

# P4H Social Health Protection Network

Supporting countries on their way towards  
Universal Health Coverage

Martina Pellny  
P4H German Desk  
Bonn, GIZ

**De-briefing of P4H mission**  
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# What is P4H?

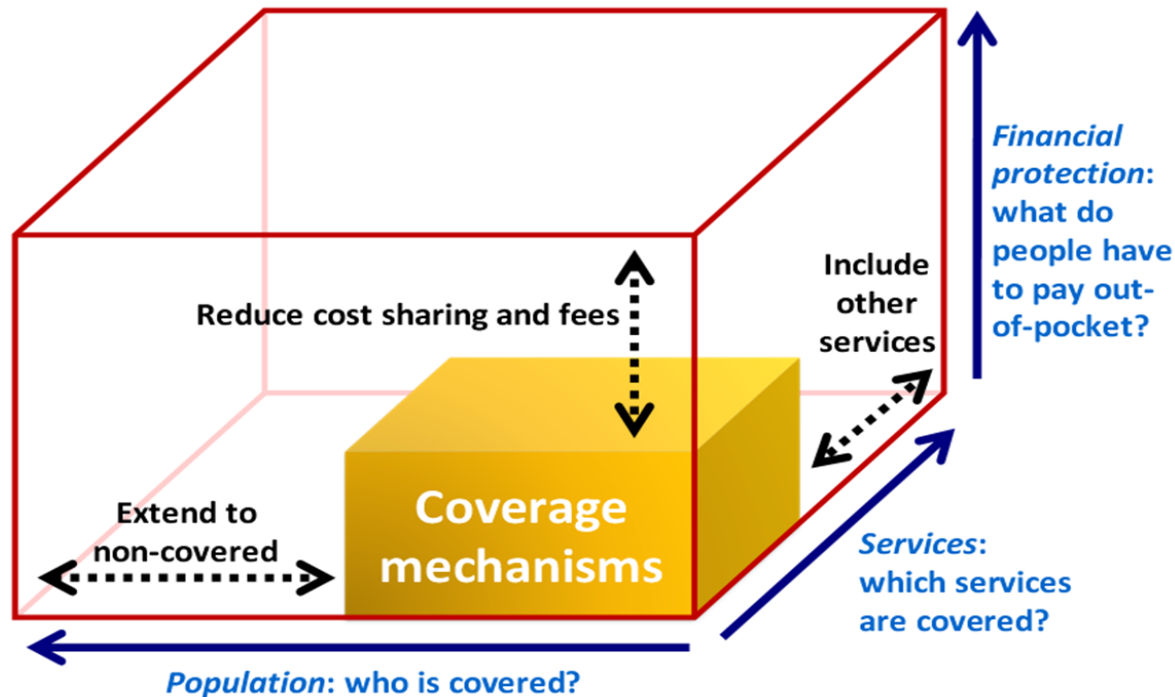
A global support **NETWORK**

- for A COMMON and SPECIFIC GOAL: **UHC/SHP**
- with a focus on country support
- through a broad mix of key DPs and investors in UHC/SHP with different mandates, comparative strengths and sector affiliation





# Theoretical approach: the 3 dimensions Towards universal coverage





# Global cornerstones for UHC/SHP





## WHY P4H?

# The risk of poverty when falling sick

100 Million people are impoverished due to ill health every year

Ill health is the biggest risk for impoverishment worldwide

1 billion people lack effective access to medical services





# WHY P4H?

Some **challenges of development cooperation...**

- **Incoherence** among and within development partners (DPs)
  - Support provided frequently fails to recognize the **complexity** of the issues
  - DPs providing **conflicting messages**, or following different **approaches and agendas** about equitable and efficient health financing
  - Resulting in often separate and uncoordinated **work streams**

→ **Know what others are doing**

→ **Identify areas for collaboration and synergies**



# The P4H Network

- German-French initiative
  - Bilateral resources
  - Multilateral expertise
  - One coordination desk
- 
- Lean management structure using existing institutions
  - P4H: joint action of at least two members





# P4H Country Portfolio (October 2014)

Progress:

10/2014	30 countries
4/2013	23 countries
4/2012	19 countries
4/2011	10 countries

<b>Africa</b>	<b>Benin, Burkina-Faso, Burundi, Cameroon, Chad, DR Congo, Côte d'Ivoire, Kenya, Madagascar, Mali, Mozambique, Niger, Senegal, Tanzania, Togo, Uganda, Zambia</b>
<b>Asia</b>	<b>Bangladesh, Cambodia, India, Indonesia, Kyrgyzstan, Lao PDR, Mongolia, Myanmar, Nepal, Tajikistan</b>
<b>Latin America Caribbean</b>	Colombia, <b>Haiti</b>
<b>Middle East</b>	<b>Yemen</b>





# Activities of the P4H sector project

Funded by BMZ/  
Germany and co-funded  
by DEZA/ Switzerland

## Coordination

- **Global Coordination of P4H (Coordination Desk post at WB)**
- **P4H Long-term Coordinator in countries**

## Capacity Development

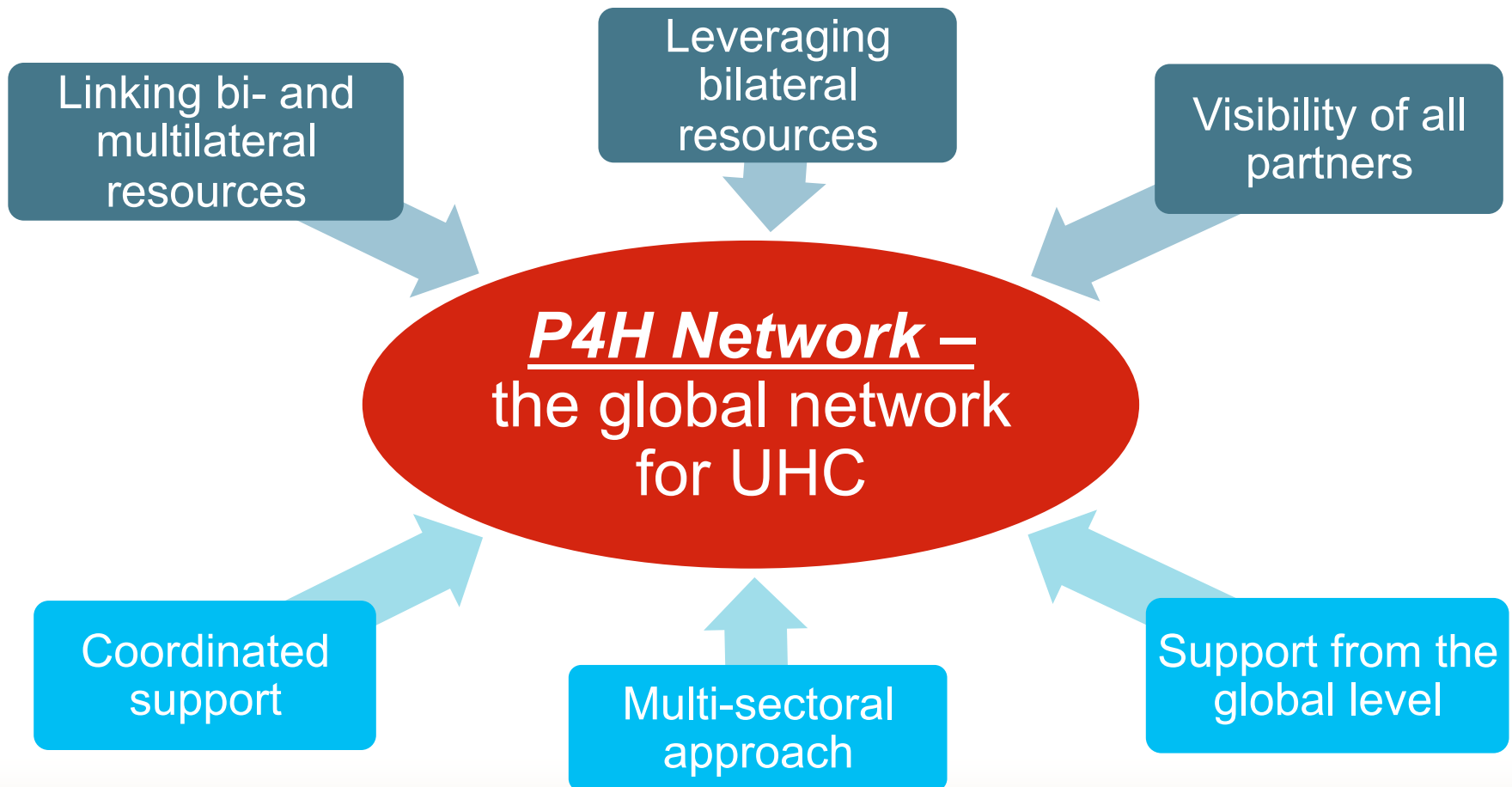
- **Technical training (Flagship Course on health systems and health financing)**
- **Training on Medicines for UHC**
- **Leadership for UHC training**

## Policy Support

- **Short-term experts for specific studies or tasks**
- **Support to coordination processes, workshops etc**



# Impact of P4H





## ISSUES – TRENDS INTERNATIONALLY

- Recognition that **EQUITY** will play growing role in development process (role of state and public resources)
- Danger of losing sight of overall UHC/SHP agenda in eagerness to harvest low hanging fruits (e.g. focus only on poor)
- **Countries often get stuck after Strategies/ Roadmaps approved:**
  - strategy not concrete enough; not costed
  - lack of leadership/champions to drive implementation process forward;
  - preference of incremental changes, while putting measures which require investments on the back burner;
  - political economy, e.g. silent dissent on some issues that are written in the strategy but some stakeholders are not sure about the risks; going back and forth on previously 'agreed' strategy issues.
- **Increasing pressure on getting impact at country level**



## P4H activities in Tajikistan

- Initiating and co-funding of the Tajik WHO Flagship Course on health systems and health financing: 31 Mars – 3 April 2014
- Senior Policy Seminar: 4 April 2014
- Outcome: Health financing roadmap: Moving towards UHC in the Republic of Tajikistan
- Action Plan
- Support to JAR 2014



## Mission TOR December 2014

- To assess further P4H support
- To advise the BMZ on a possible long-term P4H coordinator position

### Meetings with:

- GIZ TJK (Jens Elsner, Evi Gruber, Manzura Mirsaidova), Swiss Cooperation (Mouzzamma Djamilova), European Delegation (Veronique Geoffroy), WHO TJK (Pavel Ursu, Baktygul Akkazieva, Lola Yuldasheva), KfW (Kristin Laabs), World Bank (Sarvinoz Barfieva), USAID (Manuchehr Goibov)
- MoEDT (Deputy Minister Negmatjon Buriev), MOHSPP (Advisor of the Minister Dilorom Sadikova, Head of the health finance department Saidali Hafizov, Head of the health policy unit), MoF (Deputy Minister Shavkat Sohibov)



## Observations and Topics

- Main vision of UHC in terms of what the country wants to achieve in 2020, 2030, 2050 missing in terms of:

1. population covered, BBP, OOPs  
(benchmarks/ political declaration)

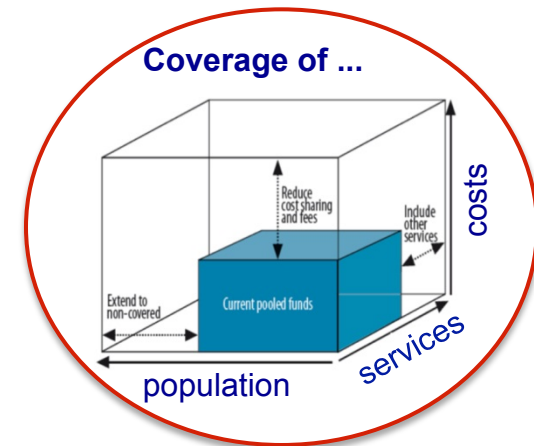
→ Chance to clarify in the national development strategy 2016-30?

2. Private sector vs public sector

3. Main funding design: MHIF vs NHS and/or mixed system with geographical adjustments (per capita budgeting/ resource allocation)

→ CLEAR and TRANSPARENT messages to population and international partner community

→ Inter-sectoral issues/ overlapping benefits with social sector with regard to population groups (children, handicapped, poor, elderly)...





## Observations and Topics

In-depth discussion and capacity building needed:

- Role of private provider/ private health insurance (MoEDT)
- Nation-wide roll out of BBP and role of co-payments (transparency and trust) vs resistance of national/ local stakeholders; costing of BBP and modelling of enhancement of BBP over time
- Implications of MHIF (fiscal regulations, supervisory and regulatory mechanisms, purchasing capacities/ contracting, eligibility (formal and informal sector) monitoring of quality, employment status of health workers) vs implications of improving existing NHS system (role of RBF for quality improvement, per capita budgeting, change management, sustainability)
- Application of per capita budgeting will allow to move away from line-item budgeting and over-capacities: first step or long term? (side-effect: not budget-neutral: will probably generate more funding for health (1% of GDP - more than 0,2% as agreed earlier; fiscal space for MHIF?, overall 2,1% PHE to GDP low)
- Pooling at oblast level vs existing 3 level fiscal budgeting system



## Other ideas/ considerations:

- Piloting of BBP in Dushanbe for better monitoring and voice of population (critical mass that demand reform re OOPs)
- Cooperation between Sino project/ WB regarding quality indicators for RBF (9 indicators, in-built bias for retrained specialities)
- Cooperation of all partners engaged in training of providers (GIZ, JICA, DEZA, WHO, USAID, WB): towards a unified and standardised continuous medical education
- Role of family doctors vs specialists: re-trained family doctors can not practice family medicine fully
- DCC health workgroup: more content-related exchange, regular meetings, same members on a long-term basis
- Mediation mechanisms between MoH/ MoF: making the role of WB more transparent for all partners?





## Other ideas/ considerations:

- Mediation between stakeholders at oblast level also needed; oblast level needs to be included in national policy dialogue
- More capacity in budget formation/ MTEF needed inside MoH
- Future of health policy unit to be clarified: move to independent research institute? → P4H short term studies on specific topics?
- Advanced Flagship course on health financing/ special topics needed → P4H capacity development funding?
- Adapted elements of GIZ/ WB leadership course for TJK? → P4H capacity development funding?
- Role of international adviser for coordination of health financing issues needed (ceasing position of Baktygul): P4H
  - Will also depend on EU service contract implementation, starting in September 2015



## Proposal for a P4H long-term expert (TOR)

Further the political dialogue for UHC between ministries and international partners

- Co-chair of the interministerial health financing workgroup
- Member of the other sub-groups to advise between links of financing, service delivery, resource generation and governance
- Capacity development for involved ministries
- Close cooperation with the health policy unit of the MoH/ Institute
- Co-ordinator for all P4H local members on questions of health financing: resource person
- Support implementation of Roadmap and action plan



## Proposal for a P4H long-term expert

### Option A:

- Intermediate (March to August 2015: SV P4H grant to WHO with WHO co-financing?; posting in WHO/ MoH)

Depending on EU project set-up:

### Option B:

- Long-term P4H coordinator 2016-18: synergy effect with bilateral German health program: GIZ contracted, posting in GIZ/ MoH with close links to all P4H members

or

- Embedded P4H coordinator in upcoming EU project



# www.p4h-network.net

## WELCOME TO THE P4H NETWORK!

- A global network for Universal Health Coverage (UHC) and Social Health Protection (SHP)

The P4H - Social Health Protection Network is a response to the global challenge that around 100 million people are pushed into poverty each year paying for health care out of pocket (OOP) at the time of need. Many more are too poor to consider going to a doctor in the first place. But poverty and OOP payment are not the only barriers to health care people face. For an estimated 1.3 billion people, health care is not available; for an even greater number, without any income support, sickness or disabling injury lead to severe financial penalties.



address these issues, many low- and middle-income countries are now striving to establish UHC/SHP, and turning to external development partners (DP) for help and advice in drawing up and implementing workable and policy. Increased global demand for support, coupled with the growing momentum behind UHC/SHP initiatives, has led to a marked increase in the number of actors and investments. Unfortunately, a lack of coherence, both at the country and DP level, often gets in the way of progress.

The main thrust of P4H efforts is coherent, enhanced support for the creation and extension of sustainable health and social protection systems for UHC/SHP, based on the values of universality and equity. The launch of P4H is

## News and Updates

Civil Society unites around the Right to Health for all  
March 10, 2013

Universal health coverage and the post-2015 agenda  
March 5, 2013

Tanzanian lawmakers urged to join NHIF  
March 4, 2013

## Upcoming Events

**MAY 19** SIXTY-SEVENTH WORLD HEALTH ASSEMBLY IN GENEVA @ Geneva 10, Switzerland

[View Calendar](#)

## CONTACTS

### Country Level

- Greg Adams**  
USAID
- B Alam**  
WB
- N Chowdhury**  
USAID
- Derek George**  
SDC
- Francisco Katayama**  
WHO
- Jacqueline Mahon**  
WB
- Olivia Nieveras**  
WHO
- Habibur Rahman**  
KfW
- Paul Rueckert**  
GIZ
- Shahidzaman**  
ILO
- Lisa Steinacher**  
KfW
- Karsten van der Oord**  
GIZ



## STATISTICS

Total population	148,892,000	Poor population	31.5%	Informal sector	87.7%
GDP p.c.	714	Econ. growth	8%	Debt	tba
GGE as % GDP	15%	GHE as % GGE	9%	GHE as % GDP	1%
OOP	81%	THE p.capita	\$27	DP funding	7%
MMR	194/100,000	Fully immun. children	84%		

### Country Summaries

WHO WB ILO GIZ

## PROCESSES (P) AND MILESTONES (M)

New process/milestone

**19.11.13**  
**P** 1st Draft of National Social Protection Strategy - Nov 13

A first draft of the National Social Protection Strategy (NSPS) has been circulated for comment. This is an excellent opportunity to foster dialogue between stakeholders in the health and social protection sectors, and to ensure coherence of the Health Financing Strategy (HSF) and the NSPS.

P4H members may want to comment or provide feedback through the UN SP Theme Group, which will meet on 25 November in Dhaka on this matter.

2013\_11\_15\_Bangladesh\_National\_Social\_Protection\_Strategy\_1st\_draft - 3435.9 KB



**P4H** Social  
Health  
Protection  
Network

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH



# THANK YOU