



Annual Review

JULY 2020 – JUNE 2021

CONTENTS

ACRONYMS.....2
FOREWORD.....3
LOOKING BACK: A YEAR OF PROGRESS.....4
P4H ACROSS THE WORLD.....8
REVIEW OF P4H EXPECTED RESULTS.....10
P4H WORK IN COUNTRIES.....22
LOOKING AHEAD.....25
ATTACHMENT: SUPPLEMENTARY TECHNICAL INFORMATION.....26

ACRONYMS

ACT-A Access to COVID-19 Tools-Accelerator	ILO International Labour Organization
AMED Assistance médicale pour les personnes reconnues économiquement démunies” (Medical Assistance for People Recognized as Economically Disadvantaged)	JLN Joint Learning Network
CD P4H Coordination Desk	L4UHC P4H Leadership for UHC
CIS Commonwealth of Independent States	MoH ministry of health
CFP country focal person	MoF ministry of finance
CSO civil society organization	P4H P4H Network
CT P4H Coordination Team	P4H-RF P4H Network Results Framework
DP development partner	RCHD Republican Center for Health Development
EF Expertise France	SDC Swiss Agency for Development and Cooperation
GFF Global Financing Facility	SFHA Sustainable Health Financing Accelerator
GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit	SG P4H Steering Group
IAWG Inter Agency Working Group	TEG P4H Technical Exchange Group
	UHC universal health coverage
	WBG World Bank Group
	WHO World Health Organization

Foreword

The COVID-19 pandemic created a profound health and social crisis but has also triggered an unprecedented multilateral response, bringing together political leadership and financial resources at the global level.

While we need to fight back against COVID-19 and increase our efforts now, we must also mitigate the risks of deprioritizing other national and global health priorities and maintain essential health services for all including, especially the most vulnerable. In this context, our riposte must aim to enhance national health systems to cope with overwhelming pressures that require highly flexible financing strategies at both the national and international levels.

Even though we are certainly not out of the woods yet, we can draw some lessons from the crisis and from our response. In particular, this pandemic strongly highlights the crucial importance of adequate and sustainable financing for health system strengthening, resilience, health security and universal health coverage.

A priority for the G7, Access to COVID-19 Tools-Accelerator, or ACT-A, and other international forums, health financing has been put under the spotlight. Multilateral cooperation has proven, once more, to be the most efficient way to come up with robust and sustainable solutions.

Since 2007, the P4H Network has been promoting such an approach. P4H’s long experience, its transnational and cross-cutting expertise, its ability to bring the main stakeholders to the table, and its strong national and regional anchorage has given P4H a prime position to support health financing reforms.

France is proud to support P4H financially and in kind along with P4H’s members and all its stakeholders. This engagement is consistent, more broadly, with our support to multilateralism, international cooperation and solidarity in the field of global health. France shares these values that we share with all P4H members.

The year 2020-2021 has been particularly hectic for the P4H Network: participation in ACT-A, governance reform, deployment of various national focal points, appointment of chairs to the P4H Steering Group and P4H Technical Exchange Group, revamping of P4H’s digital ecosystem, enhancing the communication strategy, drafting of a monitoring and evaluation framework, arranging numerous meetings, conferences and webinars, and more.

Looking back to 2007, when P4H was created, we can look how far we have come. Looking forward, we can be thrilled about upcoming projects: broadening the network, further developing internal and external communication, putting strategic priorities into action, providing quality and efficient support to governments, strengthening P4H’s participation in ACT-A, to name a few. We are confident that the projects in P4H’s workplan will make the network even more efficient, well known and useful for its members.

We would like to thank the P4H Coordination Desk, which is particularly dedicated to its mission, the P4H Steering Group’s and P4H Technical Exchange Group’s chairs, the P4H Country Focal Persons and more generally all individuals and organizations that have devoted their time and effort to the success of the P4H Network.

Let us continue the good work!



Joan Valadou
 Director of the Human Development Department,
 Ministry of Europe and Foreign Affairs,
 France

Looking back: A Year of Progress

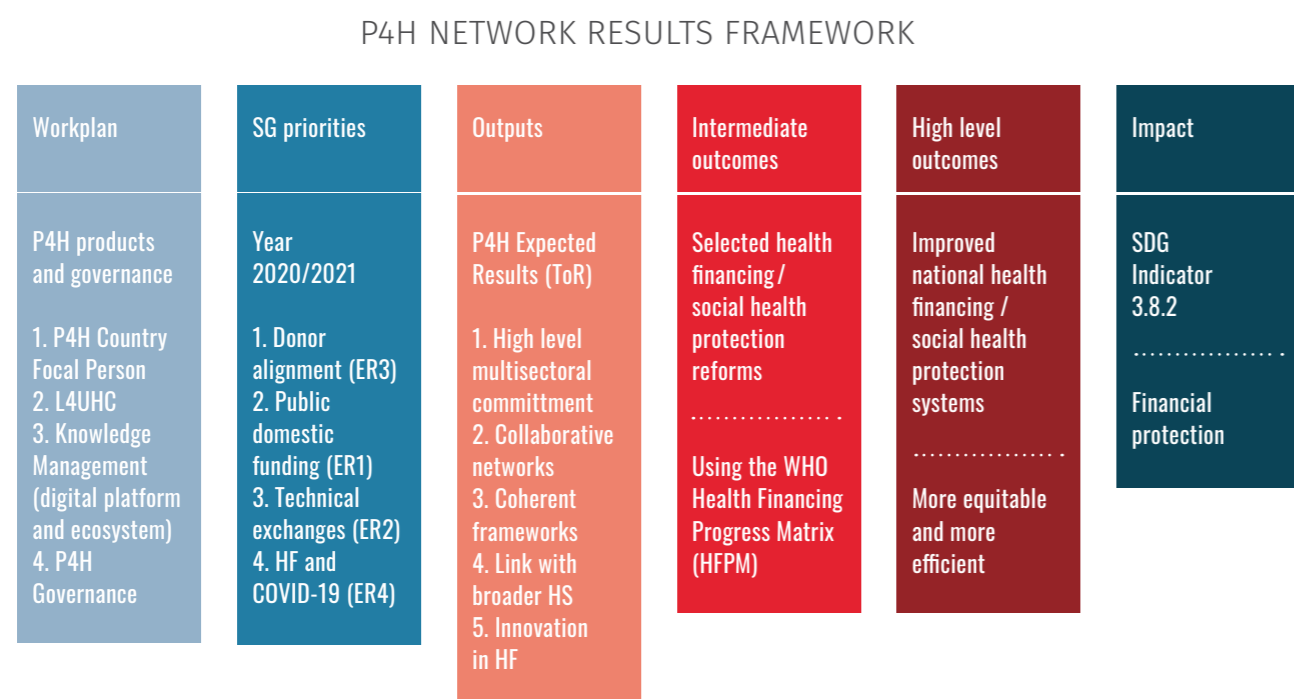
The P4H Network (P4H) annual review period covering the work accomplished between 1 July 2020 and 30 June 2021, is a year of progress. Despite the challenges COVID-19 brought, P4H partnership collaboration positively impacted countries' decisions to allocate domestic funding to secure essential health services. These services extended to vaccination against COVID-19 and social health protection for vulnerable populations.

The newly elected cochairs of the P4H Steering Group (SG) and P4H Technical Exchange Group (TEG) increasingly took part in P4H activities improving network governance and technical discussions at all levels. In October 2020, the SG set new priorities for P4H. Priority setting guided P4H's revised workplan for 2020–2021, which included P4H services such as

guiding and assisting P4H Country Focal Persons (CFPs) and the P4H Leadership for UHC (L4UHC) programme, and bolstering the product and related services the P4H digital platform offers. The SG and TEG cochairs contributed to the comprehensive P4H Network Results Framework (P4H-RF), which aims to bolster coherent action and P4H's overall performance.

The P4H-RF flows from P4H's terms of reference. In figure 1 in the "Outputs" column, the workplan shows five major expected results that structure this annual review. "P4H Expected Results" are the foundation for the Outputs". A combination of indicators listed in the Health Financing Progress Matrix of the World Health Organization (WHO) constitutes "Intermediate Outcomes". The SG 2020–2021 priorities all fitted well in one of the five P4H-RF outputs.

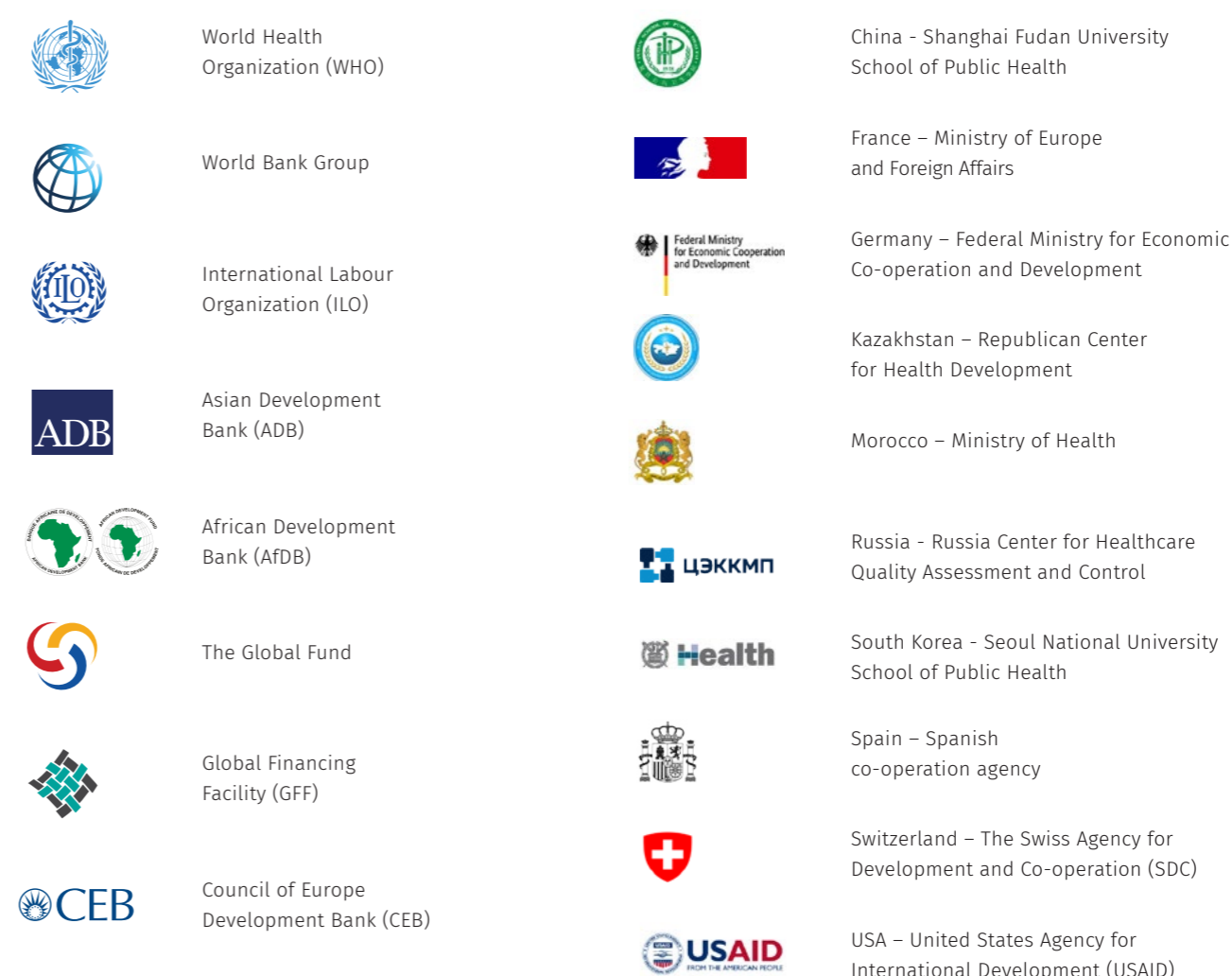
FIGURE 1. P4H NETWORK RESULTS FRAMEWORK



The P4H Coordination Desk (CD) is increasingly involved in the range of P4H's responsibilities, due to the transfer of duties for the P4H digital platform from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) to WHO, L4UHC facilitation, and the deployment of new country focal persons (CFPs). The CD plays a critical role in managing, coordinating and implementing related expected results together with CFPs. During the review period, the CD was strengthened with a full-time member from the International Labour Organization (ILO) and two senior-level WHO-contracted personnel. The CD also now includes community managers for the Asia network and the Commonwealth of Independent States (CIS), and a consultant. An intensive effort to deploy new CFPs in relevant settings was also carried out, while the relationship between CD and CFP contracting agencies was reinforced (see figure 4). This increased

capacity improves the CD's ability to fulfil its role in P4H's mission: to promote exchanges and collaboration that advance P4H's mission to develop and strengthen exchanges and collaboration for health financing and social health protection through execution of P4H's annual workplan. P4H's digital platform was continuously improved with new features, data and information. The documentation of health financing and social health protection news around the world increased by four as compared to the previous year (see figure 11). All country pages were updated with core health financing data based on WHO's [Global Health Expenditure Database](#). A new collaborative space for COVID-19 financing was created for countries to capture the latest information on health financing and social health protection policy measures against the COVID-19 pandemic. The timeline in figure 3 shows major P4H activities during the review period.

FIGURE 2. P4H NETWORK MEMBERS



¹ P4H Network members refer to P4H member institutions and countries that form the SG.

FIGURE 3. P4H NETWORK MAJOR ACTIVITIES, JULY 2020–JUNE 2021

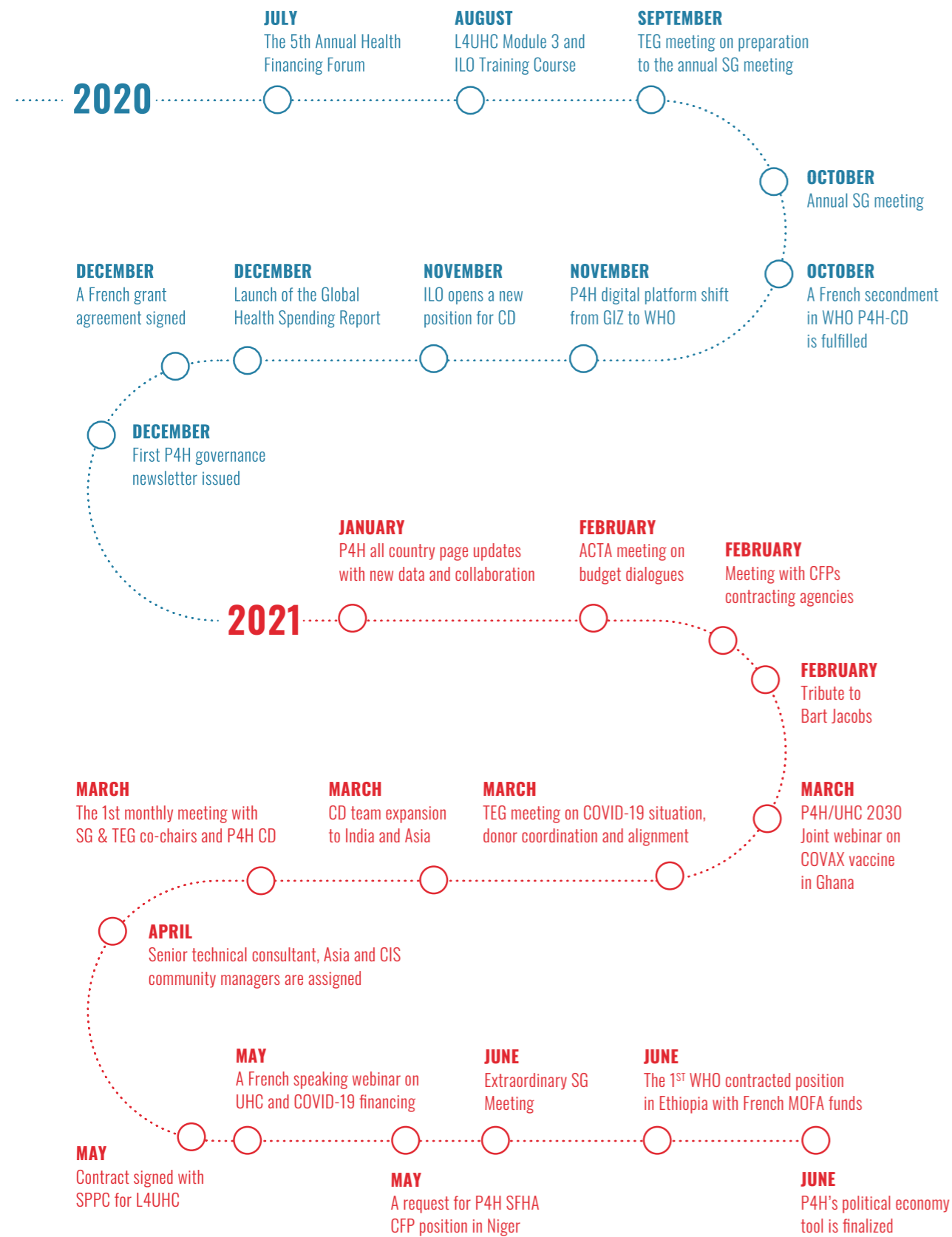
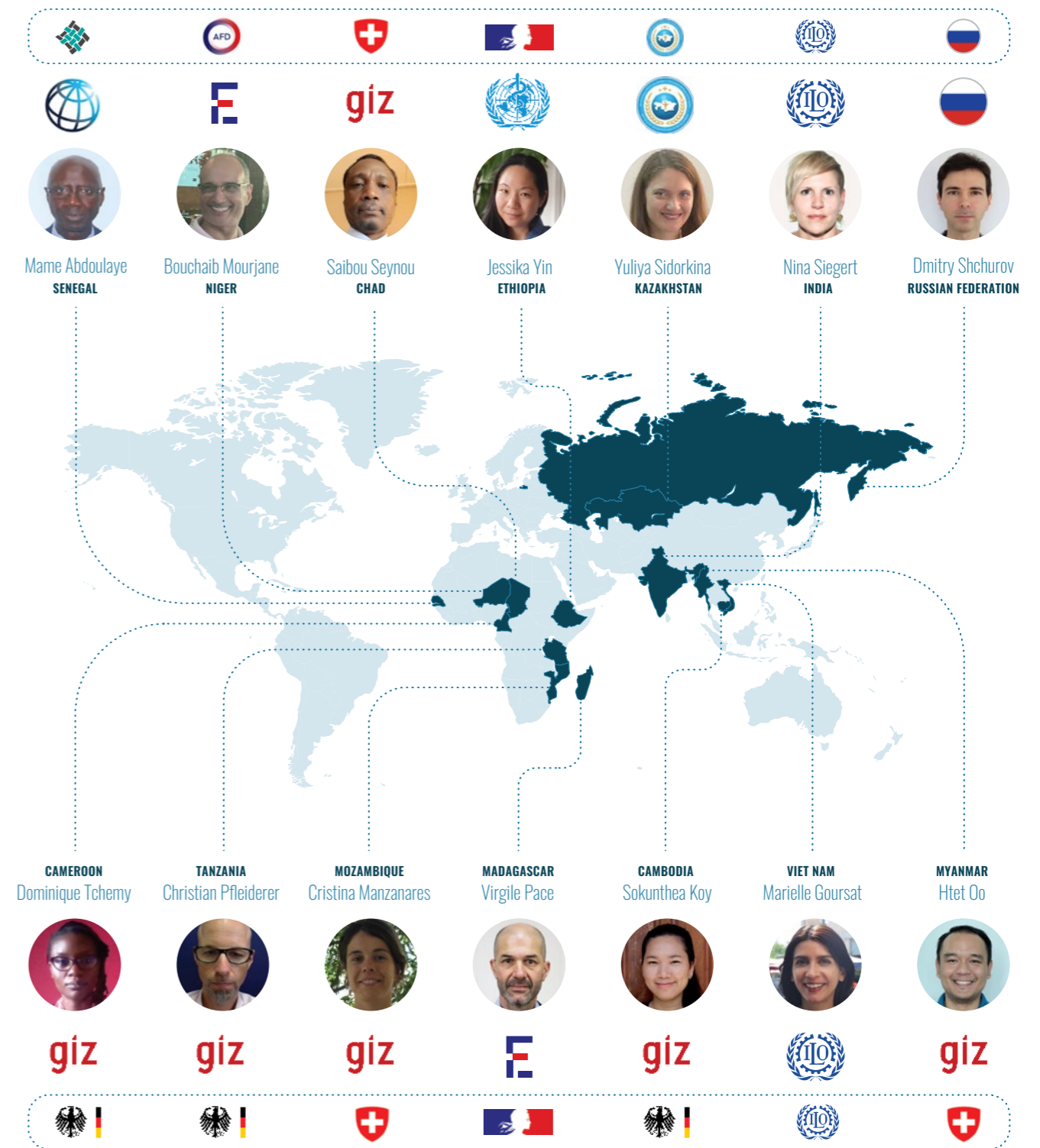
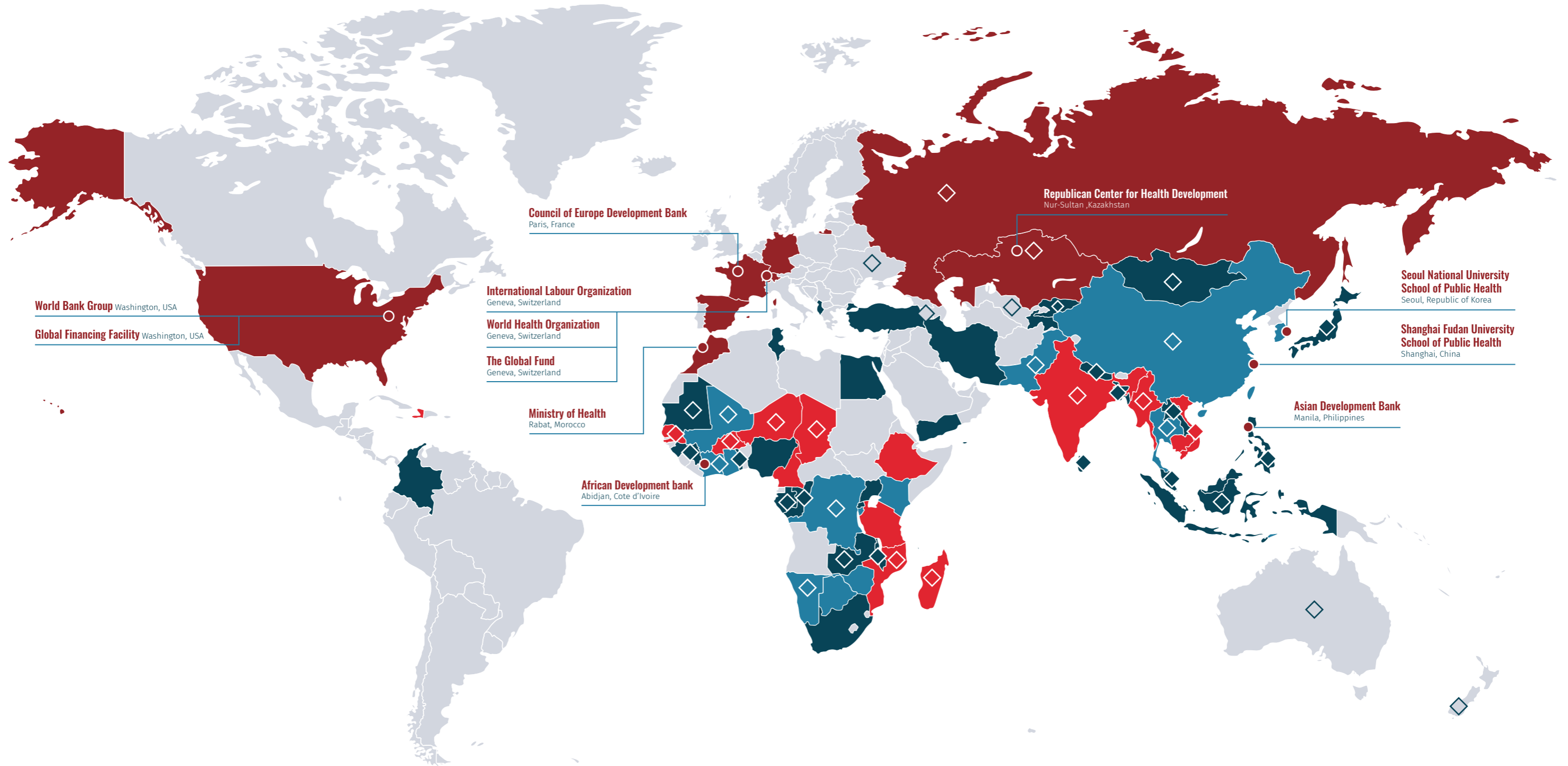


FIGURE 4. P4H NETWORK COUNTRY FOCAL PERSONS BY COUNTRY AND FUNDER, AS OF 30 JUNE 2021



P4H Across the World



● Host location HQ of Member Organizations

● Country member of P4H Network | **18**

● Ongoing collaboration with a Focal Person | **14**

● Ongoing collaboration without a Focal Person | **15**

◇ Countries with ongoing documentation | **48**

● Past collaboration with P4H Network | **31**

Review of P4H Expected Results²

HIGH-LEVEL MULTISECTOR COMMITMENT TO FINANCING UNIVERSAL HEALTH COVERAGE

GLOBAL LEVEL

Due to the continuing COVID-19 pandemic, much of P4H’s multisector health financing and social health protection work focused on COVID-19. The Access to COVID-19 Tools-Accelerator (ACT-A) is a global effort to fight COVID-19, and P4H continued to facilitate the “Health System Connector” (the fourth ACT-A cross-cutting pillar devoted to health financing). With P4H’s facilitation, ACT-A’s health financing pillar developed a Budget Dialogue Guidance Note in the context of the COVID-19 pandemic; work was jointly led by the World Bank Group (WBG) and WHO. In June 2021, the CD proposed an incentive mechanism for increased collaboration among stakeholders to implement this guidance note at country level. The CD started preparatory work to operationalize this collaboration in selected countries during 2021–2022.

The COVID-19 pandemic continued to expose major gaps in social health protection. It affected the well-being of populations and put enormous challenges on economic recovery that needs continued commitment to ensure adequate social health protection coverage for all. At global level, the TEG organised a structured technical discussion on the mid-term projections for fiscal space worldwide, regionally and nationally, and the health sector in particular. The main conclusion was that countries might suffer from the poor economic growth and that additional collaborative efforts might be requested to maintain or further expand the current level of political and financial commitment in favour of public funding for universal health coverage (UHC). In this process, P4H’s role went beyond facilitating dialogue around COVID-19. Efforts were exerted to link and incentivise COVID-19 collaborations in countries through the CFPs (one of P4H’s strongest capabilities). The table below shows details on CFPs worldwide.

FIGURE 6. CFP PRESENCE BY COUNTRY, AS OF 1 JULY 2021

	Contracting Member by date		Evolution of the situation
	01/07/20	01/07/21	
Chad	GIZ	GIZ	No change
Ethiopia	-	WHO	New position suggested by WHO/AFRO
Madagascar	EF	EF	No change
Mozambique	GIZ	GIZ	No change
Myanmar	WBG	GIZ	CD also provided a WHO bridge contract
Niger	EF	EF	No change
Kazakhstan	KZ	Kazakhstan	Change of person
Russia	-	Russian Federation	New position (P4H country member)
Senegal	WBG	WBG	Continuity of contract with GFF funding
Tanzania	GIZ	GIZ	No change
Vietnam	ILO	ILO	No change
Cameroon	GIZ	Vacant	The position was vacant all year long
Cambodia	GIZ	Vacant	CFP deceased and replacement is in process
India	ILO	Vacant	CFP left for another position in P4H
Haiti	WBG	Vacant	CFP left for a WBG position without P4H mandate
Burkina Faso	WHO	-Vacant	CFP left for another position in P4H
Malawi	GIZ	-	CFP left and position was eliminated

² Expected results appear in the “Outputs” column of the P4H-RH.

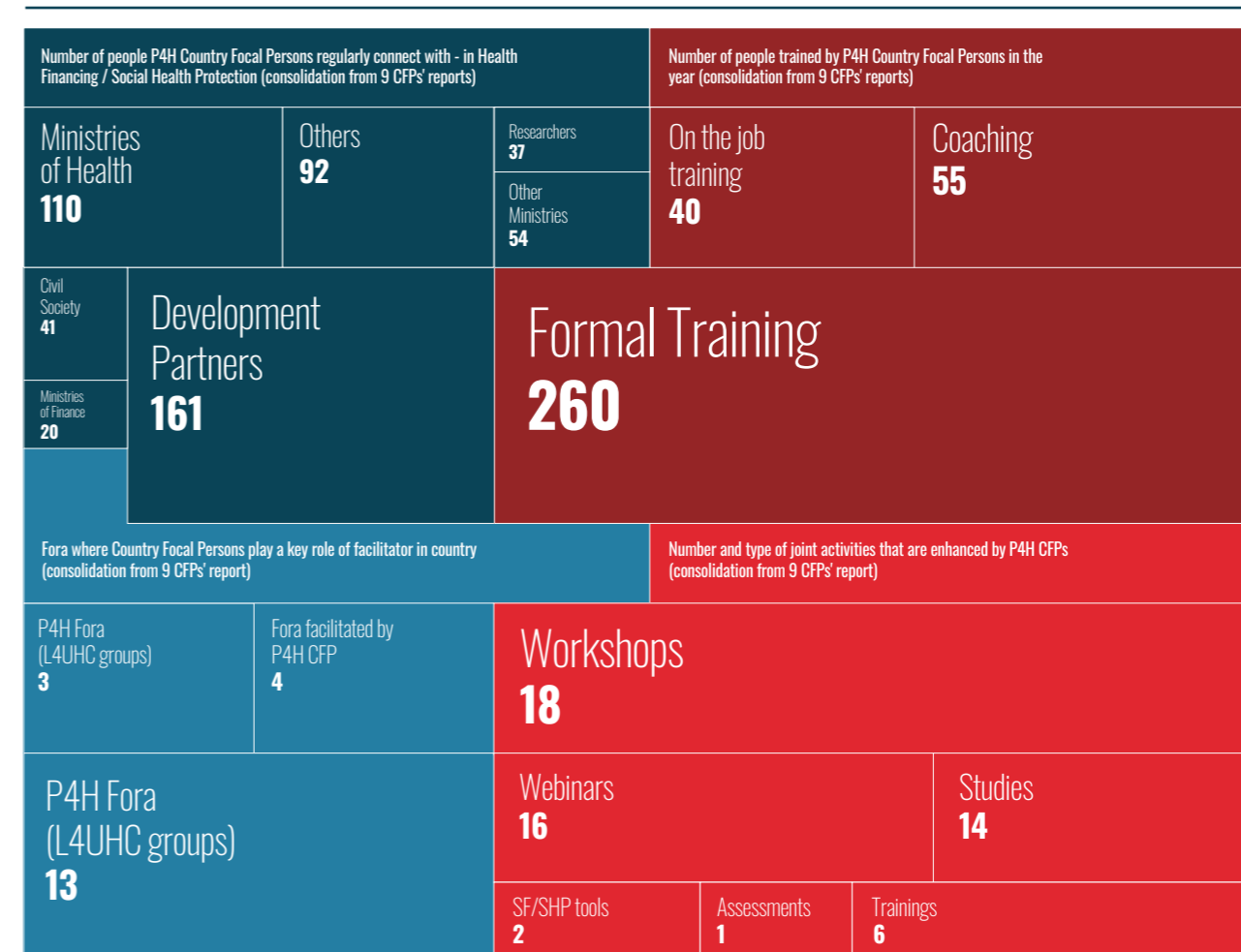
COUNTRY LEVEL

Country focal persons

CFPs contribute key elements to annual workplan outputs. Figure 6 shows that compared to last year, two new positions were created; six positions were vacated, some of which may be filled. At the end of the review period, recruitments in Cameroon and Cambodia were in process, and the India replacement was expected soon. The positions in Burkina Faso, Haiti and Malawi were under discussion. During the review period, the extent of CFPs’ facilitation grew with WHO, because the grant the government of France gave the WHO-based part of the CD afforded more opportunities for WHO country offices to contract CFPs. This type of collaborative dialogue is ongoing with other P4H member institutions and countries including GIZ, ILO and France, and was also discussed in Sustainable Health Financing Accelerator (SFHA) group meetings. CFPs regularly participated in the process of updating country-led health financing and social health protection activities on P4H’s, including its [country pages](#), which is content unique to the P4H digital platform. Wherever a CFP is deployed, first-hand information is organised with the right expertise in line with the CFP’s role as an honest broker. In addition, the

CD developed two major strategies regarding countries with no CFP. First, the growth in human resources at CD level increased capacity to capture, filter and post relevant country news from the Web. Second, increased community management and more collaborations channelled relevant information to the P4H digital platform. Overall, collective documentation requires a proper process, tool and human resources at CD level. As the volume of information grew during the review period, the CD’s capacity to screen and control the platform’s quality and contextualize the news and information needed further strengthening. Within P4H’s mission, the CFPs perform a wide range of activities. In collaboration with government ministries and development partners, P4H’s activities extend from establishing, facilitating and fostering collaboration to organizing joint activities, and participating in and coaching professionals in capacity-building and training activities. As shown in figure 7, during the review period, nine of 14 CFPs were involved in 260 formal trainings, coached in 55 seminars and organized 18 workshops along with 13 L4UHC events. They collaborated with 161 experts of development partners and 110 officials from national ministries of health.

FIGURE 7. ACTIVITIES OF P4H COUNTRY FOCAL PERSONS³



³ Consolidated report of nine P4H Country Focal Persons for the review period.

Domestic public financing

In many countries, P4H collaborations on domestic public funding figure prominently in national policy dialogue, just as CFPs make key contributions to annual workplan outputs. With support from CFPs, the governments of Burkina Faso, Cambodia, Chad, Senegal, Viet Nam, and other countries allocated significant additional domestic funding to provide financial health protection, particularly to vulnerable segments of their populations. Collaboration on public financial management was of growing interest to governments and international partners as a tool to achieve efficiency gains. This was reflected in new CFP job descriptions, for example, in Cameroon, Ethiopia and Timor-Leste.

Specific examples include Chad, which included a budget line for the allocation of taxes to finance the UHC process in the country's 2020–2021 Budget Act. The CFP in Chad contributed to the establishment of the regulatory framework for the mobilisation and allocation of budgetary resources, including drafting of the related decree and the creation of a trust fund for the "Assistance médicale pour les personnes reconnues économiquement démunies"⁴ (Medical Assistance for People Recognized as Economically Disadvantaged) (AMED) scheme.

In Madagascar, the CFP contributed to the mobilisation of financial resources for health and the identification of various UHC financing mechanisms. Budgetary contributions to the ministry of health (MoH) (in comparison to infrastructure and education) still need to be improved in collaboration with the ministry of finance (MoF). The CFP advocated to stakeholders that the response to the COVID-19 pandemic must be coherent and effective in the long term. Above all, it was important to balance health security and UHC with other items in budget negotiations.

The CFP in Mozambique promoted dialogue between the MoH and MoF, focusing on two key areas. The prioritization of health in the state budget involved joint MoH and MoF work on fiscal space, budget ceilings for the health sector and long-term sector strategies and the role of other funding such as user fees and external funds. Taxation for health focused on the introduction, increase and possible earmarking of health taxes. The CFP was involved in organizing joint activities, workshops and meetings to discuss related aspects of this health financing reform including noncommunicable disease cost quantification.

Social health protection

The COVID-19 pandemic highlighted the importance of securing the human right to adequate lifelong social health protection coverage. Social health protection is grounded in the international rights framework and, furthermore, in international social security standards. As such, it provides a rights-based tool to reach UHC by guaranteeing financial protection and effective access to health care services without financial hardship. Social health protection thus contributes to two complementary targets of the Sustainable Development Goals, namely SDG 3.8 on UHC and SDG 1.3 on universal social protection systems. The important contribution of social health protection as a rights-based tool to reach UHC was apparent in CFPs' contributions at country level. Throughout the year, CFPs have been involved in the design and implementation of legal frameworks for social health protection and health financing for UHC. They have also been involved in the strengthening and extension of legal entitlements and coverage to ensure that the right to financial protection, where legislated, was translated into practice.

For example, In Viet Nam, the CFP supported reform processes of the Health Insurance Law, which provides the legal basis for social health protection in the country, in line with international social security standards to foster greater equity, solidarity and sustainability. CFPs were further involved in the development of the national UHC strategy in Niger, which would later serve as the basis for a draft law on UHC. They have also been involved in the development of the National Health Insurance Bill in Myanmar. CFPs provided support to the National Social Protection Policy Framework for 2016–2025 in Cambodia and supported the strengthening of India's largest social protection scheme, the Employee State Insurance Scheme. These examples illustrate how the contributions of CFPs in the legal and political spaces have helped translate high-level commitments into practice, thereby catalysing processes through which financial protection and access to health services without financial hardship can become a reality for many more people.

FUNCTIONAL HEALTH FINANCING AND SOCIAL HEALTH PROTECTION NETWORKS

COUNTRY NETWORKS

At country level, all CFPs reinforce health financing networks, where they play key roles as facilitators and honest brokers. In Chad, the CFP supported the UHC Coordination Unit and the participation of the local P4H partners in joint activities, such as coordinated support for drafting national health financing and social health protection strategies, technical studies and joint missions.

In Cambodia, P4HC+⁵ partners' interest in maintaining and using the P4H platform remained high despite the CFP's tragic death in January 2021. During the COVID-19 crisis, P4HC+ resumed its functions in 2021 with USAID, the WBG and WHO as co-conveners. GIZ and the Swiss Agency for Development and Cooperation (SDC) remained in the P4HC+ secretariat; the CFP position will be filled in the second half of 2021. In May 2021, P4HC+ partners convened a formal meeting to gather inputs from all development partners (DPs) including Cambodia's Social Assistance and Civil Society Groups for a memorandum of understanding regarding coordination mechanisms for social protection. In Madagascar, the CFP facilitated collaborations to write the official Malagasy note entitled "Progress towards universal social protection in Madagascar—Social protection in health: an urgent imperative", an initiative supported by ILO, UNICEF and WBG, reflecting the national strategy on social protection.

Despite political constraints, facilitation of meetings for Myanmar's health financing technical working group established among DPs continued at the national level. Partners agree on the importance of networking and coordinating in the current political context. The CFP plays a key role on the advisory board for strategic purchasing projects together with WHO, WBG, UNOPS and ACCESS Health International.⁶

The CFP in Viet Nam promoted regular exchanges and information sharing among DPs to break down silos on health financing and social protection. The CFP participated in regular meetings of DPs—forums for open discussion and debates on policy reforms—and provided updates on the P4H digital platform. CFP involvement in networking in India differs from that in other countries because health financing and social

health protection work is fragmented and discussions are decentralized. The baseline for collaboration and coordination is lower than in other countries with CFPs. Nevertheless, Viet Nam's CFP makes ongoing efforts to make contacts, network and exchange information with and among P4H member institutions, such as WHO, WBG and GIZ. And the CFP is initiating collaborations under the P4H umbrella with strong ILO and WHO involvement.

REGIONAL NETWORK

At regional level, P4H promoted networking and partnership collaboration among countries in Asia and the CIS to discuss country and region-specific health financing and social health protection issues and challenges. The part-time Asia network community manager has supported the regional collaboration since April 2021. Major tasks are to categorise, communicate, systematically update, develop and maintain relationships with regional organisations, and networks to discuss and share knowledges on their priorities, technical issues and focuses for regional partnership collaboration.

Currently, the Asia network community manager covers 23 Asian countries ranging from Australia and Bangladesh to Timor-Leste and Viet Nam. Network connections were established with 155 registered users from 17 countries that received updates on the P4H digital platform and provided feedback and ideas on possible collaborations, exchanges and joint activities. The Ministry of Public Health of Thailand officially submitted a letter of interest to join the SG.

The same approach is used for CIS where UHC is recognised as needing strong political support for developing and implementing effective health financing policies, strategies and reforms through inclusive dialogues and partnerships. Kazakhstan and Russia as P4H member countries are expected to play an important role in this process. Considering the need and demand, the CIS community manager broadens communications and provides opportunities for Russian-speaking countries and experts to use all features of the P4H digital platform. Since April 2021, 60 people registered as new users on the digital platform.

⁴ Medical assistance for people recognized as economically disadvantaged.

⁵ P4HC+, where "C" stands for Cambodia, means membership configuration in Cambodia, which is open to any bi- or multilaterals engaged in health financing and social health protection activities.

⁶ ACCESS Health International is an international think tank, advisory group, and implementation partner.

GLOBAL NETWORK

Steering Group

P4H work at global level is mainly guided by the SG. The annual SG meeting for 2020 was held in October. Participants discussed P4H external review findings, an SG membership constituency model, the P4H Annual Review for 2019-2020, and P4H strategic directions for 2020-2021. External review findings were shared with the SG members, especially those about P4H's value propositions and aligning partners on the key principles of health financing for UHC.

The SG members considered the P4H value propositions for connecting stakeholders across all sectors, incentivizing and facilitating their collaboration, developing joint products and services and linking accountability, evidence and results. The SG members agreed that there should be one place for health financing and social health protection dialogues and collective actions. Regarding the topic of SG member constituency, the Swiss government produced a paper to guide discussion and decision making on the constituency-based governance model for the SG. The SG members examined and agreed to further consider the paper to reach a decision. At the annual meeting in October 2020 representatives from the SDC and WBG were unanimously elected as SG cochairs, and representatives from the Global Financing Facility (GFF), ILO, GIZ, as TEG cochairs, all for a two-year term.

Technical Exchange Group

The CD collaborated with the TEG's and SG's cochairs to prepare and organize an extraordinary SG meeting in July 2021 to discuss the P4H constituency-based governance model and share progress on implementation of SG decisions and 2020-2021 strategic priorities. TEG members were included in these preparations because, following the annual 2020 SG meeting, the TEG's role in P4H global level technical exchanges increased.

The TEG's member list was updated and broadened to legitimately engage partners in technical topic discussions. Topics included how to better use external funds to strengthen national health financing systems' performance and improve accountability of the coordination team (CD and CFPs) to the SG. The first meeting with extended TEG members was held in March 2021 to discuss key areas of partnership collaboration in the COVID-19 affected socioeconomic environment and P4H engagement in donor coordination and resource alignment efforts at global and country levels. This first meeting reinforced the commitment to work on COVID-19 and health financing. A follow-up second meeting in June 2021 led to the decision to create a TEG subgroup to continue exchanges on alignment with national priorities and harmonization of external funding, linking with the Sustainable Health Financing

Accelerator group by targeting low-income countries and fragile contexts. The TEG also discussed the P4H-RF and CFP reporting templates proposed by the CD.

Coordination Team and Coordination Desk

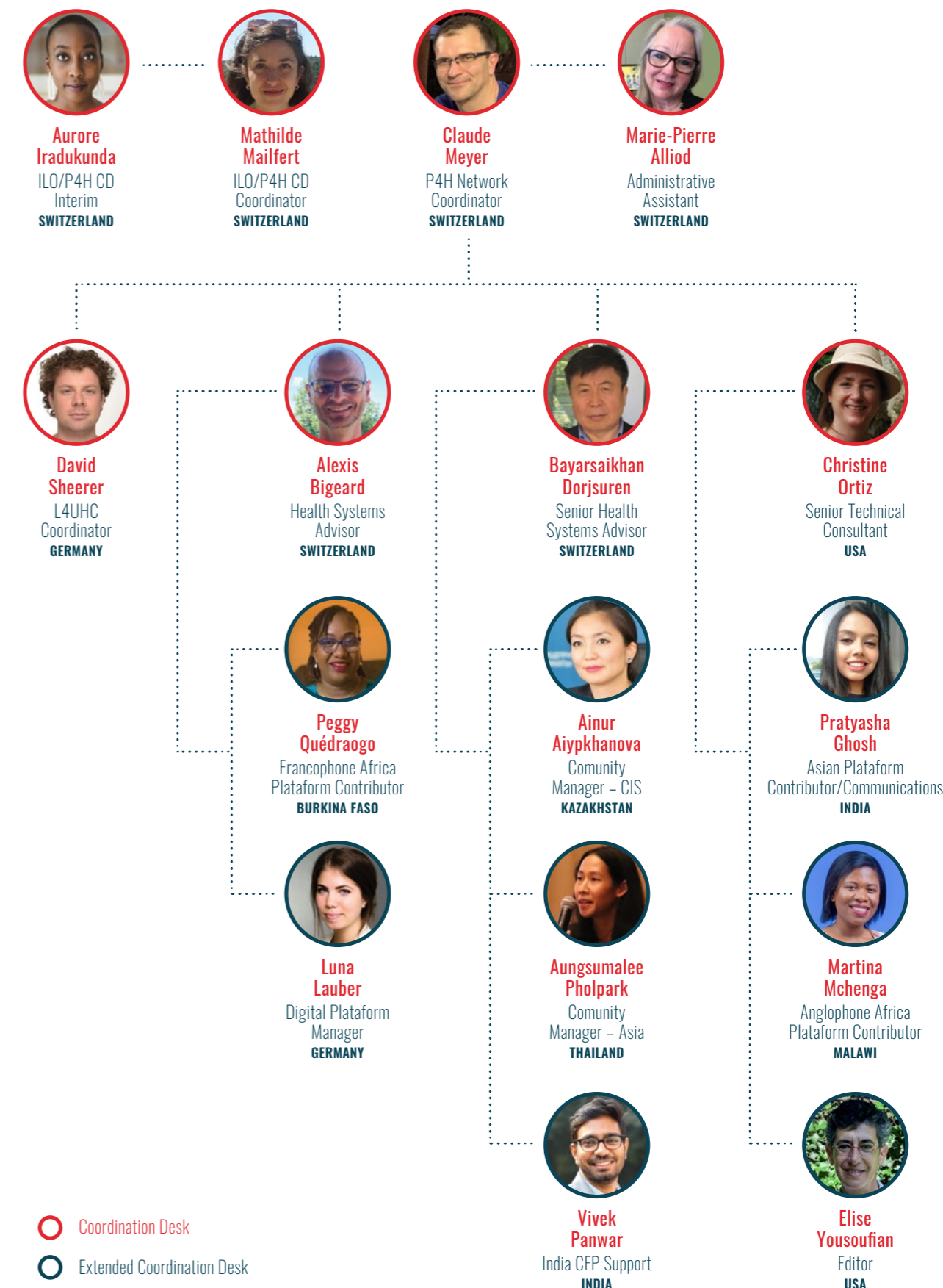
Another P4H modality for networking and technical exchanges at global level is the Coordination Team (CT), comprising the CD and CFPs. This year, GIZ's P4H support team in the UHC programme also participated in CT virtual meetings, held monthly to discuss and drive P4H's interagency agenda. CT meetings include the CFPs and build a sense of ownership across P4H. These meetings promote peer-to-peer exchanges between the CD and CFPs, which is especially productive because there is no management line between them. COVID-19 prevented the traditional two physical meetings per year, which hampered P4H team building. Some changes occurred in the composition of the CD (see figure 8).

In December 2020, the CD joined the recently formed Inter Agency Working Group (IAWG) on pro-health taxes and attended several meetings. Taxes are becoming integral to national policy dialogue on health financing and social health protection. The IAWG is jointly led by WBG and WHO and is funded by the Norwegian Agency for Development for global and country level activities. Activities will be further developed in 2021-2022 based on the IAWG's workplan and P4H resources.

In 2021, the CD organized two fruitful meetings with the CFPs' contracting agencies, identifying challenges to CFPs' activity monitoring, communication and reporting. These meetings paved the way for deeper involvement and discussions of the TEG on these topics. In general, these discussions fostered increased accountability and responsibility by CFP contracting agencies. The CD participated in organizing the bi-annual conference of the Health and Social Protection Action Research and Knowledge Sharing Network held in December 2020. The conference participants reviewed the ties between health-related social protection and UHC agendas to explore ways for stronger intersectoral action. The CD facilitated WHO to lead a session on UHC and social health protection and helped the CFP in Myanmar to present country experiences that contributed to the session on linking health and social protection for people experiencing ill health.

Monthly newsletters produced by the CD starting in December 2020 aimed at P4H's governance audiences—the SG, TEG and CT—were emailed to 96 addressees at the end of the review period. The newsletters answer SG's request in the meeting of October 2020 to improve P4H communication and information exchanges among CD and P4H members. These monthly newsletters capture the most recent developments of the network, the progress made, and some country news. The CD's organigramme is presented in figure 8.

FIGURE 8. ORGANIGRAMME OF P4H COORDINATION DESK



COHERENT COLLABORATIVE FRAMEWORKS

JOINT MISSIONS

The P4H workplan for 2020–2021 aimed to support and improve joint efforts, knowledge management and alignment of partnership collaboration. Accordingly, the CD participated in and contributed to a number of missions and events relevant to P4H’s core functions. In February 2021, a joint virtual P4H mission in Burundi led to a request for and hiring of a new CFP—a process WBG with WHO, GIZ, France and the European Union led. In March 2021, the CD participated virtually in DPs’ mission to Pakistan to review and update health financing reforms for UHC. This resulted in deploying a health financing expert in WHO’s country office with funding support through P4H.

Another important mission was the NGO Global Action Plan’s SFHA initiative organized by the Global Alliance for Vaccine Initiative, GFF, the Global Fund to Fight AIDS, Tuberculosis and Malaria, WBG and WHO. The CD engages with the SFHA group, as it fits well within the P4H mandate. The Global Action Plan’s SFHA group holds monthly global level meetings and separate country discussions plus meetings related to the Bill & Melinda Gates Foundation (“BMGF Health Financing Grantees” meetings). Although the CD was unable to attend all discussions, P4H’s engagement in this SFHA group could lead to collaborative opportunities like the one in Niger (see below under “Alignment”). The CD tries to join other countries’ exchanges whenever a CFP deployment is imminent. Governance bodies, especially the TEG, suggested that P4H give the SFHA agenda greater attention in the upcoming year.

NEW COLLABORATION OPPORTUNITIES

P4H participated in the USAID-sponsored health systems strengthening accelerator co-creation series, collaborating with others to translate research findings and evidence into decision making and policy implementation. As part of this effort, L4UHC expects to include representatives of academic and research institutions along with governments officials, policy and decision makers in USAID’s programme. Furthermore, the opportunity may arise for P4H to initiate multisector and multidisciplinary dialogues, collaboration and partnerships on specific topics of interest.

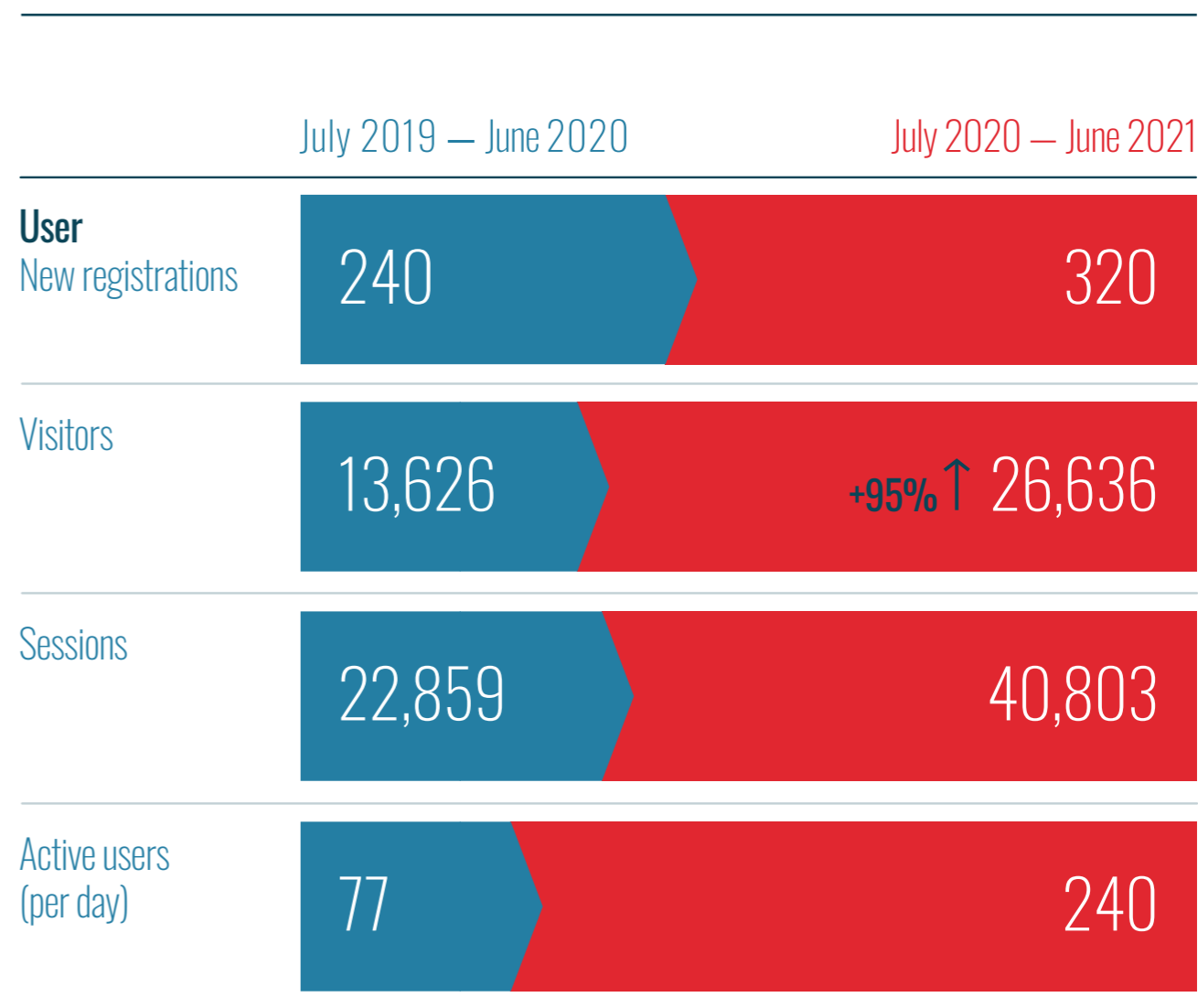
Improvements in coherent collaboration have been documented in a number of countries. The CFPs contributed to various educational and capacity-building activities in collaboration with DPs and organizations, such as ILO, WHO and countries including Korea, Lao People’s Democratic Republic, Myanmar and Thailand. The CFP in Mozambique contributed to policy-making capacity building in health financing and social health protection. She also collaborated with WHO and GFF on COVID-19 pandemic related experience sharing and training government officials.

ALIGNMENT

Alignment is critical for coherent collaborative frameworks, and P4H contributes at every possible opportunity. Based on the SFHA group discussion on Niger, the CD led the process for the deployment of a CFP with a focus on SFHA-related objectives and tasks in the country. The collaboration between the SFHA group and the CD deepened the understanding on opportunities and constraints. In this context, Mozambique and Zimbabwe could also be discussed. P4H members and the TEG are increasingly interested in better aligning external funding with the development of national health financing and social health protection systems to leverage P4H’s ability to support country-level collaboration through CFPs.

To improve the design, structure and functionalities based on users’ experience, the CD organised several internal consultations with users. As shown in figure 9, the numbers of newly registered members, visitors and active users of the P4H digital platform have notably increased during the review period compared to the previous year.

FIGURE 9. NUMBER OF REGISTERED USERS AND VISITORS TO THE DIGITAL PLATFORM



Improvements in the P4H digital platform positively affected P4H’s social media presence. Currently, P4H actively uses its social media accounts—[LinkedIn](#), [Twitter](#), [YouTube](#)—and [blogs](#) to host events, including P4H webinars (see figures 10 and 11 for comparative data). The P4H webinar series included a francophone event on COVID-19 and health financing, sharing Morocco’s strategy. P4H also co-organized a tribute to

the late Bart Jacobs with WHO and GIZ, facilitated WHO’s webinar for the launch of the 2020 Global Health Expenditures Report and participated in the Health Governance and Financing webinar on the impact of COVID-19 on the UHC agenda in francophone Africa. Due to COVID-19, ILO’s training course on social health protection to be jointly delivered by ILO and P4H was postponed to 2022.

FIGURE 10. P4H SOCIAL MEDIA ACTIVITIES (TWEETS AND YOUTUBE)

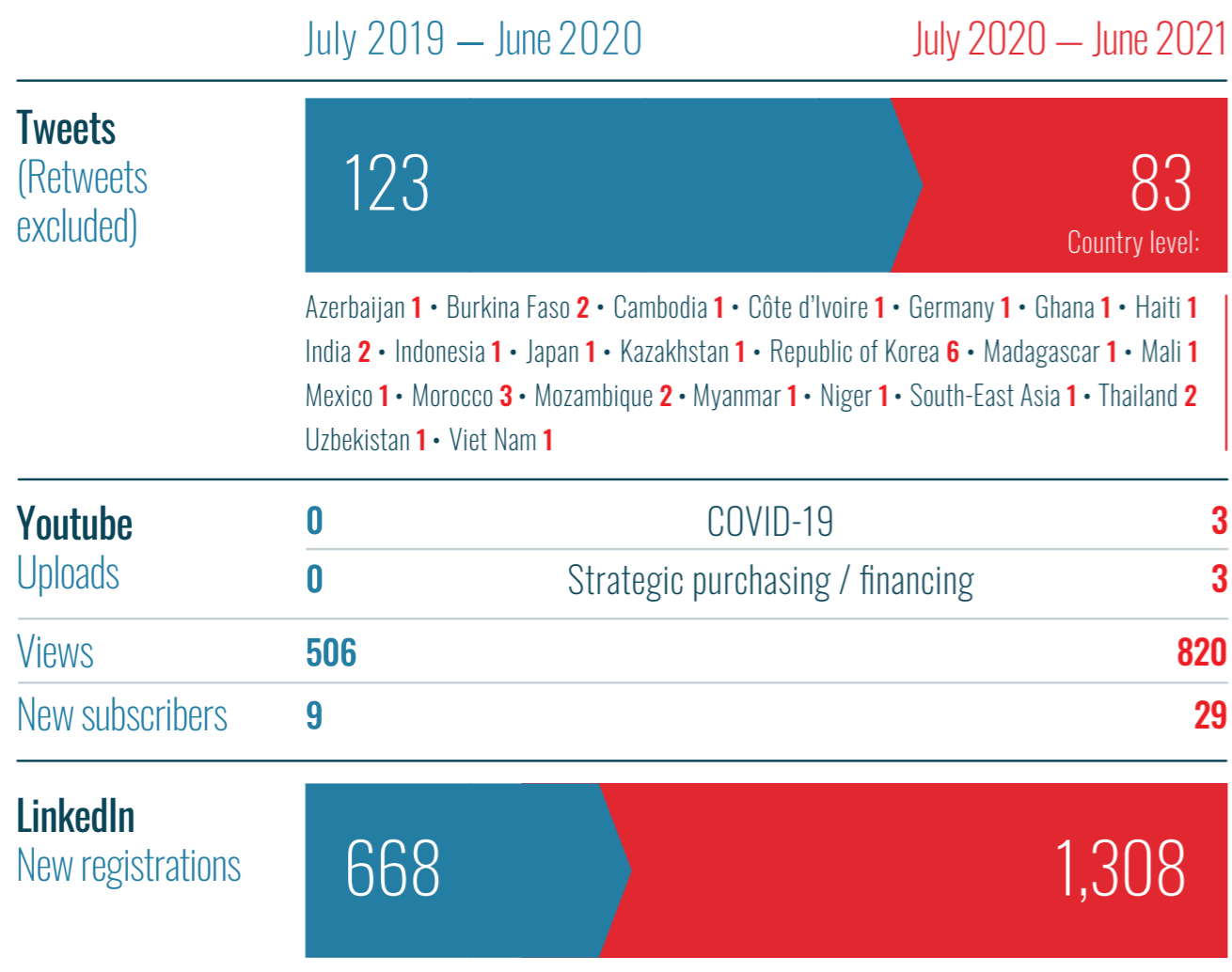
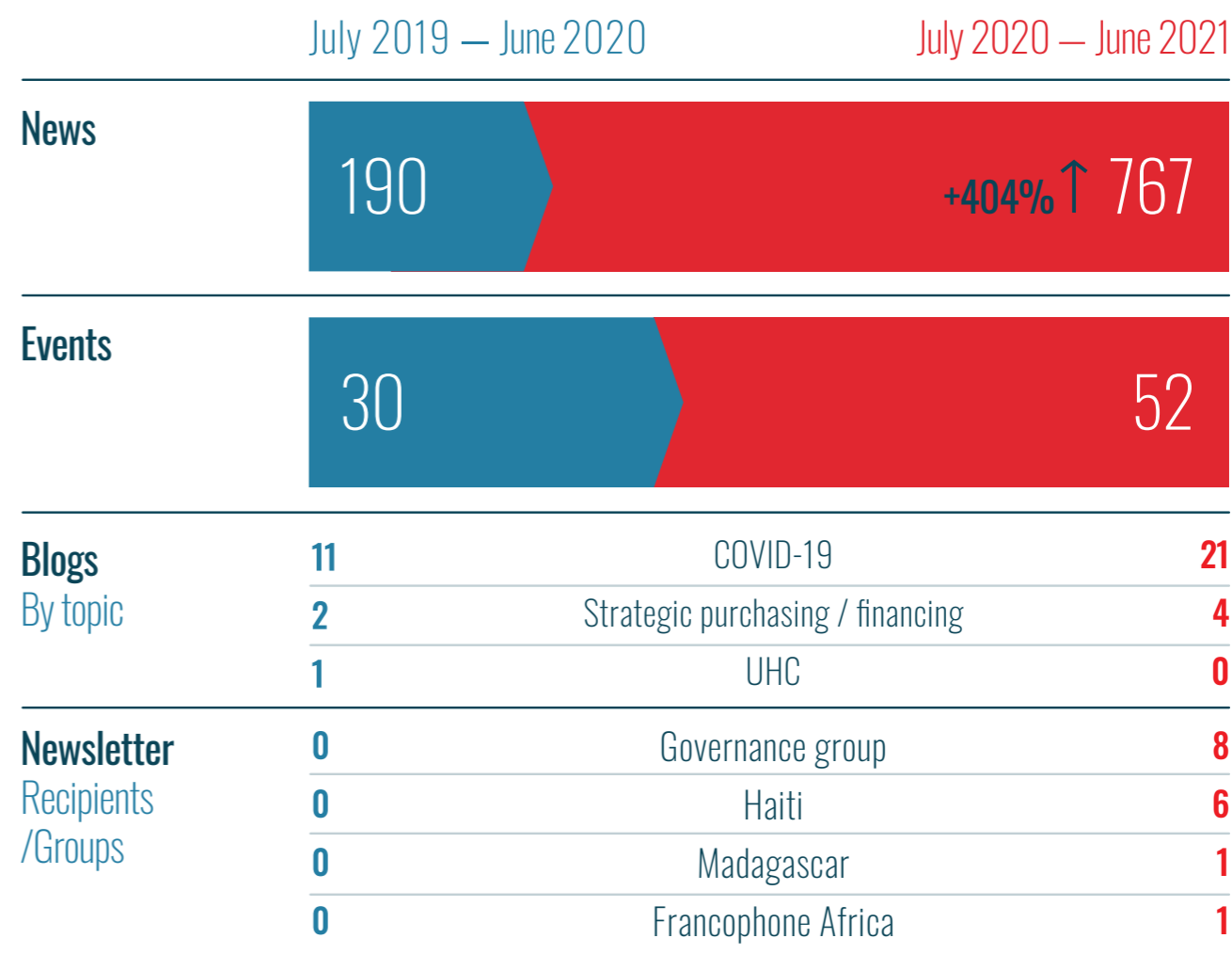


FIGURE 11. P4H SOCIAL MEDIA ACTIVITIES (NEWS, EVENTS, BLOGS, AND NEWSLETTER)



The social media features and accounts will be gradually integrated in P4H’s communication and knowledge management strategies and publishing guidelines, which CD initiates. In June 2021, an information technology business analyst was selected for technical support to further P4H’s knowledge management and social media work during 2021–2022.

COLLABORATION WITH OTHER HEALTH SYSTEMS STRENGTHENING DIMENSIONS

COVID-19 preparedness and responses were the dominant topic for other collaborations. The COVID-19 pandemic revealed the strengths and weaknesses of health financing and social health protection systems. In May 2021, the Fudan University School of Public Health in China initiated a cross-country comparative study on health system financing strengthening needs in the context of COVID-19. The study framework was developed by Fudan University by forming a team of experts from China, the Republic of Korea and Singapore, the Asian Development Bank, WHO Regional Office for the Western Pacific, and the CD. P4H provides funding support; the synthesized report will be discussed and disseminated through the P4H digital platform. Within their mandate, CFPs engaged in quick responses to requests as COVID-19 became the new priority in countries. They assessed the impacts of COVID-19 in the context of financial protection and sustainability and provided recommendations to address the health and economic impact of COVID-19.

The CT circulated strategic information about the OpenIMIS initiative (opensource software for health financing) in countries such as Cameroon, Chad, and Nepal. The CFPs continued to collaborate with the Joint Learning Network (JLN) in some countries. For example, in Senegal the WBG-contracted CFP also acts as the JLN focal person. The same set-up (JLN/WBG) will soon be in place in Mali with a WHO contract (deployment prepared jointly by WBG and WHO).

P4H collaborated with other Global Action Plan accelerators,⁷ one of which works on fragile settings and programming in the context of disease outbreaks, a new area for P4H. Worldwide, 1.8 billion people (23% of the world's population) live in fragile, conflict affected and vulnerable settings. The accelerator's working group's task is to support the adaptation of the work of other accelerators to these settings. The CD engaged with the emergency department of WHO headquarters to discuss opportunities for collaboration. A concept note was drafted for possible deployment of CFPs in fragile, conflict affected and vulnerable settings and discussed with WHO Regional Offices for the Eastern Mediterranean and Africa.

Collaboration between P4H and UHC2030's International Health Partnership's secretariat further deepened under UHC2030's Health Systems Strengthening Related Initiatives umbrella. During the review period, the Related Initiatives group agreed to work together to promote health system strengthening priorities aligned with UHC and responses to the COVID-19 pandemic. As part of the initiative, the CD contributed to events that included preparations for the UN High Level Meeting on UHC held in September 2020 and the Sixth Global Symposium on Health System Research held in November 2020. At the symposium, an SG member shared COVID-19 financing experience in the Republic of Korea during the satellite session organized by UHC2030. The CD contributed to UHC2030's regular news series, updates, webinars and blogs. In March 2021, P4H and UHC2030 co-organized a webinar on COVID-19 vaccination in Ghana, the first country to receive COVID-19 vaccines through COVAX. P4H facilitated Kazakhstan's sharing its COVID-19 experience at this event.



“Worldwide, 1.8 billion people (23% of the world’s population) live in fragile, conflict affected and vulnerable settings.”



⁷ More information about the accelerators for the Global Action Plan is available on WHO's website.

INNOVATIONS FOR HEALTH FINANCING AND SOCIAL HEALTH PROTECTION

L4UHC is one of the most recognized products of P4H. It is developed and implemented with strong commitment and consensus-based spirit among P4H members. In November 2020, the SG agreed to transfer L4UHC's coordination role from GIZ to WHO. Following this, funding commitments from France, Germany and Switzerland nearly doubled for the 2021–2023 phase compared to the 2018–2020 phase. In May 2021, WHO contracted Scheerer Public Policy Consulting to support the global coordination of L4UHC. GIZ will continue to provide a full-time position for the programme along with the GIZ grant awarded to WBG to support operations. GIZ's support strengthens the capacity to adequately respond to the increased demand for L4UHC. The global event agency is expected to be contracted again as of September 2021. Another tender for the monitoring and evaluation of the programme is expected to be launched in August 2021. Within the programme, P4H stands for continuous, reliable, and sustainable support to countries. A selection of L4UHC countries for the new phase will be finalized in August 2021 in order to start program operations in fall 2021.

Partnership collaboration in health financing and social health protection has a political aspect. Political economy continues to be a collaborative topic for P4H. The CD, in collaboration with scholars from the University of Queensland, Australia, developed the P4H Political Economy Tool, primarily for use by CFPs to support P4H work in countries. The tool systematically reviews major health financing and social health protection stakeholders' interests, positions, and actions that influence partnership collaboration. It was tested in by CFPs in Myanmar and Senegal.

KNOWLEDGE MANAGEMENT

Knowledge management is a key part of the CD's activities, and outputs for this year have been impressive. During the review period knowledge management capabilities were strengthened with hiring of additional resources to improve the content and quality on the digital platform. A range of standard operating procedures and guidelines were developed and are continuously updated to facilitate more fluid contributions from multiple sources including external submissions from technical partners. The P4H digital platform evolved after the transfer of its administration from GIZ to the CD in November 2020. The CD now updates and populates country pages with relevant news and technical documents on health financing and social health protection. During the reporting period, 767 news items were posted on country pages, a fourfold increase compared to 190 news posts during the last reporting period (see figure 11).

P4H Work in Countries

Previous sections of this review address certain aspects of CFP work, which is complemented below with selected country highlights reflect other key activities, achievements as well as challenges.

📍 CAMBODIA

Cambodia's CFP facilitated the work of P4HC+ that contributed to the national social health protection agenda. The draft social protection law was validated by government ministries, civil society organizations (CSOs) and DPs. As of June 2021, the National Social Security Fund (NSSF) had contracted with 1,300 public health facilities and 80 private health facilities and NSSF registered members had reached 2.1 million. In May 2021, DPs and CSOs working on health financing and social health protection signed the formal collaborative arrangement to ensure harmonization, efficiency, and effectiveness in implementing health financing related activities to advance UHC.

📍 CAMEROON

The interim CFP in Cameroon collaborated with multiple DPs (including ILO, WBG, WHO, France) and ministries of health, social affairs, finance and economy/planning to support the implementation, evaluation and optimization of current projects using OpenLMIS, OpenIMIS and telemedicine. The CFP also provided the opportunities to exchange and share experiences to reinforce capacities and competencies of stakeholders as they monitor public-private partnership implementing UHC reforms in Cameroon. Work continues to support regional funds for health promotion with situational analyses and capacity-building initiatives.

📍 CHAD

Despite the health and political crisis, efforts were made to align technical assistance, knowledge generation and exchanges with government priorities under the coordination of Chad's CFP. As a result, a law to create the National Health Insurance Fund was passed and the decree to implement the law was signed. This progress envisages the start-up of AMED scheme. However, advances will depend on the political will to maintain the UHC reform at a high priority level and keep the financial commitments made by the previous government.

📍 INDIA

ILO supports P4H work through the social health protection specialist serving as CFP in India since 2019. Although efforts were hampered by the COVID-19 crisis, the CFP managed to update and maintain the country page and regularly populate it with reform developments, news items and policy reform timeline. In partnership with Access Health International and the India Health Systems Collaborative, India's CFP initiated multisectoral knowledge sharing among various national stakeholders, which P4H expects will inform a series of five webinars on key topics relating to health financing and social health protection in the Indian context. Under the joint ILO-Employees' State Insurance Corporation project,⁸ the CFP supported a series of technical comments and inputs on the new draft social security legislation and supported the dialogue regarding reform on social health protection with line ministries, institutions and social partners. Under the same project, the CFP also participated in efforts to strengthen the Employees' State Insurance Scheme (ESIS), the largest contributory social health insurance scheme in India.

📍 KAZAKHSTAN

The Republican Center for Health Development (RCHD) in Kazakhstan's MoH represents Kazakhstan in the SG. The COVID-19 pandemic and changes at the top level political and management positions in Kazakhstan's MoH and RCHD posed a challenge to plan and implement concrete activities in the country. However, CD established contacts with the RCHD's elected board members and newly assigned chair to initiate dialogues on continued collaboration. Kazakhstan appointed two top level government officials to serve in the SG and TEG and a new CFP with agreed terms and conditions. For the next reporting period, Kazakhstan is interested in promoting a P4H partnership collaboration in Central Asia.

📍 MADAGASCAR

The CFP in Madagascar contributed to reforms relating to health insurance and financial protection in health and the structuring and coordinating of existing health financing organizations to identify the main challenges and make needed improvements. The CFP facilitated policy dialogues and participated in drafting legal documents, producing health financing reform related technical notes and briefs and organizing capacity-building activities. The database, transparency and reliability of data for decision making were improved to support strategic health interventions. Madagascar actively participated in a discussion session "Emergency care systems for the achievement of UHC: ensuring prompt care for the seriously ill or injured," organized during the Seventy-fourth World Health Assembly held in May 2021.

📍 MOZAMBIQUE

The health financing strategy document to which the CFP contributed was approved by Mozambique's permanent secretary for health. As of 1 July 2021, the document is under review by the prime minister's cabinet. The CFP also promoted collaboration on health taxes among ministries of health, finance and industry and key P4H members such as WHO. Capacity-building activities largely focused on expenditure analysis, social health insurance, health financing policy and functions for UHC, and other joint work undertaken with WHO, GFF and Belgium's international development agency, Enabel.⁹

📍 MYANMAR

With the active involvement of the CFP, P4H is seen as one of the handful of actors still heading the UHC movement in Myanmar. The CFP contributed to achievements at the national level, including the development of the National Health Insurance Bill, National Health Accounts, and promotion of intersectoral cross-ministerial cooperation in the realm of health financing. During the review period, GIZ, SDC, WHO and WBG took turns supporting P4H's in-country operations. However, in some cases, they have withdrawn from direct support due to the political situation, which resulted in suspension of activities and focusing on non-state actors.

📍 NIGER

The L4UHC and CFP teams and the UHC Technical Working Group were active to maintain a normal working rhythm in Niger despite all restrictive measures relative to COVID-19. P4H partners focused on developing the institutional arrangements for implementing free health care for women and children under five, targeted health care and strategic purchasing for the vulnerable, and the decree to set up a dedicated, autonomous, professional and decentralised national structure to implement these measures. As part of the UHC Bill, the CFP facilitated dialogue around the national budgeted plan for the UHC Strategy by 2030.

📍 REPUBLIC OF KOREA

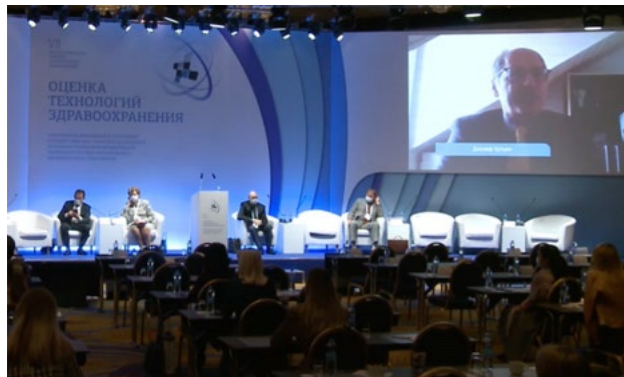
The Seoul National University School of Public Health of Korea (P4H member) is actively involved in health financing, social health protection and COVID-19 related activities at national, regional and global levels. In collaboration with P4H, the school prepared a technical review on Korea's COVID-19 preparedness and response for WBG and for the COVID-19 Health System Response Monitor for the Asia Pacific Observatory on Health Systems and Policies. The school also made several other contributions: provided technical inputs on the update and launch of the HFPM; collaborated with the Korea Foundation for International Health, the Asian Development Bank, the Ministry of Health and Welfare of Korea, and WHO Office for the Western Pacific to support health financing reforms in Lao PDR, Ghana and Mongolia, facilitated by P4H's Asia Network; and served as a speaker and panellist at several events, including UHC2030 and P4H's joint satellite session of the Health System Research symposium held in November 2020 and WHO's *Biregional Workshop on Health Financing for UHC in Asia and the Pacific Beyond COVID-19* held in February 2021.

⁸ The joint ILO-ESIC project is called "Technical support to ESIS for improving and expanding access to health care services in India – A transition to formality".

⁹ Enabel is the Belgian development agency. <http://www.enabel.be>

RUSSIAN FEDERATION

Partnership collaboration with the Center for Healthcare Quality Assessment and Control of the MoH of the Russian Federation focused on the P4H digital platform. The CFP facilitated WHO's keynote speech at the 7th International Conference on health technology assessment in October 2020, which discussed innovations in the state-guaranteed free medical care program and compulsory health insurance. As part of the work on the P4H digital platform, the centre took the initiative to translate the P4H platform into Russian to enhance collaboration with CIS and Russian-speaking experts. In June 2021, the centre assigned and funded a person to serve as CFP to coordinate P4H activities in the Russian Federation.



October 7, 2020 – VII International and Practical Conference "Health Technology Assessment: Adoption of innovations into the Program of State Guarantees of free medical care and Compulsory Health Insurance System"

SENEGAL

The CFP in Senegal support included DPs' exchanges on health financing and social health protection, participation in health and social health protection thematic group discussions and facilitation of the health financing and governance technical group. The CFP also supported activities of ministries responsible for health, labour and community development and public institutions including the National Agency for UHC and the Coordinating Institution for Compulsory Health Insurance. Several studies on health programme cost estimates, UHC resources mapping, health accounts, catastrophic expenditure and the sustainability of free-of-charge initiatives were carried out and validated with support from the CFP. The CFP also contributed to facilitation of activities implemented by L4UHC's country team.

VIET NAM

Viet Nam's CFP initiated and coordinated a joint ILO-WHO-WBG technical note providing a joint advocacy effort aligning P4H partners on compliance with the principles of equity and solidarity. As part of the Health Insurance Law revision, the CFP, with the support of the Asian Development Bank and the MoH's Health Strategy and Policy Institute, led the impact assessment of policy options proposed in the law's revision. Under the ILO-Luxembourg project,¹⁰ the CFP supported the development of a master's -degree program on social health protection at Mahidol University in Thailand with the newly established CONNECT¹¹ network. This will serve to support long-term capacity building and further support the growing culture of social health protection in the region.



November 27, 2020 – Workshop, Sharing the results of literature review and good practices in measurement of satisfaction with Social Health Insurance in Viet Nam

Looking Ahead

All P4H activities and outputs during the review period directly contributed to the P4H workplan developed and implemented for 2020–2021. The support received from the SG—both institutions and countries—played a very important role in fulfilling P4H's mandate. The commitment and hard work of the P4H team, comprising the CD team and CFPs, give P4H reason to expect even greater successes in the years to come. Moreover, some of the foundations of future work successes were laid down during the review period.

For the rest of 2021 and in 2022, P4H will continue high level policy discussions with the MoH of Thailand that could result in submission of a letter by the government of Thailand stating its wish to join P4H. P4H already launched new collaborations with USA-based implementing agencies that are active in health financing and social health protection for UHC. CFPs grow in number, just as CD grows in strength.

The CD started dialogues and collaboration to update country pages on the P4H digital platform, beginning with the Republic of Korea, France and Switzerland. The CD team is fully committed to following up and implementing these and other activities by reflecting them in the P4H workplan activities and expected outputs for 2021–2022.

The support received from the SG — both institutions and countries — played a very important role in fulfilling P4H's mandate.

¹⁰ Read more about the ILO-Luxembourg project "[Support to the extension of Social Health Protection in South East Asia](#)".

¹¹ CONNECT is a multi-stakeholder association of expert organizations and DPs in the Asia Pacific region committed to work together to bridge the gaps in social health protection.

Attachment: Supplementary Technical Information

Much progress occurred regarding worldwide presence of CFPs. All in all, nine of P4H's colleagues were in place as CFPs during the 12-month review period. Though their roles, contracting arrangements and contexts differ, all have served by responding to governmental requests to P4H, facilitating policy dialogue in health financing and social health protection, fulfilling most of the generic terms of reference for the position, given legitimacy by the network members, and participating in the network dynamics and visibility through many different engagements. Their participation in governance meetings, including CT meetings and TEG meetings is noteworthy, as are their efforts in populating the country pages of P4H's digital platform and their major contribution to the P4H-RH through activities, output, and outcomes.

As the SG requested in its meeting of October 2020, the CD worked throughout the year on developing a template for the CFPs to report their contribution to the network in a systematic way. This approach—systematic and using a template—is also a methodology that continues to be piloted and improved to ensure the timely delivery of information, respecting CFPs' management lines (which do not include reporting to the CD), and the balance between standardization and flexibility required in the context of the network's members' diversity.

[Click here](#)
to open
Supplementary
Technical
Information

The information that is provided in the annexes comprises up to three documents per CFP:

QUANTITATIVE INDICATORS

The quantitative indicators have been adapted based on inputs from the SG and CFPs. Most of the proposed indicators were reported upon by the CFPs, demonstrating that some quantitative figures can be gathered to illustrate part of the specific work carried out and P4H's value-add in country.

REPORTING ON OUTPUTS

The reporting on outputs differs across CFPs while capturing how priorities set by the SG have been tackled in countries.

MAJOR CONTRIBUTION TO OUTCOMES

All nine CFPs reported on outcomes, showcasing the P4H's contribution to processes and reforms in-country in the field of health financing and social health protection. Many lessons will be learned from the use of the "Health Financing Progress Matrix"¹² as a health financing reporting tool. Limitations were observed for CFPs' work in the first pillar of the matrix, "Assessment Areas" (health financing policy, process and governance) as well as for reporting on social health protection development regarding legal entitlements and coverage.

The documents in the annexes, presented country by country, are an impressive compendium of precise and targeted information. Critical analysis, comparison, further consolidation of this material, as well as amendments of the templates and methodology, will all provide opportunities for improvements.



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 July 2020 and June 2021. It is not complete, and does not include all material information. Please refer to the P4H Network website www.P4H.world for further information concerning specific activities or contact a staff member of the P4H Network Coordination Desk.

Photo credits: www.p4h.world - No reproduction without permission

¹² <https://www.who.int/teams/health-systems-governance-and-financing/health-financing/diagnostics/health-financing-progress-matrix>