

The global network for social health protection and health financing



Annex of the P4H Annual Review

JULY 2023 – JUNE 2024



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Deployed P4H-CFPs

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the network
Q1.1 Hfstrat	Adoption of the health financing strategy toward UHC	Lack of a national health financing strategy to enhance progress towards UHC	High-level national dialogue on health financing involving cross sectoral stakeholders, government and partners	Support the process of elaboration and consolidation of the national health financing strategy towards UHC	Support the preparation and holding of the high-level national dialogue on health financing	Difficulty in having a contract to continue assistance as P4H-CFP; difficulty to move with government agenda in regard with the process of validation of the health financing strategy

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Q1.2: Are health financing agencies held accountable through appropriate governance arrangements and processes?	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.	The report, outlining gaps and recommendations, has been submitted to the General Secretariat to the National Social Protection Council (GS-NSPC). The report was also circulated among the P4H Network.	Support the expert in conducting the assessment.	The work has been performed by the P4H Network legal expert in close collaboration with the P4H team in Cambodia.	
	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	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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Q1.3: Is health financing information systematically used to monitor, evaluate and improve policy development and implementation?	Investigate the factors affecting efficiency within the Cambodian social health protection system.	Qualitative analysis of key informant interviews at different levels within the provincial administration and health system will inform on the factors driving efficiency.	A number of challenges impede effective and efficient service provision, and these challenges vary across health facilities.	Support the experts in conducting the assessment.		
Q. 2.5: To what extent does government use taxes and subsidies as instruments to affect health behaviours?	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. Additionally, marketing and licensing regulations will be evaluated.	Support the experts in conducting the assessment.	The regular exchanges between key agencies/institutions were essential in tailoring the current analysis.	
Q? Gender Equality in Social Protection	Assess and understand the gender patterns of poverty, vulnerability and inequality in Cambodia, and the extent to which the social protection system addresses diverse gender needs.	A gender-responsive social protection system contributes in achieving gender equality and in reducing poverty.	A quantitative and qualitative analysis to assess the gendered patterns of poverty and vulnerability, as well as how social protection schemes address gender equality is on-going.	Support the experts in conducting the assessment.		

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Q1.1 is there an up-to date health financing policy statement guided by goals and based on evidence	support for cross-programme efficiency analysis	Health funding is fragmented, leading to inefficient use of resources. The main health programmes financed by donors are implemented in a fragmented, uncoordinated way. This leads to duplication in the use of resources, oversolicitation of implementing actors and sometimes a concentration on the same targets and the same areas of intervention	The WHO country office, with support from P4H-CFP, assisted the Ministry of Health in carrying out a cross-programmatic efficiency analysis. The report was validated at a national multi-sectoral workshop. The report was also disseminated, along with the main recommendations arising from the analysis.	technical support for the collection and analysis of financial data for health programmes.	<ol style="list-style-type: none"> 1. support in mobilising additional resources to fill the GAP for carrying out the analysis 2. Technical support for the organisation of the various workshops in collaboration with WHO and GIZ 3. Dissemination of the main recommendations of the analysis among the partners of the P4H network. 	Development partners in the health sector, as well as the Ministry of Finance, showed great interest in the conclusions of the analysis and the recommendations for better use of resources. The issue of coordination and communication between partners should be strengthened, especially in the current context of experimentation of UHC.
Q1.6 is there an up to date assessment of key public financial management bottlenecks in health?	support for a study on public health finances based on the finhealth tool developed by the world bank. the study was commissioned by GIZ	The Ministry of Health has launched phase 1 of the CSU, but there are still shortcomings in the mobilization of resources and the effective payment of invoices to health facilities. The Ministry of Health's budget provides for budget lines for this expenditure, but these lines are poorly executed at the end of the financial year, leading to delays in payment.	the good financial governance sector carried out an analysis of the difficulties of public finance management in the health sector and highlighted the bottlenecks. The analysis also used the finhealth tool developed by the World Bank to identify areas for improvement in health financing.	the P4H network provided technical support through analysis of the public finance management circuit in Cameroon and also support for analysis of the current difficulties of the Ministry of Health in terms of budget execution	<ol style="list-style-type: none"> 1. mobilization of stakeholders and facilitation of discussions between MOH, MOF, health PTfs and GIZ headquarters 2. support for the organisation of the multi-sectoral workshop to launch and validate the analysis 3. support for the coordination of exchanges between commissioners of similar studies 	The issue of public health finance management in Cameroon remains crucial and constitutes a major challenge for the implementation of the UHC. Despite numerous studies, the recommendations remain poorly implemented. It is important to strengthen dialogue and collaboration between the Ministry of Finance and the Ministry of Health.

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"Q1.2 Are health financing agencies held accountable through appropriate governance arrangements and processes? instruments to affect health behaviours"	Support the establishment of the UHC's governance bodies and provide the necessary technical assistance for their functioning	Considering their recent establishment, it is necessary to continue providing needed support to the CNAS and ANAR in terms of organisation and functioning of their respective governance bodies, in this case their boards of directors.	La CNAS et L'ANAR fonctionnent et les Conseils d'Administration, instances de gouvernance de ces institutions, se tiennent à bonne date. Le Conseil d'Administration de la CNAS adopté tous les documents stratégiques de l'institution en fin 2023	"Drawing up an emergency plan for the UHC at the request of the MOH Preparation of technical sheets for the Board of Directors concerning: the activity plan and annual budget the administrative, financial and accounting procedures handbook CNAS organisation chart, etc."	An ad hoc group chaired by the CFP and including CNAS, ANAR, WHO, GFF, SDC and AFD worked together to draw up the draft emergency plan.	
Q 2.2 how predictable is public funding for health in your country over a number of years?	Support the drafting of regulations and the advocacy for a regular and sustainable transfer of resources from dedicated taxes to the management and regulatory bodies of the UHC	The decree allocating resources to CNAS was signed in 2022. A draft decree setting out the procedures for transferring funds has been drawn up. The L4UHC team, with support from P4H, was trained in leadership and advocacy tools. Unfortunately, to date, no resources have been transferred to the UHC bodies	"A draft joint order (MOH; MOF) setting up the working group on the procedures for transferring funds to CNAS has been proposed. A draft Order setting out the procedures for transferring funds has been drawn up. The L4UHC team carried out several advocacy actions with the country's highest authorities with a view to making resources available to CNAS. In January 2024, the MOF provided CNAS with XAF 3.3 million to start up the AMED scheme."	"Technical support for the Coach in preparing L4UHC team meetings Facilitation of L4UHC team meetings"	The CFP worked in close collaboration with the WHO and the Swiss Cooperation.	Despite the provision of XAF 3.3 million to CNAS, the financing of the UHC requires the introduction of robust instruments to ensure the continuity of funding. It will also be necessary to analyse the adequacy of resources from dedicated taxes to ensure sustainable funding.

Chad continues on the next page

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Q5.3 To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?	Appuyer le ciblage des personnes pauvres dans le cadre du démarrage du régime AMED	Chad has decided to start the UHC with the AMED scheme, which is a non-contributory scheme for the poor. Before the scheme can be effectively launched, the poor must first be identified.	A methodology was developed with the support of P4H	The GIZ on behalf of P4H supported the training of investigators and supplied survey kits through a service contract with the Chad National Institute of Statistics. Household census is underway in the three start-up health districts of the UHC.	With a view to strengthening dialogue and synergy of action between the DPs to support the start-up of the AMED scheme, the monthly meetings of the P4H/Health Financing group have been relaunched under the P4H/CFP banner. The WHO has positioned itself to finance the finalisation of the benefit package, while the AFD has undertaken to support the organisation of the national workshop on strategic purchasing. The P4H/CFP has worked in close collaboration with these different DPs in the preparation of draft ToRs.	The PDs would have to commit to a better alignment of their actions as part of an ongoing dialogue.
Q5.4 Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?	Apporter un appui technique à la finalisation du panier de soins et contribuer à la mettre en place un mécanisme d'achat performant pour la CSU	the effective launch of the UHC requires that the benefits package be defined in an comprehensible way and that the health services promised are actually available in the health facilities. It will also be necessary to ensure that the procurement mechanisms in place are consistent, by clarifying the roles of the various players.	the decree on the benefits package was signed in 2022 and a draft order exists.	Technical support for the drafting of ToRs for the finalisation of the benefit package and the design of a pricing system. Support for the drafting of a concept note and ToR for the organisation of a national workshop on strategic purchasing.		

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"Q 1.1. Is there an up-to-date health financing policy statement guided by goals and based on evidence?"	Support the evaluation of the implementation of the national strategy for financing universal health coverage	Côte d'Ivoire's national health financing strategy (NHFS) dates back to 2015. In a context marked by the implementation of various financing strategies and the setting up of a national health financing coordination platform, it was agreed to carry out an evaluation of the strategy.	The final report of the NHFS evaluation is available and will be used for the 2015 strategy review.	Technical support to build the capacity of the TWG in the use of the HFPM, as well as during the workshops to prepare and validate the evaluation report. Support for dissemination of the report to the national health financing coordination platform.	Support in mobilizing resources from the World Bank for the recruitment of an external evaluator. Collaboration with HQ (Matthew Jowett, Bruno Meessen, Hélène Barroy, Fahdi Dhkimi), Miloud Kaddar) for validation and publication of the report.	"This exercise will be really useful if we use the evaluation of the matrix as a basis for action points; and therefore take the different scores obtained and propose actions to improve them. These proposals will serve as a basis for policy dialogue on health financing." "
"Q 2.2. How predictable is public funding for health in your country over a number of years?"	Support the implementation of a sustainability plan to ensure the sustainability of health programs (malaria, HIV/AIDS, tuberculosis, immunization, nutrition, mother-child health).	Faced with the gradual withdrawal of certain donors by 2030, the gradual transition from external funding to more autonomous and sustainable sources of financing is imperative. This plan deals with the continuity of essential healthcare services, and the sustainable financing of these programs.	The final version of the sustainability plan is now available, and discussions are underway with the Ivorian government to ensure the transition of funding.	active participation and fruitful collaboration with stakeholders during workshops and working meetings; contribution in identifying the risks associated with this transition in order to develop effective mitigation measures to be incorporated into the plan, and in formulating strategies to reduce potential negative impacts	Support for the ministerial peer-learning conference on the transition from Gavi support to sustainable domestic financing for immunization was organized in Abidjan on July 12 and 13, 2024. A final declaration was signed by the 9 countries present and experts from various organizations: GAVI, WHO, UNICEF, USAID, AMP, CDC Africa.	This transition in financing implies financial, institutional and programmatic challenges that require strategic and operational adjustments for successful integration into national health policies after 2030. Technical assistance is needed
"Q 4.1. To what extent is the payment of providers driven by information on the health needs of the population they serve?"	Support the learning program on health financing issues, and strategic purchasing in particular	In an Ivorian national context marked by several reforms and initiatives to achieve UHC, we need to support greater coherence between purchasing mechanisms towards a strategic purchasing vision. This learning agenda around the approach is essential for the accelerated implementation of healthcare financing reforms.	Organization of webinars on strategic purchasing, health financing mechanisms and challenges; and holding of the national workshop on health financing and strategic purchasing of PHC in Côte d'Ivoire.	the organization of the webinar on the theoretical framework of health financing, preparatory work to structure the workshop around the scores of the HFPM in Côte d'Ivoire and thus direct the discussions towards concrete, achievable actions,	This learning agenda program began in November 2023 between the Ivorian government and the World Bank, GFF and WHO.	Need to support the development of a high-level advocacy document to ensure the effective application of the implementation decisions (and enforcement measures) of the various regimes (political commitment required).

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 (<i>l'Agence de régulation des couts des prestations en santé</i>) 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 Solidarity Fund (<i>Fonds de solidarité</i>) is accountable towards a Board of Directors where all representatives of stakeholders 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	<i>Reported under SDG 3.8.1</i>	
	<i>Reported under SDG 3.8.2</i>	
Effective protection	Have new or existing maternity and sickness cash benefits been considered when expanding coverage?	
Service coverage	To what extent is social health protection better integrated into social protection and health financing frameworks?	No cash benefits
Financial protection	Are there effective coordination mechanisms at institutional level, in particular between the Ministry of Health and the Ministries of Labour/Social Affairs?	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 (<i>Conseil national de la CSU</i>) and the technical committee for UHC coordination (<i>Comité technique de Coordination de la CSU</i>).
Integration within social protection strategies		An analysis of the national social protection strategy, including health, is ongoing.

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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 Implementations and revision of health financing strategy	Ethiopia needs a revised health financing strategy to align with its 2035 Universal Health Coverage goals, economic growth, shifting disease burden, and evolving international aid dynamics. This strategy should address high out-of-pocket expenses, support innovations, and enhance resilience to future health crises, ensuring fair, sustainable via domestic financing, and efficient health financing.	Strategic Approval: The Ethiopian Council of Ministers' 37th Assembly meeting approved the revised health financing strategy, marking a critical step towards achieving Universal Health Coverage in 2024. This strategy enhances resource mobilization, improves risk pooling, and introduces more efficient methods for purchasing and payments.	WHO/P4H collaborating with different partners has played a crucial role over the past four years in shaping and supporting the strategy development. This support included providing technical and financial support at various stages, such as conducting fiscal space analysis, situational assessments using the Health Financing Performance Measurement (HFPM) tool, and organizing missions and policy dialogues. WHO/P4H has also facilitated discussions on primary health care financing, domestic resource mobilization, and enhancements in public financial management (PFM) and health insurance systems, as well as supported various capacity-building initiatives.	WHO/P4H has been involved in, co-chaired, and supported the establishment/revitalization of the National Health Financing Technical Working Group (TWG) and the sub-Donor Group (HPN) – Health Financing TWG. Furthermore, in collaboration with various stakeholders, WHO collaborating with different partners has supported the Ministry of Health, Ministry of Finance, and Ethiopian Health Insurance Services in various health financing initiatives. These TWGs serve as platforms for technical consultation, coordination, support, and policy dialogue on health financing and health economics issues. They bring together technical knowledge, lessons, and experiences from global and local experts to advise the government on its medium-term financing strategies for the health sector.	WHO/P4H's role in co-chairing and supporting Ethiopia's health financing TWGs underscores a strong commitment to advancing the health financing framework. However, while these TWGs are valuable, challenges remain in translating discussions into actionable policies. To address this, it is recommended to strengthen monitoring and evaluation, enhance stakeholder engagement, focus on capacity building, promote knowledge sharing from other countries, and ensure the sustainability of these efforts.
Q1.2 Are health financing agencies held accountable through appropriate governance arrangements and processes?						
Q1.2 Is health financing information systemically used to monitor, evaluate and improve policy development and implementation?						

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Q 6.5 Is health expenditure reporting comprehensive, timely, and publicly available?	Institutionalization of production of National Health Accounts (NHA) reports to systematically track health expenditure.	Country capacity to generate and use reliable information on health financing is critical for monitoring, decision-making and efficient use of funds.	<p>Concept Note Preparation: Completed the concept note for the 9th National Health Account (NHA) study, detailing the study's scope, policy questions, deliverables, timeline, and estimated costs.</p> <p>Stakeholder Identification: Identified key stakeholders and partners for the NHA Technical Working Group (TWG), and developed their Terms of Reference (TOR).</p> <p>Resource Mobilization: Secured budget for the institutional survey from WHO, USAID Health Financing Improvement Program, the Fenot Project, and R4D. Integrated the household health expenditure and utilization survey with the Ethiopia Demographic and Health Survey (EDHS)-2024.</p> <p>Capacity Building: Organized training on the System of Health Accounts (SHA) 2011 framework and Health Account Production Tool for NHA technical team members and stakeholders from various agencies, regions, and ministries (April 8-11, 2024).</p> <p>Official Launch: Scheduled the official launch event for the 9th NHA study for March 26, 2024.</p>	The Ministry of Health, in collaboration with WHO/P4H and other partners, is advancing Ethiopia's health financing system through National Health Account (NHA) studies. WHO/P4H has been instrumental in supporting this initiative by providing technical and financial supports throughout the process. This support includes preparing the concept note for the 9th NHA study, outlining the study's scope, deliverables, and costs; forming the Technical Working Group (TWG) by identifying stakeholders and developing their Terms of Reference; securing funding for institutional surveys and integrating the household survey with the Ethiopia Demographic and Health Survey (EDHS)-2024; and initiating capacity-building efforts with scheduled training on the SHA 2011 framework and Health Account Production Tools (HAPT) from April 8-11, 2024. Additionally, WHO/P4H is facilitating the official launch of the study, planned for March 26, 2024. The data collection process has been supported, and remaining activities are proceeding according to the plan.	The NHA is a collaborative process led by the FMOH. The WHO/P4H worked in close cooperation with partners from USAID, CHAI, Fenot Project/Harvard University, the World Bank, WHO and R4D to support the FMOH to complete the 8th round of NHA.	The collaborative efforts of the Ministry of Health, WHO/P4H, and other partners in advancing Ethiopia's health financing system through NHA studies showcase a strong commitment to improvement. Despite significant progress, challenges persist in effectively implementing technical support and integrating NHA findings into actionable policies. To address these, stakeholders should enhance coordination, monitor implementation closely, ensure integration of findings into policy, and maintain timely execution of planned activities.

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<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>prioritization exercise: Costing of the PHC investment plan and Roadmap for the Institutionalization of Health Technology Assessment (HTA) in Ethiopia</p>	<p>"1.The PHC Investment Plan aims to identify and address gaps in Ethiopia's health system by evaluating the current PHC state, assessing health system orientation, and guiding investments to improve implementation and align with national health priorities 2.The roadmap aims to institutionalize Health Technology Assessment (HTA) in Ethiopia to guide evidence-based health sector decisions. Objectives include establishing country structures for HTA, building local capacity, enhancing HTA practices, and optimizing resource allocation and healthcare costs through evidence-based prioritization."</p>	<p>1.The PHC Investment Plan has successfully identified key gaps in Ethiopia's health system through a thorough evaluation of the current state of PHC. Significant progress includes a comprehensive assessment of the health system's orientation towards PHC, which has guided targeted investments. These efforts have enhanced alignment with national health priorities, improving implementation strategies and addressing critical deficiencies in the system. Now, we have supported the full cost of the investment plan. 2. The project advanced by identifying key HTA improvement areas, engaging diverse stakeholders, and establishing an expert working group with clear roles and enhanced skills. Assessments pinpointed gaps and needs, while the HTA framework, unit, and finalized the development of the HTA road map aligned with strategic objectives.</p>	<p>1.The PHC Investment Plan has identified crucial gaps in Ethiopia's health system, leading to targeted investments and improved alignment with national priorities. Now, we have supported the full cost of the investment plan. 2.The HTA road map advanced by analytic areas for improvement, engaging stakeholders, and forming an expert group, resulting in a comprehensive HTA framework, and road map development.</p>	<p>1. The PHC Investment Plan: MOH and WHO collaborating different institutions/partners 2. HTA road map: A wide range of institutions and individuals contributed for the realization of the roadmap which include: MoH, the Ethiopian Public Health Institute, Ethiopian Food and Drug Authority, Ethiopian Health Insurance Service, Ethiopian Pharmaceuticals Supply Services, International Decision Support Initiative, World Health Organization/ P4H, Management Science for Health, Clinton Health Access Initiative, Jimma University, and USAID</p>	<p>Experiences of developing countries with institutionalizing HTA will be mandatory</p>

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Q4.1:To what extent is the payment of providers driven by information on the health needs of the population they serve?	based pilot design of a blended purchasing system	The rationale for the evidence-based pilot design of a blended purchasing system, facilitated by WHO training workshops, lies in consolidating lessons from diverse budgeting methods—line-item budgeting, Performance-Based Financing (PBF), and Capitation. This integrated approach enables the Ministry of Health to streamline funding mechanisms, enhance the effectiveness of community-based health insurance schemes, and optimize resource allocation for improved health system performance.	The intervention has thus introduced a clear roadmap for a move towards a coherent and purposeful blended payment system with capitation as the core payment modality. This would also guide the overall goal of creating higher level (regional) pooling of funds covering the capitation payment.	Provided technical support on the inception report by organizing consultative workshops	The Ministry of Health of Ethiopia and the Ethiopian Health Insurance Service, with The World Bank, The Global Financing Facility, and the WHO/P4H	<ul style="list-style-type: none"> Strategic Purchasing/blended provider payments: recommendations centred on the need to develop a coherent blended payment system, with capitation as the base payment modality for services, and a limited set of performance payments to address some of capitation’s deficits. Action points included testing design of a blended payment system through pilots, ensuring adequate systems are in place for monitoring implementation of the blended payment system, and ensuring that resources are pooled so the payment modalities are properly funded.
Q4.2:Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?						
Q4.3:Do purchasing arrangements promote quality of care?						
Q4.4:Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?						
Q4.5:Is the information on providers’ activities captured by purchasers adequate to guide purchasing decisions?						

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, Social health insurance laws 2023, including SHIF, PHC fund, Emergency, chronic and critical illnesses fund
	Have progresses been made on the inclusion of benefit packages in the law?	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	<i>Reported under SDG 3.8.1</i>	
Financial protection	<i>Reported under SDG 3.8.2</i>	
Cash benefits	Have new or existing maternity and sickness cash benefits been considered when expanding coverage ?	Maternity benefit has been designed and costed, further discussion on implementations is currently on hold and will be resumed after SHA establishment and full taking over of NHIF responsibilities
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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Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the P4H Network
				Technical work	Collaborative work	
Q1.1 Is there an up-to-date health financing statement guided by goals and based on evidence?	Strategic actions should encompass comprehensive preventive care measures, enhancement of healthcare infrastructure, and capacity building for healthcare workforce development. Additionally, implementing targeted interventions to ensure health equity is crucial.	Rationale is to optimize resource utilization for sustainable health improvements, enhance service delivery systems, and address social determinants of health. These measures facilitate the establishment of resilient health systems, capable of delivering equitable health outcomes and adapting to evolving health challenges.	Progress has been challenging and limited. The Government has actually chosen to rely on health insurance schemes to advance towards Universal Health Coverage (UHC). Additionally, it has decided to suspend work on establishing a health insurance fund/third-party payer institution, as well as the work on the creation of a health solidarity fund. Currently, the financial protection mechanisms in health that are forecast cover only 10% of the population.	Support to the development process of the Implementation Plan for the National Health Financing Strategy, as amended by the ministerial directive of December 2022 has been provided. The Implementation Plan was adopted in the first quarter of 2024.	Close collaboration with the Ministry of Public Health, the UHC-Unit, and financial partners, foremost among them the World Bank, in particular regarding the financing of primary health care. To ensure sustainable financing for PHC and thus the resilience of the health system, it is necessary to mobilise more domestic resources for PHC and reduce external funding. Increasing the share of GDP allocated to health expenditures for PHC could be a strategic initial objective for the Government. Establishing a special Treasury allocation account could also be an interesting option, as this resource pooling mechanism would allow the "reservation" and allocation of necessary resources for financing PHC.	As the Government has chosen to rely on health insurance schemes to progress towards Universal Health Coverage (UHC), it is worth considering the possibility of "importing" components of the Senegalese and Rwandan health insurance models to Madagascar. It should be noted, however, that these models are heavily subsidised by the states, sometimes coercive (mandatory enrolment), and their effective implementation assumes a whole set of stringent preliminary conditions, particularly: comprehensive and up-to-date socio-economic data for the entire population, for the stratification of contributions based on income, and a complex administrative infrastructure across the territory for the collection of contributions and the management of funds.

Madagascar continues on the next page

EX ANTE (BASELINE) - JULY 2022			EX POST (EVALUATION) - JUNE 2023			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the P4H Network
				Technical work	Collaborative work	
Q 1.3 Is health financing information systematically used to monitor, evaluate and improve policy development and implementation?	Institutionalizing the production of National Health Accounts is crucial because it ensures consistent and transparent tracking of health expenditures, paving the way for effective resource allocation and policy-making to improve health systems.	This capacity is vital for tracking health expenditures, making informed decisions, and ensuring that funds are used efficiently. Accurate and timely health financing data allows policymakers to identify funding gaps, assess the impact of health policies, and adjust strategies to better meet the health needs of the population, thereby optimizing the allocation and effectiveness of health resources.	The NHA for 2019-2020 and 2021 were successfully completed under the leadership of WHO and LHSS. Results were disseminated and discussed at a high-level policy dialogue and have also been used to inform other policy discussions, e.g. on PHC financing and donor dialogues.	Emphasis is laid on the gradual institutionalisation of the NHA in Madagascar. To this end, we rely on the Guide for the Institutionalisation of Health Accounts in the African Region, published by the AFRO Regional Office in November 2021. The WHO AFRO Guide notably incorporates the World Bank's Integrated Framework for the Institutionalisation of National Health Accounts, which distinguishes five major components: (i) effective governance, along with the necessary capacities and funds; (ii) adequate demand for and relevant use of data; (iii) appropriate production and quality assurance; (iv) appropriate dissemination; and (v) the use of national health account data in the formulation of public policies.	This work is the result of close and constructive collaboration with a wide range of stakeholders: the teams from the Ministry of Health, of course, at the national level, including all relevant departments, foremost among them the DEPSI. Additionally, it involves all health personnel at the regional and local levels, both public and private. Collaboration with financial partners was effective and constructive, particularly LHSS, and UNICEF, who supported WHO throughout this process year-round.	To strengthen the evidence base on health expenditures, enhancing collaboration with INSTAT has become a priority. The very purpose is to obtain updated data on catastrophic health expenditures by households and their levels of poverty. This holistic approach, involving all institutions capable of producing relevant data, should lead to the formulation of precise strategic recommendations aimed at improving the process of resource mobilisation for health, their pooling, and their more efficient and strategic use in procurement.

Madagascar continues on the next page

EX ANTE (BASELINE) - JULY 2022			EX POST (EVALUATION) - JUNE 2023			
Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the P4H Network
				Technical work	Collaborative work	
Q 4.1 To what extent is the payment of providers driven by information of the health needs of the population they serve?	Strategic interventions should include payment models like capitation and performance-based financing, integrated with robust health information systems to align provider payments with the health needs of the population.	The rationale for linking provider payments to population health needs is to ensure healthcare services are both efficient and directly aligned with the specific health challenges of the community. This approach promotes better health outcomes by incentivizing providers to focus on prevention and effective management of diseases, thereby optimizing the use of limited resources and enhancing the sustainability of health systems.	Under the leadership of the World Bank, WHO is providing technical support to the Pilot Project for Financial Protection Mechanism Models in Health within the ONE HEALTH Project (Pandemic Preparedness and Basic Services Support Project in Madagascar: PPSB) in Atsimo-Andrefana, Betioky Sud District. With the aim of facilitating the population's financial access to health services and covering the largest possible number of people, the PPSB project, under its sub-component 2 "Strengthen the resilience and performance of basic health," presents an opportunity to implement the capitation model as a financial protection mechanism for health service users, with the goal of establishing a national model by the end of 2025.	Support provided aims at establishing capitation for priority groups. Two priorities have been defined: (i) Transitioning from fee-for-service to capitation payment, to improve indicators for pregnant women and children under five. The capitation model should also allow health facilities to enhance their service quality; (ii) Strategic purchasing is a key factor in maintaining population adherence to a financial protection mechanism in health (insurance-based). The objectives are to reduce out-of-pocket payments for healthcare access, strengthen the autonomy of health facilities in service delivery, and encourage the population to adhere to a sustainable financial protection mechanism in health (insurance-based).	By working closely together with the World Bank and the UCP, WHO can significantly contribute to the successful implementation of the capitation model, ensuring a smooth transition to a more equitable healthcare financing system focused on priority and vulnerable groups. Within this model, the targets must be well-defined. They will be drawn from the single social registry, which is currently being developed and will be available in 2024. This includes: all members of households identified in the registry or list; expected births added to the list of beneficiaries; elderly individuals; persons with disabilities; persons with chronic illnesses.	The primary risk involves the refusal to treat eligible beneficiaries or providing limited care to avoid incurring expenses from the received funding by the health facility. Another risk is the tendency to refer cases to higher-level facilities without proper justification. To mitigate the risk of substandard quality, it is necessary to develop and adhere to Standard Therapeutic Protocols (at the level of regional district hospitals - CHRD). Additionally, the relevant infrastructures should be equipped with appropriate technical facilities (plateaux techniques), and the Referral Protocols must be well-defined, which includes the regular updating of flowcharts (CSB level).

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the P4H Network
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	Implementation of the purchasing agency and initial operations	Purchasing Agency in operation. Ongoing purchasing functions since end of 2022.	P4H-CFP is invited to serve as one of the advisory board members of the purchasing agency		Continued technical support is necessary. Scale up is needed to fill the service gap. Additional resource mobilization required.
Q4. Purchasing and provider payment	Virtual study tours for partners implementing Strategic Purchasing in Myanmar	"Physical study tours planned but deemed impossible due to funding and logistical issues after the coup in 2021. Partners demand capacity strengthening for their program staff"	Virtual study tours done (Afghanistan, Tanzania, Thailand)	"CFP identified potential countries and topics of focus. A professional interpreter is hired for simultaneous interpretation during the sessions. "	CFP organized and lead the sessions.	"Simultaneous Myanmar language interpretation is provided during the sessions by a professional interpreter. The sessions were well attended and generated demand for further sessions. "
"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.	"Creating open-source information systems are aligned with concepts in investments for Common Goods for Health (CGH) No licensing fees for the software. Growing open-source community."	OpenIMIS deployed and in operation	"Organization of trainings on OpenIMIS for implementing partners Contract Management of OpenIMIS support "	"Creating an OpenIMIS community within the HF circle in Myanmar During the deployment period, weekly meetings were organized. "	Capacity of providers and internet issues continue to be a challenge.

Myanmar continues on the next page

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the P4H Network
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.
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.	The current Health Cluster Coordinator is leaving and a new person is being recruited.

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the P4H Network
Health Financing Policy, Process and Governance	Support the Review of Tanzania Health Financing strategy	Tanzania's Health Financing strategy was first developed in 2013 and finalised in 2016. The primary aim of the strategy was to establish a mandatory National Health Insurance (NHIF). The Interventions aiming at Review the 2016 health financing strategy and come up with the Implementation plan for updating of the Health Financing strategy:	The draft plans and workshop report has been shared with Management of MOH Tanzania Mainlands and Partners has presented the draft plan.	P4H Country Focal person design the interventions, Facilitates the workshops in collaborations with different P4H partners in country	Continue supporting and follow on Activities	
	Support the Development of 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	The strategy has been presented to the Management of the Ministry of Health and the President's office of Finance and Planning and has already got approval to move forward with the implementation plan.	P4H Country Focal person, jointly with different partners (UNICEF, WHO, USAID and Pharmaccess), participates in the development process. P4H currently finances the national Expert to support the development of the costed implementation plan for the strategy.	Continue supporting the development of the costed Implementation Plan and the endorsements of the strategy and its implementation.	
	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 mandatory public health insurance scheme that would benefits Tanzanians and also address the health needs of the population.	UHI Bill for tanzania Mainland has been approved November 2023	<ol style="list-style-type: none"> 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 	Support the Implementation of UHI bill in Tanzania Mainland	

Tanzania continues on the next page

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the P4H Network
Pooling Revenue	Support ZHSF Implementation	in 2022, the revolutionary Government of Zanzibar Pass the Univesal Health insurance act and in July 2023 they started the implementation	in July 2022 started the implementation, up to now the funds has enroll about 12% of the populations, and already started the implementation.	P4H providing technical support on Monitoring the Implementation, finalizations of different tools and plans for inclusion of other group (informal sector and vulnerable populations)	Continue providing technical and finacila support on the implementation	
	UHI implementation in Tanzania Mainland	The UHI act was approved in november 2023, its implementation is expected to start soon and require preparatory Activities	Not yet strated the implementation, in preparatory stages. The draft regulations has already been developed and road map	P4h is supporting these preparatory stages including coordinating different partners to support the implementations	Continue providing technical and finacila support on the implementation	
	Enrollment of informal Sector	Zanzibar Health Services Funds started with formal sector, the big remining challenge is the enrollment of the informal sector to the scheme	not yet strated the implementation, currentl they are on preparations.	P4H is supporting the development of the strategy and also will provide the technical support on how to enrol the informal sector	Will continue providing technical support	

Tanzania continues on the next page

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFCM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the P4H Network
Purchasing and provider payments	ZHSF team to monitor the agreed provider payments mechanism (fees for services).	Zanzibar Health Services Fund is a newly established institution, in October 2023, started reimbursed claims to provider. the need for monitoring the payments is crucial to support its implementations.	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.	
Public Financial Management	Since gaining independence in 1964, the Revolutionary Government of Zanzibar has been providing free services to its population, with facilities not having to receive or manage any resources. However, with the introduction of the Zanzibar Health Service Fund (ZHSF), facilities will now receive reimbursements for claims and need to manage these funds. Consequently, the Ministry of Health (MOH) has prepared the Facility Financial Management Guidelines	To ensure Accountability and transparency and promote sustainable Healthcare financing	The guideline already developed, current the facilities	P4H participated on the development of the guideline, development of training materials and also will participate on the training	P4h will continue support the implementation	

Appointed P4H-CFPs

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

b. Number of national and international institutions contacted to which P4H Network has been explained.

c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

I'd introduce myself as the focal person for Australia and the work for P4H when I meet with local partners that works in the areas of social health protection and/or health financing. For example, I remember mentioning this to colleagues in the National Institute of Public Health in Cambodia.

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/national institutions.

a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

Led a grant application titled "Cambodian Female Migrant Workers in Thailand: Intergenerational Impact of Mobility on Maternal and Child Health" which brought together Mahidol University (Thailand), University of Health Sciences (Cambodia), National University of Singapore (Singapore), Australian National University (Australia), Dreamlopment (NGO in Thailand) and KHANA (NGO in Cambodia). One of the key aspects of the grant is on understanding how migration affects migrant women in their use of health services and social health protection instruments. This grant project is an extension from the webinar series on social health protection for migrant workers and their families which was organised by P4H and ANU between April to June 2023. Sadly the grant application has not been awarded by the funder (Nova Nordisk Foundation) but we will explore more areas of collaboration between the partners in the near future.

Submitted an abstract for a workshop on "Building a Resilient Health Workforce for Global Health Security" that was accepted by the Health Systems Research (HSR) 2024 Conference that will be held in Nagasaki, Japan in November 2024. The panelists comprise of ANU members, ILO (CONNECT) and WHO, and one of the key topics is on the social health protection relating to migrant health workforce across the region.

b. Number of national experts participated in regional and global events.

Knowledge Management

1. Shared news, documents, events, and research studies from the country

a. Number of news and documents proposed for dissemination through the P4H digital platform.

b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

a. Number of P4H Coordination Team meetings, TEG meetings, attended.

P4H-CFP attended about 2-3 CT/TEG meetings

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

a. Number of P4H events and webinars attended.

Attended about 2-3 events/webinars where timezone was possible

Other activities

Number of academic output e.g. publications:

Leading 2 manuscripts 1) Systematic review on social health protection for migrants and 2) Commentary on social health protection for migrants and families in the Asia Pacific region. This work is in collaboration with P4H Community Manager (Aungsumalee) and will extend to other P4H members (e.g. Dr Bayar, Marielle from ILO, etc.) when appropriate.

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

- a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

Fudan University, in collaboration with nearly 20 universities from developing countries, has established a South-South Alliance for Public Health Education and hosted its inaugural meeting in November 2023 in Shanghai.

- b. Number of national and international institutions contacted to which P4H Network has been explained.

Five domestic institutions: Peking University, Sun Yat-sen University, Kunming Medical University, China Center for Disease Control and Prevention, and Shanghai Municipal Center for Disease Control and Prevention.

Four international institutions: University of Southern Denmark, Technical University of Kenya, Muhimbili University of Health and Allied Sciences in Tanzania, and Zanzibar Health Research Institute.

- c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/national institutions.

- a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

With financial support from WPRO, Fudan University led a research initiative to promote global health relationships within countries in the West Pacific Region, working with 4 Asia countries. Based on this research project, an on-site meeting was hosted by Fudan in Shanghai to disseminate the findings. And experts from Mongolia, Cambodia, Australia, Singapore, Malaysia, Egypt, and Bangladesh attended this meeting. Based on this program, a research association was developed.

- b. Number of national experts participated in regional and global events.

Knowledge Management

1. Shared news, documents, events, and research studies from the country

- a. Number of news and documents proposed for dissemination through the P4H digital platform.
- b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

Information and multiple documents including briefs, academic publications, and teaching materials related to public health and universal health coverage were disseminated to international partners in Tanzania (including Zanzibar), Egypt, Somalia, Yemen, Malaysia, Indonesia, and Bangladesh.

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

- a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

Fudan University organized a Public Health Forum “Strengthening primary care in resource-limited settings: Integrated care models facilitated by health information technology” on November 26, 2023. Experts from the following institutes attended this meeting and exchanged their relative experiences and knowledge.

- Ain Shams University Virtual Hospital, Egypt
- Islamic Development Bank
- WHO Eastern Mediterranean Region
- East Africa University Hospital, Somalia
- Ai0Gumhoreya Hospital, Yemen
- University of Southern Denmark, Denmark
- Health Bureau of Yuhuan City, China

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

- a. Number of P4H Coordination Team meetings, TEG meetings, attended.

Attended the TEG meeting in May, 2024

Attended CT meeting in April, May, and Jun. 2024

- a. Number of presentations and topics presented for discussion.

A China case on long-term care (TEG meeting in May 2024)

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

- a. Number of P4H events and webinars attended.

A webinar on Jun. 6 th (The Future of hospitals and health systems for People, places, and Planet)

A webinar on Jun. 28 th (Equity in Health for All: Advancing Social health protection for persons with disabilities)

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

- In December 2023, I organized and held a meeting of CEOs (top leaders) of Mandatory Social Health Insurance Funds (SHIF) of 3 countries in Astana: Kazakhstan; Kyrgyzstan, and Uzbekistan. Experience exchange in health financing and social health protection was agreed to be the goal of collaboration among these three countries. As a result of this meeting, a Memorandum of Understanding was signed between Kazakhstan and Kyrgyzstan's social health insurance funds (currently under review by the Ministry of Foreign Affairs). Also, a MoU is being discussed between Kazakhstan and Uzbekistan. This meeting catalysed the need for a P4H Hub in Central Asia.

- In April 2024, a delegation from Kazakhstan consisting of national level policymakers visited colleagues in the federal agencies of Russia to learn about the experience of the Russian Federation in paying for primary health care and using performance indicators for primary health care organizations in achieving desired health outcomes (how to best get value for money). The parties agreed to continue such collaboration.

- Currently deeply involved in the organization of the international conference on health financing and quality of care, planned on September 17-18, 2024, jointly hosted by P4H and Kazakhstan, which will include the opening of the P4H Eurasian Regional Hub housed in SHIF in Astana

b. Number of national and international institutions contacted to which P4H Network has been explained.

- Meeting of CEOs (top leaders) of **Mandatory Social Health Insurance Funds (SHIF) of three (3) countries** in Astana: Kazakhstan; Kyrgyzstan, and Uzbekistan in December 2023.

- Meeting with the **Health Insurance Fund of Lithuania** in March 2024

- Meeting with the **Federal Social Health Insurance Fund of the Russian Federation** in June 2024 (remotely)

- In June 2024, the **French School of Public Health** exchanged experiences with representatives of the Social Health Insurance Fund. During the meeting, the Chairman of the Board of the Foundation, Abylkair Skakov noted its high importance in capacity building for SHIF staff from potential collaboration with the French colleagues and shared about their membership in P4H. Representatives of the French School of Public Health, Hillier Samuel, Andre Jean-Marie and Bochet Muriel, presented approaches to financing healthcare in France and other EU countries. Two parties discussed health financing and social health protection topics.

c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

- Lithuanian Delegation list (met on 12-14 March 2024):

- 1) **Gintaras Katsevičius**, Director of the National Health Insurance Fund
- 2) **Tatyana Goluvaeva**, Deputy Director of the National Health Insurance Fund
- 3) **Simona Adamkeviciute**, Director of the Economics Department of the National Health Insurance Fund
- 4) **Lina Noreikene**, Head of International Relations Department

- French delegation list from the French School of Public Health:

1) **Hillier Samuel**, Project manager, expert in international project management, capacity building and development of professional training programs, Samuel.HILYER@ehesp.fr.

2) **Andre Jean-Marie**, Expert in social protection and health system financing

3) **Bochet Muriel**, Economist, public health expert

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/national institutions.

a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

b. Number of national experts participated in regional and global events.

- About **50** national experts in health financing from Kazakhstan have participated in more than 6 regional and global events with participation of Kazakhstan as a country

Knowledge Management

1. Shared news, documents, events, and research studies from the country

a. Number of news and documents proposed for dissemination through the P4H digital platform.

1) Key document for Kazakhstan country page: Development strategy of the Social Health Insurance Fund of Kazakhstan for 2020 – 2025. Was posted in May 2024 by EECA community manager with my permission. <https://p4h.world/en/documents/development-strategy-of-the-social-health-insurance-fund-of-kazakhstan-for-2020-2025/>

2) News for Kazakhstan country page about the exchange with the Lithuanian Delegation on 12-14 March 2024 – news not published yet due to migration of the SHIF website

3) News for Kazakhstan country page about the exchange with the Russian Federation agencies in April 2024 – news not published yet due to migration of the SHIF website

4) Information on orphan diseases funding and the launch of a national center for orphan diseases was posted at P4H webpage for Kazakhstan in June 2024: <https://p4h.world/en/news/kazakhstan-opened-a-national-center-for-orphan-diseases-to-coordinate-care-and-monitor-treatment-outcomes/>

b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advice and others)

- Meeting of **Mandatory Social Health Insurance Funds (SHIF)** of Kazakhstan; Kyrgyzstan, and Uzbekistan in December 2023 in person

- Meeting with the **Health Insurance Fund of Lithuania** in March 2024 in person

- Meeting with the **Federal Social Health Insurance Fund of the Russian Federation** in June 2024 (remotely)

- Meeting with the **Health Insurance Agency of Azerbaijan**

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

- SHIF has conducted an evaluation of health financing in Kazakhstan together with the WHO country office in 2023-2024 using a WHO methodology. I as the key person in the evaluation. **The report on the Evaluation of Health Financing in Kazakhstan** was not yet approved to be published publicly.

- **Memorandum of Understanding** was signed between the Mandatory Health Insurance Fund of Kyrgyzstan and SHIF of Kazakhstan

- **Meeting agenda** and meeting summary: meeting of CEOs of health insurance funds of Kazakhstan, Kyrgyzstan and Uzbekistan in December 2023

- **Meeting agenda** and meeting summary: a delegation from Lithuania visited SHIF in March 2024

- **Meeting agenda and meeting summary:** a delegation from Kazakhstan consisting of national-level policymakers visited colleagues in the federal agencies of Russia in Moscow in person, in April 2024.

- **Meeting agenda and meeting summary:** Federal Mandatory Health Insurance Fund of Russia and SHIF of Kazakhstan had an exchange meeting in June 2024 virtually.

- **Meeting agenda and meeting summary:** a delegation from the French School of Public Health in June 2024

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

a. Number of P4H Coordination Team meetings, TEG meetings, attended.

- SG from Kazakhstan Gulzhan Shaikhybekova participated in-person at the SG meeting in Paris in November 2023. Her visit was facilitated by CFP and EECA community manager.

- CFP attended two P4H meetings virtually (one for TEG, one for CFPs)

b. Number of presentations and topics presented for discussion.

- Opening of the Eurasian Regional Hub in Astana in 2024

- About Kazakhstan's experience in health financing and social health protection reforms (during SG meeting and meeting with CNAM in Paris)

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

a. Number of P4H events and webinars attended.

I am the key person in the organization of the international conference on health financing and quality of care, planned on September 17-18, 2024, jointly hosted by P4H and Kazakhstan, which will include the opening of the P4H Eurasian Regional Hub housed in SHIF in Astana

Other activities

Creation of a new website of the Social Health Insurance Fund of Kazakhstan

SHIF of Kazakhstan has migrated its website to achieve a more transparent and user-friendly information-sharing

Creation of the Situational-Analytical Center of the Social Health Insurance Fund of Kazakhstan

SHIF of Kazakhstan has created a Situational-Analytical Center which is led by me (P4H-CFP), which collects data from various regional and national information systems on health financing and functions as a data analytics center that disseminates information from over 500 indicators through over 1000 dashboards that describe health financing and social health protection in Kazakhstan.

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

- a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

Hybrid workshop in Jakarta

- b. Number of national and international institutions contacted to which P4H Network has been explained.

Health Systems Global and Agency for Health Policies Development (Indonesian: Badan Kebijakan Pembangunan Kesehatan, BKPK) in Indonesia

- c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

I was able to explain the P4H network and our work on domestic financing for HPSR at the workshop to numerous researchers from different Asian countries including Indonesia, the Philippines, and Cambodia

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/ national institutions.

- a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

1 document “Social health protection and health financing for universal health coverage in the Republic of Korea” was written and uploaded

1 article “Beyond reducing direct medical cost: examining health outcomes in tuberculosis through a difference-in-differences analysis of South Korea’s out-of-pocket payment exception policy” was posted.

3 other peer-reviewed articles related to Korean health financing and social health protection were under review or pending.

- b. Number of national experts participated in regional and global events.

Knowledge Management

1. Shared news, documents, events, and research studies from the country

- a. Number of news and documents proposed for dissemination through the P4H digital platform.
- b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

- a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

The Korean timeline has been discussed, and we are waiting for technical support. The Korean country page overview is also ready to be updated.

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

- a. Number of P4H Coordination Team meetings, TEG meetings, attended.

- P4H Academic Group Meeting on July 10, 2024
- P4H Coordination Team meeting on 11 June 2024
- P4H-TEG meeting: Social health protection and health financing for aging and vulnerable populations on May 21-22, 2024
- P4H Coordination Team meeting on April 23, 2024
- P4H Coordination Team meeting on March 13, 2024
- P4H Coordination Team meeting on Jan 30 2024
- 2 Meetings for M&E WG (4/24, 6/11)
- 4 TEG preparation meetings (3/8, 3/15, 4/8, 4/15)
- 2 Meetings for country page and timeline updates (3/19, 4/17, 5/9)
- Meeting for CFPs appointed on March 12, 2024

- b. Number of presentations and topics presented for discussion.

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

- a. Number of P4H events and webinars attended.

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

HTA conference in which participated speakers from the Netherlands, Belarus, Kyrgyzstan and special guest Dr. Sharma Tarang, technical officer, WHO Regional Office for Europe, Denmark

b. Number of national and international institutions contacted to which P4H Network has been explained.

c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

I was able to explain the P4H network and our work on domestic financing for HPSR at the workshop to numerous researchers from different Asian countries including Indonesia, the Philippines, and Cambodia

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/ national institutions.

a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

Circle of Kindness Foundation – a new payment mechanism to support rare and life-threatening diseases in Russia

b. Number of national experts participated in regional and global events.

300 experts participated in the HTA conference held by the Center for Healthcare Quality Assessment & Control

Knowledge Management

1. Shared news, documents, events, and research studies from the country

a. Number of news and documents proposed for dissemination through the P4H digital platform.

b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

a. Number of P4H Coordination Team meetings, TEG meetings, attended.

- P4H Coordination Team meeting – November 21

- P4H-CT meeting – January 30

- P4H Coordination Team – March 13

- P4H-CT – April 23

- P4H-CT – June 11

- Collaboration on rare diseases – June 25

b. Number of presentations and topics presented for discussion.

Financing of rare (orphan diseases)

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

a. Number of P4H events and webinars attended.

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

In December 2023, we organized a dissemination of the results of the 2017-2021 health account and training of regional level actors on the use of the health financing monitoring platform in the 14 regions of Senegal. In December 2023, we participated in the technical validation of the Compact, which is a document that materializes the alignment of DPs in Senegal.

Health Financing Progress Monitoring Matrix technically validated but not yet published by WHO

b. Number of national and international institutions contacted to which P4H Network has been explained.

c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/ national institutions.

a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

b. Number of national experts participated in regional and global events.

Knowledge Management

1. Shared news, documents, events, and research studies from the country

a. Number of news and documents proposed for dissemination through the P4H digital platform.

b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

a. Number of P4H Coordination Team meetings, TEG meetings, attended.

We participated in the P4H meeting (one for the TEG, one for the CFP) on May 21, 2024

REPORT OF APPOINTED P4H-CFP

YEAR 2023-2024

Fostering partnerships and creating networks

1. Established contacts, organized/ participated in regional/ national consultations and webinars that discussed health financing and social health protection topics.

- a. Number of regional and national events, consultations and webinars that P4H has promoted, presented or engaged.

A presentation on Thailand Diabetes & UHC made during the ACCISS Study Multi-stakeholder Meeting (December 4, 2023)

- b. Number of national and international institutions contacted to which P4H Network has been explained.

- c. List of people and contacts in the national government, non-government and international development and partner agencies met to introduce and discuss P4H partnership collaboration.

2. Facilitated partnership collaboration between P4H and other regional/national networks or international/national institutions.

- a. Number of new and ongoing regional and national networks or international and national institutions engaged with P4H activities and events during the reporting period.

- b. Number of national experts participated in regional and global events.

Knowledge Management

1. Shared news, documents, events, and research studies from the country

- a. Number of news and documents proposed for dissemination through the P4H digital platform.

Articles

- Contracting the private health sector in Thailand's Universal Health Coverage
- Tying health taxes to health promotion is popular and effective in Thailand

Key documents

- The Kingdom of Thailand Health System Review
- The Management of Provider Payments in the Universal Coverage Scheme in Thailand
- Health systems development in Thailand: a solid platform for successful implementation of universal health coverage

- b. Number of connections or direct support provided to other countries through the Network (document sharing or information sharing through speech, advise and others)

Supporting Htet, CFP in Myanmar, in arrangement of virtual study tour to Thailand for audiences in Myanmar. The topic is Evaluation of Strategic Purchasing towards UHC in Thailand: 50 years of experiences which held on December 19, 2023.

2. Initiated, supported, facilitated, or led knowledge exchange or sharing activities, including research.

- a. Number of products for knowledge exchange or sharing created and co-created (e.g., road map, timeline, documents, reports, webinar concept note, meeting agenda and executive summary and others)

- Thailand's timeline has been developed and designed for country page, and waiting for final editing.
- Thailand's overview has been created and uploaded in the country page
- Data on Thailand's diabetes UHC to support the study on Access to Diabetes & UHC for Health Access International & Geneva University in collaboration with P4H

Contributing to P4H Activities

1. Participation in P4H team activities organized by the P4H Coordination Desk.

- a. Number of P4H Coordination Team meetings, TEG meetings, attended.

- P4H-TEG meeting: Social health protection and health financing for aging and vulnerable populations on May 21-22, 2024
- P4H Coordination Team meeting on March 13, 2024
- P4H Coordination Team meeting on Jan 30 2024
- P4H-SG meeting on November 29, 2023
- P4H Coordination Team meeting on November 21, 2023
- Meeting with P4H-CFP on September 26, 2023
- P4H Coordination Team meeting on September 26, 2024

- b. Number of presentations and topics presented for discussion.

P4H-SG meeting on 29 November 2023 in topic "Contribution of Thailand's P4H appointed CFP in 2022-2023"

2. Participation in P4H country and regional level activities such as webinars on health financing and social health protection topics.

- a. Number of P4H events and webinars attended.

[Equity in Health for All: Advancing Social Health Protection for Persons with Disabilities on June 27, 2024](#)



www.p4h.world

Disclaimer

This annex to the annual review contains general information about the P4H Network and is intended for informational purposes only. The information contained in this annex to the annual review is a summary only of the activities carried out by the P4H Network during the period from July 2023 through June 2024. It is not complete and does not include all material information. Please refer to the P4H Network website, www.p4h.world, for further information concerning specific activities or contact a staff member of the P4H Coordination Desk.

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