



Annex

JULY 2020 – JUNE 2021

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	14	6	3	1	4	15	2	45

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally	
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year	0	3 at NIPH, 3 at GS NSPC	14	Formally trained is the CSES training (series continued from 2019)
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)	P4H labelled N/A	P4H moderated 1	P4H supported 1	There were a few in 2019 but not 2020

NUMBER

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options				I thought the CFP joint the workshop conducted by National Institute of Statistics, on the design of questionnaire for new Cambodian-Socio Economic Survey (to comment on indicators for assessing financial risk protection)

NUMBER OF ACTIVITIES

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs	P4HC+ Donor mechanism for Social Protection, to GS NSPC						
	P4H CFPs identify and avoid duplication of activities							Updates during P4HC+ meetings and stock taking the activities of P4HC+ partners in health financing for UHC

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING CAMBODIA

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

Through deep, day-to-day engagement with the National Social Protection Council (NSPC), P4H through the Cambodia focal person has been able to place UHC and health sector reform high into the agenda.

While the Cash Transfer schemes remain the main priority of the NSPC, UHC is a close second. Through the NSPC, interest to reform at the Ministry of Economy and Finance (MEF) has been stimulated and deep conversations are currently ongoing on the concept to reform the health sector towards UHC and the road map of possible actions. The MEF is especially keen on efficiency gains. Throughout, P4H plays an active role both as a technical advisor in the process and as coordinator of the development partners' inputs. Public domestic funding is a central principle as the country has recognized donor funding is no longer possible due to the level of economic development.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

In 2020, P4HC+ experienced fewer interactions as a group due to covid-19 restrictions and the newly emerged project-based covid-19 responses which took away the attention of most development partners and government stakeholders from health financing related activities, and resulted in UHC policy dialogue being paused to a certain extent until late 2020. However, the P4HC+ partners' interest in utilizing this coordination platform remains high especially in responding to ad-hoc requests for technical assistance especially for the improved design of H-EQIP II. P4HC+ has resumed its functions in 2021 with USAID World Bank and WHO as co-conveners. GIZ and SDC remains the secretariat to P4HC+, while the CFP position is to be filled. In May 2021, GS NSPC called P4HC+ partners for formal meeting to gather inputs from all development partners (P4HC+, Social Assistance Group, and other Civil Society groups) for the draft MoU on coordination mechanisms for social protection in which P4HC+ group is assigned to lead the Social Health Protection pillar. P4HC+ group together with Social Assistance group and Health Partners group developed a list of consolidated comments and suggestions (after separate group discussions) and submitted it to GS NSPC. This response focuses on the

required formality and elaboration of terms of references. The P4HC+ group sees the needs to revise the modus operandi 2017 to fit in the emerging roles and responsibilities of P4HC+ as a coordination mechanism for Social Health Protection.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

P4HC+ group have always contributed to the requests for technical assistance in a joint spirit. Partners are welcome to bring in their knowledge and expertise to the table and assert their organizational perspectives. Although there has been some convergence on approach to achieving UHC (e.g. health financing interventions for informal population groups), there needs to be consolidated product which is agreed by the majority. This method of working has been continued and deemed effective until now. The P4HC+ secretariat ensured all partners were up-to-date with other partners' activities (through activity matrix) to avoid duplications and minimize contradictions and jointly addressed the needs of respective government partners (e.g. capacity building on analyzing the available dataset for monitoring UHC in late 2020). The P4HC+ group was linked to the General Secretariat to National Social Protection Council to build mutual understanding on the NSPC's vision on social health protection and which areas development partners should collaboratively contribute to. The envisioned coordination mechanism as stated above was discussed two years ago, and this mechanism when officially implemented, will allow or influence development partners to adopt a coherent framework supporting GS NSPC and related Ministries to consistently implement the National Social Protection Policy Framework (2016-2025) and related national strategic development goals and plans.

Collaboration with other UHC-related networks is developed and complementarities are leveraged – including **HF and COVID-19**

P4HC+ has extended the invitation to special meetings during 2020 to GRET's SPIN project, a pilot project which aims to test the enrollment procedure and enroll health insurance scheme for two informal population groups namely Tuk-Tuk drivers and domestic workers via their registered associations. This project is jointly managed by GRET's expert in cooperation with local Social Health Protection Association (SHPA) and National Social Security Fund. The P4HC+ Secretariat was requested by National Social Security Fund to stand as

a committee member of the SPIN project. P4HC+ also involved other non-partners who are international experts in series of meetings, particularly virtual workshops on strategic purchasing system in Cambodia.

As part of networking, GIZ and World Bank under P4HC+ collaboration have also facilitated the process of coordinating participation of the Cambodian government as full member of the Joint Learning Network. The country core group (as a requirement) has been created with nominees from GS NSPC, Ministry of Health and National Social Security Fund since late 2020. Like other UHC activities, the application process was paused in the first trimester of 2021 due to the passing of P4HC CFP in January and covid-19 community outbreak in February. GS NSPC however is committed to hold the CCG first meeting and finalize this full membership application with support from P4HC+ secretariat and World Bank by the end of this year.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

The CFP solicited the willingness of main P4H partners prominently active in health financing in Cambodia to consider implementing activities recommended by the Sustainable Financing Accelerator as a precursor to increased country-level collaboration

¹ Social Protection: Innovation for the Informal Sector Project, and it is 90% funded by Agence française de développement (AFD)

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H		Remarks / critical analysis / recommendations to the network
				Technical Assistance	Collaborative Work	
Q1.3. systematic use of health financing information for monitoring and evaluation of UHC	Support to National Social Protection Council (NSPC) to make informed decisions for the implementation of National Social Protection Policy Framework (2016-2025)		- The official list of nominee for Country Core Group is obtained. GS NSPC is taking lead on finalizing The application process (to make all other requirements for full memberships checked) including initiating The first CCG meeting.		GIZ and World Bank co-facilitate the process of coordinating participation of the Cambodian government as full member of the Joint Learning Network.	
			- NIPH has become a trusted advisory body for UHC to assist NSPC in the monitoring and evaluation of UHC within the national social protection policy framework. '- GS NSPC has incorporated P4HC+ recommendations on health financing interventions into their UHC concept note. '- ILO is currently leading the work on evaluation of NSSF scheme; to build scenarios for reform and improvement '- NIPH expressed demand for more technical support on generating the health financing information for monitoring and evaluation of UHC. GIZ and WHO are working collaboratively on delivering this capacity building.	Under P4H umbrella, P4HC+ partners (GIZ, WHO, USAID) linked the National Institute for Public Health, the envisioned centre of excellence, to GS NSPC in a number of events (UHC workshops). Following the workshop, the capacity building on data management, data analysis and UHC report writing (using CSES data) was provided to the two groups (NIPH and GSNSPC) to bridge their knowledge gaps, stimulate policy and practice discussions and ensure future collaboration.	The first P4HC+ virtual meeting with General Secretariat to National Social Protection Council was conducted (28 August 2020) to link the two parties, and P4HC+ provided collective feedback on the first two assignments proposed by GS NSPC (1) assessment of the current National Social Security Fund Insurance Schemes (2) assessment to expand the roles and responsibilities of Payment Certification Agency (PCA).	
Q4.3. purchasing arrangement which promotes quality of care	Improved purchasing for quality, efficiency and ensuring accessibility of essential health services	The MOH recently provided instructions for all hospitals to keep patient files documenting vital signs as well as the diagnosis and prescribed treatments. The patient dossiers allow for a comparison with the National Treatment Guidelines. This opens-up new opportunities to assess the quality of care as well as introduce strategic purchasing of health services, a form of active purchasing.	- H-EQIP II first preparation mission took place in Jan 2021 (with a focus on digital health information management)		Joint recommendations of P4HC+ partners on health financing interventions for the next pooled funding arrangement H-EQIP II (2021-25) with due consideration of the associated financial and technical leverage of the H-EQIP was developed and submitted to the office and consultants responsible for the H-EQIP II design.	This set of joint recommendations on health financing for UHC to feed into the forth coming Health Strategic Plan (2021-2030) was also communicated to Ministry of Health early in March 2020, but the response from Ministry was never received.
				- The CFP introduced technical exchange on institutionalizing the routine health service costing system	P4HC+ virtual meeting among selected partners and international experts was conducted on 25 November. This meeting aimed to develop a working paper elaborating more on the possibilities so introducing strategic purchasing in Cambodia (under H-EQIP II) and to assess associated cost implications to inform policymakers.	GIZ & WHO published a report on Strategic Purchasing by the Cambodian National Social Security Fund in July 2020
Ad-hoc activities				The CFP solicited the willingness of main P4H partners prominently active in health financing in Cambodia to consider implementing activities recommended by the Sustainable Financing Accelerator as a precursor to increased country-level collaboration		

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	20	3	15	4	2	10	1	55

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year		9	6

		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)	1 (L4UHC)	1 (L4UHC)	1 (DPs Montly Meeting)

NUMBER

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs		4			3		
	P4H CFPs identify and avoid duplication of activities		1					

NUMBER OF PEOPLE FROM

		MoH	Finances	Social Protection	National Ass	PM	PR	Justice	Civil Society	Media	Other (to specify)
L4UHC	Participation of high level people in-charge in countries	3	1	1	1		1	1	1		Social welfare (01)

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING CHAD

A high-level multi-sector interest in or commitment to financing for UHC is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – including Public domestic funding

Due to the advocacy supported by the CFP and the combined action of the UHC coordination team and the L4UHC members, Chad has **included a budget line for the allocation of specific taxes to finance the UHC process in its 2020 and 2021 Budget Act**. The CFP is therefore actively contributing to the establishment of the **regulatory framework for the mobilization and allocation of these budgetary resources** to the UHC institutions. The CFP has worked with other stakeholders to draft a decree to this effect. The CFP also advocated for **the establishment of a trust fund** to support the implementation of the “Assistance médicale pour les personnes reconnues économiquement démunies” (AMED) scheme. Government and development partners have committed to this idea and a study has been carried out with the support of the P4H network, to analyze its technical and legal feasibility. The results of this study will soon be presented to the various stakeholders.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

In Chad, there is a formal mechanism of consultation between development partners in the health sector. These are monthly meetings during which issues related to health and UHC are discussed. It is during these meetings that the P4H/CFP regularly updates on the latest developments in the UHC process. Between July 2020 and June 2021, only two meetings were organized (in October 2020 and March 2021). During these meetings, the P4H/CFP presented an overview of the UHC progress in Chad and the ongoing actions. Reflections are underway to establish and operationalize a formal dialogue dedicated to the local P4H network.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

In Chad, the UHC Coordination Unit directly addresses its support needs to development partners, whether they are members of the local P4H network or not. The P4H CFP supports the UHC Coordination Unit by identifying and formulating requests. The CFP also coordinates the participation of the local P4H network members in activities related to these requests. In this way, during the period 2020-2021, several actions have been implemented jointly. These included four technical studies which have been carried out, joint missions on the ground for assessing and identifying the health districts for the starting-up of the AMED scheme, coordinated support for drafting national strategies (health financing and social protection), etc.

Collaboration with other UHC-related networks is developed and complementarities are leveraged – including **HF and COVID-19**

In 2021, the P4H network initiated a study to be carried out on the impact of COVID-19 on health and social protection strategies. This initiative, which was supported by the MoH and development partners such as SDC and AFD, was finally postponed and rescheduled for the period 2021-2022.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

The P4H network has supported the establishment of a L4UHC team in Chad. This is an innovative way to address bottlenecks through advocacy and facilitation of political dialogue in health financing. In 2020 and 2021, L4UHC team members supported advocacy actions that contributed to the opening of a new budget line for UHC in the 2020 and 2021 Budget Acts.

EX ANTE (BASELINE) - JULY 2020

EX POST (EVALUATION) - JUNE 2021

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q1.1 Health Financing strategy/ statement available	Support to dialogue and policymaking process on health financing strategy	several health financing mechanisms with a lack of coordination	a draft of national health financing strategy exists	technical support for the organisation of scoping workshops and technical contribution to the drafting of the strategy	supporting national partners (UHC Coordination Unit, MoH, MoF) in defining priorities. Joint participation with the development partners (WHO, UNICEF) in analyzing the situation and drafting the strategy	The national health financing strategy document is waiting to be adopted
Q1.2. appropriate governance arrangements and processes	progressive setup of the National Health Insurance Scheme (NHIS) by implementing the scheme dedicated to the poor (AMED)	Urgent need of designing the institutional framework, elaborating the management functions supported by a strong IT system	The institutional framework has been defined for the start-up of the AMED scheme. Functional processes have been developed.	technical support for carrying out the study on the institutional and functional framework of the AMED scheme (preparation of the ToR, technical follow-up of the consultants, etc)	joint validation of interim reports with the development partners (UNICEF, WB, SDC, WHO)	
Q2.2 Domestic resource mobilization (Predictability of public funding), and sufficiency	identifying mechanisms for the mobilisation and effective transfer of domestic resources to the UHC	The 2020 Finance Act has established the financing of UHC by domestic resources from specific taxes but the institutional and legal arrangements have not yet been defined.	(i) The bill creating the National Health Insurance Scheme has been passed and the decree on its organisation has been signed. (ii) A decree on the transfer of resources to the UHC has been drafted.	Supporting for texts drafting. Supporting for carrying out of a study on the feasibility of establishing a trust fund for the UHC	Advisory and technical support to MoH and MoF	Challenges remain in collaboration between MoH and MoF. Focus on capacity building.
Q5.3. Population entitlements and conditions of access	Targeting beneficiaries of the AMED scheme	The AMED scheme is focused on low-income people and targeting them is a crucial step in the starting process of the scheme.	identification criteria have been defined and a targeting methodology adopted	Technical support for carrying out of the study on the targeting methodology (TOR, follow-up of consultants, technical meetings, reviewing, validation)	reviewing the draft report with input from the development partners (UNICEF, WB)	
Q5.5 benefit and revenue availability	costing the benefit package for the AMED scheme	Need to have the cost of AMED implementation for budget programming at the MoF.	The financial effort to cover the poor under the AMED scheme is known. The cost of the AMED scheme has been included in the Government's budget planning.	Technical support for actuarial calculation. Carrying out of study on the costing of the AMED scheme	capacity building on costing methodology of the UHC Coordination unit (MoH, MoF, MoE, MoL)	

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others*	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection			MOLE (2)		10	3	35	50

*SHI, sector experts (international/national), worker's & employer's representatives)

		P4H labelled	P4H moderated	P4H supported	
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (ESIC/SHI board)			x	* but not under the P4H label!

NUMBER OF ACTIVITIES

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)	
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs						1		one initiated 2021
	P4H CFPs identify and avoid duplication of activities								

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING INDIA

Contribution to national UHC commitments

In India, as MIC the majority of financing is domestic, however, almost 60% of CHE is from OOP. The dialogue in India around health financing for UHC is still very fragmented and happens in siloes discussions among specific interest groups. There is for sure scope for P4H to more strategically bring stakeholders into one forum of policy dialogue. This year the effort to initiate a HF for UHC dialogue among national stakeholders has been initiated by the ILO designated P4H CFP in coordination with Access Health International (India) and the P4H Asia Coordination Desk. Here a series of webinars will be initiated in August to start bringing the financing dialogue for India into one forum and link it regionally and globally to the P4H network.

In partnership with Access Health International, the P4H Focal Point has initiated multi-sectoral knowledge sharing between various national stakeholders which will culminate into a series of five webinars on key topics relating to health financing and social health protection in the Indian context. The webinars will serve as an opportunity to formally introduce P4H in India and to leverage multi-sector commitment to health financing and social health protection for UHC in India.

Functioning local P4H network

Though there are ongoing contacts and exchanges of information between the CFP and the different P4H partners who are particularly active in India (i.e. WHO, World Bank, GlZ), the level of activation for the network is not comparable to other countries. This is mostly due to the fact that the health financing and social health protection discussions are highly fragmented and the baseline for collaboration and coordination is much lower than in other, smaller, countries with a P4H CFP. Current effort is placed to initiate more collaborative networking under the P4H umbrella in India with strong ILO and WHO involvement.

Joint technical assistance among P4H partners and alignment

Should the P4H – AHI joint webinar-series kick off successfully for India this August, there is a great opportunity for the creation of a joint, active exchange platform of expertise and support. Once activated and frequented by relevant stakeholders the webinar series could be the right kick-off of a more dynamic exchange and alignment platform, among donors but for India more importantly among UHC policy relevant actors.

Other technical assistance provided by the CFP

The CPF supported a series of technical comments and inputs on the new draft social security legislation and supported the dialogue as regards the reform when it comes to social health protection with line ministries, institutions and social partners.

The CPF participated in the diagnostic of the Employees' State Insurance Scheme (ESIS), the largest contributory social health insurance scheme in the country, funded by the Bill and Melinda Gates Foundation-funded Project "Technical support to ESIS for improving and expanding access to health care services in India (Health Financing) – A transition to formality" project implemented by the ILO. The diagnostic allowed to explore the schemes' strengths and weaknesses, namely with respect to provide insights and recommendations related to:

- Utilization of services and benefits by members;
- Level of financial reserves and;
- User satisfaction.

In addition, the CPF supported a survey on the characteristics, perceptions & attitudes of households relying on the informal economy for their livelihoods. The CPF further contributed to the analysis of the results, their summary and the identification of lessons learned and pathways for the expansion of social health protection to the informal economy.

Collaboration with other networks

Webinars in partnership with Access Health International. The link to Covid-19 will also be adopted within the webinars as one main topic of interest for the sequenced webinar sessions to take place throughout the remainder of 2021, namely 'HF in times of a pandemic and for COVID-19 response'

EX ANTE (BASELINE)			EX POST (EVALUATION) - FEBRUARY 2021			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Legal frameworks for social health protection are strengthen and a social protection floor is established in India	Support the development of the draft code on Social Security and Labour Welfare as well as strategic thinking on the positioning of ESI within the Code.	To make social protection universally available under a single and common rights-based framework and to provide a unified governance structure for all social security schemes under the Code. Non-poor formal workers and a large proportion of informal workers remain uncovered.	Social Security Draft Code under review with the aim of providing a unified and common rights-based framework for all social protection schemes in India.	Review, comments, organization of national dialogue and consultations with stakeholders in the process of the Code's revision.	Supported informed policy dialogue between national stakeholders.	Continuous dialogue required to align the needs of all national stakeholders and social partners with regards to the draft Code. Complicated by weak coordination between both line ministries and DP support.
National and state social health protection systems are better managed with expanded coverage and increased access	Support generation of up-to-date data and knowledge on the status of the ESIC scheme in the country within the UHC context of India	Underperformance of the SHI system. Necessary informed dialogue, based on evidence and current, genuine data on performance, priorities, population needs, and use of funds	ESIC transformation plan being drafted by national stakeholders aiming at improving governance and health services access + Increased efforts to utilize accumulated reserves for services delivery	Institutional Diagnostic Assessment on ESIC and beneficiaries satisfaction survey. Study on informal economy to understand their needs, utilization patterns and possible strategies for expansion of coverage for the missing middle.	Supported informed policy dialogue between national stakeholders with diagnostic results (ESIC, MOLE, Niti Aayog, NHA, workers & Employers) and regularly updated P4H partners present in country (who mostly focus on support to PM-JAY) on the advancements of reform ideas from social ministries.	P4H can have an important role in the dissemination of the knowledge generated thus far on the coverage of the missing middle in India.
Reduce fragmentation / silo discussions on the expansion of social health protection coverage	Identify entry points for the P4H network to facilitate breaking silos in information sharing.	At the moment HF in India is dominated by OOP, while public purchasers are fragmented. The two main programmes to strengthen the demand (ESIC and PM-JAY) together cover less than 20% of the population and there is little coordination between them and between the DPs who support them on how to expand coverage to the missing middle.	Though there are ongoing contacts and exchanges of information between the CFP and the different P4H partners who are particularly active in India (i.e. WHO, World Bank, GIZ), the level of activation for the network is not comparable to other countries. This is mostly due to the fact that the health financing and social health protection discussions are highly fragmented and the baseline for collaboration and coordination is much lower than in other, smaller, countries with a P4H CFP. Current effort is placed to initiate more collaborative networking under the P4H umbrella in India with strong ILO and WHO involvement.	P4H – AHI joint webinar-series	P4H – AHI joint webinar-series	Should the P4H – AHI joint webinar-series kick off successfully for India this August, there is a great opportunity for the creation of a joint, active exchange platform of expertise and support. Once activated and frequented by relevant stakeholders the webinar series could be the right kick-off of a more dynamic exchange and alignment platform, among donors but for India more importantly among UHC policy relevant actors.

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	12	3	4	3	1	8	3	34

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year	50	18	

		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)		HP+ (Dr Eli Ramamonjisoa)	DCC/DGD/ MID (Dr Roger Mahazoasy)

NUMBER OF MEETINGS

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options	1	10	5	1

NUMBER OF ACTIVITIES

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs	2	5	3	2	1	5	
	P4H CFPs identify and avoid duplication of activities							

NUMBER OF PEOPLE FROM

		MoH	Finances	Social Protection	National Ass	PM	PR	Justice	Civil Society	Media	Other (to specify)
L4UHC	Participation of high level people in-charge in countries	2	1	2	1				2		2 (collectivités territoriales)

		Meetings	Visits
Regional meetings	Exchange of experience	2	
	Nb of countries	4	

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING INDIA

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

Support Development of the National Strategy for Health Financing: contribution to the work carried out by HP+ to make sure that UHC is funded and that response to the COVID-19 pandemic and progress towards UHC are not opposed (in terms of budgetary arbitration) but rather be coherent and effective in the long term. The budgetary effort made by the Ministry of Public Health is still insufficient (7,7% of public expenses), compared to that made by the other ministries (finance, infrastructure, education). In addition, the response to the COVID-19 pandemic justified questionable budgetary arbitrations, the sums allocated to the UHC having been "confiscated" to be allocated to the management of the health crisis.

Support development for the establishment of a Special Fund (Fonds dédié ou Fonds de Solidarité en Santé - FSS) dedicated to the affiliation of the most vulnerable people (90% of malagasy population), accordingly to the National Strategy on UHC (2015). The Fund should gather and secure the resources needed for the financial protection of the most vulnerable people, as well as ensure their good use.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

Advocacy to establish an institutional framework for monitoring and evaluation in HF, with transparent and efficient mechanisms; Based upon lessons learnt and best practices in similar LMICS with an important informal sector, advocacy to focus on a truly, resilient, and innovative affiliation/assistance system by the State, rather than fragmented and inefficient "régimes de gratuité". Cooperation with local and regional stakeholders to ensure that prioritization of resources is determined by their potential impact: the greater the impact (preparation for health emergencies, primary health care, preventive medicine, access to care for the most vulnerable populations), the greater the resources mobilized; Cooperation with the regional office of the WB to ensure performance in public finance management: advocacy to include cost studies, strategic purchasing and procurement, risk analysis, to develop RBM matrix, and to increase the financial autonomy of the Centres de Santé de Base (CSBs).

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

Support Development of the Bill for Financial Protection for All in Health through technical input and coordination in seeking feedback from a wide range of stakeholders. Huge success, even still at preliminary stage: Draft Bill is made of 83 pages and 177 articles so far (two years' work lead by CFP). Draft Bill was developed within the Ministry of Public Health (UHC Unit), feedback from national and international stakeholders were sought. Draft Bill is now in the process of being reviewed by Working Groups.

A lack of coordination between Financial and Technical Partners (FTPs) resulted in competition, duplication of tasks, and in an insufficient sharing of strategic information. Consequently, alignment of external resources with the priorities of the Government is still insufficient. Efforts have been made on determining how donors and FTPs could be more systematically involved in the dialogue around needs not covered in national pandemic response plans (policy briefs and papers, webinars, and workshops).

Collaboration with other UHC-related networks is developed and complementarities are leveraged – including **HF and COVID-19**

Advocacy for developing the Bill as well as technical support in the development of the draft Bill has been done in collaboration with Government Bodies (such as MOPH), Development Partners (such as WB), and CSOs. Communication and exchange of information have been facilitated, leveraging on the expertise of the global P4H network, leading to consolidating the preliminary version of the draft Bill.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

Developing institutional capacities through more legal-oriented approaches is crucial, due to the weaknesses of national infrastructure. Country needs huge support in this regard, in the light of the dysfunction that affected the CNSS (Caisse Nationale de Solidarité en Santé), leading to the suspension of its activities since 2019.

Besides, the notion of governance is still misunderstood, not only at country level, but also at global level (including within the P4H Network and its Committees), leading to partial/incomplete action and or progress. Capacity building activities should be developed in this regard, ie "What is governance for health"?

From this point of view, preliminary work has been carried out by the CFP. First recommendations are the following:

(i) For the first pillar of governance (ie accountability, which ensures respect and adherence to law, rules, ethics, good practices), new ways of working could imply to :

- Put in place risk management matrices including mitigation measures;
- Develop policies on possible conflicts of interest and their management;
- Establish frameworks for participation with the private sector and civil society.
- Define standard operating procedures (SOPs) aimed at responding to international good practices in administrative and financial management;
- Put in place ethical and integrity frameworks aimed at eliminating any discriminatory or criminally reprehensible behavior.

(ii) For the second pillar of governance (ie alignment with objectives, which ensures relevance of public action), new ways of working could imply:

- to establish or strengthen strategic information sharing mechanisms;
- to use good practices and lessons learned at the international level, through comparative analyzes, study missions abroad, and the regular organization of capacity building seminars with the help of technical and financial partners.

EX ANTE (BASELINE) - JULY 2020

EX POST (EVALUATION) - JUNE 2021

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Q1.1 Health Financing Policy, Process and Governance	Support Development of the Bill for Financial Protection for All in Health through technical input and coordination in seeking feedback from a wide range of stakeholders	The lack of a legal framework hinders progress towards Universal Health Coverage (UHC) at the national level.	(i) Draft Bill developed within the Ministry of Public Health (UHC Unit); (ii) Feedback from national and international stakeholders sought; (iii) Draft Bill in the process of being reviewed by Working Groups.	(i) Advocacy (and convincing) for developing the Bill; (ii) Technical Support in the development of the draft Bill in collaboration with Government Bodies (such as MOPH), Development Partners (such as WB), and CSOs; (iii) Facilitating communication and exchange of information, leveraging on the expertise of the global P4H network; (iv) Consolidating the preliminary version of the draft Bill.	(i) Developing institutional capacities through more legal-oriented approaches is crucial, due to the weaknesses of national infrastructure. Country needs huge support in this regard, in particular in the light of the dysfunctionnement that affected the CNSS (Caisse Nationale de Solidarité en Santé), leading to the suspension of its activities since 2019; (ii) The notion of governance is still misunderstood, not only at country level, but also at global level (including within the P4H Network and its Committees), leading to partial/incomplete action and or progress. Capacity building activities should be developed in this regard, ie "What is governance for health"?
	Support Development of the National Strategy for Health Financing: Contribution to the work carried out by HP+ to make sure that UHC is funded and that response to the COVID-19 pandemic and progress towards UHC are not opposed (in particular in terms of budgetary arbitration) but rather be coherent and effective in the long term.	The budgetary effort made by the Ministry of Public Health is still insufficient, in particular compared to that made by the other ministries (finance, infrastructure, education). In addition, the response to the COVID-19 pandemic justified questionable budgetary arbitrations, the sums allocated to the UHC having been "confiscated" to be allocated to the management of the health crisis.	(i) The National Strategy for Health Financing is in the process of being finalised with the inputs of the UHC Unit; (ii) Transparency and inclusiveness in the process have been increased.	(i) From an institutional point of view: advocacy to establish an institutional framework for monitoring and evaluation, with transparent and efficient mechanisms; (ii) From the point of view of equity in health financing: advocacy to focus on a truly, resilient, and innovative affiliation/ assistance system by the State, rather than fragmented and inefficient "régimes de gratuité"; (iii) From the point of view of the prioritization of public resources: advocacy to make it explicit that the prioritization of resources is determined by their potential impact: the greater the impact (preparation for health emergencies, primary health care, preventive medicine, access to care for the most vulnerable populations), the greater the resources mobilized; (iv) From the point of view of performance in public finance management: advocacy to include cost studies, strategic purchasing and procurement, risk analysis, to develop RBM matrix, and to increase the financial autonomy of the Centres de Santé de Base (CSBs).	Specificity of the malagasy context: a lack of coordination between Financial and Technical Partners (FTPs), which results in competition, duplication of tasks, and in an insufficient sharing of strategic information. As a result, alignment of external resources with the priorities of the Government is still insufficient. Efforts should focus for example on determining how donors and FTPs could be more systematically involved in the dialogue around needs not covered in national pandemic response plans.
Q3.1 Pooling Revenues	Support development for the establishment of a Special Fund (Fonds dédié ou Fonds de Solidarité en Santé - FSS) dedicated to the affiliation of the most vulnerable people (90% of malagasy population), accordingly to the National Strategy on UHC (2015). The Fund should gather and secure the resources needed for the financial protection of the most vulnerable people, as well as ensure their good use.	So far, Governments have been reluctant to institute such a Fund. It is however of the utmost importance, taking into consideration the malagasy context: misuses of public and private resources, dysfunctioning of national entities. The very purpose is to cover all the people in Madagascar, and to reinforce governance for health, in particular in its financial dimension.	The FSS has been included in the draft Bill. Its principle and its very nature have been validated by the Government, which is a real success and a great move forward to institute UHC in Madagascar.	Advocacy to include the FSS in the draft Bill (creation by law rather than executive power is crucial); drafting of its statutes (composition, organization, functioning, and control); assessing the cost of its creation and of its functioning; and carrying out a risk analysis - institutional, financial, technical, reputational and political risks (with mitigating measures).	It is fundamental to address in the short term the following questions: (i) variations in the flows of resources in particular in order to define mechanisms for damping variations; (ii) risk of monetary erosion linked to the depreciation of the Ariary; (iii) security of the Fund's capital against undue taps by the authorities and failures in the monitoring and evaluation mechanisms; (iv) accountability of the Fund (management and financial performance). Besides, attention should be paid to: (i) mobilizing and collecting the resources necessary for its activity and ensure financial (loss of value) and fiduciary (sound and transparent management) protection; (ii) developing strategies allowing coverage of extremely fragile communities and requiring service contracts with operators supporting them; and (iii) developing national and international sponsorship and other innovative financing.

MOZAMBIQUE

		NB OF PEOPLE / ORIGIN							
		From MoH	From MoF	From other line Ministries	From civil society	Researchers/ university	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	8	4		1	1	4		18

		SENSITIZED → TRAINED		
		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year		15	
		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Policymaking sessions on the health financing strategy			3

		NUMBER			
		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options	1			

		NUMBER OF ACTIVITIES						
		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs				3			
	P4H CFPs identify and avoid duplication of activities							

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING MOZAMBIQUE

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC –

The P4H focal person promotes inter-ministries dialogue, especially between MOH and MOF, focused in two key areas:

- Prioritization of Health in the State Budget , including joint MoH-MoF work on fiscal space, budgetary ceilings for the sector, long-term sector strategies, and the role of other funding, i.e. user fees, external funds.
- Taxation for health: introduction, increase and (possible) earmarking of health taxes, with a main objective of improving public health and reducing the financial burden on the National Health Service. Joint activities (workshop, meeting), quantification of costs related to NCD.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way –

Joint work with main DPs in health financing is promoted, especially amongst WHO, GFF, WB. The wider MOH-DP groups on health financing strategy have allowed the document to reflect different stakeholders' views on health financing policy.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange, and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level

P4H technical assistance is delivered to respond to MoH and other local institutions' needs relating to policymaking in health financing, including evidence-sharing, joint analysis in areas such as PFM and knowledge generation.

EX ANTE (BASELINE) - JULY 2020

EX POST (EVALUATION) - JUNE 2021

Areas in which the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q2.2 Domestic resource mobilization (Predictability of public funding), and sufficiency	Support MoH-MoF collaboration for increased public resources allocated to health	Available domestic resources are well below needs (11 US\$ per capita in 2019). Necessary permanent dialogue on priorities, needs, performance and allocation	Increased domestic execution (Treasury funds) in 2020 by 20%. Increased allocation for 2021 (both due to C19)	Support in the technical area (expenditure analysis, forecast) Capacity building: Training to MoH staff on HF	Support MoH-MoF dialogue on budget priorities. Support to preparation of materials, Joint work on Expenditure analysis (MoH and partners)	Challenges remain in collaboration between MoH and MoF and in preparing this work. Focus on capacity building.
Q1.1 Health Financing strategy/ statement available	Support to dialogue and policymaking process on HFS	Risk of losing pooled arrangements	In the document, pooled arrangements are the basis of health financing (existent taxation + prospective SHI). User fees proposed to be maintained low. Document approved at Permanent Secretary level.	Technical support on analyzing potential areas of reform and implications with a UHC perspective	Advisory meetings within MoH. Support to consultation activities between MoH and partners. Training to MoH officials on Health Financing policy and diffusion of evidence. Analysis of current situation, options and implications related to HF.	Strategy in revision by the Minister. Gap between document and reality
Q2.5 Taxation for health	Support MoH's negotiation with Industry and Finance Ministers (plus Tax Authority) so as new Consumption Tax reflects health concerns	NCD prevalence is increasing. More attention needed to Commercial Determinants of Health.	MoH presented an evidence-based and coordinated health taxes proposal on short notice, as it had been well prepared for long. MoH team was able to deploy capacities in the negotiation with Industry, Finance, and Tax Authority. The modification of the Consumption Tax was finally delayed.	Lit review of health taxation, preparation of materials for technical sessions. Supported MoH' proposal preparation and MoH' team in the negotiation amongst Industry, Finance (plus Tax Authority)	Supported the organization of meetings between Public Health departments (Nutrition, NCD, Addictions) and Health Economics Dept. plus WHO. Research and support to evidence-based decision-making. Supported MoH' proposal elaboration and joint negotiation amongst the Tax Authority, MoF, MoI, MoH.	Good example of collaboration amongst departments at MoH with a final product and presentation. Positive feedback in terms of collaboration and capacity building. However, the law was not modified. It was extended until 2022-23 to the next overall fiscal reform.

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	11	2	3	15	7	24	22 (IPs)	62

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year			80

		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)	L4UHC		<ul style="list-style-type: none"> · TWG for HF · SHFA · Advisory board for Strategic Purchasing

NUMBER

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options	12	2	5	3

NUMBER OF ACTIVITIES

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs		4	1	3	8	12	
	P4H CFPs identify and avoid duplication of activities							

NUMBER OF PEOPLE FROM

		MoH	Finances	Social Protection	National Ass	PM	PR	Justice	Civil Society	Media	Other (to specify)
L4UHC	Participation of high level people in-charge in countries	4		2	1 (Myanmar Insurance Association)				1		2 NGOs 2 Ethnic Health Organizations (EHO)

		Meetings	Visits
Regional meetings	Exchange of experience	1	
	Nb of countries	1	

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING MYANMAR

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

Since the military staged a Coup d'état, the issue of legitimacy becomes a grave concern among international and national partners. This translates into suspension of direct engagement with government actors. P4H will continue to monitor the *operational space* in the country in synchrony with its partners, and will tailor its operations accordingly.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

Continued facilitation of meetings for the health financing technical working group (TWG), barring the government actors. The goal is to assist in the coordination of health financing-related activities by a wide range of stakeholders at the national level. (P4H will co-fund the meetings if necessary.) Partners unanimously agreed that coordination is essential (although becoming more challenging), especially the current political context, as different organizations continue/initiate different activities, virtually circumventing the de facto government's oversight both at the central level and at the operational levels.

Serving on the advisory board for strategic purchasing projects, together with WHO, WB and UNOPS/Access to Health

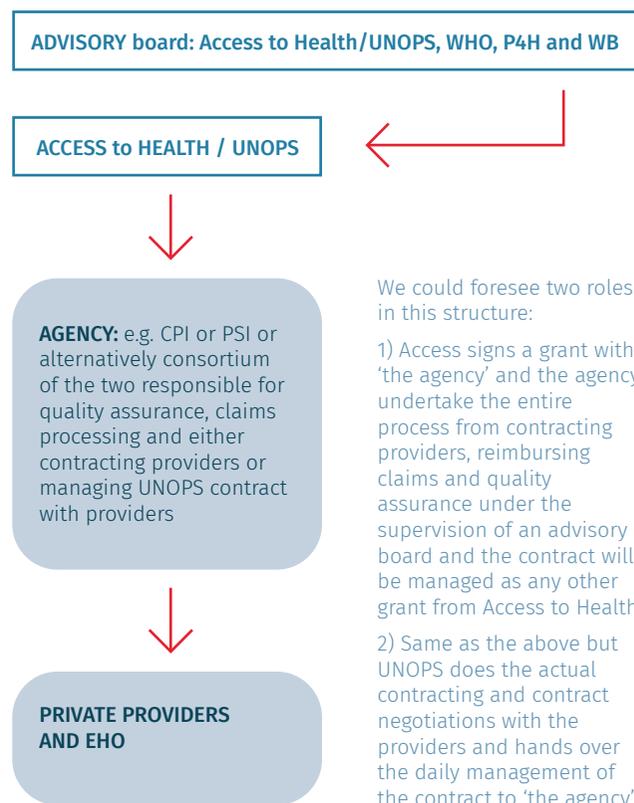


Figure (1): A potential model (currently being discussed among partners) for Strategic Purchasing from the Private Sector

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

Supporting the nationwide mapping of strategic purchasing arrangements by various organizations

- A tool to collect data is being developed by P4H in collaboration with WB, WHO and SDC

Identifying, designing and conducting Implementation Research (IR) relevant to health financing operations, in collaboration with WB, WHO, SDC and UNOPS Donor coordination and mobilization for promotion of learning and inter-organizational exchange

- A workshop is being planned in August 2021 to collectively identify IR needs for existing and future health financing programs. Target audience is all the non-governmental actors in the arena of health financing in Myanmar

Collaboration with other UHC-related networks is developed and complementarities are leveraged – **including HF and COVID-19**

Leveraging the network of the L4UHC program participants, except the government actors, webinars on topics related to Health Financing will be designed and led by the participants.

Technical assistance in developing and reviewing proposals for new funding including the C19RM

Coordination assistance in streamlining COVID19 funds with other health and development funding.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

Providing technical assistance to implementing partners such as PSI in reviewing strategic purchasing operations in select geographical areas, where integrations with CBHWs are being considered, to roll out "Strategic Purchasing 2.0"

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Q1.1 HF Policy Statement w/ goals	Support Development of National Health Insurance Bill through technical input & coordination in seeking feedback from a wide range of stakeholders	The lack of a legal framework hinders major HF reform efforts at the national level.	<ul style="list-style-type: none"> • Draft Bill developed. • Feedback from national & international stakeholders sought • Draft bill reviewed 	<ul style="list-style-type: none"> • Technical Support in the development of the bill in collaboration with Government bodies (such as MOHS, SSB), UN organizations (such as WHO), Development Partners (such as WB, ADB, multilateral donors), international NGOs, local NGOs and CSOs (such as Pyi Gyi Khin, Gender Equality Network) and EHOs, through inclusive mechanisms • Helped seek feedback on the Bill from national HF stakeholders and international legal experts facilitating communication and exchange of information, leveraging on the expertise of the global P4H network and its members • Maintaining continued dialogue and collaboration momentum among HF actors using multiple channels including formal meetings, informal gatherings, one-to-one communications (phone calls, emails), group chats using IT platforms, also promoting ownership of the UHC and HF reforms agenda among the stakeholders 	<p>Contribution from Ministries other than MOHS was limited, primarily due to weak capacity and secondarily due to weak collaboration.</p> <p>Sense of ownership on the bill from other ministries such as Ministry of Labour and Minister of Planning & Finance is low.</p> <p>Virgil Pace, P4H CFP of Madagascar contributed critical inputs on Myanmar's NHI bill, drawing on his legal expertise, which showcased part of the value proposition of the P4H network at the global level spanning to the national level.</p>
	High-level & grassroots advocacy for National Health Insurance Bill	<p>Leadership from Ministry of Health and Sports is unenthusiastic of the UHC & HF reforms.</p> <p>Grassroot organizations and civil society are unfamiliar with concepts of health financing.</p>	<ul style="list-style-type: none"> • Draft Bill registered in Parliament. • UHC became a buzz word in 2020 election manifestos across major political parties. • Grass root networks & organizations started demanding UHC reforms. 	<ul style="list-style-type: none"> • Development of high-level advocacy documents and evidence-based policy papers in collaboration with NIMU of MOHS, drawing on experiences, insight and knowledge base from P4H partners. • Advocacy to the highest-level officials (cabinet and supra-cabinet) for accelerated progress of the UHC promise explicitly made by the Government in 2017, highlighting the importance of sustained political commitment, domestic funding and establishing appropriate national mechanisms. • Education & advocacy to the grassroots civil society organizations at the regional level and below, fostering alignment and complementarity among various groups despite the differences. • Participation in the National Forum of Civil Society Organizations for Health, where the unanimous decision to demand UHC & HF reforms is reached, collaboratively holding the government and key national actors more accountable for their policy goals toward SDGs. 	<p>Considerable interest on the bill generated. The Military coup poses a major setback on enacting the bill.</p>

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Q1.2 Accountability via governance & processes	Formulation of the next National Health Plan (2021-2025) by a wide range of governmental and non-governmental stakeholder collaboration, drawing on the lessons learnt from the current NHP	Myanmar's current Roadmap to UHC is based on three 5-year progressive NHPs till 2030. In order to formulate the next NHP, the current NHP should be reviewed and evaluated.	<ul style="list-style-type: none"> Assessment of the previous NHP (2017-2021) Good reception of the assessment by the MOHS 	<ul style="list-style-type: none"> In collaboration with WHO Health Policy Advisor, P4H CFP conducted a rapid assessment of the previous NHP and developed the report, including recommendations to be operationalized in the next phase of NHP. 	<p>The assessment was commissioned by the Minister of MOHS personally to WHO Health Policy Advisor and P4H CFP. The rapid assessment is translated into Burmese by the National Health Plan Implementation Monitoring Unit (NIMU) and submitted to the MOHS. It was well received by MOHS including the Minister of MOHS. The challenge now is the minister was forced to resign during the coup. The stance of the military junta towards the current UHC roadmap is yet to be determined.</p> <p>The partners are waiting to see when would be an appropriate time to start the dialogue on the next phase of NHP.</p>
	<p>Identification of areas of need for capacity development</p> <p>Capacity development of stakeholders at the national level through coordination with P4H partners and mobilizing as well as coordinating financial as well as technical resources</p>	<p>UHC is a relatively new concept in Myanmar. Understanding is low in high-level, mid management of different line ministries and grassroot circles (consequently resulting in low buy-in and disinterest to collaborate).</p> <p>The capacity of the University of Public Health (UOPH) should be strengthened and given ownership to the course.</p>	<ul style="list-style-type: none"> 3 day HF training agenda collectively developed. A series of trainings are to be housed at the UOPH. 	<ul style="list-style-type: none"> Drafting the agenda, seeking feedback from multiple stakeholders, and revision based on the feedback, harmonizing different needs of different actors. Advocacy to and collaboration with University of Public Health, fostering cross-departmental collaboration practice Potential facilitators from P4H partners identified. Potential funding source identified, in collaboration of P4H partners including SDC, GIZ, WB and WHO, as a joint-programming initiative. 	<p>There is a general impression among MOHS staff that UHC is the agenda of NIMU. To tackle this impression is one rationale, among many, for initiating engagement with UOPH.</p> <p>Timeline unlikely to meet due to Coup.</p>
			<ul style="list-style-type: none"> HF glossary book in Burmese language developed. 	<ul style="list-style-type: none"> Developed a list of words through coordination of HF stakeholders (both national and international actors), while also leveraging the collaborative network of L4UHC program participants. Identified an expert and commissioned to develop the book, with technical support. Served as the editor of the book. Distribution of physical copies among diverse group of actors through the L4UHC initiative and P4H local network to help fill the knowledge gap, especially among the grassroot organizations and groups Had the MOHS to put the electronic version of the book on their official website, promoting ownership as well as the visibility of P4H activities. 	<p>The book is well-received. Feedback is being sought from partners. Will revise accordingly and publish the second edition. Distribution of physical copies is challenging because of COVID 19-related logistical disruptions. However, it is an important task especially for areas with unreliable internet service and low digital literacy.</p>
Q1.3 Info used for M&E to improve policy & implementation	Support the development of National Health Accounts (2016-2018) through advocacy, coordination and technical inputs	<p>NHA is used to track how health services are paid for and where those funds come from.</p> <ul style="list-style-type: none"> Advocate the MOHS for permission Foster cross-departmental collaboration within the MOHS Technical assistance to the NHA exercise 	<ul style="list-style-type: none"> MOHS Minister gave approval. Two NHA reports produced (Findings report and method report). 	<ul style="list-style-type: none"> Resources mobilized for NHA exercise, supporting MOHS and WHO through harmonization efforts and technical assistance Data collection, analyses and report writing done by the MOHS team supported by P4H partners such as WHO & P4H CFP. P4H CFP credited as an editor of the NHA (2016-2018) reports 	<p>Cross-departmental collaboration needs to be strengthened within and beyond MOHS. Relationship and rapport building is important for P4H to be able to facilitate collaboration.</p>

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers*	DPs	Others**	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	15	3	8	5	2	20	5	58

* Association ASDEL

** MPs, University teachers

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year	10	15	5

		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)	GLpCSU(OmarSalay)	GTR/CSU(Dr Karimou Galo)	Coordination PTFs (Abi Mpungu Sapu - UNFPA Adjoint au Chef de file des PTF Santé UNFPA)

NUMBER OF MEETINGS

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options	4 réunions GLpCSU)/15 réunions GTR/CSU	5	11	3

NUMBER

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs	1 (plateforme P4H)	5 livrables INAM			6		
	P4H CFPs identify and avoid duplication of activities							

NUMBER OF PEOPLE FROM

		MoH	Finances	Social Protection	National Ass	PM	PR	Justice	Civil Society	Media	Other (to specify)
L4UHC	Participation of high level people in-charge in countries	2	2	1	2	1	2		1		

		Meetings	Visits
Regional meetings	Exchange of experience	1	
	Nb of countries	4	

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING NIGER

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

In reference to the document entitled "Explanatory memorandum to the law on Universal Health Coverage (UHC)", which main points were presented by the Minister of Health during the cabinet meeting of June 28, 2021 (government meeting under the chairmanship of the Prime Minister), should be noted the following points:

- Reaffirmation by the Prime Minister's General Policy Statement (in its axis 3), during the establishment of the government, of the firm political will of the 1st government of the 3rd legislature of the 7th Republic to ensure the financial protection of users by the institution Universal Health Coverage (UHC) and the promotion of mutual health insurance.
 - Development by the Ministry of Public Health, Population and Social Affairs (MSP / P / AS) of a national strategy for universal health coverage (UHC), in order to make essential quality health services accessible to all, without being subject to financial constraints for their use.
 - Draft of the law on Universal Health Coverage (UHC) in 2021 in order to materialize the State's commitment to the right to health as provided for by the Nigerien constitution and international conventions.
 - The implementation of the national strategy for universal health coverage (UHC) from 2022 until 2030, will confirm the political commitment of the government in terms of protection against financial risk linked to disease and consolidates the rights acquired by Nigerien citizens already benefiting from health cover, while pursuing progress towards coverage of all citizens, all social categories combined.
-

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

Action of the P4H CFP throughout the year has been a good and permanent relay of P4H network on the field, even despite his repatriation in December 2020

Otherwise Niger's experience in terms of structuration of UHC related network remains limited to the LGforUHC and the GTR/ CSU. Moreover the status of some members of the LGforUHC has changed after the elections in Niger: non-renewal of a deputy and departure of a minister is to be noted. The reconstitution of the group is questioned, as well as the framework and modalities of its functioning and the consolidation of its achievements even more. The last meetings of the group were only able to be held thanks to combined support from PTFs, which is not regular and guaranteed for the future. The same can be said for the GTR / CSU which organizes its meetings at the goodwill of the PTFs who bring support on a voluntary basis in the absence of institutionalized support in this regard.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

The defined framework for steering and implementing the UHC strategy should help achieving this objective.

Also, in line with the work carried out by the CFP during the year, the initiative taken by P4H to recruit a dedicated P4H Focal Point/ SHFA for better coordination between donors is also a good response in this direction.

Collaboration with other UHC-related networks is developed and complementarities are leveraged – including **HF and COVID-19**

Meetings and discussions took place with the deputy president and the director of the "International Association of Mutuality", the director of the "SOCIEUX +" program, financed by the European Commission and implemented by Expertise France, and the representative of the "PASS" platform of the French Mutuality (mutual insurance company). Both are interested in the UHC process in Niger and are ready to collaborate for an integration and an adequate positioning of the Nigerien mutuality in the landscape of the UHC at the national level.

It would be quite interesting that P4H communicate on its vision on this regard and make these actors known through the P4H platform in order to initiate a serene and constructive dialogue between the UHC stakeholders in Niger.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

We believe that the INAM project is trying to meet this ambition in promoting strategic purchasing of health care and ensuring coupling between RBF (results based financing) and free health programs.

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Q1.1 HF Policy Statement w/ goals	In accordance with the ToRs of the CFP's intervention, support the Ministry of Health and the small technical group / CSU in the development of a national UHC strategy with specific objectives in terms of health financing	No clear policy statement on health financing, and no legal documents supporting implementation are available. There is only a general health financing strategy document drawn up in 2011, not approved by the government and remained ineffective.	<ul style="list-style-type: none"> • a national strategy document for the implementation of UHC, defining the objectives and the roadmap to establish a strong and sustainable health financing system for UHC by 2030 is prepared • a draft law on Universal Health Coverage (UHC), resulting from the UHC strategy developed 	<ul style="list-style-type: none"> • Continuation of the initial work carried out by the P4H Regional Focal Person who had drawn up a first draft of the UHC strategy according to a participatory approach that enabled all the partners of the Ministry of Health to contribute to the reflection on the UHC strategy (thematic workshops and general meetings of the small working group - SWG; sharing of documents to stakeholders for reactions and inputs) • Preparation of "thematic papers" dealing with specific and sensitive themes as a platform for debate during the SWG / UHC workshops, such as: the architecture of the CMU, the political and technical steering bodies of UHC and their links with the responsible bodies for steering the social protection strategy, the mechanism for monitoring and evaluating the implementation of the strategy • Regular logistical and technical support, in coordination with the other PTFs who provide nt the same support (WHO, ENABEL), to the restricted technical group / CSU to ensure a minimum of regularity in its activities, despite the constraints imposed by the Covid-19 pandemic • Transmission of the strategy on UHC to ministers for reading and presentation to the Prime Minister and members of the government on June 28 of the draft law on UHC and draft decree creating the INAM. 	<ul style="list-style-type: none"> • The Strategy on the implementation of UHC is the result of the consultation of all ministries and TFPs, however the fact that the national working group (GTN) steering UHC has remained inoperative since 2014 and that the "States General on Health, under the theme" multisectoral dialogue: how to strengthen the health system in order to ensure UHC in Niger "were postponed, the UHC strategy thus defined in this context did not have the effect. opportunity to be the subject of a national debate involving all stakeholders, in particular civil society (the GTN includes representatives of the civil society through representatives of the mutuality); civil society was present in the GLpCSU. Also States General for UHC were supposed to bring together as many stakeholders as possible but it did not take place. • RECOMMENDATION: as the members of the P4H network do not necessarily share the same vision and the same approach for the restructuring of the health financing system and the implementation of UHC, the P4H platform could provide more models and good practices in this area and include in the platform's "country pages" the country's UHC strategy documents and also studies and analyzes documenting the progress made and lessons learned from its implementation

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out (to test)	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the network
Q1.2 Accountability via governance & processes	In accordance with the ToRs of the CFP's intervention, support the Ministry of Health in the restructuring of the current system of financing and management of free health care for women and children under five years old in order to satisfy the following indicator of progress towards UHC: "the accounts are made in a transparent manner, in financial and non-financial terms, with regard to public health expenditure "(see WHO HFPM matrix)	The current system constitutes one of the most important institutionalized health financing mechanisms in Niger, as it is expected to provide financial coverage against illness risks to at least 25% of the population. However, its governance and management processes have demonstrated their limits and should be rethought to better meet the requirements of professionalism, good governance, transparency and accountability.	<ul style="list-style-type: none"> the project to create an autonomous entity, under the supervision of the Ministry of Health (MSPFAS), endowed with good governance and clear principles in order to manage free care according to the operating principles of third-party payment is supported by the "leadership group for UHC" and validated by the government 	<ul style="list-style-type: none"> As part of a participatory and consensual approach involving the main partners of the Ministry of Health the CFP produced a set of deliverables defining the foreshadowing of this autonomous, professional and decentralized national structure, entitled "National Institute of Assistance medical (INAM): <ul style="list-style-type: none"> its institutional and regulatory framework the reference framework for its strategic purchasing and health risk management business; the framework of its accounting and financial procedures; the resizing of the basket of care that it will be required to take in charge and manage according to an insurance approach and its costing - the framing of its information and management system (SIG) 	<ul style="list-style-type: none"> the INAM creation project is in line with the vision and objectives of the CSU strategy. Its ambition is to ensure financial accessibility to a package of essential care for all vulnerable people in Niger. It also aims to coordinate, align and integrate the various financing mechanisms for free healthcare in a unified fund for financing the UHC Its technical and financial support by P4H members is strongly requested
Q1.3 Info used for M&E to improve policy & implementation	Endow the UHC strategy with a monitoring-evaluation and reporting mechanism, in particular an annual report on progress towards UHC, to synthesize and analyze information relating to health financing	The information required for monitoring is not generated systematically, outside of the Health Accounts, and few evaluations are carried out, except in the context of certain programs. There is no common data collection method in the health system, and data from household surveys is rarely used for governance purposes	The UHC strategy has a monitoring, evaluation and reporting mechanism. It also provides for the establishment of a permanent secretariat responsible for carrying out this function and reporting to the steering bodies of the UHC strategy. An initial reflection underway for the implementation of an INAM (information and management system (SIG) which will constitute a first brick of an integrated IS of the CMU	The CFP made proposals in this direction which served as a basis for the finalization of the UHC strategy document. H coordinated the intervention of an expert to assess the feasibility of setting up the SIG.	P4H initiated the recruitment of a dedicated PF P4H / SFHA for better coordination of funding from P4H member donors and their integration into the national health funding system for UHC: it should allow a mapping of funding and of their use and rationalization / optimization in particular for the implementation of a unified IS

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	30	2	15	2	3	60	15	127

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year	30	10	
		P4H labelled	P4H moderated	P4H supported
P4H CFP incentivizes the dialogue framework in HF /SHP	Frameworks (names and chair)		1	2

NUMBER OF MEETINGS

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options				1

NUMBER OF PEOPLE FROM

		MoH	Finances	Social Protection	National Ass	PM	PR	Justice	Civil Society	Media	Other (to specify)
L4UHC	Participation of high level people in-charge in countries	2	1	2	1				2		2 (local authorities)
		Meetings		Visits							
Regional meetings	Exchange of experience	2									
	Nb of countries	4									

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING IN SENEGAL

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

Commitment of partners around the axes of the health financing strategy, in particular on the mobilization of resources.

Facilitation of the preparation of round tables with UHC stakeholders (DPs, private sector, local authorities).

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

Establishment of the L4UHC group composed of leaders participating in the implementation of UHC with an action plan articulated around the major orientations of CMU's strategy for UHC.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

Collaboration with other UHC-related networks is developed and complementarities are leveraged – **including HF and COVID-19**

Collaboration with JLN Country Core Group on UHC issues.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

Support for studies on the search for innovative financing and the expansion of the fiscal space.

EX ANTE (BASELINE) - JULY 2020
EX POST (EVALUATION) - JUNE 2021

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Resource mobilization	Support to the organization of round tables of various donors.	Mobilization of stakeholders to fund the national health financing strategy for UHC	Progress is noted in the preparation of round tables with local authorities and DPs	Technical meetings with the various stakeholders	Ministry of Health - Local Authorities - DPs	Reconsider the commitments of the various parties taking into account the context of COVID-19
Pooling	Support for raising the level of pooling of mutual health insurance	Reducing the fragmentation of health insurance and setting the foundations of mutual health insurance	Establishment of departmental health insurance unions polarizing departmental mutuals in Fatick and Gossas	Meetings within the framework of departmental initiative committees responsible for steering the implementation process	CMU Agency- Territorial Collectivities-DPs	Strengthen advocacy with mutual health organizations so that they join the project
Strategic Purchasing	Support for the establishment of a strategic purchasing mechanism	Strengthening financial protection	Validation of the study on strategic purchasing mechanisms and the study of the costs of healthcare services	Technical committee meetings on strategic purchasing mechanisms and cost evaluation	Ministry of Health - CMU Agency - DPs	Carry out an actuarial study with a view to setting the prices accessible to the populations

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society	Researchers	DPs	Others	Total	
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	7		3	3		15		28	P4H partner meetings, TWG Health Financing, DPG Health

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally	
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year	10			CD for MoH and PO RALG technical staff

NUMBER

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs							Technical exchange in P4H partners meeting enhanced synergies between partner activities
	P4H CFPs identify and avoid duplication of activities							5

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING IN SENEGAL

A high-level **multi-sector interest in or commitment to financing for UHC** is created and fostered, most importantly through domestic funding, which contributes to accelerate progress toward UHC – **including Public domestic funding**

TZ government is in the process of preparing the Universal Health Insurance Bill in a process that involves all ministries concerned. This process is government-internal and has been going on for the past years. Cabinet submission is now envisaged for September 2021.

Functional local P4H networks and mechanisms are established and operationalized, allowing to assess country/regional needs and gaps, exchange all relevant information, and work in a harmonized way – **including Technical exchanges**

The P4H CFP organizes regular meetings with P4H partners (WHO, WB, ILO, USAID, SDC, GIZ/KfW) plus other DPs involved in health financing (UNICEF, PharmAccess). P4H CFP follows regularly up on SWAp TWG Health Financing with MoH.

A coherent framework supporting UHC, through demand-based quality joint technical assistance, knowledge generation, exchange and translation, including the development of global goods for UHC, is created, ensuring alignment among partners at country level - **including Donor alignment**

TZ has finalized its Health Financing Strategy in 2015. P4H partners are available for demand-based TA. Government demand has been limited due to the bill formulation process being government-internal. Donor alignment is facilitated on P4H partners and on SWAp levels

Collaboration with other UHC-related networks is developed and complementarities are leveraged – **including HF and COVID-19**

COVID 19 support was / is coordinated on SWAp / general development partners level, as it involves also several partners outside P4H. COVID 19 support did not target health financing support.

New ways of working in the area of health financing are explored, and innovative health financing solutions are promoted

TZ has introduced its Direct Facility Funding and Facility Financial Accounting and Reporting System for a set of funding sources, that enable a higher level of provider autonomy.

NB OF PEOPLE / ORIGIN

		From MoH	From MoF	From other line Ministries	From civil society/ Social partners	Researchers	DPs	Others	Total
P4H CFP connects with people	Regular people P4H CFP connects with - in HF / social protection	5 From Health Insurance Department, 2 from Legal Department	0	5 From Ministry of Labour and Social Security (Department of Social Assistance, Department of Social Insurance, Department of Employment)	10 Social Partners (Viet Nam General Confederation of Labour; VietNam Chamber of Commerce and Industry)	8 (approx.) Researchers from Health Strategic and Policy Institute, National Economics University, Hanoi University of Public Health	10 (WHO, World Bank, JICA, ADB, Abt Associates etc.)	12 From Viet Nam Social Security (implementing the HI Scheme): 10; from the Central Committee Commission: 2	50

SENSITIZED → TRAINED

		Occasionally	Regularly	Intensively and/or formally	
P4H CFP supports the HF/SHP community	People sensitized or trained by P4H CFP in the year			155	<ul style="list-style-type: none"> - Training to Employers representatives on SHP and upcoming HI policy reforms: 40 people - Workshop on HI satisfaction measurement tools: 50 people - Three communication fora on health-related benefits of the social security system i organized jointly by the project and VGCL (Labour Unions: 1200 participants (female factory workers) - Training on client satisfaction survey tools for 40 participants from Viet Nam Social Security in April 2021. - Training on customer care skills for 25 core participants from Viet Nam Social Security in April 2021, who will establish a pool of key resource persons to set up a customer care system of VSS. - Social media campaign and student knowledge contest to promote better understanding of Social Health Protection and to call for actions in July – September 2021.

NUMBER

		High level fora	Policy briefs	Papers	Multisectoral meeting >20 people
CFP or CD enhance realism in policy dialogue	Formal joint feedback to the MoH and/or government and/or public on evidence and/or policy options		1		

NUMBER OF ACTIVITIES

		Tools	Studies	Assessments	Trainings	Workshops	Webinars	Other (to specify)
P4H fosters joint activities	Joint activities are enhanced by P4H CFPs		1			1	3	
	P4H CFPs identify and avoid duplication of activities	1						

Meetings Visits

		Meetings	Visits
Regional meetings	Exchange of experience		0
	Nb of countries		0

P4H COUNTRY FOCAL PERSONS' OUTPUT INDICATORS FOR REPORTING VIET NAM

Contribution to national UHC commitments

High-level interest and commitment of the Government of Viet Nam when it comes to social health protection, through the People Committee, is acquired in Viet Nam. Viet Nam achieved 90% national health insurance effective population coverage, mixing social contributions and contribution subsidies entirely funded by the Government. Currently 37% of the social health insurance funds revenues come from either total or partial subsidies, identified in close coordination with the Ministry of Labour in the identification of vulnerable households. The Health Insurance Fund does not receive external donor budget support, only technical assistance and financial support for the strengthening of the administration, management and policy reforms relating to social health insurance.

Functioning local P4H network

The Country Focal Point promotes regular exchanges and sharing of information across Development partners on social health protection, bridging health financing and social protection silos. This takes place through regular development partners (DPs) meetings, organized by the CPF and regular updates on the P4H platform. This focuses on, but is not limited to, the Health Insurance Law reform to ensure alignment of partners' support to the relevant stakeholders, without duplication of technical assistance and funding. Development partners' meetings also constitute a forum for open discussion and debates on policy reforms, which are conducive to positions alignment whenever possible. The CPF benefits from ILO staff and activity resources to finance and organize those P4H activities.

However, there is a limitation in the interest and actual participation of development partners to such meetings. Beyond the WB and WHO, other partners are at times difficult to mobilize. The P4H platform is also fed exclusively by the CPF, with limited inputs from other partners.

Joint technical assistance among P4H partners and alignment

Health Insurance Law revision process

The DPs support to the Health Insurance Law reform follows a framework that identifies support based on DP's areas of expertise and areas of interests.

MOH proposal to create a specific supplementary benefit package for better-off households.

DP meetings provide a forum for exchanges of ideas, and when possible alignment of position. For instance, on the MOH proposal to create a specific supplementary benefit package for better-off households, the P4H Focal Person in Vietnam initiated and coordinated with the World Bank and the WHO a joint ILO-WHO-World Bank position and technical note on the provision of additional health insurance benefit package under Vietnam's Social Health Insurance Scheme (SHI). This note provided the framework for a joint advocacy effort aligning P4H partners and for joint technical advice to the Government of Vietnam to ensure that the on-going revision process of the Health Insurance Law remained compliant with the principles of equity and solidarity especially with regards to financing and access to benefits. More specifically, its recommendations were that the NHI preserves its current modalities, notably compulsory participation to ensure cross-subsidization and risk pooling across a single risk pool. It also proposed lower co-payments for the poor and near poor as an alternative and a uniform benefits package for all Vietnamese people and opposed the formation of an additional supplementary benefits package that would benefit the better off at the expense of the worse off. These positions were jointly expressed in dedicated workshops and at other relevant events.

Assessment of the impact of the proposed policy options for the revision of the Health Insurance Law. The project's efforts focused on the policy impact assessments, looking into social, gender, legal and administrative elements of the proposed policy solutions findings are helping the MOH to refine their policy options. The assessment produced by the CPF, together with the economic impact report produced by HSPI, with support of the ADB, constitute the full policy impact reports of the proposed policy options that will be submitted to the Government and then to the National Assembly. A technical consultation workshop with 40 participants from the relevant ministries, international organizations, social partners, health care facilities and experts was organized by the CPF in November 2020 to comment on the reports for finalization.

Capacity building

The CFP developed a matrix to keep records on trainings supported by DPs addressed notably to VSS to avoid duplication and help with needs' identification. The matrix is kept updated on a regular basis.

The CFP is promoting collaborations among Development Partners in Viet Nam and from the region to support long-term capacity building on social health protection. Under the ILO-Luxembourg project "Support to the extension of Social Health Protection in South East Asia", the CFP is supporting the development of a Master Degree on Primary Health Care Management and Social Health Protection, delivered by Mahidol University in Thailand. Under the lead of the ILO, WHO Viet Nam and Manila offices, Seoul National University, and SOCIEUX+ experts delivered a series of lectures to the Master's students. The Master students originates from Viet Nam, Lao PDR, Myanmar and Thailand.

Metric on people sensitized or trained by P4H CFP in the year:

intensively and/or formally

CPF personal contribution to training efforts:

- Training to Employers representatives on SHP and upcoming HI policy reforms: 40 people
- Workshop on HI satisfaction measurement tools: 50 people
- Three communication fora on health-related benefits of the social security system i organized jointly by the project and VGCL (Labour Unions: 1200 participants (female factory workers)
- Training on client satisfaction survey tools for 40 participants from Viet Nam Social Security in April 2021.
- Training on customer care skills for 25 core participants from Viet Nam Social Security in April 2021, who will establish a pool of key resource persons to set up a customer care system of VSS.
- Social media campaign and student knowledge contest to promote better understanding of Social Health Protection and to call for actions in July – September 2021.

Other technical assistance provided by the CFP

- **Assessment of existing tools to measure the population satisfaction with health insurance services.** A literature review on satisfaction measurement tool was conducted to provide evidence and advocate for the inclusion of reporting mechanisms in the revised health insurance law. The findings were presented in a consultation workshop organized in November 2020. The workshop was attended by MoH, VSS and Development partners. NHSO Thailand participated as resource institution to share experience and lessons learned from Thailand. The workshop discussion also came to the conclusion that the requirement and responsibility of satisfaction measurement should be included in the revised health insurance law, and that various tools should be coordinated to avoid duplication and provide a comprehensive information on members' satisfaction with health and social security services.
- **Social dialogue:** the CFP within ILO Vietnam, in partnership with the Vietnam Chamber of Commerce and Industry (VCCI), the Ministry of Health and the Vietnam Social Security agency convened a workshop on January 19, 2021 to discuss policy options in view of the Health Insurance Law review process. This multi-sectoral forum brought together employers and business representatives such as the VCCI as well as representatives from the Ministry of Health and the national social security agency to engage the Ministry of Health on ongoing legal review processes. This much-needed multi-sector social dialogue provided a platform for technical exchanges with the view of informing the formulation of reform policy options, which contribute to accelerate progress towards UHC.
- **Strengthening actuarial capacity for national health insurance.** Following the identification of gaps in the conduct of actuarial analysis and the use of actuarial data for policy-making by key stakeholders in Vietnam, the CFP supported the review of Vietnam's Social Security's actuarial capacity in health insurance with the aim of strengthening internal actuarial capacity. As the current Vietnam Health Insurance legal framework does not require the undertaking of actuarial valuation for policy-making, the results of this review aim to promote the use of evidence-based policy making through stronger national actuarial capacity with regards to social health protection. The review was completed and the ILO is currently updating the selected model so to reflect the latest policies on social health insurance.

Collaboration with other networks

In partnership with the Viet Nam Social Security, the P4H Focal point conducted an analysis on the impacts of COVID-19 on social health protection coverage in Vietnam. The analysis aimed at assessing the SHI scheme financial sustainability and financial protection capacity in response to the crisis. The results will aim to inform the Government's COVID-19 policy response and are part of a coherent framework supporting UHC through the support of the Health Insurance Law's revision process.

Two technical notes on Viet Nam's responses to Covid-19 crisis to provide recommendations on social protection measures to address the health and economic impact of COVID-19 during September – December 2020. The CFP also provided coordinated inputs on UN analysis on social impact of COVID-19 and strategic policy recommendations for Viet Nam.

The CPF, being located in the ILO, is included in social protection coordination mechanisms and working groups. Therefore, regular information is shared with P4H partners present in countries on the possible synergies and need for coordination between social health protection and the rest of the national social protection system. This was particularly crucial during the COVID-19 crisis considering that the government responses necessarily included integrated care and cash benefit.

EX ANTE (BASELINE) - JULY 2020
EX POST (EVALUATION) - FEBRUARY 2021

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Support to the Health Insurance Law reform in line with international standards	Support to the Health Insurance Law reform process for adoption of reforms in line with international social security standards which foster greater equity, solidarity and sustainability of the SHI scheme.	The additional health insurance benefit package reform proposal threatens the equity, solidarity and sustainability of the scheme through caring for the needs of the better off and fragmenting the risk pool.	Provided inputs to law reform in line with international social security standards.	Collaborative workshop with the ILO, the Vietnam Chamber of Commerce and Industry (VCCI), the Ministry of Health and the Vietnam Social Security agency to discuss policy options as part of the Health Insurance Law review process.	Regular DP meetings to ensure alignment of partners' support and position on country SHP reforms whenever possible.	Observed limited engagement of all partners in DP meetings beyond the WB and WHO,
	Support the Health Insurance Law reform process for the building of a shock-responsive SHI scheme.	The impacts of COVID on the scheme's sustainability need to further understood and acted on.		Assessment of the legal, social, gender and administrative impact of the Policy options proposed by the Ministry of Health in the framework of the HI Law revision; and workshop participated by DPs for the dissemination of findings.	Development of a joint ILO-WB-WHO technical note on the provision of additional health insurance benefit package advocating for preserving mandatory coverage and a single risk pool, with unique benefit package, to maintain equity and solidarity.	
				Analysis and recommendations for assessing satisfaction of the population with Health Insurance services; report and findings disseminated, with DP participation, in a dedicated workshop	Two workshops (latest in June 2021) to provide aligned DP recommendations on the provision of the additional benefit package	
				Technical support assessing the impact of Covid-19 on the SHI scheme financial sustainability and financial protection capacity: 1 technical report, and 1 paper produced		
				As an ILO official, two technical notes on Viet Nam's responses to Covid-19 crisis to provide recommendations on social protection measures to address the health and economic impact of Covid-19 produced as well as coordinated inputs on UN analysis on social impact of Covid-19 and strategic policy recommendations for Viet Nam.		

EX ANTE (BASELINE) - JULY 2020
EX POST (EVALUATION) - FEBRUARY 2021

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Strengthening national capacities for the effective implementation of evidence-based social health protection policies	Awareness raising and capacity building on SHP among rising SHP talents, professionals and the general population.	A culture of SHP is needed to insure effective promotion, take up, and implementation of SHP floors.	Under the CONNECT/ ILO-Lux project, the ILO CFP has supported the development of a Master Degree on Primary Health Care Management and Social Health Protection, delivered by Mahidol University in Thailand. Courses and capacity building material are available to emerging and established SHP professionals.	Awareness Raising to develop a culture of Social Health Protection: Social Media Campaign and University students (HUPH) contests on Health Insurance in Viet Nam	Coordinated DP training plan in place.	The DP training matrix is a good practice and could be replicated for other areas of work / with more partners.
		The development of a local SHP talent base is key for effective and sustainable national capacity building efforts		Production of an Advocacy booklet on SHP covering key concepts and testimonies from members and health personnel in Viet Nam, Myanmar and Lao PDR, under the SHP Asian network, CONNECT	Under the lead of the CFP, ILO, WHO Viet Nam and Manila office, Seoul National University, and SOCIEUX+ experts delivered a series of lectures to the Master's students. The Master students originates from Viet Nam, Lao PDR, Myanmar and Thailand.	
	Support the Vietnam Social Security's capacity in actuarial analysis and use of evidence in social health protection policy-making.	Capacity on actuarial analysis are also almost non-existent among practitioners and policy makers, which hinders the ability of the scheme to be effectively managed and sustained as well as to project and plan for the extension of coverage to uncovered members of society.	Actuarial analysis under development.	Technical support through the review of Vietnam's Social Security's actuarial capacity in health insurance and recommendations for the strengthening of national social health protection actuarial valuation capacity: models reviewed and recommendations provided, with results disseminated.	Capacity building delivered in collaboration with the international training centre.	Collaboration with partners can be developed on the basis of new collaborative tools.