



Technical Exchange Group (TEG) Meeting Report

September 22, 2021

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Outline

Document aims

- Offering the key discussion points and themes from the September 22nd meeting of the P4H Technical Exchange Group

Content

- Background
- Summary of the Meeting
- Highlights from Session
- Closing
- Attachment A: Meeting Agenda
- Attachment B: List of Participants

This document has been prepared by

Adam Yitna of the facilitation vendor, Training Resources Group, Inc. (TRG) with review from the Mathilde Mailfert, P4H Network Coordination Desk.

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Background

Overview

The P4H Technical Exchange Group held a two-hour virtual meeting September 22nd, 2021. The P4H Coordination Desk (CD) prepared the meeting agenda in consultation with the three Technical Exchange Group TEG Co-Chairs. Graeme Frelick, from Training Resources Group, Inc. (TRG), supported the preparation and facilitation of the meeting. Adam Yitna, the notetaker from TRG, prepared this summary of the two sessions. Anthony Reid of TRG provided production support.

Meeting Objectives

- 1) Reach agreement on the 2021-2022 work plan version
- 2) Gather additional suggestions on collaborative activities
- 3) Gather comments on the annual review

See Attachment A: P4H Network TEG September 22, 2021 Meeting Agenda

Participation

There were 33 participants connected to the P4H Network Technical Exchange Group.

See Attachment B: List of participants

Highlights from the Meeting

I. Welcome and Overview

Ellen Van De Poel and Thorsten Behrendt, TEG Co-chairs, started the meeting.

Key Points:

- Offered appreciations to the CD and TRG for the preparation of the meeting and the P4H Network Steering Group (SG) as well as for the preparation of an impressive and comprehensive annual review and work plan that consider the SG's priorities.
- Expressed that the co-chairs want the TEG not only to be a forum to present and discuss technical topics and questions but also link national and global levels and plan joint collaborations. In this context, the co-chairs welcome new initiatives under TEG. Among others, there is the joint work plan program on aligning partner support with the SFHA.
- Highlighted that the TEG sees this work on cross programmatic efficiency with WHO as being complementary to its work on health financing and social health protection.
- Mentioned that wider public financial management system of countries, when it comes to external financing and align technical and financial assistance, should be a stronger focus.
- Stated that the co-chairs remain very open to other P4H members to make suggestions, offer topics for discussion, and collaborate under the TEG.
- Commented that co-chairs of the TEG welcome initiatives and suggestions of any partners to move away from heavy discussions and begin implementing concrete work programs, deliverables, and actions.
- Emphasized that moving forward, the TEG must transition from a process-heavy way of working and thinking towards an action-oriented results-based working and thinking particularly within the context of this virtual working world.

II. Presentation of the Current CD version of the work plan

Alexis Bigeard, WHO, offered an overview of the current Coordination Desk workplan:

- The results framework was shared and approved at the July 7 extraordinary SG meeting. It provides a vision of where to aim. The workplan can be found within the model and is focused on outputs by trying to link the activities with immediate P4H expected results.
See Attachment C: P4H Results Framework
- The ToRs contain five expected outputs of the network. The short version is written as follows:
 - 1) high level multi sectoral commitments to financing UHC
 - 2) functional health financing networks
 - 3) collaboration with other HSS networks
 - 4) coherent collaboration frameworks and
 - 5) Innovations for health financing.
- The idea of the work plan is to reconsider the basic definitions of these outputs and sub outputs that capture different ideas that are combined in each of the sentences. These restructured definitions can be found in the document.

First Output

- The first output is high-level multisector commitment to financing UHC. Within it, there are two crucial sub outputs, which are collaboration on public domestic funding and facilitation of national dialogue on financing UHC. Under collaboration on public domestic funding sub output, an example of workstream is collaboration on fiscal space/health taxes. Under the facilitation of national dialogue on financing UHC sub output, identified workstreams include country pages documentation and L4UHC cycles.
- The excel format of the work plan was shared with the SG members prior to the meeting. In this format the first column shows the breakdown of the outputs into different topics, the second column shows the Workstreams, and the third column represents the activities. The data shows seventeen sub outputs, forty-seven workstreams, and ninety-one past and future activities. This was made with the intention of taking last year's feedback regarding clearer M&E and accountability of the network. It was designed to list activities and link them to P4H expected outcomes through workstreams and sub outputs.

Second Output

- The second output is functional health financing networks. Within it there are three important sub outputs which are country level, global level, and regional level. Under country level, the identified work streams include for example the set facilitation of inclusive country HF networks by P4H-CFP. Under global level the work streams include SF, TEG &CT meetings, and the annual review among others. Under regional level examples of workstreams include community management work like in Asia, CIS countries, and Africa.

Third Output

- The third output is coherent collaboration frameworks. The sub outputs for this are Joint TA (and other collaborative support modalities), alignment, and knowledge management/ global goods. Under Joint TA, the identified workstream is joint capacity building collaboration with agencies. Under alignment, the workstream includes some CFP Terms of Reference for Capacity building. Under knowledge management/global goods, the workstreams include P4H digital platform, P4H social media, webinars, blogs, and country documentation.

Fourth Output

- The fourth output is the collaboration with other HSS network. The sub outputs include HF and pandemic preparedness and response, collaboration with the UHC 2030 secretariat, collaboration with other GAP accelerator, HF and general UHC, and HF and data. Under HF and pandemic preparedness and response, an example of workstream is the ACTA-HF Workstream. Under collaboration with the UHC 2030 secretariat, one of the identified workstreams is HSR symposium. Under collaboration with other GAP accelerator, one workstream is collaborations in Fragile Contexts. Under HF and general UHC, an example of workstream is collaboration in advocacy. Finally, under HF and data, an example of identified workstream is providing support to emerging collaborations.

Fifth Output

- The fifth and final output is innovation for health financing. The sub outputs include Political economy of collaboration on health financing, prototyping innovative collaborations for specialized support, L4UHC program, and other prototyping. Under prototyping innovative collaborations for specialized support, an example of workstream incorporates legal aspects of HF/SHP. Under political economy of collaboration on health financing an example of workstream is piloting the Pet. Under the L4UHC, an example of workstream is L4UHC product development. The other prototyping is new and there is not yet a defined work stream under it.

III. ACT-A Health Systems Connector: Health financing for the COVID-19

Response

Susan Sparks, WHO, gave an overview of the health financing for COVID-19 Response and guidance note for national budgetary guidelines that was jointly developed in the framework of the ACT-A Health Systems Connector with the World Bank, P4H, GFF and WHO:

- There was a dual aim when this guidance was being developed. Firstly, the recognition of the need to reorient budgetary arrangements for the actual COVID-19 response with regards to the delivery of vaccine therapeutics and diagnostics. Secondly, trying to balance short-term emergency needs with sustained commitment to medium and long-term need, potential distortions, and sustainability related concerns. It is important to note that the topics that are presented in this document represent overall health financing and guidance that is not necessarily specific to COVID-19 but tailored to the COVID-19 context.
- With regards to focus, the guidance pinpoints budgetary dialogue itself rather than general policy. This is recognition that annual and medium-term budget preparation process and platforms are really where the rubber meets the road in terms of how resources are translated into services, how they flow through the system, who gets what, how and when. This dialogue can be used to facilitate decisions by key stakeholders both in short term and long term and show that this is not only a health sector related issue but a government-wide budgetary response.
- The guidance outlines a process and content for comprehensive budgeting and financing for a financing agenda. However, this is not a one-size fits all approach and there needs to be a structured process of analysis adapted, applied, and prioritized, country by country. It promotes an action agenda for specific types of analytical work. The guideline developers (organizations stated at the beginning) will share a menu of ToRs that can support the various parts of the workstream and can be applied at the country level to facilitate that technical support, technical analysis, and budgetary response.

- The guidance walks through what, whom and how to finance. The beginning starts with the question of 'what' are the inputs and related health system components and the enabling environment (policy and coordination and what we call common goods for health but really those by the enabling environment), that needs to be in place to effectively roll out in this case, the COVID-19 therapeutics and vaccines and supplies? Once inputs are added to the equation, the question becomes how do they map to capital versus recurrent budgets and what is relevant in the next six to 12 months versus the longer term one to six years? A good example of the 'whom' is Papua New Guinea (PNG) and alignment between a national sub national, ministerial fund holder, and mapping this back to the costing.
- The 'how' is informed by the fiscal scenarios, fiscal adjustments, and the macro fiscal picture and how to make sure those fiscal scenarios, go hand in hand with one another. Another big issue is with PFM adjustments and the flexibilities particularly the rush towards extra budgetary funds. What does the structure of that budget look like? who needs to be involved in that? And where are the bottlenecks in terms of budget execution?
- Connected with the guidelines is an illustration of a disaggregated budgetary oriented way for vaccination that conveys what is needed to roll out the COVID-19 vaccination. The first column shows budget inputs, within a health system context, and conveyed in the short and medium term. How can we as technical partners help support this more rigorous step when engaged in budgetary dialogue?
- When creating the guideline, the idea of tracking and accountability was of high importance. Without accountability, flexibility invites abuse. Tracking aims to provide a full picture on funding source, allocation, disbursement, and spending on COVID-19. It demonstrates transparency and accountability, and therefore, improve the trust on the governments. Health spending patterns, before and during COVID-19, provide strategic information for investing in sustainable and resilient health systems. Finally, partners and governments must make collaborative efforts in tracking the resources. For instance, WHO health financing, health security teams, GFF and World Bank work closely with national governments in producing this information for monitoring the performance and promoting the evidence-informed policy-making process.
- The presentation also included a section about some of the early results from budget dialogue in PNG and what was found after an analysis on the What, How, and Whom as well as the tracking and accountability.
- The final section was a summary of actions/analytics needed to prepare the national budget process, which includes elements like the activities needed to finance/budget holders, cost, macro-fiscal and health spending analyses, Public financial management analyses, and resource tracking/mapping.)

(The full presentation can be provided upon request)

IV. Documentation of Health Financing Process: The Republic of Korea

Bayarsaikhan Dorjsuren, CD, briefly took the floor expressing that knowledge management and improvement of different digital platforms, including digital pages, is an important component of the P4H work plan 2021 and 2022. Under this activity is the documentation of health financing, social health protection and reform process in countries which are more advanced. He stated one of these countries is the Republic of Korea and introduced Juhyeon Moon, MPH, Seoul National University School of Public Health.

Juhyeon Moon, Seoul National University School of Public Health, presented the documentation of health financing process of the Republic of Korea.

- The main purpose of this presentation is a brief update on ongoing work to document health financing and social health protection reforms for UHC in the Republic of Korea. This work is part of the agreement signed between P4H and the consultant associated with the School of Public Health, Seoul National University.
- There are two main objectives. Firstly, to review, update, improve and propose a professional and exemplary Korean country page design. Secondly, to review and write an analytical document on past and present reforms for health financing and social health protection toward UHC. The expected outcomes of this meeting include professional renewal of Korea country page including timeline, news, events, and collaborations, validated analytical review document to guide the timeline of health financing and social health protection reforms in Korea, and proposals of other news, information, events, and analytical studies/ publications regarding reforms in Korea.
- A brief overview of the content of the document was provided (refer to the annex for details). This was followed by an overview of the process which includes five main steps- 1) review policy measures and changes from the beginning of the health care system to the latest reforms. 2) Analyzing literature findings and quantitative data 3) Documenting the history of health financing and social health protection reforms in Korea 4) Validating the document by peer discussion and consultation with other experts 5) Continuing the process regarding the latest health financing reforms. These five steps can be viewed in the form of a cycle diagram (refer to annex).
- Critical actions have been identified to improve the development of the document. Firstly, reviewing resources from public institutions is key. This includes gathering academic articles open/closed access publications and other presentation materials from organizations like the Ministry of Health and Welfare (MOHW), Korea Institute for Health and Social Affairs (KHSA), and National Health Insurance Service (HIRA). Secondly, organizing personal meetings and group discussions with experts in academia, research institutions and government. Thirdly, improving documentation to protect health financing and social health protection reforms and Korea. Finally, finding more ways to build teamwork for validation with continued advice and support from Professor Soonman Kwon.
- Finally, there was a quick overview of the Current Korea Country page design, followed up with a presentation of new features. As a global network, the P4H country page contributes to improving access to online materials and documents like Korea. The key focuses of this overview included collaborations, highlights, latest documents, and timeline each of which identified issues and ideas with implementation (details of this overview can be referenced.)

Discussion

Documentation logistic and comments?

- Finding documents from the government and other public organizations in English is not common. There needs to be a way to break the language barrier.
- AI translation could be a potential solution, especially when producing such a high volume of documents and content in Korean that need to be translated.
- The Korean example is an excellent illustration of how a country page could be improved so well (in terms of quality and relevance)

V. Capacity building of CFP on SFHA group members' funding mechanism

Ellen Van De Poel, GFF, on Capacity building of CFP on SFHA group members' funding mechanisms.

- The goal of all these efforts is to become clearer on what alignment is, what role could P4H play, especially with the CFPs, in this alignment agenda and what sort of support is needed for them to play that role effectively.
- There are different elements that contribute to the definition of alignment. Firstly, supporting consensus creation on a HF reform agenda with relevant results framework for monitoring progress- Do we have a common vision of what is 'good HF'? and are we aligning national priorities? Secondly, effectively coordinating TA in support of this agenda, which includes joint TA and mutually informed TA. Thirdly, ensuring financial instruments (loans/grants) link to this agenda and pushes forward its implementation.
- There is limited knowledge about this but there is mutual accountability for CFPs at country level, to play that coordinated role and ensure that investments are linked to the relevant agenda. They also need to be integrated and part of the process of the allocation of resources and be able to flag issues to headquarters for example when country teams are not effectively coordinating to fulfill the agenda.
- The goal of the community of practice being launched next week has two main objectives- Firstly, to better equip CFPs with an understanding of technical instruments and funding cycles and how to effectively link such funding instruments to the implementation of health financing agenda. Secondly, create a safe space for people to share experiences of why this can work and what commitment is needed from these agencies. The Global Fund, GAVI The World Bank, and GFF have committed to better aligning around health financing issues at country level and having meaningful conversations between headquarters. Progress can be made on better aligning tools, but capacity is needed on the ground to push this forward daily, particularly in countries that are quite heavily donor dependent.
- The first session will be an interactive session that will hopefully create a shared understanding of what this alignment will look like at a country level. The idea will be for CFPs to discuss what is needed and what are the challenges with supporting replication of good practice, and to brainstorm what kind of support is needed and how to best tailor next activities.
- These efforts are supported by the Coordination Desk and other P4H partners, and many other SFHA agencies. With so much support, the hope is to create a system where the funding agency behind each CFP is not relevant, but the focus is rather on jointly reinforcing the capacity of these CFPs to become more accountable but also for the agencies to become more accountable to these people at country level. This is supported by global level initiatives through the accelerator but also through the Alignment Working Group that was recently set up under the GFF investors group, which is led by the Minister of Health of Ethiopia. The Alignment Working Group (AWG) to bring together a few countries, to get more clarity on what the alignment agenda, what are the real bottlenecks for countries, what economic and incentive structure is needed to deal with this at scale and what sort of action is needed from the agencies.

VI. Deployment of P4H Country Focal Person In Namibia

Mary Brantuo, WHO Country Office, Namibia presented the experience in Namibia in deployment of CFPs.

- The process of deploying someone from the P4H network has been owned and led by the MOHSS. This has been a key priority of the Ministry of Health and a policy framework that has been developed since 2018.
- One of the concerns that the Ministry was that there were discussions around UHC but no progress. For that reason, the Ministry of Health requested help from WHO to see if someone could be assigned specifically to advance the UHC agenda. There was an initial request about two or three years ago, but this could not happen. WHO supported as it could but was not able to meet the expectation of the Ministry of Health. The African Collaborative for Health Financing Solutions (ACS), which receives its funding from USAID, reached out to the Ministry of Health and collaborated with WHO to facilitate support from the P4H network. The WHO country office saw this as an opportunity to fulfill the Ministry's initial request and provide more dedicated support towards advancing UHC.
- Using the request from the Ministry of Health, WHO developed the ToRs for the consultant which have been developed but not finalized. There are also a lot of discussions about the minimum package and some issues that need to be resolved regarding strategies for health financing. USAID has been the biggest partner to Namibia in expediting this process.
- Based on the ToRs for the support, the recruitment was done with international advertising. Several candidates were shortlisted, and interviews were conducted from the regional office and headquarter. After going through the process, a consultant from Uganda was selected. Although Key deliverables are still being decided, she has been successfully working for about two weeks.
- The Ministry of Health is pleased with the support and looking forward to further accelerating the UHC agenda.

Discussion

Alignment agenda in Namibia

- The ToR in Namibia is centered mainly on advancing UHC agenda.
- This is a broad agenda focuses on technical skills but also highlights coordinating and aligning roles of the CFP, the government and different health partners in Namibia including several U.S Government agencies, the U.N, and the Global Fund.
- The Namibia CFP has been working in the policy unit, assessing governance structure and how to bring more stakeholders into the discussion that are aligned in fulfilling the agenda

CFP Deployment process/resources

- Namibia is an interesting example because it has strong leadership and much less dominant dependency. It is one of several countries that have benefited from CFPs.
- Each country and each deployment are extremely specific, so more examples are needed to get a full understanding of certain situations.
- Within the workplan, several activities tried to list the process of deployment and systematic activities. The first step is always getting a request from the government and having dialogues to understand the need.

- The annual review and annexes have clear and detailed information and try to capture the essence of what is happening in country. There are templates used to guide CFPs and outline the health financing reforms and processes they have been participating in as per outcome of the network.

VII. Additional Suggestions on collaborative activities- specifically on social health protection

Mathilde Mailfert, CD, presented some additional suggestions on collaborative activities:

- The focus of this presentation was on the social health protection focus of P4H, whose importance was reiterated several times in previous SG meetings. After scanning the CFPs reporting for 2020-2021, there was important information that came back regarding social health protection. There were three main areas of work that were identified.
- The first area is legal frameworks for social health protection. There is high engagement in this area namely from Cambodia, India, Myanmar, Indonesia, Vietnam, and Tanzania. These countries have collaborated and inputted/adopted these processes.
- The second area is transition of community-based health insurance to national systems, which sees engagement from Chad, Nigeria, Senegal and Tanzania and effort in bringing Community-Based Health Insurances (CBHIs) into health protection systems
- The final area of work is capacity building and links with social protection systems academic and professional networks where the most engagement was seen in India, Myanmar, and Vietnam.

Additional Suggestions/Contributions/Discussions

- France has a program that is an initiative for health financing in Africa (I3S) and is related to the transition of community-based health insurance to national based systems. It has been accompanied by a research program called (Uni Sahel) that aims at studying intervention to achieve UHC in Mali, Senegal, and Chad. Studying the impacts of these projects on health financing, barriers of healthcare, and the perception of these actions on the population. How do P4H partners evaluate, and measure impacts of a health financing programs and how do they deal with operational research?
- France brings forward three proposals:
 1. Creating a shared excel sheet where country by country, initiatives can be listed with two or three words of explanation of the work being done. This would be voluntary and would provide an overview and create visibility about what other members are doing/ create collaboration opportunities.
 2. Using the data from the CFP information in the work plan to draft a communication document with infographics with important figures, activities, and challenges at regional or country level. Working with a consultant or University Students to make analytical work of this by comparing two or three countries to identify shared challenges and shared solutions.
 3. There will be a view of the ACTA Accelerator and it would be relevant to have the viewpoint of the CFPs with regards to its usefulness, successes, and failures.

Responses

- Agreement with France- In most countries, technical assistance is implemented so it would be interesting to share experience with different partners about certain issues and how to tackle them. In addition, finding ways to strengthen social protection. The Alignment Working Group seems like a great space to have these discussions.
- Social protection and health financing remain top priorities. The areas where the core work is being done with CFPs are Cambodia, Myanmar, and Tanzania. There should be more exchange with France, ILO, and CD on how to improve collaborative work and alignment.

VIII. Comments on the draft annual review

Bayarsaikhan Dorjsuren, P4H CD, took the floor to comment on the draft annual review:

- There were five highlights that were overviewed during the presentation. The first highlight is teamwork. There were several main activities undertaken at the global, regional, and country levels from July 2020 to June 2021. Last year was considered a crisis because of the COVID-19 but this year has shown a lot of progress in all fields- vaccines, extended collaboration on each country page, COVID financing, and vaccine financing. These successes have brought a lot of hope which means the focus of the review for this year is progress. This year's report was professionally edited to clarify some terms for each member and organization.
- The second point is that the annual review follows the P4H results' framework. This framework was discussed during the TEG meeting held in June. It identifies main outputs, expected results, and ToRs.
- Thirdly, there have been changes to the P4H members and Coordination Team. During the review period there were no changes at the member's level. Thailand hopes to join the SG during next week's meeting. However, there have been new CFPs in Ethiopia and Russia that have been noted in the report. Additionally, the coordination team and strengthened and extended. (These changes can all be noted in the digital copy of the report).
- The P4H digital platform has been greatly improved and modified which has led to an increased numbers of visitors in different spaces of the platform. This has expanded with the creation of social media accounts on Twitter, YouTube, LinkedIn which increase space for blogs about health financing, COVID-19 financing or vaccine financing.
- The final highlight are the new features of the annual report. Firstly, there is a new section called 'Look ahead' which will include some activities that were not previously included in the annual review. Secondly, there is a supplementary technical attachment (mentioned by Alexis and Mathilde) that provides additional information about CFPs.
- Overall, from the report alignment and social health protection can be seen, which are both instrumental.

Discussion

- In terms of procedure, it might be a good idea to have more time between the TEG meetings and SG meetings to incorporate comments into the report before it is present to the SG

- There needs to be more work on output based rather than process related perspective and use the M&E framework to contextualize indicators. This would give the SG and donors of the network a better idea of what is actually being done at country level.
- TEG is willing to help CD with translation support
- France will support translation on the French side
- The CFPs did a great job with reporting, particularly giving the volume of work and level of detail in the reports
- The report should reflect more of the situation at a global and country level as it links to the priorities defined in the SG and results framework.
- There should be some more key examples of alignment of coordinated actions at country level, maybe in the form of a table

IX. Closing

Lou Tessier, ILO and TEG co-chair, gave some closing remarks to the meeting congratulating everyone that spoke and provided an update on the different workstreams. She mentioned that the TEG has found its stride and hopes that everyone is finding the regular meetings useful in preparing for SG meetings but also in fostering regular exchanges and providing a platform to share information and progress on work. She stated this forum is evolving to be more focused on technical work and less about processes and wrapped up by thanking the CD for their work.

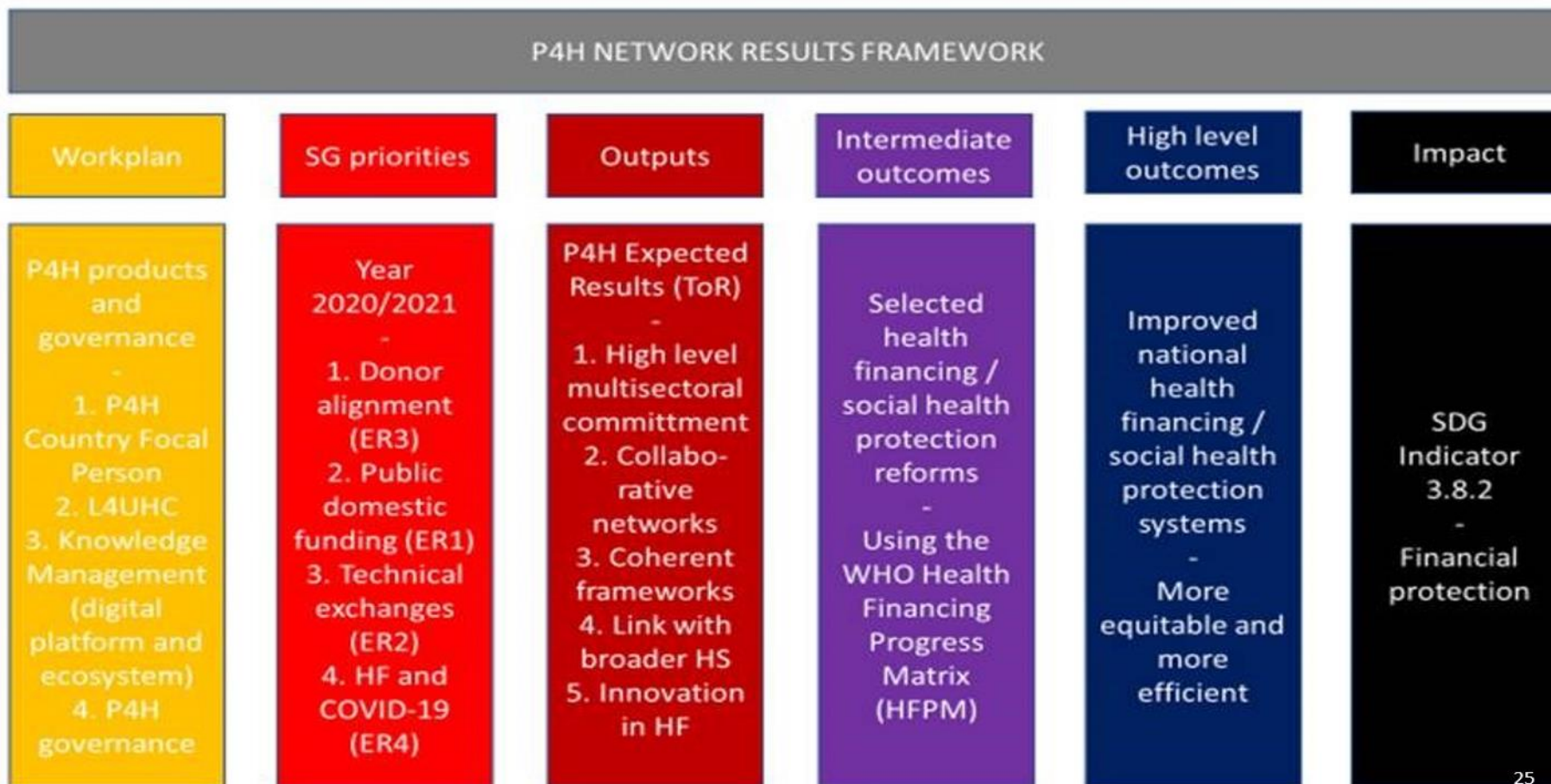
Attachment A: P4H Network TEG September 22, 2021, Meeting Agenda

Welcome and Session Overview	Thorsten Behrendt, Ellen Van De Poel, TEG Co-chairs
Presentation of the current CD version of the work plan <ul style="list-style-type: none"> • Overview of outputs and workstreams • Presentation and discussion of selected workstreams <ol style="list-style-type: none"> a. ACT-A Initiative b. Documentation of Health Financing processes in countries c. Capacity building of CFP on SFHA group members' funding mechanisms d. Deployment / continuation of P4H Country Focal Persons and update on the CFP reporting template 	<ul style="list-style-type: none"> • Alexis Bigeard, CD • Susan Sparkes, WHO • Juhyeon Moon, Seoul National University School of Public Health • Ellen Van De Poel, GFF and Thorsten Behrendt, GIZ • Mary Nana Ama Brantuo, WHO CFP Supervisor in Namibia
Additional suggestions on collaborative activities specifically on social protection	Mathilde Mailfert, CD
Comments on the draft annual review	Bayarsaikhan Dorjsuren, CD
Brief summary and closing	Lou Tessier, TEG Co-chair

Attachment B: List of Participants

1. Alexis Bigeard, P4H/CD, WHO
2. Ainur Aiypkhanova, RCHD Kazakhstan Bayarsaikhan Dorjsuren, P4H/CD, WHO
3. Christine Ortiz, P4H/CD
4. Clara Leymonie, Expertise France
5. Claude Meyer, P4H-CD, WHO
6. Cristina Manzanares, GIZ, Mozambique P4H/CFP
7. Dmitry Shchurov, CHQAC, MoH, Russian Federation, P4H/CFP Russia
8. Elise Yousoufian WHO, P4H/CD-e
9. Ellen van de Poel, GFF
10. Htet Nay Lin Oo, WBG and Myanmar P4H/CFP
11. Juhyeon Moon, SNU
12. Lou Tessier, ILO
13. Lucia Nikoloudi, GIZ
14. Mame Abdoulaye Gueye, WBG and Senegal P4H/CFP
15. Marielle Goursat, ILO and Vietnam P4H/CFP
16. Marie-Pierre Alliod, P4H/CD WHO
17. Martina Mchenga,WHO, P4H/CD-e
18. Mary Brantuo, WHO
19. Mathilde Mailfert, P4H/CD, ILO
20. Matt Henneberger, USAID
21. Meike Henge, GIZ
22. Nadia Yakhelef, Expertise France
23. Niccolo Rotigliano, GIZ, P4H/CFP Cambodia
24. Nina Siegert, GIZ
25. Peggy Ouedraogo, WHO, P4H/CD-e
26. Pratyasha Ghosh, WHO, P4H/CD-e
27. Romain Chave, MEAE
28. Tessa Edejer , WHO
29. Thorsten Behrendt, GIZ
30. Tisungeni Zimpita, AfDB
31. Virginie Longang. P4H/CFP Burundi
32. Vivek Panwar, WHO, P4H/CD-e

Attachment C: P4H Results Framework





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