

Minutes of Meeting between the HFRTG Development Partners and HEU
29 April 2013

1. The meeting was initially scheduled as a meeting between the Health Economics Unit (HE) and the Development Partners (DPs) in the WHO office on 29th April 2013 but became a meeting of DPs on the Health Care Financing Strategy (HCFS) due to sudden changes in the schedule of the Director General (DG) of the HEU who had to travel outside Dhaka with other officials of the HEU for a workshop on the SSK. The SSK workshop was originally scheduled for 22 April but was re-scheduled to the 29th for various reasons. As a result, the main agenda of the meeting, the draft implementation plan of the HCFS was presented and discussed to the DG-HEU and his staff on 28 April for their initial feedback and comments which were then presented as part of the presentation and discussion of the draft implementation plan of the HCFS.
2. The meeting was chaired by Dr. Francisco F. Katayama and started at 9:30 am. At the outset, the Chairperson welcomed all the members and guests for their presence in the meeting. The agenda of the meeting was to share the draft of the Implementation Plan and preparation for the Health Financing Resource Task Group (HFRTG) Meeting. Then Chairperson requested Dr. Eduardo P. Banzon to present the implementation plan.
3. Dr. Banzon shared the draft implementation plan with a power point presentation (attached is a copy of the presentation). He first shared initial findings of the Health System Assessment and then presented the draft Implementation Plan. The plan was premised that the HCFS has been considered approved, there will be immediate increase in the number of HEU technical staff, and DP funding support is available.
4. The plan proposes to address five areas deemed necessary to move forward with the HCFS. These are the areas of necessary legislation, coordination with other programs and reforms, implementation capacity, management capacity, and public support. The plan proposes transitory actions that would build coordination, implementation capacity, management capacity, and public support as the necessary legislation are being drafted and enacted. These transitory actions can expand support for the HCFS in the cabinet and address issues in the HCFS such as the lack of a clear benefit package and how the non-poor informal sector shall be covered.
5. After the presentation, Mr. Habibur Rahman of KfW raised the issue of hiring technical staff for HEU. He wanted to know the HEU's thought on hiring additional staff and SSK cell. The preparation of SSK took more than three years and this concern of involving core HEU staff in SSK was raised in the process. There is no provision of hiring additional staffs in the OP of HEU in PIP. But can it be done now by involving the DPs? He added that according to KfW policy, they cannot pay salary of the staffs. The Chair then asked the participants if any agency would be interested to provide funding support to pay for salary for the SSK Cell. All the agency representatives responded in the negative. This should be communicated to HEU/MOHFW.
6. In reply Dr. Banzon shared the HEUs view on the draft implementation plan. Mr. Ashadul Islam, Director General, Health Economics Unit, MOHFW has shown interest in the draft roadmap of the implementation of HCFS. He then said that there were discussions on how to strengthen SSK and in building up SSK field office and SSK central office. The HEU would have preferred KfW to fund the staff but since SSK is a GoB program which is expected to be a single fund of the formal sector

and the non-contributory identified poor families, HEU will explore with other DPs support for the implementation of SSK.

7. Dr. Paul Rueckert, GIZ said that how the government would engage Micro-Health Insurance (MHI) has not been incorporated in the draft implementation plan. Dr. Banzon suggested that initially the Micro Health Insurance Schemes should be encouraged to expand on their own with the government putting up a regulatory framework that would ensure coordination including sharing of the data of MHI with the GoB. There was recognition that the implementation of the HCFS should build on the strengths of MHIs and NGOs. It was then said that the long-term plan as to whether the MHI/non-poor informal sector shall be part of the SSK or shall be regulated into a single risk pool can be decided in the future.

8. Dr. Katayama then requested commitment from the DPs to contribute in initial actions of the Implementation Plan and suggested that it can also be discussed in HFRTG meeting. Mr. Shukrat of UNICEF reported that they usually can support projects at district level. Dr. Katayama also raised the issue that whether the proposed National Health Protection Authority is the ultimate structural goal or not. Dr Paul added that we need a transition period and also need a legal framework for that.

9. Dr. Paul also mentioned that there is a lack of political will and coordination among the DPs in health care financing. More than one DP is supporting the same services. Finally what we shall need – a health law or social protection law? He opined that other DPs and big NGOs should be included in the meeting.

10. Ms. Jacqueline Mahon of World Bank said that the roadmap should first target the low hanging fruits, i.e. what we can do in the short run that can act as a catalyst or building blocks for the more long term and challenging actions . Some scenario analysis with clear assumptions might be very useful. The draft implementation plan appears ambitious given the forthcoming elections. More emphasis on efficiency should be given in the implementation plan that includes aspects such as resource allocations; budgetary processes; human resources for health . Ms. Tahmina Begum added that evidences show that the efficiency improved slightly in public health facilities. She suggested for procurement tracking and search areas for efficiency gain.

11. Mr. E Lebailly of USAID asked about the time line for preparing the legislation. Dr. Banzon opined that draft legislation can be prepared by January 2014. He further opined that it may be better to push for stand-alone health protection legislation than to make this part of comprehensive social protection legislation.

12. Mr. Lambert of EU wanted to know about the informal sector regulatory authority. Dr. Banzon said among the options that can be considered would be a central health “equalization” fund or a health insurance re-insurance fund.

13. The issue of Social Protection was also flagged and the broader developments which are taking place.

14. As the meeting came to an end, it was agreed that the DPs shall send their comments on the draft Implementation Plan by the end of this week. It was agreed to recommend as agenda of the HFRTG meeting the involvement of other ministries in the implementation of the HCFS and the approval of HCFS by the cabinet.