

Report on

the Technical Meeting

on the “Providing for Health Initiative”

29 to 30 November 2007, Bonn

Background

The Providing for Health (P4H) Initiative is a result of a continuous process initiated at several G8 summits in which the G8 underlined the necessity to strengthen (national) health financing systems as the overall basis for accessible and pro-poor health systems.¹

In the Paris Declaration on Aid Effectiveness (2005) aid recipients were advised to reassess their domestic health financing systems.² Subsequently, an international conference on social health protection with a focus on social health insurance was organised in Berlin in December 2005.³ The issue of social health protection and the need to develop sustainable domestic health financing systems were addressed at some recent conferences^{4,5}, including

¹At Gleneagles in 2005, the G8 pledged to “ensure our actions strengthen health systems at national and local level and across all sectors” and to “encourage donors to help build health capacity” (http://www.fco.gov.uk/Files/kfile/PostG8_Gleneagles_Africa,0.pdf, Paragraph 18c). At St. Petersburg in 2006, the G8 stated that “access [to healthcare]... could be significantly enhanced through a wider range of financing options including health insurance programmes. We encourage stepped-up discussion at the international level on practical approaches to the expansion of public, private and community-based health insurance coverage in developing countries” (<http://en.g8russia.ru/docs/10.html>, Paragraph 36).

² High Level Forum. *Paris Declaration on Aid Effectiveness: ownership, harmonization, alignment, results and mutual accountability*. Joint progress towards enhanced aid effectiveness, High Level Forum, Organisation for Economic Co-operation and Development, Paris, 2005.

³ ILO-GTZ-WHO. *Berlin recommendations for action - final version*. International conference on social health insurance in developing countries (Berlin, December 2005), Published by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn, 2006

⁴ Rwanda Ministry of Health. Assuring quality health care through social health protection: the role of purchasing and quality management. International Conference of the GTZ-ILO-WHO Consortium on Social Health Protection in Developing Countries in conjunction with the Rwanda Ministry of Health, Kigali, October-November 2007.

the international conference on social health protection in Paris, organised by French President Chirac in March 2007.⁶

At the G8 Summit in Heiligendamm, Germany in June 2007, the G8 welcomed the 'Providing for Health (P4H)' Initiative "as a means to work towards sustainable and equitable financing of health systems and improved access to quality health services, through linking of national health financing strategies with coordinated international support. The 'Providing for Health (P4H)' Initiative will create an international platform for dialogue and collaboration on the issue of financing health systems in low- and middle-income countries and on expanding initiatives of national and international donors to improve the efficiency of increasing national and international funding."⁷

In September 2007, the International Health Partnership (IHP) was launched. IHP aims to improve the coordination of international agencies, donors and poor countries in developing and implementing national health plans. The Global Campaign for the Health MDGs, founded in September 2007, stresses the need to ensure "that the most vulnerable groups have access to essential services." It will address the "urgent need to focus more on the performance of health systems and the key bottlenecks relating to lack of human resources, infrastructure and sustainable financing".⁸

Main Outcomes

The World Health Organization (WHO) together with the German Federal Ministry of Economic Cooperation and Development (BMZ) hosted the strategic technical meeting on the 'Providing for Health P4H)' Initiative from 29th to 30th November 2007 in Bonn, Germany. The meeting was divided in four working sessions. These sessions focused on the strategic orientation of P4H in the context of the Global Campaign and IHP, the coordination within P4H, focal areas of work and the division of labour, processes of technical/financial assistance and the management structure of P4H. Participants representing the G8

⁵ The Philippine Health Insurance Corporation. Extending social health insurance to informal economy workers. Conference of the GTZ-ILO-WHO Consortium on Social Health Protection in Developing Countries together with the Philippine Health Insurance Corporation, Manila, October 2006

⁶ French Ministry of Foreign Affairs. Social health protection in developing countries: breaking the vicious cycle between disease and poverty. International conference, Paris, March 2007

⁷ G8 Gipfelerklärung Heiligendamm, Paragraph 62: http://www.g-8.de/Content/DE/Artikel/G8Gipfel/Anlage/Abschlusserkl_C3_A4rungen/WV-afrika-en.html

⁸ <http://www.norad.no/default.asp?FILE=items/9244/108/GlobalCampaignHealthMDGs.pdf>

countries as well as all relevant development partners (bi- and multilateral agencies, global funding instruments and health partnerships) agreed upon the following:

1. P4H aims at working with partner countries to develop equitable national health financing systems that will be able to attain and maintain universal coverage/social health protection.
2. P4H acts only upon country requests.
3. Within this context P4H will focus on three thematic areas of action:
 - reducing out-of-pocket payments by increasing the extent of prepayment and risk pooling
 - improving the efficiency and equity of available resources, and
 - supporting countries to raise more funds for health, where necessary.
4. To do this, P4H has the following targets:
 - providing timely and appropriate technical and financial support for the development of national strategies and policies for domestic financing (e.g. revenue collection, pooling, and provision/purchasing)
 - helping to build financing capacity and institutions
 - facilitating sharing of experiences and learning across countries
 - assisting in the establishment of appropriate financial monitoring systems, and
 - working with external partners and countries to enhance harmonization of external and domestic financing.
5. A number of mechanisms were identified, through which P4H can add value to national processes, increase impact at country level and allow resources to be employed more efficiently. These include:
 - integrating sustainable health financing components in national health plans (including the “right” evidence-based and performance-based indicators and monitoring)
 - ensuring complementarities of the different development partners
 - pooling resources and expertise
 - allowing the coordinated formulation of options for countries (“one-stop shopping”)
 - helping to give long-term vision for health systems financing and moving health financing (higher) on the national agenda

- identifying countries that are ready to move ahead on health system financing, and
 - facilitating long-term and consistent commitment and support from all partners.
6. To ensure the effectiveness of P4H, a monitoring system is needed to assess its impacts. The performance indicators will relate to changes in real health expenditure per capita and changes in the proportion of total health expenditure derived from different forms of prepayment. For the first indicator, increases have been good in low-income settings, while for the second indicator, increases have been good in most low- and middle-income settings. Work on defining further indicators to measure changes in efficiency, equity as well as the integration of external and domestic funds is still needed.
7. It is important that all activities pursued under P4H are broken down into medium and long-term activities and consider the specific dynamic macro-economic and socioeconomic country context as well as the political economy of health sector or social health protection reforms. It is also vital to include all relevant stakeholders in the activities carried out by P4H.
8. The working processes of P4H include 4 phases:
- *Analysis and assessment phase:* In this first phase an assessment of the present situation and identification of bottlenecks as regards to social health protection should take place.
 - *Design phase:* Based on the results of the first phase P4H works closely together with the partner country to elaborate policy options for sustainable health financing and social health protection reform including options to design the transition period and taking into account the immediate needs of the country and its population. Different options should be developed, assessed and proposed to the partner country.
 - *Policy phase:* In this very crucial stage, national policymakers have to decide on the preferred policy options and adopt the initiative. In order to move to the next phase of the reform/initiative, any necessary legislative process should have been finalized. P4H can lend support to national processes of consensus building, stakeholder participation, and policy conclusion.
 - *Implementation phase:* During the implementation phase of the adopted reforms agenda P4H can – on request – assist in putting necessary systems in place and

make them operational. In order to sustain any social health protection system, long-term commitment is needed from donors and partner countries.

9. P4H will work in close cooperation and complementary to the International Health Partnership (IHP) which has a broader focus on National Health Plans. Within the context of IHP, P4H will strengthen the focus on the sustainability of funding and help to create synergies between the development partners in order to avoid unnecessary duplications. While P4H will be actively involved in the activities of IHP, P4H scope of country activities will not be limited to countries IHP is working with.
10. It was agreed that P4H should have a light management structure. The format of the Consortium on Social Health Protection in Developing Countries could serve as a possible model for this structure, which would include a secretariat/core group. The need for a Steering Committee was expressed by all participants. Partner organisations of P4H will second staff to the secretariat/core team. These secondments will connect country requests with activities in the individual agencies, and can also be involved themselves in technical assistance to specific countries. 'Providing for Health (P4H)' will be linked to IHP. As a next step, the Terms of References for the Secretariat and the working plan will be developed in the next two to three months. They will then be circulated, and agreement with all partners, including partner countries, will be sought.