



Annual Review

JULY 2019 – JUNE 2020

Together We Stand

Amidst the unprecedented turmoil faced by our world in 2020, can we still find motives to rejoice? We at the World Health Organization and at the World Bank think that we do indeed. During those times of duress, hardships and uncertainties faced not only by the health sector but more broadly by the entire populations of the world, a spirit of renewed collaboration prevailed.

Across the world, countless acts of kindness, generosity and sheer abnegation were underscored during these dark moments that required tremendous resilience from individuals and organizations alike. This very spirit of partnership enabled us paradoxically to collaborate and work better together. This is echoed with particular resonance through the intense work undertaken by the P4H Network. Truly, this year's daunting challenges enabled our P4H Network to show its true colors: a common house of knowledge sharing and operational joint activities, of ideas and initiatives in response to a growing number of requests from countries' decision makers in the field of health financing.

P4H delivered what the COVID-19 situation demanded: an agile and flexible mobilization of adequate expertise.



“Our teams achieved common objectives by proving fully cognizant of this bare truth: together we stand. And this collective effort led to positive outcomes which this Annual Review highlights”.



Bolstered by the combined strengths of its membership base, from global health leaders to development banks, bilateral partners and academic centres, the P4H Network demonstrated once again the relevance of its dynamics: a cross-sector arena fostering collaborations relevant to health, finance and social sectors.

The increasing role played by P4H within the Access to COVID-19 Tools (ACT) Accelerator also illustrated the commitment of the Network's member organizations to create synergies and add value through more coherent alignment of their respective positioning, perspectives, tools and activities.

This year's annual review therefore celebrates our collective achievement: against many odds, P4H delivered! Examples abound, whether the continuous growth of its flagship products, for instance the successful digital web platform and COVID-19 and health financing webinars; or the response to stakeholders' technical requests such as the private sector participation in health financing technical conference organized in Shanghai.

The central role played by P4H in the setting-up of the Sustainable Financing Accelerator, of which many P4H member organizations are members, also points out at the poignancy of health financing thematic work in low-income contexts. Equity, solidarity, team spirit: the values defended relentlessly by our Network remain always relevant!

Beyond the epistemology of the transformative synergies stemming from the Network's activities, P4H value proposition is a pragmatic one: a timely and appropriate response to the multi-faceted challenges of health financing in a world that needs our Network, today and tomorrow more than ever.



Dr Agnes Soucat
World Health Organization
Geneva



Muhammad Ali Pate
World Bank Group
Washington

A Year of Crises and Collective Response

The world never faced a global pandemic like COVID-19. Globally, more than 10 million confirmed cases and half million deaths caused by COVID-19 reported from January to June 2020. Unfortunately, the pandemic continues in parts of the world despite enormous effort and resources invested in combating this epidemic.

The impact of COVID-19 goes beyond health. It is much more than a health crisis affecting both lives and livelihood. Dr Tedros Adhanom Ghebreyesus, WHO Director-General and Kristalina Georgieva, IMF Managing Director acknowledged that COVID-19 is a crisis like no other and no one had witnessed such a hard time in the history of IMF.

The world is now in an economic recession which is worse than the previous global financial crisis of 2008. According to Mr David Malpass, World Bank Group President, COVID-19 is going to push up to 60 million people into extreme poverty by erasing all the progress made in poverty alleviation in the past three years. Mr Guy Ryder, ILO Director-General confirmed that for millions of workers, no income means no food, no security and no future.

As the pandemic and the jobs crisis evolve, the need to protect the most vulnerable becomes even more urgent. The crisis hit all countries, whether rich or poor and put them under massive difficulties to cope with health protection, unemployment, income loss and poverty. Emerging markets and developing economies with fewer resources are at highest risk. Similarly, as the virus hits the most vulnerable people, the economic crisis hits the vulnerable economies hardest. National efforts to save people's lives and livelihoods

are exacerbated when there are relatively weak health systems and limited social safety nets, especially for the poor, low income and vulnerable households.

The fight against COVID-19 required solidarity, partnerships and collective actions at national, regional and global levels. Recognizing it, development partners, bi- and multi-lateral organizations and countries came together to discuss immediate needs, response measures, priorities to protect the health of people, save their lives and livelihood. These efforts and initiatives urgently needed effective mechanisms and platforms for effective partnership collaboration and collective work in countries.

The network has been facilitating partnerships among sixty-one countries. Following the vision, goal and mission, P4H actively participated in discussions and offered its services by referring to its interactive digital platform, established contacts, relationships with government stakeholders, development partners and international institutions. The unique and non-bureaucratic structure of P4H built upon focal participants from each nation seemed more flexible and a suitable platform to host and facilitate dialogues and partnership activities. The goal is to strengthen health systems and financing for common public health goods and to accelerate equitable access to COVID-19-related medical equipment, technology, services and products. These tasks are essential in making progress towards UHC. Traditionally, P4H is known as a growing and evolving network since 2007 which connected development partners, international organizations, countries, institutions and individuals committed to health financing and social health protection for UHC.



“... COVID-19 is a crisis like no other and no one had witnessed such a hard time in the history of IMF.”

Kristalina Georgieva, IMF Managing Director



The uniqueness of P4H is reflected in the composition of its Steering Group responsible for strategic guidance, policy oversight and overarching decision-making. Currently, eighteen representatives of P4H partner organizations and countries form the Steering Group. As mentioned earlier, P4H Network activities and added values are based on partnership collaboration among different types of partner organizations and most importantly, P4H country focal persons funded by P4H partner countries and organization. P4H country focal persons are the root of P4H that make the Network operational. Today, the P4H Coordination Desk (CD) hosted by WB and WHO and P4H country focal persons working in fourteen countries form P4H Coordination Team (CT).

VISION
Accelerate progress towards UHC.

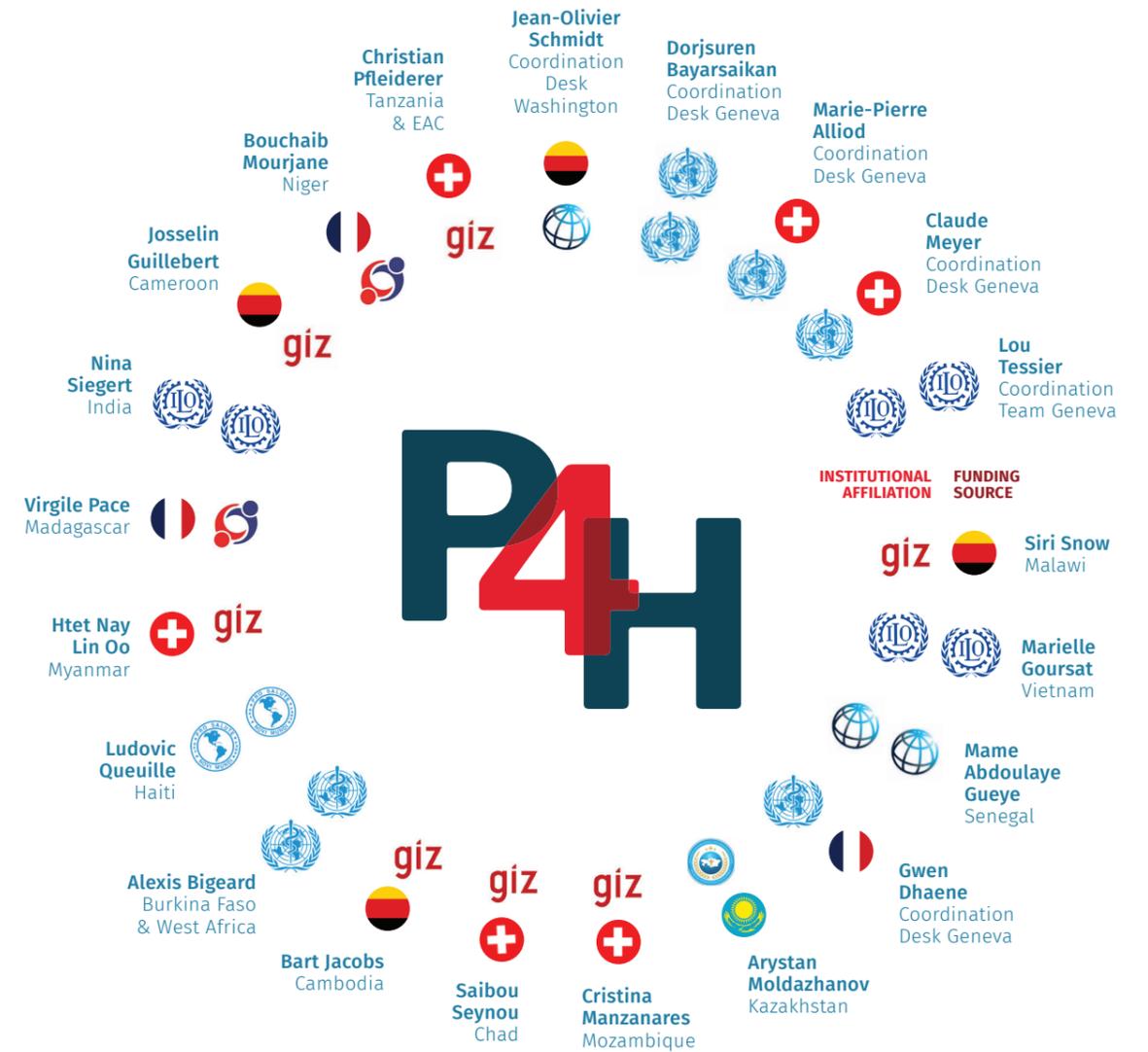
GOAL
Support the development of sustainable and equitable health financing systems for UHC.

MISSION
Promote, develop and strengthen exchange and collaboration for health financing and social health protection towards UHC.

P4H NETWORK MEMBERS

	World Health Organization (WHO)		China - Shanghai Fudan University School of Public Health
	World Bank Group		France – Ministry of Europe and Foreign Affairs
	International Labour Organization (ILO)		Germany – Federal Ministry for Economic Co-operation and Development
	Asian Development Bank (ADB)		Kazakhstan – Republican Center for Health Development
	African Development Bank (AfDB)		Morocco – Ministry of Health
	The Global Fund		Russia - Russia Center for Healthcare Quality Assessment and Control
	Global Financing Facility (GFF)		South Korea - Seoul National University School of Public Health
	Council of Europe Development Bank (CEB)		Spain – Spanish co-operation agency
			Switzerland – The Swiss Agency for Development and Co-operation (SDC)
			USA – United States Agency for International Development (USAID)

P4H COORDINATION TEAM MEMBERS FUNDED BY P4H PARTNERS

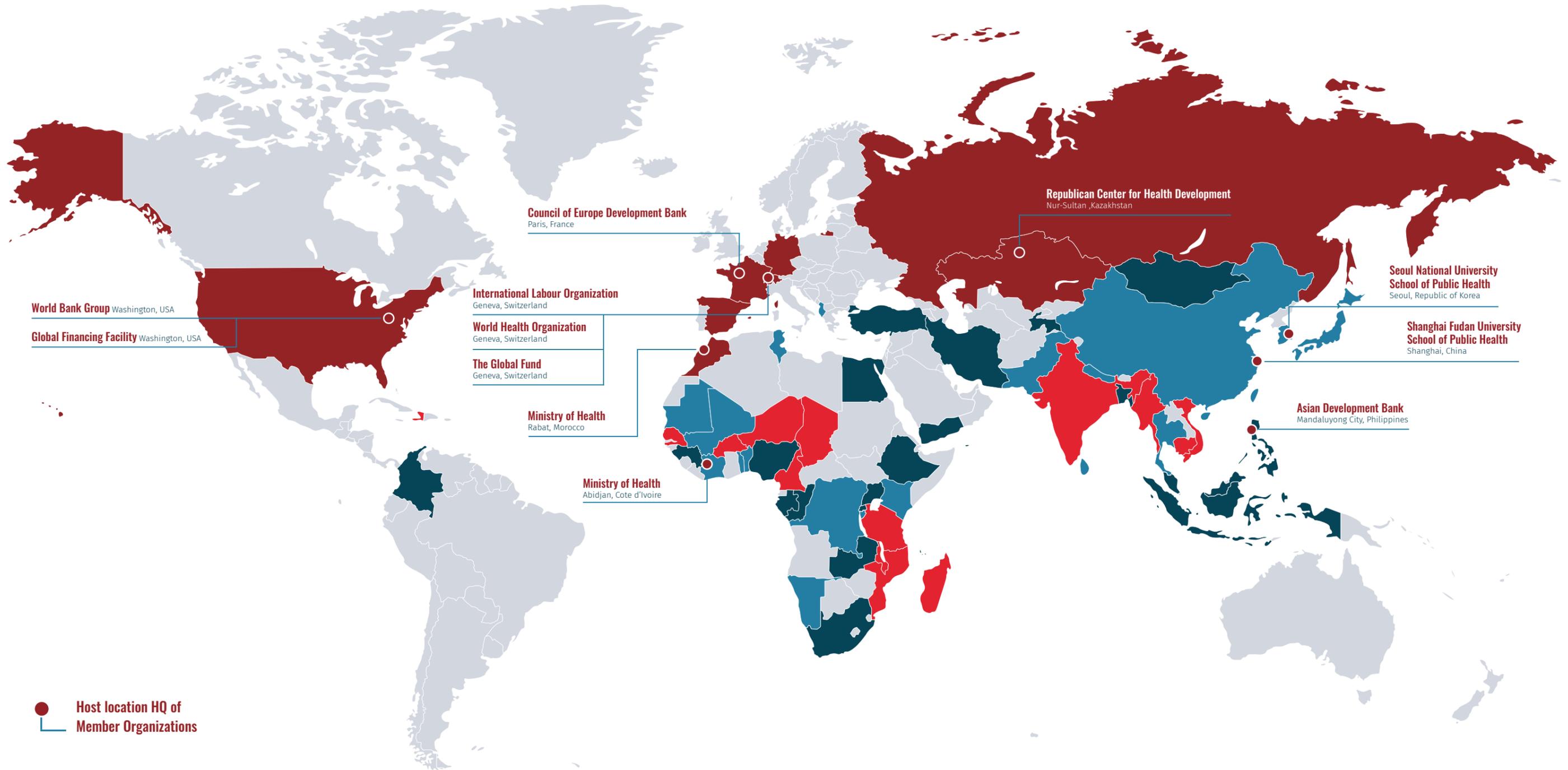


COVID-19 impact on health financing and social health protection

The SARS-CoV-2 Coronavirus exposed the need for the whole-of-government approach and partnerships across different sectors and levels to combine all efforts to respond and mitigate its adverse socio-economic impacts. Protecting people, saving lives and livelihood relative to their health and income had become the central issue. Strengthening of health and social protection systems able to deliver, maintain and improve health coverage and provide effective financial protection is realized as one of the fundamentals. Conceptually, it relates to public policy measures to shield people from financial hardships associated with health service use and access. Ensuring sufficient funds for the common goods for health, strengthening the foundations of health systems and removing financial barriers are broadly advocated.

Financial protection is needed not only in using health services but also in accessing them and coping with non-medical and indirect costs such as transport, food and accommodations. The COVID-19 elevated this interlink between health financing and social health protection. This is an area where P4H envisioned to create synergies by connecting stakeholders across health, finance, social and other sectors and incentivizing and facilitating their collaboration towards UHC. Established networks helped P4H to be instrumental to promote and facilitate partnership dialogues to strengthen health financing and social health protection and incentivize the people to access and use COVID-19 related tests, diagnosis and treatments, as well as help those who were in desperate need for livelihood necessities.

P4H Across the World



● Host location HQ of Member Organizations

● Country member of P4H Network | **8**

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

● Ongoing collaboration without a Focal Person | **18**

● Past collaboration with P4H Network | **21**

Highlights of the Year



COVID-19 AND HEALTH FINANCING

With the SARS-CoV-2 pandemic progressing quickly during the first semester of 2020, all eyes of the global health financing community turned towards the needed adaptations of the various national health financing systems to better respond to the COVID-19 challenges and better prepare for the next pandemic.

Considering this new context, the P4H Steering Group (P4H-SG) reacted quickly and convened virtually for an extraordinary 17th session on 4th May 2020. All participants (representing 12 institutions) agreed that extensive funding needs emerged during the pandemic, that the WB and the regional development banks were playing a central role in responding to them and that COVID-19 revealed existing weaknesses in health systems. All P4H members had developed a package to respond to COVID-19, both nationally and in terms of international cooperation.

Simultaneously, the Access to COVID-19 Tools Accelerator (ACTA) initiative was launched in April 2020 to accelerate the development, production and equitable global access to new COVID-19 essential health technologies. The P4H Network facilitated the meetings of the COVID-19 and Health Financing Working Group (C19HFWG) of the Health System Connector of ACTA. This task is ongoing during the second semester of 2020.



P4H INSTITUTIONALIZED IN THE NEW WHO/HQ ORGANIGRAM

WHO had been undergoing an organizational transformation process since the election of the new DG, Dr. Tedros, in May 2017. This led in January 2020 to the adoption of a new organigram in which P4H became a new unit called Partnership for Health Financing (PHF) in the Department of Health Systems Governance and Financing (HGF). This development was one of the expected outcome during the launch of the P4H initiative, calling for better coordination in the area of health financing under the leadership of WHO. The PHF unit hosts both the P4H Network and Decide, the recently launched Health Decision Hub with financial support from the Bill and Melinda Gates Foundation.



P4H DIGITAL ECOSYSTEM

With half of the world population in lockdown and most of the planes grounded for an extended period, all the global health financing community members turned to digital solutions to perform their work. The P4H Network was ready with its existing P4H digital collaborative platform! The P4H Coordination Team significantly improved the content of various thematic and country pages over the second semester and the blog section of www.p4h.world became very active, generating much higher traffic.

The P4H Coordination Team also organized several very successful webinars on COVID-19 and health financing, showcasing the experiences from China, Germany, Kazakhstan, Russia, South-Korea and the South-Eastern Asia region. Other webinars for the Francophone world for instance, are being prepared.

Beyond the P4H digital platform, the entire P4H digital ecosystem was improved and activated. The P4H platform has now better synergies with the P4H Twitter and YouTube accounts, and the LinkedIn and Facebook accounts are gradually deployed. Additional resources will be needed to sustain these efforts.



LEADERSHIP PROGRAM FOR UHC (L4UHC)

During the reporting period, L4UHC's big one-year cycle was implemented with Burkina Faso, Cameroon, Niger, Senegal, Myanmar, Pakistan and Vietnam. In addition, follow-up activities in Nepal and Chad were intensified. To get more information on the results and most recent developments, visit www.l4uhc.world.

Besides the usual refinement of regular operations, the reporting period was marked by two salient developments. First, increasing demand and support for L4UHC. The successful implementation of the program in more and more countries as well as the advances in public relations and monitoring and evaluation have raised the profile of the program significantly in the reporting period. Partners from several countries have inquired about the possibility to join the program (Armenia, Indonesia, Mexico, Afghanistan, to name a few). At the same time, there have been concrete conversations regarding new, additional funding sources with USAID, the Gates Foundation and the GFF. On the backdrop of these developments, the P4H partners implementing L4UHC have started a dialogue on how to respond to the demand and how to channel the required funding efficiently in the future.

Second, the corona crisis. L4UHC by design lives strongly from direct human interaction. Hence, the corona crisis has been a particular challenge for the conceptual development of the program. The first regional exchanges in a virtual two-hour format were held successfully in Africa and Asia in Q2 2020. The L4UHC team is developing additional tools to ensure a basic regional exchange during the crisis. As human interaction remains crucial, the third modules will be held in Q4 2020 in a semi-virtual format where possible. This means that in each region there will be parallel 3-4 day workshops at country level, with possibilities to exchange virtually among countries.

Despite the challenges, the corona crisis is also an opportunity for L4UHC. At an operational level, the tools and formats developed for virtual exchange now promise to be utterly useful auxiliary measures even after the crisis. They might help increase the regional exchange between the big modules and allow to better connect former and current participating countries for follow up. On a larger scale, the corona crisis might boost global awareness for the importance of UHC and the intersectoral coalitions required to achieve it.



P4H COUNTRY FOCAL PERSONS

The P4H network value-add in country was helpful to share information and updates during the COVID-19 epidemics. This unique set-up in countries is known as a "Country Focal Person" (CFP). Since 2015 all CFPs use standardized Terms of Reference that summarize their work nature and functions. The main functions are to connect with and involve all relevant partners, to gather and circulate information amongst them, and to promote innovation for better coordination, collaboration and learning. The P4H network was suited to carry out activities in lockdown environment since it is not an entity to coordinate, but a space for collaboration.

Equally, the CFP is not a coordinator but a proactive resource person who serves and suggests, promotes connections and co-creations. CFP's original legitimacy is technical and specialized in health financing and policy dialogue among recognized institutions working in the health financing area. CFPs promote bi- and multilateral exchanges and collaborations on any needed or emerging subjects. Depending on country situations, the CFPs can operate in the limited scope but do intend to capture a 360° view on what exists and emerges around health financing and social health protection. As mentioned earlier, CFPs are part of the P4H coordination team that includes all CFPs as well as the network coordination desk staff. During the reporting period, the team made substantial progress in developing their activity plan, monitoring, evaluation and updating activities through face to face meetings and monthly calls.

The global COVID-19 crisis has shown that CFP's position, work contracts and funding may evolve, but the most important function is to commit for country work by taking the role of honest broker based on the network gains, strength and value propositions. The CFPs actively participated and contributed to the development of the P4H network-specific products such as the web platform and the L4UHC program. Eventually, more than ten years of experience of the P4H network has proved that the health financing collaborative work in the country and its efficiency are an art that requires a light and flexible set up, a strong legitimacy, quality and back-up, patience and open will, that are such qualities that the CFP-based support tries and offer with some humble but undeniable success so far. The reporting year suggests that it is vital for this set up to further grow, the security of CFP contracts must be better addressed with dedicated funding resources.



CAPACITY BUILDING

Facilitating events and services to support capacity building for inclusive dialogue and partnerships on health financing and social health protection aimed at UHC is one of the key value propositions of P4H. The P4H team supported the newly established WHO Academy work aimed to facilitate, effectively deliver and scale-up organization-wide training and learning activities by making the best use of the collective expertise, experiences, and lessons learned across the organization. P4H facilitated mapping of WHO trainings on health systems governance and financing and submitting of health financing training programs to be reflected in the projected events of the Academy for 2021-2023.



Like previous years, P4H continued to co-host the annual social health protection training course at the ILO International Training Centre in Turin from 01-12 July 2019. Participants Cameroon, Gabon, Jordan, Lebanon, Pakistan and Togo attended the course. At this time, P4H facilitated broadening of the course faculty to GIZ and WHO experts who carried out the sessions on public finance management and leadership for UHC. The P4H Coordination Desk collaborated with the ILO Training Centre to design the course and program for 2020 to be organized later the year remotely because of the COVID-19 pandemic situation.

As mentioned earlier, P4H hosted a series of webinars on health financing in times of COVID-19. On 29 April China and the Republic of Korea shared their experiences in adaptive measures and implications for future financing and lessons for others. On 19 May 2020 the case of Germany was presented as a showcase model for resilience together with Germany's support to LMICs for health system strengthening.

On 19 June 2020, the Republic of Kazakhstan and Russia Federation shared their health financing issues and measure taken against COVID 19. This webinar was organized first time in Russian by targeting the Russian speaking CIS countries. It received wide support from the WHO Regional Office for Europe and countries like Armenia, Kyrgyzstan and Uzbekistan along with Kazakhstan and Russia. Webinar participants requested P4H to continue this type webinar in Russian. Other webinars relating to health financing during COVID time is planned in the French and Spanish languages.



P4H SIDE EVENT DURING PMAC

The theme of the Prince Mahidol Award Conference (PMAC) held in Bangkok, Thailand from 28 January to 02 February 2020 was "Accelerating progress towards UHC". As officially indicated in the Conference program, P4H organized a side event on 29 February 2020 that consisted of two parts. It started with a panel session with 4 panellists from Senegal, Myanmar, Cambodia and P4H focal point in Mozambique. The session discussed health financing reforms for UHC and coordination role across different sectors.

The second part was devoted to the P4H Leadership Program for UHC. The program was introduced with specific examples and results from the ongoing two cycles in West Africa and Asia. Based on these presentations and discussions, all participants were invited to creatively sculp own ways towards UHC. Participants have chosen and worked on Germany, Ghana and India country cases.



The P4H event was highly valued and received positive feedback from participants and P4H partners. Dr Wirat Eunpoonsawat, Director for National Security Office, Bangkok Region 12, Thailand said that "I am very much impressed with the P4H side event. I believe that this is the way to involve people and encourage collective thinking and collaboration".

P4H Work in Countries

📍 BURKINA FASO

The Leadership for UHC program (L4UHC) has proved to be an extremely interesting product to support the UHC development in Burkina. The country team was constituted under the leadership of the P4H Country Focal Person who had completed more than seven years in country, in collaboration with WB and WHO. Focal person's experience was extremely useful to identify individuals in the view of creating team dynamics and facilitate the teamwork consistently by a consistent network.

The team includes the UHC focal point in the MoH cabinet, the Social Health Protection (SHP) Agency Director, a well-known journalist who joined the SHP Agency in 2019, the National Assembly Vice-President and others. Under the program, the team members got to know and appreciate each other, and soon referred to themselves as "the L4UHC family".



They had regular meetings and engaged in specific activities to accelerate the UHC agenda both in operations such as communication with the population and in advocacy specially at very high-level meetings up to the President. The team facilitated institutional relationships and contracting arrangements by bilateral contacts reinforced in the team. Primarily they targeted at the SHP agency, MoF, MoH, social health insurance and civil societies. Last but not least, the team engaged in the COVID-19 response and provided support in terms of leadership to the response coordinator who happens to be a L4UHC team member.

📍 CAMBODIA

P4H continued focusing on monitoring and evidence-based policymaking for UHC. The network facilitated three activities before the country went into COVID-19 lockdown. First, a study tour to Thailand on monitoring and promoting evidence-based policymaking for UHC. It consisted of representatives of the Cambodian National Institute of Public Health, the General Secretariat to the National Social Protection Council and the Department of Planning and Health Information, MoH which are critical to monitor UHC progress and provide policymakers with the information to advance UHC in an equitable manner. Second, workshops to build indigenous analytical capacity to produce valid data and information for monitoring UHC along with financial risk protection and access to services.

Third, the development of a harmonized methodology for calculating health-related impoverishment and reaching consensus on country-representable estimates for the period 2014-17. It was needed for different health-related impoverishment estimations as from 2013 onwards analysts applied different deflators to adjust for real expenditures or used different expenditure elements or questionnaire parts to estimate out-of-pocket expenditures. This work has been completed for submission to the government. Other two assessments were conducted to elicit means to improve collaboration amongst and alignment of global health initiatives. This included an option analysis for the 2021-23 Global Fund funding cycle to improve long-term sustainability of financing for national disease programs using government financing mechanisms.

The second assessment dealt with the 4Gs institutions (GAVI, World Bank Group, Global Financing Facility, Global Fund) as major financing instruments in the health sector. It focused on identification of possible arrangements to work together to align and complement activities with an eventual coordination role by P4HC. Until COVID-19 hit, two regular meetings of development partners were held to assess their plans related to health financing for UHC for the coming five years and to formulate a joint set of recommendations for the government concerning future directions for health financing for UHC. These recommendations are for the formulation of the fourth Health Strategic Plan 2021-30. In tandem, P4H was requested to facilitate various activities on safeguarding or improving equity in health and health financing.

📍 CAMEROON

P4H supported Cameroon's participation in the Leadership Program for UHC and closely collaborated with L4UHC team who are also members of the UHC Technical Working Group involved in the national UHC Strategic Development Plan. Besides this, P4H supported the Ministry of Health and Ministry of Finance in the design and implementation of the HIV user fees elimination initiative by using the Regional Funds for Health Promotion to verify and reimburse the claims from health facilities. This was the first step towards the achievement of UHC in Cameroon. It required coordination of the analysis of the Regional Funds to explore their role and functions in the implementation of UHC reforms processes. AFD, USAID and GIZ are funding partners and other developing partners such as WB, KfW, GIZ, ILO, WHO, UNAIDS who are stakeholders of the analysis. The initiative supports digital solutions (OpenIMIS) for management of claims and patient follow up.

There is an ongoing design of a pilot to test and customize OpenIMIS. This was a strategic move towards improving public financial management. In support of this, P4H organized a scoping mission with consultants to build capacities and prepare course modules for good financial governance with involvement of the L4UHC team participants from MOH, MOF and Ministry of Economy and Civil Society. Another dimension of the analytical work supported by P4H related to the equity budgeting tool which aimed to assess to what extent gender is considered in the different stages of the budget cycle at the Ministry of Health.

All these activities and signs of progress relating to UHC processes and health financing regularly have been exchanged and updated through the P4H web platform which attracted the MoH to use the Platform as a SharePoint for their staff including the UHC technical working group members. P4H is also supported harmonized elaboration of the concept notes for Global Fund grant with the national team working on harmonized planning of programs and grants including the projects adopted in the UHC reforms strategic plan. Finally, COVID has affected the country with more than 12 thousand confirmed cases as of 01 July 2020. In this regard, P4H closely worked with the MoH and the L4UHC coach to facilitate communications by screening fake news and other relevant information influencing the success of the national response against the pandemic

📍 CHAD

PH4 supported the process of developing and adopting the law on the national health insurance system (NHIS) which was approved by the Parliament in June 2019 and promulgated in August 2020. P4H was involved in the development of the NHIS start-up plan scheduled for the last quarter of 2020.

The P4H Leadership for UHC national team played an active role in advocacy and political dialogues that contributed to the inclusion of in the Budget Law for 2020. It clearly specifies that "the specific taxes on tobacco, alcohol, games of chance and non-recoverable plastics will be used for financing of UHC".

P4H has also contributed to the development of the National Contingency Plan for Preparedness and Response to the COVID-19 epidemic which was adopted in March 2020. The P4H network has a plan to undertake a study on the impact of the pandemic on the Chadian health system and the new challenges for the UHC process.

“... the specific taxes on tobacco, alcohol, games of chance and non-recoverable plastics will be used for financing of UHC”

📍 HAITI

In June 2020, Haiti adopted its National Social Protection and Promotion Policy (NSPPP) which is the product of a long process of intense collaboration and consultation, initiated in 2010. P4H facilitated collaboration among government Ministries, national and international agencies and partners that include France, International Labor Organization,

Organization, USAID, World Bank and others. The NPPSP is an important step on the path to UHC. The policy document consists of 11 chapters divided into three parts, namely i) Policy foundations with conceptual framework, context and approach); ii) Strategic axes such as mainstreaming gender, social vulnerabilities and support functions for strategic axes, and iii) Institutional arrangements and financing. Social health protection mainly deals with the strategic axis 3 which discusses social health protection and

protection of the elderly and disabled, as well as the strategic axes 1 about childhood and 4 which is about shocks-responsive social protection and promotion. As mentioned, the mechanisms defined by the NSPPP are intended to move towards universal coverage and access. However, given the constraints, they will initially target those with the greatest need in order to prioritize the reduction of inequalities. The mandate of the Drafting Committee in which P4H is a member, has been amended to allow it to assist the national authorities in the costing and operational planning process of the NSPPP by the end of 2020.

📍 INDIA

Less than 10% of the population in India is covered by a comprehensive social health protection scheme, resulting in one of the highest levels of out of pocket expenditures in the world (64%), with only marginal reductions in the last decade, and strong exclusion from health care services. Concerted and coordinated efforts towards UHC in a highly fragmented Social Health Protection landscape in India would be an advantage and could be to some extent facilitated by a re-accelerated P4H Network exchange and collaboration.

Recently, ILO designated a P4H focal person who is managing a project to improve performance of the country's largest Social Health Insurance Scheme – the Employee State Insurance Scheme (ESIS). This is the largest contributory social insurance scheme with 140 million beneficiaries at least. It covers workers and their dependents in formal employment that earn less than Rs. 21,000 per month in non-seasonal factories employing 10 or more persons. Accordingly, ESIS does not cover workers in informal employment who represent 90% of workers in India and are the most vulnerable to poverty and exclusion from health care services. Without progressive inclusion of those in the informal economy, the perspective of universal and adequate coverage of social protection in India to the whole population remains a challenge.

The extension of ESIS's coverage would constitute a significant achievement in term of transition to formality in the country. There is need to link contributory schemes with non-contributory schemes covering the poor. Recently, the Government launched National Health Protection Scheme (NHPS) in order to move closer towards UHC. It is designed especially for the economically weaker sections of the country to offer non-contributory health coverage. P4H is expected to play an important role to facilitate a joint platform for exchange among different partners supporting the different schemes.

📍 KAZAKHSTAN

Besides empowering the UHC and providing expertise in the matters of healthcare financing for the country, P4H network took part in various activities with national, regional and global impacts. Major events include P4H Steering Group (SG) meeting that held in October 2019 and the P4H regional webinar on healthcare financing in the context of COVID-19 organized in June 2020. During the SG meeting the Ministry of Health officially indicated an interest to support P4H and obtain the approval from the Government for financial



contribution to back up P4H network activities. The Republican Centre for Health Development also organized a consultation between Dr. Agnes Soucat, Director for Health Systems Governance and Financing at WHO Headquarters in Geneva and Dr. Marat Shoranov, Deputy Chair, the Social Medical Insurance Fund of Kazakhstan.

It was critically important for the country to strengthen the development and prospective of the Mandatory Social Medical Insurance Fund in Kazakhstan. P4H network also participated an international event dedicated to the first anniversary of the Declaration of Astana on PHC and provided a keynote speech highlighting the importance of partnership for health financing and social health protection for UHC. As part of the P4H webinar on COVID-19 and follow up actions, the Republican Center exchanged milestones and experiences not only among government agencies and national institutions, but also all other Russian-speaking participating countries.

These include the Ministry of Health and the Social Medical Insurance Fund of Kazakhstan, as well as similar organizational representatives from the Republic of Azerbaijan and Kyrgyz Republic. In collaboration with Network, the P4H country focal person provided technical support on health financing related issues that resulted in establishing the amount and delivery of the stimulus for medical workers involved in COVID-19 preparedness and combat. The Republic of Kazakhstan looks forward on continuing expanding cooperation with the Network.



P4H focal point's role is key to reconcile health financing and financial aid, UHC and management of COVID-19 crisis.



📍 MADAGASCAR

In 2019, historical steps towards UHC have been made effective. The Government remarkably engaged in the drafting of a Bill to institute financial protection for all in health. As 2019, health coverage was only 10% of the population. Such a step has been made possible thanks to improved coordination between Government, technical and financial Partners, and other relevant stakeholders, in particular from the private sector. P4H focal point's role was important not only to improve coordination, reduce competition and avoid duplication of tasks between the different actors, but



also to increase transparency and ensure inclusiveness and ownership of processes and procedures. P4H also played a critical and crucial role in capacity building activities, in particular to clarify key concepts on UHC, avoid misunderstandings on basic principles related to health financing, and to ensure that best practices and lessons learnt at global level are effectively and efficiently reflected in works in process.

The country still needs a national strategy for health financing to maintain and increase government resources for health. Currently, external aid is still too predominant and the management of funds for COVID-19 raises interrogations and concerns since the Ministry of Public Health is not sufficiently involved in the Government's response to the pandemic crisis. Thus, it is difficult to ensure that money is also used to strengthen capacities in health in the long run and

not only to deal with emergencies and urgent needs, though legitimate. In this particular context, P4H focal point's role is key to reconcile health financing and financial aid, UHC and management of COVID-19 crisis. P4H will continue to advocate for a stronger Ministry of Public Health with a common vision, leadership and better governance in health with greater accountability and alignment on the objectives.

📍 MOZAMBIQUE

P4H partners actively supported MoH in the policymaking debates framed in the drafting of the Health Financing Strategy. Joint workshops were organized with partners (WHO, WB, SDC, USAID, ILO, Canada, UNICEF, etc.) to streamline the different axis, especially efficiency in health spending.

P4H provided direct technical assistance to MoH in assessing different policy options, organizing policy dialogues between MoH-MoF to prioritize health in the state budget. Support provided to discuss joint funding mechanisms, domestic resource mobilization, disbursement-linked indicators, joint missions and producing analytical technical papers. One of them was taxation for health that analysed health-related taxes as options for reducing the burden of disease jointly with the MoF and the Tax Authority.

P4H remained instrumental in organizing and supporting capacity building activities. Workshops on health financing policy and technical decision-making included MoH high level officials, national directors, technical staff and technical partners such as WHO, GIZ and SDC. Training on costing of health services was supported by GIZ, SDC and WHO since MoH has been acknowledged costing of health services as one of its priorities for efficiency improvement to discuss and negotiate it with MoF.

A week-long high-level training was organized to target Hospital Administrators and Planners at central level, with trainers coming from the University of Lancaster and the MoH of Portugal.

📍 TANZANIA

The P4H partners in Tanzania are supporting the Tanzanian Government in moving forward to UHC in various aspects, from community-based health insurance to national strategy formulation and public finance management in the health sector. Main topics in during the reporting period were the roll-out of an improved community health scheme and moving forward with the finalization and adoption of the Single National Health Insurance (SNHI) Bill that stipulates the introduction of a unified, mandatory health insurance for all Tanzanian citizens with a unified benefits package and government subsidies for the poor.

P4H facilitated several meetings of the P4H partners, namely WB, WHO, ILO, USAID, SDC, GIZ, KfW and other relevant partners in the sector such as UNICEF and PharmAccess Foundation in order to facilitate exchange and coordination. Cooperation between the partners was intensified. P4H facilitated several meetings of the SWAp Technical Working Group Health Financing together with the government (even despite the ongoing COVID-19 crisis) in order to move the dialogue on SNHI and other relevant topics in Health Financing further. The SNHI Bill is now close to adoption in the Cabinet.



📍 VIETNAM



P4H partners are working together to support the development of the new Health Insurance Law, in support to the Ministry of Health (MoH). Following an assessment and consultation process on the health insurance system supported by the partners, the MoH has identified the country's key challenges to achieve UHC, which aim to be addressed in the proposed new law on social health insurance (SHI). The overall goal of the new law's proposed policy reforms is to address current policy and implementation gaps as well as to improve the coherence of the currently complex legal and regulatory framework. With this objective, the Government is working of formulating various policy options.

P4H partners are assisting this process with research and production of evidence to inform the Government in final decision making. For instance, ILO, WHO and the World Bank produced a joint technical note on the provision of additional benefit package – one of the options being considered by the Government to extend benefits coverage. In addition, the partners are supporting the assessment of the potential impacts of the proposed reforms, with a focus on the economic, financial, administrative, social and gender dimensions.

The final proposed reforms and the impact assessment report will be submitted to the Government in the last quarter of 2020, and then to the National Assembly to endorse the needs for the new law.



📍 Highlights of Niger

The unique P4H set up in Niger is the Country Focal Point (CFP) whose activities and products are expected to be used and aligned towards the network role, vision, goal and mission. The specific value-adds of this position are to be a resource person, an entry point to the network, an honest broker, and to provide a continuum to mitigate the changes and turnovers of the environment.

This position was filled in September 2019 following the P4H mission in July 2018. During the reporting period, P4H facilitated country needs for social health protection and UHC guidance and technical support to the MoH in reforming the social health protection policy targeting pregnant woman and children under five, which is a crucial dimension of the UHC strategy. The P4H collaborative work has progressed towards PBF, domestic resources mobilization and PFM. The P4H focal point received needed support from the P4H regional focal point working for WHO/AFRO in Ouagadougou.

This is a unique situation when it comes to the network governance where the support to CFP is usually shared between their employer (a P4H implementing agency) and the P4H Coordination Team. In the P4H collaborative work, the L4UHC and its national team played a tremendously important role.

Niger joined the 2019-2020 cycle with a team of multisectoral representatives which includes high-level people from the Parliament, the Ministries of Planning, Social Protection, and MoF. The team worked on the roadmap to define and implement the above-mentioned reform policy and level collective action plan which supports MoH-MoF dialogues, the high-level buy-in, and the communication towards the population through civil society and decentralized administration. Niger has

been identified as a GAP country for the SDG accelerator, whereby discussions have been taking place in 2020 amongst GAVI, GFTAM, GFF, World Bank and WHO. The P4H web platform has been proposed as a tool to share information and, more important, to organize it because the P4H country page for Niger contains valuable information on collaborations, key practical challenges and stakeholders' dialogues together with many operational features such as plans, funding, timeframe, coordination mechanism and responsible persons that are owned by the country.



The P4H collaborative work was very visible and P4H was recognized, valued and appreciated as an honest broker through its technical legitimacy, the work of CFP, partners and regional backups, missions and exchanges. The use of different P4H network products in the multiple dimensions contributed to multi-stakeholders' dialogues, intersectoral, political-technical, amongst development partners collaboration. Today, the P4H work in Niger focuses on specific mechanisms to be used as an entry point to sustainable and equitable health financing systems towards UHC.



📍 Highlights of Myanmar

Myanmar is strongly committed to UHC. The National Health Plan (NHP) for 2017-2021 details on achieving UHC via the progressive roll-out of a Basic Essential Package of Health Services, guided by the principles of equity, inclusiveness, accountability, efficiency, sustainability and quality. To realize the NHP, Strategic Directions for Financing UHC was developed in accordance with the Myanmar Sustainable Development Plan (MSDP) 2018-2030.

Against this backdrop, a P4H country focal person was assigned in August 2019 to support the on-going developments. A draft national bill on UHC was translated into English and reviewed by national and international stakeholders. P4H also facilitated high-level advocacy for the UHC law. P4H facilitated four health financing technical working group meetings at the national level and provided technical and coordination assistance to develop the concept note in involvement of key Ministries and led the first-ever strategic purchasing pilot with public facilities. P4H is also taking part in reviewing the pilot projects that contracted with private facilities.

Educating and advocating for UHC reforms is needed with improved IEC materials in local languages. Thus, P4H has taken various initiatives to fill the gap of learning resources in the Burmese language. The first draft of the health financing glossary book was developed and reviewed by in-country development and implementation partners. It is planned to develop a booklet about the fundamentals of health financing. P4H is strategically working with the University of Public Health (UOPH) in Yangon to develop health financing short courses to strengthen the capacity of important stakeholders such as members of parliament, civil society organizations, ethnic health organizations. P4H is also taking the lead on developing a national research agenda on UHC

and health financing for evidence generation and knowledge translation to be available later 2020. COVID-19 prevention and response measures were another work area where P4H was effectively involved at national and state levels because the P4H Country Focal Person for Myanmar was a highly trained public health professional. One other significant achievement is that P4H provided assistance in establishing a biosafety level-3 public health laboratory in Mon State with the capacity to test for SARS CoV2, among other pathogens, by the gold-standard real-time PCR methods. The lab passed standard checks by the WHO and was officially opened in June 2020.

The country benefited from the L4UHC program with participation from different organizations, spanning from government ministries, national and international NGOs, civil society organizations, ethnic health organizations and the private finance sector.

The program provided participants with entry points to these organizations and effectively strengthened the collaboration between respective organizations by building teams among the participants. The L4UHC Collective Action Initiatives include awareness-raising and advocacy for UHC in Kayin State; evaluation of a piloted Basic Essential Package of Health Services in Kayah State; and facilitation of the review of the draft UHC bill by different national and international stakeholders. The program participants actively involved in the UHC Day celebration event in four different cities across the country with awareness-raising and education campaign, music, video and IEC materials on UHC and health financing in various formats.

Highlights of Senegal

The priority accorded to the development of human capital by Senegal has resulted in a strong allocation of resources to accelerate access to basic social services. To this end, considerable progress has been made in the implementation of policies and reforms related UHC. Prevention, disease control and health promotion activities, carried out under the National Health and Social Development Plan (PNDSS), have contributed considerably to improving morbidity and mortality rates.

With regard to UHC, a slight drop in the health risk coverage rate was noted, which fell from 49% in 2018 to 48% in 2019 against a target of 60%. The non-achievement of the objectives is linked to the timid adherence of the populations to mutual health insurance with a penetration rate of 42% in 2019, at the still very low level of the rate of collection of contributions which has, in addition, experienced a decrease, in almost all regions of the country, going from 45% in 2018 to 32% in 2019. The P4H focal person participates in activities in the field of social protection in health and supports the ministries concerned in the implementation of their projects.

It supports the L4UHC country team in its program to implement the COVID-19 resilience plan. This program provides a contribution in terms of advocacy to meet the adaptive challenges related to UHC in Senegal. The axes of this program are: - The development of a concept note on the effects of COVID-19 and the perspectives and recommendations for a better strengthening of health and social protection systems after the pandemic; - The development and implementation of a media plan for the good participation of the Country Group in raising awareness of the risks of COVID-19 infection; - Participation in the implementation of response measures at the community level and in the national debate as part of the response.

National UHC Dynamics Cards

In the context of the national evolutions of social health protection and health systems financing and in preparation for forthcoming high-level meetings, the P4H Coordination Desk initiated presentations on the progress of UHC and the developments towards SDG 3.8.2 in various countries. It was agreed to create an innovative format: The National UHC Dynamics Card. The product was designed to become a useful resource for stakeholders and to enable countries to learn from each other in order to achieve and maintain UHC.

On the National UHC Dynamics Card all relevant country specific information on developments and progresses during the UHC process are tangibly available in the form of a user-friendly display at first glance. It presents key dates, milestones, figures and corresponding facts related to the SDG 3.8.2 such as legislative changes, inclusion of new categories of population or benefits, etc. The first prototype of the product was designed at the end of 2018 and has been tested and optimized in consultation with interested countries.

Since then twenty-six cards have been successfully completed, including the following countries: Benin, Burkina Faso, Cambodia, Cameroon, Chad, China, France, Germany, Haiti, Kazakhstan, Laos, Madagascar, Morocco, Mongolia, Mozambique, Myanmar, Niger, Philippines, Russia, Senegal, South Korea, Sri Lanka, Switzerland, Tanzania, Togo and Vietnam. The first eighteen cards were launched during the P4H session "Be Active and Creative: Sculpt your Way Towards UHC! Experiences Shared from the P4H Network" on 29 January 2020 at the Prince Mahidol Award Conference in Bangkok, Thailand. Currently, the P4H Network is in exchange with five other countries, so that over thirty cards shall be completed by the end of 2020.

Highlights of Pakistan

Pakistan is a lower-middle-income country that spends on health about 3% of GDP. Although 96% of the current health spending is funded domestically; above 60% is accounted for OOPs. This is the major obstacle in improving health coverage, equity and financial protection.

Development partners are committed to support government policy reforms to accelerate PHC and UHC as part of the Global Action Plan for Healthy Lives and Well Being. Pakistan is one of the three Asian countries participating in the second Asia L4UHC program cycle started in 2019. The country team consisting of state and federal government officials recognized that social health protection is the key reform agenda. Accordingly, the team worked on the strategy to enrol the poor in health insurance.



Their collective action initiatives covered involvement of civil society organizations, integration of private sector managed hospitals and support from district administration. They acknowledge that these action initiatives need strong political commitment, government support and alignment with other aspects of health and social protection reforms. Currently, the P4H partners support the

government in strengthening of the health and social protection systems, expanding fiscal space, developing benefits, priority setting for preventive and disease control programs, reproductive, maternal, newborn and child health, family planning and family physician practices, and related institutional support and capacity building activities. Like many other countries, Pakistan has been hard hit by COVID-19 with more than 220,000 confirmed cases within six months.

The COVID-19 revealed that the country needs greater coordination and collaboration among partners when funding support from external and domestic revenue resources is becoming increasingly available. It is about how to use funds, how to align them with country priorities knowing that COVID-19 and health systems strengthening to accelerate PHC and health financing for UHC are not separate agendas. In fact, COVID-19 created opportunities to improve the health system and social health protection systems. There is ongoing discussion to position a P4H country focal person.

From government's point of view, ownership and leadership is essential to translate global and regional agendas into country specific concrete activities and results expected from P4H partnership collaboration in Pakistan.



EVOLUTION OF UHC IN KAZAKHSTAN

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Nur-Sultan 51°10'N 71°26'E

Official language
Kazakh, Russian

Ethnic groups
65.5% Kazakh
21.5% Russian
3.0% Uzbek
1.8% Ukrainian
1.4% Uyghur
1.2% Tatar
1.1% German
4.5% others

Area
• Total 2,724,900 km²
• Water (%) 1.7

GENERAL INFORMATION

Kazakhstan is a Central Asian country with one of the lowest population densities in the world. Its population is relatively young (28% under the age of 15) and is currently estimated to be 18,5 million. Kazakhstan has 17 administrative districts, which include 14 regions (oblast) and three cities with republican status: Nur-Sultan, Almaty, Shymkent.

During the occupation of the Soviet system of Semashko, healthcare was massively underfunded and had several noticeable problems with the dominance of inpatient care, inefficient service provision and weak incentives for providers. After gaining independence from the Soviet Union in 1991, Kazakhstan made significant progress in reforming the national health care sector and improving the budget financing and procurement of the State Guaranteed Benefit Package (SGBP).

1991 - 1996

INDEPENDENCE

1991

Independence

Government allows private medical practice, as well as private medical colleges and medical universities.

1992

Development of a concept / a reform for healthcare

It includes the decentralization of the management, the establishment of a patient right to choose physician and enhancement of primary healthcare.

1995

Life expectancy: 63.7 years

Maternal mortality rate: 77.3 per 100,000 births

Infant mortality rate: 27.3 per 1,000 births

1996

First attempt in establishing a national insurance model

Was cancelled in 1998.

1997 - 2000

UNIVERSAL HEALTH INSURANCE PLAN (RAMU)

1997

Adoption of the first national-level program "Health of the Nation" for healthcare development

The program was a part of the "Kazakhstan-2030", a strategy for development until 2030, which outlined a long-term way of development of the sovereign republic.

1998

Ratification of the "Protection of Citizens Health" law

1999

Improvement of budget financing plan, which includes a two-component per capita rate and a national model for clinical costs

2000

Budget consolidation on a regional level and establishment of a single purchaser

2006 - 2013

INDEPENDENCE

2006-2010

Introduction of a new concept to reform the medical and pharmaceutical education

2009

Introduction of the Code on Health of the Republic of Kazakhstan

A single law replaced fragmented separate laws.

It includes:

- pharmaceutical products reimbursement through SK Pharmacy
- national qualification examination of the healthcare workforce
- introduction of the Medical Economic Tariff (MET) for services

2009-2010

Implementation of the Unified National Health System (UNHS)

Fundamental principles of the UNHS:

- free choice of medical organization and attending physician
- transparency of medical services
- competitiveness
- payment for the final result

2010

Start of the gradual formation of a national pool for healthcare. It includes outpatient and inpatient substituting care (except infectious diseases, TB and HIV).

Consolidation of the budget within the MoH and creation of a specialized Committee for purchasing medical care, which was managed by the national pool for healthcare.

2011

Introduction of Clinically Costly Groups payment

Clinically homogeneous groups of diseases which are similar in their treatment costs.

2013

Development of a concept for Electronic Healthcare

2009 - 2015

Worldbank project

- **Introduction of JCI accreditation:** National accreditation of Medical Education organizations and educational programs.
- Introduction of several National Health Accounts
- Introduction of Medical Technology Assessment and Clinical protocols
- Introduction of a National Medications Logbook
- Introduction of a pilot program on the management of diseases

OUTLOOK

MoH tasks for 2019
Preparing the introduction of compulsory social medical health insurance

- Digitalization of healthcare transition to paperless documentation in all regions
- Supplying medical equipment to the minimum standard
- Improving access to primary healthcare
- Development of a new edition of the Code of the Republic of Kazakhstan "On the health of the people and the healthcare system"
- Development of the Government Health Program for 2020-2025



"Kazakhstan has intensely reformed its healthcare since independence and introduced necessary foundation - such as digitalization of health providers, health technology assessment and provider accreditation system for quality and safety; profound legal framework and normative regulations; and comprehensive awareness program - to smoothly transition into national social health insurance system on January 1, 2020 - the most comprehensive reform in two decades in health sector."

Ainur Aiypphanova
Director General, Republican Center for Health Development, Ministry of Healthcare

2015 - 2019

FURTHER DEVELOPMENT OF THE HEALTH SYSTEM

2015-2018

Implementation of the Compulsory Health Insurance Law

Development of a joint commission within the MoH to regulate the quality of medical services and to establish a strategic partnership with foreign medical universities.

Establishment of the Social Security Fund to provide equal access to medical care

Life expectancy: 73.1 years

Maternal mortality rate: 14 per 100,000 births

Infant mortality rate: 8 per 1,000 births

2016

2017

Introduction of the Program for Healthcare Modernization and the State Program for the Development of Health Care

Budget consolidation of the Social Health Insurance on a republican level.

Payment of deductions from employers, individual entrepreneurs, citizens with private professional practice (lawyers, notary officers, mediators), as well as self-employed citizens.

2018

Creation of Primary Health Care

Health insurance fund is established as a single-payer.

Contributions from the state for vulnerable groups and delivery of medical care in the framework of mandatory health insurance.

2019

Introduction of a pilot program for Health Insurance reform.

Existing State Guaranteed Benefit Package has been divided into two packages:

Basic package of medical care (SGBP), which includes: ambulance, sanitary aviation, vaccination, treatment in hospitals for emergency indications, medical services for socially significant diseases and diseases that pose a danger to others (including the provision of certain medications) and outpatient medical assistance to uninsured citizens before 1 January 2020.

Mandatory health insurance package, which includes: outpatient care, elective hospitalization (including provision of certain drugs), except those included in the SGBP.

The source of financing for these packages is the SGBP state budget comprised of general taxation with contributions and deductions accumulated from the national pool.

P4H and Other Network Joint Activities

Revitalizing partnerships, interconnections and collective actions has become critical during the COVID-19 crisis. Everybody realized that we all in this together as COVID-19 does not have boundaries. Sharing experiences in tackling common issues, knowledge, lessons and regular progress reviews were needed in each country, involving not only government institutions, but also civil society organizations, business representatives and all other interest groups.



“UHC2030 is the global movement to build stronger health systems...”

During the reporting period P4H actively engaged and participated in joint activities with other networks and related initiatives such as UHC 2030 and SPARKS to generate synergies. UHC2030 is the global movement to build stronger health systems for UHC and its related initiatives are committed to promoting UHC and common approaches to strengthening health systems. P4H is part of the related initiatives working on specific health system components such as the Global Health Workforce Network promoting consultations, dialogue and coordination on health workforce policies, Global Service Delivery Network sharing knowledge, collaborating and advocating for integrated people-centered health service delivery,

Health Data Collaborative working with countries to improve health data and build capacity, Health Systems Global promoting health systems research and knowledge translation, Health Systems Governance Collaborative networking stakeholders in health systems governance for UHC, Joint Learning Network networking practitioners and policymakers to develop knowledge for UHC, Primary Health Care Performance Initiative, catalyzing primary health care improvements in low and middle-income countries, and UHC Partnership supporting health policy dialogues for UHC.

P4H participated in monthly meetings discussing common issues of interest such as organization of an event during the 6th Global Symposium on Health Systems Research and contributed to the UH2030 Related Initiatives' news insights with guidance and learnings about country responses to COVID-19 in relation to stronger health systems.



Health Systems Strengthening
RELATED INITIATIVES





















The Social Protection Action Research and Knowledge Sharing Network known as SPARKS is an international interdisciplinary research network promoting social health protection for TB and beyond using it as a tracer for poverty-related diseases with prominent social determinants and consequences. P4H was participating and collaborating with the Network since 2017. Starting from Feb 2020, P4H is in the organizing committee for the SPARKS Network Conference 2020 titles as “Bridging the SDGs to optimize health-related social protection”. The Conference will review and continue to build on the previous work of the network while further broadening the scope to make results and lessons learned relevant for health-related social protection innovations.

DECIDE the health decision hub which hosted by WHO and co-funded by the Bill and Melinda Gates Foundation was fully operationalized is as a sister network of the P4H Network. In collaboration with P4H the hub promotes evidence-based decisions in health. The hub’s operational focuses are priority setting, health technology assessment, health service benefit package and capital investment. The Hub co-organized the P4H expert consultation on private sector participation in health financing which was held in Shanghai in November 2019. More information about the hub is available at <https://decidehealth.world/en> School of Public Health, Seoul National University:

Regional Networking and Partnerships

ASEAN and Regional networks

Expanding P4H work to regions to address region and country-specific issues of common interest remained as one of the key dimensions. The P4H coordination desk established official working relations between the Asian Network for Health System Strengthening (ANHSS) and the P4H Asia regional network. Further, communications initiated with the ASEAN Health Cluster and exchanged work programs for possible collaboration. P4H was invited to attend their annual meeting in early 2020; however, it did not take place due to the COVID-19 situation.

Fudan University School of Public Health

The Fudan University is a P4H member organization from China. It hosted an expert consultation on private sector participation in health financing in Shanghai from 27-29 November 2019. The consultation was organized upon the request of the two WHO Regional Offices for South East Asia and the Western Pacific. It brought 17 worldwide experts to discuss relevant experience and span the interaction between public and private sector participation in health financing to progress towards UHC.



The experts identified the key issues for further exploration and collaboration that included technology, capital investment in health, and innovative private sector perspective. As an outcome of the meeting the Decide – Health Decision hub which is a sister network of the P4H Network will build on this event and run an operational working group on health technology life cycle as well as a working group on capital investment in health.

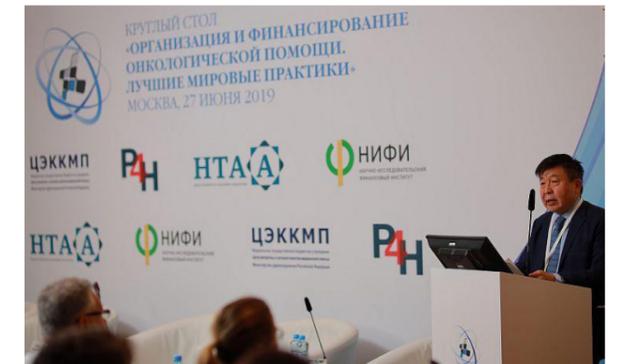
School of Public Health, Seoul National University

The School of Public Health is a P4H member organization from the Republic of Korea which actively promotes partnerships while leading and engaging in knowledge exchanges at various occasions and events in Asia. Contributions made to the 6th WHO and OECD meeting on access to medicines under UHC in the Asia Pacific Region that took place from 24-25 September 2019. Representatives of MoH and Health Insurance Agency from more than 15 Asian countries participated in this meeting.

The School also involved in different studies that included feasibility studies for the Korea Foundation for International Health's projects planned for Lao PDR and Myanmar from December 2019 to April 2020. The School supervised Dr. Lee Jong-Wook Fellowship, Health Policy program from September to December 2019 for participants from Cambodia Ghana, Indonesia, Lao PDR, Myanmar, Tanzania and Uganda. They have exchanged various health policy issues and developed topic-specific action plans to improve health policies in their own countries.



“Representatives of MoH and Health Insurance Agency from more than 15 Asian countries participated in this meeting.”



Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation:

The outcome of the P4H joint workshop on oncological aid financing, and public private partnerships as well as the International Scientific and Practical Conference on health technology assessment and perspectives of integration in the Commonwealth of Independent States (CISs) which were held in June 2019 was broadly disseminated and shared with relevant institutions, stakeholders and partners in Russia, as well as CIS partner countries.

The Center supported and actively participated in producing the National UHC Card for Russia which was presented at the 2020 Prince Mahidol Award Conference held in January 2020. As part of promoting P4H in Russia and other CISs, the Center initiated a launch of the P4H digital platform in Russian along with English and French. For this purpose, the platform content was translated into Russian which is going to be approved and launched later in 2020.

The Center has contributed to advocating important health financing documents in Russian. These include translation of the WHO publication on the Priorities for the Health financing response to COVID-19 which was advocated through P4H in May 2020. The Center also contributed to COVID-19 financing discussions by wiring a blog on combating with COVID-19 rug therapy for novel coronavirus associated disease (systematic review). The Center played a key role in organizing and contributing to a P4H webinar on health financing in the context of COVID-19 for the first time in Russian. The webinar discussed COVID-19 challenges and health financing experiences from Kazakhstan and Russia.

P4H Governance



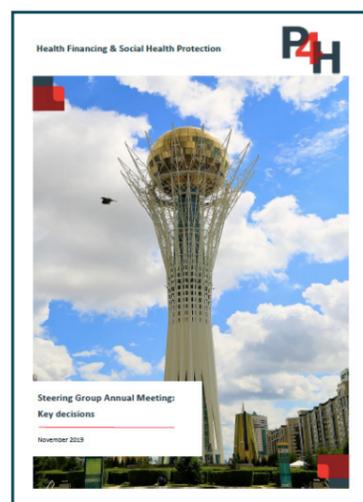
P4H Steering Group Meeting, 23 October 2019. Nur Sultan, Kazakhstan

P4H Steering Group Meeting

The Republican Centre for Health Development, Ministry of Health, Kazakhstan hosted the P4H Steering Group (SG) Meeting in Nur Sultan from 23-24 October 2019. The meeting discussed P4H governance and positioning issues in the new global landscape. The Steering Group members reviewed P4H work plan, specific products and activities with bilateral partner countries like France, Germany and Switzerland, and other members such as GFF.

The meeting met its objectives to inform, discuss and make the decision to improve and expand P4H activities at global, regional and country levels. The Steering Group commissioned the proposal to evaluate P4H work that will help to strategically position the Network in the rapidly changing global landscape with the increasing demand and requests coming from middle income member countries. The Steering Group members proposed to use the opportunity offered by the GAP Sustainable Financing Accelerators process and the alignment of GFATM, GAVI, IDA and GFF funding to make the case for a P4H focal point in several prioritized countries. The GFF offered some funding to be matched by other funding sources. The

ILO's initiative to consider opening a coordination desk position based at HQ level in Geneva on the basis of co-funding was welcomed by the Steering Group. The P4H was also invited and participated in the international anniversary event devoted to the Astana Declaration on PHC held on 25 October 2019.



P4H Coordination Team

During the reporting period, the P4H coordination team (CT) members increased to twenty people because of new people joining and reassignments of focal persons in Kazakhstan, India, Madagascar, Malawi, Myanmar, Niger, Tanzania, GIZ and Washington DC. The team maintained regular tele-meetings to update and inform the P4H work at country, regional and global levels. The P4H CT had face-to-face meetings in Ouagadougou from 01-04 April 2019 and in Bangkok from 28 and 30 February 2020 in conjunction with the Prince Mahidol Award Conference (PMAC).

At these meetings, the team discussed and updated the P4H work in rapidly changing health financing landscape with new collaborative initiatives at global levels such as health financing accelerator, and the P4H work plan for 2019-2020, its monitoring and evaluation tool, as well as platform evaluation results and P4H political economy tool. The team agreed to pilot the P4H Legal and Political economy tool in Senegal and Myanmar from Feb-Jun 2020.

In relation to new appointments at the P4H Steering Group level in the P4H founding member countries such as France, Germany and Switzerland, the team had joint workshop with GIZ, BMZ and SDC in Bonn from 9-12 September 2019. This meeting was unique in terms of participating members and contents of discussions held between the P4H CT and GIZ, BMZ and SDC. It enabled to strengthen P4H's mission, agenda, values, activities and most importantly, better positioning P4H in the rapidly global health environment and new initiatives such as sustainable health financing accelerator for UHC and SDG 3.

Academic Work of P4H Team

The P4H team members collaborated with academic institutions, peer-review journals, researchers and participated in writing research papers published in peer-reviewed literature.

P4H Team Work Plan

The coordination team has been developing an excel®-based action plan in order to capture the P4H work that is planned and carried out during the reporting period. The tool shows the activities of the coordination desk staff and country focal persons. For the latter, common work appears as four different tasks referring to the web-platform, documentation, standard activities as per CFP ToR, and coordination team exchanges. In addition, each CFP specific engagement in country is reported (e.g. development of a public private partnership model in Kazakhstan, supporting the L4UHC program in Senegal).

All the activities planned by the coordination desk are also listed. A total of 85 activity lines are described, budgeted and related to objectives accountable to the Steering Group in the work plan 2019-2020. The work plan itself is progressively adapted in its structure and updated in its content, but it captures the diversity and coherence of the coordination teamwork. It also gives an idea of the efficiency of these 21 persons committed to P4H for an equivalent of 11 full-time staff. And it is yet to include the TWG contribution to the network.

 **21** P4H coordination team members

 **85** Planned Activities

Academic Institutions and Journals

- The London School of Hygiene and Tropical Medicine.
- University of New South Wales.
- The National Institute of Public Health, Cambodia.
- The University of Lancaster.
- Health Policy and Planning.
- Eastern Mediterranean Health Journal.



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This Annual Report contains general information about the P4H Network and is intended for informational purposes only. The information contained in this Annual Report is a summary only of the activities carried out by the P4H Network during the period between July 2019 and June 2020. It is not complete, and does not include all material information. Please refer to the P4H Network website www.P4H.world for further information concerning specific activities or contact a staff member of the P4H Network Coordination Desk.

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