

The global health network for social health protection and health financing



Annual Review

JULY 2021 – JUNE 2022



TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS.....2
FOREWORD.....3
LOOKING BACK: SPOTLIGHT ON COLLECTIVE VALUES AND SYSTEMWIDE RESILIENCE..... 4
P4H ACROSS THE WORLD 10
WORKSTREAMS AND RESULTS.....12
P4H WORK IN COUNTRIES28
ANNEX OF THE ANNUAL REVIEW 30
LOOKING AHEAD.....31

ABBREVIATIONS AND ACRONYMS

AMED	Assistance médicale pour les personnes reconnues économiquement démunies	IHPPF	International Health Policy Program Foundation
ANHSS	Asia Pacific Network for Health System Strengthening	ILO	International Labour Organization
ANU	Australian National University	INAM	Niger’s national health insurance system [<i>institution nationale d’assurance maladie</i>]
BMZ	Federal Ministry for Economic Cooperation and Development of Germany	L4UHC	Leadership for Universal Health Care monitoring and evaluation
CIS	Commonwealth of Independent States	M&E	French Ministry for Europe and Foreign Affairs
CMU	Côte d’Ivoire’s universal health insurance scheme [<i>couverture maladie universelle</i>]	MEAE	French Ministry for Europe and Foreign Affairs
CONNECT	CONNECT network on SHP in Asia	MOF	ministry of finance
COP	community of practice	MOH	ministry of health
CSO	civil society organization	P4H-CD	P4H Coordination Desk
DEI	diversity, equity and inclusion	P4H-CFP	P4H Country Focal Person
DPS	development partners	P4H-CT	P4H Coordination Team
EFDA	Ethiopian Food and Drug Administration	P4H-SG	P4H Steering Group
EHIS	Ethiopian Health Insurance Services	P4H-TEG	P4H Technical Exchange Group
FMOH	federal ministry of health	PBF	performance-based financing
GFF	Global Financing Facility for Women, Children and Adolescents	RAMED	Mali’s medical assistance scheme universal health insurance programme [<i>Régime d’assurance maladie universelle</i>]
GHF	Geneva Health Forum	RAMU	Swiss Agency for Development and Cooperation
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit	SDC	Swiss Agency for Development and Cooperation
GSPH	Seoul National University Graduate School of Public Health	SFHA	Sustainable Financing for Health Accelerator
HF	health financing	SHI	social health insurance
HFPM	Health Financing Progress Matrix	SHP	social health protection
HSSA	Health Systems Strengthening Accelerator	TWG	technical working group
IAWG	Interagency Working Group	UHC	universal health coverage
		USP	universal social protection
		WBG	World Bank Group
		WHO	World Health Organization
		WHO/AFRO	WHO Regional Office for Africa

Foreword

The 2022 Annual Review marks a milestone for the P4H Network: 15 years ago from its founding at the 2007 G8 Summit at Heiligendamm. Since then, P4H has refocused its value proposition to help enhance members’ contributions to universal health coverage (UHC), worked to strengthen country collaborations and increase its geographic reach, developed a digital platform for collaboration, and expanded its membership and stakeholder groups. P4H’s growing and diverse membership shares principles that define the network’s role, vision, mission, and value added.

P4H Network strives to build frameworks for country, regional and global action, with the vision of accelerating progress towards UHC. It focuses on supporting countries to develop resilient and equitable social health protection and health financing systems and strengthen exchange and collaboration between stakeholders. P4H’s structure is its core strength: it is organic, dynamic, and adaptable. A unique set of diverse members bring distinctive capabilities to P4H’s areas of strategic focus. Networks require attention to ensure they draw on the best of their members’ capabilities to enhance overall impact, as well as meet members’ expectations of the network. P4H recently reviewed its strategic focus and governance to achieve exactly that while enhancing the network’s capability to meet challenges presented by the Covid-19 pandemic and related pressures on health systems and health financing mechanisms.

The P4H Network closely reviewed its impact, strategies and governance, bringing in the voices of country representatives, partners, members, and other experts. The network members led this review. Building upon a consultative process, the P4H Network strengthened its strategic focus and priorities, and recommitted to governance organized around representative constituencies reflecting both its current membership and areas for growth. The P4H Steering Group established representative constituencies with voting seats for governments and state actors, including regional and development partner representation; multilateral organizations; and global health funds. Also, the P4H Steering Group now includes observer seats for three stakeholder groups: academia, civil society organizations, the private sector (including philanthropies). The review process resulted in the P4H Network regularly refreshing its strategic focus and priorities, including technical exchange and country

work, support for domestic financing for health and social health protection, donor alignment, and work on cross-cutting topics in resilient social health protection and health financing like gender, fragile settings and displaced populations, and aging.

P4H members also agreed on a leadership model consistent with its status as a network, electing co-Chairs to lead the network, help determine its direction and facilitate discussions among members. Co-Chair mandates are limited to two consecutive one-year terms, to help ensure that P4H’s leadership reflects the dynamism, adaptability and diversity of the P4H Network.

As the inaugural co-Chairs of the P4H Steering Group, we recognize the members of the P4H Network are its foundational strength. Therefore, we began our terms by meeting with P4H members’ representatives to understand their priorities, expectations, and commitments related to P4H. Co-Chair roles require commitment and technical expertise as much as strategic and global health diplomacy leadership; these roles are also deeply rewarding and essential to P4H’s realizing its vision and fulfilling its mission. Irina will be handing over her chair following two mandates to a new co-Chair to be elected at the 2022 P4H Steering Group Annual Meeting, who will continue to serve with the co-Chair representing France. Alex will be focusing on improving the health and wellbeing of young people in the leadership of Fondation Botnar following his first mandate.

We thank all members for entrusting us with shaping these roles and for unreserved participation in the recent network renewal process. We sincerely hope that the P4H Network will continue to grow stronger.



Dr. Irina Nikolic
The World Bank
Co-Chair, P4H
Steering Group



Dr. Alex Schulze
Fondation Botnar
Formerly of the Swiss Agency for
Development and Cooperation
and Co-Chair, P4H Steering Group

Looking Back: Spotlight on Collective Values and Systemwide Resilience

The world has become increasingly vulnerable. Geopolitical conflicts, shortages of vaccines and medical supplies, and famine threaten nations and international stability. Depletion of nonrenewable material resources and energy, long minimized, exacerbates tensions, and money cannot restore what is gone.

The P4H Annual Review 2021-2022 reports the P4H Network's continued expansion of its activities and results in a dynamic ecosystem with evolving priorities and concerns. In the 2021-2022 fiscal year, the P4H Network accelerated the depth of its work. Resilience is one such concern. Significant institutional progress for resilient social health protection (SHP) and health financing (HF) systems is being documented in countries such as Cambodia, Chad, Ethiopia, Kazakhstan, Nepal, Pakistan. So it is timely to recall that hastening progress towards universal health coverage (UHC) is P4H's vision.

P4H country focal persons (P4H-CFPs) and P4H regional and global exchanges contributed to gains that the following pages recap. Carrying out its mission, P4H builds its reputation for helping to set up collaborative SHP and HF systems with implementation mechanisms that advance UHC. Drawing on guidance from the World Health Organization (WHO), the International Labour Organization (ILO) and the World Bank Group (WBG), countries reach their SHP and HF objectives. They shape the delivery of health services that match people's needs and contexts, tailoring implementation mechanisms found to be effective elsewhere to their needs.

Another shifting priority and concern overlaps with P4H's values of equity, diversity, transparency and trust: diversity, equity and inclusion (DEI). This year saw the P4H Network put DEI at the centre of its agenda, to reflect DEI's presence in public discourse and its fit with values the P4H Network has always held.

FIGURE 1. P4H NETWORK RESULTS FRAMEWORK

Workplan	SG priorities	Outputs	Intermediate outcomes	High level outcomes	Impact
P4H products and governance 1. P4H Country Focal Person 2. L4UHC 3. Knowledge Management (digital platform and ecosystem) 4. P4H Governance	Year 2020/2021 1. Donor alignment (ER3) 2. Public domestic funding (ER1) 3. Technical exchanges (ER2) 4. HF and COVID-19 (ER4)	P4H Expected Results (ToR) 1. High level multisectoral commitment 2. Collaborative networks 3. Coherent frameworks 4. Link with broader HS 5. Innovation in HF	Selected health financing / social health protection reforms Using the WHO Health Financing Progress Matrix (HFPM)	Improved national health financing / social health protection systems More equitable and more efficient	SDG Indicator 3.8.2 Financial protection

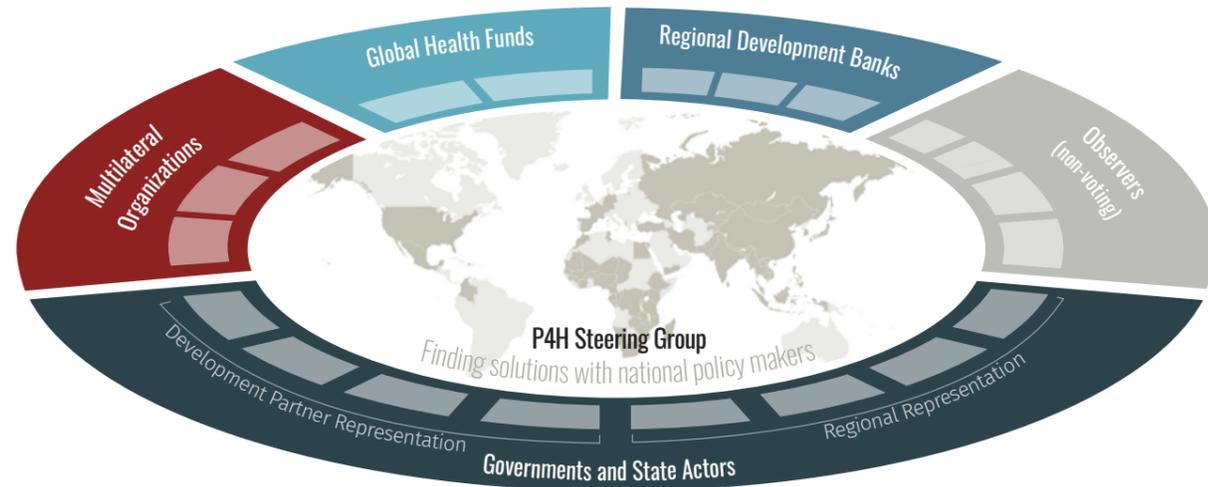
Adding diversity and further deepening the P4H Network's awareness and attention to diverse perspectives and experiences, the P4H-SG approved the applications of Thailand and Australian National University (ANU) to join P4H as members. Thailand thus gained voting rights in the P4H-SG with its membership in October 2021. The photograph of Thailand's landmark Wat Arun, or Temple of Dawn in English, on the cover of the P4H Annual Review 2021-2022 is meant to communicate the P4H Network's growing international relevance. Countries such as Ethiopia and Cambodia have already benefited from Thailand's UHC journey and policy lessons in P4H Network collaborations.

As the COVID-19 pandemic's threat lessened over the past year, in-person meetings resumed. One salient meeting was the P4H-CT Meeting in May 2022. Operational changes underway as the 2022-2023 year begins result in large part from the technology-free, energized exchanges this meeting afforded. The ability of all involved to think, talk and walk elbow to elbow deepened collaborations and diversified and streamlined problem solving. Gathering in the

same physical space also fostered deeper reflection on concerns integral to the P4H Network's vision of accelerating progress towards UHC. These concerns – essential to SHP resilience – extend beyond the monetary dimension of HF. The P4H-CD organized a joint P4H research collaboration on calculating the use of nonrenewable material resources within the context of COVID-19 national responses. This work was presented at the Geneva Health Forum (GHF) in May 2022. A broader analysis could bring to light health equity dimensions related to these resources that SHP stakeholders have been regularly – if not urgently – discussing in recent years.

For all the reasons mentioned, now is a good time to really lean in to P4H's expertise and role as an honest broker that builds frameworks for action in countries and regions around the world.

FIGURE 2. P4H MEMBERS¹



MULTILATERAL ORGANIZATIONS

REGIONAL DEVELOPMENT BANKS

GOVERNMENTS AND STATE ACTORS

GLOBAL HEALTH FUNDS

OBSERVERS

FIGURE 3. P4H COUNTRY FOCAL PERSONS – CONTRACTING AND FUNDING AGENCIES AS OF 30 JUNE 2022

FUNDING									
CONTRACTING									
AUSTRALIA	BURUNDI	CAMBODIA	CAMEROON	CHAD	CHINA	CÔTE D'IVOIRE	ETHIOPIA	KAZAKHSTAN	KENYA
CONTRACTING									
REPUBLIC OF KOREA	KUWAIT	MALI	MOZAMBIQUE	MYANMAR	NIGER	RUSSIAN FEDERATION	THAILAND	VIET NAM	VIET NAM
FUNDING									

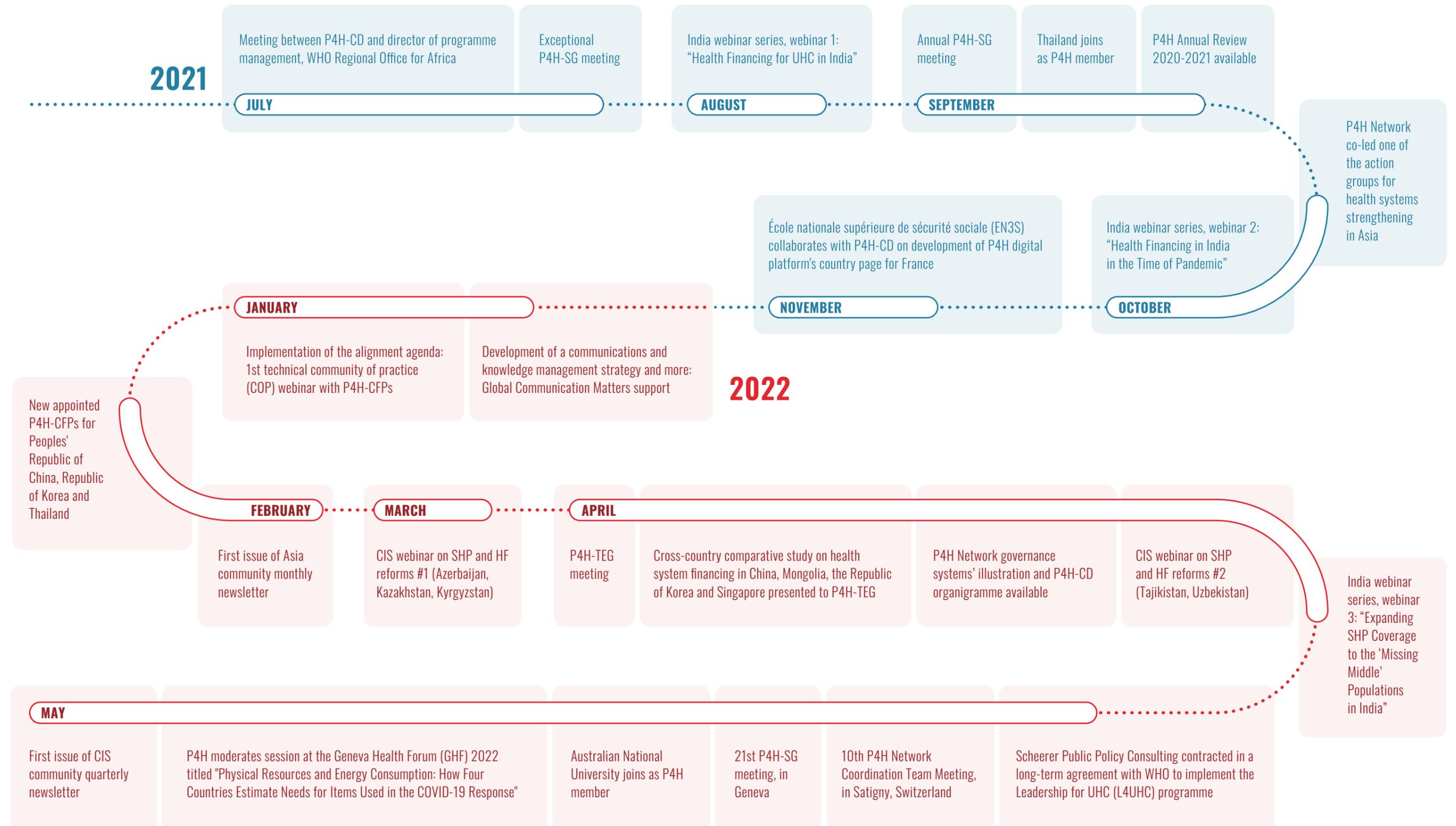
DIVERSITY, EQUITY AND INCLUSION

The P4H Steering Group (P4H-SG) discussed DEI at its half-yearly meeting in May 2022 and, specifically, the high value of adapting approaches to country needs through P4H-CFPs. National SHP systems – individual countries as shapers of implementation mechanisms that best fit their needs and contexts – determines each country’s implementation choices. At the same time, continually seeking to do better, the P4H-CD aims to keep the topic of DEI high on P4H’s discussion list: how to apply DEI principles; how to monitor their application within the framework of the P4H Network’s role in countries and in key policy regulations; how attention to DEI principles serves beneficiaries of health services.

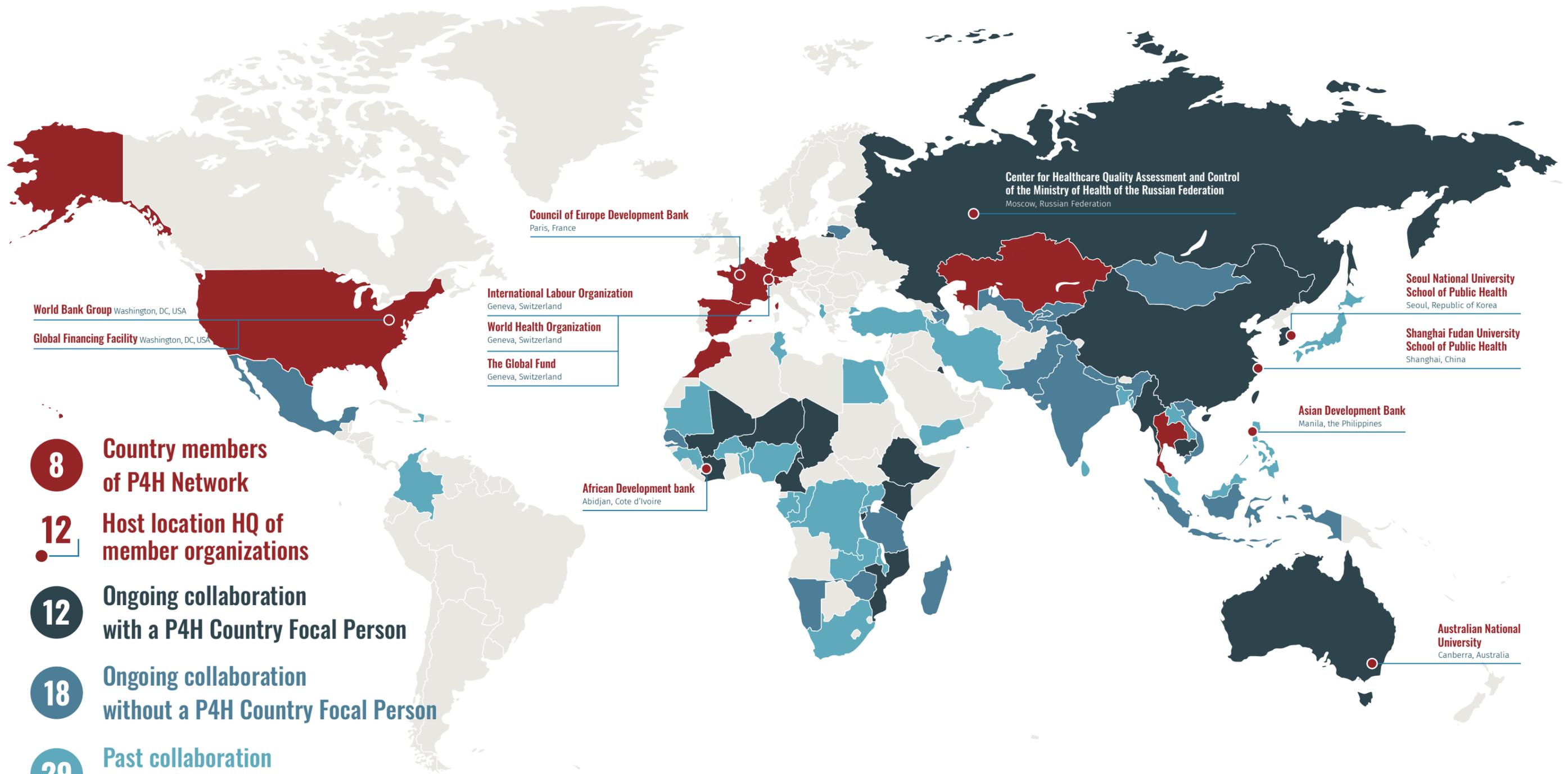
In addition, the P4H-CD introduced DEI indicators at P4H governance and P4H Coordination Team (P4H-CT) levels, thus charging P4H with measurable accountability in this area. As of the end of this reporting year, diversity in P4H Network operations can be seen and heard in the gender mix, areas of expertise, languages spoken and read, where P4H-CFPs work and membership composition. As of 1 July 2022, the P4H-CT comprises 21 women and 19 men. The split between genders is nearly even in P4H Technical Exchange Groups (P4H-TEGs, with 33 women and 34 men, while exactly even in the P4H-SG with 7 and 7). Four of the five P4H-SG and P4H-TEG co-chairs are women.

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

FIGURE 4. TIMELINE



P4H Across the World



8

Country members of P4H Network

12

Host location HQ of member organizations

12

Ongoing collaboration with a P4H Country Focal Person

18

Ongoing collaboration without a P4H Country Focal Person

29

Past collaboration with P4H Network

Workstreams and Results²

OUTPUT 1: HIGH-LEVEL MULTI-SECTOR COMMITMENT TO FINANCING UHC

FACILITATION OF NATIONAL DIALOGUE ON FINANCING UHC

Support of collaborative activities for institutional framework in SHP and HF

P4H-CFPs' actions enhanced institutional frameworks for SHP and HF. Here are key examples of what P4H-CFPs achieved in four countries.

Chad

Participated in transparent recruitment for key functions in the national health insurance agency [*Caisse nationale d'assurance Santé*] and in the development of its five-year road map.

Mali

Provided technical support for an actuarial study.

Niger

Facilitated elaboration of statutes for the establishment of a national health insurance institution [*institution nationale d'assurance maladie*] (INAM) and studies on the implementation of services under development.

Viet Nam

Supported reforming the Health Insurance Law to align it with international social security standards.

The P4H-CD, collaborating with P4H-CFPs, reviewed voluminous information on institutional frameworks in 10 countries and reported findings per country in 10 summaries. This ongoing work bolsters the P4H-CFPs' knowledge and understanding of national legal contexts.

Coproduction of policy briefs, joint strategies and implementation plans

P4H-CFPs facilitated policy dialogues across organizational levels and contributed to the crafting of documents supporting reforms in countries³. Seven highlights of technical support from and facilitation by P4H-CFPs follow.

Cambodia

Supported the high-level multi-sector technical working group (TWG) on UHC to develop a UHC road map.

Cameroon

Supported workshops on how financing mechanisms in the health sector can complement each other to improve implementation of UHC

Ethiopia

Worked closely with the Federal Ministry of Health (FMOH) of Ethiopia, the Ethiopian Health Insurance Services (EHIS) and the Ethiopian Food and Drug Administration (EFDA) on two efforts: documentation of scale-up of community-based health insurance in the informal sector and initiatives to improve resource allocation and priority-setting processes, and an overview of countries that have introduced mandatory health insurance,

Kuwait

With the Faculty of Public Health, Kuwait University and the WHO Regional Office for the Eastern Mediterranean, documented steps and procedures to launch Health Economics and Financing Unit

Mali

Supported the select committee [*comité restreint*] on the universal health insurance programme (RAMU) [*Régime d'assurance maladie universelle*] created by Mali's minister of health and social development by documenting steps and procedures to launch the RAMU

Mozambique

Organized a minister-level coordination council on steps and procedures to launch HF and discuss a decree about user fees regulation.

Niger

Supported reforming the Health Basket Fund and the GFF investment case, work on health econometric tools and analytical studies for a forthcoming HF strategy

Leadership for UHC regional cycles, national events and activities review

The COVID-19 pandemic has resulted in challenges and opportunities for the Leadership for UHC (L4UHC) programme. Activities related to L4UHC mainly consisted of reconvening the country teams that participated in pre-pandemic programme cycles, as the most recent modules were run two years ago in 2020 and in suboptimal conditions (hybrid meetings – online and in person) due to COVID-19. Preparing programmes in new countries and regions is also underway for an upcoming programme cycle.

For the Asia regional cycle of L4UHC, participant teams are in place in Cambodia, Nepal and Pakistan. In Africa, teams are ready in five countries – Burkina Faso, Chad, Mali, Niger and Senegal – and a regional coach has been hired. In most cases, P4H-CFPs have regularly engaged with the teams. For instance, the team in Chad discussed resource mobilization and peer-to-peer exchanges for the upcoming L4UHC cycle.

L4UHC is also developing a methodology for two populous countries. In **India**, the scoping mission for L4UHC resulted in several suitable states being identified. In **Indonesia**, while P4H-CD and WHO regional and country offices discussed L4UHC, they also reviewed repeated requests for technical support and a range of health system issues. The multilayered discussions led P4H and WHO teams to consider an L4UHC programme in Indonesia addressing adaptive challenges, as it usually does, as well as technical challenges.

In December 2021, ILO formally joined L4UHC's strategic leadership. This deepens ILO's engagement beyond the support ILO country teams provided during previous L4UHC cycles. On the administrative side, after several bumps in the road, the Scheerer Public Policy Company was contracted again, in May 2022, to manage L4UHC operations under a long-term framework agreement with WHO. Similarly, Hera⁴ was contracted for the monitoring and evaluation of L4UHC. At the end of the reporting period, the L4UHC event agency contracting process was being completed.

⁴ <https://hera.eu>

⁵ <https://createsend.com/t/d-7549C5CCAB627DB62540EF23F30FEDED>

⁶ <https://p4h.world/en/newsletter/p4h-governance-group-newsletter-20223>

⁷ <https://www.bluesquarehub.com/health-financing/>

⁸ <https://openimis.atlassian.net/wiki/spaces/OP/overview?homepageId=4489349>

⁹ https://youtu.be/kvM1e1jG_F4 (English); <https://youtu.be/OMK3qGjA9Y> (French)

COLLABORATION ON PUBLIC DOMESTIC FUNDING Collaboration on fiscal space and health taxes

P4H continued to participate in the pro-health taxes interagency working group (IAWG), jointly led by WBG and WHO and funded by the Norwegian Agency for Development Cooperation.

P4H-CFP activities for pro-health taxes were reflected in the IAWG partners' health taxes activities matrix. P4H-CFPs provided support in many countries in this field. Examples of support include the following in three countries.

Burundi

The development of the HF strategy, including strategic interventions and targeted health taxes to mobilize domestic resources.

Chad

The implementation of public financial management conditions governing the allocation of health tax revenue to Chad's health insurance authority.

Mozambique

The reform of the special consumption tax.

Collaboration on efficiency and accountability in health spending

In collaboration with the HF unit of WHO's Department of Health Systems Governance and Financing, the P4H Network offered its know-how in linking global initiatives and recommendations to national policy dialogues. This know-how helped drive implementation of the ACT-Accelerator Health Systems Connector: Health Financing for the COVID-19 Response and the so-called alignment community of practice (COP) (further discussed below), launched with the Montreux Collaborative⁵.

Furthermore, the P4H-CD has been exploring potential collaborations⁶ on openIMIS and on data management with Bluesquare⁷. Regarding openIMIS, the assessment shows that the P4H Network could be instrumental in improving the buy-in of countries for this open source and effective tool⁸. A first webinar organized (in two languages consecutively)⁹ by Bluesquare was supported by the P4H-CD.

² Expected results appear in the "Outputs" column of the P4H-RF.

³ Please see the annex for detailed supplementary technical information from the P4H-CFP reporting templates.

The P4H-CD also collaborated and planned to continue collaborating with The Joint Learning Agenda on Health Financing and Universal Health Coverage (JLA)¹⁰. JLA is providing training and support on budget advocacy and accountability to civil society organizations (CSOs) involved in HF and UHC. The P4H-CD connected participating communities with related P4H tools.

Many country experiences could also be shared on efficiency and accountability, as P4H-CFPs participate in policy dialogues focusing on more health for the money. For example, the P4H-CFP in Cameroon played a key role in discussions between the ministry of health (MOH) and the ministry of finance (MOF) to improve procedures for making resources available for health facilities under the health vouchers system. The P4H-CFP also supported cross-sector discussions on the financial evaluation of the universal health insurance pilot. These discussions led the government of Cameroon to commit to include implementation of the first phase of the universal health insurance programme, targeting 10 regions, in the 2023 budget.

OUTPUT 2: FUNCTIONAL HEALTH FINANCING NETWORKS

AT COUNTRY LEVEL Deployment of P4H-CFPS

With 18 people in 18 countries, this year the P4H Network had more P4H-CFPs than ever. Efforts to identify and respond to country needs explain this outcome and the appointment of P4H-CFPs by P4H country members.

Nevertheless, ongoing P4H-CFP presence in-country remains a challenge. P4H filled vacant positions in Cameroon and Cambodia, returned to Niger and maintained continuity of P4H-CFP presence by changing the contracting agency from WHO to WBG in Burundi, Côte d'Ivoire, Mali and Niger. However, in 10 countries continuity of presence has been elusive: in India, Madagascar, Namibia, Pakistan, Senegal and Viet Nam, presence ceased during the year; replacements are still needed for P4H-CFPs who left Burkina Faso, Haiti, India and Malawi in 2020-2021.

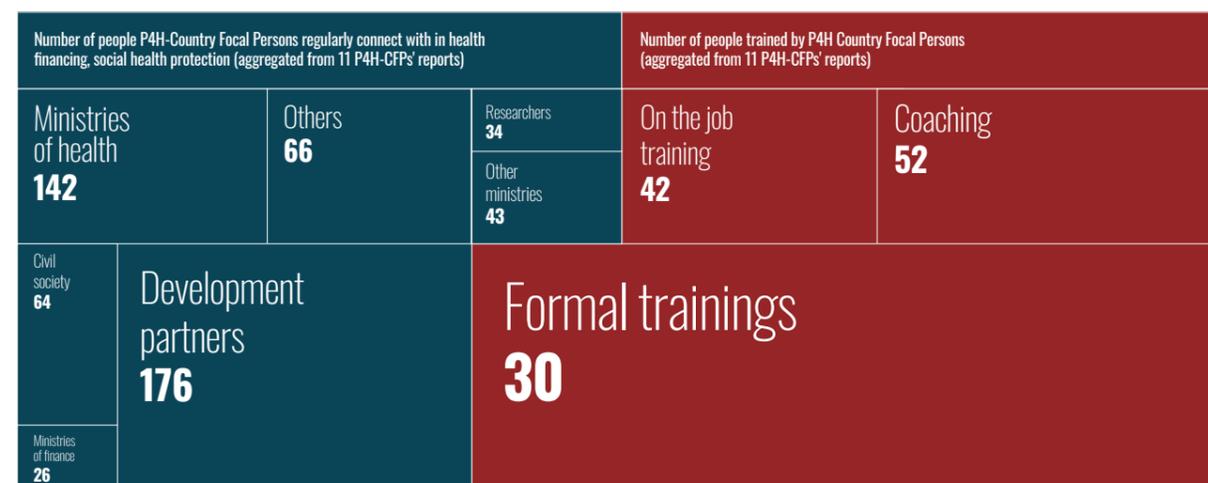
FIGURE 5. EVOLUTION OF P4H-CFP CONTRACT SITUATION BY COUNTRY DURING 2021-2022 REPORTING PERIOD

	EVOLUTION OF THE SITUATION	CONTRACTING	FUNDING	APPOINTED	DEPLOYED
Australia	Joined as P4H member in May 2022	AU	AU	×	
Burundi	New position Had to change from WHO to WBG contract	WBG	GAVI		×
Cambodia	Old position (since 2012) Filled after a period of gap	GIZ	BMZ		×
Cameroon	Old position (since 2012) Filled after a period of gap	GIZ	BMZ		×
Chad	No change	GIZ	SDC		×
Côte d'Ivoire	New position Contract changed from WHO to WBG	WBG	GFF		×
China	Position created in 2022	CH	CH	×	
Ethiopia	No change	WHO	FR		×
Kazakhstan	Change of person due to change of administration	KZ	KZ	×	
Kenya	New position	ILO	ILO		×
Korea (Republic of)	Position created in 2022	KO	KO	×	
Kuwait (based in Cairo)	New position	WHO	FR		×
Mali	New position Had to change from WHO to WBG contract	WBG	GFF		×
Mozambique	No change	GIZ	SDC		×
Myanmar	No change	GIZ	SDC		×
Niger	New position Had to change from WHO to WBG contract	WBG	GFF		×
Russian Federation	No change	RU	RU	×	
Thailand	Joined as P4H member in October 2021	TH	TH	×	

¹⁰ https://www.globalfinancingfacility.org/sites/gff_new/files/Joint-learning-agenda-bn-1.pdf

The following figures illustrate the most common actions performed by “deployed” P4H-CFPs.

FIGURE 6: **SELECTED INDICATORS OF “DEPLOYED” P4H-CFPs’ ACTIVITIES¹¹**



¹¹ Consolidated report of 12 P4H-CFPs deployed in Burundi, Cambodia, Cameroon, Chad, Côte d'Ivoire, Ethiopia, Kuwait, Mali, Mozambique, Myanmar, Niger, Viet Nam

Deployed and appointed P4H-CFPs
Contractually, P4H-CFPs may be “deployed”, and contracted by an implementing agency of a P4H member, to facilitate SHP and HF in country policy dialogue. Or they may be a staff member “appointed” by a country member of the P4H Network, to enhance collaborations between a country member and the full P4H Network.

In practice, all P4H-CFPs are first persons applying values, skills and energy to advance UHC through SHP and HF systems. Second, they are a collective common good for health and a strategic and recognized feature of the P4H Network’s system.

Set-up and facilitation of inclusive HF networks by the P4H-CFP

Deployed P4H-CFPs systematically play a role in enhancing the coherence of national forums and dialogues in SHP and HF. Here are some examples of this role and why it is needed.

Burundi

The P4H-CFP supported creations of a committee to conduct and coordinate the collaborative process for the country to design and implement an HF strategy advancing UHC, including public domestic funding mobilization. In Burundi, the MOH, social protection technical teams, civil society organizations and development partners (DPs) actively collaborate.

Côte d'Ivoire

The National Platform for Health Financing Coordination and several TWGs are supported by the P4H-CFP, who monitors coherence between these forums and discussions in the group of DPs working on SHP and HF.

Mali

The P4H-CFP fostered consultations among three groups to form a sub-working group on SHP and HF. One group is the committee in charge of the implementation of the RAMU, which is concerned with “social protection, food security and nutrition”. Two DP working groups work on SHP.

¹² <http://www.anhss.org>

¹³ <https://connectshp.com/>

¹⁴ The June newsletter for the P4H Asia Network is here: <https://p4h.world/en/newsletter/p4h-asia-network-newsletter-june-2022>

¹⁵ <https://p4h.world/en/universal-object-region/set-p4h-dlya-stran-sng-p4h-network-cis>

¹⁶ The first-quarter CIS community newsletter published this year is here: <https://p4h.world/en/newsletter/byulleten-r4n-v-sng-1-kvartal-2022-goda>, and the second- quarter newsletter is here: <https://p4h.world/en/newsletter/byulleten-r4n-v-sng-2-kvartal-2022-goda>

**REGIONAL LEVEL
Asia networking**

The P4H Asia Network intends to expand collaborations by establishing contacts, conducting activities and updating the www.p4h.world country pages. It also continues to facilitate the participation of Asian countries and experts in technical exchanges. For example, Thai experts participated in the HF training for UHC organized by the government of Ethiopia in March 2022, while others from the Peoples’ Republic of China and Singapore contributed to the GHF, addressing the link between long-term resilience in SHP and the use of nonrenewable material resources and energy in May 2022 (see further discussion below).

The P4H Asia Network continued its collaboration with the Asia Pacific Network for Health System Strengthening (ANHSS)¹² and initiated collaborations with the CONNECT network on SHP in Asia (CONNECT)¹³. All three networks exchange ideas for further collaborations and updates about their news and events through their digital platforms or websites, social media platforms and newsletters¹⁴.

In addition, the several P4H-led webinars in India and in countries of the Commonwealth of Independent States (CIS) (see the section Webinars) expanded the P4H Asia Network’s visibility in the region.

CIS networking

The P4H Network broadened its reach in countries of the CIS. Area country and regional experts who work on SHP and HF and whose countries share similar paths and reforms welcomed this expansion. A CIS digital space in Russian on www.p4h.world¹⁵ now facilitates knowledge exchange, best practices and collaboration in the areas of SHP and HF for UHC in the CIS.

In May 2022, the P4H Network launched a quarterly CIS community newsletter, in Russian¹⁶. This newsletter summarizes key events, news and information and brings together regional experts for networking and knowledge exchange across countries with similar SHP and HF approaches and challenges. The audience includes the CIS region as well as the Baltic, eastern Europe and some Asian countries.

GLOBAL LEVEL P4H-SG meetings

The P4H-SG held a regular meeting in October 2021 and an exceptional one in May 2022¹⁷. At the October 2021 meeting, participants discussed and decided on the P4H Network members' constituencies. The P4H-CD facilitated discussions among the P4H member institutions from the Peoples' Republic of China, the Republic of Korea and the Russian Federation about the seat representing academic institutions. All members agreed that the **Seoul National University Graduate School of Public Health (GSPH)** take the observer seat for the academic constituency in the P4H-SG.

The P4H-SG meeting in May 2022 was hybrid, with half of the 34 participants attending in person. The meeting was extremely rich, and the spirit, positive, suggesting that meeting again face-to-face both reflected expectations and informed the quality of the gathering. Notably, the ANU was formally welcomed into the academic constituency. The setting of priorities for the P4H Network in 2022-2023 reflected the P4H-SG's central role to guide P4H in pursuing its goal.

2022-2023 Priorities

- Technical exchanges among P4H members
- Exchanges of experiences for P4H-CFPs
- Domestic financing for health and SHP
- Alignment of donors at national level
- Specific cross-cutting and technical topics: gender, fragile contexts, SHP for migrants and aging

P4H-TEG meetings¹⁸

The first of two P4H-TEG meetings took place in September 2021. The 2021-2022 P4H workplan was agreed, workstreams on SHP activities approved, and comments from P4H-TEG members on the draft P4H Network Annual Review 2020-2021 heard before the regular 2021-2022 P4H-SG meeting in October.

The second P4H-TEG meeting, in April 2022, included a working session on the P4H Network Monitoring and Evaluation (M&E) framework. P4H-TEG members also contributed ideas for P4H Network priorities in 2022-2023. Members presented ILO Social Health Protection Country Profiles (including four countries where the P4H-CT contributed expertise: Cambodia, India, Mongolia and Viet Nam), created by P4H-CFPs, the P4H-CD and CONNECT¹⁹. Also shared were the comparative study titled 'The Health System Financing Strengthening Needs in the Context of COVID-19' carried out in the Peoples' Republic of China, Mongolia, the Republic of Korea and Singapore, and the progress made by the alignment COP.

Focus on GIZ support

Deutsche Gesellschaft für Zusammenarbeit (GIZ), through the HF component of BACKUP Health, provided significant technical and financial support to thematic activities related to the P4H Network's goal of advancing UHC through efficient, strengthened and resilient HF systems. These were the activities:

- The WHO-led activity called 'Cross Programmatic Efficiency Analysis'
- The creation and running of the COP on better alignment of external funding to countries (headed by Global Financing Facility for Women, Children and Adolescents (GFF) in partnership with ILO)
- The deployment of six P4H-CFPs on behalf of BMZ and the Swiss Agency for Development and Cooperation (SDC)

BACKUP Health also commissioned assistance to further develop the P4H Network's M&E framework for better accountability and measurement of results at global and country levels through P4H networking activities. Furthermore, through its HF component lead, BACKUP Health held one of the P4H-TEG co-chair seats throughout the reporting period and thus actively contributed to preparations for the P4H-SG meetings and to the P4H-TEG.

Engaging with potential new members for the P4H Network: Thailand and Australia

Thailand

Thailand requested to join the P4H Network as a country member with a letter dated 07 July 2021²⁰. The country is recognized as a global leader on the P4H Network's technical topics and is an asset to help P4H reach its objectives. The P4H-SG members unanimously approved the government of Thailand's request when it proposed Walaiporn Patcharanarumol²¹, director of the Global Health Division, Ministry of Public Health and secretary-general of the International Health Policy Program Foundation (IHPPF) of Thailand to serve in the P4H-SG.

Thailand's membership enables IHPPF to share Thailand's UHC and HF experiences with a global community of SHP and HF experts. Thailand is interested in helping P4H strengthen country capacities in implementing UHC through various activities. And it wishes to support study visits, cross-country research studies and networking in Asia on UHC financing and global health issues.

Australia

The ANU is well known for knowledge creation and development and for valuable work on global competency standards for health workers, especially for migrants and refugees. The university also supports health projects and comparative studies made possible through the Asian Development Bank.

ANU has proposed to focus on SHP and HF advancing UHC for vulnerable population groups while promoting knowledge sharing and co-hosting dialogue and discussions on policy analysis. Their official letter of request was discussed and approved during the P4H-SG meeting held on 20 May 2022.

P4H-CT meetings

The P4H-CD hosts monthly calls among the P4H-CT, traditionally a group of people whose interactions have been strongly boosted by twice-yearly face-to-face meetings. The regularity of meetings helps build and maintain esprit de corps, given that the P4H-CT comprises people from different organizations throughout the world who may change throughout the year.

After two years of exclusively online exchanges, 32 out of 37 P4H-CT members gathered in person in May for the three-day 10th P4H Coordination Team Meeting outside Geneva²². Overall, the unconstrained environment allowed the participants the opportunity to generate concrete and actionable ideas. Team-building exercises facilitated relationships that helped P4H-CT members more easily and more meaningfully engage with each other. In addition, the challenges raised, and the possible solutions and opportunities proposed, will directly shape the P4H Network in the year ahead.

Contribution to related initiatives

The participation of the P4H Network in the Sustainable Financing for Health Accelerator (SFHA) initiative continued with a focus on country opportunities. The P4H-CD also continued to follow up on the IAWG meetings by providing inputs from P4H-CFPs' engagement on health taxes.

In March 2022, the P4H-CD attended the Universal Social Protection (USP) 2030 Membership Assembly as an observer, where USP 2030 working groups presented their ongoing work. The P4H-CD established contacts with the Social Protection Interagency Cooperation Board, and participants shared ideas for further collaborations.

¹⁷ P4H-SG meeting minutes can be found here: <https://p4h.world/en/p4h-steering-group-meetings-minutes>

¹⁸ P4H-TEG minutes can be found here: <https://p4h.world/en/universal-object-collaboration-closed/p4h-technical-exchange-group-meeting-minutes>

¹⁹ <https://connectshp.com/>

²⁰ <https://p4h.world/en/news/thailands-presentation-p4h-steering-group-membership>

²¹ <https://p4h.world/en/newsletter/p4h-governance-group-newsletter-20219-0>

²² Meeting minutes are here: <https://p4h.world/en/node/13233>

OUTPUT 3: COHERENT COLLABORATION FRAMEWORKS

JOINT TECHNICAL SUPPORT AND OTHER COLLABORATIVE SUPPORT

Joint capacity building in SHP and HF

Figure 6 shows the importance of the P4H-CFPs' role in capacity-building. Besides the number of people trained, here are three more similar examples of country support.

First, in **Kuwait**, the P4H-CFP supported capacity-building through implementation of a Health Financing Progress Matrix (HFPM) assessment with the MOH and the Faculty of Public Health, Kuwait University. The P4H-CFP also supported a health economics, financing and SHP capacity-building workshop in-country on 30 and 31 March 2022 in collaboration with the MOH, Kuwait University, WHO, ILO and the International Organization of Migration²³.

Second, in **Viet Nam**, in collaboration with CONNECT, the P4H-CFP helped develop a master's degree programme in primary health care management and SHP at Mahidol University. Six students from Lao PDR, Myanmar and Viet Nam benefited from fully funded fellowships.

Third, in **Ethiopia**, P4H facilitated a WHO-WBG training on HF for UHC to strengthen capacity within key governmental institutions. Training focused on reforms in HF functions.

Joint technical collaborations

Collaborations with stakeholders also broadened the P4H Network's visibility. P4H continued to participate actively in the USAID-sponsored Health Systems Strengthening Accelerator (HSSA) co-creation series. This activity, led by Results for Development²⁴ and funded by the USAID Bureau for Asia is fostering collaboration to translate research findings and evidence into decision-making and policy implementation. In concert with the Alliance for Health Policy and Systems Research (The Alliance), P4H harnessed the P4H Asia Network to engage diverse stakeholders in the series, including GSPH and Thailand's Mahidol University²⁵. In addition, the P4H Network co-produced webinars with the Belgian company Bluesquare and with Kenya-based ThinkWell/Kemiri-Wellcome Trust Research Programme²⁶ (see the Webinars section).

KNOWLEDGE MANAGEMENT Continuous improvement of the www.p4h.world platform

The P4H Network digital platform facilitates sharing knowledge and information on SHP and HF among members; it also offers a space for people to connect with each other.

Several steps were taken as part of the process to redesign the platform. In September 2021, WHO contracted a business analyst²⁷ to work with the P4H-CD. The analyst reviewed the current digital platform and identified changes to effect and help P4H achieve priorities in its workplan for knowledge management, documentation of outcomes and creation of knowledge products. Based on this work, in June 2022 a request for proposal was published for the development of a redesigned platform. In addition, the P4H-CD began preparing to migrate items (over 7000) from the existing platform to the new one. Some 20 tags (metadata describing posts) were defined to inform a robust search function for visitors on the future www.p4h.world.

Publication of blogs and papers on www.P4h.world

During the reporting period, 14 blogs were posted on www.p4h.world²⁸ on topics ranging from the specific, such as COVID-19 financing response in India, to more general topics with a global perspective, such as partnerships and collaborations for SHP and HF advancing UHC. Eleven of these were from organizations that are not members of the P4H Network, such as Palladium²⁹, Abt Associates³⁰ and ThinkWell³¹.

Webinars

The P4H Network held four webinars and co-produced two others in the reporting period. All can be found on the P4H YouTube channel³².

The P4H Network held the second and third parts of a four-part series, 'Health Financing for UHC in India'.

- Part 2. 'Health Financing in India in Time of Pandemic', held in October 2021.
- Part 3. 'Expanding Social Health Protection Coverage to the 'Missing Middle' Populations in India', jointly organized by the ILO Country Office, the WHO Country Office, IHSC and ACCESS Health International, held in April 2022. Discussions centred on options to extend the coverage to the "missing middle" and on the Indian government's move to expand insurance coverage through a tax-financed health insurance scheme.

Two webinars in March and April 2022, hosted by P4H, ILO and WBG, featured experiences from countries in the CIS – **Azerbaijan, Kyrgyzstan, Kazakhstan, Tajikistan** and **Uzbekistan**. Each webinar attracted 150+ participants, including members of parliament, deputy ministers of health care, CEOs of health insurance funds, health policy makers from governmental agencies and related institutions, health care leaders and academics.

P4H co-produced two other webinars with partners.

²³ <https://p4h.world/en/node/13141>

²⁴ www.r4d.org

²⁵ <https://mahidol.ac.th>

²⁶ <http://kwtrp.org>

²⁷ <https://p4h.world/en/newsletter/p4h-governance-group-newsletter-20218-0>

²⁸ <https://p4h.world/en/blog>

²⁹ <https://thepalladiumgroup.com>

³⁰ <https://www.abtassociates.com>

³¹ <https://thinkwell.global>

³² https://www.youtube.com/channel/UCWqv600_Z91sc9Gj-kRXJZQ

Documentation of processes in countries

P4H Coordination Desk-extended consultants have continued to add content to the digital platform, especially to country pages. In particular, consultants made the following updates and additions.

- Updated timelines were posted in anglophone Africa, such as Sierra Leone
- A cross-Africa regional news-and-documents page was developed
- Previously neglected country pages, including those for the Middle East and Pacific Islands were populated
- Country pages for francophone Africa, Asia and the CIS were updated

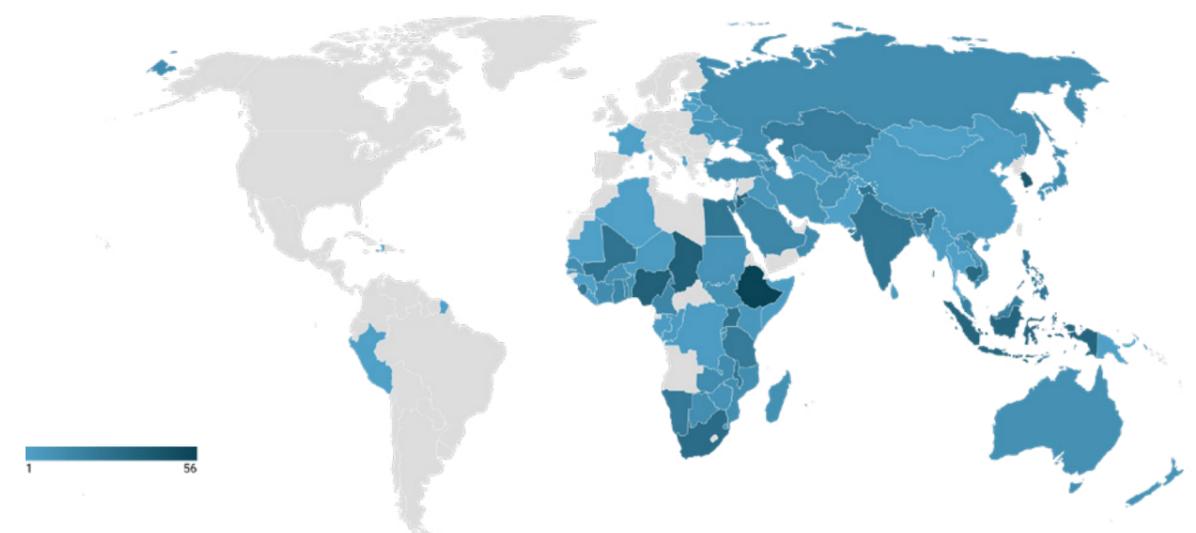
Figure 7 shows the number of several categories of posts during the reporting period.

Figure 8 shows the number of events, documents and news items posted on country pages during the reporting period.

FIGURE 7: TOTAL NUMBER OF POSTS (JULY 2021 - JUNE 2022)



FIGURE 8: POSTS IN COUNTRY PAGES (JULY 2021 - JUNE 2022)



Documentation of processes in high-income countries

During the reporting period, the P4H country page for the **Republic of Korea**³³ was enhanced with analytical review and documentation of its past reform process (1963-2020), in collaboration with GSPH. A similar effort was begun for **France**. On 10 November 2021, the French Ministry for Europe and Foreign Affairs (MEAE), held a meeting to connect EN3S with the P4H-CD. EN3S³⁴ trains managers in social protection from France and around the world. Following this meeting, WHO contracted EN3S to work with the P4H-CD and others to prepare a summary of France’s wide experience with SHP and HF.

COMMUNICATIONS

MANAGEMENT OF P4H SOCIAL MEDIA ACCOUNTS

P4H was active primarily on Twitter and YouTube during the review period, integrating its accounts on both platforms to better publicize webinars. The P4H Twitter handle also served to publicize significant SHP and HF developments in-country, P4H-CFP activity and major international events of importance to the P4H Network’s mandate.

The P4H-CD implemented a social media strategy as part of its communications strategy to increase its visibility and engagement with P4H. Between January and April, Twitter reported more than a 2000% increase in profile visits (9000) and more than a 3000% increase in reactions (9664). In late March, the P4H-CD began tweeting daily.

Figure 9 shows social media metrics.

P4H GOVERNANCE NEWSLETTERS

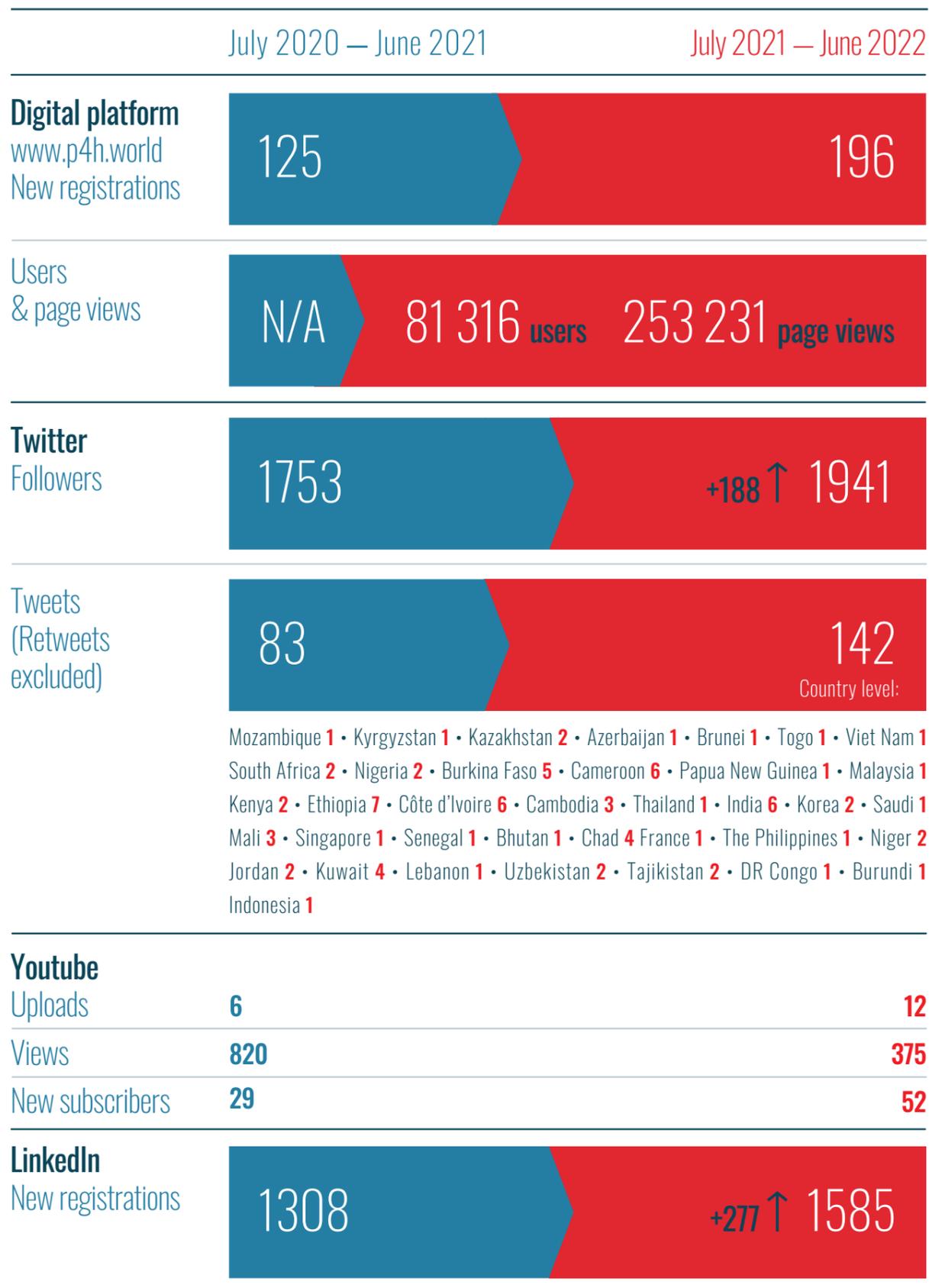
Eleven P4H governance newsletters were sent to over 100 members of P4H governance bodies. Recipients comprised P4H-CD, P4H-TEG and P4H-SG members. The governance newsletter provided readers key information, including updates about ongoing activities and news from the field, important meetings, new colleagues³⁵.

³³ <https://p4h.world/en/universal-object-country/republic-korea>

³⁴ <https://en3s.fr/en/>

³⁵ All governance newsletters are here: <https://p4h.world/en/universal-object-collaboration-closed/p4h-governance-group-newsletter>

FIGURE 9: SOCIAL MEDIA METRICS COMPARED



EXCHANGES AND COLLABORATION

ALIGNMENT OF EXTERNAL FUNDING FOR UHC

Alignment of donors was the P4H-SG's first priority for the 2021-2022 period. The P4H Network advanced this priority through the activities of the alignment COP and the deployment of a joint P4H/SFHA-CFP in Niger.

ALIGNMENT COMMUNITY OF PRACTICE

The alignment COP came out of a joint analysis by P4H and the SFHA suggesting that P4H-CFPs could more effectively advance the alignment agenda at country level. Including all deployed P4H-CFPs, GFF's Knowledge and Learning Team, GIZ and the P4H-CD supported and facilitated the COP. The COP was a workstream of the P4H-TEG to increase accountability on this agenda among donors.

P4H-CFPs participated in three technical webinars – on global health funds, multilateral organizations and bilateral agencies – that deepened their understanding of donors' organizations and grant-management procedures. The alignment COP also made good use of the in-person P4H-CT Meeting in May to gather the P4H-CFPs in small groups with representatives of multilateral organizations.

Through this work, P4H-CFPs started identifying entry points and opportunities for engagement to facilitate their work on the alignment agenda at country level, and they shared challenges in coordinating in their respective countries. They also discussed how to align donors' positions on specific pooling and purchasing modalities.

Alignment country case: Niger

The P4H-CD approached the MOH of Niger about deploying a P4H/SFHA-CFP, whose scope of work would focus on the SFHA agenda. In August, Jean-François Caremel – with more than 10 years of experience in Niger – assumed this position under the MOH³⁶, as an honest broker in SHP and HF policy dialogue, action-research and capacity-building. The addition of this P4H/SFHA-CFP has proved valuable. Members of both P4H and the Sustainable Development Goal 3-Global Action Plan have gained knowledge and engaged in the P4H Network value proposition to enhance members' contributions to UHC.

³⁶ The Niger case study was published in two languages. For English, see here: <https://www.who.int/news-room/feature-stories/detail/reforming-health-financing-strengthening-partner-coordination-niger> For French, see here: <https://www.who.int/fr/news-room/feature-stories/detail/reforming-health-financing-strengthening-partner-coordination-niger>

SOCIAL HEALTH PROTECTION

SHP frameworks provide an important contribution to the P4H Network's goals. "Universal Health Coverage and Social Health Protection: Policy relevance to health system financing reforms"³⁷, co-authored by ILO representatives in the P4H-TEG and WHO representatives in the P4H-CD, was published in June 2022 in the International Social Security Review. The article describes how global frameworks on SHP advance UHC.

A rights-based approach to USP is integral to P4H's goal at national level. During the reporting period, P4H-CFPs supported areas of SHP listed below.

- **Policy and legal frameworks.**

Mali – the draft decree setting the procedures and methods of financing RAMU and the social protection floors policy.

Chad – the signature of the decree on the benefits package and its orders.

Viet Nam – the Law on Health Insurance reform process, in line with international standards.

- **Strengthening of SHP institutions.**

Chad, Niger and Viet Nam – (see the P4H Work in Countries section). Kazakhstan –through appointment as part of the Social Health Insurance Fund.

- **Joint capacity-building exercises.**

Kuwait, Viet Nam and Madagascar – enhancement of national stakeholders' knowledge on global frameworks and SHP's role in advancing UHC and USP.

- **Various processes.**

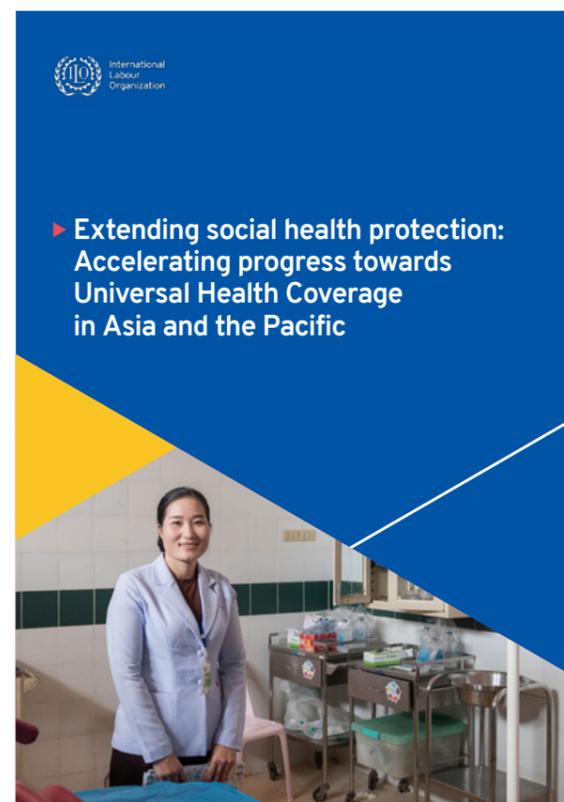
Ethiopia and Chad – the definition or revision of the health insurance benefits package to improve the adequacy and predictability of health benefits.

Cameroon – reforming financial flows to ensure smooth funding of health vouchers.

- **Collaborations between SHP, health and finance stakeholders and multi-sectoral policy processes.**

Cambodia, Côte d'Ivoire and Burundi.

Knowledge products at regional and country levels were developed that provided analyses based on SHP frameworks. These include four single-country profiles on SHP developed jointly with P4H partners and disseminated in ILO's compendium "Extending social health protection: Accelerating progress towards Universal Health Coverage in Asia and the Pacific"³⁸.



³⁷ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/issr.12295>

³⁸ https://www.ilo.org/asia/publications/WCMS_831137/lang--en/index.htm

OUTPUT 4: LINK WITH BROADER HEALTH SYSTEMS

HEALTH FINANCING AND PANDEMIC PREPAREDNESS AND RESPONSE

ACT-Accelerator HF workstream

WHO, WBG and GFF staff and a working group moderated by P4H-CD produced a process guide for national budgetary dialogue at the end of April 2020³⁹. This workstream continued to be implemented and documented (see the initial cases of Namibia⁴⁰ and Ethiopia⁴¹) by a consultant the P4H-CD recruited; also, P4H-CFPs were familiarized with the workstream. The timelines in the case documentation give the readers a glance of the processes undertaken.

OUTPUT 5: INNOVATIONS FOR SHP AND HF

Material resources

Within the overall thematic "COVID-19 Pandemic and Environmental Emergency: Reinventing Global Health in Times of Global Changes!" the P4H Network led a panel at the GHF in May 2022. The panel aimed to build interest in a collaborative action-research group to deepen understanding of the present challenges to SHP posed by depletion of nonrenewable materials and energy consumption needed for long-term resilience in health systems⁴². In the current context of global poly-crisis (environmental, social and techno-cultural), and factoring in the accuracy of key messages in "Limits to Growth" by Dennis Meadows, the P4H Network proposed to focus on both financial resources and nonrenewable material and energy resources to best secure the resilience of SHP, including in the case of a pandemic.

³⁹ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/issr.12295>

⁴⁰ <https://p4h.world/en/universal-object-collaboration/covid-19-and-health-financing-namibia>

⁴¹ <https://p4h.world/en/universal-object-collaboration/covid-19-and-health-financing-ethiopia>

⁴² The complete article in the 22 July 2022 P4H governance newsletter is here: <https://p4h.world/en/newsletter/p4h-governance-newsletter-june-2022>

P4H Work in Countries

📍 BURUNDI

P4H-CFP Virginie Longang supported social and political dialogue, sensitization and capacity-building with government technicians, parliamentarians, HF partners and CSOs around SHP and HF. Stronger collaborations resulted among ministries leading action in health, social protection and civil society, including the establishment of a prime minister-level multi-sector committee piloting the collaborative process of designing and implementing an HF strategy.

📍 CAMBODIA

Nicolò Rotigliano acted as P4H-CFP and alternate coordinator in the working group on SHP between the Royal Government of Cambodia and DPs. In line with Cambodia's ever growing commitment to expanding UHC, an L4UHC follow-up programme was launched on 30 May 2022 as a contribution to the government's UHC road map.

📍 CAMEROON

After the suspension of some activities, due to the COVID-19 pandemic, and the absence of a P4H-CFP, in January 2022, Aminata Nana took over the position of P4H-CFP. She kickstarted a dynamic of collaboration and consultations between the main stakeholders working on SHP and HF for UHC: coordination between DPs in charge of HF has been revitalized with monthly meetings and a common action plan; government and DPs' representatives have convened on harmonization and alignment of HF mechanisms.

📍 CHAD

Progress to date – with Saibou Seynou as P4H-CFP since June 2018 – made in previous years was consolidated in 2021-2022 through technical assistance, knowledge generation and capacity-building. Chad is undertaking a thorough reform of its HF system and laying the foundation to move towards UHC. Key activities included carrying out a study on the institutional framework for the start-up of the non-contributory, tax-funded scheme for people living in poverty [*Assistance médicale pour les personnes reconnues économiquement démunies*] (AMED) and formulation of the 2022-2026 road map for AMED's implementation. The P4H Network also supported the recruitment of the Director-General and the Deputy Director-General of the National Health Insurance Fund.

📍 CÔTE D'IVOIRE

P4H-CFP Serge Mayaka's role in SHP and HF since August 2021 is closely related to the National Health Financing Coordination Platform. Created in 2019, this forum comprises several TWGs among government agencies, DPs, CSOs, the private sector. Serge facilitated technical exchanges on complementarity among existing HF mechanisms in-country that include performance-based financing (PBF), the universal health insurance scheme [*couverture maladie universelle*] (CMU), targeted free health care mechanisms, new hospital payment mechanisms and pandemic preparedness. Efforts resulted in a joint road map between the two ministries managing PBF and the CMU, Côte d'Ivoire's ministry of health, public hygiene and UHC and its ministry of employment and social protection.

📍 ETHIOPIA

Jessika Yin, P4H-CFP since May 2021, worked with Ethiopia's FMOH, EHIS, EFDA and DPs to advance and strengthen collaboration around planned UHC reforms. The FMOH, with the support of P4H and other partners, used the HFPM to understand the strengths and weaknesses of the current HF system; stakeholders validated and discussed the results in a workshop Jessika co-facilitated. Jessika also facilitated a joint mission from WHO Headquarters and Bergen University to Ethiopia to meet with Ethiopia's FMOH, EHIS and other partners to discuss benefits package design and resource allocation for UHC.

📍 KAZAKHSTAN

The director of the Social Health Insurance (SHI) Coordination Department of the MOH was appointed to represent Kazakhstan in the P4H-SG, and Aidar Abeuov was appointed P4H-CFP from the SHI Fund of Kazakhstan. Thus, financing of health care and the development of the country's SHI system were prioritized, given Kazakhstan's nascent implementation of the system.

📍 KUWAIT

Starting in December 2021, P4H-CFP Henrik Axelson supported the Kuwait MOH's capacity to help develop effective and sustainable financing and SHP arrangements. Henrik, the MOH planning directorate and the Faculty of Public Health, Kuwait University, conducted a joint HF assessment using the HFPM⁴³ to identify achievements and challenges. Henrik and WHO supported the MOH in operationalizing a health economics and financing unit to promote evidence-based policy making.

📍 MALI

The deployment of P4H-CFP Pascal Soglohoun to Mali in October 2021 in a context of crises contributed to the relaunch of the national dialogue on operationalizing UHC. To this end, Pascal supported the organization and facilitation of a consultation workshop with a view to better integrating the exemption fee mechanism into RAMU. After the work of the Restricted RAMU Operationalization Committee was reactivated, Pascal helped develop an operational plan to implement RAMU. He also began facilitating the process of capitalizing the medical assistance scheme (RAMED) and developing the social protection floor policy.

📍 MOZAMBIQUE

Since June 2018, P4H-CFP Cristina Manzaneres has focused on supporting policymaking in HF. The fundamental areas of HF policy-making remain present in ongoing debate, despite approval of the HF strategy being on hold, due to the arrival of a new minister and the shift of priority to the pandemic response: 1) increasing domestic resources for the health sector, 2) implementing a user fee policy, 3) improving the efficiency in resource allocation and use, 4) exploring the pertinence of contributive approaches to HF, and 5) studying the feasibility of outsourcing non-clinical and clinical services. In all these areas, Cristina has provided technical support, including analysis and organization of discussion events. Capacity-building to strengthen technical capacities and promote collaboration and dialogue among different departments at the MOH and ministries remained a priority. Topics for enhanced collaborations included taxation for health and joint work among different national directorates, hospitals and the National Institute of Health. The work in all five areas contributes to the coordination council's and ministry of health's understanding of HF as a critical policy topic.

📍 MYANMAR

Htet Nay Lin Oo has been the P4H-CFP for Myanmar under successive contracts with GIZ, WBG, WHO, and, most recently, GIZ in June 2021. Since the February 2021 coup d'état, nongovernmental actors have been his sole contacts. The top question is what a P4H-CFP can do in the current context that could strategically match long-term UHC goals. To tackle this question, P4H facilitated bi- and multilateral discussions among partners. The consensus for practicable steps forward include these:

- Safeguard the financing of critical health system functions
- Maintain service coverage and reduce the disruption of the service delivery chain
- Avoid the development of schemes or sub-systems inconsistent with UHC
- Promote complementarity of demand- and supply-side support for essential services while maintaining access, free-of-charge, at the point of use
- Strengthen the capacity of HF actors

⁴³ <https://www.who.int/teams/health-systems-governance-and-financing/health-financing/diagnostics/health-financing-progress-matrix>

Since the answer lies partly in the private sector, P4H has heavily supported setting up an independent purchasing agency that would purchase services from non-public actors until a legitimate government returns to the country. Then purchasing of services from the public sector could be set up. The reporting period ended with P4H in the process of contracting a consulting firm to develop a data system for the purchasing agency. P4H, in close collaboration with WHO, WBG and other partners, also began leading the bimonthly HF Partners Meeting (previously managed by the MOH), which promotes alignment and exchanges at national level.

NIGER

An impetus for deploying Jean-François Caremel as P4H/SFHA-CFP (in August 2021) was the definition of priorities for this position in HF by the permanent secretary of Niger's FMOH and the P4H/SFHA-CFP's installation in that ministry's department of studies and programming [*direction des études et de la programmation*].

Jean-François and the FMOH made progress on key issues such as the reform of Niger's Health Basket Fund, a key mechanism for coordinating financing, and support the operationalization of the INAM. Consultative processes on technical issues (analysis of costs and the financing structure of care at point of delivery, integration of the national health accounts and the financing mapping tool and updating of the HF strategy) created synergies and discussion spaces promoting alignment, nurturing key issues and encouraging new ones.

VIET NAM

In Viet Nam, ILO has contracted and funded a P4H-CFP since 2018 to strengthen the coordination of P4H partners supporting the reform and implementation of the Law on Health Insurance. The P4H Network in Viet Nam is now well established; regular exchanges of information allowed partners to coordinate more closely and avoid duplication of efforts, notably in capacity-building. In 2021-2022, partners identified opportunities for aligning policy recommendations and for joint technical assistance, especially when the government proposed to create a supplementary benefits package for the wealthiest beneficiaries of Viet Nam Social Security. The P4H Network's reach was further extended through collaboration with the initiative of CONNECT to build the capacity of emerging and established social health protection professionals.

CONTRIBUTIONS BY P4H-CFPS OR THE P4H-CD IN OTHER PARTS OF THE WORLD

Namibia benefited from a P4H-CFP from September to December 2021. While Robinah Lukwago's contract could not be renewed, some of her support is documented on www.p4h.world. Ongoing studies (on programme-based budget and the Essential Health Services Package) are being supported financially by the P4H-CD.

The position of P4H resource person was created on 20 August 2021, based in WHO/AFRO in **Brazzaville, the Republic of the Congo**. While funding for the position, held by Chandrakant Lahariya, ended after only four months, this experience illustrates how the P4H Network can engage more with WHO/AFRO to amplify the reach of P4H-CFPs in francophone Africa, implement the L4UHC programme and support documenting country reform processes for SHP and HF on www.p4h.world.

For four months, P4H-CFP Amirezza Kazemikhasragh operated in **Pakistan**, starting on 16 August 2021. After this period, the decision was made to revise the collaboration between the P4H Network and Pakistan, to enhance national ownership and capacity-building.

In **Timor-Leste** and in **Nepal**, the P4H-CD collaborated closely with WHO Country Office colleagues Lourenço Pinto and Roshan Karn. Roshan works in L4UHC. These collaborations proved instrumental in monitoring reforms in-country and in advancing the L4UHC agenda.

Please click on the title **Annex to the Annual Review** for reporting on high level outcomes

Looking Ahead

With emerging collaborations in Latin America and several P4H members already involved, the P4H Network's geographical presence is becoming truly global. The P4H-SG was designed to have global representation through 15 voting member seats and three observer seats. Each seat stands for one constituency. Together, all 18 seats span continents and sectors while the 15 voting seats hold decision-making functions. As of 30 June 2022, the only voting seat remaining to be filled is for Latin America. That seat may be filled next year. Meantime, this year the P4H-CD welcomed a South American HF specialist from Bolivia.

In terms of management for next year, the P4H-CD plans to implement its reorganization based on three pillars: Country Support on SHP and HF Collaboration, Knowledge Management Production with Focus on Country and Regional Support, and P4H Chapters' Development. A new digital platform will also be in place to bolster users' experience, increase the size of the P4H Network community, and help build and maintain engagement with P4H's work. In addition, ongoing work on M&E could be completed by the end of next year; the report on that work is expected to help P4H improve P4H's transparency and performance.

Regarding operations, the P4H Network will proudly see the launch of several new cycles of the L4UHC programme in Asia and Africa at regional level, as well as in India and Indonesia at national level. After a couple of years of challenges, P4H's flagship programme will thus resume to meet the high expectations its previous successes have created.

The P4H Network will continue to focus on support in countries, heeding the priorities set by the P4H-SG. At the same time, focused attention will be given to the challenges – mostly related to P4H-CFPs' contracting and funding conditions – that threaten the P4H-CFPs' continuity.

Last but not least, P4H will continue investigating the use of nonrenewable material resources and energy and subsequent resilience in SHP, in line with its role of innovation and pioneering. The P4H Network seeks to launch a multi-year collaborative action-research group of diverse institutions to determine how much health systems drain these resources and to identify ways to provide needed health services with less or moderated use of these resources. Studies will help inform country level decision makers on what P4H considers a key dimension of resilience of social health protection. The use of nonrenewable material resources and energy may well be the main challenge to maintain global progress towards UHC now and in the future.



www.P4H.world



Disclaimer

This Annual Report contains general information about the P4H Network and is intended for informational purposes only. The information contained in this Annual Report is a summary only of the activities carried out by the P4H Network during the period between July 2021 and June 2022. 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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