

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



# **Annex of the Annual Review**

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JULY 2022 – JUNE 2023

EX ANTE (BASELINE)			EX POST (EVALUATION)		
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Work done by P4H	Remarks / critical analysis / recommendations to the P4H Network
Q1.1 Is there an up-to-date health financing policy statement guided by goals and based on evidence?	Support the country in the process of elaboration of the health financing strategy toward universal coverage	A validated health financing strategy not available	First step validation of the health financing strategy by the multisectoral piloting committee chaired by the Prime Minister Office	Support and conduct dialogue sessions with stakeholders and partners; support the technical working group in the elaboration of the strategy ; consolidate health financing situation analysis and priority interventions with newly available studies and reports; support the piloting committee sessions and the national commission of social protection general assembly preparation.	This process has been slow by changes of key directors occurred within the ministry of health and thus in the piloting committee which is to be renew before the validation of the strategy
Q.3.1 Does your country's strategy for pooling revenues reflect international experience and evidence ?	Support health financing system and pooling mechanism analysis to design a better integrated and pooling system for the majority of the population within informal and rural sector	Health financing system in Burundi is still very fragmented with several non coherent mechanisms in place, the most important being the public administration resources with free care for children under five and pregnant women associated with PBF, partners funds through public finance, civil servants mutual and medical assistance for informal and rural population	Pooling system for informal and rural population designed and discuss within the piloting committee	Sensitization on health financing and social protection evidence to move toward UHC; support capacity building on health financing and social health protection for UHC; support to the technical working group for designing institutional arrangements and pooling scheme based on local context and challenges; facilitate dialogue and national stakeholders propositions; and support to piloting committee session on the topic.	Burundi is on the way to validate a pooling scheme in three steps in a timely constraint period of seven years. The first step is to put in place a pooling funds for informal and rural population while maintaining and reinforcing public and private sectors funds. The second step is to merge the public and private sectors funds; and the third step is to constitute a unique national pooling funds. The implementation challenge is real in the context and the recommendation is to give more time to the strategy to be implement or to work in reducing the steps.
Q.7.1 Are specific health programmes aligned with or integrated to overall health financing strategies and policies	Dialogue with partners financing specific health programmes for a better alignment and contribution to the health financing strategy toward UHC	Specific health programmes are funded by partners through several specific mechanisms and accounting process, and sometimes directly to the field structures; and this can somehow be not too efficient for even the reporting channel is not the same	Interest of partners and stakeholders in the development of the health financing strategy and the promotion of government leadership to align and coordinate interventions towards UHC	Contribution to the monthly meeting of health financing partners; sessions with the working group of partners on health financing; specific sessions with identified partners' projects to discuss alignment and integration opportunities and funds raising.	Habits in financing procedures is to be address and advocacy should be conducted both at international and national level to come out with pooling and integration opportunities
Q.7.3 Do financing arrangements support the implementation of IHR capacities to enable emergency preparedness	Taking into consideration emergency preparedness and response financing in the health financing strategy toward UHC in Burundi	Burundi capacities in emergency preparedness and response is still very weak according to WHO evaluation, and there is no dedicated funds for emergencies in the budget	Health financing and social protection stakeholders are sensitized on financing of emergencies and this is included in the health financing strategy through programmes based budget experienced in Burundi	Contribution to "The institutional and organizational analysis of Burundi capacities to detect, prevent and respond to pandemics and epidemics"; integration of epidemics financing in the health financing strategy; sensitization of health financing and social health protection stakeholders on emergencies financing for UHC	Burundi needs support to move forwards and consolidate the process of programme based budgeting in order to be more flexible in resource mobilization and budget execution in case of epidemic or emergency

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				Technical work	Collaborative work		
Q1.1 Health Financing strategy	Support the development of the National UHC Roadmap.	The Government established a Technical Working Group of key senior decision makers from different relevant institutions to develop the National UHC Roadmap (TWG-UHC). This strategic document will lead Cambodia towards achieving UHC.	In May 2023, the General Secretariat for the National Social Protection Council (GS-NSPC) presented its progress to Development Partners.	Regular technical support on different areas of UHC.	The GS-NSPC made good use of the Social Health Protection Partners Working Group (SHP-TWG), co-chaired by P4H, and the local P4H Network (P4HC+), to invite key stakeholders to the May 2023 meeting.		
					Consolidated comments on the Draft UHC Roadmap were provided from development Partners to GS-NSPC colleagues.		
					Joint collaboration between different partners globally (GIZ, WHO, World Bank, Global L4UHC Team, P4H) to organise the first Asian regional module.		
			The participation of the TWG-UHC to the 2022-2023 L4UHC follow-up programme facilitates the process of consensus building among the team. Improving the collective understanding of UHC complexity, developing individual competencies and strengthening coalitions, which can deliver results, are necessary ingredients for advancing UHC reforms.	"Members of the TWG-UHC participated to the first Asian module, in Bangkok, Thailand. The L4UHC coalition has identified their Collective Action Initiative: Strengthening the Referral System through Gatekeeping Policies."	Technical support was provided during the first Asian regional module.	The experience and results of the first Asian module were shared through a Development Partner's meeting and a report.	
						The L4UHC coalition is multisectoral and includes 13 decision makers from 9 different institutions.	
						Organisation and facilitation/moderation of L4UHC workshops.	
Q1.2 Accountability via governance & processes	Coordinate the Social Health Protection Partners Working Group (SHP-TWG). The Working Group was established as a working group under the umbrella of the Coordination Mechanism between the Government and Development Partners in Social Protection.	The Coordination Mechanism will strengthen participation, coordination and mutual accountability.	WHO and P4H are coordinators of the SHP-TWG. As coordinators, they are also members of the higher-level Policy Input Working Group.	Organisation and facilitation of SHP-TWG.	The working group membership includes 16 development partners and international NGOs.		
					The Coordinators (WHO and P4H) work in close collaboration with the GS-NSPC to ensure smooth functioning and results of the SHP-TWG.		

Cambodia continues on the next page

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Q1.2 Legal assessment of texts and structures for Health Financing and Social Health Protection	Assess the current legal and regulatory texts and structures impacting Social Health Protection (SHP) and Health Financing (HF) in Cambodia.	Legal and regulatory frameworks are a key dimension to achieving UHC.	A first document outlining gaps and recommendations regarding legal and regulatory texts for SHP and HF has been drafted.	Close collaboration with the P4H legal expert.	The work has been performed by the P4H Network legal expert in close collaboration with the P4H team in Cambodia.	The specialised expertises provided by the P4H Network Coordination Desk are of great value. They support CFPs in generating evidence and providing technical assistance to partner countries.
Q1.3 Pharmaceuticals	Address the issue of pharmaceuticals. Medicines are the main driver of Out-of-Pocket expenditure in Cambodia.	Evidence is needed to generate well designed policies.	A review of the current Cambodian pharmaceutical sector has been done.	Analysis of structures and processes of the Cambodian pharmaceutical situation.	The final document has been presented to the local P4H community (P4HC+).	
Q2.5 Taxation for Health	Support the GS-NSPC in developing fiscal policies with the aim to curb unhealthy behaviours.	Prevalence of non-communicable diseases are increasing in Cambodia and "health taxes" have proven to be a powerful tool to reduce consumption of unhealthy products.	The GS-NSPC is interested in mapping stakeholders, assess current institutional arrangements and analyse the political economy of health tax reforms in Cambodia.	Technical support was provided for concept note and terms of reference development.	The regular exchanges between key agencies/institutions were essential in tailoring the current analysis.	
Q5.1 Referral system/ gatekeeping	Support the L4UHC coalition on their Collective Action Initiative (CAI) : Strengthening the Referral System through Gatekeeping Policies.	Referral Systems and Gatekeeping Policies are important aspects of efficient health systems.	Following the regional module in Bangkok, the L4UHC coalition has had several follow-up meetings and made progress on their CAI.	Organisation and facilitation/moderation of L4UHC workshops	The L4UHC coalition is multisectoral and includes 13 decision makers from 9 different institutions.	
Q? Gender Equality and Social Inclusion	Undergo a political economy analysis on Gender Equality and Social Health Protection	Identify entry points to support Gender Equality and Social Inclusion in Social Health Protection.	Literature review was done on Gender Inclusion and Equality and Social Health Protection in Cambodia.	Review of peer-reviewed and grey literature .	The work has been performed in close collaboration and guidance of a P4H Network expert.	The specialised expertises provided by the P4H Network Coordination Desk are of great value. They support CFPs in generating evidence and providing technical assistance to partner countries.

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Q 6.1. Update to the Assessment of Health Public Financial Management Bottlenecks	1. Support the implementation of the action plan of the study on health financing bottlenecks, accompany the ministry	Arrears in payments to health facilities for services provided and delays in the disbursement of resources from the State budget for health constitute a major risk to the implementation of the various health and UHC financing mechanisms.	1. The arrears accumulated over the last 02 years for the payment of the health check and HIV users fees mechanisms have been fully cleared at the end of June 2023	1. Supports the development of a backlog clearance plan with MOH and MOF	The resolution of public finance problems in health is highly dependent on the establishment of a strong coalition with the Ministry of Finance, especially with the participation and will of the right people,
	2. Establish a multisectoral working group (health, finance, partners) for monitoring and advocacy for the effective disbursement of health resources		2. a working group has been set up with the main actors (health, budget, treasury, AFD, WHO, USAID) with weekly meetings	2. Identification of resource persons and set aside for a coalition to monitor health spending 3. Animation of the payment monitoring working group	
Q1.1 Health Financing strategy / statement available	1. Preparation of the UHC Phase 1 project document	UHC phase 1 was officially launched on 12 April 2023 by the Government. It is essential to have a strategic document that gives the guidelines and sets the foundations for UHC phase 1 in Cameroon. The different stakeholders also need this guidance document to coordinate and align their interventions for the financing of this reform.	1. The UHC Phase 1 project document is available 2. a priority action plan for the implementation of UHC phase 1 is available; 3. UHC Phase 1 strategy presented to partners and parliamentarians	1. Technical support for the preparation of the various parts of the document during the workshop 2. Support for the organization of advocacy with parliamentarians	The next steps will be to organize a partners' roundtable for resource mobilization for the implementation of the UHC Action Plan Phase 1
	Development of a project to support free malaria among children aged 0-5 (FAGEP)	The Government has decided to make medical treatment of malaria free of charge for children aged 0-5 years. Unfortunately, analyses show that this decision is not effective because of the financial barrier to access to health services and the absence of a mechanism for reimbursing services to health facilities. The project was therefore formulated with a cost estimate to identify evidence to solve this problem,	1. Existence of a project document with a cost estimate	Participation in exchanges and analyses with consultants and the Ministry of Health	
			Inclusion in the UHC Phase 1 benefit's package of free of charge for consultation for children under 05 and treatment of severe and moderate malaria for children under 05	Contribution to the assessment of the budgetary impact of inclusion in the care package	
			Presentation of the project to financial partners for the mobilization of funds	Organization of the partners' meeting to present the project and advocate for common funding	
Inclusion of the project in the Global Fund grant application for funding			Support for the preparation of the Advocacy Note		

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Q11.	Evidence based for health financing policy	Need for capacity building of the national UHC Unit members	Experience-sharing visit to Cameroon for the national UHC Unit members	Drafting TOR and technical support	Activity organised in collaboration with the CFP/ Cameroon and the participation of the WHO and the SDC.	
			Revitalising the L4UHC team and taking part in a leadership training module in Tunisia	Coaching and facilitation work with the P4H global leadership programme		
			Organisation of a training workshop for members of the L4UHC team on UHC and leadership	Technical support and Facilitation	In collaboration with WHO	
Q12. appropriate governance arrangements and processes	progressive setup of the universal HI scheme	Need to Operationalize the Caisse Nationale d'Assurance Santé (CNAS)	New CNAS management team installed and the Executive Board first meeting organised	technical support in drafting the NHIF's annual workplan and budget for 2023 and helping to organise its first board meeting	In collaboration with WHO	
		Need to make the CNAS more visible	Creation of the CNAS corporate identity	Advisory and technical support for drafting TOR and following up the consultant's work		
		Need to operationalize the National Regulatory Agency (NRA) of the UHC	Decree on the organisation and functioning of the NRA adopted Appointment and installation of the management team"	Technical support in drafting the decree and assisting the NRA team in preparing its 2023 annual work plan	The other DPs (WHO, SDC, AFD)	
Q2.2 Domestic resource mobilization (Predictability of public funding), and sufficiency	Advocate for the effective transfer of funds raised through specific taxes to the CNAS and the NRA	Specific taxes have been instituted by the Finance Act and funds have been raised since 2020 to finance the UHC. Unfortunately, to date, no resources have been transferred to the UHC bodies.	Collection initiative for action has been launched under the L4UHC Program to address bottlenecks	Advisory, Technical support for the L4UHC team and coordination/facilitation of workshops	WHO and SDC	Challenges remain in collaboration between MoH and MoF.

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Q1.1 Is there an up-to-date health financing policy statement guided by goals and based on evidence?	Support the dialogue around the update of the health financing strategy designed in 2015: more than 7 years after its implementation, we needed to identify its strengths and weaknesses, as well as the priority areas of health financing that need to be improved to make progress towards achieving UHC.	Côte d'Ivoire has an old health financing strategy (SFS), although its context has improved thanks to: a new institutional framework for health financing through the Plateforme Nationale de Coordination du Financement de la Santé (PNCFS), a new strategic vision with the Plan National de Développement Sanitaire (PNDS) 2021-2025, a Budget Programming Document 2022-2024 and other strategic documents. An assessment and subsequent update are required	<p>Recruitment of a consultant for the external evaluation of the national health financing strategy using the Health Financing Progress Matrix (HFPM)</p> <p>Description of the main health financing arrangements in a country (targeted free health care for under 5, Performance-based financing (PBF), vertical programmes, Public Financing Management (PFM), etc.) and detailed assessment of the desirable attributes of health financing, linked to relevant intermediate objectives and the final objectives of the UHC.</p>	<p>Support for data collection to complete the matrix</p> <p>Leading the national delegation at the HFPM training workshop in Dakar organised by WHO HQ and Afro regional office - Presenting the preliminary results of the evaluation to the health financing technical working group (TWG) and at the national workshop for exchanging and sharing experiences on Couverture Maladie Universelle (CMU).</p>	<p>To use the evidence generated by the evaluation as a basis for policy dialogue on health financing</p> <p>Use the strengths and weaknesses, as well as the priority areas for health financing identified during the evaluation to draft a new health financing strategy to be aligned with the period of the PNDS 2021-2025</p>
Q2.2 How predictable is public funding for health in your country over a number of years?	Support for the development of a viability plan for co-financing and transition policies in the health sector: this is part of the drive to involve the State in the mobilisation of national resources and to help it gradually free itself from Development Partners (DP) financing in order to ensure the sustainability of health programmes (malaria, HIV/AIDS, tuberculosis, vaccination, nutrition, mother and child health).	Despite the efforts made by the State, the financing of Primary Health Care (PHC) relies mainly on households and DPs, whose eventual withdrawal will have a considerable impact on the financing of health programmes. The sustainability of external aid and domestic funding are therefore becoming priorities.	<p>Production of the ToR and recruitment of a consultancy firm to lead the process of drawing up the viability plan.</p> <p>Integration of the process into the PNCFS's activities by involving one of its TWGs (TWG n°3: dedicated to the sustainability of internal funding in the face of transition).</p>	<p>Support for the drafting of the ToR for the recruitment of a consultancy firm to draw up the sustainability plan</p> <p>Contribution to the holding of meetings of the PNCFS's TWG3, which is to work with the international consultancy firm to improve the process.</p> <p>Presentation of the ToR and the working methodology to the Direction Générale de la Santé (DGS) and the DPs' meeting within the partners' financing TWG</p> <p>Support for the collection of data on the various DPs health projects/ programmes and their financing projections</p>	That this approach be associated with advocacy within the PNCFS for better mobilisation of domestic resources in favour of health.

Côte d'Ivoire continues on the next page

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Q4.2 Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?	Support for the drafting of the country Strategic Purchasing procedures manual: this work is part of the drive to help the Ministry of Health and its partners to adopt the principles and best practices in all areas of Strategic Purchasing (specification of the care basket, choice of providers, design of financial and non-financial incentives, management of information systems and governance of strategic purchasing).	<p>The country is in a context of inefficient resource allocation and high out-of-pocket payments by households. In 2015, it was estimated that 51% of public spending on health was inefficient (WHO 2018). As resources are limited, having more efficiency in purchasing services frees up more resources to expand coverage of services or populations.</p> <p>The fragmented governance of health financing mechanisms is also a factor that needs to be corrected to make procurement more strategic.</p>	<p>Adjust the manual of procedures for implementing the PBF to the Strategic Health Purchasing policy.</p> <p>Build the capacity of Ministry of Health staff, particularly those in the PBF programme, which was transformed into a technical secretariat for strategic purchasing by Order No. 224/MSHPCMU/CAB of 25 May 2023.</p>	<p>Support for the drafting of a manual of procedures for the implementation of strategic purchasing in healthcare in Côte d'Ivoire</p> <p>Support for capacity building of the actors of the technical secretariat for strategic purchasing (on the fields of strategic purchasing, implementation methods, tools, etc.).</p>	<p>Make real use of information on the population's health needs before making decisions on which services to buy, and link payments to providers to their performance and to information on the costs, quality and impact of services.</p> <p>Harmonise funding mechanisms (CMU, targeted free health care, PBF, vertical programmes, PFM, etc.) to improve the allocative efficiency of available resources.</p> <p>Involve other ministries (budget/economy, finance, employment and social protection, etc.) in the success of this reform.</p>
Q3.4 Are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits?	Support for mapping resources and monitoring expenditure in the health sector: this exercise, led by the Ministry of Health, should help to assess the alignment of partners' and government resources with the priorities of the 2021-2025 PNDS, and to estimate the resources that can be mobilised in the short term.	<p>Côte d'Ivoire joined the GFF in November 2017 and welcomed this opportunity with the aim of better aligning external and national contributions around health sector priorities and an Investment Case (IC).</p> <p>With this mapping, the Ministry through its Financial Affairs Directorate will be able to ensure greater equity regarding the allocation of resources between the different health regions.</p>	<p>Assess the degree of alignment of domestic and external resources with national priorities</p> <p>Estimate the funding gap (put into perspective with the estimated cost of national priorities)</p> <p>Assess the level of equity in terms of sub-national funding (according to population and health needs) and the match between budget commitments and actual expenditure</p>	<p>Support for data collection from DPs</p> <p>Awareness-raising and sharing of the data collection form and the guide to using the data collection tool at meetings of the Health Financing TWG.</p> <p>Support for data analysis and report production</p>	<p>Need for DPs to become more involved and share their financial data more flexibly (the report was produced with information from only 42% of DPs)</p>



# DEMOCRATIC REPUBLIC OF THE CONGO

Legal coverage and entitlements to adequate healthcare benefits	Have progresses been made on the inscription of healthcare entitlements in the country's legal framework ?	Yes through the new Law on Public Health (Law 18/035 of 13 December) adopting universal health coverage as target.
	Have progresses been made on the inclusion of benefit packages in the law?	Basic benefit packages are being defined for all population groups, including the poorest.
	Have progresses been made on the inclusion of provisions regarding the extent of costs covered in the law?	The agency in charge of regulation of health care costs ( l'Agence de régulation des couts des prestations en santé) has been created.
	Have progresses been made on the inclusion of guarantees regarding the networks of providers in the law?	Ongoing.
	Have measures been taken to hold social health protection institutions more accountable (including through appropriate, transparent and participative governance arrangements and processes) and create enforceable rights?	The Solidartiy Fund (Fonds de solidarité) is accountable towards a Board of Directors where all representatives of stakeholdes sit, including beneficiaries.
	Have new enrolment procedures, adapted to different population groups and needs, been developed?	Ongoing for pregnant women and newborn children
Creation of enforceable rights	Have awareness raising mechanisms on people's entitlements been implemented?	
Effective protection	Reported under SDG 3.8.1	
	Reported under SDG 3.8.2	
Service coverage	Have new or existing maternity and sickness cash benefits been considered when expanding coverage?	No cash benefits
Financial protection	To what extend is social health protection better integrated into social protection and health financing frameworks?	Efforts need to be made. The new law on public health created social health protection schemes, but operationalisation is pending.
Cash benefits	Are there effective coordination mechanisms at institutional level, in particular between the Ministry of Health and the Ministries of Labour/Social Affairs?	There are coordination mechanisms through the thematic group on social protection and structures like the national council for UHC (Conseil national de la CSU) and the technical commitee for UHC coordination (Comité technique de Coordination de la CSU).
Integration within social protection strategies		

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<p>"Q1.2 Are health financing agencies held accountable through appropriate governance arrangements and processes?"</p> <p>"Q7.1. Are specific health programmes aligned with, or integrated into, overall health financing strategies and policies?"</p>	<p>Piloting and implementation of the GFF Alignment Framework to improve effectiveness &amp; efficiency of aid resources by aligning financial &amp; technical assistance, planning and implementation.</p>	<p>Support to the Ministry of Health to pilot and use the GFF Alignment Framework to assess and identify opportunities for better alignment.</p>	<p>GFF Alignment Tool piloted.</p>	<p>Represented P4H and WHO at a three-day workshop to kickstart the Alignment Tool piloting. Facilitated a joint-UN exercise with UNICEF, WHO, UNFPA and UNAIDS to discuss and fill out the tool as one UN.</p>	<p>There is high-level commitment to use this tool to identify opportunities for better alignment. Partner support, incl. from P4H, will be important.</p>
<p>Q5.2 Are decisions on those services to be publicly funded made transparently using explicit processes and criteria?</p> <p>Q5.3 To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?</p> <p>Q5.4 Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?</p>					
	<p>Revision of the health insurance benefit package (HIBP).</p>	<p>Support to the Ethiopian Health Insurance Services (EHIS) is needed to:</p> <ul style="list-style-type: none"> <li>• Devise a health insurance benefit package that is explicit, cost-efficient, evidence-based and aligned with projected revenues.</li> <li>• Generate a health insurance benefits package well aligned with FMOH's Essential Health Service Package (EHSP)</li> <li>• Design a health Insurance benefits package list convenient for costing to help ensure accountability and assess financial sustainability.</li> </ul>	<p>A shortlist of services to be considered for inclusion have been created, building on the services in the EHSP. Data for costing has been collected and review of review of cost-effectiveness literature is near-finally.</p>	<p>Providing technical assistance to support the costing and technical oversight to two local consultants to support cost-effectiveness analysis and review of health insurance medicine list in collaboration with WHO country team</p>	<p>After the revised HIBP has been finalized, the next stage of stakeholder engagement, implementation and dissemination will be important and will need technical support.</p>

Legal coverage and entitlements to adequate healthcare benefits	Have progresses been made on the inscription of healthcare entitlements in the country's legal framework ?	Yes, NHIF act 2023
	Have progresses been made on the inclusion of benefit packages in the law?	XCCCUr NHIF Currently ongoing
	Have progresses been made on the inclusion of provisions regarding the extent of costs covered in the law?	Currently ongoing
	Have progresses been made on the inclusion of guarantees regarding the networks of providers in the law?	Currently ongoing
Creation of enforceable rights	Have measures been taken to hold social health protection institutions more accountable (including through appropriate, transparent and participative governance arrangements and processes) and create enforceable rights?	Currently ongoing
Effective protection	Have new enrolment procedures, adapted to different population groups and needs, been developed ?	Currently ongoing
	Have awareness raising mechanisms on people's entitlements been implemented ?	Yes by NHIF and MOH. This needs to trickle down at county level.
Service coverage	Reported under SDG 3.8.1	
Financial protection	Reported under SDG 3.8.2	
Cash benefits	Have new or existing maternity and sickness cash benefits been considered when expanding coverage ?	Currently ongoing discussion – maternity benefit has been designed and costed
Integration within social protection strategies	To what extend is social health protection better integrated into social protection and health financing frameworks?	National strategy on the extension of coverage to workers in the informal economy also considers SHP
	Are there effective coordination mechanisms at institutional level, in particular between the Ministry of Health and the Ministries of Labour/Social Affairs?	Relatively strong silos between sectors (social protection and health financing). But strong coordination government – DPs on health financing.

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Q2.5 To what extent does Government use taxes and subsidies to affect health behaviours?	Ensuring that health and environmental taxes are included in the Specific Consumption Tax Law, to be approved in Dec.2022	Internal meetings, sharing of international evidence, joint meetings with MoF and Tax Authority, presentation of proposals, discussion with Ministry of Industry and private sector directly affected by tax reforms.	Specific Consumption Tax Law passed on Dec.2022	Internal meetings, sharing of international evidence, joint meetings with MoF and Tax Authority, presentation of proposals, discussion with Ministry of Industry and private sector directly affected by tax reforms. Joint work with WHO	Health taxes represent around 1% of revenue collection in Mozambique. They will be partially earmarked to the National Health Service. Nevertheless, it is a small contribution and it is fungible, can imply a reduction in State Budget allocations coming from general taxation. The relevance of health taxes to modify consumption behaviours need to include more raising awareness on the health effects on these consumption.
Q5.4 User charges are clear and have financial protection mechanisms	Support to dialogue and policymaking process on user charges	Need to ensure user charges are in line with UHC recommendations	Civil society has an increased knowledge on the topic and leverage capacity to promote the UHC Agenda on user fees	Training on UHC and support production of a study of the effects of the highest user fees in public health facilities. The study has revealed a higher prevalence of catastrophic expenditure in users of hospitals (chronic patients), compared to general population captured in the Household Budget Survey. It can be a base for policy discussion.	User charges, although low, continue to be seen as a collection mechanism, susceptible to relevant increases at specialized levels. Attention is required to follow-up policy developments.

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Q1.2 Governance of health financing agencies	Technical support in the design and implementation of an independent purchasing agency via a multi-lateral pooled fund	Establishment of the purchasing agency and initial operations	Purchasing Agency established. Started purchasing functions in end of 2022.	P4H CFP is invited to serve as one of the advisory board members of the purchasing agency	As a newly established agency, continued technical support is necessary. P4H CFP is planning to do physical and virtual study tours for the stakeholders interested in strategic purchasing. The vast service gap calls for scaling up, for which external funding will be a major source.
Q2.2 Predictability of funding Q3.1 Pooling of funds	Advocacy to consider pooling of funds for Ethnic Health Organization (EHO) areas to donors via SDC	There is overlap of focuses and perhaps interventions as well in the service delivery in EHO areas.	Options presented to SDC	Made presentations and held multiple discussions highlighting the importance of pooled funds	Pooling funds will increase visibility, which donors and implementers may wish to avoid given the current political circumstances. (Operations in EHO areas are very politically sensitive). Consultations with in-country partners are strongly recommended.
Q4.5 Information for purchasing Q4.6 Providers autonomy and accountability	Support for the establishment of electronic claim management system for the Purchasing Agency based on an open-source platform.	<p>Creating open-source information systems are aligned with concepts in investments for Common Goods for Health (CGH)</p> <p>No licensing fees for the software.</p> <p>Growing open-source community.</p>	<p>A decision to choose OpenIMIS was made collaboratively by partners.</p> <p>A contract to implement OpenIMIS for the purchasing agency was competitively awarded to Bluesquare.</p>	Call for tender completed and contract awarded in April 2023. Ongoing contract management by CFP.	Due to logistical and administrative issues, the contract was awarded much later than intended rendering the implementation period shorter. Means to continue support beyond the current project phase are currently being identified.

Myanmar continues on the next page

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Q5.1 Benefits package Q5.5 Alignment of packages	Leading a workshop to map Strategic Purchasing programs in Myanmar	Since the coup d'etat in 2021, new actors entered the scene of Strategic Purchasing from the private sector to fill the service delivery gap exacerbated by the disruption of public services. There is a need to align and coordinate different purchasing schemes by different actors.	Workshop for mapping Strategic Purchasing programs in Myanmar was held in May 2023.	P4H CFP designed and led the workshop, eliciting collaboration from partners.	It was recognized that the current context necessitates discreetness for the operations of partner organizations. Disclosure of any information related to purchasing activities was purely voluntary and was entirely up to the partners. And the first and foremost principle in conducting the workshop was "do no harm."
Q7 Alignment & coordination	Facilitation of regular health financing meetings for stakeholders	Before the coup, the HF meetings are facilitated by the MOH. Shortly after the coup, CFP facilitated the meetings based on the demand and advice of HF partners.	Health Financing meetings are held every two months.	P4H CFP has been leading the Health Financing meetings.	The meetings is voted by the partners to be held every two months. Without the oversight of MOH, the need for coordination among HF actors remains significant. P4H will continue to fill the need, in collaboration with partners.
Q7 Alignment & coordination	Involvement in Health Cluster Coordination	Health Cluster group is revamped at the beginning 2023 with the arrival of the new Health Cluster person. A challenge encountered in the group is how to navigate through the political sensitivities.	CFP was able to renew its working relationship with WHO Health Cluster Group in the beginning of 2023.	P4H CFP has been involving in the Health Cluster group including preparation, recovery and rehabilitation of Cyclone MOCHA.	Health Cluster Coordination is often a topic of intense debate due to the political sensitivities. The debate revolves around the degree and type of engagement with the Military authorities.

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Q1.1 Health Financing strategy/ statement available	Supporting the development of a healthcare financing strategy	The challenge of translating the political and strategic orientations of the Health Sector Development Plan (HSDP) into an operational document, appropriate for the Ministry and supported by the Development Partners (DPs).	The 2023-2026 financing strategy is available and technically validated, pending political validation.	Significant contribution to the drafting of the programmatic part of the HSDP and to its review and approval process. Co-production of the ToR for writing the financing strategy with MoH and DPs + support in mobilising financing and in the process of recruiting consultants + support in the process of drawing up, reviewing and validating the strategy.	
Q1.2. Are health financing agencies held accountable through appropriate governance arrangements and processes? Q.2. 2. How predictable is public funding in your country over a number of years	Improving the consistency of data and the predictability of "health" funding by supporting the development of tools (NHA, funding mapping, etc.)	The availability of basic data on health financing and the contributions of the DPs for the strategic management of the MSP.	Finalisation of analytical studies and presentation ahead of the technical validation of the health financing strategy. Validation of needs, dynamics and tools. Awaiting funding or results of studies launched.	P4H-CFP feedback on analytical studies on health financing in the WB, co-development of the improved financing mapping tool, review of the content of the NHA, TOR and financing of a tool for analysing the costs and financing structure of basic care.	Once again this year, it has not been possible to integrate the collection of NHA data and the mapping of funding, although the tool has been developed with this in mind. The problem today is a question of people and of the "income" of a DEP department on the NHA. A high-level impetus (Geneva) could facilitate the alignment process.
	MoH review and programming processes are improved and contribute to the alignment of DPs	Annual reviews have become routine, which is not conducive to performance analysis and appropriate programming.	A long-term reform of funds is underway, combining support in the field to help redevelop a culture of review and programming, an in-depth review of content and media and the organisation of the "Comités techniques nationaux de santé". The biannual reviews have been relaunched and include spaces for presenting reforms "from below" and discussing the key challenges facing the healthcare system.	Support for all stages of the reform: overall framework, development of tools, support for organisation and leadership, etc.	This is a long-term project which requires a great deal of continuity in the position and the players involved, and the Direction des Etudes et de la Programmation (DEP) appears to be understaffed, which implies slow progress. In the medium term, the idea is to move from planning based on available resources to planning based on needs and costs. In this context, the development of analysis tools (see previous line) will be essential. The delay in deploying these tools, for administrative reasons at DPs level, has an impact on the overall dynamic.
	Deployment of reformed coordination and consultation frameworks around the HSDP Permanent Secretariat	The coordination and consultation frameworks are multiple, not very functional and communicate little with each other. This leads to difficulties in the circulation of information and coordination, both internally and with the DPs. Eliminating coordination difficulties between MoH and DPs as part of a reformed and streamlined system	Development and support for the deployment of dashboards at the various levels of the health pyramid with a view to strengthening strategic management. Launch of the secretariat enabling the HSDP and first meeting. Development, at the request of the MoH Permanent Secretary (SG) and in conjunction with the DPs, of a "management performance improvement pathway" for the MoH.	Preparation of decrees, discussions on the essential nature of this reform by the HSDP SG to get it onto the political and technical agenda of the MoH SG and DEP. Elaboration of ToRs and guidelines and organisation of the MoH performance improvement process + Support for the elaboration of management charts and their deployment	The launch of the thematic committees and sub-committees must be undertaken and will require appropriate support from P4H and the DPs' lead partners + the challenge of adjusting the dashboards and developing their user interface.

Niger continues on the next page

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<p>Q3.2. To what extent is the capacity of the health system to re-distribute prepaids funds limited? Q.3.3. What measures are in place to address problem arising from multiple fragmented pools? / Q. 3. 4. Are multiple revenues source and funding streams organized in a complementary manner, in support of a common set of benefits? / Q3.5. are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits? / Q.7. 2. Do pooling arrangements promote coordination and integration across health programmes and with the broader health system?</p>	<p>Support for the reform of the Common Health Fund (CHF)</p>	<p>Reform initiated and validated in the previous phase, which must be continued and rolled out operationally over the coming years.</p>	<p>Inclusion of new DPs in the CHF, development of a performance-oriented funding approach,</p>	<p>Development of a performance analysis framework for the Netherlands' contribution to the CHF, continued work to improve programming, advocacy for new donors to join the CHP, note on management units and how they can be aligned.</p>	<p>DPs reluctant to join the CHF for administrative reasons</p>
	<p>Alignment of budget support</p>	<p>The challenge is to align budget support with the major reforms and priority targets of the HSDP in order to leverage and concentrate resources and support for the reforms/ reformers.</p>	<p>Integration of this issue into the HSDP and beginnings of the development of a harmonised framework.</p>	<p>Integration of this issue into the SSDP and initiation of the development of a harmonised framework</p>	<p>Work to be completed, which will involve co-construction and validation with MSP-MoF and DPs</p>
	<p>Reform and operationalisation of the free health care policy - operationalisation of the Institut National d'Assurance Maladie (INAM)</p>	<p>Ensure that 25% of the population receive free health care and contribute to the implementation of the first part of UHC by making the INAM operational and creating the conditions for effective crossover.</p>	<p>Installation of the INAM and implementation of procedures for reimbursing invoices from 2023 using new methods.</p>	<p>Support for the following key stages: INAM decrees + team appointment, study trip and integration of INAM at the heart of the L4UHC group's objectives, identification of transitional measures, mobilisation of long-term TA, development and testing of control measures, support for the adoption of exceptional measures to create the conditions for effective control of benefits, parliamentary day and preparation of the collective budget and 2024 finance law.</p>	



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Health Financing Policy, Process and Governance	Updating the governance structure of the Sleshi Board to involve the right stakeholders and updating the SLeSHI act	<p>Rationale: Promoting stakeholder engagement, transparency, accountability, and coherence within the health insurance system. By updating governance frameworks and addressing inconsistencies in the act, the aim is to improve the efficiency, effectiveness, and fairness of the system, ultimately enhancing access to quality healthcare services.</p> <p>Key Activities                      1. Stakeholder mapping, consultations, and Updating the Governance and Institutional Framework for the health insurance authority/board, defining roles, responsibilities, and accountability mechanisms for all stakeholders.                      2. Updating SLeSHI act to address areas of inconsistencies</p>	<p>1. The institutional arrangement was reviewed with SLeSHI now housed in the Office of the Vice President and overseen by both the Ministries of Health and Sanitation and Social Welfare</p> <p>2) The membership of SLeSHI's proposed board was updated with key stakeholders such as the pharmacy board</p> <p>3) SLeSHI act updated to ensure that it can be implemented</p>	<p>1. Led a stakeholder mapping exercise to identify all relevant stakeholders involved in health financing policy and decision-making processes that would be useful to SLeSHI. This comprehensive analysis ensured a comprehensive understanding of key actors and their roles in relation to the Sleshi Board.</p> <p>2. Active participation was maintained in meetings where discussions on the governance structure of the Sleshi Board took place. Contributions were made to the discussions, providing valuable insights and perspectives that informed the development of the new governance structure. These inputs played a pivotal role in shaping the final decisions and outcomes pertaining to the governance structure.</p> <p>3. Led the drafting of a high-level position paper with recommendations on how to integrate the Free Healthcare Initiative with SLeSHI. This activity was not planned but came up as a result of discussions on fragmentation of funding and duplication of services in the health system</p> <p>4. Supported amendments to the SLeSHI act</p> <p>5. Supported the draft of a cabinet paper recommending the integration of the Free Healthcare Initiative with SLeSHI and amendments to the SLeSHI act</p>	<p>Remarks:                      The stakeholder mapping exercise effectively identified relevant stakeholders involved in health financing policy and decision-making processes. Active participation in meetings contributed valuable insights, shaping the development of the new governance structure. The revised structure prioritizes transparency, inclusivity, and accountability, facilitating stakeholder engagement and effective decision-making within the Sleshi Board. Support for amendments to the SLeSHI Act enhance operational efficiency and the contributions to a high-level position paper on integrating the Free Healthcare Initiative (FHCI) with SLeSHI demonstrate strategic thinking.</p> <p>Recommendations:                      1. Maintain ongoing stakeholder engagement and feedback mechanisms.                      2. Provide capacity-building initiatives for stakeholders.                      3. Establish monitoring and evaluation mechanisms.                      4. Ensure documentation and communication for transparency and trust-building.</p>

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Revenue raising	Increasing domestic revenue mobilization	<p>Rationale: Addressing fiscal constraints, promoting financial resilience and reducing dependence on external funding, advancing universal health coverage, and supporting the broader development goals of the country</p> <p>Key Activities: Exploring the use innovative financing mechanisms such as debt swaps to increase fiscal space</p>	Debt swap proposal workshop held and a multi-stakeholder team working on a debt swap proposal	<p>1. Managed the political economy around initial discussions aligning critical stakeholders - Ministry of Health and Sanitation (MoHS), Ministry of Finance (MoF) and the Chief Minister behind a common vision of using debt swaps to increase the fiscal space for health to achieve critical outcomes.</p> <p>2. Took the lead in reaching out to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) to seek their support for the process, considering their experience with similar swaps in the health sector. This strategic collaboration aimed to benefit from their insights and lessons learned, ensuring a smooth and effective execution of the swap within the health sector.</p> <p>3. Playing an active role in drafting the debt swap proposal to the first identified bilateral creditor</p>	<p>Comments: The management of political economy during initial discussions and the alignment of key stakeholders behind a common vision to increase the fiscal space for health, including the MoHS, MoF, and the Chief Minister, demonstrate a commendable effort to secure buy in that is needed for reforms. The proactive engagement with the GFATM showcases a strategic collaboration to leverage their experience with similar health sector swaps, aiming to ensure a smooth and effective execution of the swap.</p> <p>Recommendations: These experiences provide valuable recommendations for the P4H network, including maintaining stakeholder alignment, establishing a robust knowledge-sharing framework with the GFATM, and implementing monitoring and evaluation mechanisms for accountability and improvement.</p> <p>These recommendations will enhance the network's effectiveness in promoting health financing reforms and achieving critical outcomes in partner countries.</p>

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Pooling revenues	Efficient pooling of healthcare risks and revenues from ear-marked funds (taxes) and premiums through the Sierra Leone Social Health Insurance (SLeSHI) scheme	<p>Rationale: Promoting financial protection, optimizing resource allocation, fostering solidarity, and ensuring equitable access to quality healthcare services for all members of the population.</p> <p>Key Activities Reviewing the final Actuarial Assessment conducted on SLeSHI to align on the most cost-effective pricing that can be accommodated by the GoSL</p>	Optimal cost option selected from the actuarial report	Reviewed the actuarial assessment and made recommendations on the best price/cost options for the country	Commendable progress has been made in planning for the implementation of the SLeSHI scheme. The evidence-based recommendations on benefit packages, premium structures, and eligibility criteria have improved the scheme's sustainability. The review and update of the business process manual enhance operational efficiency. Capacity building initiatives have equipped the core team with essential knowledge. To further improve, ongoing monitoring, stakeholder engagement, and continuous training are recommended.
Purchasing and provider payment	Set up and operationalization of SLeSHI as the country's strategic purchaser and choice of optimal provider payment mechanism	<p>Key Activities:</p> <ol style="list-style-type: none"> <li>1. Designing the SLeSHI Scheme including developing a comprehensive framework for the insurance scheme, defining the benefit package, eligibility criteria, and premium structure.</li> <li>2. Aligning on the optimal provider payment mechanisms for the first phase of the scheme</li> <li>3. Drafting a business process manual that includes all planned standard operating procedures (SoPs) including premium collection mechanisms for different groups, risk pooling mechanism, implementing efficient revenue management systems and benefit administration, conducting public awareness and education campaigns, monitoring, evaluation, and continuous improvement.</li> </ol>	Ongoing work on developing the business process manual with SoPs for all SLeSHI processes including the implementation of the chosen provider payment mechanisms - capitation and diagnosis related groups	<ol style="list-style-type: none"> <li>1) Provided evidence-based recommendations on benefit packages, premium structures, and eligibility criteria based on the actuarial evaluation.</li> <li>2) Support for the review and update of the business process manual with SoPs for all SLeSHI processes including premium collection, revenue allocation, and disbursement to healthcare providers.</li> <li>3) Contributed to capacity building initiatives by providing technical assistance and training to the core team currently involved in planning for the implementation and management of the SLeSHI scheme, especially through knowledge-sharing activities to enhance their understanding of health economics concepts, policy implications, and best practices in health financing.</li> </ol>	

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Public health functions and programmes	Kick off of the National Public Health Agency (NPHA) and exploration of options for the funding of the Emergency Trust Fund associated with it	<p><b>Rationale:</b> To strengthen public health infrastructure and response capabilities.</p> <p><b>Key Activities:</b> 1. Develop a financial plan and budget for the NPHA. 2. Explore funding options for the Emergency Trust Fund. 3. Engage stakeholders and foster collaboration. 4. Conduct advocacy campaigns for sustainable funding. 5. Establish monitoring and evaluation mechanisms.</p>	Development of a concept note for a pledging event for the NPHA and the set up of a USD10 million Emergency Trust Fund to provide a 30-day buffer in case of a public health emergency	<p>Collaborated with the Director of Health Security and Emergency to:</p> <ul style="list-style-type: none"> <li>- Develop a budget for the NPHA launch</li> <li>- Create a concept note for the NPHA launch</li> <li>- Identify funding options for the NPHA and trust fund</li> <li>- Conduct learning sessions with World Bank colleagues on funding approaches</li> </ul>	<p><b>Remarks:</b> The organization's collaboration with the Director of Health Security and Emergency in developing a budget, concept note, and identifying funding options for the NPHA is commendable. Plans for the pledging sessions and stakeholder interactions were deferred as a result of the elections but will be picked up in the second half of 2023.</p> <p><b>Recommendations:</b> 1. Conduct comprehensive risk assessment for funding options. 2. Strengthen collaboration with local stakeholders. 3. Establish robust monitoring and evaluation mechanisms. 4. Foster knowledge sharing with World Bank and other relevant colleagues. 5. Seek long-term funding commitments from donors and partners.</p>

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Health Financing Policy, Process and Governance	Support the Development of the Zanzibar Health Financing strategy	The Current Zanzibar Health Financing shortcomings include limited funds to finance the health sector (which contributes to significant out-of-pocket (OOP) expenditure on healthcare, shortage of drugs, commodities, and inadequate human resources for health) and inadequate public financial management. The Strategy aiming at addressing these challenges	Draft reort has been presented to the Management of MOH Zanzibar and Development Partnes.	P4H Country Focal person, jointly with different partners (UNICEF, WHO, USAID and Pharmaccess), participates in the development process. P4H network Expertise provides Technical inputs on the draft of a health Financing Strategy	Continue supporting and following the endorsements of the strategy and its implementation.
	Supporting the Review of Cost-Sharing Guideline Tanzania Mainland	The guideline used was developed in 1997, and its implementation has encountered various challenges including a lack of justifications for Price uses, the existence of new health Services and complaints from services provider that prices are outdated. the review aims at Setting the prices for health services to be charged to clients through OOP and and health insurance	Draft report has been submitted to Ministry of health mainland and currently they are finalize. It is expected that the report will be submitted to different government level for Approval.	BACKUP health, through Health financing components/P4H, Support the consultant to conduct this review, and P4H Country Focal Person provided technical Support on the whole process of reviewing the draft report.	P4H should continue to support the endorsements process of the guideline and monitor its implementation
	Technical Support on the Devepment of Zanzibar Health Services Funds Act (UHI bill)	The Revolutionary Government of Zanzibar (RGoZ) has provided universal access to public healthcare since independence in 1964, with no user fees at the point of access. However, the provision of health services faced both financing and quality challenges. The lack of adequate public facilities increased demand for private health providers and resulted in high out-of-pocket expenditure (19% of total health expenditure 2017/18). in 2021, the RGoZ plan to introducing Universal Health Insurance (UHI), which aimed at covering the entire population, making UHI the main social health protection and financing scheme for the healthcare system	UHI act has been Approved and its implementation has already start	<ol style="list-style-type: none"> <li>1. Support the development of the ZHSF Bill (including its endorsement process)</li> <li>2. BACKUP health through P4H components provided technical support for establishing an adequate Framework model for delivering a comprehensive UHI system that covers everyone, specifically vulnerable people in Zanzibar, in February 2022. The support includes Conducting Actuarial evaluation, Household Social Economic Survey, Design of UHI Zanzibar, Assessment of co-existing Health information systems and Capacity building on the UHI Concept.</li> <li>3. Coordinate different Development Partners in providing comments on the ZHSF bill and P4H country focal Person provided inputs to stakeholder consultation meetings.</li> <li>4. P4H network provided technical inputs on the Bill</li> </ol>	Continue providing technical support to the whole process

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	Technical Support to the UHI bill for Tanzania mainland.	The design of the bill has taken more more than 10 years. The proposal includes the design of public health insurance scheme that would benefits Tanzanians and also address the health needs of the population.	The Universal Health Insurance Bill was tabled to the Parliament in September 2022, unfortunately it was withdraw and the proposal was taken back to government for some decision especially on the issue of financing the poor population. Its still expected the bill to be table again for aproval before the end of 2023.	1. Support the development of the bill through providing technical comments 2. P4H network provide technical comments on the draft bill, and the comments where submitted to parliaments 3. Coordinating the P4h partners and other developments partners on the UHI bill, and submitt the comments to the parliaments 4. Support the developments of regulation of UHI bill	Continue follow the process and try to buld capacity of different stakeholders on important of UHI bill to be approve and follow its implementation
Revenue raising	Working together with MOH and other development partners to analyse the resource gap for health Sectors.	Different resource tracking studies in Tanzania show there are a lot of resources invested in health which are off-budget. During Sector wide meetings between MOH and Development partners, the ministry of Health highlighted the resource gap. Together with different partners, we agreed to work with MOH to analyse the gap and align with off budgeted.	Work is in progress, already review and map the MOH budget and PORALG to identify the real gap, current we are collecting informtion from Deveopment partners.	The P4H focal person is part of the team formulated jointly between Government and Development partners. Other partners include UNICEF, USAID, FCDO.	
Pooling Revenue	Support the design of the Zanzibar Health Service Fund (ZHSF). Universal health Insurance	The government has now embarked on a new initiative to introduce Universal Health Insurance (UHI) to the population of Zanzibar. The aim is to gradually cover the entire population, making UHI the main social health protection and financing scheme, and strengthening the healthcare system of Zanzibar. It is also viewed as the one of the appropriate financing mechanisms to mobilise domestic resources to ensure that health services are delivered in a more responsiveness and sustainable way compared to the current system.	The Zanzibar Health Services Funds has already been established by the act which was approved in march 2023.	Support the establishment of this institution including the design, development of Strategic Plan, Monitoring and evaluation plan, Risk management Plan, Medical cooding and business plan. Also provide technical support in development of nesessary tools including Registration tools, Claims manual and administrative manual.	
Purchasing and provider payments	Working together with ZHSF team to design a provider payments mechanism which will be used to reimburse the provider by ZHSF	Zanzibar Health Services Fund is a newly established institution. In performing its mandate as the main health services purchases, its need to adapt the provider payments is very strategic and will increase the quality of health Services.	the design of the Provider payments is on process, in collaboration with different stakeholders, the decision has already been made to use fee for Services. Although still there is a discussion on using DRG in future.	The P4H focal person is working very close with other development partners to support ZHSF	Continue to provide technical support and build capacity for the ZHSF team on Strategic Purchasing.



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