

Country	PM	TTL(s)	HF focal point (other HF team members)	Status of HF strategy	Challenges/Opportunities	Partners working on HF in-country and any partnership opportunities on HF?	Focus of ongoing and future work (milestones)	What WB teams have committed to do on HF in funding requests to the GFF	Status of NHA
Bangladesh	Rekha	Bushra	Owen (Shakil) (+GFF funded H level economist position)	Health Care Financing Strategy 2012-2032 exists and is still relevant (although 4 year old), implementation was moving quite slowly but is now picking up -UHC path proposed by strategy: General tax-funded insurance program for the poor that's consolidated with proposed formal sector insurance program, and then gradually expand to bring in the non-poor informal sector	Domestic resource mobilization is a key challenge for the health sector. Funding is extremely low for the existing system (GGHE 0.8% of GDP [of which 25% is external financing on-budget]), tax/GDP ratio is very low and prioritization of health is also part of the problem (5%), OOP very high (63% of THE), some efficiency gains could also be made.	[P4H] WHO and USAID (through its HFG project) are doing some HF work (e.g., costing) and other activities JLN Associate member	-Piloting of insurance-for-poor program in three sub-districts started in 2016; need for M&E (Fiscal space analysis has been completed by the WB) New sector operation will be prepared in FY17; it may seek to engage on health financing in terms of DRM and PFM		2014/15 NHA with distributional matrices (DM) is in progress Most recent completed NHA covers 1997-2012
Cameroon	Trina	Jake	Driss/Maud	The development of the HFS was launched in February and is expected June 2017	Challenges; High OOP, important equity issues, fragmentation of HF, need to cover the informal sector, improve efficiency of available resources. TA is needed at the highest level to coordinate the HFS process and technical work Opportunities: Ongoing PBF scale-up UHC and HFS technical groups working in strong collaboration	CHAI, GIZ, ILO, WHO [P4H]. Other partners supporting and following the process (UNFPA, Unicef, Gavi, GF..)	- HFS starting in June with co-financing from Gavi. Ongoing analytical work to be finalized sept-oct 2016, include PFM and health financing, political economy, training of key stakeholders on equity and financial protection, ...) - Supporting the HFS development (draft HFS by June 2017)	Draft HFS by June 2017.	2011/12 NHA with DM, 2013/14 NHA with DM in progress

DRC	Trina	Hadia	Laurence	HFS was due end of June 2016 but progress has been slow.	Poor coverage of prepayment mechanisms, low public financing, high OOP, limited HF capacity with need for lots of TA to make progress	WBG working through IHP+ and PFM study underway in collaboration with WHO [P4H]	-Finalizing HFS -Identification of strategies to reduce OOP and increase public financing for the health sector		2011/12 & 2012/13 NHA with DM (no child), 2013/14 & 2014/15 NHA with DM
Ethiopia	Magnus	Hui Hui	Roman (GFF funded G level economist position)	HFS exists and is being reviewed by the cabinet	HF capacity at the national and subnational level, political support for earmarking of taxes, fragmentation of DAH even if SDG performance fund exist to pool external financing	JLN associate member	-Endorsement of HFS by cabinet -Scale-up CBHI -Implement SHI -Harmonization of DAH -Work on efficiency gains		2013/14 NHA, 2014/15 NHA with DM but still being finalized
Kenya	Magnus	Ramana	Jane (+GFF funded F level economist position)	HFS draft currently under internal review (process started in 2006)	-high OOPs, external financing is off-budget, fragmented, uncoordinated, and unpredictable, and primarily targets a few diseases, planning and budget capacity (particularly at county level) is weak, fragmentation of financing and service delivery, poor institutional capacity of National Hospital Insurance Fund (NHIF)	USAID GIZ KfW GFATM [P4H]	-Strengthening of domestic resource mobilization including possibly harnessing the potential of the informal sector -Reducing pooling fragmentation -Developing strategic purchasing arrangements	Costing of HFS, developing implementation plans, and consulting counties (not clear if the Bank or other partners are doing this)	2012/13 NHA with DM but data is not publicly available
Liberia	Trina	Shun and Rihanna	Karima	Health Financing Policy was developed in 2010/11. Various background studies have been undertaken including: Fiscal Space Analysis, NHA (2011/12, 2013/14), equity based resource allocation formula, update of the essential health package costing, RMNCAH investment plan and costing. A HFS is under development from 2015,	-Improve alignment and coordination of external financing (IHP+ compact will be finalized in Sep 2016) -Improve efficiency in use of available resources -Develop rational resource allocation formula -Moving away from free health care (pilot in 4 counties)	Yr 1 (2016/17) – completion [resources committed] FSA validating and dissemination (MOH/WB (lending) NHA (2014/15 and 2015/16) (WHO, MOH/WB (lending operations) Resource mapping of DAH (MOH/WB (lending)) Drug revolving fund (RDF) design and feasibility (R4D/USAID) HFS (WB, WHO, USAID) Costing of the EHBP/RMNCAH (MOH, CHAI, UNICEF) Yr2 (2017/18) – DRF pilot to be implemented (MOH)	-Stocktaking and scoping document for Health Financing Strategy (Strategy itself will go beyond the preparatory period); -Finalized fiscal space analysis document		2007/8 & 2009/10, 2011/12 NHAs with DM, , 2013/14 NHA with DM (no child), 2014/15 NHA with DM in process

				and expected to be completed by 2016. Cabinet endorsement will be required, and expected to be undertaken in CY 2016. This will be followed by legislation approval in CY2017.		Capacity building (courses: PFM training, flagship course, etc.) (MOH/WB (lending)) Capacity building for county level on budgeting and planning (MOH/WB lending) Identification of the poor (MOH//Save the Children/Dfid – I; Ministry of Gender/SP/WB) Health sector budget use / CSO independent monitoring at county level (Save the Children) NEW TASKS FOR HF TECHNICAL ASSISTANCE Feasibility for SIN Tax and other taxes on earmarking for health (WB TA (2016/17) – Yr1) Resource Allocation Formula (WB TA (2016/17) – Yr1; (MOH/WB lending Yr2)) HFSA (WB 2016/17) PER (WB 2017/18) Benefit Incidence Analysis (WB Yr) Resource tracking (for PHC facilities getting in-kind contributions)		
Mozambique	Magnus	Humberto	Daniel C. (+GFF funded G level economist /specialist position)	Over the past 2 years, MISAU has worked on a HFS. The existing draft will be updated in the GFF process and is expected in Nov 2016.	Increasing domestic financing for the health sector, improving public financial management and aligning external financing around common health fund (PROSAUDE), developing purchasing options, elaboration of implementation and monitoring plan of HFS	[P4H]	-Because of the debt crisis partners are looking to the WB to help with PFM support to secure donor money. Discussions are ongoing about the possibility for the Bank to set up a MDTF for donors that do not want to join PROSAUDE. (draft HFS by Nov 2016)	2013/14 NHA with DM but data no publicly available
Nigeria	Trina	Olumide	Tekabe (local consultant working on immunization)	HFS is being developed by key agencies and stakeholders	Fiscal space is shrinking due to dwindling oil revenue, high OOP spending, low levels of public financing, fragmentation of HF system, poor public financial management systems. There are also opportunities; government commitment to UHC,	JLN full member	-HFSA already underway with Gavi and Gates support, with drill-downs on immunization, PFM, fiscal space. To be finalized by December 2016. -Delivering the HFS and getting it approved by the National Council of Health -Disbursement of basic health care provision fund	Draft HFS by ? 2011/12 NHA with DM but only for public expenditure, 2014/15 NHA with DM in process

					national health act with potential to improve predictable funding for health, potential for innovation in HF in terms of taxation, success in RBF in a few districts, expanding ICT and telecom systems, state health insurance systems, CBIH pilots that are working, link health to newly developed government safety net program		-Improve domestic resource mobilization -Improve public financial management systems		
Senegal	Trina	Christophe L.	Maud	-HFS process was launched in Feb and is expected in June 2017 -The HFS will integrate the universal health insurance program financing strategy (Couverture Maladie Universelle) that is currently under development -A technical group has been created to lead the HFS development and WB mission is planned in early June -JLN associate member	Challenges: financial accessibility to health services for the population, fragmentation of financing, strengthen equity (geographical and vulnerable groups), Opportunities: Strong commitment of the Government for UHC HSS subcommittees (Ministry+partners) have been created and one specific to health financing Unique registry to identify the poorest then to enroll them for free in mutual. Ongoing process for a better integration of the private sector	USAID, WHO, JICA, Belgium cooperation Discussions with GAVI and GF P4H partnership	-Diagnosis, elaboration of strategy, dissemination, learning from good practices (e.g. Cote d'Ivoire) -Identification of service delivery by level of care and benefit package by level of care -Elaboration of a sectorial program including an annual roadmap	Draft HFS by June 2017	2014/15 NHA with DM in process
Tanzania	Magnus	Gayle	Hui Hui	-HFS draft is currently in parliament and is expected to be enacted to law by Jan 2017 -HFS was developed by Ministry of Health and Social Welfare guided by an interministerial steering committee	Excessive dependency on external financing in certain areas (vertical program), high level of OOP expenditure, low quality of care, sensitize population about benefits of prepayment systems	[P4H]	Single national health insurance, expansion and improvement of community health fund, clarification of minimum benefit package for all, elaboration of government's subsidy of the poor through the social protection network World bank is focused on making the RBF program		2011/12 NHA with DM, 2014/15 NHA with DM in process

							financially sustainable.		
Uganda	Magnus	Peter O	Jane	HFS has been approved by MOH senior management and is currently reviewed by Cabinet	HFS outlines a general plan for the next 5-10 years but it is not entirely clear what reforms will be undertaken. This will be informed by the NHI bill, once past in parliament.	[P4H]	<ul style="list-style-type: none"> -Approval of National Health Insurance bill that will provide legal framework for health financing reforms -Development of national RBF program -Development and quality and standards guidelines to guide accreditation of facilities -Defining and costing benefit package (costed benefit package, RBF manual, guidelines for quality standard) 		2010/11 NHA with DM, 2013. 14 NHA with DM