

**The global network for social health  
protection and health financing**



# Annual Review

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JULY 2022 – JUNE 2023



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## ABBREVIATIONS AND ACRONYMS

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<b>AFD</b>	<i>Agence française de développement</i>	<b>MEAE</b>	Ministry for Europe and Foreign Affairs
<b>ANU</b>	Australian National University	<b>MFASA</b>	Ministry of Foreign Affairs and Senegalese Abroad
<b>CCSS</b>	National Security Fund of Costa Rica [ <i>Caja Costaricense de Seguro Social</i> ]	<b>MOH</b>	Ministry of Health
<b>CNAS</b>	<i>Caisse nationale d'assurance santé</i>	<b>NHIF</b>	National Health Insurance Fund
<b>COP</b>	community of practice	<b>PAHO</b>	Pan American Health Organization
<b>EECA</b>	Eastern Europe and Central Asia	<b>PBF</b>	performance-based financing
<b>EN3S</b>	<i>École nationale supérieure de sécurité sociale</i>	<b>PFM</b>	public financial management
<b>GFF</b>	Global Financing Facility for Women, Children and Adolescents	<b>PMAC</b>	Prince Mahidol Award Conference
<b>GIZ</b>	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i>	<b>P4H-CD</b>	P4H Coordination Desk
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria	<b>P4H-CT</b>	P4H Coordination Team
<b>HF</b>	health financing	<b>P4H-RFP</b>	P4H regional focal person
<b>HFPM</b>	Health Financing Progress Matrix	<b>P4H-SG</b>	P4H Steering Group
<b>IAWG</b>	interagency working group	<b>P4H-TEG</b>	P4H Technical Exchange Group
<b>ICT</b>	information and communications technology	<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>ILO</b>	International Labour Organization	<b>SFHA</b>	Sustainable Financing for Health Accelerator
<b>INAM</b>	<i>Institut national d'assurance maladie</i>	<b>SHP</b>	social health protection
<b>ISPA</b>	Interagency Social Protection Assessments	<b>SLeSHI</b>	Sierra Leone Social Health Insurance
<b>LAC</b>	Latin America and the Caribbean	<b>SNU</b>	Seoul National University
<b>L4UHC</b>	Leadership for UHC programme	<b>SPIAC-B</b>	Social Protection Inter-agency Cooperation Board
<b>M&amp;E</b>	monitoring and evaluation	<b>UHC</b>	universal health coverage
		<b>WBG</b>	World Bank Group
		<b>WHO</b>	World Health Organization
		<b>USAID</b>	United States Agency for International Development

# Foreword

Every day, the majority of the world's people encounter challenges accessing the quality health services they need, when they need them and without financial hardship. Climate change, protracted conflicts, economic crises, demographic changes, exacerbated human mobility and health crises, as well as their impact on the social and economic determinants of health, demand that national social protection and health systems adapt quickly to needs. Yet, the recent [Special Edition of the Sustainable Development Goals Report 2023](#) highlighted alarming hindrances to achieving the Sustainable Development Goals. In line with these goals, national governments, policymakers, regional organizations and international institutions have the responsibility to avoid steps that thwart or undo advances made towards the objectives of universal health coverage and universal social protection.



**“...we remain firmly committed to giving voices to countries benefiting from P4H joint actions at the steering group level.”**



A fundamental shift, requiring concerted adaptations of health, social and economic policies, is required. The P4H Network is an instrumental tool, which, if well used, can support this shift. In this context, the 2022-2023 reporting year was a busy time for the P4H Network. Several achievements and conditions marked this period: the continuation of governance and accountability reforms within P4H, the geographical expansion of its membership, new or strengthened collaborations with partner networks, as well as the development of workstreams increasingly reflecting thematic priorities for universal health coverage globally. These priorities included social health protection and health financing generally; social health protection of migrants and their families in particular; policy and financial alignment; considering climate change; and financing pandemic prevention, preparedness and response. Throughout the year, P4H members were able to share about their respective efforts to promote intersectoral action, including the [UN Global Accelerator for Jobs and Social Protection for Just Transitions](#) and the [World Bank's Pandemic Fund](#).

As a continuation to the engagement of previous co-chairs, we have made progress on the agreed priority of advancing the P4H Network's governance reform by developing a proposal on the status of observers in the P4H Steering Group. In parallel, we remain firmly committed to giving voices to countries benefiting from P4H joint actions at the steering group level. Accordingly, we have worked with the P4H Coordination Desk on informing countries about current collaborations, in which participation could open the possibility of membership in the P4H Network. Also this year, we were happy to welcome Costa Rica as a new member of the P4H Network, thereby widening horizons for collaborations in Latin America.

We also have strongly supported the work of the P4H Technical Exchange Group on the development of a review process for P4H joint products and P4H branding (including use of P4H's logo). This process is necessary to increase the technical legitimacy and the visibility of the P4H Network, as well as ensure P4H members' engagement and interest in publicly available products bearing the P4H logo. Additional efforts towards greater accountability of the P4H Network were continued by the P4H Steering Group's guiding the development of P4H's monitoring and evaluation framework, which *Deutsche Gesellschaft für Internationale Zusammenarbeit* supported. We take this opportunity to note the enhanced role the P4H Technical Exchange Group played in supporting the P4H Steering Group's priorities.

Building a more representative and accountable network demands effectively connecting national and international actors in the social, health and finance sectors. In that regard, the P4H Network's purpose to facilitate intersectoral collaborations and alignment can also include teaming practitioners with complementary approaches. Bringing together a variety of interacting voices can foster conditions for new insights to emerge and feed into the design of adequate and comprehensive policies.

We know this is true for countries the P4H Network serves, and it is also true for P4H. Examples of such efforts to engage all involved, and specifically partner networks and initiatives, are the renewed or strengthened connections with the Sustainable Financing for Health Accelerator and its member agencies, the Social Protection Interagency Cooperation Board and the Social Protection and Health Action Research and Knowledge Sharing Network. We hope to continue inspiring other such positive engagements.

While many workstreams have kicked off this year, we hope to be as productive in the coming year through the realization of our common vision: through greater coordination and alignment, we can move closer towards universal health coverage and universal social protection.



**Shahra Razavi**

Director of Social Protection Department  
International Labour Organization



**Jérémie Forrat-Jaime**

Deputy Assistant Secretary for Human Development  
Ministry for Europe and Foreign Affairs

# Overview of the Year

The P4H Network is results oriented. Around the shared values of equity and efficiency, it has secured continuous presence of P4H country focal persons (P4H-CFPs) since 2009 when requested by Member States of the World Health Organization (WHO). These social health protection (SHP) experts follow a systems approach in health financing (HF) and focus on local initiatives and priorities. Together, the broader group of P4H team members enhances each other's contributions to inform the P4H Network's collective results and drive its results orientation.

The P4H-CFPs embody a coconstructed flagship service of the P4H Network and its members, with diverse contractual arrangements, funding sources and cycles based on common terms of reference. They work as a P4H team across institutions and sectors. They organize multiple joint P4H activities in countries and contribute to regional and global P4H events. They are closely involved in national HF reforms and document these developments on [www.p4h.world](http://www.p4h.world).

The P4H Network values diversity. Following the creation of regional chapters of the P4H Network for Eastern Europe and Central Asia (EECA), Asia and two Africa regions (anglophone and francophone Africa), a fifth P4H regional chapter has been in the making in Latin America this year. The P4H community manager based in Bolivia awakened additional interest and the submission of applications for membership in the P4H Network from two academic institutions, one in

Colombia and the other in Peru. The P4H Network collaborated with Mexico on a study of the political economy of the Mexican health system transformation. In addition, several P4H regional chapters contributed to global P4H events such as the webinar series on SHP for migrants and their families. Ownership of the P4H Network by its members has been particularly strong this year within the P4H Technical Exchange Group (P4H-TEG). Promising new workstreams on climate and HF, as well as financing of pandemic prevention, preparedness and response, were launched by the new and active cochairs from Seoul National University Graduate School of Public Health, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and Agence française de développement (AFD).

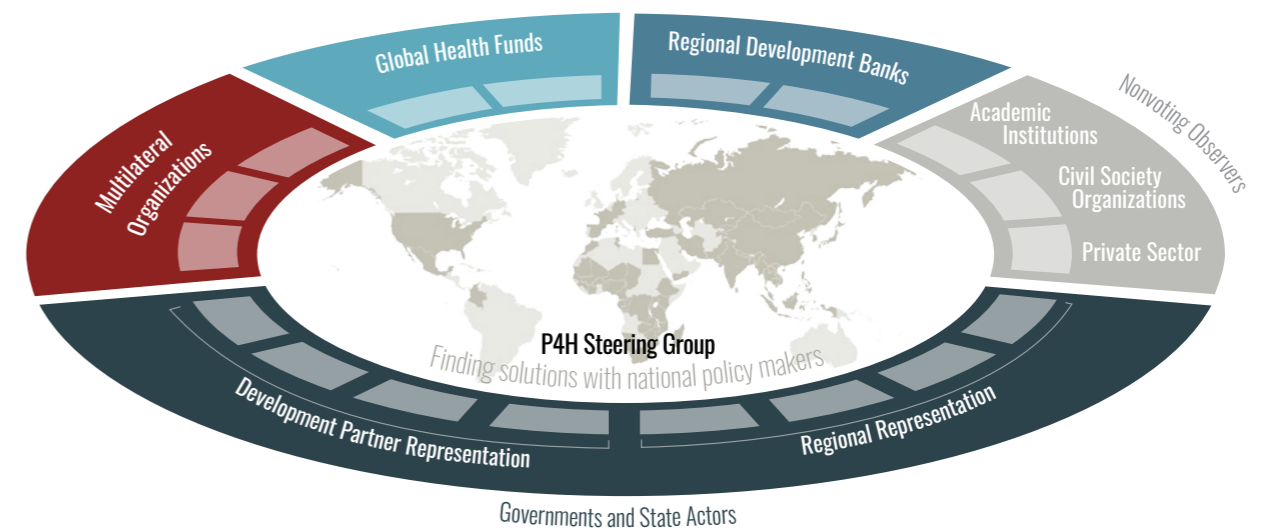
The P4H Network innovates in response to country needs. For example, the Leadership for UHC programme (L4UHC) arose from country needs to tackle adaptive challenges in national HF reform processes that go beyond the technical ones. A new L4UHC cycle was launched this year in partnership with the government of India, and two other cycles were conducted for countries already included in L4UHC.

The P4H Network improves knowledge management in SHP and HF. Its updated ecosystem – a new version of the [www.p4h.world](http://www.p4h.world) digital platform and refreshed social media accounts – keeps better track of national reform trajectories and relevant events and offers useful tools for comparisons across countries and regions.

FIGURE 1. P4H NETWORK RESULTS FRAMEWORK

Workplan	Priorities	Outputs	Intermediate Outcomes	High Level Outcomes	Impact
Products and governance 1. P4H country focal person 2. L4UHC 3. Knowledge management (digital platform and ecosystem) 4. Regional dynamics 5. Innovative collaborations 6. P4H governance	Year 2022-2023 1. Technical exchanges 2. Experience exchanges for P4H-CFPs 3. Domestic financing for health and SHP 4. Donor alignment at national level 5. Gender, fragile contexts, migrants' SHP and aging	Expected results 1. High level multisectoral commitment 2. Collaborative networks 3. Coherent frameworks 4. Link with broader health systems 5. Innovations for social health protection and health financing	Selected HF and SHP reforms ..... Using the WHO Health Financing Progress Matrix (HFPM)	Improved national HF and SHP systems ..... More sustainable, equitable and efficient	SDG Indicator 3.8.2 ..... Financial protection

FIGURE 2. P4H GOVERNANCE AS OF 30 JUNE 2023



**P4H Network members.** A growing group of countries and organizations.

**P4H Steering Group members.** Fifteen P4H Network members' representatives from 5 constituencies for two-year terms hold voting seats. Three observers from 3 constituency groups do not vote but do participate in meetings.

### Voting Steering Group Seats by Constituency

Constituency	Currently Seated				
<b>Multilateral Organizations</b>	International Labour Organization World Bank Group World Health Organization				
<b>Global Health Funds</b>	Global Financing Facility for Women, Children and Adolescents The Global Fund to Fight AIDS, Tuberculosis and Malaria				
<b>Regional Development Banks</b>	Asian Development Bank Council of Europe Development Bank African Development Bank				
<b>Development Partner Representation</b>	France Germany Switzerland USA Spain				
<b>Regional Representation</b>	<table border="0"> <tr> <td><b>Africa</b> Morocco</td> <td><b>Asia</b> Thailand</td> <td><b>Central Asia</b> Kazakhstan</td> <td><b>Latin America</b> Costa Rica</td> </tr> </table>	<b>Africa</b> Morocco	<b>Asia</b> Thailand	<b>Central Asia</b> Kazakhstan	<b>Latin America</b> Costa Rica
<b>Africa</b> Morocco	<b>Asia</b> Thailand	<b>Central Asia</b> Kazakhstan	<b>Latin America</b> Costa Rica		

### Nonvoting Observing Constituencies

Constituency	Currently Seated
<b>Academic Institutions</b>	Australian National University Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation Fudan University School of Public Health Seoul National University Graduate School of Public Health
<b>Civil Society Organizations</b>	
<b>Private Sector</b>	

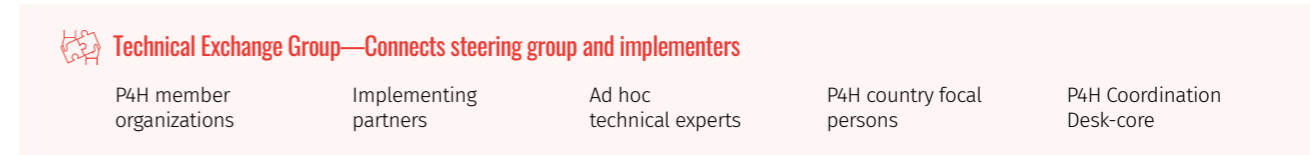


FIGURE 3. P4H MEMBERS



FIGURE 4. P4H COUNTRY FOCAL PERSONS – CONTRACTING AND FUNDING AGENCIES AS OF 30 JUNE 2023



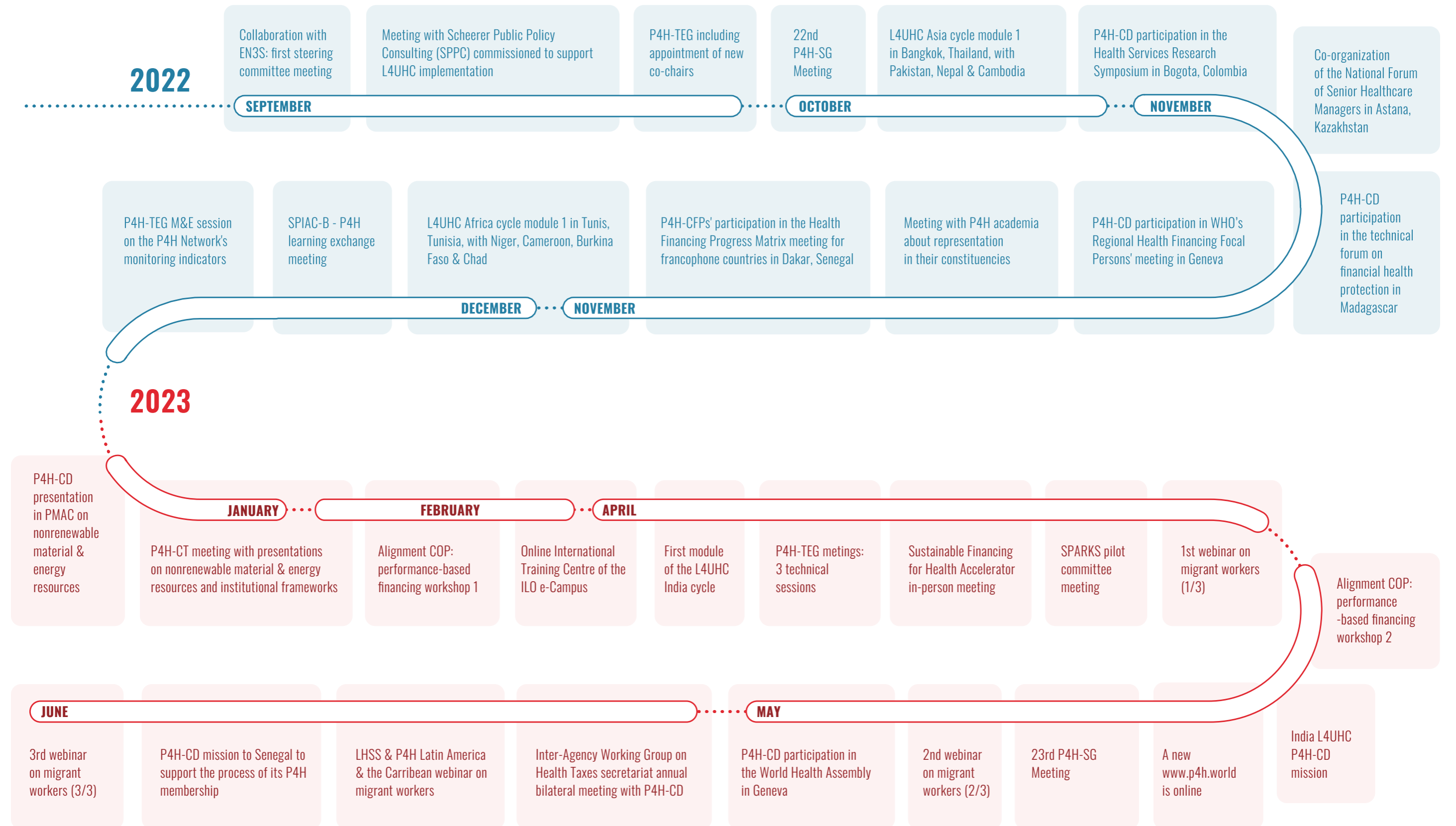
**GENDER PARITY AND EQUITY**

As of 30 June 2023, the P4H Steering Group (P4H-SG) representatives include 8 women and 8 men; there are 87 P4H-TEG members, with 48% of them women; the P4H Coordination Team (P4H-CT) comprises 18 women and 16 men.

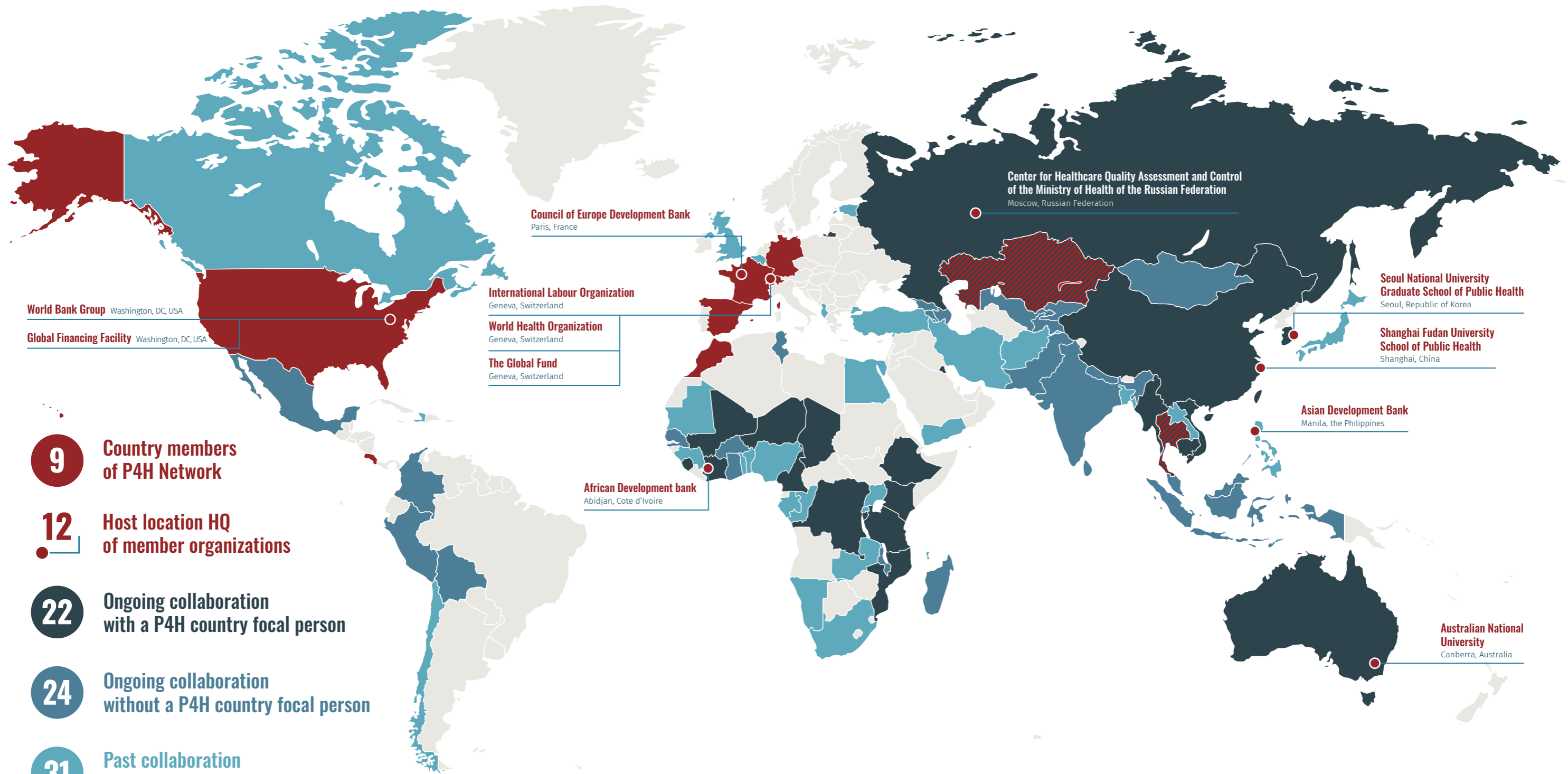
At country level, some activities have been focused on equity:

- Cambodia: political economy analysis on gender equality and SHP
- Cameroon: [study](#) on gender-responsive budgeting for universal health coverage (UHC)

FIGURE 5. TIMELINE



# P4H Across the World



- 9** Country members of P4H Network
- 12** Host location HQ of member organizations
- 22** Ongoing collaboration with a P4H country focal person
- 24** Ongoing collaboration without a P4H country focal person
- 31** Past collaboration with P4H Network

# Workstreams in Review

## HIGH-LEVEL MULTISECTOR COMMITMENT TO FINANCING UHC (P4H NETWORK EXPECTED OUTPUT 1)

### FACILITATION OF NATIONAL DIALOGUE ON FINANCING UHC

#### Support of collaborative activities in SHP and HF institutional framework

The P4H 2021-2022 Annual Review contained 10 in-country analyses of SHP and HF institutional frameworks conducted by the P4H Coordination Desk (P4H-CD) consultant Virgile Pace (contracted by WHO). The P4H-CD continued this year to provide in-depth support to P4H-CFPs from Côte d'Ivoire and Cambodia with the consultant's support. Virgile presented at the Côte d'Ivoire national workshop on UHC in February 2023. His [presentation](#) focused specifically on the institutional framework on SHP and HF, drawing on the work in Niger and Senegal. In Cambodia, the legal framework was scrutinized and served as the basis for a draft road map to address existing gaps.

As in previous years, P4H Network members undertook numerous activities advancing SHP at both global and country levels. SHP promotes a rights-based approach to universal social protection and UHC. At the global level, the September 2022 P4H-TEG meeting specifically addressed the issue of maternity protection globally and through a focus on Cameroon and Kenya. In spring 2023 the series of webinars on the social health protection of migrant workers and their families highlighted challenges as well as innovative approaches to protecting this population group throughout the world.

In addition, the country-by-country list below shows that P4H-CFPs and the P4H regional focal person (P4H-RFP) for Asia have been instrumental in supporting various frameworks at national level, including from the SHP perspective and in specific SHP areas.

#### Policy and legal frameworks

##### Cambodia

Supporting an analysis of legal and regulatory texts for SHP and HF.

##### Chad

Supporting drafting the decree on the organization and functioning of the UHC National Regulatory Agency and supporting the National Health Development Plan and the National Health Financing Strategy.

##### Democratic Republic of the Congo

Design and development of a legal framework for the creation of instruments and institutional arrangements that favor the implementation of a universal SHP system.

##### Kenya

Development of the national strategy for the extension of social protection to workers in the informal economy; inclusion of refugees' cases in the National Health Insurance Fund (NHIF).

##### Lao People's Democratic Republic

Revision of the Health Insurance Law through a legal review by the P4H-RFP to support the government of the country to align its legislative framework with the policy reform agenda. The P4H-RFP is also supporting the assessment of the National Health Insurance scheme as part of the National Health Insurance Strategy 2021-2025.

##### Myanmar

Experience sharing on community-based health insurance schemes requested by the Swiss Agency for Development and Cooperation (SDC) partners, especially Save the Children International.

##### Niger

Participation in the production of strategic documents (*Plan de développement du secteur Santé* and *Stratégie de financement de la Santé*).

##### Sierra Leone

Amendment of the Sierra Leone Social Health Insurance (SLeSHI) Act.

##### United Republic of Tanzania

Development and approval of Zanzibar Services Funds Act, universal health insurance bill for Tanzania mainland and Zanzibar HF strategy.

#### SHP institutions

##### Chad

Drafting the *Caisse nationale d'assurance santé* (CNAS) annual workplan and budget for 2023 and first board meeting in October 2022; creation of the CNAS statutes and supporting the creation of its corporate identity.

##### Kenya

Technical lead for the development, design and costing of a maternity income benefit attached to the NHIF; NHIF strategy development and review of internal functions as well as a beneficiary and provider survey.

##### Mali

Support to the *Régime d'assurance maladie universel* operational plan.

##### Sierra Leone

Supporting pre-launch processes of the SLeSHI scheme; reviewing and updating standard operating procedures; supporting development of terms of reference for a user requirement analysis for the information communications technology (ICT) tool proposed by SLeSHI.

##### United Republic of Tanzania

Establishment of Zanzibar Health Service Funds institution.

#### Coproduction of policy briefs, joint strategies and implementation plans

HF strategies are still a key area of P4H support in-country, specifically for this reporting period in Burundi, Chad, Niger and Tanzania (Zanzibar). There were also other coproductions.

##### Côte d'Ivoire

Development of a technical note on the evaluation of UHC for the prime minister, and for the ministers of employment and social protection, public health and hygiene, and UHC.

##### Kenya

Support on the including refugees in the NHIF.

##### Mozambique

Joint preparation of the National Health Financing Dialogue (Feb-July 2023).

##### Myanmar

Support on the development of a multilateral pooled fund for purchasing services from the private sector.

##### Niger

Ten policy briefs developed, related to various processes of SHP and HF reforms.

##### Sierra Leone

Development of a position paper addressing the integration of the Free Health Care Initiative within SLeSHI.

##### United Republic of Tanzania

Participation in reviewing the cost-sharing guideline for health services.

#### Joint capacity-building exercises

##### Cameroon and Chad

An experience-sharing visit in Cameroon organized in September 2022 for nine Chadian national experts involved in UHC, to implement the UHC Strategy.

##### Burundi

A P4H-CFP-supported three-day training session for Burundi's HF strategy steering committee, technical team and stakeholders on SHP and UHC in collaboration with ILO and WHO, in January 2023 in Bujumbura.

##### Myanmar

Technical contributions and presentation to development partners meeting regarding their design of community based health insurance schemes.

##### Sierra Leone

Coaching and mentoring the SLeSHI team.



### Collaborations between sectors including social protection, health and finance.

#### Burundi

Supported dialogue sessions among SHP and HF stakeholders, including individuals working in the private sector on mutual health platforms and partners; sessions addressed institutional arrangements for strategic purchasing and extension of health coverage to informal, rural and vulnerable populations.

#### Kenya

Cochairing working group on social protection for forcibly displaced persons.

### L4UHC regional cycles and national events and activities

During the week of 17-21 October 2022, [L4UHC](#) launched the regional cycle in Asia with a module in Bangkok, attended by delegations from Cambodia, Nepal and Pakistan. A month later, it launched a regional cycle in francophone Africa with a module in Tunis, attended by delegations from Burkina Faso, Cameroon, Chad and Niger.

L4UHC has introduced a coaching system to help participants navigate the political economy and manage interpersonal relations. At the end of the reporting period, all collective action initiatives were in process, and the teams were preparing the second module, during which they planned to report on their in-country work and practice their leadership skills.

In all four African countries, as well as in Cambodia, the P4H-CFPs are very much involved in the programme. P4H-CFPs also benefit from the programme because the national coalitions that have embarked on the L4UHC journey turn out to be powerful and effective influencers in policy and political dialogues.

India benefited from a series of practical initiatives developed by the country's first participants in L4UHC. Launched in the country in March 2023, the programme has brought together a variety of key stakeholders for advancing UHC from three states (Himachal Pradesh, Kerala and Punjab), the union territory of Jammu and Kashmir, and the National Health Authority.

### 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 World Bank Group (WBG) and WHO and funded by the Norwegian Agency for Development Cooperation. The P4H-CD regularly attended bimonthly meetings organized by this IAWG's secretariat, providing opportunities for collaborations and exchanges. As technical materials became available, they were shared with all P4H-CFPs. This year, the P4H-CFP in Cambodia, Niccolò Rotigliano, was effectively linked to the pro-health taxes IAWG to improve in-country collaboration between *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) and WHO.

Several P4H-CFPs have also provided support in this field:

#### Chad

Continuation of advocacy, including leveraging the L4UHC team regarding the mobilization of taxes earmarked for UHC in the finance law.

#### Mozambique

Support to the Ministry of Health (MOH) to develop the proposal on health taxes (Specific Consumption Tax), approved by law in December 2022; internal coordination at the MOH; external coordination with the tax authority, the Ministry of Finance, the Ministry of Industry and the private sector, and in close collaboration with WHO.

#### Sierra Leone

Exchanges between the Ministry of Health and Sanitation and the Ministry of Finance on the feasibility of debt swaps; subsequent workshop with facilitation by the Global Fund team and drafting of a comprehensive proposal to potential creditors, to unlock and release about US\$ 150 million into the fiscal space for health.

### Collaboration on efficiency and accountability in health spending

In collaboration with the HF unit of the Health Financing and Economics Department of WHO, the P4H Network has facilitated links with global initiatives and recommendations for national policy dialogues such as with the [Montreux](#) Collaborative.

The exchanges between P4H and the Joint Learning Agenda for Civil Society Organizations have continued through [UHC2030's](#) secretariat. Since P4H values the role of civil society organizations in domestic resource mobilization and budget dialogues in-country, the parties agreed that they will assess opportunities soon after the new and improved [www.p4h.world](#) goes online.

Activities implemented with P4H-CFP support in this area are several.

#### Côte d'Ivoire

Public expenditure review with a focus on the efficiency of human capital expenditure, resource mobilization, health indicators and equity, and structural and operational challenges of UHC.

#### Niger

Feedback on analytical studies, review of the content of the National Health Act and development of a tool to analyse the cost and financing structure of primary health care.

#### Cameroon

Assistance to the MOH in preparing the 2023 budget and instituting procedures and tools designed to improve budget execution. A working group on outstanding payments to health facilities was set up with the L4UHC group, which made it possible to clear 80% of the overdue amounts that had accumulated over two years.

#### Mozambique

Assistance to the planning, financing and strategic investment group that covers a broad range of planning and HF topics, including efficiency and public financial management (PFM). In 2022-23, it has led to the production of joint studies for improved efficiency of health spending.

### COLLABORATIVE NETWORKS (P4H NETWORK EXPECTED OUTPUT 2)

#### COUNTRY LEVEL

#### Evolution of P4H-CFP presence

There has been more stability in the P4H-CFPs' positions during this reporting period than in the previous one. All six appointed P4H-CFP positions have been maintained. Among the 16 deployed P4H-CFP positions across reporting periods, **five** remain unchanged beyond 30 June 2023 (four contracted by GIZ and one by the International Labour Organization (ILO)). Eleven positions are characterized as follows. **Three** positions were stopped, and no replacement is envisaged (Viet Nam, Mali and Mozambique); **two** were stopped temporarily (Kuwait and Burundi). There have been **three** new positions (Democratic Republic of the Congo, Sierra Leone and Tanzania) and **one** with a change of contracting agency (Niger). **Two** spots will be converted into WHO staff positions with a P4H-CFP mandate (Côte d'Ivoire and Ethiopia) and one more spot was created (Madagascar). The former Viet Nam P4H-CFP is now a P4H-RFP position based in Bangkok, Thailand.

FIGURE 6: EVOLUTION OF P4H-CFP PRESENCE<sup>1</sup>

COUNTRY	EVOLUTION OF THE SITUATION	CONTRACTING	FUNDING	APPOINTED	DEPLOYED
Australia	No change	AUS	AUS	×	
Burundi	Stopped temporarily 30 June 2023	WB	WB		×
Cambodia	No change	GIZ	BMZ		×
Cameroon	No change	GIZ	BMZ		×
Chad	No change	GIZ	SDC		×
China	No change	CH	CH	×	
Côte d'Ivoire	Stopped temporarily 30 June 2023 to be replaced by an MCAT position	WB	GFF		×
Democratic Republic of the Congo	New position. First time in DRC.	ILO	ILO		×
Ethiopia	Stopped in 2022 to be replaced by a WHO staff position	WHO	FR/WHO		×
Kazakhstan	No change	KZ	KZ	×	
Kenya	No change	ILO	ILO		×
Korea (Republic of)	No change	KO	KO	×	
Kuwait	Stopped in 2022 to become "appointed" with Kuwait	WHO	WHO		×
Mali	Position stopped in 2023	WB	GFF		×
Mozambique	Stopped 30 June 2023	GIZ	SDC		×
Myanmar	No change	GIZ	SDC		×
Niger	Change of contracting agency	EF	EF		×
Russian Federation	No change	RUS	RUS	×	
Sierra Leone	New position. Changed contracting agency once	GIZ	BMZ		×
Tanzania	New position. P4H back in this country	GIZ	BMZ		×
Thailand	No change	TH	TH	×	
Viet Nam	Stopped in 2022 (P4H-CFP now a regional focal person)	ILO	ILO		×

<sup>1</sup> Consolidated report of 22 P4H-CFPs/regional focal person deployed in the period

**Facilitation of inclusive SHP and HF networks by P4H-CFPs**

All deployed P4H-CFPs play a key role in facilitating an inclusive network, for this is core to their function. Here are some illustrations.

**Burundi**

Dialogue sessions among SHP and HF stakeholders, including the private sector, on institutional arrangements for strategic purchasing and extension of financial risk protection to people working in the informal sector or rural areas and to those in vulnerable populations.

**Côte d'Ivoire**

Link between the development partners' HF technical working group and the financing efficiency and sustainability working group of the national HF coordination platform.

**Kenya**

Acting cochair of the working group on social protection for forcibly displaced persons.

**Myanmar**

Presentation on HF in Fragile and Conflict Affected Settings at SDC's Primary Health Care Project Phase 3 design workshop and consultations.

**Niger**

Connection with more than a hundred people involved in the SHP and HF policy dialogue; up to 28 joint technical meetings moderated or supported during the period.

**REGIONAL LEVEL  
Asia regional dynamic**

The P4H Network continued to co-lead a United States Agency for International Development (USAID)-funded project workstream to strengthen health policy and systems research institutions in Asia. It provided support to the Seoul National University (SNU), which led the implementation. During the reporting period, the P4H-CD put special emphasis on the work of and support to the five appointed P4H-CFPs, all based in Asia. Together, they developed a reporting template to capture and recognize their participation in the P4H Network. The P4H digital platform and country pages have been regularly updated and used for communication and knowledge exchange activities. All related news, information and events have been regularly reflected in Asia-specific quarterly newsletters.



Marielle Phe Gousat is working for ILO as chief technical adviser of a regional programme that supports the extension of SHP in Asia. As a P4H-RFP, in the context of P4H Network activities in Asia, her role is threefold: act as a technical adviser on SHP, support the P4H-TEG's activities with academic partners and support the development of greater synergies between P4H and CONNECT, the Asian network on SHP.

**EECA regional dynamic**

During the reporting period, the P4H Network communicated with high-level officials from the EECA region, including three countries in the Commonwealth of Independent States – Azerbaijan, Kazakhstan, Kyrgyzstan – and the Baltic states. The Commonwealth of Independent States is part of the larger region the P4H Network serves, the EECA. With the support of P4H-CFPs P4H products such as the digital platform, including its country pages and the P4H regional newsletters, were widely used to promote the P4H Network in selected EECA countries.

### Francophone Africa regional dynamic

Francophone Africa hosts six P4H-CFPs. Their work is similar, as they are all involved in national HF strategies and third-party payment mechanisms including strategic purchasing, resource mobilization and alignment of donors' support. Their involvement has been manifold in forums organized by the P4H-CD and P4H-TEG and in the community of practice (COP) on alignment. These P4H-CFPs participated in the [Health Financing Progress Matrix \(HFPM\) workshop in Dakar](#) and in two webinars led by the Global Financing Facility for Women, Children and Adolescents (GFF). The webinars in Niger addressed strategic purchasing and in Côte d'Ivoire offered a forum for technical exchanges and addressed universal health insurance. Country visits and exchanges on financial risk protection schemes' operations were facilitated by the P4H-CFPs with financial support from their contracting agencies. A technical team from Chad visited Cameroon, and another one from Niger went to Burkina Faso.

### Anglophone Africa regional dynamic

The P4H-CD worked with the P4H-CFPs in anglophone Africa with a view to creating a cohesive and active group in this region. In 2023, in three focused meetings, P4H-CFPs in anglophone Africa (Shana Hoehler, Nkechi Olalere, Kuki Tarimo) and the P4H-CFP in Mozambique (Cristina Manzanares) exchanged experiences with one another and the P4H-CD representatives Christine Ortiz and Martina Mchenga on their country work. These meetings afforded the opportunity for them, all together, to identify ways the P4H-CD could support the P4H-CFPs. For example, the P4H-CD organized a review of the Tanzanian draft health insurance act at the request of the P4H-CFP for Tanzania Kuki Tarimo.

### Latin America and the Caribbean (LAC) regional dynamic

The National Security Fund of Costa Rica [*Caja Costaricense de Seguro Social*] (CCSS), USAID, GFF, WBG and WHO attended the Health Systems Research Symposium in Bogotá, Colombia, in October 2022. The P4H-CD attended too, focusing on networking and generating interest in potential new collaborations on key issues related to P4H's mission to promote, develop and strengthen exchange and collaboration for SHP and HF. Since mid-2022, the P4H-CD has made efforts to develop, and has deepened, the regional content on the P4H digital platform, specifically on the country pages. And in June 2023, P4H-CD consultant Marina Cardenas moderated a [webinar](#) organized in collaboration with USAID's Local Health Systems Strengthening Project on the topic of promoting access to care by migrant populations, particularly women and children.

Also at the end of the 2022-2023 reporting year, a collaborative study of the political economy of the Mexican health system transformation begun at the beginning of the period was winding down. The goal of the transformation is to cover a greater share of Mexico's population with a rights based approach. Three components of the system were closely analysed: health sector reforms from 1982 to 2022; health sector strengths and weaknesses in each of the existing public subsystems (within the Mexican federal system); and the health sector's potential as a recipient of public funds and motor for possible national economic growth. The Pan American Health Organization (PAHO) country office in Mexico directed the work with the support of the WHO/P4H team in Geneva and the PAHO Regional Office in Washington, in close collaboration with the National Secretary of Health (Ministry of Health) and the Economic Commission for Latin America and the Caribbean in Mexico.

### GLOBAL LEVEL P4H-SG meetings

The 22nd P4H-Steering Group Meeting, in hybrid format, took place in Geneva, at ILO headquarters. P4H-SG members discussed the observers' status and decided to define: (1) the criteria and modus operandi to select the observers, (2) their roles within the P4H-SG and (3) the level of information they will be able to access. The P4H-SG members approved the annual review 2021-2022 and the 2022-2023 workplan, and they acknowledged progress on the monitoring and evaluation (M&E) framework progress. CCSS was accepted as a P4H Network member and P4H-SG member with voting rights. CCSS is the only representative of the LAC constituency in the P4H Network.

The 23rd P4H-Steering Group Meeting, in online format, took place 17 May 2023. The P4H-SG members further discussed the observers' seats status and agreed on a decision-making process, with the aim to resolve the issue at the next P4H-SG meeting in October 2023. The P4H-TEG reported on the development in several working groups. The P4H 2022-2023 workplan was briefly reported on while the 2023-2024 one was mentioned as being largely subject to upcoming funding of the P4H-CD.

### Activities of the P4H-TEG

During the October 2022 P4H Steering Group Meeting, former cochairs to the P4H-TEG provided a summary of key achievements during their two-year terms. Members then appointed new cochairs: Pascale Le Roy, from AFD; Séverine Calza, from the Global Fund; and Soonman Kwon, from SNU.

The P4H-TEG cochairs have continued the alignment COP (led by GFF and GIZ) and the P4H-TEG working group on M&E (led by GIZ).

They also identified more topics to discuss in P4H-TEG meetings in the context of SHP and HF:

- Climate change (led by AFD and the Global Fund)
- Aging and elderly care (led by SNU)
- Vulnerable populations (led by the Global Fund)

The work on climate change started during the April P4H-TEG meeting, which highlighted different organizations' take on the impact of climate change on SHP and HF. In addition, GIZ, ILO and the Global Fund launched a workstream on financing pandemic prevention, preparedness, and response on 9 February 2023.

The M&E working group met three times to support GIZ on the P4H M&E framework. In April, P4H-TEG members agreed on a list of indicators to be piloted in Chad and Côte d'Ivoire, as well as in the context of the appointed P4H-CFPs.

Simultaneously, the P4H-TEG cochairs developed a proposition for the systematic review of P4H knowledge products as requested in the 22nd P4H-SG meeting, and invited the Social Protection Inter-agency Cooperation Board (SPIAC-B) to share its review process for developing interagency social protection assessments (ISPA) tools.

### Engaging with potential new members for the P4H Network

During the 22nd P4H-Steering Group Meeting, CCSS presented its application to become a P4H member. Founded in 1941, CCSS provides health insurance to the entire population of Costa Rica. Main concerns and areas of interest of the CCSS for future engagement as part of the P4H Network include the improvement of health spending efficiency and diversification of revenue sources, improvement of waiting times, emphasis on performance and results, as well as cost management.

The P4H Network solicited the candidacy of Senegal with a letter from the Ministry for Europe and Foreign Affairs (MEAE) of France to the Ministry of Foreign Affairs and Senegalese Abroad (MFASA). The MFASA responded favourably to the MEAE's request. To clarify and smooth the process, the P4H-CD conducted a mission to Senegal and, together with P4H members in-country, engaged directly with the different national administrations. Senegal authorities ultimately agreed to communicate with the P4H-CD about their choice for the representative of Senegal in the P4H-SG, P4H-TEG members and an appointed P4H-CFP.

Last, the Health Economics and Policy Unit of the University of Kamuzu in Malawi submitted its formal application to become a member of the academic constituency of the P4H Network in June 2023. This is the first application coming from anglophone Africa.

### P4H-CT meetings

No in-person P4H-CT meeting took place during the period, but regular virtual meetings have been carried out, including seven with all P4H-CFPs present. The agendas have included technical topics such as institutional framework and political economy, exchanges on operations including participation in and use of [www.p4h.world](http://www.p4h.world), backstopping and technical exchanges among P4H-CFPs and information sharing about countries, and about global P4H members' and the P4H Network's actions.

Many other meetings facilitated by the P4H-CD have taken place in P4H-CFP subgroups: francophone Africa, anglophone Africa, Asia, appointed P4H-CFPs.

### Contribution to related initiatives

The P4H-CD participated actively in the regular Sustainable Financing for Health Accelerator (SFHA) partners' meetings, including the face-to-face meeting in Geneva in April 2023, responding regularly to the Secretariat's requests for information and contributing to monitoring reports. The in-person meeting in April underscored the value P4H Network Members place on P4H-CFPs. Gavi, the Vaccine Alliance, indicated potential interest in their support and consequently met with the P4H-CD on this topic. The SFHA has continued to support the organization of the P4H-TEG's alignment COP, which focuses on increasing P4H-CFPs' awareness of alignment challenges and opportunities.

On 6 December 2022, a learning exchange took place between the P4H-CD and SPIAC-B members. The follow-up to the meeting paved the way for ISPA's presentation at the P4H-TEG meeting in 2023.

### COHERENT COLLABORATION FRAMEWORKS (P4H NETWORK EXPECTED OUTPUT 3)

#### JOINT TECHNICAL ASSISTANCE AND OTHER COLLABORATIVE SUPPORT MODALITIES Joint capacity-building in SHP and HF

All P4H-CFPs provide capacity-building in a collaborative approach, as Figure 7 shows. Among others, here are some concrete examples of this work in-country.

#### Burundi

Organization of a three-day training session on SHP and UHC in January 2023 for the HF strategy's piloting committee, technical team and stakeholders, in collaboration with ILO and WHO.

#### Cameroon

In collaboration with the WHO country team and the Ministry of Finance, organization of a four-day capacity-building workshop for MOH officials on PFM, to improve the efficiency of health spending. The workshop also addressed stakeholders' accountability within the reform of the programme budget.

#### Myanmar

Facilitation of the workshop on strategic purchasing in March 2023 and lead support in the workshop for Mapping Strategic Purchasing in May 2023; organization of a series of "Virtual Study Tours" for in-country stakeholders on the topic.

#### Tanzania

Capacity-building for the Zanzibar Health Services Funds staff in collaboration with USAID, the United Nations Children's Fund and WHO.

#### KNOWLEDGE MANAGEMENT/GLOBAL GOODS Continuous improvement of the [www.p4h.world](http://www.p4h.world) digital platform

At the end of the reporting period, the P4H Network unveiled its new and improved digital platform. This was possible thanks to the mobilization of people with a wide variety of expertise and smooth coordination of all competencies and technical teams involved. The result enriches communications and information exchanges for which the P4H Network is accountable.

Much energy went into the development of the new platform and the migration of content. While efforts to promote [www.p4h.world](http://www.p4h.world) have been put on hold during migration, the number of users and page views during the reporting period have decreased from last year, by 28% and 42% respectively, as Figure 8 shows.

FIGURE 7: SELECTED INDICATORS OF "DEPLOYED" P4H-CFPs' ACTIVITIES

Number of people P4H Country Focal Persons regularly connect with - in Health Financing / Social Health Protection (consolidation from 15 CFPs' reports)			Number of people trained by P4H Country Focal Persons in the year (consolidation from 15 CFPs' reports)	
Ministries of Health <b>191</b>	Others <b>97</b>	Researchers <b>45</b> Other Ministries <b>74</b>	Formal Training <b>106</b>	Coaching <b>115</b>
Civil Society Organizations <b>109</b>	Development Partners <b>248</b>		On the job training <b>376</b>	
Ministries of Finance <b>54</b>				

### Publication of post in blogs on the [www.p4h.world](http://www.p4h.world) digital platform

During the reporting period, [four blogs](#) were posted, including [one](#) from the P4H-CFP in Sierra Leone.

### Organization of webinar series on SHP of migrant workers and their families

The three-part P4H webinar series was supported by P4H country members, organizations and the regional network [CONNECT](#), which engaged representatives from government, social security institutions, nongovernmental organizations and academic institutions. These representatives have expertise and interest in SHP for migrant communities. Their participation came along with that of the ILO, WHO, ADB, the ASEAN Economic Committee and the Migration Council of Australia.

The [first webinar](#) took place on 26 April 2023 with simultaneous interpretation between English and Lao. About 70 participants from Asia attended it. Christine Phillips from Australian National University (ANU) moderated the webinar, and Russell Gruen, dean of the College of Health and Medicine at ANU, welcomed the participants. Nilim Baruah, ILO, presented the trends, drivers and governance of labour migration in Asia and the Pacific. Marielle Phe Goursat, a P4H-RFP from ILO, underscored that 55.9% of the population in Asia lacks access to social protection and that labour migrants in countries of origin and destination experience this lack more intensely. Presenter Thaworn Sakunphanit shared that Thailand has 3-5 million migrant workers who need SHP. Presenter Nyan Linn added that Thailand has achieved a level of UHC for Thai nationals, but 1-2 million migrants have minimal or no health coverage.

The [second webinar](#) was held on 31 May 2023. Eighty-two participants attended from countries such as Australia, Indonesia, Thailand, Singapore, Cambodia, Myanmar, Philippines, India, China, the Republic of Korea, Canada, USA, Ireland, Switzerland, France, Lebanon, UAE, Senegal, Kenya and Egypt. Simultaneous English-to-Lao interpretation was provided. Christine Phillips moderated the session again. Rikard Elfving, principal social sector specialist of the Asian Development Bank, shared about SHP for labour migrants in South-East Asia and the Greater Mekong Subregion. He estimates there were at least 11 million migrants in these regions in 2020. Director of Studies and Research Fellow of the Department of Pacific Affairs at ANU, Rochelle Bailey, spoke about health care management in programmes for seasonal workers in the Pacific. Antonio Danao, segment head of the Migrant Workers and Overseas Filipinos Programme from the Philippines Health Insurance Corporation (known as PhilHealth), shared that PhilHealth's programme serves 10.2 million overseas Filipino citizens working in more than 200 countries. Benjamin Kuan, chief executive officer of HealthServe Ltd, shared about SHP for migrant workers during the COVID-19 pandemic in Singapore. During the pandemic, advocacy and financial resources for migrant workers' well-being increased.



### Documentation of processes in countries Posted news items and documents

During the reported year, 864 news items and 372 documents were published on the P4H Network's digital platform. Those numbers are very similar to last year's.

The [third and final webinar](#) of the series ran on 28 June 2023. It was attended by 35 participants. The webinar focused on cross-regional experiences with presentations from Africa, Gulf Cooperation Council and Latin America. John Ataguba, executive director of the African Health Economics and Policy Association moderated the webinar. Lea Bou Khater, social protection technical officer from the ILO Regional Office for the Arab States shared experiences from the Gulf Cooperation Council countries. Michelle Barliza Cotes, senior HF lead, shared Colombia's experience based on the USAID-funded project Local Health System Sustainability, which aims to strategically increase local government capacities in building and supporting equitable and community-based primary health care and social protection systems for the population, inclusive of regular and irregular migrants. Regis Hitimana, chief benefits officer, Rwanda Social Security Board, discussed the Rwanda Social Security Board's contribution to UHC and the rising percentage of people covered in Rwanda since 2018, health insurance schemes, and social health protection for internal and external migrants as well as urban refugees and refugees in camps, improvements in portability of benefits and the country's new provider payment system.

The series concluded with a recap of all three webinars by Esabelle Yam and Christine Phillips and summary findings from a survey on SHP and labour migration that ANU conducted over the course of the webinar series.

**Documentation of processes in countries with advanced development**

The collaboration with the *Ecole nationale supérieure de sécurité sociale* (EN3S) has continued. As reported last year, the goal of the first collaboration between the P4H Network and EN3S was to present a summary of the French experience with [www.p4h.world](http://www.p4h.world). The project steering committee first met on 14 September 2022 and again while developing resources. The project team includes experts from the *Inspection générale des affaires sociales*, the *Caisse nationale d'assurance maladie*, AFD, Expertise France, the Ministry for Europe and Foreign Affairs of France, the P4H-CD and EN3S. The consultants who prepared material were Jean-Louis Rey, president of the *Caisse d'amortissement de la dette sociale*, and David Hoyrup, deputy secretary-general of the *Haut conseil du financement de la protection sociale* (until early 2022).

The expected outcomes are met: [France's country page](#) presents its national SHP system with four slides and their explanations, three specific timelines and four briefs.

**P4H on social media**

The P4H Network joined [Twitter](#) (known as X since April 2023) in 2016 and now has 2144 followers (+10% from last year). There have been 333 tweets (excluding re-tweets) in the reporting period (142 last year). In April 2023, the average number of impressions<sup>2</sup> for all of P4H's tweets was 382.5, with a 17.9% impressions rate. A "good" impressions rate is 20% of the total number of followers. The average number of engagements<sup>3</sup> was 22.2. An engagement rate higher than 1% is also considered "good". P4H's engagement rate is around 1.2; therefore, those who follow P4H are relatively active followers.

Since establishing a YouTube channel in 2016, the P4H Network has been viewed 5,277 times since and has 88 subscribers. The most popular video was posted in 2018 on World Health Day with 2.2K views. A view is counted when a user clicks on the video and watches for at least 30 seconds. Recent webinars were viewed fewer than 40 times.

The P4H Network LinkedIn account has now 1810 connections (+14% from last year).

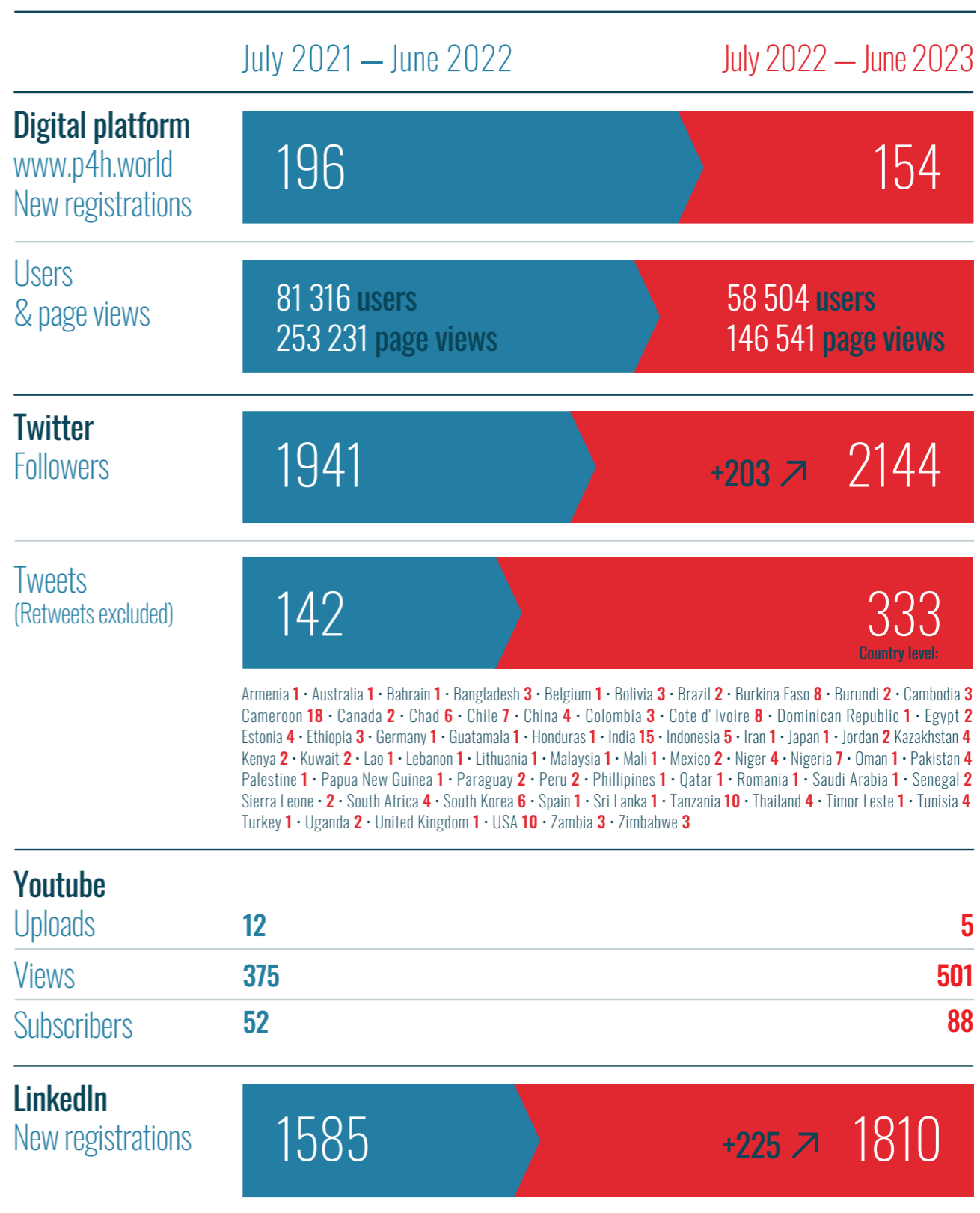
**P4H's governance newsletters**

From July 2022 through June 2023, the P4H-CD issued 10 governance newsletters, covering 11 months (September 2022 through June 2023, with no issue in May or August) as required. They are sent to about 100 members of the P4H-SG, P4H-TEG and P4H-CT. These 10 newsletters provided 47 topical articles, and they regularly informed readers about the essentials of the P4H Network's activities and development.

<sup>2</sup> Impressions count the number of times a tweet show up on someone's feed, not the number of individual people who see the content.

<sup>3</sup> Engagements are the total number of times a user interacts with a tweet. Interactions include retweets, replies, follows, likes, links, cards, hashtags, embedded media, user-name, profile photo or tweet expansion.

FIGURE 8: NUMBER OF NEWS POSTS BY COUNTRY FROM JULY 2021 THROUGH JUNE 2023



**ALIGNMENT****Alignment COP**

The alignment COP, a working group of the P4H-TEG, organized two webinars on performance-based financing (PBF) this year.

The first webinar took – “What have we learned from years of experimenting with performance-based financing?” – took place on 16 February 2023. The objectives included informing P4H-CFPs of new developments and thinking around PBF, such as the current drive for greater institutionalization of schemes to improve sustainability and reduce fragmentation. The webinar also aimed to provide a space for P4H-CFPs to (1) share their experience of how PBF is playing out in their countries and (2) debate whether the approach can be leveraged to improve alignment and promote UHC.

The second webinar, “How to nudge governments and partners towards more strategic, government-led purchasing”, built on learnings from the first webinar. During the second webinar, on 11 May, a panel of WBG experts discussed three questions: (1) What are the burning questions in your countries re: strategic purchasing? (2) How have you integrated PBF mechanisms and strategic purchasing in national schemes? And (3) What have you faced as implementation challenges? Discussions among P4H-CFPs followed the questions.

P4H-CFP in-country support in this field include these countries.

**Burundi**

Specific sessions with donors to discuss alignment and integration opportunities in the framework of the HF strategy under development.

**Cameroon**

Study on funding bottlenecks for health facilities with the Global Fund and GIZ; workshop on the harmonization of HF mechanisms by AFD and GIZ; various workshops co-financed by USAID, GIZ, WHO and the WBG.

**Côte d’Ivoire**

Facilitation of key topic in the development partners’ working group.

**Mozambique**

Planning, financing and strategic investment group support of dialogue and analysis of proposals in alignment of external funds to national priorities, policies and procedures.

**Myanmar**

Multilateral pooled fund for purchasing services from the private sector to fill the service gap exacerbated by the disruption of public service delivery after the coup d’état in 2021. Current donors include the USA, UK, Sweden, Switzerland, Norway and ADB. A purchasing agency is established with the fund.

**Niger**

Support for the reform of the Common Health Fund, alignment of budget support, facilitation of alignment in the INAM and in the framework of the National Health Development Plan.

**Sierra Leone**

Following the National Health Summit of March 2022 to align stakeholders on crucial interventions, production of an aide memoire and an implementation plan for the HF technical working group.

**COLLABORATION WITH OTHER HEALTH SYSTEMS STRENGTHENING NETWORKS (P4H NETWORK EXPECTED OUTPUT 4)****HF AND PANDEMIC PREPAREDNESS AND RESPONSE****Burundi**

Institutional and organizational analysis of Burundi capacities to detect, prevent and respond to pandemics and epidemics; integration of epidemics financing in the HF strategy.

**Sierra Leone**

Collaboration with the MOH’s Health Security and Emergency department to develop a budget for the launch of a national public health agency, and the funding options and trust fund associated with it.

**OTHER HEALTH SYSTEMS’ PILLAR**

P4H-CFPs are SHP and HF experts connected to the health system development in general. When challenges are intertwined with SHP and HF issues, their work includes some commitment to other health system pillars. Following are examples of the P4H-CFPs’ work this past year.

**Cambodia**

P4H-CFP collaborated on the issue of pharmaceuticals, as medicines are the main driver of out-of-pocket expenditures, and with partners on noncommunicable diseases and health taxes.

**Côte d’Ivoire**

Côte d’Ivoire: In connection with governance and leadership pillars, the P4H-CFP interacted with the four groups of the national HF platform managed by the prime minister’s office in charge of four specific areas: 1) strategic purchasing and the universal health insurance mechanism known as *couverture maladie universelle*, or CMU, 2) hospital and decentralization reform and operationalization of the districts, 3) efficiency and sustainability of financing and 4) M&E.

**Myanmar**

The P4H-CFP has been acting as the cochair for the HF working group under the Joint Sector Networks for Health and Social Protection. A dialogue on the intersection of HF and health systems strengthening is one of the main topics discussed in this working group. In addition, the P4H-CFP’s participation in the health cluster group included preparation, recovery and rehabilitation work following Cyclone MOCHA.

**Niger**

The P4H-CFP participated in cross-functional work undertaken to develop, validate and implement strategies for health information, maintenance, digital health and reform of the drug supply and delivery system, including the last mile – support work for National Health Sector Plan.

**Sierra Leone**

The P4H-CT collaborated on the medical products, vaccines, and technologies pillar of the health system through the development of terms of reference for an ICT tool to digitize processes within the SLeSHI health insurance system; based on a PFM assessment report, the P4H-CT joined the human resources for health team to lead work on the planned reforms in this area.

## INNOVATIONS FOR HF (P4H NETWORK EXPECTED OUTPUT 5)

### NONRENEWABLE MATERIAL AND ENERGY RESOURCES

A poster was presented at PMAC 2023, whose theme was “Setting a New Health Agenda – at the Nexus of Climate Change, Environment and Biodiversity”. The poster illustrated how the more SHP and HF systems consume resources, the more they increase their exposure to supply crises and thus their vulnerability. The activity contributed to advancing the idea that scarcity and finite supply of nonrenewable material and energy resources must be anticipated and forestalled by reducing demand and adapting SHP and HF systems.

### P4H POLITICAL ECONOMY TOOL

During the reporting period, the [P4H Political Economy Tool](#) was discussed and updated in collaboration with a political economy consultant recruited by WHO. Interviews with all P4H-CFPs formed the basis of this work.

The P4H-CD and consultant agreed to capture contrasting realities by selecting Cambodia, where UHC reforms are ongoing and seem relatively smooth, and Cameroon, where collaboration is hampered by challenges in leadership at national level with poor alignment of various donors’ HF initiatives. The piloting was undertaken from January through June 2023.

In Cambodia, the work allowed an in-depth reflection on what was known or not known in terms of each partner’s perspective on gender inclusiveness, equality, assumptions and values. It also confirmed the importance of undertaking a literature review to better grasp the topic for discussions. The pilot proposed concrete pathways to further facilitate P4H-CFPs’ engagement with political economy of partnership. Most notably, this pilot suggested that the tool could form part of every P4H-CFP’s portfolio of activities when arriving in a new country or starting to engage in a new topic.

In Cameroon, the tool has proven useful in raising awareness with the P4H-CFP as to what a political economy analysis could mean for collaborations in the country. The pilot in Cameroon also emphasized the need to support P4H-CFPs in building their qualitative research capacity, and in their understanding of relatively complex concepts that might be unfamiliar to them. Documentation of the piloting process and reports from Cambodia and Cameroon are due later in 2023.

### INSTITUTIONAL FRAMEWORK

As previously mentioned, the P4H-CD consultant Virgile Pace supported P4H-CFPs to conduct a collaborative situation analysis in 10 countries regarding their legal and institutional frameworks for HF systems since 2022. This entailed finding, accessing and assessing relevant laws, decrees, executive orders and any relevant governance measures impacting SHP and HF. He provided draft papers with extensive bibliographies for Burundi, Cambodia, Chad, Ethiopia, Côte d’Ivoire, Mozambique, Myanmar, Namibia, Niger and Senegal.

The P4H-CD has shared these documents with the P4H-CFPs. Before further dissemination, the documents will be discussed with the P4H-TEG working group on so-called P4H products.

# P4H Collaborations in Countries: Snapshots

## AUSTRALIA

Leadership in the webinar series on SHP for migrants and their families.

## BURUNDI

Development of the national HF strategy road map for UHC 2023-2030 and alignment of donors’ support.

## CAMBODIA

National UHC Road Map, SHP Partners Working Group; SHP and HF institutional framework, political economy of SHP and HF collaborations.

## CAMEROON

Implementation of the health voucher scheme, reforms relating to PFM in the health sector, domestic resource mobilization and phase 1 of the implementation of universal health insurance.

## CHAD

Implementation of the UHC legal and institutional framework to operationalize the National Health Insurance Agency and the National UHC Regulatory Agency.

## CÔTE D’IVOIRE

SHP and HF dialogue among development partners and in their dialogue with the authorities; joint technical exercises (e.g. resource mapping) and joint use of tools (e.g. the HFPM); support to PBF.

## DRC

Institutional framework for UHC, law on UHC and capacity-building of state actors such as the Health Equity Fund for Health and the permanent secretariat for social protection.

## ETHIOPIA

Health insurance benefit package of the Health Insurance Services, co-chair of the HF donor group meetings together with USAID, pilot of the Global Financing Facility Alignment Framework.

## KAZAKHSTAN

Co-organization of the National Forum of Senior Healthcare Managers in Astana.

## KENYA

National social protection coordination group and ad hoc NHIF-led coordination group for development partners.

## KOREA (REPUBLIC OF)

Technical exchanges with Ghana, and experience sharing about co-leadership in P4H-TEG.

## LAO PEOPLE’S DEMOCRATIC REPUBLIC

Revision of the Health Insurance Law and assessment of the National Health Insurance scheme.

## MALI

Development of the RAMU operational plan, consultations between stakeholders of the different financial risk protection schemes.

## MEXICO

Collaboration on a study of the political economy of the Mexican health system transformation.

## MOZAMBIQUE

Specific consumption tax law, policy reforms on user fees, capacity-building.

## MYANMAR

Independent purchasing agency via a multilateral pooled fund, establishment of electronic claims management system for the purchasing agency based on an open-source platform, capacity-building.



**NIGER**

In the framework of P4H and the SFHA: donors' alignment, facilitation of SHP and HF technical dialogues among development partners and with the national authorities, and UHC reforms with a focus on the National Health Insurance Agency; support to the National Health Development Plan, to the INAM and to the Common Health Fund.

**PAKISTAN**

Development of the national HF strategy, public financial management reforms to move to output-based budgeting, capacity-building.

**SIERRA LEONE**

Support to the SLeSHI, SHP and HF policy dialogue, capacity-building, domestic resource mobilization and utilization, donor coordination.

**TANZANIA**

In Tanzania mainland and Zanzibar, SHP and HF dialogue including resource mobilization and HF strategy, establishment of universal health insurance.

**THAILAND**

Inclusion in webinar series on SHP for migrants and their families, development of a document on SHP reform history in Thailand.

**VIET NAM**

Research aimed at providing better coverage to workers in the informal economy.

# Concluding Remarks

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What do we see lining up for year 2023-2024? The P4H Network is starting its 17th year of operations, with unwavering commitment to protect the most vulnerable against financial risks associated with illness. It should be a year of consolidation after a significant expansion in scope and available financial resources between 2020 and 2022.

In the international context of polycrisis, we observe fiscal tightening and deprioritization of public health expenditures in many countries. Thus, efficiencies must continue to be found and the need for trade-offs will remain great. The P4H-CFPs will be instrumental in supporting people with the greatest need.

The P4H Network will improve the quality of support it provides both deployed and appointed P4H-CFPs and improve the content of the new P4H digital platform, particularly for the country pages.

In 2023-2024, the P4H Network will aim to be even more efficient: additional synergies will be pursued with WHO and ILO regional level staff, with WBG and other development banks' operations managers as well as with other international initiatives. These synergies could be used to leverage even more the role P4H-CFPs play.

In line with its universal mandate, the P4H Network will strive to be more inclusive by deepening its relationships with countries such as South Africa, Brazil and selected Gulf countries.

And last but not least, the P4H Network will benefit from a smooth and sustainable operational structure for its flagship programme, L4UHC. Options for a new administrative and institutional model will be presented during the October 2023 P4H-SG meeting, and a new set-up should be ready for implementation in 2024-2025.

More specific and detailed information is available in the annex of this annual review.

The annex provides high-level outcomes of the P4H Network in-country.

**DOWNLOAD** →



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**www.p4h.world**



**Disclaimer**

This annual review contains general information about the P4H Network and is intended for informational purposes only. The information contained in this annual review is a summary only of the activities carried out by the P4H Network during the period from July 2022 through June 2023. It is not complete and does not include all material information. Please refer to the P4H Network website [www.p4h.world](http://www.p4h.world) for further information concerning specific activities or contact a staff member of the P4H Network Coordination Desk.

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