The global network for social health protection and health financing

SOCIAL HEALTH PROTECTION NETWORK

P4H Annual Review

JULY 2024 – JUNE 2025

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AFD	Agence française de développement
ANU	Australian National University College of Health and Medicine
AfHEA	African Health Economics and Policy Association
AMED	Assistance médicale pour les personnes reconnues économiquement démunies
AMG	Assurance maladie généralisée
ARISE UHC	Aligning Resources and Implementation of Disease Programmes for Sustainable and Enhanced Universal Health Coverage
BMZ	German Federal Ministry for Economic Cooperation and Development
CBHI	community-based health insurance
CHQAC	Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation
CIPRES	Conférence internationale de la prévoyance sociale
CNAMU	Caisse nationale d'assurance maladie universelle
DGITS	Department of Management and Incorporation of Health Technologies
DPHK	Development Partners in Health Kenya
EF	Expertise France
EMRO	WHO Regional Office for the Eastern Mediterranean
FUSPH	Fudan University School of Public Health
GFF	Global Financing Facility for Women, Children and Adolescents
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HEF	Health Equity Fund
HF	health financing
HFI	health financing and investment
HFPM	Health Financing Progress Matrix
HSR2024	8th Global Symposium on Health Systems Research
HTA	health technology assessment
IHPP	International Health Policy Program
ILO	International Labour Organization
ISPH II	Improving Social Protection and Health II
ITCILO	International Training Centre of the International Labour Organization
KUHeS	Kamuzu University of Health Sciences
L4UHC	Leadership for UHC
LAC	Latin America and the Caribbean
Lao PDR	Lao People's Democratic Republic
MEF	Ministry of Economy and Finance
MOF	Ministry of Finance
MOH	Ministry of Health
NCD	noncommunicable disease
NHA	national health account
NHI	national health insurance
NHIA	Nigerian Health Insurance Authority
NHIF	national health insurance fund
NSAF	National Social Assistance Fund
OOP	out-of-pocket
P4H-CD	P4H Coordination Desk
P4H-CFP	P4H country focal person
P4H-CT	P4H Coordination Team
P4H-RFP	P4H regional focal person
P4H-SG	P4H Steering Group
P4H-TEG	P4H Technical Exchange Group
PAHO	Pan American Health Organization
PET	P4H Political Economy Tool
PHC	primary health care
PPSB	Pandemic Preparedness and Basic Services Support Project
PUCP	Pontifical Catholic University of Peru
RDI	Rare Diseases International
SDC	Swiss Agency for Cooperation and Development
SDG	Sustainable Development Goal
SHA	Social Health Authority
SHI	social health insurance
SHIF	Social Health Insurance Fund
SHP	social health protection
SNUGSPH	Seoul National University Graduate School of Public Health
SP	social protection
TOR	terms of reference
UHC	universal health coverage
UHI	universal health insurance
UMSA	Higher University of San Andrés
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAEMU	West African Economic and Monetary Union
WBG	World Bank Group
WG	working group
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
ZHSF	Zanzibar Health Services Fund

Foreword

Trends show that countries are prioritizing their national interests, shaping a global context with weakened support for multilateral and international cooperation. The withdrawal of the United States of America from the World Health Organization (WHO) and similar moves by other countries have shaken global health governance. At the same time, many high-income countries face fiscal crises, along with reduced funding capacity and appetite for financial contributions. These conditions stem from economic pressures and competing domestic priorities. The shift in spending and diminished emphasis on international cooperation directly impacts networks like the P4H Network.

These developments signify that multilateralism and collaboration are no longer priorities for many traditional donor countries. As a result, the P4H Network faces reduced operational funding and must adapt to an environment where international support is less predictable and often more limited.

Amid these changes, WHO requested a revision of the P4H Network's terms of reference (TOR) to ensure alignment with internal standards. This process has sparked significant debate about P4H's governance, including formal exchanges among key stakeholder countries (France, Germany and Switzerland), the International Labour Organization (ILO) and WHO. A major focus has been redefining P4H's coordination function, and a strategic working group (WG) was established in May 2025 to lead this effort. Recommendations from the WG were expected by September 2025.

Despite these challenges, the importance and relevance of the P4H Network have been reaffirmed. However, P4H must operate differently in this new context of constrained resources. This means prioritizing efficiency, making greater use of available resources and knowledge sharing, and focusing on high-impact, scalable activities. P4H must also strengthen its governance, increase inclusivity and ensure clear roles and accountability are outlined in its forthcoming revised TOR. Flexibility and innovation will be essential, as P4H seeks to maintain progress towards universal health coverage (UHC) despite financial and political headwinds. Ultimately, doing more with less will require P4H to streamline operations, foster stronger local ownership and diversify support to remain effective and resilient in the evolving global landscape.

Flexibility and innovation will be essential, as P4H seeks to maintain progress towards universal health coverage

Overview of the Year

The following pages detail the P4H Network's action and activities – and the mettle it showed – during the 2024–2025 reporting period. All together, they advanced P4H's mission to promote, develop and strengthen exchange and collaboration for social health protection (SHP) and health financing (HF).

The P4H Network engaged in 40 countries – including 16 with a P4H country focal person (P4H-CFP). In Chad, P4H played a key role in launching Assurance médicale pour les personnes reconnues économiquement démunies (AMED). The P4H member from China, Fudan University School of Public Health (FUSPH), promoted learning on global HF. In the Lao People's Democratic Republic (Lao PDR), P4H conducted an institutional review of the national health insurance (NHI) scheme. With support from P4H, Madagascar piloted financial protection mechanisms under the One Health Project, improving domestic resource mobilization and primary health care (PHC) financing. The P4H-CFPs in the Republic of Korea and in Uzbekistan connected HF officials from Uzbekistan with Korea's Foundation for International Healthcare. In the United Republic of Tanzania, P4H supported the Zanzibar Health Services Fund (ZHSF) to create an equity fund for vulnerable populations. In Uzbekistan, multifaceted engagement from P4H aligned with the goals of national HF reforms, enabling the country's transition to a health insurance-based system. These achievements and many others reflect the added value of P4H's engagement in the overlapping SHP and HF spaces.

Worldwide, the P4H Network partnered or contributed to interregional exchanges, study tours and collaborative events that fostered innovation, capacity development and policy learning. In these activities, P4H actively advanced SHP and HF across regions. P4H continued to engage in Asia and in Eastern Europe. For example, it forged a collaboration and broadened engagement on the twin topic of rare diseases and SHP prompted by two initiatives in Eastern Europe and Central Asia. Several regional initiatives to strengthen domestic financing transitions in Africa were supported by P4H-CFPs. In Latin America and the Caribbean (LAC), P4H deepened academic and institutional partnerships for UHC among two P4H academic members, University of Antioquia in Colombia and the Pontifical Catholic University of Peru (PUCP), and their networks.

The P4H Network's digital environment developed in key areas and showcased its contribution as a unique common good. The quantity and quality of information P4H shared on p4h.world and on social media informed and reflected P4H's presence, engagement and added value. During the reporting period, a team of experts daily selected, tagged and shared about 1,000 documents, news articles and social media posts. At the end of June 2025, two figures had more than doubled: unique visitors on p4h.world reached 61,167, and LinkedIn followers reached 6,549. Analytics showed people visited p4h.world from 191 countries.

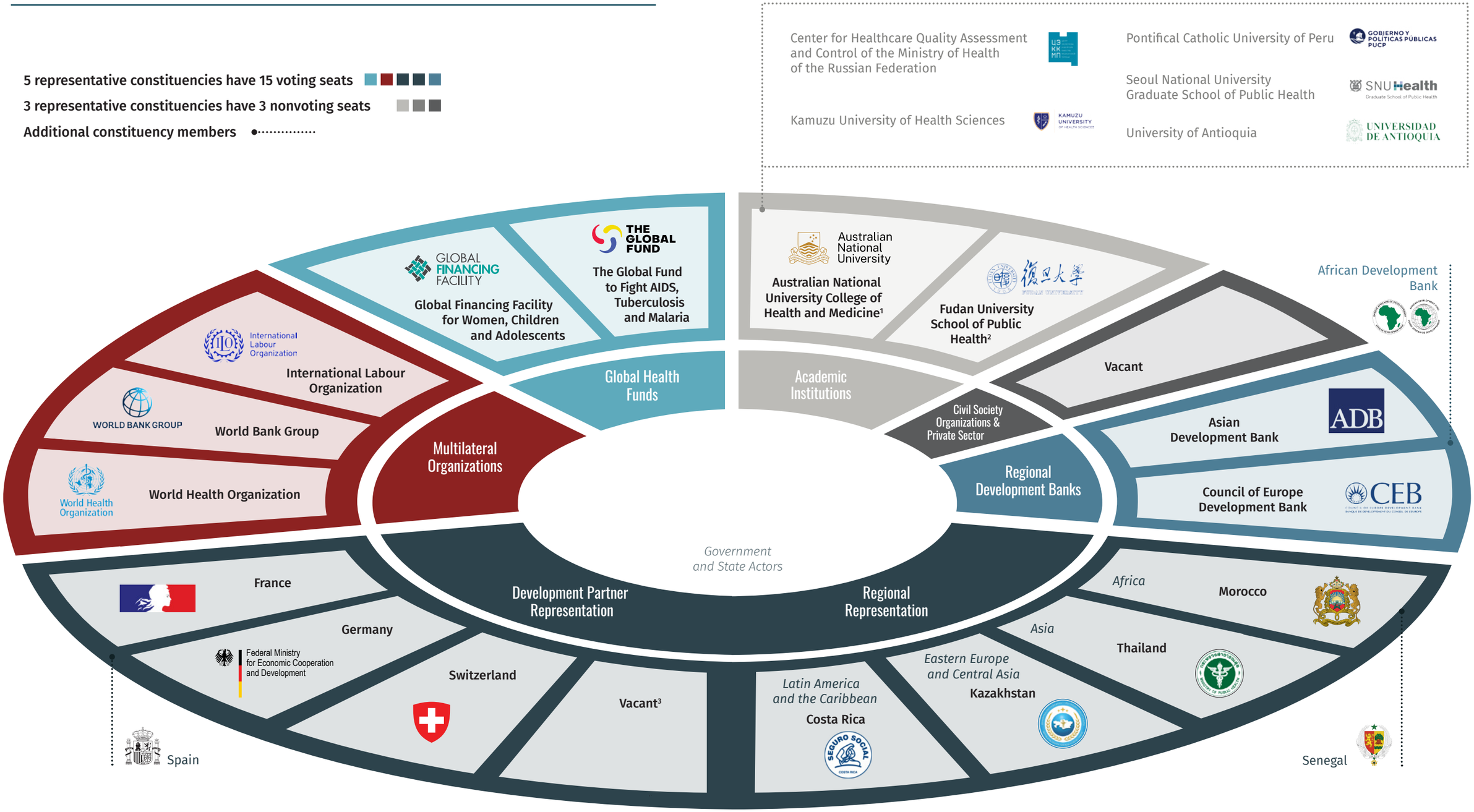
What the P4H Network achieved in its 2024–2025 reporting period was thanks to strategic direction and focus. During the 25th P4H Steering Group Meeting, in April 2025, P4H Steering Group (P4H-SG) members devoted one full session to the added value of P4H. Earlier, the P4H Technical Exchange Group (P4H-TEG) meeting in November 2024 featured three joint sessions – social protection (SP) for people with tuberculosis, linkages between SP, health and climate, and the role of community-based health insurance (CBHI) in national systems. Between September 2024 and March 2025, the P4H Coordination Team (P4H-CT) discussed salient health topics such as unmet health needs and international aid policy changes. The P4H academic group discussed collaboration on HF research, planned joint publications and explored ways to increase activity and impact.

During the 2023–2024 period, the P4H Network developed a monitoring dashboard. The P4H Annual Review 2023–2024 provided the baseline for each indicator in the dashboard as of 30 June 2024. In this year's annual review, Figure 1 shows this baseline and the situation one year later (30 June 2025).

FIGURE 1. **MONITORING DASHBOARD**

MONITORING INDICATOR	MONITORING INDICATOR BASELINE (JULY 2023–JUNE 2024)	MONITORING INDICATOR THIS YEAR (JULY 2024–JUNE 2025)
Country level indicators		
Number of legislative, policy, strategy or programme changes as part of countries' SHP or HF reforms that are linked to P4H's engagement	43 COUNTRIES 12	31 COUNTRIES 11
Number of joint activities (deployed P4H-CFPs)	136 12	164 11
Number of country case studies on the P4H Network's website, p4h.world	9 12	4 3
Number of national stakeholders that P4H-CFPs connected with on HF and SHP (all P4H-CFPs)	660 18	500 11
Global stakeholders: L4UHC programme		
Number of countries participating in the L4UHC programme	6 Cambodia, Cameroon, Chad, India, Nepal, Pakistan	0
P4H-TEG		
Number of P4H-TEG working groups (WGs)	5 Active WGs	4 Active WGs
P4H website and social media metrics		
Number of unique visitors on the P4H Network's website, p4h.world	24,741 Unique visitors	61,167 Grew 2.47 times
Number of followers on LinkedIn	3,009 LinkedIn followers	6,549 Grew 2.18 times
P4H-CD		
Number of exchange sessions between P4H-CD and P4H-CFPs	8 8 P4H-CT meetings including 1 regional meeting (Africa) and 2 with appointed P4H-CFPs	7 6 full P4H-CT meetings and 1 Africa-based one with WHO/HFI
P4H members and P4H-SG		
Attendance at 25th P4H-SG Meeting by representatives of P4H-SG's 15 voting seats	13 50-50 gender balance (7 women and 6 men)	13 50-50 gender balance (6 women and 7 men)
Number of P4H-CFPs funded		
	15 P4H-CFPs	16 P4H-CFPs

FIGURE 2. **P4H NETWORK MEMBERS (AS OF 30 JUNE 2025)**



[1] July 2024–October 2024
[2] November 2024–June 2025
[3] Seat deemed vacated during second half of 2024–2025 reporting period

P4H Network Overview of the Year

FIGURE 3. **P4H COUNTRY FOCAL PERSON AND P4H REGIONAL FOCAL PERSON STATUS (JULY 2024 – JUNE 2025)**

COUNTRY	EVOLUTION OF THE SITUATION	CONTRACTING	FUNDING	APPOINTED	DEPLOYED
Australia	Change of person is expected for next year	AUS	AUS	●	
Burundi	P4H-CFP contract ended No more P4H-CFP	WBG	WBG		●
Cambodia	P4H-CFP moved to Nepal No more P4H-CFP	GIZ	BMZ		●
Cameroon		GIZ	BMZ		●
Chad		GIZ	SDC		●
Côte d'Ivoire		WHO	WHO		●
China		CN	CN	●	
Ethiopia		WHO	WHO		●
Kazakhstan		KZ	KZ	●	
Kenya		ILO	ILO		●
Madagascar		WHO	WHO		●
Nepal	New country, with P4H-CFP previously in Cambodia	GIZ	BMZ		●
Republic of Korea	Change of P4H-CFP is expected for next year	KO	KO	●	
Russian Federation		RUS	RUS	●	
Senegal		SEN	SEN	●	
Thailand	Change of P4H-CFP is expected for next year	IHPP	IHPP Foundation	●	
United Republic of Tanzania		GIZ	BMZ		●
Uzbekistan	New country, with new P4H-CFP	GIZ	SDC		●

REGION	EVOLUTION OF THE SITUATION	CONTRACTING	FUNDING	APPOINTED	DEPLOYED
Asia	Change of P4H-RFP is expected for next year	ILO	ILO		●

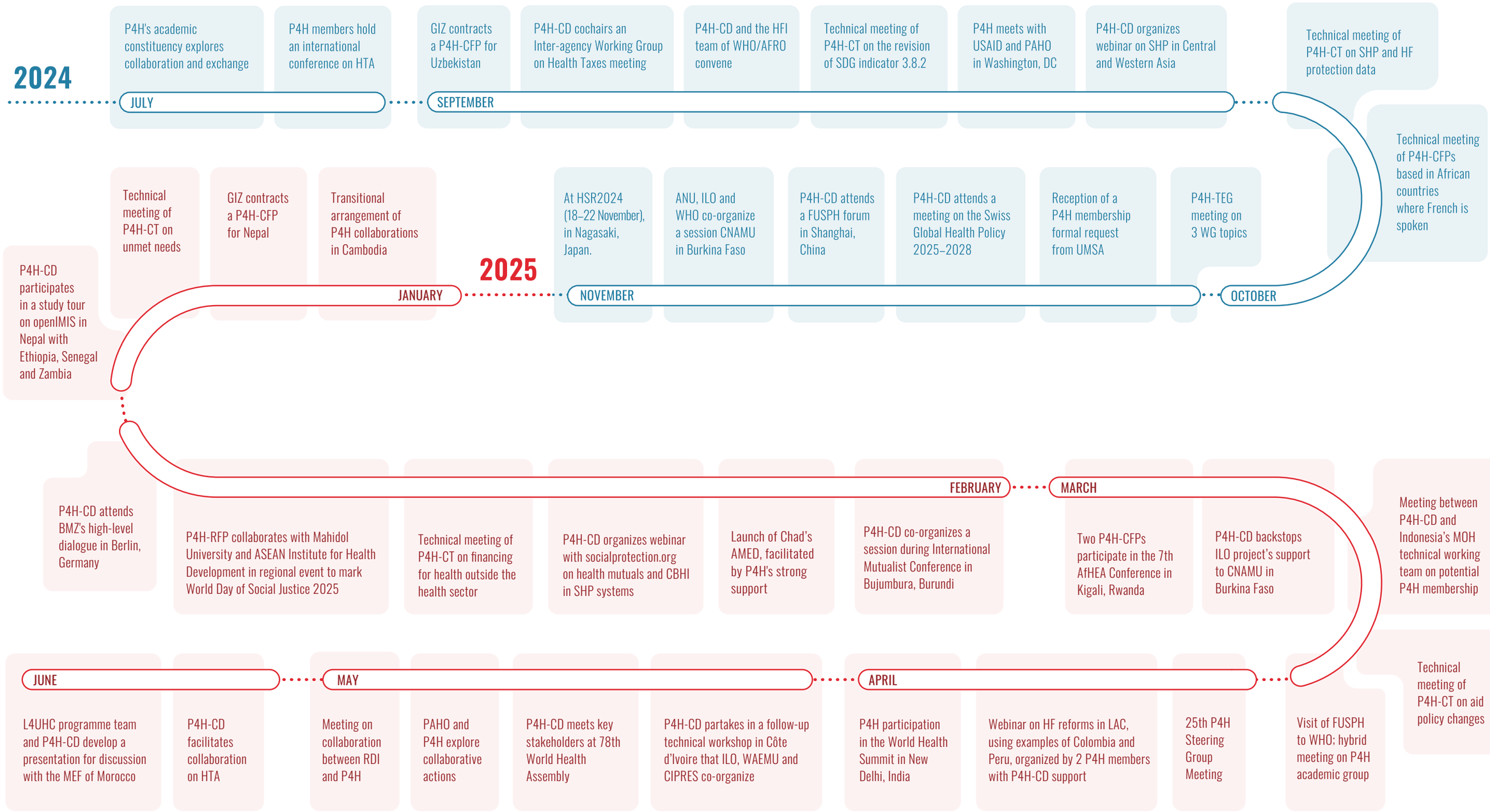
GENDER PARITY AND EQUITY

On 30 June 2025, the P4H-SG members included eight women and six men; in the P4H-TEG, there were 57 women and 51 men; the P4H-CT comprised 13 women and 12 men. The representatives of P4H member institutions who sat on the P4H Coordination Desk-core comprised one woman and one man.

At the country level, many activities included, and some focused on, promoting equity and gender equality in SHP and HF policies. For example, the P4H Network supported the assessment of the potential of Cambodia's SP system to contribute to gender equality and the identification of ways Cambodia might embed a gender-responsive approach to programming. The evidence and data gathered through this research is intended to (1) promote and inform a policy dialogue on SP and gender in Cambodia and (2) increase knowledge of key stakeholders working to make the system more gender responsive.

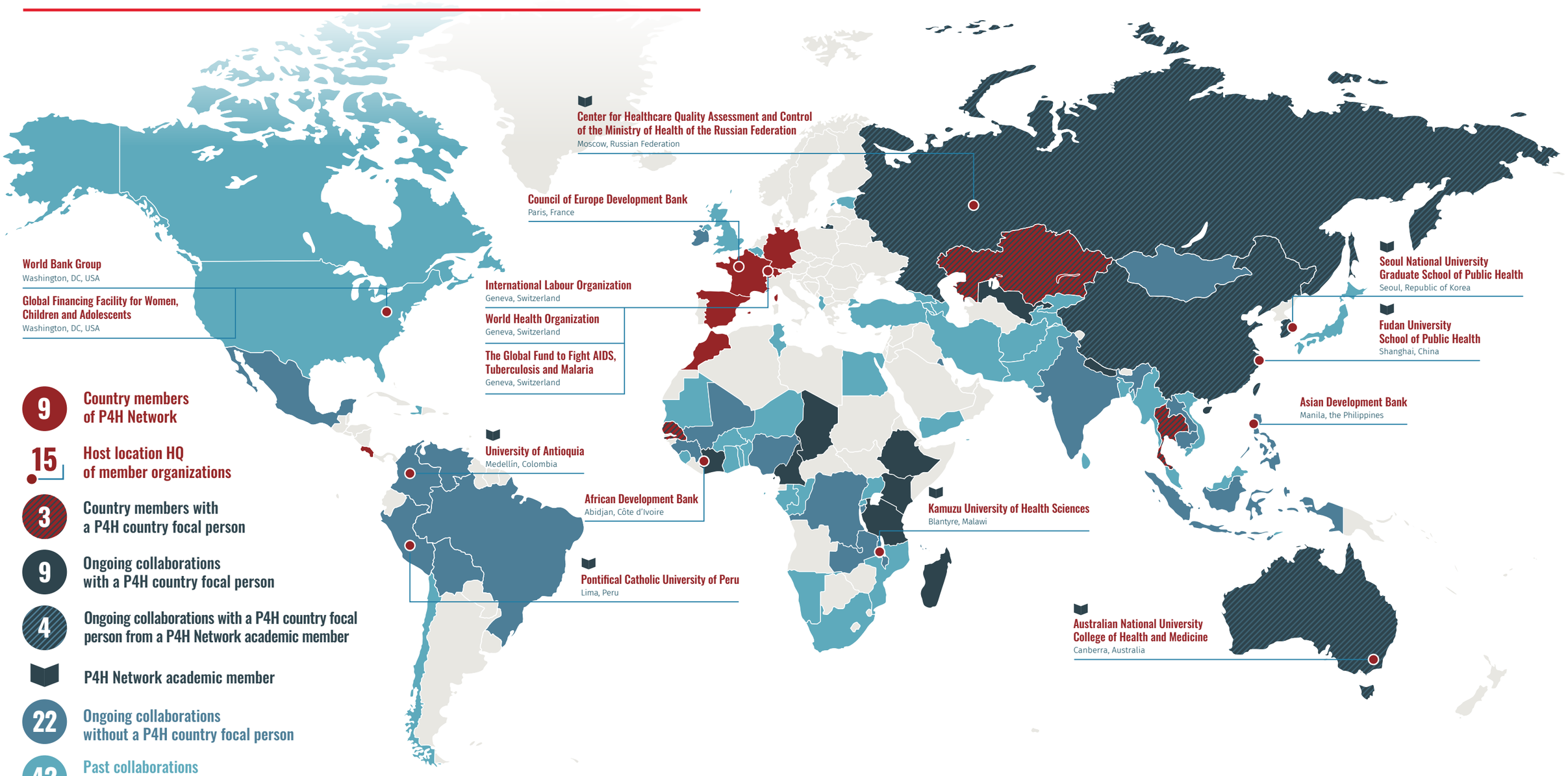
P4H Network Overview of the Year

FIGURE 4. **TIMELINE**



P4H Network Across the World (July 2024 – June 2025)*

FIGURE 5. **P4H NETWORK ACROSS THE WORLD (JULY 2024 – JUNE 2025)**



*Membership of the United States of America deemed vacated during second half of 2024–2025 reporting period

P4H Network P4H Across the World

Workstreams in Review

HIGH-LEVEL MULTISECTOR COMMITMENT TO FINANCING UNIVERSAL HEALTH COVERAGE (P4H NETWORK OUTPUT 1)

FACILITATION OF NATIONAL DIALOGUE ON FINANCING UNIVERSAL HEALTH COVERAGE

Support of collaborative activities in social health protection and institutional frameworks in health financing systems

Policy and legal frameworks

Burundi benefited from the P4H Network's support towards advancing the national dialogue on SHP and HF with a new multisectoral steering team. The P4H-CFP supported a series of three workshops dedicated to this process in November 2024. The multisectoral steering team, which included the Ministry of Public Health and the Fight Against AIDS of Burundi and the Ministry of Human Rights, Social Affairs and Gender of Burundi revisited the country's HF strategy and reached a consensus in June 2025 on the country's strategic choice in its progress towards UHC.

In the **United Republic of Tanzania**, the P4H-CFP designed the TOR for the consultancy and was instrumental in supervising the work, as follows: he supported the development of the costed operational plan for the Zanzibar Health Financing Strategy, reviewed and updated the HF strategy for Tanzania mainland and is participating in the development of the universal health insurance (UHI) monitoring tool for Tanzania mainland.

Social health protection institutions

In the **Lao PDR**, the P4H regional focal person (P4H-RFP) conducted a review to inform discussions on reforms to the governance of the NHI scheme. In the context of a review of the Law on Health Insurance (2019) and the Law on Social Security (2019), the National Assembly of Lao PDR requested the country's Ministry of Health (MOH) and Ministry of Labour and Social Welfare to analyse the current governance and administration of the NHI scheme and consider alternative institutional models as potential options. The P4H-RFP coordinated a report that analysed whether the current model of NHI governance and administration should be adapted to (1) better support the Lao government's objective of building a universal and sustainable health insurance system, and (2) consider whether other institutional models would better address national priorities.

Focus on Chad. The P4H-CFP in **Chad** was instrumental in advancing UHC through the country's implementation of AMED. He supported three key processes concerning scheme beneficiaries: targeting them for effective care in health facilities, assisting them to enroll in AMED and aiding AMED to issue them insurance cards. During the implementation phase, the P4H-CFP contributed to the development of technical tools and regulatory texts. His contributions included (1) assisting to produce a household data collection survey, the results of which confirmed whether individuals identified as eligible fit the requisite criteria, (2) preparing enrollment forms and care sheets, (3) designing the benefit package, (4) negotiating health care fees, (5) drafting the decree governing the accreditation of health facilities and preparing draft contracts between these facilities and AMED. Furthermore, the P4H-CFP coordinated the mobilization of resources for the training of surveyors involved in implementing methodologies to identify scheme beneficiaries and secured the resources necessary for the development of a strategic communications plan to support UHC rollout.

These actions contributed to the effective launch of AMED, whose beneficiaries began receiving services, and thereby protection against the financial risks associated with illness, at the end of June 2025.

The continuous collaboration of the P4H Network in Chad showcases the efficacy of P4H's unique value proposition.

In March 2025, the P4H Coordination Desk (P4H-CD) backstopped the ILO project's support to the Caisse nationale d'assurance maladie universelle (CNAMU) in **Burkina Faso** in a collaborative fashion. The project includes several elements, including, in particular, an actuarial valuation, for which the P4H-CD facilitated engagement with the World Bank Group (WBG) in Burkina Faso.

By supporting the ZHSF to develop the informal sector enrollment strategy, the P4H-CFP in the **United Republic of Tanzania**, contributed to enrolling individuals from the informal sector and vulnerable groups in the ZHSF.

In **Uzbekistan** in June 2025, a consultant with BACKUP Health concluded a two-week technical mission to assist the State Health Insurance Fund in scaling up the national drug reimbursement system. This technical assistance aims to strengthen the institutional and operational foundation for a sustainable and equitable medicine reimbursement scheme.

Coproduction of policy briefs, joint strategies and implementation plans

To assess its HF system and identify its strengths and weaknesses, **Cameroon** opted to use the Health Financing Progress Matrix (HFPM) of WHO. The P4H-CFP in Cameroon supported the mobilization of the resources needed for the related analysis; the organization of relevant workshops in collaboration with WHO and Deutsche Gesellschaft für Internationalezusammenarbeit (GIZ); and the dissemination of the main recommendations made by the development partners involved in the analysis.

The United Nations Resident Coordinator for Kenya tasked the P4H-CFP in **Kenya** with coordinating a joint advocacy note for all United Nations (UN) agencies on the country's shift from a national health insurance fund (NHIF) to social health insurance (SHI). The joint advocacy note, dated October 2024, was signed by the following seven UN agencies: WHO, the ILO, the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS, the United Nations Population Fund, the UN World Food Programme and the Food and Agriculture Organization. Based on the note, the P4H-CFP also organized coordination meetings with the Social Health Authority (SHA) of Kenya on support the UN might provide. In March 2025, a related service offer was agreed that outlines key areas that the different UN partners are interested in supporting, such as extension of the benefit package scheme, benefits, advocacy and communications, capacity development, digitalization and inclusion of vulnerable groups.

In **Cambodia**, the P4H-CFP coproduced policy briefs presenting the insights and findings from the quantitative and qualitative assessment on gendered patterns of poverty and vulnerability, as well as how SP schemes address and promote gender equality.

In **Côte d'Ivoire**, the P4H-CFP provided strategic support to the production of policy briefs based on health accounts from 2019–2020 and 2022–2023, with a particular focus on out-of-pocket (OOP) payments and access to care. These briefs, developed in collaboration with national authorities and partners, were used to guide policy priorities within the HF reform framework. The P4H-CFP also facilitated the assessment exercise of the HF system using the HFPM, ensuring coordination among national stakeholders and partners.

In **Ethiopia**, the P4H-CFP provided technical leadership and contributed to the drafting of the following core technical and knowledge products: a draft paper titled The Misalignment of Health Expenditure and Burdens in Ethiopia and a paper called Impact of Health Financing Reforms on Universal Health Coverage and Financial Protection. The latter paper was presented at the 2025 conference of the African Health Economics and Policy Association (AfHEA) in Kigali, Rwanda.

The process of progressively institutionalizing national health accounts (NHA) in Madagascar has been a central focus of the Ministry of Public Health of **Madagascar**, with support from the P4H-CFP for this country. Health personnel from regional and local levels, encompassing both public and private sectors, have actively contributed. Collaboration with development partners has been consistently effective and beneficial, notably with the Local Health Systems Sustainability Project and UNICEF.

The P4H-CFP in Madagascar is also assisting the WHO country office in **Comoros**. From 17 through 25 June 2025, he carried out a mission there, to contribute to the process of setting up the Assurance maladie généralisée (AMG). His mission was an opportunity for WHO, Agence française de développement (AFD) and WBG to align their support with the national authorities.

Leadership for UHC programme

Country work

In response to a request from **Morocco**, the Leadership for UHC (L4UHC) programme team and the P4H-CD developed a presentation for discussion with the Ministry of Economy and Finance (MEF) of Morocco. The aim is to secure domestic financial support for the L4UHC programme, which already has an advocate in Morocco's MOH.

Source: P4H Network and Leadership for UHC

Presentation on the Leadership for UHC programme.

COLLABORATION ON PUBLIC DOMESTIC FUNDING

Collaboration on public financial management and fiscal space

In **Cameroon**, the P4H-CFP helped carry out a situational analysis of the sustainability of the HF mechanisms supported by development partners. This analysis enabled the Ministry of Finance (MOF) of Cameroon to make proposals for mobilizing additional, domestic resources for health. The timing was related to the contraction in funding from the United States of America and the reduction of a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The P4H-CFP in the **United Republic of Tanzania** worked with the Revolutionary Government of Zanzibar to establish an equity fund; it allocated 500 million TZS (about US$ 200,000) to cover vulnerable groups. The MOH of the United Republic of Tanzania prepared the Facility Financial Management guidelines of the ZHSF. The P4H Network participated in the development of related guidelines, training materials and training.

In **Côte d'Ivoire**, the national dialogue on domestic resource mobilization was supported by the analysis of budget execution in the health sector, which revealed low absorption of allocated funds. In collaboration with WBG, UNICEF and other partners, the P4H Network supported the MOH teams in interpreting expenditure data, identifying bottlenecks in the spending chain and formulating recommendations. This work contributed to the improvement of budget planning, allocation monitoring and advocacy strengthening for more aligned and predictable financing.

In **Ethiopia**, the P4H-CFP continued to lead and expand collaborations related to coverage sustainability, external financing for health and efficiency financing of public health services, and programmes and functions by participating in the national performance-based financing steering committee meeting, Joint Core Coordinating Committee meetings and country consultation on the 2026–2030 strategy of the Global Financing Facility for Women, Children and Adolescents (GFF), a relevant benchmark. The P4H-CFP also provided technical inputs to the resource mapping and fiscal space analysis of the Ethiopian PHC investment plan, in collaboration with the European Investment Bank.

In **Madagascar**, authorities decided not to pursue the 2015 UHC strategy and to rely on CBHI, which covers 0.3% of the population, to advance UHC. The P4H-CFP established a close relationship with the Ministry of Public Health of Madagascar, the UHC Unit and key financial partners, notably WBG, to focus on the financing of PHC and the increase in domestic resource mobilization for PHC. One proposed direction was a dedicated special treasury account as a resource-pooling mechanism, facilitating the earmarking – and allocation – of adequate domestic resources for PHC financing.

Collaboration on health taxes

Australian National University College of Health and Medicine (ANU) and the P4H-CFP in **Cambodia** until November 2024 worked together to implement a political economy analysis of health tax reform on tobacco, alcohol and sugar-sweetened beverages. The Cambodian National Social Protection Council in the country's MEF led the project, which was funded by GIZ. The P4H Political Economy Tool (PET) engaged government actors (including, for example, the MEF, MOH and Ministry of Interior), development partners (such as WHO, Asian Development Bank (ADB), WBG) and civil society (various nongovernmental organizations working on noncommunicable diseases (NCDs)) stakeholders in Cambodia. The PET report provided recommendations to the Cambodian government on how to approach health tax reform, including intersectoral governance structure and complementary policies (for example, nutrition policies).

In **Ethiopia**, together with the Inter-Parliamentary Union, the P4H-CFP co-organized a workshop for members of the Federal Parliamentary Assembly and parliamentary staff on the health tax ecosystem, including the country's NCD burden, existing legislation and the potential social and economic impacts of health taxes.

Inter-agency Working Group on Health Taxes

On 10 September 2024, the P4H Network cochaired the Inter-agency Working Group on Health Taxes meeting, and the P4H-CFP for the **United Republic of Tanzania** presented that country's experience with health taxes and his work as a deployed P4H-CFP.

Collaboration on efficiency and accountability in health spending

Resolution 76.4, passed at the 2023 World Health Assembly, committed WHO to reviewing the importance and feasibility of using unmet need for health care services as an additional indicator for monitoring UHC. The issue of how to measure unmet needs at the global level remains unresolved. In this context, the P4H-CD joined the related WHO WG in July 2024, positioned the P4H Network for potential upcoming country work, shared the list of P4H-CFPs (as of October 2024) and connected several P4H academic group members with the WHO WG (March 2025).

In **Côte d'Ivoire**, the P4H-CFP provided support on health expenditure efficiency addressed through multiple avenues: health accounts data, observations of financing fragmentation and limitations in resource management at the peripheral level. The P4H Network contributed to the analysis of these elements, the identification of inefficiencies (notably in procurement, supply chain and subsidy mechanisms) and the formulation of concrete proposals for better allocation and use of resources. In this regard, all work conducted with the HFPM made these analyses possible. These insights informed the work of the Health Financing Thematic Technical Group and the policy briefs shared with stakeholders.

Under WBG's leadership, the P4H-CFP in **Madagascar** supported the Pilot Project for Financial Protection Mechanism Models in Health within the ONE HEALTH Project (Pandemic Preparedness and Basic Services Support Project (PPSB) in Madagascar) 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, PPSB, under its subcomponent 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.

COLLABORATIVE NETWORKS (P4H NETWORK EXPECTED OUTPUT 2)

COUNTRY LEVEL

Evolution of P4H country and regional focal person presence

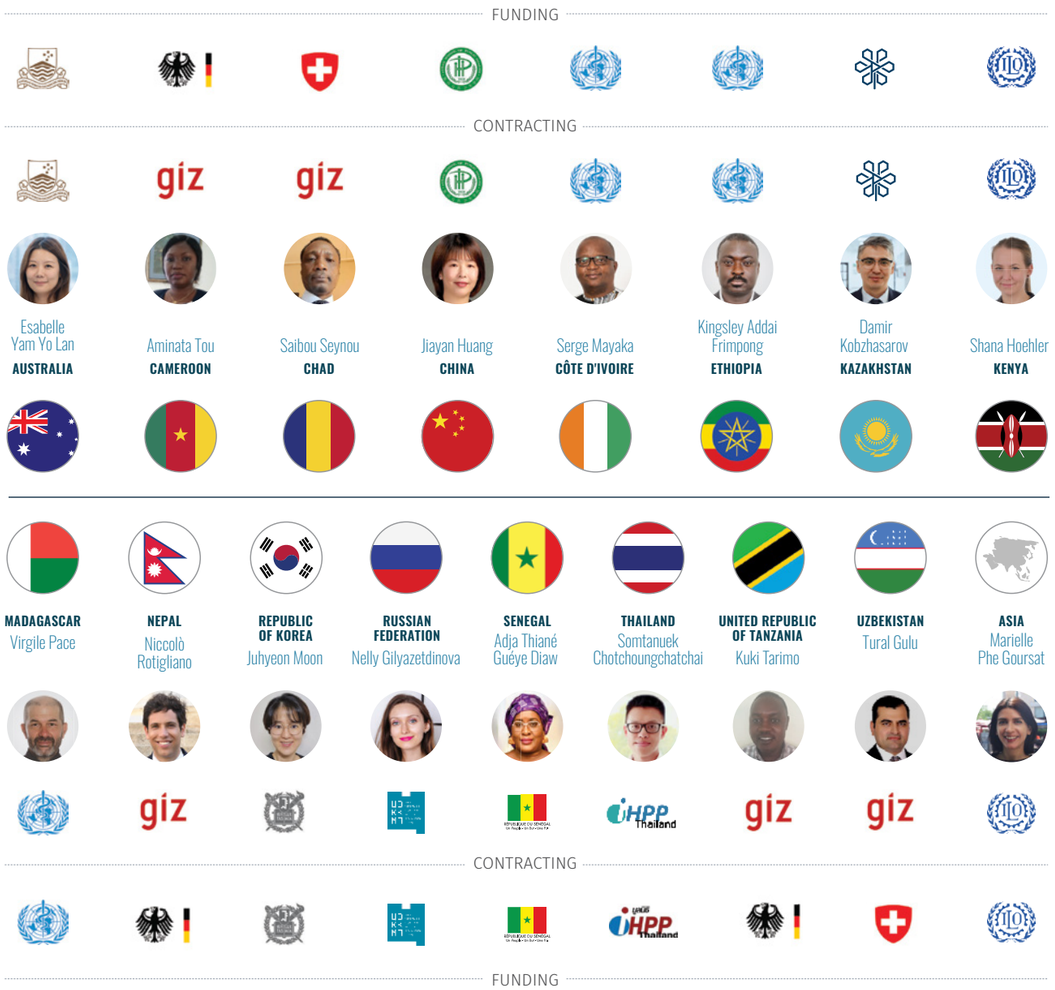
Situation of P4H country focal person presence as of 30 June 2025

At the end of the reporting period, the P4H Network counted 16 P4H-CFPs: seven so-called appointed and nine so-called deployed P4H-CFPs. At that time, three P4H members were in the process of nominating a new P4H-CFP: ANU, the Republic of Korea and Thailand. Also, during the reporting period, Burundi's and Cambodia's P4H-CFPs were withdrawn.

Evolution during the year 2024–2025

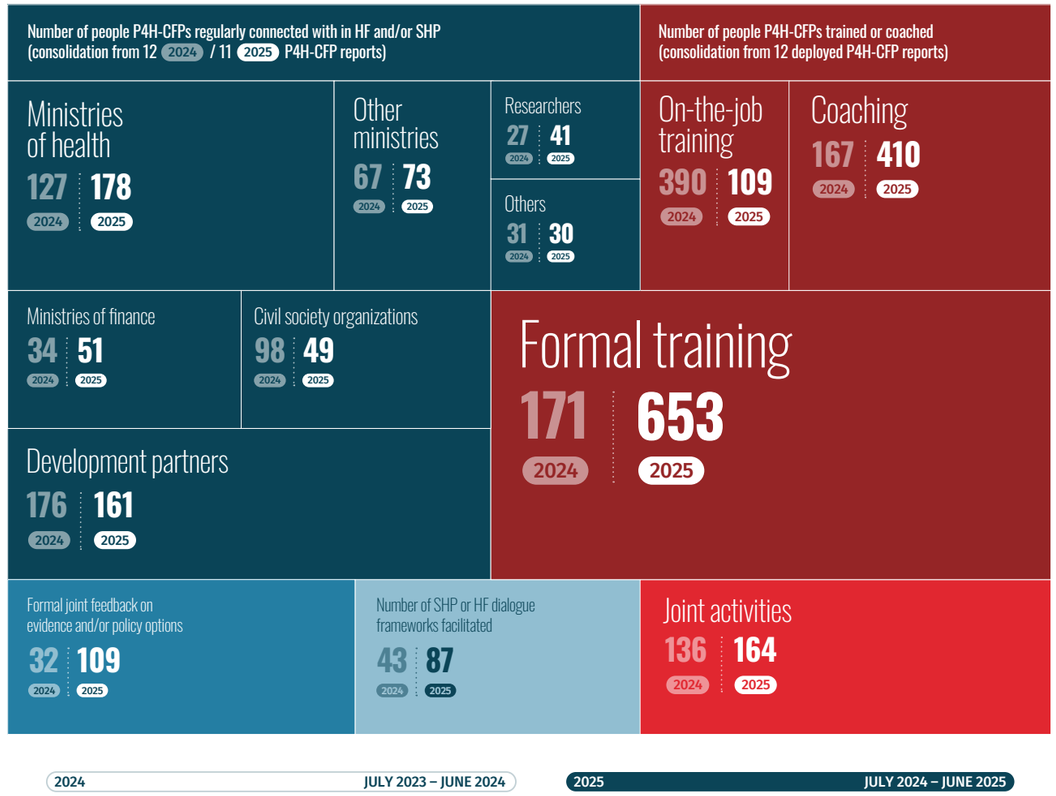
On 1 September 2024, Tural Gulu joined GIZ's BACKUP Health as an HF adviser and P4H-CFP in **Uzbekistan**. BACKUP Health implements its support to Uzbekistan with financing from SDC. Niccolò Rotigliano transitioned from the role of P4H-CFP in **Cambodia** to **Nepal**. After several years in Cambodia, where the P4H Network supported UHC through stakeholder alignment, capacity building and SHP reforms, he brought these experiences to Nepal. Following the P4H-CFP's departure from Cambodia, the presence of the P4H Network in Cambodia and the country's connection to P4H through the P4H-CT are represented by GIZ's project Improving Social Protection and Health II (ISPH II). Through this unique approach, three GIZ colleagues based in Phnom Penh will share the role that is usually carried out by a single P4H-CFP.

FIGURE 6. **P4H COUNTRY AND REGIONAL FOCAL PERSONS – CONTRACTING AND FUNDING AGENCIES (AS OF 30 JUNE 2025)**



Set-up and facilitation of inclusive social health protection and health financing networks by P4H country focal persons

FIGURE 7. **SELECTED INDICATORS OF ACTIVITIES OF 11 DEPLOYED P4H COUNTRY FOCAL PERSONS (JULY 2024 – JUNE 2025)**



Facilitation of joint country support in national forums

The P4H Network plays a critical role in the facilitation of joint country support thanks to P4H's deployed P4H-CFPs and P4H-CD. The alignment agenda is primarily and continuously tackled by P4H within these national forums.

In November 2024, the P4H-CFP in **Uzbekistan** supported the establishment of and now cochairs the country's newly formed Health Development Partners subgroup known as the P4H/health financing subgroup. This informal platform aims to strengthen coordination among development partners, improve information sharing and align technical assistance with Uzbekistan's HF reform agenda. The group facilitates discussions on policy updates, programmatic shifts and evolving challenges within the SHP and HF landscape.

"Since September 2024, having a dedicated P4H country focal person in Uzbekistan has significantly supported our efforts to transition from the Semashko model of line-item budgeting to a health insurance–based financing system. This reform enables strategic purchasing of health services without requiring direct financial contributions from the population. …

"I sincerely thank GIZ (including BACKUP Health), the P4H Network, and you [the P4H-CFP] for your active involvement, technical support, and capacity-building activities. …

"This collaboration has strengthened our capacity to implement state health insurance reforms and brought us closer to achieving UHC in Uzbekistan."

Zokhid Ermatov
Executive Director
State Health Insurance
Fund of Uzbekistan

In **Kenya**, the P4H-CFP is the coordinator for SHP under the SP coordination group of all partners. This group sits under the National Social Protection Secretariat of the Ministry of Labour and Social Protection of Kenya. The P4H-CFP is also an active member of Development Partners in Health Kenya (DPHK), a group that coordinates all partners working on health. With DPHK, the P4H-CFP made a presentation on the state of transition from a NHIF to SHI.

In the twenty-ninth session of the steering committee for the joint annual review of the health sector in **Chad**, held in May 2025, development partners organized a panel focused on strengthening the efficiency of the health system to advance UHC. The P4H-CFP contributed to both the preparation and facilitation of this panel, which issued recommendations regarding strategies to be adopted and innovations to be introduced in a context characterized by declining international funding. The development partners' presentation was highly commended, and it was suggested that this intervention be replicated in a smaller group composed of members of the MOH's executive board to maximize its impact.

In **Côte d'Ivoire**, the P4H-CFP played an active role in facilitating national consultation forums, particularly around health accounts, the HFPM evaluation and strategic purchasing reforms. The P4H Network's involvement helped anchor the results produced within existing governance and accountability mechanisms. P4H also actively contributed to the technical and strategic facilitation of the thematic technical group on HF, in connection with the Plateforme Nationale de Coordination du Financement de la Santé. This work enabled an effective coconstruction of strategic directions to be implemented and promoted the harmonization of interventions and alignment of partners on the UHC agenda, while ensuring complementarity of funding and coherence of actions between central and decentralized levels.

In **Ethiopia**, the P4H-CFP engaged with the HF subgroup of the Health and Population Network and with the country's HF technical WG, which included collaborating with the MOH and other bodies, as well as external partners. He provided core technical and strategic inputs on the development of the implementation manual for the Ethiopian health care financing strategy and health system strengthening, along with HF-related technical areas. He also facilitated a collaboration with the University of Gondar to prepare for an ongoing discussion between the university and WHO to establish a collaborative centre.

REGIONAL LEVEL

Asia regional dynamic

The P4H Network participated in the 2025 World Health Summit in New Delhi, India, focusing on partnerships, climate-resilient finance, wastewater surveillance and outcome-based HF to advance health equity through innovation, collaboration and systemic solutions globally.

In addition, the P4H Network's work in Asia focused on exchanges among countries in the region and the dynamics of the P4H academic group (mentioned throughout this annual review).

The 8th Global Symposium on Health Systems Research (HSR2024) was held from 18 through 22 November 2024, in Nagasaki, Japan. This biennial event, organized by Health Systems Global – one of the largest global health conferences – brings together researchers, policy-makers and practitioners to advance health policy and systems research worldwide. ANU and the ILO, in collaboration with WHO, co-organized a 90-minute session entitled "Building a Resilient Health Workforce for Global Health Security". It addressed critical workforce challenges, including health worker shortages and the increasing demand for social care services. Discussion emphasized that skilled health and care professionals are essential to the effective delivery of health care services, while at the same time many health systems struggle to meet demand with workforce shortages due to outmigration of professionals and increasingly large numbers of older adults. The ILO particularly highlighted the workforce shortage with its presentation "Caring for Those Who Care - Addressing High Demand and Short Supply through Decent Work for Health Workers".

The P4H-RFP, in collaboration with ASEAN Institute for Health Development, Mahidol University, organized a regional hybrid event titled "Achieving Social Justice through Inclusive Social Health Protection" on 5 February 2025, held to mark World Day of Social Justice 2025. The event highlighted the significance of universal SHP in achieving social justice. It brought together representatives of academia, government, workers and employers from across Asia, including Cambodia, India, Japan, Thailand and Viet Nam. Exchanges regarding good practices and barriers inspired action towards inclusive and sustainable SHP systems for vulnerable groups. The session also discussed examples of an innovative approach that has effectively advanced inclusion in SHP systems and better integrated the voices of marginalized communities into the policy-making process.

Eastern Europe and Central Asia regional dynamic

Two notable news articles on SHP and HF published in May and June 2024 related to rare diseases, one on the Russian Federation's Circle of Kindness Foundation and another on Kazakhstan's Republican Center for Orphan Diseases, sparked the beginning of collaboration on rare diseases between Rare Diseases International (RDI) and the P4H Network. This collaboration was announced in September 2024, then planned and implemented during the reporting period, as further described below in the section "Innovations for Health Financing (P4H Network Expected Output 5)".

In September 2024, the P4H-CD organized a webinar on SHP in Central and Western Asia, which opened new avenues for collaborative activities in the region. The webinar launched the report *Extending Social Health Protection: Accelerating Progress Towards Universal Health Coverage in Central and Western Asia* and included a country profile on SHP in Kazakhstan, coauthored by the P4H-CFP sitting at the Social Health Insurance Fund (SHIF) of Kazakhstan. The webinar included speakers from Azerbaijan, Turkey and Uzbekistan, as well as a regional expert from Lithuania.

Africa regional dynamic

On 5 September 2024, the P4H-CD and P4H-CFP were invited to present and share about the P4H Network's synergies with the health financing and investment (HFI) team of WHO's Regional Office for Africa (WHO/AFRO) at its first country focal points' meeting of 2024.

A meeting of P4H-CT members working in African countries where French is spoken took place on 25 September 2024. The meeting focused on the following topics: HF and PHC, health systems and challenges in the context of vertical programmes and countries' transitions from external financing to domestic public funding, assessment of HF systems using the HFPM and the mechanisms for identifying and registering households in UHI schemes.

The P4H-CD co-organized a session, together with the International Association of Mutual Benefit Societies during its International Mutualist Conference in Bujumbura, Burundi, in February 2025. The event was an occasion to discuss linkages between health mutuals and national SHP systems with representatives from mutual societies and governments alike and included an intervention by the P4H-CFP in Burundi. Engagement with the ILO country office in Burundi made it possible to hold this session.

Following a first workshop on the role of mutuals in national SHP, held jointly by the ILO and the West African Economic and Monetary Union (WAEMU) in October 2023, the P4H-CD partook in a follow-up technical workshop in Côte d'Ivoire in May 2025. That workshop was co-organized by the ILO, WAEMU and the Conférence internationale de la prévoyance sociale (CIPRES). The follow-up workshop aimed to share results from the first event, including possible models for interconnection between health mutuals and national SHP systems in sub-Saharan Africa. The follow-up workshop further explored implications of the delegation of functions from a central authority for health mutuals and governments alike.

Latin America and the Caribbean regional dynamic

A collaborative webinar between two of the P4H Network's academic members, University of Antioquia in Colombia and PUCP, was held on 11 April 2025. The challenges of financing UHC in Latin America and the Caribbean were discussed.

Source: University of Antioquia

Presentation from webinar by University of Antioquia and the Pontifical Catholic University of Peru.

In the Plurinational State of Bolivia, the Higher University of San Andrés (UMSA) and the country office of the Pan American Health Organization (PAHO) began developing curricula for HF and economics modules specifically for the Ministry of Health and Sport, in which P4H Network members could participate.

In May 2025, representatives of PAHO from the country offices in Brazil and Venezuela met to discuss collaboration and exchanges. They raised the idea of facilitating a small group of like-minded experts and creating a page on p4h.world dedicated to specific Latin American countries that are moving forwards with health systems transformations. Furthermore, the PAHO–WHO representative from Brazil, Cristian Morales, was intent on discussing the Oswaldo Cruz Foundation's potential membership in the P4H Network.

GLOBAL LEVEL

P4H Steering Group meeting

The 25th P4H Steering Group Meeting was held on 3 and 4 April 2025, 13:00–15:00 CET, online. The two cochairs of the P4H-SG, Kalipso Chalkidou (WHO) and Clarisse Paolini (Ministry for Europe and Foreign Affairs of France), chaired the meeting. WHO explained that all networks in WHO were reviewed.

Referring to WHO, the ILO and WBG, the P4H-SG acknowledged that the P4H Network is a jointly hosted network. WHO emphasized the concept of "joint responsibility" and not only hosting.

Consensus was not reached after the discussion on the P4H Network's TOR at the end of the first day. During the second day, the P4H-SG agreed to set up a strategic WG in charge of developing two to three coordination options for the future of P4H, to be discussed and agreed on during an exceptional P4H-SG meeting as soon as possible. The P4H-CD in the ILO and WHO presented the main activities carried out between July 2023 and the end of June 2024, as well as a few recent updates regarding the P4H monitoring indicators.

P4H Network in global health and interregional exchanges

On request from the P4H Network's member from the Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation (CHQAC), the P4H-CD facilitated a collaboration with the MOH of Brazil. The conference took place in Moscow and included several health technology assessment (HTA) experts from Belarus, China, Kyrgyzstan, the Russian Federation and Uzbekistan. Marcela Medeiros de Freitas, from the Department of Management and Incorporation of Health Technologies (DGITS) of the MOH of Brazil, presented Brazil's experience with using HTA to facilitate access to innovative technologies for patients, including those with rare diseases, at a conference on 26 June 2025. DGITS is responsible for supporting the execution of the HTA process by managing and coordinating the activities of the National Committee for Health Technology Incorporation of the Single Health System.

P4H academic member FUSPH in Shanghai, China, held a subforum on 13 November 2024 as part of the Eighth International Forum on the Belt and Road Initiative & Global Governance. The P4H-CD attended the subforum and the field visit that followed to Yuhuan county.

Some examples of P4H country focal persons participating in regional forums

At the 7th Biennial Scientific Conference of the AfHEA, the P4H-CFPs for Madagascar and Côte d'Ivoire made substantial contributions. The conference ran from 10 through 14 March 2025 in Kigali, Rwanda. The P4H-CFP in Côte d'Ivoire contributed as a co-organizer and session moderator. He supported the scientific presentation of the director of health economics of Côte d'Ivoire on progress in financial protection and moderated a session dedicated to policy-related learning on financing reforms. His involvement highlighted coordination challenges, barriers to implementation of reforms and drivers of effective learning in African countries where French is spoken. The P4H-CFP in Ethiopia also participated in the conference as a presenter, chair and discussant on using evidence in decision-making related to HF topics.

Exchanges among countries with support of P4H country focal persons

In January 2025, the P4H-CD participated in a study tour on openIMIS business process requirements that was co-organized by the ILO, GIZ, Expertise France and the P4H-CFP in **Nepal**. Delegations from **Ethiopia**, **Senegal** and **Zambia** participated in the study tour, which showcased Nepal's SHP landscape and included a policy and implementation workshop investigating the SHP scheme's business requirements in the four countries.

The P4H-CFP in **Cambodia** participated in the Prince Mahidol Award Conference 2025, 28 January through 2 February, in Bangkok, Thailand, and the 2025 Aligning Resources and Implementation of Disease Programmes for Sustainable and Enhanced Universal Health Coverage (ARISE UHC) workshop organized by the Global Fund. The P4H-CFP addressed sustainability in financing services related to HIV, tuberculosis and malaria programmes in the context of UHC. This ARISE UHC workshop, covering WHO's Western Pacific Region and South-East Asia Region, is part of a broader effort to strengthen health systems and ensure long-term funding for these three disease areas. The workshop was funded by the Global Fund, WHO, WBG, ADB, the United States Agency for International Development and the Japanese International Cooperation Agency.

The Ministry of Health and Population of **Nepal** began formulating a comprehensive Digital Health Blueprint as part of its strategic vision to enhance health care delivery across the country. To support this effort, a high-level delegation, comprising officials from that ministry, the Health Insurance Board of Nepal, MOF and the provincial health directorates of Sudurpaschim, Lumbini, Koshi and Gandaki undertook a study visit to the **Republic of Korea** from 26 June to 1 July 2025. This country stands out globally for its pioneering digital health infrastructure and experience. The visit was jointly supported by the P4H-CFP in Nepal and the P4H-CFP in the Republic of Korea.

In August 2024, the P4H-CFP in **Chad** organized a fact-finding trip for 10 national partners from Chad's Caisse nationale d'assurance santé, Agence nationale de régulation de la couverture santé universelle and MOH. The objective of this visit was to build the capacity of national stakeholders involved in the implementation of UHC schemes by enabling them to learn from **Côte d'Ivoire's** experience and best practices in health insurance deployment. They engaged in working sessions with their Ivorian counterparts on a range of topics, including beneficiary enrollment, monitoring, verification, reimbursement of health facilities, contribution collection and the digitalization of all related processes. The P4H-CFP supported the organization of the study tour.

Activities of the P4H Technical Exchange Group

At the beginning of the reporting period, P4H-TEG activities were led by the three cochairs of the P4H-TEG, from AFD, the Global Fund and SNUGSPH, with the P4H-CD's support. Two P4H-TEG cochair positions (SNUGSPH and the Global Fund) became vacant during the reporting period and remained vacant as of July 2025.

The P4H-TEG meeting in November 2024 included three joint discussions. The first was about SP for people affected by tuberculosis, illustrated by a joint WHO–ILO presentation on guidance on SP for people with tuberculosis, along with feedback from the Global Fund. The second addressed the linkages between SP, health and climate change, described in one presentation on the ILO's report titled *World Social Protection Report 2024–26*: Universal Social Protection for Climate Action and a Just Transition and another, by AFD, on the role of the Finance in Common Summit to transform the financial system towards climate and sustainability. The third was about the role of mutuals and CBHI in national SHP systems that began with a presentation of the ILO working paper on the role of health mutuals and CBHI in SHP systems, delivered by the P4H-RFP, and was followed by exchanges with WHO headquarters. During the P4H-TEG meeting, country experiences from **Chad**, **Ethiopia** and **Senegal** were shared by the respective P4H-CFPs.

In parallel to the formal P4H-TEG meeting, GIZ efforts to develop new activities on One Health were supported by the cochairs and the P4H-CD. GIZ work included the development of TOR for this workstream.

In February 2025 in accordance with the workstream on mutuals of the P4H-TEG's alignment community of practice, the P4H-CD organized a webinar together with the platform socialprotection.org on the role of health mutuals and CBHI in SHP systems. The webinar included panellists from **Côte d'Ivoire**, WAEMU, **Senegal** and **Lao PDR**. The attendance of the latter speaker was facilitated through the ILO regional focal point in Asia.

Engaging with potential new members for the P4H Network

Since the 24th P4H Steering Group Meeting in November 2023, four candidates have expressed interest in joining the P4H Network. Exploratory discussions on potential membership were initiated by one academic institution and four countries – UMSA, Indonesia, Kuwait, the Philippines and Uzbekistan – with facilitation by the P4H-CD.

P4H Coordination Team meetings

Between September 2024 and March 2025, the P4H-CT held a series of meetings on key technical topics pertaining to the health sector, including blended finance, the Sustainable Development Goals (SDGs), SHP, unmet health needs and changes in international aid policy.

- On **3 September 2024**, the P4H-CT held a meeting where two technical topics were presented and discussed: blended finance and debt swaps, and the joint proposal of WBG and WHO to revise SDG indicator 3.8.2.
- The P4H-CT met on **9 October 2024** about data for SHP and HF, a key technical topic for the P4H Network.
- In a meeting on **3 December 2024**, the P4H-CT discussed the topic of SHI, following a recent surge of requests to WHO from countries interested in promoting SHI. The meeting aimed to better clarify what was driving countries' interest.
- On **28 January 2025**, the P4H-CT discussed the topic of unmet needs. Colleagues from the P4H-CT demonstrated a strong interest in the topic and appreciated the opportunity to discuss it. Feedback included the opportunity to relate the topic to income replacement in case of sickness, provide some capacity building in countries and follow up on the methodology development.
- On **25 February 2025**, the P4H-CT discussed the topic of financing for health outside the public health sector. The team members shared experiences identified in the framework of their knowledge-management activities, inspiring their colleagues working at country level.
- On **31 March 2025**, the P4H-CT discussed the recent aid policy changes in the United States of America and other countries. Colleagues shared their observations on how aid policy changes affect countries and their views on what these changes mean for the P4H Network.

P4H ACADEMIC GROUP

During an online meeting in July 2024, members of the P4H Network's academic constituency, led by ANU until January 2025, discussed collaboration and knowledge exchange. Representatives shared priorities, such as HF reforms and addressing OOP pharmaceutical spending.

ANU organized a second P4H Academic Group Meeting on 13 November 2024. It was attended by FUSPH (China), KUHeS (Malawi), SNUGSPH (Republic of Korea) and CHQAC. The suggested topics of collaborations, which included HTA and research driven towards national policy dialogues, were discussed during the meeting.

A meeting on 27 March 2025 followed the constituency's meeting in November. FUSPH, which took over the lead of the academic constituency of the P4H Network in January 2025, participated in the hybrid meeting, which Jiayan Huang of FUSPH and three members of the P4H-CD attended. The group explored three ways to increase engagement and visibility of ths constituency: (1) organize bilateral calls between FUSPH and each academic member, (2) map out key details about each academic member and describe their activities on SHP and HF, and (3) create a dedicated page on p4h.world for the academic constituency.

The group also discussed two expected outputs of the academic constituency's work, including publications based on research and using research to address problems in specific countries.

COHERENT COLLABORATION FRAMEWORKS (P4H NETWORK EXPECTED OUTPUT 3)

JOINT TECHNICAL ASSISTANCE AND OTHER COLLABORATIVE SUPPORT MODALITIES

Joint capacity-building in social health protection and health financing

In March 2025, the P4H-RFP co-organized a high-level workshop on health and SP policies and financing, in collaboration with the Social and Cultural Affairs Committee of the National Assembly of **Lao PDR**. The workshop aimed to enhance the knowledge and capacity of key decision-makers in advancing comprehensive and sustainable SP systems. The workshop included presentations by national stakeholders as well as UN partners, including WHO.

On 4 February 2025, the P4H-CFP in **Kenya** provided a presentation to the MOH and 200 participants in a WHO-organized webinar series, on proxy means testing in SHI and lessons learned from other countries.

The Cambodian National Social Assistance Fund (NSAF) enhanced the understanding of its staff with navigating the Health Equity Fund (HEF) benefits. The P4H-CFP supported the regional workshops for 150 NSAF staff, resulting in clear knowledge gains; follow-up showed many applied their learning by actively promoting HEF benefits in their communities.

The GFF and WHO have implemented a learning programme focused on financing PHC, in collaboration with national and subnational decision-makers. The P4H-CFP in **Côte d'Ivoire** contributed to the design of the webinars, the selection of speakers and the facilitation of interactive exchanges. Three major webinars were organized: (1) Financement de la santé : Comment utiliser au mieux l'outil juridique?, held on 16 December 2024, on the role of legal frameworks in reforms and health system performance; (2) CSU : Leçons tirées du parcours tunisien, held on 14 November 2024, on UHC and cross-cutting experiences from Tunisia, Senegal and Côte d'Ivoire, and lessons learned and levers for countries in Africa where French is spoken; (3) Autonomie financière des formations sanitaires : Arguments, contraintes et pistes d'action, held on 16 October 2024, on financial autonomy of health facilities and related arguments, constraints and action plans.

In June 2025, accelerating its health system transformation, **Uzbekistan** hosted a high-level policy dialogue, and the WHO Barcelona Course on Health Financing for UHC was tailored to the Uzbek country context for 50 participants. The event was organized by WHO and GIZ, on behalf of Germany's Federal Ministry for Economic Cooperation and Development, in collaboration with Uzbekistan's MOH, MEF and State Health Insurance Fund, and supported by the P4H-CFP.

Source: Bekmurod Abdurakhmonov, specialist at the State Health Insurance Fund of the Republic of Uzbekistan

Participants at the Barcelona Course on Health Financing held in Tashkent, Uzbekistan, on 2 June 2025.

In November 2024, GIZ and the SHIF conducted a training-of-trainers session for 16 financial staff in Karakalpakstan to support the phased rollout of health insurance mechanisms, scheduled for launch in January 2025. The trainers subsequently delivered cascade trainings for district and city-level health care facility staff, ensuring consistent knowledge transfer and smooth implementation at the local level.

Flagship course of the International Training Centre of the International Labour Organization

The flagship course of the International Training Centre of the ILO (ITCILO), Social Health Protection – Addressing Inequities in Access to Health Care, took place in April 2025, in collaboration with the P4H Network and the CONNECT Network. This seven-week-long hybrid training focused on international legal frameworks for SHP and implementation advancing effective coverage in countries, with an emphasis on interlinkages between SP and health sectors. The training specifically included a session on SP as a social determinant of health equity, delivered by the department of social determinants of health at WHO. The last session of the course, called Advocating for Social Health Protection, was facilitated by the P4H-CD and had the P4H-CFP for Uzbekistan as speaker.

A delegation of senior policy-makers from the State Health Insurance Fund, MEF and MOH of **Uzbekistan** successfully completed the course, with an intensive face-to-face week held at the ITCILO campus in Turin, Italy, from 7 to 11 April. With over 60 hours of instruction, the course equipped participants with practical knowledge and tools to design, implement and manage inclusive and resilient SHP systems aligned with UHC principles.

KNOWLEDGE MANAGEMENT AND GLOBAL GOODS

Multipronged approached to advancing the P4H Network's mission

The P4H Network advances its mission to promote, develop and strengthen exchange and collaboration among stakeholders in SHP and HF through various knowledge-management activities. These include all the publications detailed in this section.

P4H Network's Governance Newsletters

From July 2024 through June 2025, eight P4H Governance Newsletters were published. They included 32 articles.

Publication of blog posts on p4h.world

The P4H Network's knowledge-management team published six blog posts during the 2024–2025 reporting period.

FIGURE 8. **BLOG POSTS (JULY 2024 – JUNE 2025)**

Post date	Source	Title	Main topic	Location
2024 July 16	WHO and University College London	Government purchase of private health services in the Eastern Mediterranean Region	Dialogue with the private sector	EMRO
2024 October 3	P4H Network	P4H Political Economy Tool: An approach to enhanced partnership	P4H Political Economy Tool	Global
2024 December 2	Center for Global Development	Big Tobacco continues to thrive off health-harming products	Health taxes	Global
2025 January 20	P4H Network	Containing costs and nudging doctors and hospitals towards policy goals in Japan	Cost containment in Japan	Japan
2025 April 23	WHO	Official development assistance for health: An expected 40% reduction	Health aid drop	Global
2025 June 30	P4H Network	Rare diseases in France: A subject taken very seriously	SP against rare diseases in France	France

Documentation of processes at country, regional and global levels

During the reporting period, the P4H Network combed through sources to share vital information and knowledge as global goods. As a result, 511 news articles and 610 documents were uploaded to p4h.world. Out of these 1,121 pieces, 89% (997 pieces) were country-related and covered 177 countries (out of 194).

All content has been tagged with one or several of 27 tags. The 27 tags are the topics and entry points into SHP and HF that are used by the P4H Network to organize content and improve users' search experience.

In addition, 96 documents and 83 news articles with a global scope were uploaded to p4h.world. This selection of critical information and analysis focused on the P4H Network's technical priorities and innovative topics of discussion.

FIGURE 9. **NEWS ITEMS AND DOCUMENTS ON P4H.WORLD BY COUNTRY (JULY 2024 – JUNE 2025)**

COUNTRY	●	■	⬢
Afghanistan	1	2	3
Albania	2	2	4
Algeria	0	3	3
Andorra	0	0	0
Angola	1	5	6
Antigua and Barbuda	2	0	2
Argentina	1	5	6
Armenia	3	3	6
Australia	4	4	8
Austria	2	2	4
Azerbaijan	5	0	5
Bahamas	1	0	1
Bahrain	0	3	3
Bangladesh	5	4	9
Barbados	2	2	4
Belarus	1	1	2
Belgium	0	1	1
Belize	2	3	5
Benin	5	1	6
Bhutan	0	2	2
Bolivia (Plurinational State of)	4	1	5
Bosnia and Herzegovina	2	1	3
Botswana	1	4	5
Brazil	5	6	11
Brunei Darussalam	0	2	2
Bulgaria	3	1	4
Burkina Faso	3	2	5
Burundi	1	2	3
Cabo Verde	0	0	0
Cambodia	7	8	15
Cameroon	6	6	12
Canada	1	0	1
Central African Republic	1	3	4
Chad	1	1	2
Chile	3	4	7
China	4	14	18
Colombia	5	9	14
Comoros	1	2	3
Congo	1	4	5
Congo (Democratic Republic of)	2	2	4
Cook Islands	0	1	1
Costa Rica	2	5	7
Côte d'Ivoire	12	6	18
Croatia	1	3	4
Cuba	4	4	8
Cyprus	1	1	2
Czech Republic	3	0	3
Denmark	3	2	5
Djibouti	2	4	6
Dominica	0	2	2
Dominican Republic	2	1	3
Ecuador	3	3	6
Egypt	4	3	7
El Salvador	1	1	2
Equatorial Guinea	0	5	5
Eritrea	0	2	2
Estonia	4	4	8
Eswatini	0	1	2
Ethiopia	2	8	10
Fiji	1	2	3
Finland	1	1	2
France	16	1	17
Gabon	3	6	9
Gambia	0	1	1
Georgia	3	3	6
Germany	5	7	12
Ghana	2	7	9
Greece	0	0	0
Grenada	1	1	2
Guatemala	3	0	3
Guinea	5	7	12
Guinea-Bissau	0	4	4
Guyana	2	1	3
Haiti	0	2	2
Honduras	1	1	2
Hungary	1	2	3
Iceland	1	0	1
India	10	12	22
Indonesia	7	11	18
Iran (Islamic Republic of)	4	1	5
Iraq	1	3	4
Ireland	3	2	5
Israel	0	0	0
Italy	2	1	3
Jamaica	2	2	4
Japan	4	1	5
Jordan	1	2	3
Kazakhstan	8	4	12
Kenya	4	5	9
Kiribati	1	1	2
Democratic People's Republic of Korea	0	0	0
Republic of Korea	5	11	16
Kuwait	1	6	7
Kyrgyzstan	5	3	8
Lao PDR	0	0	0
Latvia	3	2	5
Lebanon	2	0	2
Lesotho	0	0	0
Liberia	2	4	6
Libya	0	5	5
Lithuania	3	2	5
Luxembourg	1	1	2
Macedonia (Republic of North)	1	3	4
Madagascar	2	2	4
Malawi	1	2	3
Malaysia	5	3	8
Maldives	1	2	3
Mali	3	10	13
Malta	0	1	1
Marshall Islands	0	0	0
Mauritania	2	5	7
Mauritius	0	4	4
Mexico	2	7	9
Micronesia (Federated States of)	0	0	0
Monaco	1	2	3
Mongolia	0	3	3
Montenegro	1	0	1
Morocco	2	1	3
Mozambique	0	11	11
Myanmar	1	3	4
Namibia	1	2	3
Nauru	0	1	1
Nepal	7	7	14
Netherlands	1	1	2
New Zealand	4	2	6
Nicaragua	1	2	3
Niger	1	1	2
Nigeria	6	4	10
Niue	0	0	0
Norway	1	3	4
Oman	2	6	8
Pakistan	7	10	17
Palau	0	0	0
Panama	2	2	4
Papua New Guinea	1	0	1
Paraguay	2	1	3
Peru	6	6	12
Philippines	12	6	18
Poland	1	1	2
Portugal	1	2	3
Qatar	2	5	7
Republic of Moldova	2	1	3
Romania	0	4	4
Russian Federation	3	2	5
Rwanda	2	7	9
Saint Kitts and Nevis	1	0	1
Saint Lucia	2	1	3
Saint Vincent and the Grenadines	1	1	2
Samoa	2	1	3
San Marino	0	0	0
Sao Tome and Principe	0	3	3
Saudi Arabia	3	5	8
Senegal	4	4	8
Serbia	2	1	3
Seychelles	1	4	4
Sierra Leone	0	1	1
Singapore	5	4	9
Slovakia	1	2	3
Slovenia	1	1	2
Solomon Islands	0	0	0
Somalia	0	5	5
South Africa	4	2	6
South Sudan	0	0	0
Spain	2	3	5
Sri Lanka	1	1	2
Sudan	0	4	4
Suriname	1	1	2
Sweden	0	1	1
Switzerland	3	1	4
Syrian Arab Republic	0	0	0
Tajikistan	4	5	9
Tanzania (United Republic of)	3	4	7
Thailand	8	12	20
Timor-Leste	1	1	2
Togo	4	16	20
Tonga	1	1	2
Trinidad and Tobago	1	2	3
Tunisia	1	2	3
Turkey	3	1	4
Turkmenistan	4	1	5
Tuvalu	2	1	3
Uganda	1	5	6
Ukraine	1	7	8
United Arab Emirates	0	7	7
United Kingdom of Great Britain and Northern Ireland	7	8	15
United States of America	4	6	10
Uruguay	2	6	8
Uzbekistan	10	3	13
Vanuatu	0	0	0
Venezuela (Bolivarian Republic of)	1	2	3
Vietnam	7	5	12
Yemen	1	0	1
Zambia	3	4	7
Zimbabwe	1	2	3

● NEWS (437) ■ DOCUMENTS (578) ⬢ TOTAL (1015)

FIGURE 10. **TAGS FOR NEWS ITEMS AND DOCUMENTS ON P4H.WORLD (JULY 2024 – JUNE 2025)**

# Tag	News ●	■ Document	Total
Health systems	140	158	298
Health insurance	127	109	236
Financial protection	86	96	183
Legal & institution	30	111	141
Vulnerable people	71	69	140
Policy dialogue	67	65	132
Primary health care	40	37	77
Public financial management (PFM)	33	41	74
Revenue raising	37	35	72
Accountability & transparency	34	31	65
Economics of health for all	22	31	53
Alignment	39	11	50
Health taxes	26	22	48
Value for money	16	29	45
Purchasing	11	32	43
Benefit package	22	19	41
Financial hardship and forgone care	18	22	40
Aging	14	17	31
Health technology assessment	7	23	30
One Health	15	13	28
Private sector	24	4	28
Capacity development	24	1	25
Capital investment in health	21	4	25
Pandemic prevention preparedness & response	11	13	24
Political economy & leadership	4	17	21
Technical exchanges	14	2	16
Pooling	1	14	15
Total	**425**	**572**	**997**

Publication of country case studies on p4h.world

The P4H Network's knowledge-management team published four country case studies during the 2024–2025 reporting period.

FIGURE 11. **COUNTRY CASE STUDIES ON P4H.WORLD BY COUNTRY**

Post date	P4H-CFP or P4H-RFP	Title	Main topic	Location
2024 July 10	Saibou Seynou	Universal health coverage advances in Chad: A multi-year presence pays off	Summary of long-term P4H-CFP support	Chad
2024 November 18	Serge Mayaka	Strategic purchasing in health: Lever for universal health coverage in Côte d'Ivoire	PHC strategic purchasing	Côte d'Ivoire
2024 December 20	Cristina Manzanares	Five-year tenure advances health financing policy in Mozambique	Summary of long-term P4H-CFP support	Mozambique
2025 May 27	Saibou Seynou	Chad's Medical Assistance Scheme: A milestone towards universal health coverage	Operational milestone in UHC development	Chad

Continuous improvement of p4h.world

This year was marked by advancements on p4h.world focusing on enhancing user experience and implementing new features. Two new pages on governance of P4H-TEG meetings and governance of P4H-CT meetings were implemented, complete with all relevant documentation. A new annual review section was also designed and implemented, with files available in English, French, Russian and Spanish. A page featuring UHC dynamic cards for specific countries was designed and implemented on the "Resources" page, along with a crosslink box on each country page. The "P4H Members" page was redesigned to include members' logos and descriptions. User interface and user experience improvements included redesign of visual elements on the "Data", "France" and "Regional Dynamics" pages. Improvements to search-engine optimization included the enhancement of search results' URLs for better visibility and website search ranking.

P4H Network on social media

In 2025, the P4H Network strengthened its social media presence with a platform-specific strategy. Each platform (LinkedIn, Bluesky, Facebook and others) serves a distinct purpose, enabling P4H to engage policy, academic and grass-roots audiences while aligning with P4H's values of inclusion, diversity and relevance.

The P4H Network shifted its primary focus from X to LinkedIn to better engage public policy professionals, policy-makers and researchers in SHP and HF. This change enhanced the meaningful contribution of P4H's updates, insights and resources to policy and research discussions.

Recognizing the rise of academic and institutional engagement on Bluesky, the P4H Network established a presence in April 2025, mirroring LinkedIn updates while exploring Bluesky's unique dynamics.

Additionally, in response to feedback from colleagues in the Eastern European and Central Asia and Africa Regions, the P4H Network launched a dedicated Facebook page in September 2024. Exploring this platform improved P4H's outreach to organizations and civil society actors who rely on Facebook for information sharing.

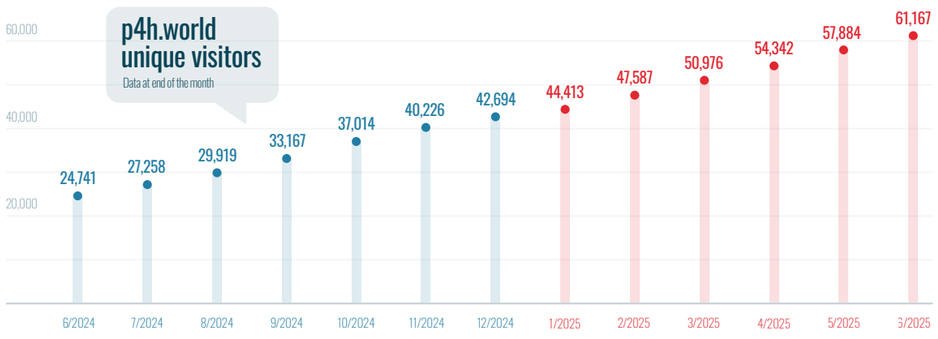
Between June 2024 and June 2025, the P4H Network's LinkedIn followers grew from 3,009 to 6,549 — a 117% increase in one year. During this period, P4H published an average of 1.5 posts per weekday on LinkedIn, generating 512,361 impressions and a 14.45% engagement rate. P4H's Facebook page gained 163 followers between September 2024 and 1 July 2025, and P4H's Bluesky account attracted 66 followers between April 2025 the beginning of July 2025. Performance on both platforms showed steady growth over the reported periods.

FIGURE 12. **DIGITAL ENVIRONMENT**

July 2023 — June 2024 July 2024 — June 2025

Website (www.p4h.world)
Unique visitors
over the last 12 months

24,741 from 191 countries 61,167



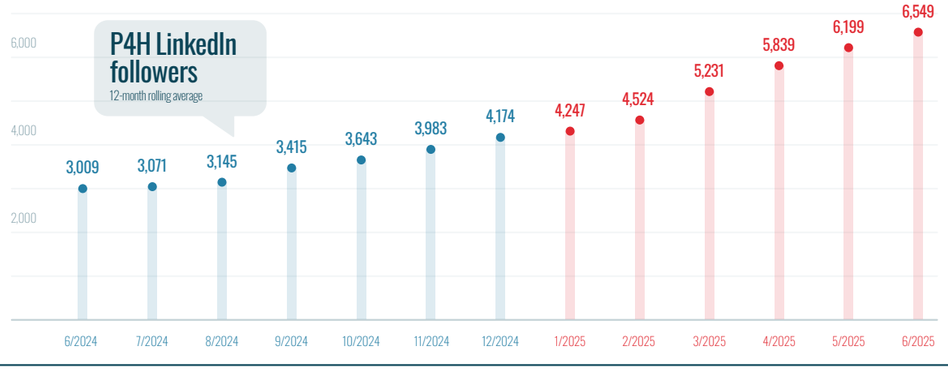
LinkedIn
LinkedIn posts

352 184 about 60 countries 175 about 67 countries -13↓ 339

Angola 1 · Argentina 2 · Australia 1 · Azerbaijan 1 · Bangladesh 3 · Belgium 3 · Belize 1 · Bolivia 1 · Brazil 7 · Bulgaria 1 · Burkina Faso 2 · Cambodia 7 · Canada 1 · Chad 3 · Chile 1 China 1 · Colombia 7 · Costa Rica 1 · Côte d'Ivoire 2 · Cuba 3 · Ecuador 1 · Egypt 1 · El Salvador 1 · Ethiopia 1 · France 1 · Germany 4 · Ghana 4 · Guatamala 1 · Guyana 1 · Haiti 1 · India 21 Indonesia 4 · Ireland 3 · Italy 1 · Japan 3 · Jordan 1 · Kazakhstan 1 · Kenya 4 · Kyrgysztan 1 · Lao PDR 1 · Lithuania 1 · Malaysia 1 · Mexico 4 · Morocco 1 · Nepal 1 · Nicaragua 1 Oman 1 · Pakistan 2 · Peru 6 · Philippines 5 · Republic of Korea 5 · Rwanda 1 · Saudi Arabia 1 · Singapore 1 · Somalia 1 · South Africa 4 · Spain 3 · Thailand 4 · Timor Leste 1 Uganda 1 · Ukraine 1 · United Kingdom of Britain and Northern Ireland 2 · United Republic of Tanzania 4 · United States of America 8 · Uzbekistan 3 · Viet Nam 5 · Zambia 2

Followers

3,009 +3.540↑ 6,549



"I really appreciate the content [P4H shares] on [LinkedIn]. It is very valuable to me and often informs me of recent reforms and papers that are perfectly on target for my research and teaching in health care financing."

Igna Bonfrer
Associate Professor Global Health Economics & Director Rotterdam Global Health Initiative

COLLABORATION WITH OTHER HEALTH SYSTEMS STRENGTHENING NETWORKS (P4H NETWORK EXPECTED OUTPUT 4)

HEALTH FINANCING, SOCIAL HEALTH PROTECTION AND CLIMATE CHANGE

UHC2030 Related Initiatives

In **Cameroon**, the P4H Network supported the MOH's examination of climate change in the context of the health sector. This inquiry consisted of a series of capacity-building sessions on (1) the impact of climate change on the implementation of UHC and SP; (2) climate-sensitive budgeting and considering climate change in the HF strategy.

Following this training, and in collaboration with WHO and AFD, the P4H Network supported the MOH in developing a climate change action plan for the health sector.

During the last quarter of 2024, **Chad**'s P4H-CFP prepared a report on the impact of climate change in the health and SHP sector, which was presented in the P4H-TEG meeting of November 2024, and later in a meeting at the MOH in Chad. The document (1) analyses the impact of climate change on Chad's health sector, highlighting the country's high vulnerability despite being a minor greenhouse gas emitter, and (2) details how extreme weather events — such as floods, droughts and heatwaves — have led to increased disease, malnutrition and mortality, particularly affecting women and children. While several adaptation strategies and emergency response measures have been implemented, mainly with external support, the report identifies key challenges, such as insufficient integration of health issues into climate policies, lack of sustainability and inadequate data. Recommendations include revising national plans to better address health adaptation, increasing health sector funding, integrating climate risks into health insurance and financing, and building capacity for climate-sensitive health responses. The report concludes that stronger coalitions and cross-sectoral approaches, supported by networks such as the P4H Network, are essential to enhance Chad's resilience and adaptation to climate change in the health sector.

INNOVATIONS FOR HEALTH FINANCING (P4H NETWORK EXPECTED OUTPUT 5)

RARE DISEASES

A hybrid meeting took place on 6 May 2025 between RDI and the P4H-CD. The participants in the meeting reviewed and discussed findings of a collaborative study on financing for treatment and services for persons with rare diseases. This collaborative effort was carried out with the support of P4H-CFPs, the P4H-CD and the P4H Network members in the following 11 countries: Australia, China, Colombia, Costa Rica, Côte d'Ivoire, France, India, Kazakhstan, the Russian Federation, Thailand and the United Republic of Tanzania. In addition, two products of the P4H Network and RDI's collaboration were defined. A webinar on SHP and financing related to rare diseases, drawing from the findings of the 11 countries, and a draft article on the study were planned for late 2025.

P4H Network Collaborations in Countries: Snapshots

AUSTRALIA
ANU organized the P4H Academic Group Meeting, which was held on 13 November 2024. The P4H-CFP appointed by ANU also collaborated with the P4H-CFP in Cambodia to implement the PET applied to the topic of health taxes.

BOLIVIA (PLURINATIONAL STATE OF)
During this reporting year, the UMSA in the Plurinational State of Bolivia sent a membership request to the P4H-CD. Potential collaboration with WHO–PAHO and UMSA are pending.

BRAZIL
A first contact with the Brazil's MOH was established in relation to the June 2025 HTA workshop organized by the P4H Network member CHQAC. Brazil might be interested in becoming a P4H country member, and the PAHO–WHO representative plans to have exploratory discussions with his counterparts on this topic.

BURKINA FASO
The P4H-CD supported Burkina Faso's health insurance fund, notably coordinating an actuarial valuation with WBG.

BURUNDI
The P4H Network supported Burundi in the development of its National Health Financing Strategy, technically validated in June 2025. The contract of the P4H-CFP ended in 2024.

CAMBODIA
The P4H Network supported a political economy analysis of health tax reforms for tobacco, alcohol and sugar-sweetened beverages, and a study on gender-responsive SP systems for gender equality and poverty reduction. P4H also contributed to the regional workshops organized on HEF by the NSAF.

CAMEROON
The government assessed the HF system using the HFPM tool, as well as the health sector funding situation. It also developed an operational action plan of UHC. Cameroon's collaboration is strong with the P4H Network.

CHAD
The implementation of the Chad's AMED scheme for people experiencing poverty made significant progress, with the targeting and selection of beneficiaries in three pilot districts, the launch of their enrollment in February 2025 and the effective delivery of health services to the first beneficiaries starting in June 2025.

CHINA
FUSPH took over as lead of the P4H academic group, making every effort to enhance mutual understanding among its members, and to expand collaboration, especially with low- and middle-income countries.

COLOMBIA
The P4H Network academic member from Colombia, the University of Antioquia, agreed to participate in the P4H-sponsored collaborative study on rare diseases.

COMOROS
The P4H-CFP in Madagascar carried out a mission to Comoros in June 2025, including an important agenda on the setting-up of the AMG. The other agenda point of the mission was on the opportunity of the institutionalization of the NHA.

COSTA RICA
The P4H Network member from Costa Rica, the National Social Security Fund of Costa Rica, agreed to participate in the P4H-sponsored study on rare diseases.

P4H Network
P4H Network Collaborations in Countries: Snapshots

CÔTE D'IVOIRE
The P4H Network contributed to an in-depth and concerted reflection to optimize support from development partners of the implementation of reforms aimed at advancing UHC within the framework of improving maternal and child health, while recognizing and adapting to local realities.

DEMOCRATIC REPUBLIC OF THE CONGO
After the involvement of the P4H-CD in the formulation of the Democratic Republic of the Congo's national UHC strategy in 2019–2020, and the presence of a P4H-CFP from November 2022 through mid-2024, several follow-up meetings took place in WHO and during the 2025 World Health Assembly. The newly deployed WHO health systems adviser in Kinshasa provided relevant information for the P4H Network's website and social media.

ETHIOPIA
A knowledge sharing workshop was organized for members of parliament and parliamentary staff on health taxes and their potential social and economic impacts, in a collaboration between the P4H-CFP and the Inter-Parliamentary Union.

GUINEA
The P4H-CFP in Côte d'Ivoire facilitated the analysis of the HF system that was carried out using the HFPM. All development partners were involved in the process, which led to the mobilization of a technical assistant from Expertise France for the external review of the HFPM preliminary report.

INDIA
The P4H Network participated in the 2025 World Health Summit in New Delhi. In addition, the P4H community facilitator is based in India, which gives P4H opportunities to maintain the historical connections with stakeholders in India and with P4H members based in this country.

INDONESIA
With facilitation and support from the WHO country office in Indonesia, the P4H-CD initiated a dialogue with Indonesia's MOH on the potential for a partnership collaboration between Indonesia and the P4H Network.

IRELAND
Representatives of Trinity College Dublin spoke to P4H-CD member Christine Ortiz regarding participation in the HF and economics module of its Global Health MSc (master of science) programme.

KAZAKHSTAN
P4H Network country member Kazakhstan prompted P4H to facilitate a collaboration on rare disease management.

KENYA
Kenya's 2023 Social Health Insurance Act repealed the NHIF Act, replacing it with three new schemes administered by the newly established SHA: Primary Healthcare Fund, SHIF and Emergency, Chronic & Critical Illness Fund. SHA officially started operations on 1 October 2024. The P4H Network accompanied this national reform with the support of the P4H-CFP for Kenya.

KOREA (REPUBLIC OF)
The P4H-CFPs appointed in the Republic of Korea and deployed in Uzbekistan joined forces to connect government officials involved in the HF system in Uzbekistan and staff from the local office of the Korea Foundation for International Healthcare, promoting cooperation between both countries.

LAO PEOPLE'S DEMOCRATIC REPUBLIC
The P4H-RFP co-organized a high-level workshop on health and SP policies and financing, in collaboration with the Social and Cultural Affairs Commission of the National Assembly of Lao PDR, which was copresented by national stakeholders as well as UN partners, including WHO.

MADAGASCAR
The P4H-CFP in Madagascar worked on the institutionalization of the NHA, the facilitation of the national dialogue on domestic resource mobilization for PHC and strategic purchasing.

MALAWI
The P4H Network's community facilitator for countries in Africa where English is spoken worked closely with P4H Network member KUHeS regarding a potential collaborative journal article with other academic members. A preliminary concept note was shared.

MALI
The P4H-CFP in Côte d'Ivoire strengthened the capacities of national actors involved in HF in the use of the HFPM in Mali, which aims to support the updating of the national HF strategy.

MEXICO
Following up on the collaborations that began in 2024 regarding the transformation of the health system, the P4H-CD reviewed a related preliminary report.

MONACO
The Department of International Cooperation of Monaco reached out to the P4H Network for support in finding an HF expert for the evaluation of its CBHI project in Madagascar. In response, the P4H-CD organized a technical discussion on HF best practices and shared some CVs.

MONGOLIA
The P4H-CD was requested to attend a parliamentary event in Mongolia on UHC financing but declined due to budgetary and travel limitations. The newly deployed WHO health systems adviser committed to regularly providing relevant information for the P4H website and social media.

MOROCCO
The MOH reiterated its willingness to organize a Morocco L4UHC cycle, targeting the regional level. A new source of funding in the form of an AFD loan was identified, and the P4H Network team supported Expertise France in its dialogue with the Moroccan MEF.

NEPAL
The P4H-CFP in Nepal supported capacity-building workshops for the Health Insurance Board of Nepal enrollment assistants and officers across districts, strengthening their skills to promote and manage health insurance enrollment effectively.

NIGERIA
GIZ provided technical and financial support for an actuarial study for the Nigerian Health Insurance Authority (NHIA). As part of this activity, the P4H-CFP in Chad led a workshop for NHIA staff on the objectives, different stages and statistical data required for carrying out an actuarial study. The P4H-CFP also supported data collection for, and provided input to, the draft report.

PERU
Conversations with the P4H Network academic member in Peru, PUCP, centred around onboarding new representatives.

PHILIPPINES
The P4H-CD and the Department of Health of the Philippines engaged in a discussion about the country's joining the P4H Network. The department expressed interest and brought the topic into internal discussions.

RUSSIAN FEDERATION
The CHQAC conducted the international conference on HTA approaches and access to innovative medical technologies. The P4H-CFP initiated the P4H Network collaboration on rare diseases, sharing her country's experience.

SENEGAL
Senegal produced the NHA 2022–2024 and technically validated the HFPM. It welcomed and participated in the regional meeting to monitor and share experiences in implementing HF strategies in April 2025.

THAILAND
Thailand shared information about national events and news, populated its country page, participated in technical meetings and shared its experience on unmet needs in the January 2025 P4H-CT meeting.

UNITED REPUBLIC OF TANZANIA
The ZHSF successfully began enrollment of the informal sector just two years after the establishment of the Zanzibari health insurance system. The UHI implementation on mainland Tanzania continues, with the design of the minimum benefit package, supported by the P4H-CFP.

UZBEKISTAN
In September 2024, the President of Uzbekistan signed a resolution marking a strategic shift from the Semashko line-item budgeting system towards a health insurance–based financing model. This historic reform signals a turning point in Uzbekistan's health system transformation. The P4H-CFP provided technical assistance and facilitated capacity-building initiatives to support this development.

VENEZUELA
The WHO representative from Venezuela communicated interest in a political economy study in collaboration with the P4H Network.

ZAMBIA
The Zambian National Health Insurance Management Authority began preliminary discussions with the P4H Network regarding a potential request to become a member of P4H.

Annex

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

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

DOWNLOAD →

p4h.world

Disclaimer

This annual review contains general information about the P4H Network and is intended for informational purposes only. The information contained in this annual review is a summary only of the activities carried out by the P4H Network during the period from July 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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