



**Technical Exchange Group (TEG)
Meeting Report**

5-6 April 2022

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Outline

Document aims

- Highlight the key discussion points and themes from the 5-6 April 2022 meeting of the P4H Network Technical Exchange Group

Content

- Background: Overview; Meeting Objectives; Participation
- Highlights from the meeting: April 5 session; April 6 session
- Attachments

Document preparation:

- Global Lingo
- Edited by Graeme Frelick

Background

Overview

The P4H Network Technical Exchange Group (P4H-TEG) held a virtual meeting divided into two sessions on 5-6 April 2022, each lasting between one and a half and two hours. On Day One of the meeting, the Coordination Desk (P4H-CD) shared the efforts made to date on the development the P4H Network M&E framework. Subsequently, the GIZ presented ongoing M&E work. A consultant is currently being contracted who will review existing material and propose a comprehensive M&E framework & tools. The GIZ also kicked off a discussion on possible options to evaluate P4H impact of the P4H Country Focal Persons (P4H-CFP). Workgroup priorities of the previous year were highlighted as a foundation for a brainstorming session to identify 2022-23 priorities. The meeting was chaired by Lou Tessier (ILO).

Day Two showcased examples of joint work in the P4H network such as the Social Health Protection Country Profiles (including Cambodia, Mongolia, Viet Nam and India), a cross-country comparative study on health system financing, and provided a brief overview of the Alignment Community of Practice including through the eyes of the P4H-CFP from Myanmar. The meeting was chaired by Nina Siegert (GIZ) and Ellen van de Poel (GFF).

Facilitation for both meeting days was provided by TRG Inc. through Graeme Frelick with production support from Anthony Reid.

Meeting Objectives

April 5, 2022

- 1) Clarify work to date and next steps for the P4H Network M&E framework development;
- 2) Contribute ideas for P4H network priorities 2022-2023.

April 6, 2022

- 1) Gain insights on selected social health protection & health financing collaborations' processes & content;
- 2) Contribute ideas on potential areas for collaboration in Asia.

See Attachment A: P4H Network TEG for 5-6 April 2022 Meeting Agenda

Participation

A total of 57 people are listed as meeting participants, out of whom 30 were present during both April 5 and 6 sessions.

See Attachment B: List of participants

Highlights from the Meeting

April 5 Session

I. Welcome and Overview

P4H-TEG co-chair Lou Tessier of ILO formally welcomed the group and invited the participants to share their ideas during the session. She officially welcomed Somtanuek Chotchoungchatchai, P4H-TEG representative from Thailand, as the country recently joined the P4H network as Member, too.

II. Overview of P4H Network M&E Work to Date

Alexis Bigeard, P4H-CD, offered an overview of the Network M&E work completed to date. Highlights include:

- Knowledge Portal
 - P4H-CD has created a space to consolidate the work done by the P4H Coordination Team (P4H-CT), the P4H Steering Group (P4H-SG), and the P4H-TEG in M&E. Select tabs on the platform are maintained privately and accessible only to ~80-100 key members of Governance Bodies.
 - The site contains collections of files with a design aimed to help members quickly catch up on what's new. It includes an activity timeline with documents readily accessible on the timeline.
- M&E Framework
 - Over the past few years, many efforts were made on M&E but last year marked a breakthrough: since last year, the P4H network has developed a Results Framework, a Work Plan, and P4H-CFP Templates to report on country work.
 - Now a M&E working group has been created as part of the TEG, and it takes the responsibility to finalize the P4H M&E framework and tools.
 - The group also made advances in determining the metrics for the Evaluation which will be discussed later in the session.

III. Planned M&E Work; Compilation of P4H Impact at the Country Level

P4H-TEG Co-chair Nina Siegert (GIZ) presented ongoing M&E work. A consultant is currently being contracted and he will review existing material and propose a comprehensive monitoring framework as well as evaluation tools for the P4H network. She kicked off a discussion on possible options to evaluate P4H impact of the P4H-CFP. The presentation showcased data that could be used for each country. The emphasis was on the three measures that could be standardized to evaluate the impact of P4H in country. Summarizing all efforts combined was the true purpose of this presentation.

Standards for the M&E Framework

- The P4H-SG asked the P4H-TEG to consider an M&E Framework that could fit and be standardized for the P4H Network.
- The group is continuously being asked what impact does the P4H Network have?
- Impact is a challenging task to attribute to one specific agency or group thereof.
- The P4H network has been effective in demonstrating its processes but recognize they need to also quantify and visualize what is being done in different ways.
- The group invited feedback on the M&E work

Upcoming Efforts

- Today's P4H-TEG meeting kicked off the sub-committee dedicated to this effort.
- An M&E expert has been hired to support the development of an M&E Framework, the integration of key monitoring tools, as well as a coherent evaluation approach with relevant solutions.
- All prior efforts will be consolidated and built upon.
- Uniform evaluation tools with monitoring concepts have not yet been brought together.
- The expert will be hired from end of May 2022 through March 2023 and possibly longer.
- The working group on M&E aims to pilot the evaluation tool later this Autumn 2022.
- The proposed focus is on GIZ supported countries with some effort on CFP countries.

Overview of Work Conducted

- An historical analysis was conducted dating from the origin of the P4H Network in 2008 through to 2022.
- All countries supported were analyzed based on four categories including legislation and policies, schemes, strategies, and insurance coverage.
- Sources included Annual Reports, Ministry data, Health financing documents, and in-country focal persons.
- Data were collected, verified, and organized.
- Output includes a one-page Overview for each country plus an accompanying list of data with graphs and figures.
- A timeline was created for each country 2008-2022.
- Pie-chart data visualizations focused on input based on three of the categories: Schemes, Strategies, and Legislation.
- GIZ made the same effort for the L4UHC countries but indicated that this was a difficult process (they did not elaborate on the challenges).
- One of the L4UHC countries, Pakistan, where more than one million inhabitants were added to health insurance enrolment, suggests that this metric could be replicated for analysis of other L4UHC countries.
- The presentation summarized P4H Network efforts in all GIZ countries:
 - 21 laws on healthcare were passed
 - 29 healthcare sector or financing strategies were passed
 - 17 insurance schemes were established or improved
- GIZ recognizes the absence of a Before/After comparison, so no causal inference is possible at this time.
- Looking at all P4H countries:
 - 39 laws on healthcare passed
 - 79 health sector or financing changes passed
 - 40 insurance schemes were established or improved
- GIZ concluded that coordination and support of the in-Country Person with decision-makers has driven change in many countries.
- The monitoring tool under development will require agreement on what is a scheme, what legislation should be included, and other definitions need to be clarified before proceeding with additional analysis.

IV. Example of Burkina Faso

Alexis Bigeard delivered a short presentation of a graphic & pager, summarizing P4H network participation in the progress made in Burkina Faso during eight years.

Discussion

What are the perspectives for the P4H M&E Framework?

Nina Siegert highlighted that the intention was to have a qualitative study once everyone has agreed to the metrics for the evaluation tool. Approval and endorsement of this tool is essential at a global level. She proposed a series of in-depth qualitative interviews with one or two countries to collect anecdotal insights on the impact of P4H Network.

The connection of the number of schemes needs to be further qualified and specified with qualitative values. For example, in Tanzania, that evaluation tool piloted there helped identify key aspects of the healthcare policy matrix which could serve as a baseline for future studies.

The P4H-CFP monitoring templates gather a massive amount of information being provided by each in-Country Person multiplied by 15-20 countries per person, and the P4H governing bodies need to demonstrate how the information being collected is being or will be utilized.

SUMMARY

- A qualitative study in one or two countries is needed to collect anecdotal insights
- P4H-CFPs must be shown how their massive data collection efforts are being utilized
- Up-dates on the M&E work progress will be presented to the Steering Group (P4H-SG) meeting in May 2022 and the final draft M&E framework and tools will be submitted for approval in the annual P4H-SG meeting of October 2022.

Discussion

- Agreement that impact is difficult to measure
- Caution requested on measuring the number of schemes as this is no proof of progress

V. Brainstorming for 2022-23 Priorities

The second part of the first P4H-TEG session was dedicated to the preparation of the upcoming P4H-SG meeting, with inputs received on priorities for the next P4H year (July 2022 – June 2023). Mathilde Mailfert, P4H-CD, opened the session by highlighting the priorities of the previous year, which were determined by the last Steering Group meeting:

- Donor alignment was the top priority
- The second priority was a three-way tie:
 - Technical Exchange
 - Health Financing & COVID
 - Knowledge Sharing

Priorities determine areas of joint work for the network. Efforts to translate these priorities into activities in 2021-2022 can be illustrated as follows:

- Donor alignment: alignment has been established as a community of practice and working group (SFHA), in parallel with Niger CFP deployment with SFHA;
- Technical Exchange: there will be webinars in India and the Commonwealth of Independent States (CIS) countries
- Health Financing, in-country implementation of the developing 'process guide for national budgetary dialogue / ACT-A health systems connector' will be continued
- Knowledge Sharing, we have been developing a Communication & KM Strategy as well as developing a new digital environment

See Attachment C: P4H Network priorities from the previous year.

Those past priorities served as the foundation for a Padlet Exercise on brainstorming to identify the 2022-23 priorities. Propositions included (i) the continuation of technical exchanges on the topic of alignment (i.e. the "Alignment Community of Practice (CoP)"); the development of inter-sectoral exchanges, and cross-countries collaborations; (ii) a geographical focus on Fragile, Conflict-affected and vulnerable (FCV) settings as well as on specific countries such as Nigeria and Cameroon; and finally (iii) the collaboration with other initiatives such as the GIZ Backup Initiative and the Sustainable Financing for Health Accelerator (SFHA).

See Attachment D: Ideas for P4H Network Priorities in 2022-2023

VI. Closing

Lou Tessier closed the meeting formally thanking everyone for their attention and support, reminding the group that the workshop would continue 6 April.

April 6 Session

I. Welcome and Overview

Nina Siegert welcomed the group. The April 6 designed to be more technical with a focus on Asia for the first part of the meeting that was spearheaded by ILO. The agenda also featured a presentation on health financing in the context of the pandemic. Nina commented that, surprisingly, none of the suggested priorities the team brainstormed yesterday referenced COVID.

II. Country Profiles Process and CONNECT

Marielle Phe Goursat (P4H-CFP Viet Nam) presented Social Health Protection Country Profiles (including Cambodia, Mongolia, Viet Nam and India), put together by ILO, P4H-CFP and P4H-CD, as well as the CONNECT network, a multi-stakeholder network working on social health protection in the Asia Pacific region. The presentation included the demonstration of how collaborative work can provide the documentation needed around research in social health protection.

Secondly, she leveraged the time to explain collaboration across networks using the example of patient aging which was a project initiated by an ILO effort in Southeast Asia. Highlights include:

- Expanded reach as a means of sharing knowledge learned across additional countries was a driving impetus behind this project.
- There is an absence of data and detailed documentation in the region. Through the research, it became quickly evident that this central work could not have been accomplished without the mobilization of regional experts.
- Findings were highlighted in the Compendium of "*Extending Social Health Protection: accelerating progress towards Universal Health Coverage in Asia and the Pacific.*" For the report, differences in governance models and best practices were analyzed. Institutional arrangements that foster equity along with financing were explored.
- The report was launched in December 2021 and represents 21 detailed country profiles: one paper was produced for each country. A comprehensive dashboard was generated. Papers were standardized as case studies then aggregated into the Compendium. The study provided detailed accounts of the social health protection landscape of each country along with the context, scheme design, results, and way forward regarding initiatives in effect and those that have yet to be deployed, including upcoming reforms.
- All papers, country briefs, videos, and other materials can be accessed: bit.ly/SHPinAsia
- Upcoming opportunities include feeding these publications as South-South workshops, in-country support (e.g., Cambodia) and to educate Mahidol University Master's Degree students.
- P4H-CFPscan now be leveraged to support quantitative data collection efforts and to spur collaboration on thematic studies across Asia. The researchers suggested that these case studies and approach should be considered for replication in other regions; perhaps with Africa is a priority.
- Collaboration across networks in the Asia region were discussed next. CONNECT spans non-profit, public, and private institutions to bridge the gaps in social health protection. CONNECT upholds three mandates:
 - capacity building;
 - evidence and knowledge sharing;
 - and awareness plus advocacy.

- Founding members are all bound by a Memorandum of Understanding and the CONNECT project is now entering an extension phase.
- Among CONNECT products, a Master of Primary Health Care Management & Social Health Protection led by Mahidol University. The network supports six fully funded students from the region.
- The CONNECT network, together with the P4H network, collaborated to the ITCILO training on Social health protection, a course being finalized now; 7-weeks training on social health protection delivered as an e-Learning program. The course also features a section on partnerships and collaborations featuring CONNECT and P4H Network.
- Advocacy booklets (in multiple languages) have been developed with the voice of the members represented. Multiple social media platforms are being leveraged to increase awareness amongst younger people.

III. Mongolia Country Case Study

Bayarsaikhan Dorjsuren (P4H-CD) presented on the country profile "Extending Social Health Protection in Mongolia." The country profile itself is available to the Asia region where the highest number of people need this protection. All country profiles have the same structure for the reports produced with sections covering: Introduction; Context; SHP system design; Results; Way Forward; and Main Lessons. Report highlights include:

- Mongolia is a lower middle-income country with 3.3 million residents. Numerous improvements in public health have been well documented.
- Nomad households, remote residents, and vulnerable populations remain challenged to secure healthcare. Herders (20%) depend solely on livestock for income and are at high risk of poverty given catastrophic health expenditures.
- The country has changed significantly since 1990 regarding accessible healthcare. Mandatory and voluntary forms of insurance, subsidies for vulnerable populations, and a strong legal framework have enabled an improved SHP system design. Results show that public financing is about half what it was 20 years ago.
- Main lessons learned:
 - each country needs a specific strategy to meet its unique population needs;
 - the combination of tax and contribution-faced financing can modulate government expenditure;
 - contribution subsidies directly impact enrolment rates and financial protection;
 - flexibility of contribution payment around terms of timing and frequency are effective.

IV. Padlet exercise - Brainstorming on Collaborations in Asia

The discussion gathered new ideas for collaborations in the region. The Padlet served as a platform for a brainstorming exercise around next steps. Ideas gathered included capacity building, research activities, and policy dialogues. Topics comprised civil society involvement in social health insurance, social health protection in the Health Systems Strengthening Accelerator (HSSA), and social health protection green strategy for collaborations in Asia.

See Attachment E: Ideas of next steps for collaborations in Asia.

V. Cross-Country Comparative Study

Bayarsaikhan Dorjsuren introduced, the Cross-Country Comparative Study on the Health System Financing Strengthening Needs in the Context of COVID-19. He explained every country was affected by the pandemic which revealed the strengths and weaknesses of each of their healthcare infrastructures. The rationale was to explore what could be learned by this pressure-test on each

country's healthcare programs. China, Mongolia, Korea, and Singapore were analyzed to identify strengths and gaps. He then introduced Professor Jiayan Huang of Fudan University who presented the analysis results. Highlights of her report include:

- The presentation included six parts: the theoretical framework and research design of the study; the overview of the case countries' national health financing systems; the health financing and resource mobilization during Covid-19; the allocation and purchasing during Covid-19; social health protection and equity during Covid-19; sustainability of universal health coverage.
- Mongolia had the greatest COVID incidence rate and a crude death rate which approached the rate recorded globally.
- Government expenditure on public health was evaluated as a percentage of general government total expenditure.
- They also aimed to understand the overall health expenditure budget to determine the percentage spent on public health. There are no unifying official data sources, so these results are indicative only.
- The source of health financing depends on the type of insurance supporting each country (social health, private, out-of-pocket, government, or external aid). Mandatory national health insurance plays an important role in the health financing system.
- Health financing and resource mobilization during the pandemic were also analyzed. Data is shown as a percentage of total GDP and as a percentage of the total government health expenditure, shown as (GDP% & Health Expenditure %).
- Countries employed various approaches to pay for the COVID costs including foreign loan financing and drawing on past reserves. Each country had an intervention policy to coordinate spending across all departments very early in the onslaught of the pandemic.
- Allocation and purchasing were variable and correlated with stage of the pandemic (infection prevention to outbreak management).
- Some resources, such as hotels and gymnasiums, were allocated to support the pandemic response.
- Policies were variable by residency status: for example, foreigners had to pay.
- To catalyze the vaccination response, cash rewards were offered to citizens in Mongolia who received two doses.
- Each country also developed special policies for high-risk populations: migrant workers living in dormitories in Singapore make up ~5% of the population but accounted for ~89% of the cases documented.
- For lower income countries, overseas aid and an increased in public health were recommended. Promotion of public-private partnerships was also encouraged.

Comment in the chat:

- Joe Kutzin: "Two things. One of the things we saw in all countries was a fast response. A good information system coupled with flexible financing enabled a good response. Longer term, the issue will be to sustain public financing, particularly for lower income countries. Balancing inequity with accessibility to a universal system will be an ongoing challenge."

VI. The Community of Practice (CoP)

Ellen Van De Poel (GFF) and Mathilde Mailfert (P4H-CD) presented on the Alignment Community of Practice (CoP) and introduced achievements as well as next steps. Highlights include:

- The webinar series was a joint effort with the P4H-CD and P4H-TEG members with support and facilitation of the GFF team. The goal was to strengthen the knowledge and capacity of

the P4H-CFPs, SFHA and P4H members with a unifying goal fostering mutual accountability and alignment on the P4H Network agenda.

- Three technical webinars were hosted:
 - multi-lateral agencies;
 - technical agencies;
 - and bilaterals.
- The main takeaways included a need for a forum, the identification of entry points and challenges encountered through coordination, and to create a sense of community to drive alignment on the P4H Network agenda.
- Next steps:
 - work with P4H-CFPs to identify further support needs;
 - create more concrete in-country work plans and technical exchanges;
 - leverage past exchanges for systematic inclusion of the alignment agenda in P4H Network processes.

Htet Oo (P4H-CFP Myanmar) presented his thoughts as a P4H-CFP engaged in this CoP, praising it as a very open and bidirectional forum. He commented on how much of what is done is based on relationships and trust. He supported the implementation of national health accounts and the development of a draft bill which is under review by parliament now. Time is under-recognized for its importance in health financing reforms and building rapport with other stakeholders. He noted how the CoP is driving alignment around political and social attributes. And he lamented how all members operate on a cooperation and competition continuum in parallel. Profoundly, he concluded his statements with: “We learn from each other and together.”

Discussion

- Yingyao Chen noted that Fudan University is interested in work with P4H on capacity building in Asia and sharing Chinese experiences with other countries to learn from each other.
 - Lou Tessier commented that it would be great to build on this work to have a tool for onboarding CFPs, additionally suggesting if it would make sense to use the same platform for technical exchanges.
 - Joe Kutzin commented that new financing for PHC report of Lancet Commission could be relevant to this discussion.
- It can be envisaged to use this material for CFP onboarding. Toned to adapt the materials to meet the specific needs of some countries

VII. Closing

Ellen Van De Poel closed the meeting by thanking all participants for their attention and applauded the diversity of the topics covered by members. She suggested that the information and ideas shared speak to the strength of the network overall. Both the technical learning and alignment of the agenda were strong themes. Ellen mused on why nobody offered ideas related to COVID for the 2022-23 priorities as it seems that, “we are all well positioned to move beyond the pandemic stronger than we entered it.” Finally, and personally, she is keen to continue investing in the alignment agenda and she expressed hope and interest in meeting in person soon.

Attachment A: P4H Network TEG, 5-6 April 2022 Meeting Agenda

TRG Support Team: Facilitator-Graeme Frelick; Producer-Anthony Reid.

Chairpersons : Lou Tessier ; Nina Siegert ; Ellen Van De Poel

April 5: Discussion on Monitoring & Evaluation of the P4H network and P4H network priorities

Session Objectives

- Clarify work to date and next steps for the P4H Network M&E framework development;
- Contribute ideas for P4H network priorities 2022-2023.

Time (CET)	Item	Speakers
1:00pm	Introduction	P4H TEG Co-chair: Lou Tessier, ILO
PART 1: M&E of the P4H network		
1.05 pm	Overview of P4H Network M&E work to date	Alexis Bigeard, P4H-CD, WHO
	<ul style="list-style-type: none"> • Planned M&E work for the P4H Network • Presentation of GIZ's compiled work on P4H Network's 'impact' at country level • Example of Burkina Faso 	Nina Siegert, Jonathan Seim, GIZ Alexis Bigeard, P4H-CD, WHO
	Q&A	Graeme Frelick facilitates
	PART 2: P4H network priorities	
2:00 pm	Reminder of 2021-2022 priorities & examples of implementation	Mathilde Mailfert, P4H-CD, ILO
	Ideas for P4H Network 2022-2023 priorities	Contributions on Padlet; https://padlet.com/TRG_1/zo7cq2lus5plz1gy
2.25 pm	Closing of the session	P4H-TEG co-chair: Lou Tessier

April 6: Presentation of selected technical products and joint activities of the P4H network

Session objectives

1. Gain insights on selected social health protection & health financing collaborations' processes & content;
2. Contribute ideas on potential areas for collaboration in Asia.

Time (CET)	Item	Comments
1:00pm	General Introduction	P4H TEG Co-chair: Nina Siegert, GIZ
PART 1: Presentation of social health protection country profiles in Cambodia, Mongolia and Vietnam and opportunities for collaboration in Asia		
1.05 pm	Presentation of country profiles process, including presentation of CONNECT network	Marielle Phe Goursat, P4H-CFP, ILO
	Presentation of Mongolia country profile	Bayarsaikhan Dorjsuren, P4H-CD, WHO
	Discussion: Next steps for collaborations in Asia? (15 min)	Marielle Phe Goursat, P4H-CFP, ILO Next step ideas on Padlet: https://padlet.com/TRG_1/jho4ltyhzz3cas9x
PART 2: Cross country comparative study based on 4 Asian countries, health system financing strengthening needs in the context of COVID-19		
1.45 pm	Brief introduction	Bayarsaikhan Dorjsuren, P4H-CD, WHO
	Presentation of the study (synthesis of findings, summary and conclusions)	Prof Jiayan Huang, Fudan Shanghai University, China
	Q&A / Feedback from P4H-TEG members	All
PART 3: Alignment Community of Practice (CoP) – what's next?		
2.20 pm	Short introduction to the discussion on the CoP achievements and next steps	Ellen Van De Poel, GFF & Mathilde Mailfert, P4H-CD, ILO
	CFP's Pallet and Alignment	Htet Nay Lin OO, P4H CFP Myanmar, WBG
	Q&A	All
2.45 pm	Closing	P4H-TEG co-chair: Ellen Van De Poel

Attachment B: List of Participants

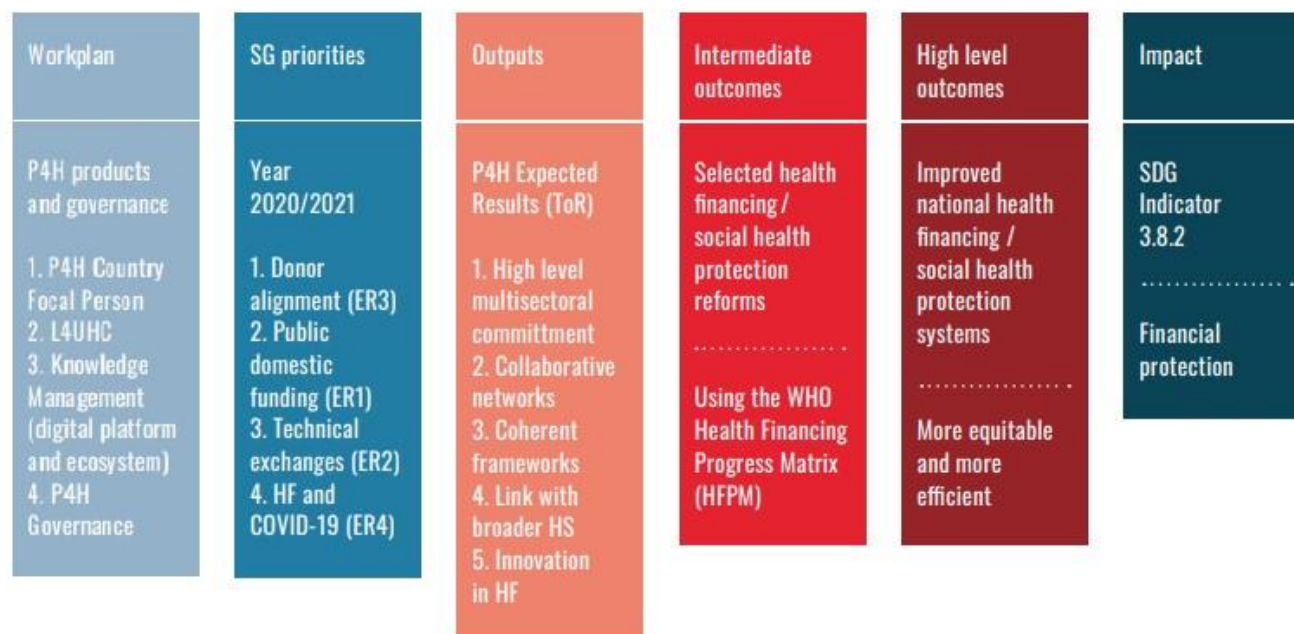
Name	Organization/Country	April 5	April 6
1. Alliod, Marie-Pierre	P4H/CD, WHO	X	X
2. Aminata, Nana	P4H CFP - Cameroon	X	X
3. Axelson, Henrik	P4H CFP - Kuwait (based in Cairo)	X	X
4. Bastelaer, Thierry van	The Palladium Group		X
5. Bayarsaikhan, Dorjsuren	P4H/CD, WHO	X	X
6. Bigeard, Alexis	P4H/CD, WHO	X	X
7. Borowitz, Michael	TGF	X	
8. Calza, Severine	TGF	X	X
9. Caremel, Jean-François	P4H CFP - Niger	X	
10. Chave, Romain	MEAE, France	X	X
11. Chen, Yingyao	SPH.Fudan/Shanghai		X
12. Chotchoungchatchai, Somtanuek	Thailand	X	X
13. Edejer, Tessa	WHO	X	
14. Frelick, Graeme	TRG	X	X
15. Goursat, Marielle Phe	P4H-CFP, ILO		X
16. Henneberger, Matthew	USAID	X	X
17. Huang, Jiayan	SPH.Fudan/Shanghai		X
18. Iradukunda, Aurore	ILO		X
19. Jowett, Matthew	P4H CFP	X	
20. Karn, Roshan	National Professional Officer; SE/ACO/NEP	X	X
21. Kotch, Carla	SDC	X	X
22. Kutzin, Joe	WHO	X	X
23. Kwon, Soonman	SPH Seoul/Korea		X
24. LeRoy, Pascale	MEAE, France	X	X
25. Liang, Di	SPH.Fudan/Shanghai		X
26. Liu, Rui	ADB	X	
27. Longang, Viriginie	P4H CFP - Burundi	X	X
28. Mailfert, Mathilde	P4H/CD, ILO	X	X

29. Manzanares, Cristina	P4H CFP - Mozambique	X	X
30. Mataria, Awad	WHO/EMRO	X	
31. Mayaka, Serge	P4H CFP - Côte d'Ivoire		X
32. Mentec, Rozenn	TGF	X	X
33. Meyer, Claude	P4H-CD, WHO	X	X
34. Moon, Juhyeon	P4H CFP - Korea (South)	X	X
35. Munkhjargal, Dorjravdan	Co-author of ILO SHP Report - Mongolia		X
36. Nay Lin Oo, Htet	WBG, Myanmar P4H/CFP	X	X
37. Nikolic, Irina	WBG	X	
38. Oliveira, Valeria	WHO/SEARO	X	
39. Ortiz, Christine	P4H/CD	X	X
40. Pace, Virgile	P4H/CD-extended	X	X
41. Panwar, Vivek	P4H CFP - Consultant		X
42. Pholpark, Aungsumalee	P4H CFP - Consultant		X
43. Pinto, Lourenco	P4H CFP	X	
44. Reid, Anthony	TRG	X	X
45. Rotigliano, Niccolo	P4H CFP - Cambodia	X	X
46. Seim, Jonathan	GIZ		X
47. Seneerattanaprayul, Parinda	Thailand	X	X
48. Seynou, Saibou	P4H CFP - Chad	X	
49. Siegert, Nina	GIZ	X	X
50. Sisimayi, Chenjerai	Zimbabwe - GFF		X
51. Soglohoun, Pascal	P4H CFP - Mali	X	X
52. Tessier, Lou	ILO	X	X
53. Thome, Jean-Marc	Swiss RED CROSS Coordination in Laos		X
54. Van de Poel, Ellen	GFF	X	X
55. Wang, Ding	WHO		X
56. Yam, Esabelle	Co-author of ILO SHP Report - Singapore		X
57. Yousoufian, Elise	P4H/CD-core	X	X

Attachment C: P4H Network Priorities from the Previous Year

P4H network’s priorities are part of the results framework

P4H NETWORK RESULTS FRAMEWORK



Attachment D: Ideas for P4H Network 2022-2023 Priorities

padlet
 Training Resources Group, Inc. + 9 2h
Ideas for P4H Network 2022-2023 Priorities
 Share ideas via posts on the padlet

- Finalisation M&E Framework and tools**
- Donor Alignment with Global Fund**
P4H coordinators should link with Global Fund on GF funding and its new cycle with is just starting.
- Working on reducing health costs**
collective actions directed to reduction of drug use and others, to reduce the needs for consumption of healthcare connecting with health promotion and prevention efforts
- operationalize further the alignment agenda after having launched the CoP**
- Coordination with GIZ Backup initiative**
Germany channels its technical assistance money to GF through backup similar to French 5 percent fund. Backup remit expanded to gavi. Fcdo has bought into backup for 5 anglophone countries. Important to coordinate p4h and backup
- Cameroon**
Cameroon is new priority for SFHA Deep issues on WB PBF project and it's future. Interesting element of DFF not working. Greater need for health financing coordination on future of PBF; user fees etc
- Joint focal points with SFHA**
The prototype of Niger should be expanded, where SFHA priorities on DRM, Vfm, and co-financing are included in tor of additional focal point and jointly funded. This is good way to expand power and reach of P4H coordinators
- Fragile Conflict Vulnerable settings**
To work in these settings; to deploy P4H Country Focal Persons
- improve participation of P4H members (accountability of members in the network efforts)**
- Technical exchanges**
It would be good to see more exchanges on the concrete inter-sectoral coordination between health and social protection, addressing financing issues across the board of health care and determinants of health.
- Nigeria**
SFHA has prioritized Nigeria including at state level. Great need for better coordination with partners especially bilaterals in health financing and phc/uhc
- Cross collaboration among CFPs?**
Could cross-collaboration among CFPs of different countries be something useful? What kind of collaboration, in addition to learning and exchange, could be beneficial for the CFPs, different partners/organizations and the Network itself?
- Technical exchanges**
We would like to see more exchanges on gender and see how we can build on the expertise of CFPs and P4H member organizations more broadly.
- Improving efficiency (to 'increase' budgets)**
This could also be considered minimizing waste (e.g. PFM) or better governance. As opposed to promoting DRM, use what is already available better.
- Alignment**
The Alignment CoP needs to be further invested on in the year to come.
- M&E Framework**
- Alignment**
Alignment of donors procedures and mechanisms and ways to perform public finance management. Burundi
- Domestic financing**

Attachment E: Ideas of next steps for collaborations in Asia

padlet

Training Resources Group, Inc. + 10 1h

Ideas: Next Steps for Collaboration in Asia

Share ideas via posts on the padlet

Ideas for collaboration in Asia

Three possible streams of effective and long term collaboration:

1. Capacity Building
 - 1.1 Courses for early and mid career professionals (e.g. ILO ITC Courses)
 - 1.2 Fellowship opportunities for seasoned professionals
 - 1.3 Long term courses for govt professionals (ex. L4UHC)
 - 1.4 Sponsorship opportunities for professionals

Support to development of Long-Term training (Master) in countries

Idea for collaboration in Asia - Coordination around improving civil society involvement in SHI governance when needed.

Mapping of Public Health Academic Institutions in the Region

Building a pool of experts that can be mobilized on specific technical topics (either independent consultants or government officials with extensive knowledge and concrete experience)

Cross country study/comparative studies in Asia

Capacity building by long term training of national experts

Idea for collaboration in Asia

3. Research
 - 3.1 Joint research activities with institutions of various countries

Ideas for collaboration in Asia

2. Policy Dialogs
 - 2.1 Consultations with experts
 - 2.2 Cross country visits & learnings

WHO & other P4H members to react to the case studies

WHO to analyze to what extent the country case studies provide material for existing HF systems' analysis and to propose recommendations and/or suggestions on policy and research

Government Involvement

Government counterparts involvement in the activities can be helpful.

Facilitate collaboration with HSSa activities in Asia

Work with the Health Systems Strengthening Accelerator on strengthening Health Systems Research Institutions to introduce a SHP component to the learning agenda (catalytic activity through USAID's Asia bureau).

Capacity building

Fudan University is interested in work with P4H on capacity building in Asia, and share Chinese experiences with other countries and learn each other.

Idea for collaboration for P4H - Explore social health protection green strategy (climate agenda) in Asia ?



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