

**The Global Network for Health Financing  
and Social Health Protection**



## Annex

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JULY 2024 – JUNE 2025

EX ANTE (BASELINE)			EX POST (EVALUATION)			
Areas where the country wants to progress (with ref. of the HFPM question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the network
Q2.5: To what extent does government use taxes and subsidies as instruments to affect health behaviours?	Support the GS-NSPC in developing fiscal policies with the aim to curb unhealthy behaviours.	Prevalence of non-communicable diseases are increasing in Cambodia and "health taxes" have proven to be a powerful tool to reduce consumption of unhealthy products.	A political economy analysis of health tax reforms for tobacco, alcohol, and sugar-sweetened beverages was completed. The analysis included a comprehensive desk review and qualitative interviews with governmental and non-governmental stakeholders, including development partners and civil society organisations.	Support the experts in conducting the assessment.	The regular exchanges between key agencies/institutions were essential in tailoring the current analysis.	
Q5.3: To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?	Support the NSAF in enhancing their staff understanding and ability to navigate the HEF benefits, so that these officials can ensure that beneficiaries of the Family Package and other Social Assistance Programmes can seamlessly access the critical healthcare services they are entitled to.	Providing actionable information to sub-national NSAF officials on HEF benefits empowers them to better serve their communities, thereby improving beneficiaries' access to essential health services.	Organised regional workshops for 150 NSAF staff, resulting in clear knowledge gains; follow-up showed many applied their learning by actively promoting Health Equity Fund benefits in their communities.	Support the experts and NSAF in conducting the regional workshops.		
Q? Gender Equality in Social Protection	Assess and understand the gender patterns of poverty, vulnerability and inequality in Cambodia, and the extent to which the social protection system addresses diverse gender needs.	A gender-responsive social protection system contributes in achieving gender equality and in reducing poverty.	A quantitative and qualitative analysis to assess the gendered patterns of poverty and vulnerability, as well as how social protection schemes address gender equality was concluded.	Support the experts in conducting the assessment.		

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Areas where the country wants to progress (with ref. of the HFPN question number code or technical area)	Strategic interventions considered by the P4H-CFP	Rationale for interventions and/or key activities to carry out	Progress observed / achievements	Technical work done by the P4H network	Collaborative work done by the P4H network	Remarks / critical analysis / recommendations to the network
Q1.1: Is there an up-to date health financing policy statement guided by goals and based on evidence	Support for health financing progress matrix (HFPN) elaboration	The Ministry of Health drew up its health financing strategy in 2019, but it was never circulated. The country also committed to the UHC, opting for a Phased implementation. Phase 1 of the UHC, launched in 2023, was aimed at rationalising existing financing mechanisms. In order to assess its health financing system and identify its strengths and weaknesses, the country has opted to use the WHO's health financing progress matrix. The results of this assessment should enable the health financing strategy to be revised with a view to moving towards UHC.	The report has been validated by decision makers during a political workshop. P4H-CFP and WHO assisted the Ministry of health for all process related to the HFPN. The document is now disseminated through different platforms	Technical support for the collection and analysis of data, correcting the draft of report, and organizing workshops.	<p>1. Support in mobilising additional resources to fill the GAP for carrying out the analysis</p> <p>2. Technical support for the organisation of the various workshops in collaboration with WHO and GIZ</p> <p>3. Dissemination of the main recommendations of the analysis among the partners of the P4H network.</p>	The HFPN gave a lot of evidence about the current lack of health financing mechanisms in Cameroon. The recommendations are good insights for reviewing the health financing strategy toward the UHC. The analysis using the HFPN must be done regularly to assess the effort and also correct the insufficiencies.
Q1.6: Is there an up to date assessment of key public financial management bottlenecks in health?	Support to the reflexion on internal resources efficiency use to support external funding decrease	Analysis of the funding situation in the health sector has shown a downward trend in external funding. In addition, Cameroon has been notified by the Global Fund and GAVI of their intention to withdraw from the country by 2030. Lastly, the announcement of the withdrawal of American funding has further exacerbated the lack of funding for health. Faced with this situation, the P4H-CFP has supported the Ministry of Health, in collaboration with the Ministry of Finance, to consider ways of making the use of domestic resources in the health sector more efficient and rational, in order to mitigate the impact of the fall in external funding.	<p>1. Annual estimate of the financial impact of the withdrawal / decrease in external funding;</p> <p>2. Identification of strategic priorities for resource allocation;</p> <p>3. Proposing new taxes to compensate for the fall in external funding;</p> <p>4. Draw up a short-, medium- and long-term mitigation plan to deal with the decline in external funding in the health sector</p>	<p>1. Presentation on budget preparation rules and the link between planning and budgeting;</p> <p>2. Technical support for the collection and analysis of data on the share of external financing in the health budget and the priorities financed;</p> <p>3. Technical support for drawing up the mitigation plan</p> <p>4. Presentation of the mitigation plan to the sub-group of partners in charge of health financing and the CSU.</p>	<p>Sharing the report with members of the health financing group and organising discussions to enrich the content of the plan.</p> <p>Support the mobilisation of resources for the implementation of the priorities identified.</p>	<p>The current global and national context, marked by the continued and future decline in external funding, now requires countries to reflect on the sustainability of health interventions by focusing more on domestic resources.</p> <p>In this context, the P4H network should support countries in this transition of health funding sources by sharing successful experiences, producing technical guidance notes and making tools available.</p>

## EX ANTE (BASELINE) - BEGINNING OF THE YEAR

## EX POST (EVALUATION) - END OF THE YEAR

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q1.2: Are health financing agencies held accountable through appropriate governance arrangements and processes?	Devising a communication strategy document for UHC	A strategic communication plan was developed in 2019 for the period 2020-2022. This strategic communication plan does not align with the requirements of the current operationalisation process.	Existence of a strategic communication plan for 2025-2027 incorporating methods and tools tailored to the social mobilisation and mass communication needs necessary for the successful implementation of the AMED scheme.	Finalisation of the terms of reference, coordination of the recruitment of the national consultant, facilitation of the consultant's work, and input into the documents submitted by the consultant	An ad hoc group chaired by the P4H-CFP and including CNAS, ANAR, WHO together brought inputs in the document	The document has not yet been validated by national stakeholders.
Q4.2: Are providers payments harmonized within and across purchasers to ensure coherent incentives for providers?	Defining harmonised healthcare tariffs in the pilot districts	The operationalisation of the AMED scheme comes at a time when there are disparities in healthcare tariffs across healthcare facilities. This situation is not conducive to the development of a purchasing system that ensures equity between healthcare facilities.	A system ensuring the harmonisation of healthcare tariffs has been established with healthcare facilities.	Technical contribution to a study on healthcare production costs (input into the terms of reference and the study report)	P4H-CFP worked jointly with WHO and SDC to support national partners	
	Negotiating and concluding contracts with healthcare providers	Need to regulate the relationship between the CNAS and healthcare facilities within the framework of the UHC health insurance scheme	Signing of the decree establishing the general framework for contracting healthcare facilities under the UHC. Conclusion of eight contracts between the CNAS and healthcare facilities setting out the terms and conditions for the provision of healthcare services to insured persons under the AMED scheme of the UHC.	Facilitation of tariff negotiation sessions with health facilities.	P4H-CFP worked jointly with WHO and SDC to support national partners	
Q5.4: Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?	Conducting health facility certification process	In Chad, although there is currently no certification system for healthcare facilities, establishing one is essential to ensure that care is safe, effective, and equitable	A manual for the certification of healthcare facilities has been adopted. A technical commission responsible for accreditation is in place.	Technical contributions to various draft documents.	P4H-CFP worked jointly with WHO and SDC to support national partners	The certification of healthcare facilities, which should precede the launch of the AMED scheme, is not yet effective.

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Q1.3: Is health financing information systematically used to monitor, evaluate and improve policy development and implementation?	Support the production of the 2022-2023 Health Accounts, the drafting of policy briefs for 2021-2023, and the elaboration of two policy briefs derived from the 2019-2020 Health Accounts in Côte d'Ivoire.	An effective health financing policy for Côte d'Ivoire requires a solid evidence base. The Health Accounts allow tracking financial flows and informing decisions, in addition to data from the Health Financing Progress Matrix (HFPM). The policy notes and policy briefs translate these data into concrete directions for the health system reform towards Universal Health Coverage (UHC).	The progress rate of activities planned for the development of the 2022-2023 Health Accounts increased from 12% to 81%, thanks to the technical support provided. Two policy briefs were produced based on the 2019-2020 Health Accounts: one on out-of-pocket payments (still at 31.9% of current health expenditure), and the other on unmet health needs (37% of needs not satisfied). Dissemination is ongoing among stakeholders.	Technical support for data processing and analysis, structuring of workshops, quality control, formulation of strategic recommendations, and drafting of policy briefs.	Coordination with ministries (health, finance), development partners, NGOs, and civil society for data collection, validation, and dissemination of reports. Dialogue has been initiated to promote the integration of recommendations into public policies.	Strengthen the institutionalization of the Health Accounts as an annual decision-support tool. Promote greater use of data in budget cycles. Encourage systematic production of policy notes with each edition of the Health Accounts to guide the policy dialogue.
Q4.1: To what extent is the payment of providers driven by information on the health needs of the population they serve?	Support the learning program on health financing, with a particular focus on strategic purchasing.	In recent years, the GFF and WHO have implemented a learning program focused on financing primary health care, in collaboration with national and subnational decision-makers. The objective is to stimulate peer-to-peer learning around relevant themes to strengthen the implementation of strategic purchasing reforms. As a member of the organizing committee, P4H-CFP contributed to the design of the webinars, the selection of speakers, and the facilitation of interactive exchanges.	<p>Three major webinars were organized:</p> <p>Health Financing and the Right to Health (December 16, 2024) – the role of the legal framework in reforms and health system performance.</p> <p>UHC: Cross-cutting experiences from Tunisia, Senegal, Côte d'Ivoire – lessons learned and levers for Francophone Africa.</p> <p>Financial Autonomy of Health Facilities – constraints, arguments, and conditions for effectiveness.</p> <p>These webinars strengthened regional dialogue and generated rich and concrete exchanges.</p>	Contribution to the design of content, logistical coordination, moderation, and support in documenting discussions and summaries. Active participation in formulating operational recommendations based on exchanges between countries.	Joint work with the GFF, WHO country offices, national experts (Tunisia, Senegal, Côte d'Ivoire, Burkina Faso, DRC), and regional-level teams. Involvement of ministries, technical partners, health service managers, and civil society representatives.	Continue this dynamic of structured learning. Ensure follow-up on the recommendations arising from the webinars. Strengthen the documentation and dissemination of lessons learned at the regional level. Capitalize on best practices in a repository accessible to all partner countries.

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Q1.1: Is there an up-to-date health financing policy statement guided by goals and based on evidence?	Support the Implementations and revision of health financing strategy	Ethiopia requires an updated health financing strategy that aligns with its 2035 Universal Health Coverage (UHC) targets, reflects economic growth, responds to the shifting disease burden, and adapts to changing international aid dynamics. The strategy should reduce high out-of-pocket spending, foster innovation, and build resilience against future health crises—ensuring equity, sustainability through increased domestic financing, and efficient resource use.	Strategic Approval: The Ethiopian Council of Ministers' 37th Assembly meeting approved the revised health financing strategy, marking a critical step towards achieving Universal Health Coverage in 2024. This strategy enhances resource mobilization, improves risk pooling, and introduces more efficient methods for purchasing and payments. Ethiopia has progressively advanced its health care financing (HCF) reforms over the past two decades. The initial HCF strategy launched in 1998 marked the first-generation reform, focusing on foundational financing mechanisms. In 2017, the second-generation strategy introduced health insurance as a central pillar, aiming to enhance financial protection and equity. In pursuit of Universal Health Coverage (UHC) by 2035, Ethiopia has prioritized primary health care and launched multiple initiatives to improve access, quality, and equity in essential health services. Health financing plays a pivotal role in this journey, serving as a lever to expand service coverage and reduce financial barriers.	The newly revised HCF strategy (2023–2032) outlines five strategic objectives:	The development of Ethiopia's Health Care Financing (HCF) Implementation Plan has been shaped by strong collaborative efforts led by the Ministry of Health, with technical and strategic support from WHO and the P4H Network. WHO/P4H has played a central role in providing technical guidance through sub-taskforce approach, influenced by recommendations from the country's Health Financing Progress report. This approach has enabled targeted technical support, fostered alignment among stakeholders, and strengthened the evidence base for decision-making. P4H's facilitation of multi-stakeholder engagement—particularly through its co-leadership in revitalizing the National Health Financing Technical Working Group (TWG) and the Health Financing Sub-Donor Group under HPN—has created robust platforms for policy dialogue, coordination, and knowledge exchange. These platforms have been instrumental in:	While P4H's contributions have been impactful, there are opportunities to further strengthen its role:
Q1.2: Are health financing agencies held accountable through appropriate governance arrangements and processes?				1. Resource Mobilization – leveraging both traditional and innovative financing mechanisms.	a) Bridging global expertise with local realities, ensuring context-sensitive solutions. b) Promoting coherence across financing reforms, including insurance, resource mobilization, and financial protection. c) Enhancing government ownership and leadership in shaping medium-term health financing strategies.	Deepen Country-Level Technical Assistance Expand in-country presence or dedicated technical focal points to support real-time implementation challenges and capacity building.
Q1.2: Is health financing information systemically used to monitor, evaluate and improve policy development and implementation?				2. Reduction of Out-of-Pocket (OOP) Expenditures – minimizing financial hardship at the point of service.		Strengthen Monitoring and Learning Mechanisms Support the development of a learning agenda and M&E framework to track progress, document innovations, and share lessons across countries.
				3. Improved Equity, Efficiency, and Effectiveness – ensuring optimal use of resources.		Facilitate South-South Collaboration Leverage P4H's network to connect Ethiopia with peer countries facing similar financing challenges, fostering mutual learning and innovation.
				4. Private Sector Engagement – fostering partnerships for service delivery and financing.		Support Institutionalization of TWGs Advocate for formal integration of TWGs into national health governance structures to ensure sustainability and continuity of policy dialogue.
				5. Capacity Building – strengthening institutional and human resource capabilities for implementation. To operationalize this strategy, an implementation manual has been developed. Its purpose is to translate strategic objectives into actionable steps, provide clarity on roles and responsibilities, and ensure a structured and sustainable approach to implementation. Importantly, the manual will include monitoring and evaluation (M&E) components to track progress, ensure accountability, and inform adaptive management. The manual will be tailored to the diverse contexts of national, regional, and local health systems. Once finalized, it will be disseminated widely, enabling stakeholders to adapt and apply it according to their specific capacities and needs.		Promote Strategic Alignment with Broader UHC Goals Ensure that health financing reforms are consistently linked to service delivery, equity, and quality improvement efforts.



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Q6.5: Is health expenditure reporting comprehensive, timely, and publicly available?	Institutionalization of production of National Health Accounts (NHA) reports to systematically track health expenditure.	Strengthening national capacity to generate and utilize reliable health financing data is essential for effective monitoring, informed decision-making, and the efficient allocation and use of resources	<p>Progress on NHA and Health Financing Evidence Work</p> <p>Phases Completed: Data collection (Phase 3) and data analysis/ validation (Phase 4) finalized. Distribution Key: Developed and validated for packaged expenditures with feedback from relevant programs.</p> <p>Expenditure Analysis: Completed analysis of spending by donors, NGOs, employers, government, insurance, and parastatals using secondary data sources.</p> <p>Data Access: Ongoing follow-up for EDHS and Household Health Services Utilization and Expenditure Survey datasets.</p> <p>Pharmaceutical Mapping: Tracking expenditure flows under SHA 2011 framework.</p> <p>Institutional Mapping: Conducted mapping of financial flows across key institutions.</p> <p>WHO UHC Indicators: Led national consultations with MoH on SDG 3.8.1 (Service Coverage Index) and 3.8.2 (Catastrophic Health Spending), and submitted comprehensive country data for all available years.</p> <p>Key Achievements</p> <p>1. Finalized data analysis and distribution key.</p> <p>2. Successfully coordinated national consultation and submission of WHO UHC indicators, ensuring robust country input.</p>	<p>Key Activities Supporting the NHA Study</p> <p>Data Access: Follow-up on EDHS and Household Health Services Utilization and Expenditure Survey datasets; dummy tables shared to align with NHA data needs.</p> <p>Pharmaceutical Spending: Mapping expenditure flows under the SHA 2011 framework.</p> <p>Unmet Need Analysis: Ongoing assessment of prevalence and profiles of unmet healthcare needs.</p> <p>NHA Finalization: Completing the NHA report and preparing for policy dialogues and briefs.</p>	<p>The National Health Accounts (NHA) process in Ethiopia is led by the Federal Ministry of Health (FMOH) and reflects a strong collaborative effort. WHO and the P4H Network, working closely with partners including ex-USAID, CHAI, the Fenot Project/ Harvard University, the World Bank, and R4D, provided coordinated technical support to successfully complete the 9th round of the NHA.</p> <p>The P4H Network has played a pivotal role in supporting Ethiopia's health financing reforms, particularly in the development and implementation of the 8th round of the National Health Accounts (NHA). Through coordinated technical assistance, P4H - alongside WHO - has facilitated multi-stakeholder collaboration, strengthened institutional platforms, and contributed to evidence generation for policy and planning. Key achievements include:</p> <p>1. Technical leadership in the NHA process, including data collection, validation, and analysis.</p> <p>2. Support for mapping pharmaceutical and institutional expenditures under the SHA 2011 framework.</p> <p>3. Coordination of national consultations and data submission for WHO UHC indicators (SDG 3.8.1 and 3.8.2).</p> <p>4. Strengthening of national platforms such as the Health Financing TWG and Sub-Donor Group.</p>	<p>Critical Analysis</p> <p>While P4H's engagement has been impactful, several areas present opportunities for deeper strategic alignment and sustainability:</p> <p>Fragmentation of Technical Support</p> <p>The sub-taskforce model has been effective but could benefit from stronger integration across thematic areas (e.g., insurance, financial protection, expenditure tracking) to avoid siloed efforts.</p> <p>Limited Country-Level Visibility</p> <p>Despite strong technical input, P4H's role is not always clearly visible to national stakeholders, which may limit recognition and ownership of its contributions.</p> <p>Sustainability of Platforms</p> <p>TWGs and donor coordination mechanisms remain vulnerable to shifts in funding and leadership. Institutionalizing these platforms within government structures is essential.</p>

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Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q5.2 Are decisions on those services to be publicly funded made transparently using explicit processes and criteria?	Prioritization exercise: Costing of the PHC investment plan and Roadmap for the Institutionalization of Health Technology Assessment (HTA) in Ethiopia	<p>1. The PHC Investment Plan aims to identify and address gaps in Ethiopia's health system by evaluating the current PHC state, assessing health system orientation, and guiding investments to improve implementation and align with national health priorities</p> <p>2.The roadmap aims to institutionalize Health Technology Assessment (HTA) in Ethiopia to guide evidence-based health sector decisions. Objectives include establishing country structures for HTA, building local capacity, enhancing HTA practices, and optimizing resource allocation and healthcare costs through evidence-based prioritization.</p>	<p>1. The PHC Investment Plan has successfully identified key gaps in Ethiopia's health system through a thorough evaluation of the current state of PHC. Significant progress includes a comprehensive assessment of the health system's orientation towards PHC, which has guided targeted investments. These efforts have enhanced alignment with national health priorities, improving implementation strategies and addressing critical deficiencies in the system. Now, we have supported the full cost of the investment plan.</p> <p>2. The project advanced by identifying key HTA improvement areas, engaging diverse stakeholders, and establishing an expert working group with clear roles and enhanced skills. Assessments pinpointed gaps and needs, while the HTA framework, unit, and finalized the development of the HTA road map aligned with strategic objectives.</p>	<p>1. The PHC Investment Plan has identified crucial gaps in Ethiopia's health system, leading to targeted investments and improved alignment with national priorities. Now, we have supported the full cost of the investment plan.</p> <p>2. The HTA road map advanced by analytic areas for improvement, engaging stakeholders, and forming an expert group, resulting in a comprehensive HTA framework, and road map development.</p>	<p>1. The PHC Investment Plan: MOH and WHO collaborating different institutions/partners</p> <p>2. HTA road map: A wide range of institutions and individuals contributed for the realization of the roadmap which include: MoH, the Ethiopian Public Health Institute, Ethiopian Food and Drug Authority, Ethiopian Health Insurance Service, Ethiopian Pharmaceuticals Supply Services, International Decision Support Initiative, World Health Organization/P4H, Management Science for Health, Clinton Health Access Initiative, Jimma University, and USAID</p>	Experiences of developing countries with institutionalizing HTA will be mandatory
Q5.3 To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?						
Q5.4 Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?						



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Q4.1: To what extent is the payment of providers driven by information on the health needs of the population they serve?	Pilot design of a blended purchasing system	The rationale for the evidence-based pilot design of a blended purchasing system, facilitated by WHO training workshops, lies in consolidating lessons from diverse budgeting methods—line-item budgeting, Performance-Based Financing (PBF), and Capitation. This integrated approach enables the Ministry of Health to streamline funding mechanisms, enhance the effectiveness of community-based health insurance schemes, and optimize resource allocation for improved health system performance.	The intervention has thus introduced a clear roadmap for a move towards a coherent and purposeful blended payment system with capitation as the core payment modality. This would also guide the overall goal of creating higher level (regional) pooling of funds covering the capitation payment.	Provided technical support on the inception report by organizing consultative workshops	The Ministry of Health of Ethiopia and the Ethiopian Health Insurance Service, with The World Bank, The Global Financing Facility, and the WHO/P4H	Strategic Purchasing/blended provider payments: recommendations centred on the need to develop a coherent blended payment system, with capitation as the base payment modality for services, and a limited set of performance payments to address some of capitation's deficits.  Action points included testing design of a blended payment system through pilots, ensuring adequate systems are in place for monitoring implementation of the blended payment system, and ensuring that resources are pooled so the payment modalities are properly funded.
Q4.2: Are provider payments harmonized within and across purchasers to ensure coherent incentives for providers?						
Q4.3: Do purchasing arrangements promote quality of care?						
Q4.4: Do provider payment methods and complementary administrative mechanisms address potential over- or under-provision of services?						
Q4.5: Is the information on providers' activities captured by purchasers adequate to guide purchasing decisions?						

Legal coverage and entitlements to adequate healthcare benefits	Have progresses been made on the inscription of healthcare entitlements in the country's legal framework ?	Yes, Social health insurance laws 2023, including SHIF, PHC fund, Emergency, chronic and critical illnesses fund
	Have progresses been made on the inclusion of benefit packages in the law?	New Benefit Package adopted
	Have progresses been made on the inclusion of provisions regarding the extent of costs covered in the law?	Yes
	Have progresses been made on the inclusion of guarantees regarding the networks of providers in the law?	Yes
Creation of enforceable rights	Have measures been taken to hold social health protection institutions more accountable (including through appropriate, transparent and participative governance arrangements and processes) and create enforceable rights?	By law yes, in practice limited
Effective protection	Have new enrolment procedures, adapted to different population groups and needs, been developed ?	Yes but it is not an improvement as the new PMT is intransparent. Coverage rates have dropped significantly and OOP has increased
	Have awareness raising mechanisms on people's entitlements been implemented ?	Yes, both national and county but they are not really enforced
Service coverage	Reported under SDG 3.8.1	
Financial protection	Reported under SDG 3.8.2	
Cash benefits	Have new or existing maternity and sickness cash benefits been considered when expanding coverage ?	Maternity benefit has been designed and costed, further discussion on implementations is still on hold as new SHA is not fully functional
Integration within social protection strategies	To what extend is social health protection better integrated into social protection and health financing frameworks?	National strategy on the extension of coverage to workers in the informal economy also considers SHP. New SP policy has been launched in 25.
	Are there effective coordination mechanisms at institutional level, in particular between the Ministry of Health and the Ministries of Labour/Social Affairs?	Relatively strong silos between sectors (social protection and health financing). But strong coordination government – DPs on health financing.

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Q1.1: Is there an up-to-date health financing statement guided by goals and based on evidence?	Strategic actions should encompass comprehensive preventive care measures, enhancement of healthcare infrastructure, and capacity building for healthcare workforce development. Additionally, implementing targeted interventions to ensure health equity is crucial.	Rationale is to optimize resource utilization for sustainable health improvements, enhance service delivery systems, and address social determinants of health. These measures facilitate the establishment of resilient health systems, capable of delivering equitable health outcomes and adapting to evolving health challenges.	Progress is limited, and reforms are stalled. The Minister of Health has challenged the 2015 UHC strategy by adopting three opposing directions, notably relying on community-based health insurance to advance toward UHC. However, the latest household and continuous health survey indicates that CBHI in Madagascar cover only 0.3% of the population. Other decisions made: no need to work on establishing a national health insurance agency and no need to set up a national health solidarity fund. These institutions have informally been referred to as "useless superstructures."	Advocacy efforts have been carried out to inform political decision-making and to steer it toward an approach consistent with lessons learned from comparable-income countries in the African region, as well as best practices. Comparative analyses have been developed, along with proposals for alternative solutions, such as establishing a special treasury allocation account dedicated to primary healthcare.	Close collaboration has been established with the Ministry of Public Health, the Universal Health Coverage (UHC) Unit, and key financial partners, notably the World Bank, with a particular focus on the financing of primary health care (PHC). To ensure sustainable financing for PHC and thereby enhance health system resilience, it is critical to increase domestic resource mobilization for PHC and progressively reduce reliance on external funding. An initial strategic objective for the Government could involve increasing the proportion of GDP allocated to health expenditures, specifically targeting PHC. Additionally, establishing a dedicated special treasury account may offer a valuable resource-pooling mechanism, facilitating the earmarking and allocation of adequate domestic resources specifically for PHC financing.	Informally, the Minister of Health indicated that the government's budget priorities were not focused on the health sector, but rather on Jirama, the state-owned enterprise responsible for electricity and water supply, which faces severe challenges, including daily water and electricity outages in the capital. Indeed, the prioritization indicator, reflected in the declining share of the national budget allocated to health, clearly illustrates this trend: from 7.4% in 2021 down to 5.4% in 2023, and further decreasing to 3.4% in 2024. Significantly, a major national forum on primary health care, scheduled to convene the highest national authorities, was cancelled and postponed. The government rejected the proposed agenda, which included scenarios focused on mobilizing greater domestic resources for primary health care and political commitment declarations.
Q1.3: Is health financing information systematically used to monitor, evaluate and improve policy development and implementation?	Institutionalizing the production of National Health Accounts is crucial because it ensures consistent and transparent tracking of health expenditures, paving the way for effective resource allocation and policy-making to improve health systems.	This capacity is vital for tracking health expenditures, making informed decisions, and ensuring that funds are used efficiently. Accurate and timely health financing data allows policymakers to identify funding gaps, assess the impact of health policies, and adjust strategies to better meet the health needs of the population, thereby optimizing the allocation and effectiveness of health resources.	National Health Accounts (NHA) were produced for the fiscal years 2022 and 2023. National teams have been sensitized to the progressive institutionalization of these accounts, consolidating several critical phases such as data collection to enhance data quality, as well as data processing. Importantly, the NHA now include strategic recommendations addressing the three core health financing functions: resource mobilization, pooling, and optimal utilization—particularly through strategic purchasing.	The process of progressively institutionalizing National Health Accounts (NHA) in Madagascar is a central focus. This initiative is guided by the "Guide for the Institutionalisation of Health Accounts in the African Region," published by WHO's Regional Office for Africa (AFRO) in November 2021. This WHO AFRO guide integrates the World Bank's Integrated Framework for institutionalizing National Health Accounts, structured around five key components: (i) establishing effective governance supported by adequate capacity and funding; (ii) fostering strong demand and relevant utilization of data; (iii) ensuring high-quality production and rigorous quality assurance; (iv) facilitating effective dissemination; and (v) promoting the application of NHA data in public policy development.	This work results from extensive and productive collaboration involving numerous stakeholders. At the national level, it includes close cooperation with the Ministry of Health and all pertinent departments, particularly DEPSI. Health personnel from regional and local levels, encompassing both public and private sectors, have also actively contributed. Collaboration with development partners has been consistently effective and beneficial, notably with LHSS and UNICEF, who have provided continuous support to WHO throughout the year.	It is important to acknowledge that the strategic recommendations have not been effectively implemented. National Health Accounts (NHA) are intended to serve as evidence-based tools to guide political decision-making. Unfortunately, in Madagascar, this does not appear to be the case. To date, none of the recommendations have been put into practice. There is a recurring issue: each year the accounts are produced, the task is marked as complete, and the process repeats the following year. Consequently, while the NHA are regularly produced, they remain unused.

**EX ANTE (BASELINE) - BEGINNING OF THE YEAR**
**EX POST (EVALUATION) - END OF THE YEAR**

Areas where the country wants to progress	Strategic interventions considered by the CFP	Rationale	Progress observed / achievements	Work done		Remarks / critical analysis / recommendations to the network
				Technical work	Collaborative work	
Q4.1: To what extent is the payment of providers driven by information of the health needs of the population they serve?	Strategic interventions should include payment models like capitation and performance-based financing, integrated with robust health information systems to align provider payments with the health needs of the population.	The rationale for linking provider payments to population health needs is to ensure healthcare services are both efficient and directly aligned with the specific health challenges of the community. This approach promotes better health outcomes by incentivizing providers to focus on prevention and effective management of diseases, thereby optimizing the use of limited resources and enhancing the sustainability of health systems.	Under the leadership of the World Bank, WHO is providing technical support to the Pilot Project for Financial Protection Mechanism Models in Health within the ONE HEALTH Project (Pandemic Preparedness and Basic Services Support Project in Madagascar: PPSB) in Atsimo-Andrefana, Betioky Sud District. With the aim of facilitating the population's financial access to health services and covering the largest possible number of people, the PPSB project, under its sub-component 2 "Strengthen the resilience and performance of basic health," presents an opportunity to implement the capitation model as a financial protection mechanism for health service users, with the goal of establishing a national model by the end of 2025.	The provided support is focused on introducing a capitation payment system specifically targeting priority groups. Two main objectives have been established: (i) Shifting from fee-for-service payments to a capitation model, aimed at improving health outcomes for pregnant women and children under five. This approach is also intended to encourage health facilities to enhance their service quality; (ii) Promoting strategic purchasing to ensure sustained participation in health insurance mechanisms. This involves reducing out-of-pocket healthcare expenses, strengthening the autonomy of healthcare providers in managing service delivery, and motivating individuals to commit to a sustainable health insurance-based financial protection system.	Through close collaboration with the World Bank and the UCP, WHO is well-positioned to support the effective implementation of the capitation model. This collaboration will facilitate a smooth transition toward a more equitable healthcare financing system, particularly benefiting priority and vulnerable populations. Clear and precise targeting is essential within this framework, drawing from the single social registry currently under development and expected to be operational in 2025. The registry will specifically include all household members listed, anticipated births, elderly individuals, persons with disabilities, and individuals with chronic illnesses.	The principal risk is that health facilities may refuse or limit care provided to eligible beneficiaries to avoid incurring costs from the allocated funds. An additional risk involves the inappropriate referral of cases to higher-level facilities without valid medical justification. To address concerns about compromised quality, it is essential to develop and implement standardized therapeutic protocols at the Regional District Hospital (CHRD) level. Furthermore, relevant healthcare facilities must be appropriately equipped with necessary technical resources (plateaux techniques). Clearly defined referral protocols, including regularly updated flowcharts at the CSB level, are also required to mitigate these risks effectively.

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Q5.3: To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?	Support HIB in running a series of capacity-building workshops to improve the knowledge and practical skills of HIB staff at the provincial, district, and local levels.	Enhancing the capacity of enrolment assistants and improving coordination between the HIB and healthcare facilities enhances community awareness, increase enrollment and reduce dropout rates.	Organised a series of capacity-building workshops for HIB's Enrollment Assistants and Officers across multiple districts to strengthen their skills and effectiveness in promoting and managing health insurance enrolment.	Support the experts and HIB in conducting the regional workshops.		

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Health Financing Policy, Process and Governance	Informal Sector Enrolment Strategy	The implementation of Universal Health Insurance (UHI) in Zanzibar began with the formal sector. However, enrolling the informal sector has proven to be a significant challenge. This highlighted the need for well-defined strategies to effectively reach and engage informal sector populations..	A targeted strategy for enrolling the informal sector has been developed and presented to the management and Board of the Zanzibar Health Services Fund (ZHSF). The strategy is now in the implementation phase	P4H Country Focal person design the TORs for the Consultancy, and led the work	Continue supporting and follow on Activities
	Support the Development costed implementation plan for the Zanzibar Health Financing strategy	The Current Zanzibar Health Financing shortcomings include limited funds to finance the health sector (which contributes to significant out-of-pocket (OOP) expenditure on healthcare, shortage of drugs, commodities, and inadequate human resources for health) and inadequate public financial management. The Strategy aiming at addressing these challenges	Already got approval to move forward with the implementation plan.	P4H Country Focal person design the TORs for the Consultancy, and led the work	Continue supporting the Implementation Plan
Pooling Revenue	Support ZHSF Implementation	In 2022, the revolutionary Government of Zanzibar Pass the Univesal Health insurance act and in July 2023 they started the implementation	In July 2022 started the implementation, up to now the funds has enroll about 15% of the populations *formal Sector) now they stared enrollment of informal sector and poor households	P4H providing technical support on Monitoring the Implementation, finalizations of different tools and plans for inclusion of other group (informal sector and vulnerable populations)	Continue providing technical and finacila support on the implementation
	UHI implementation in Tanzania Mainland	The UHI act was approved in november 2023, part of its implementation started already	Designed the minimum benefits package	P4h is supporting these preparatory stages including coordinating different partners to support the implementations	Continue providing technical and finacial support on the implementation
	Enrollment of informal Sector	Zanzibar Health Services Funds started with formal sector, the big remining challenge is the enrollmt of the informal sector to the scheme	Enrollment of the informal sector and poor has started	P4H is supporting the development of the strategy and also will provide the technical support on how to enrol the informal sector	Will continue providing technical support

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Public Financial Management	Since gaining independence in 1964, the Revolutionary Government of Zanzibar has been providing free services to its population, with facilities not having to receive or manage any resources. However, with the introduction of the Zanzibar Health Service Fund (ZHSF), facilities will now receive reimbursements for claims and need to manage these funds. Consequently, the Ministry of Health (MOH) has prepared the Facility Financial Management Guidelines	To ensure Accountability and transparency and promote sustainable Healthcare financing	The guideline already developed, current training the facilities	P4H participated on the development of the guideline, development of training materials and on the training	P4H will continue support the implementation



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Q1.1: Is there an up-to-date health financing policy statement guided by goals and based on evidence?	Supporting Governance and Financing of Health Insurance Reforms	<p>Conduct an Analysis of the Health Financing landscape in Uzbekistan</p> <ol style="list-style-type: none"> <li>1. Analysis of the Health Financing Reform Context (up to 7 days):</li> <li>2. Conduct stakeholder mapping to identify key actors and their levels of power, influence, and interest in the reforms.</li> <li>3. Propose a governance framework for reform implementation, clarifying the roles and responsibilities of the Ministry of Economy and Finance (MoEF), the Ministry of Health (MoH) and the State Health Insurance Fund</li> </ol>	National partners are working on a draft health insurance law. P4H CFP will provide the technical support to developing and improving the law.	GIZ, together with WHO and national partners, organised a High-level policy dialogue on health financing for universal health coverage on June 2, 2025. One of the sessions was moderated by the P4H CFP on Effective governance of health financing reforms. During the session, the necessity of working on the health insurance law and the health financing strategy was discussed and agreed	<ol style="list-style-type: none"> <li>1. P4H CFP discussed with the Ministry of Economy and Finance and the State Health Insurance Fund the need for a law and a strategy document to guide health financing reforms</li> <li>2. P4H CFP will hire a consultant to provide technical support on governance and financing of health insurance reforms. Recommendations from the technical support will inform the development of a law and a strategy document to guide health financing reforms</li> </ol>	In September 2024, a high-level policy document, "Measures related to the Implementation of State Health Insurance Mechanisms", was passed by Presidential Decree. This resolution provides the foundation and a roadmap for the roll-out of state health insurance. By December 2026, state health insurance is expected to be implemented across all regions of Uzbekistan. Moving forward, adopting a health insurance law and a health financing strategy would serve as an important milestone to help guide the reform efforts. This technical support was requested by national partners.
Q2.2: How predictable is public funding for health in your country over a number of years?	Supporting to Develop a Methodology for Budget Allocation to Facilitate Increased Public Health Spending	<ul style="list-style-type: none"> <li>• Propose a transparent and results-based budgeting methodology to improve efficiency and equity.</li> <li>• Outline key principles and indicators for budget allocation across service providers and regions.</li> <li>• Align budget allocation tools with UHC objectives and fiscal space analyses.</li> </ul>	National partners are interested in developing a methodology for budget allocation.	P4H CFP is planning to hire a consultant to provide technical support	<ol style="list-style-type: none"> <li>1. P4H CFP discussed with the Ministry of Economy and Finance and the State Health Insurance Fund the need for developing a methodology for public health spending considering the transition to health insurance system.</li> <li>2. P4H CFP will hire a consultant to provide technical support. Recommendations from the technical support will address key public financial management bottlenecks.</li> </ol>	To enhance the predictability of public funding for health, it is important to institutionalise medium-term expenditure frameworks (MTEFs) and strengthen coordination between the national partners. The development of a transparent and data-driven budget forecasting methodology—co-led by the State Health Insurance Fund, MoH and MoEF with technical input from GIZ and P4H partners—will be critical for aligning resource allocation with strategic purchasing objectives. Ensuring political ownership and linking forecasts with program performance indicators will improve credibility and impact.

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Q6.5: is there an up-to-date assessment of key public financial management bottlenecks in health?	Supporting Comparative Analysis of Current Health Spending and Public Financial Management Processes	<ul style="list-style-type: none"> <li>Analyse the structure, flow, and execution of current public health expenditures.</li> <li>Compare Uzbekistan's health spending and public financial management (PFM) processes with international best practices in health financing.</li> <li>Identify bottlenecks and inefficiencies in allocating and utilising public funds for health.</li> </ul>	National partners are interested in the assessment of budget structure and spending flows, including efficiency gaps.	P4H CFP is planning to hire a consultant to provide technical support	<p>1. P4H CFP discussed with the Ministry of Economy and Finance and the State Health Insurance Fund the need for an assessment of public financial management.</p> <p>2. P4H CFP will hire a consultant to provide technical support. Recommendations from the technical support will address key public financial management bottlenecks.</p>	Effective management of public financing in Uzbekistan remains a critical concern and a key obstacle to advancing Universal Health Coverage (UHC). Strengthening coordination and dialogue between the Ministry of Economy and Finance, the Ministry of Health, and the State Health Insurance Fund is essential to address this challenge. This technical support will be a first step and will provide valuable insight into PFM in Uzbekistan.