tariffs, infrastructure development, clinical practice, rational use of medicine, accreditation, human resource and science, medical care and public health developments. Since then the Center actively represented Kazakhstan's interest in P4H partnership and officially joined the Network in October 2017.

After joining the P4H network, the RCHD has initiated a proposal to organize an international conference on partnership collaboration in support of health financing reform, namely social health insurance (SHI) in Astana.



The Ministry of Health, Kazakhstan supported the proposal. Altogether about 180 people from different regions of Kazakhstan, as well as foreign countries like Kyrgyzstan and Russia attended the conference. P4H made available knowledge and expertise from international institutions like ADB and selected countries such as Australia, Estonia, Germany, Mongolia, Russia, Singapore, the Philippines and Thailand. This event has shown that Kazakhstan would act as a P4H sub-regional hub for central Asia.

Kazakhstan is also an active member of CIS Member States which created an inter-governmental structure to discuss and reach a common consensus on related global health partnership issues. In 2018, Kazakhstan initiated its meeting in Astana and invited P4H. The meeting discussed health partnership matters among the CIS member countries. The center plays an active role in organisation of the 40th Anniversary of Alma-Ata Declaration on PHC where P4H partnerships will be promoted during the event as well.

## **P4H and Kazakhstan: A growing bond!**

### ✓ **Inter-governmental Meeting of the CIS Member States on health partnership, 24-25 April, 2018, Astana, Kazakhstan**

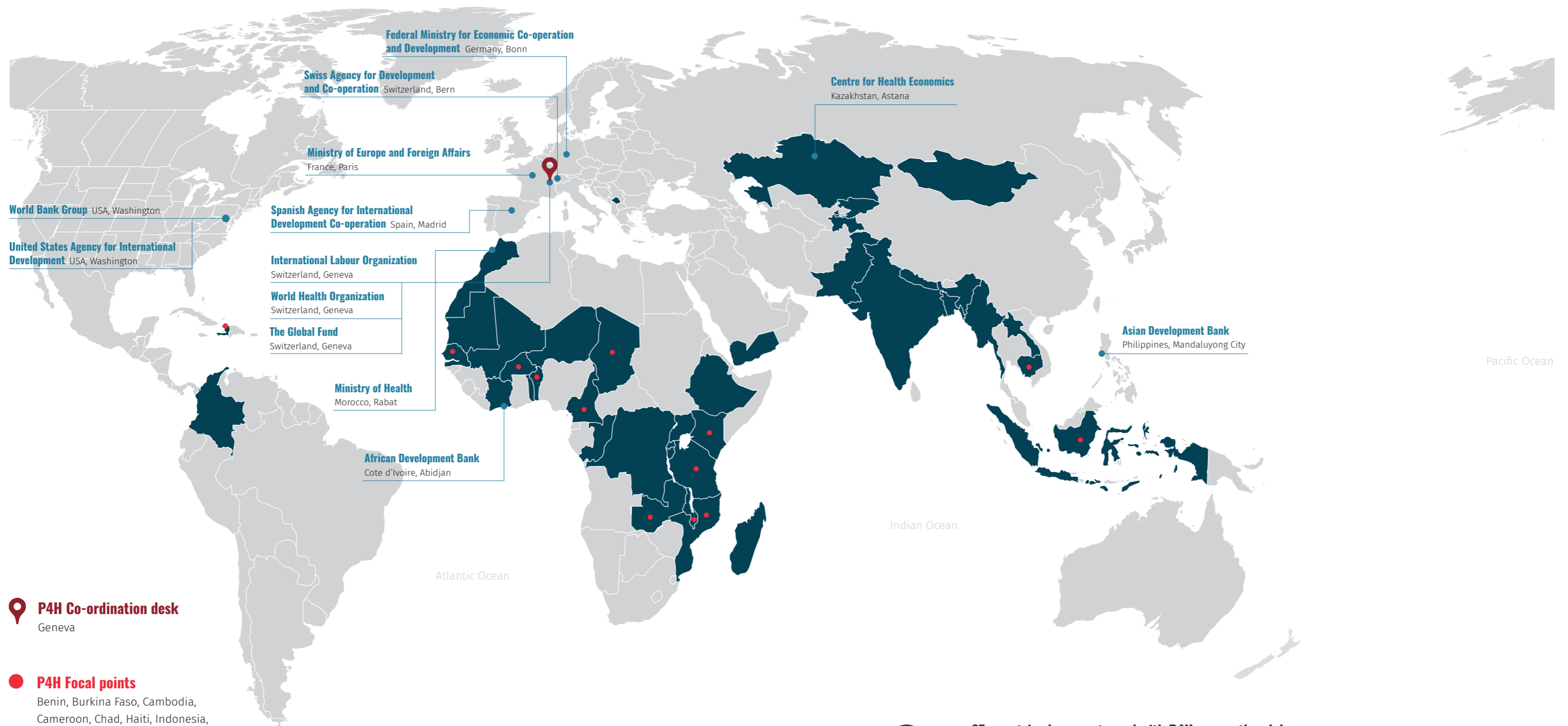
Kazakhstan which is a P4H member country invited P4H to the meeting of the CIS Member States which was

created as an inter-governmental structure to discuss common health and partnership issues. Kazakhstan hosted this meeting to discuss draft proposal for the 13th WHO's Global Program of Work and the 40th Anniversary of Alma-Ata Declaration on PHC. During the meeting P4H and its partnership opportunities were introduced to the CIS Member States. This opened a channel to communicate and share news and information with the CIS Member States.

### ✓ **Intercountry Conference on partnership collaboration: Health financing reforms for Universal Health Coverage, 19-20 June 2018, Astana, Kazakhstan**

P4H jointly organised this international conference on partnership collaboration in support of health financing reform in collaboration with the Republican Centre for Health Development (RCHD), Ministry of Health of Kazakhstan. Altogether about 180 people from different regions of Kazakhstan, as well as foreign countries like Kyrgyzstan and Russia attended the conference. P4H made available knowledge and expertise from international institutions like ADB and selected countries such as Australia, Estonia, Germany, Mongolia, Russia, Singapore, the Philippines and Thailand. The P4H will support a proposal to establish P4H sub-regional hub based on the RCHD which has excellent potentials and capacities to promote P4H network collaborative activities in among Russian speaking Central Asian and CIS member countries.

# P4H across the world



**P4H Co-ordination desk**  
Geneva

**P4H Focal points**  
Benin, Burkina Faso, Cambodia, Cameroon, Chad, Haiti, Indonesia, Kenya, Malawi, Mozambique, Senegal, Tanzania, Zambia

**Location of member organisations**



**37 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, Pakistan, Rwanda, Senegal, Tajikistan, Tanzania, Togo, Uganda, Yemen, Zambia

# Country operations

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).

## 📍 Cambodia - P4H C+

P4H Cambodia (P4HC+) network still comprises 16 bi/multilateral partners and is co-chaired by the World Bank and USAID with assistance provided by its secretariat made up of GIZ and the Swiss Development Cooperation. As the new formula to its approach and branding were developed in 2015 and cemented in the Modus Operandi in 2016 it was deemed necessary to update the document, based on the experiences of the previous year. This was done through a consultative process during which most of its partner participated. The principle to keep regular members restricted to bi/multilateral agencies only and to operate independently from the Cambodian government was retained. The major objective remained facilitating coordination, cooperation, streamlining and alignment of financial and technical assistance in support of health financing for universal health coverage (UHC) activities of the Cambodian government.

In July 2017 the Prime Minister presented the parliamentary-endorsed National Social Protection Policy Framework (NSPPF) which officially embraces the concept of UHC. As the document title states it concerns a framework and not a detailed policy or strategy. Social health insurance for civil servants became effective at the start of 2018 whereby they joined about 1 million formal private sector employees. Together with the 3 million health equity fund beneficiaries they make up about a 28% of the country's population. To govern the various social (health) protection schemes, the government established the National Social Protection Council, made up of senior ministers and chaired by the Minister of Economy and Finance. This Council in turn is

supported by the Executive Committee and Secretariat that is based in the Ministry of Economy and Finance. Much attention of the P4HC+ partners is now geared towards strengthening these governance structures. It was decided amongst the development partners that P4HC+ represents the donor community for matters related to social health protection when engaging with these structures.

During P4HC+ regular meetings a variety of issues were discussed and addressed, including health financing reforms such as those related to the Health Equity Funds, pooled funding arrangements under the Health equity and Quality Improvement Program (H-EQIP); studies concerning costing of health services; capacity building activities; performance assessments of social health protection schemes; integration of these schemes; and the expansion of social health protection coverage to informal sector population groups. P4HC+ initiated structured collaborative exchanges with development partners active in the field of social assistance to optimise coordination of activities to extend support services to poor and vulnerable households.

A well-attended International Consultative Workshop was conducted by P4HC+ to reach out to the Cambodian government and non-governmental agencies and for-profit consulting agencies operating in the field of health financing for UHC. The objectives were to exchange information on P4HC+ and experiences from P4H in other countries on approaches towards coordination, alignment of activities and financial support for UHC and to discuss perceptions and areas for collaboration on UHC. The P4H spirit prevailed at



the World Health Day dedicated to UHC when WHO, JICA, GIZ and the World Bank joined forces upon request by the Ministry of Health to support them organising the event over 2 days with guest speakers from Thailand, Indonesia and Japan. The Global Financing Facility commenced activities in Cambodia and P4HC+ actively participated in designing its interventions.

P4HC+ started to pay due attention to non-communicable diseases (NCDs) as the country's health service provision is not aligned with the current burden of diseases caused by these conditions whereby households harbouring people with NCDs have one of the highest incidences of catastrophic and impoverishing health expenses. To promote effective financial risk protection and access to needed health services an alliance is being created to maximise the minimal attention devoted to the issue and to lobby for high level political support. Together with WHO and international research institutions support is extended to the National Institute of Public Health to become a resource centre for monitoring for UHC by the National Social Protection Council.

## 📍 Burkina Faso

In Burkina, the Ministry of Health (MoH) has been going through important changes: change of Minister, change of vision (priority is set on prevention & community-level work), change of organogram (a more complex one including several « technical secretariat » placed at Cabinet level including one in charge of UHC), introduction of three « Programmes » in-charge as per new public financing management, etc... These changes have created challenges not only in the health administration but also in the health financing reform,

including the birth of the NHIS. On the partners' side, the recent interest of the Global Fund in health financing, a new World Bank draft project worth \$80 million, and the arrival of the Global Financing Facility are worth noting. How is continuity & progression of reforms being insured in this context? Well, this is where P4H makes a case, even though in Burkina P4H as such is not known and hardly mentioned...

In Burkina, the WHO/AFRO/IST health financing policy advisor for Western Africa often plays an informal role of P4H country focal point. This means practices of P4H in the spirit of P4H, including facilitation of partners' meeting in health financing & documentation of country progresses in the P4H platform. In general the partners' collaboration in health has been serious and coherent; during the last year, USAID has had the leadership, after UNICEF & before UNFPA. WHO is the natural referral institution in health and it has an open dialogue with partners, that is specifically with EU and World Bank when it comes to health financing. Same applies with UNICEF that is also a very important partner in Health Financing when it comes to RMNCAH and nutrition, in the context of fee exemption and GFF.

At national level the continuity is ensured by the seriousness of policy documents, the safeguard role of CSOs, and the special commitment of some administrators and change agents in MoH and other Ministries, quite capacitated and sometimes well coordinated. The change in the MoH organogram & discussions around it have put some good practices in danger and/or on hold, and it has created some confusion all along the reported year. Nevertheless, discussions are going on and progresses are made.





Since March 1st 2018, the « RAMU » (# NHIS) has a legal entity in charge, that is the CNAMU (Caisse National d'Assurance Maladie Universelle). Its Director & Deputy are about to be appointed, and they will be authorised to develop the institution not waiting for the Board to be in place. Partners such as the World Bank & European Union are getting prepared for their support to the CNAMU.

The Global Financing Facility has arrived in Burkina in the first quarter of 2018; the investment case on RMNCAH-N is being developed under the leadership of a « technical team » (a cross-cutting MoH high level permanent committee including extra MoH resource persons) with the technical support of partners. The coordination so far is quite natural, but the MoH is under pressure to deliver an investment case quickly since the Governments of Norway and Burkina Faso, the World Bank Group, and the Bill & Melinda Gates Foundation will co-host the GFF replenishment event on November 6, 2018, in Oslo, Norway.



**Partners such as the World Bank & European Union are getting prepared for their support to the CNAMU**



The National Health Financing Strategy is being slightly revised while an implementation plan is developed by an ad hoc Committee supported by GFTAM funds and a WHO contracted consultant. Interestingly, his Excellency the Minister has given orientations, the most important being that the HCFS should mention a benefit package and its cost.

While the World Bank has been developing a new Project, the need for clear guidance on Strategic Purchasing has been expressed. Partly as a consequence, several proposals are now on the table. Concerns have been raised that the different document may not be coherent, but the policy dialogue in which the World Bank and WHO are much involved should soon help the MoH clarify the orientations.

Continuity should be saved, but probably the lesson learnt from this year is that everyone underestimated the cost of changes (in political & administration staff & orientations).

#### 📍 Benin and Guinea

In the second semester of 2017 in Benin and in Guinea, the P4H regional focal point has been participating in GAVI Joint Appraisal missions as WHO staff. These missions have proved to be interesting opportunities to discuss alignment of Health Financing functions in the context of global financing mechanisms. Options to channel partners' financial support are limited, and building the stewardship in health financing is a challenge. Benin is still in process of implementing

structural reforms both on the demand side and on the supply side, with a high-level leadership but also changes in stewardship that are difficult to support for reasons of sub-optimal information sharing. Guinea has become a donor-darling country where a P4H focal point would surely have a role to play.

#### 📍 Mali

In September 2017, Mali was supported in refreshing the Health Financing Policy that was done in 2014, as there was a Ministry commitment to introduce the document to the government together with a law on a NHIS before the end of 2017. In particular, new financial projections were made in a collaborative work between the MoF, the MoH and the Ministry in charge of social protection. The policy has been approved by the Ministry Council, now goes to Parliament for approval.

#### 📍 Mauritania

In Mauritania, the HCF system analysis is still ongoing with the support of the WHO/AFRO/IST health financing policy advisor / P4H regional focal point, whose last mission was in October 2017. The collaboration between EU and the World Bank had been identified as a key enabler for a coherent external support to the Ministry of Health. Mauritania MoH has limited staff working in health financing and health system in general. With important funds available and limited margin of maneuver, partners have difficulties to spend efficiently while participating in strengthening the health system. As in Guinea, a country-based P4H focal point would certainly be of some use.

#### 📍 Togo

In Togo, the World Bank has been pushing for the development of a national document on strategic purchasing. This created an opportunity for the MoH & WHO to try and finalise the HCF strategy. The WHO/P4H advisor supported this in a one-week workshop in December 2017. Unfortunately no major step was taken since.

#### 📍 Comoros

Comoros requested a support from WHO to develop a HF system analysis and a HCF strategy. With a close collaboration with the AFD-funded PASCO Project, the West Africa WHO advisor / P4H focal point carried out this work in April-May. The development of a HCF strategy in three weeks should usually be seen as an imposture. But in the context, including strong government leadership to implement SHI, there was an urgent need for awareness on social determinants and for MoH leadership on public health regulation and services. Therefore the exercise could well prove to be relevant. P4H perspective could be good in Comoros, with main actors in Health Financing being AFD, WHO,

and World Bank. But with so limited actors also in position of understanding each other, the network should focus on its specific products to bring value added (L4UHC, web portal, etc...).

#### 📍 Niger

Last but not least, a P4H exploratory mission is being prepared to Niger (17th to 20th July) with communications to all P4H partners involved in-country (WHO, World Bank, USAID, AFD, KfW, AECID, ILO) and other partners involved in HF in country (mostly ENABEL but also UNICEF and others). It will be a AFD-WB-WHO mission including P4H coordination desk and WA regional advisor. One expected outcome is to define the conditions for a P4H country focal point to be in place in 2019.

#### 📍 Madagascar

The signature on 8th October 2017 of the Executive Order 2017-601 formally creating the National Solidarity Fund for Health (NSFH) constituted a major breakthrough with regard to the collaborative activities of the P4H Network. The adoption of this executive order was the central target of the Malagasy team that attended the 2016-2017 P4H Leadership for UHC programme and they achieved their goal three months after completion of the programme. Guy Andriantsara, one of the strongest supporters of the P4H Network when still working for WHO, was appointed Director General of the newly established NSFH in January 2018. After hiring its first collaborators and setting up a robust IT system during the first semester 2018, the NSFH was officially launched by the President of the Republic on 8 June 2018.





**Chad**

The P4H Network went on with its collaborative activities supporting the Government of Chad and more specifically the UHC Inter-ministerial Coordination Unit (UHC-ICU). An agreement was found to fund a P4H consultant from September 2017 to May 2018, with a focus on the design and preparation phase of the national health insurance system (NHIS) as prioritised in the Chad National UHC Implementation Plan. The profile of the selected P4H consultant (a certified actuary involved in UHC legal and regulatory processes in several African countries) allowed significant progress in the design of an affordable benefit package as well as carrying out preparatory steps for a future UHC legal basis in Chad.

**Cameroon**

Since 2015 Cameroon has reactivated the national dynamic to set up a UHC strategy. As a consequence, multiple partners are providing the government with technical and financial support in the field of Social Health Protection and Health Financing.

To help the Government of Cameroon especially the Ministry of Public Health, the P4H Network has appointed with the support of GIZ, since the 1st of April 2018, a new Focal Point based in Cameroon. The aim is to provide support in developing an interlinked national UHC and Health Financing Strategy and strengthen coordination among partners with an interest in advancing UHC, SHP and health financing reform nationally.



In this framework, Development partners as well as national and international actors active in the area of health financing for UHC/SHP in the country have been identified. In the same approach, existing technical and legal documents and related policies have been gathered. During this period P4H facilitated meetings of the financial and technical partners working group for Health Financing (HF) and UHC. It particularly involves organisations like ILO, WHO, the World Bank, USAID, CHAI, UNAIDS, UNHCR, UNFPA, Malaria No More, CIDR, France and Germany (GIZ sector and bilateral program).

In May 2018, P4H co-organised an audience with the Ministry of Health in order to discuss the UHC process with the government authorities. This audience with the above mentioned meetings allowed clarifying: concepts used to design the UHC and HF strategies; organisation of national technical working groups on UHC and HF, as well as articulation between the two processes/ strategies; the role of Regional Funds for Health Promotion (RFHP) in the UHC architecture; the legal status of the future national management structure of UHC; how existing mechanisms like Performance Based Financing and 'Chèque Santé' (health vouchers for pregnant women; supported by AFD and KfW) would be taken into consideration to build the UHC strategy.

In addition, some partners of the P4H network participated, at some stages in the process initiated by the National technical group in charge of designing the health financing strategy, to study the domestic resources which could be mobilized to finance the UHC process.

In order to move forward and to identify the next priorities and milestones for the UHC set up, the UHC national technical working group, in collaboration with the P4H partners, has planned to organise a technical workshop aiming at developing a road map, which will be based on the analysis of potential contributions to the UHC process of existing national experiences (PBF, Chèque santé, Mutual Health Organisations and RFHP) and international ones and which states the prerequisites for the engagement.

**In May 2018, P4H co-organised an audience with the Ministry of Health in order to discuss the UHC process with the government authorities**



**One key element of support during the last year has been the continuous advocacy to government stakeholders and parliamentarians around the adoption of the health financing strategy and the proposed bill for a Single National Health Insurance (SNHI).**

**Tanzania**

The P4H Network has been active in Tanzania with 3 bi-lateral (Germany, Switzerland, USAID) and 2 multi-lateral (WB, WHO) partners since 2011 with a full-time country focal person (CFP) funded by Switzerland and implemented through GIZ staff structures. Other non-P4H members active on the health financing landscape in Tanzania have shown increased interest in the network's exchange and have been joining the regular meetings. These included particularly JICA, UNICEF and PharmAccess in the last year. The network continues to be regarded as the primary partner group aligning activities and support around the subject of health financing in the country. The CFP is recognised by the national partner (MoH) as focal person within the Health Financing Technical Working Group. The P4H CFP is main contact person for partners and stakeholders outside the government. The CFP as such reports health financing up-dates as key person also into the Development Partner Group Health (DPGH).

One key element of support during the last year has been the continuous advocacy to government stakeholders and parliamentarians around the adoption of the health financing strategy and the proposed bill for a Single National Health Insurance (SNHI).

**In November 2018 the P4H Network partners hosted a Partner Budget Advocacy Workshop** (including government stakeholders, DPs, CSOs) – the event was initiated by HP+/USAID with support from the P4H CFP and the other network partners. The aim was to jointly prepare the Joint Annual Health Sector Policy Review by elaborating and providing coordinated messaging for the budget preparation process (joint prioritisation of budget items for the sector) with the overall milestone to present joint proposals to Government for consideration within the new budget. The elaborated messages focusing on efficiency gains to increase the availability, disbursement and execution of health sector financing were presented at the JAHSR end of 2017.

Also continuous technical support to MoH in the adaptation and revision of the SNHI cabinet paper was provided by P4H partners. End of December 2017 the cabinet discussed the SNHI approach in detail and returned with a revision request to the MoH. Some ministerial representatives of the Inter-ministerial Technical Committee found the idea of a single insurer challenging and demanded to see a parallel proposal suggesting two separate insurance schemes (one for the public sector workers, one for the rest of the population). Under P4H support several workshops took place making the case for a single vs a dual insurance



pool, providing the government with technical guidance to further their decision making.

**In April 2018 a Health Financing Strategy Advocacy Workshop to Parliamentarians was organised by MoH with support from the P4H network, particularly from WB, WHO and USAID.** This event marked an important technical gathering during which critical parliamentary committees were able to ask questions around the health financing strategy and the proposed mandatory insurance system while looking at different country examples. This sensitisation activity to parliamentarians was very successful and led to the joint direction towards a SNHI being picked up again by the government. Key decision makers were technically prepared for the approval process of a SNHI Bill (expected to be presented to Parliament in September 2018).

**EAC**

In November 2017 a P4H Mission guided by the Coordination Desk and the CFP Tanzania took place upon EAC Secretariat request in Kampala, Uganda. Here P4H met with the Secretariat to discuss modalities of closer collaboration between the Network and the EAC. During the mission it was concluded to jointly draft a MOU as basis for the collaboration and as ground for placing a P4H regional focal person within the structures of the secretariat. This process is particularly supported by Switzerland and Germany as regional P4H partners. The MOU was subsequently developed and has been undergoing a lengthy review process by the EAC and P4H network. The EAC has been ready to sign the MOU since April 2018. The current bottle neck lies within the signature on side of the P4H Network's representing institution risking to shine a negative light onto this potential collaboration (an the Network's credibility) due to its massive delay.

**Mozambique**

P4H in Mozambique comprises 4 members at this moment (WHO, SDC, WB, ILO). GIZ does not have Health as an intervention sector in the country. P4H group is chaired by SDC and meets regularly to jointly assess the health policy and financing situation in the country and agree joint positions.

Sector coordination in Mozambique includes a well-structured network of working groups around the Health SWAp, comprising several donors and instruments, including the Common Fund, multilateral and vertical funding, representing this last one a relevant part of sector's financing.

P4H has supported MoH in the process of finalising

the Health Financing Strategy, with direct technical assistance to study options for the specific situation of the Mozambican National Health Service. Main concerns at this stage are the impact of user fees on the inclusiveness of the system, the need for additional funding resources for drugs and staff retention/ motivation policies, and the increasing burden of NCD.

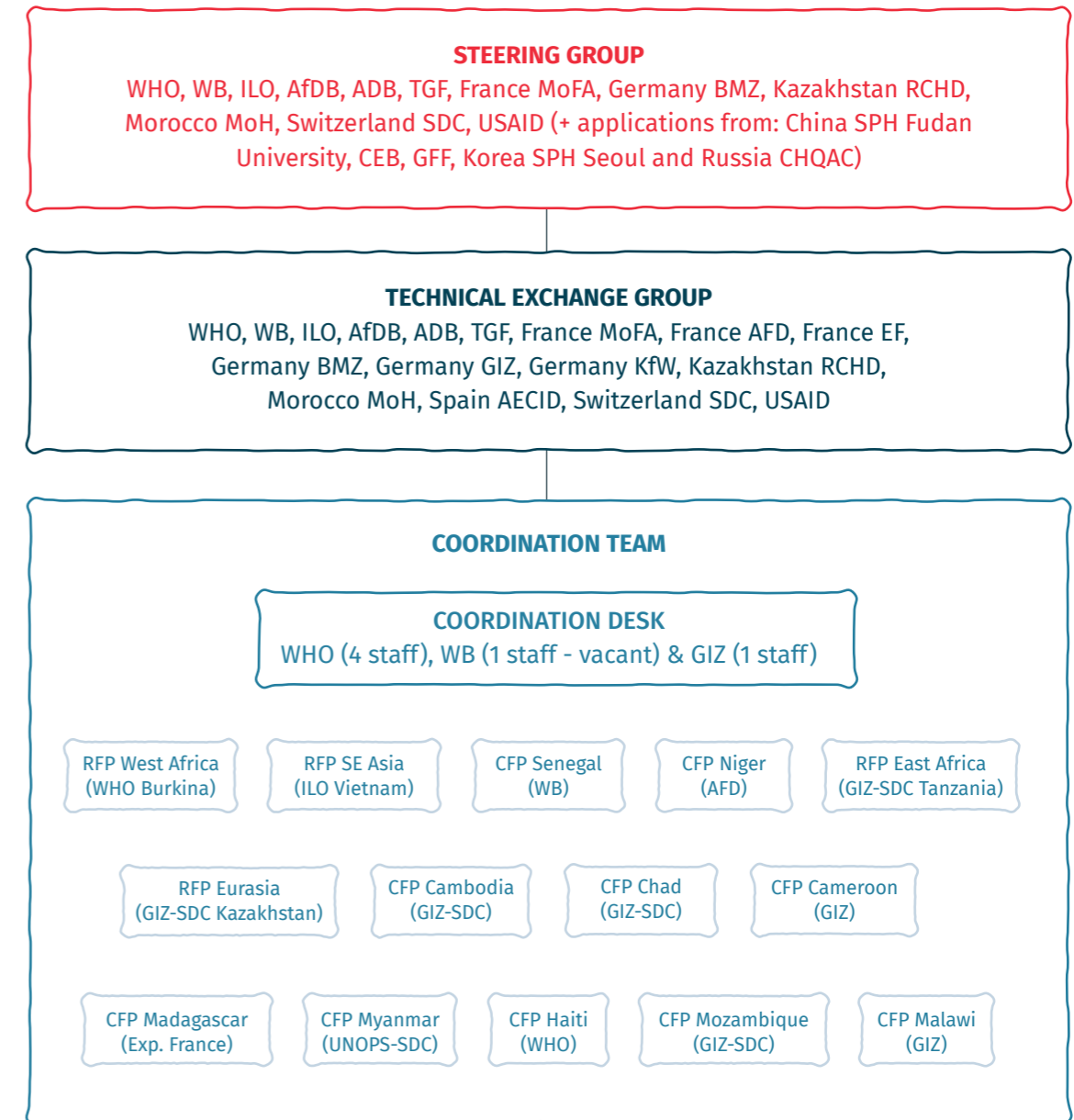
The possibility of creating a Social Health Insurance (SHI) system has been on the table for the last years, and continues to attract interest. Some specific meetings have been held on this topic, with P4H support, to study other African experiences and assess whether this funding mechanism could be feasible to the specific Mozambican case (active NHS with universal access and country-wide coverage, 80% of informal economy in the country). The idea of starting a SHI system only for civil servants and later extend it to the rest of the population is being studied, as well as the concerns around fragmentation, inequalities, and the contribution of such a system to UHC.

In this period, a study has been carried out to assess the complexity and financial relevance of the user fees management system. Evidence has been compiled to support decision-making processes, taking into consideration the increasingly catastrophic character of user fees, especially at hospital level.

Coordination between MoH and MoF has been promoted and strengthened with P4H support, to tackle critical points such as prioritisation of Health in the State Budget and the implementation of innovative fiscal mechanisms, with special focus on Earmarking for health. Different options are being considered in this regard, most advanced being sugar beverages taxation. Budget rigidity introduced by earmarking is another factor considered when this options are proposed.

Public debates with Civil Society Organisations and donors have been held by MoH with P4H support, in order to discuss policy options around health budgeting, tax collection and earmarking for health, social health insurance, and user fees management. CSO position is strongly focused on ensuring access to health coverage and limiting user fees.

# P4H network visual representation







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 2017 and June 2018. 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: Pixabay; Gwenaël Dhaene; Helga Malher. No reproduction without permission