



Join the 7th Annual Health Financing Forum (AHFF7)—Investing in Health in the Post-COVID Era: Meeting the Health Financing Challenges—on the sidelines of the 2024 World Bank-IMF Spring Meetings.

The Forum will convene policymakers and other health financing experts to explore new pathways to prioritize health in government spending, channel increased government funding into vital health programs, and boost the impact of development assistance on government investments in health. Your voice is crucial in shaping the future of financing Universal Health Coverage (UHC), that is, essential health services with financial protection, as well as public health. Engage, network, and contribute to the conversation that will redefine the case for investing in health. Secure your place at the AHFF7 today and join the discussion!

Background

In the post-COVID-19 era, low- and middle-income countries face vexing challenges in financing the investments needed to restart progress toward UHC and strengthen health security. For many, the macro-fiscal outlook is bleak and government spending will remain constrained for years to come. Simultaneously, the priority given to health in government spending has dropped to pre-COVID-19 levels, while the funding needs for other development challenges, in particular climate change, continue to grow rapidly.

Overview

We invite you to an interactive three-day event that promises to ignite discussions and bring new ideas. With an expansive agenda of plenaries, workshops, consultations, and side events, the AHFF7 is the ideal forum for onsite and online participants to challenge assumptions and brainstorm actionable strategies for countries to boost their investment in health and achieve meaningful improvements in health and financial protection.

This year, we are also celebrating the 30th anniversary of the World Development Report 1993, *Investing in Health*, which transformed the global health landscape. This is an important occasion to revitalize the debate for investing in health.

Again, this year, the Forum will host the Adam Wagstaff Memorial Lecture. The talks spotlight the latest research on healthcare financing and the annual recipient of the Adam Wagstaff Award for Outstanding Research on the Economics of Healthcare Financing and Delivery in Low- and Middle-

Income Countries, hosted by IHEA. This award reflects Adam’s lifelong commitment to improving healthcare financing and delivery and promoting equity in low- and middle-income countries.

During the Forum, delve into six rich plenary sessions that will explore the intricacies of financing necessary investments in health, including:

1. Making the Case for Investing in Health
2. Prioritizing Health in the Budget Process
3. Shifting Government Spending into Priority UHC Programs
4. Shifting Government Spending into Priority Health Security Programs
5. Boosting the Impact of Development Assistance on Government Investments in Health
6. Making Social Health Insurance Work for Equitable Progress toward UHC

Where and when

AHFF7 will take place at the Mayflower Hotel in Washington, DC, April 15–17., On the first day, immerse yourself in a series of workshops and side events that will dive deep into critical health financing topics. The heart of the Forum, the plenary sessions, will take place on April 16 and 17.

Join us

Don't miss this chance to contribute! Join us at the AHFF7 to network, collaborate, and be part of the discussions that will contribute to helping set the priorities and plot the paths for health financing.

With in-person attendance capped at 150 participants, take this opportunity now to engage closely with other experts in the field and contribute fresh ideas. Preference is given to policymakers and health financing experts from low- and middle-income countries. Pre-registration has opened, and spaces are filling up fast, so secure your spot now, using the [registration form](#).

For those joining virtually, the AHFF online platform is your gateway to all Forum communications, materials, and virtual events. The platform is more than just a resource—it's a community, offering significant networking opportunities for participants worldwide.

Visit the [AHFF website](#) for the latest updates on plenaries, workshops, consultations, and side events. Need more details? Reach out to Carmen Del Rio Paracolls at cdelrio@worldbank.org.

ANNEX

Plenary session 1: Making the Case for Investing in Health

Making the case for health remains critically important in an era of a poor macro-fiscal outlook and increasingly complex development challenges. While there is a need to update the economic arguments to consider emerging factors such as COVID-19 and climate change, it is also important to develop the political case for investing in health. This requires an understanding of how governments maintain the delicate balance between investing in health and other sectors while being responsive to constituents' priorities.

In this session, participants will collectively explore the reasoning, incentives, and enabling factors behind finance ministers' and senior officials' choices to prioritize or not prioritize investing in health. The dialogue will also highlight the potential role of specific evidence, data, and evaluations that these officials would find valuable in supporting advocacy for increased investment in health. While the updated economic case may be commented on, a central question will be what the broader political and social case is for investing more in health (e.g., citizen demand, fostering societal trust).

Plenary session 2: Prioritizing Health in the Budget Process

Health budgets are one of the two major entry points to increase the prioritization of health in government spending. They are often seen as the result of an annual, formalized negotiation process between MoF and MoH, eventually with some influence of local and global advocacy efforts. However, the political economy of the budget process is often much more complex, and it remains poorly understood.

In this session, participants will examine key challenges in prioritizing health in budget negotiations and emerging strategies to secure more budgetary funding for health. Participants will share the latest evidence and country examples to address the key questions: What is the political economy of budget processes, and what are some institutional and structural factors impacting health-sector allocation? How have some countries managed to increase the priority for health in government spending? How can the budgeting process be influenced to secure adequate funding for health, including the role of non-governmental actors and donors?

Plenary sessions 3 and 4: Shifting Government Health Spending into Priority Programs

Historically, the prioritization of government health spending has happened at the margin, not by shifting spending from relatively inefficient or inequitable programs toward investments with high returns. Given the grim macro-fiscal outlook, it will be critical for many low- and middle-income countries to reprioritize government health spending to better support programs that accelerate progress toward UHC (often delivered via primary healthcare platforms) and strengthen health security. Sessions 3 and 4 will address these issues, highlighting options for influencing the political economy of the budget process to improve

allocations within the health sector, especially shifting government funding toward priority programs for UHC and public health. These sessions will also consider how other potential efficiency reforms—such as public financial management reforms—may free up resources. Both sessions will address questions including: What is the government’s discretionary funding for the health sector? What is the political economy of the allocation of funds to different programs and agencies within the health sector during the budget process? How can these shifts occur successfully at the country level? What are the tradeoffs? What data, evidence, and tools have been leveraged to support these shifts?

Plenary session 3: Shifting Government Health Spending into Priority UHC Programs

Financing UHC programs—packages of priority healthcare (often primary health care, PHC) services—is frequently challenging, as it often requires large amounts of additional funding.

Participants in this session, which recognizes that priorities may differ by setting, will scrutinize emerging evidence and country examples related to the following questions: How can we effectively allocate funds within the health sector to prioritize UHC? Have some countries shifted government health spending toward priority UHC programs through cuts to other health programs or from sectoral savings? If so, how? What, if any, data, tools, or evidence have been used to inform prioritization? For countries that have shifted government spending toward UHC priorities, how have they tracked these commitments to hold themselves accountable?

Plenary session 4: Shifting Government Health Spending into Priority Health Security Programs

Funding priority health security activities typically requires smaller amounts of funding than funding UHC programs does; however, it is also challenging, as it takes funding away from tangible private goods and gives it to public goods, an often-difficult political decision.

This session will tackle the following questions: How can we effectively allocate funds within the health sector to prioritize health security programs, which could also be cross-sectoral? Have countries redirected government health spending toward health security programs via cuts to health sector programs or other sectoral savings? If so, how? What data, tools, or evidence have been used to support prioritization toward health security programs? And how have countries held themselves accountable and tracked their commitments toward such programs?

Plenary session 5: Boosting the Impact of Development Assistance on Government Health Spending

Development Assistance for Health (DAH) is and will continue to be an important source of funding for low-income and many lower-middle-income countries. However, DAH and, more broadly, overall development assistance for all sectors stagnated before COVID-19, and their future is uncertain as the economic performance of some of the major bilateral aid providers weakens. Further, in the post-COVID-

19 era, emerging development priorities might mean that an increasing share of the available development assistance is used to create global public goods rather than arriving in countries in a form that boosts government health expenditure. In this environment, recipient countries will need to make better use of the available development assistance to boost its impact on government health spending.

This session aims to give insight into the prospects for overall development assistance and DAH over the coming years. Participants will share their experiences of how overall development assistance and any component earmarked for health impact country sectoral allocations and spending on priority programs within the health budget. Considering and complementing the ongoing global discussion about alignment and supporting processes—e.g., the work of the Future of Global Health Initiatives (FGHI) and ideas—the objective is to understand how development assistance can better boost government health spending.

Plenary session 6: Making Social Health Insurance Work for Equitable Progress toward UHC

The second major entry point to increasing the prioritization of health in government spending is through obligatory social health insurance (SHI) contributions. Despite controversies about SHI's advisability, many low- and lower-middle-income country (LIC and LMIC) governments have been experimenting with forms of SHI. For those governments that have already introduced SHI, the ongoing debate over the when and where is not too helpful. Once in place, SHI arrangements are difficult to abolish. The SHI debate may shift the attention of health policymakers away from health financing challenges that are far more critical for progress toward UHC. Governments of LICs and LMICs need to know the existing evidence and country examples of the additional revenue that SHI arrangements can realistically generate, and the better SHI design options for mitigating or avoiding the negative consequences on financing, equity, and labor markets.

This session will seek to address the following questions: How have countries managed to increase resources from mandatory SHI contributions, and what factors influence this (e.g., size of the informal sector, enforcement and collection capacity, etc.)? How can countries expand SHI to the poor and non-poor informal sector workers, what are the political and technical challenges, and how can countries overcome them? How do the drawbacks of SHI compare with the benefits of raising additional revenues for health? Are there better design options that can eliminate or mitigate the potential disadvantages of SHI? How can existing SHI models evolve into more sustainable approaches and what has been the path followed by successful models of SHI?

Adam Wagstaff Memorial Lecture

Since 2020, the AHFF has hosted a memorial lecture to honor Adam Wagstaff, who was a research manager at the World Bank, a professor of economics, a mentor, and an associate editor of the *Journal of Health Economics*.¹ This year's session will feature a brief presentation by Prashant Yadav, Affiliate Professor of Technology and Operations Management from INSEAD and Faculty Director from INSEAD Africa Initiative. His talk is titled, "Health Care Supply Chain Reform: Approaches, Evidence, and Political Economy." During the lecture, we will also recognize the recipient of the Adam Wagstaff Award for Outstanding Research on the Economics of Healthcare Financing and Delivery in Low- and Middle-Income Countries, an accolade established by IHEA and awarded to Lucy Wang.

Learning Opportunities

Special session 1: Accelerating efforts to strengthen PHC through regional initiatives: Lessons learned on purchasing PHC services.

This session aims to provide a platform to discuss how capitation-based payment systems can be used as a management tool to better align resources to population needs and health sector strategic objectives. It will showcase the experience of select LAC countries in the design and implementation of capitation-based payment systems; touching on key questions from client countries in the region who are in process of designing or implementing payment reforms in PHC. The session will also use the opportunity to present progress on three regional collaborative initiatives between the World Bank, the IDB and PAHO on PHC and its financing.

Special session 2: Reversing the Course in Deteriorating Financial Protection for Universal Health Coverage

Universal Health Coverage (UHC) – one of the 2030 Sustainable Development Goals -- requires that all people receive quality health services they need without facing financial hardship. The focus on both effective service coverage as well as financial risk protection under UHC implies that how countries finance their health systems matters. Financing for health in most low- and middle-income countries (LMICs) is dominated by high levels of out-of-pocket (OOP) spending, an inefficient and inequitable modality which contributes to foregone care among poor and vulnerable populations, reduces the ability of households to spend on other necessities, and puts them at risk of impoverishment from high illness-related expenditures. Globally, financial hardship – as measured the number of people facing catastrophic OOP

¹ Adam Wagstaff was a Research Manager in the Development Research Group (Human Development) at the World Bank at the time of his passing. His work in health economics was seminal in areas such as the demand for health, equity in health financing and tracking progress towards universal health coverage – see Adam Wagstaff (worldbank.org).

spending for health, i.e., spending that exceeded 10% of their budget – continues to deteriorate: recent estimates indicate that more than one billion – 13.5% of the world’s population faced catastrophic health spending in 2019. In order to reverse this trend, there is a need for closer tracking of financial protection indicators that in turn will help inform the design and implementation of corrective policy interventions.

This session will discuss results from the “Tracking Universal Health Coverage: 2023 Global Monitoring Report”, highlighting global and regional trends in financial hardship in health and policy implications.

Special session 3: Financing Refugee Healthcare: Thinking Beyond Humanitarian Response

The global refugee population increases annually, often by more than a million new refugees. In 2023, the UNHCR mandate recorded 30,510,633 refugees. Low- and middle-income countries host most refugees, either in refugee camps or dispersed throughout the country. The arrival of refugees’ strain both the delivery capacity and financial resources of the health systems in host countries. Consequently, refugees often struggle to access health services, and in areas where the health system is crowded with refugees, the host population experiences negative impacts. In settings where humanitarian funding supports refugee health, whether inside refugee camps or working with host nations to pay for refugee insurance premiums, the funding is often limited, short-term, and unsustainable. Thus, what other innovative health financing models are available or could be designed/developed to finance refugee health? Could the World Bank design a Multiphase Programmatic Approach (MPA) to complement the Global Concessional Financing Facility (GCF) in facilitating health financing for refugee healthcare, particularly in low-income countries but also in middle-income countries?

This session will focus on the present state and challenges of financing refugee health and explore complementary health financing instruments. Through this session, participants will discuss the challenges of the current health financing arrangements for refugee health and the World Bank’s approach to financing refugee healthcare.

Special session 4: Financing Climate Resilient & More Environmentally Sustainable Healthcare: Drive to Net Zero

Financing Climate Resilient & More Environmentally Sustainable Healthcare is a major challenge for policymakers and healthcare providers. Hospitals and healthcare services can and must contribute more and more proactively to achieve net zero carbon emissions. Recent work by the Geneva Sustainability Centre (associated with the International Hospital Federation), in collaboration with hospital in developing countries, has demonstrated that health services can be climate resilient and contribute in a material way to improving environmental sustainability in an affordable way. But it requires action. Ignoring the potential role of hospitals in contributing to the global carbon footprint impacts negatively on quality of life, resilience, and the wellbeing of communities, undermines other efforts to achieve health for all. There is a unique opportunity for countries to begin addressing this issue, with support from the World Bank and its development partners.

Special session 5: From Slogans to Action – Realizing One Plan, One Budget and One Report Agenda – Insights from Practitioners

In response to the growing calls and commitments, there has been a significant push to align external aid with national plans, budgets, and systems within countries to ensure improved outcomes for women, children, and adolescents and to achieve Universal Health Coverage goals. This alignment is crucial for strengthening governance and financing mechanisms, ultimately facilitating the efficient allocation and utilization of resources for essential health services. However, despite their recognized importance, a significant amount of aid is still being sent outside country systems, and there are notable gaps in countries' capacity and systems to effectively track, plan, and allocate resources to ensure reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes. This panel will convene practitioners, primarily Ministers of Health and Finance who are leading change within their countries, to reflect on the practical aspects of aid alignment and PFM (Public Financial Management) reforms. This may include a discussion on the trade-offs and entry points for initiating reforms, the type of support they need from external partners, and their vision of success. Furthermore, the panel will offer perspectives from senior managers in the donor community about the progress achieved so far and the future opportunities.

Special session 6: Health Taxes – A Tool for Generating Both Health and Revenue Impact

Health taxes are an established and well-regarded fiscal policy tool, underpinned by a strong economic framework. Health taxes generate fiscal and health gains, through increasing tax revenue and improve population health, with limited to no evidence of adverse economic impacts. Health taxes are very effective; however, not enough attention is paid to ensuring that tax policies are well designed, implemented, administered and evaluated. Two key considerations of tax design is the tax structures and tax rates; poorly designed tax polices that are not well implemented and administered may result where tax increases do not result in increased tax revenue and/or improvements in population health (or where gains are substantially less than expected). Substantial experience and evidence supports design, implementation, administration and evaluation of health taxes, including case studies of successful reforms. From a sectoral perspective, health tax revenue benefit the health sector with or without earmarking. There are a range of mechanisms that countries can use to direct health tax revenue towards expenditure priorities, in line with their macrofiscal context and PFM capacities. This session will focus on the role that health taxes play in generating both health and revenue impact. From this session, participants will improve their understanding of health taxes as fiscal policy tool and understand the concept of health tax revenue use, and experience at the country level.

Special session 7: Data Driven Decision Making for Universal Health Coverage

Large amounts of data are now routinely collected by health systems in many low- and middle-income countries. Especially relevant are new datasets containing information captured as part of utilization episodes that are often available from settlement of claims or more generally as part of health management information systems. These data are a potentially powerful source of real-time information as to the health of the population but are often not exploited as much as they could for informing policymaking. There are several characteristics of these data that set them apart from more traditional health information sources, e.g., these data are generally not population representative as they capture limited information from only a subset of those that have coverage or are limited to those that utilize services. Also, these are often ‘big data’: large, complex, and relatively sparse, making them more amenable to predictive rather than causal analytics. Participants will learn how to apply core concepts of data analytics to healthcare claims databases for health system policy analysis. This session is designed to provide an understanding of the management, analysis, and interpretation of diverse healthcare data but with a specific focus on analyzing utilization episodes that are routinely collected to settle claims.

Special session 8: Leveraging South-South Cross-Learning Approaches to Address Health Financing Challenges Across LMICs in Africa in the Post-COVID Era

Financial risk protection is one of the goals of Universal Health Coverage and appropriate mix of health financing arrangements are cornerstone for addressing challenges to achieve considerable progress. Despite contextual differences, low and middle-income countries (LMICs) share similar health financing challenges, from stakeholder engagement to fiscal constraints and capacity gaps among policymakers and practitioners. They also faced similar challenges during and post-COVID.

This session aims to showcase insights and outcomes from Amref Health Africa’s efforts to enhance capacities of government stakeholders for addressing healthcare financing challenges in Africa. We draw lessons and results from Amref Health Africa’s work in Ethiopia, Malawi, and Nigeria, highlighting Amref’s successful approaches and methods. This session aims to inspire greater collaboration and knowledge-sharing among participants to drive impactful health financing reforms across the continent. In so doing, it will bring the unique perspective of actors from an African perspective.

Special session 9: Opportunities and Challenges for Advancing the Financial Sustainability of the HIV response

The sustainability of the HIV response depends on more than just financing. Political economy factors, HIV service delivery, and country-level systems are all critical to accelerating and sustaining the gains achieved. However, the volume of resources within the health system, and how they are allocated and managed, affect country efforts to reduce reliance on external assistance, expand coverage, and improve financial protection for people living with HIV (PLHIV). In this session panelists will share examples of the

incremental actions and reforms countries have taken to advance the financial sustainability of the HIV response. This will be set within a context of recent trends in donor funding for HIV and country-level health expenditure.

Special session 10: Budget Execution in Health: From Bottlenecks to Solutions

Budget execution is the process by which the budget is spent. Good budget execution practices can be a foundation for efficiency and accountability and support progress toward UHC. Problems in budget execution on the other hand can become a real implementation bottleneck that creates a rift between the aspiration of policy makers and the implementable reality.

This session will show the depth of the problem by mapping out trends and patterns in budget execution; map out systematically the causes and root-causes in budget execution across the budget cycle; identify opportunities for reform; and discuss the role of ministries of finance, health and local government in addressing budget execution problems.

Special session 11: Open and Inclusive Decision-Making Throughout the Health Budget Cycle

Health budget formulation and execution decisions are often made through opaque processes and are commonly based on weak evidence and participation, with limited oversight. Insufficient public discussion of different policy and budgetary options, limited engagement with civil society, and the absence of comprehensive justification for decisions taken can make these decisions appear ad hoc. Processes that fail to duly consider the perspectives of all those whose interests are at stake can lead to inequitable decisions driven by the interests of the powerful. Even when decisions taken through such processes are well intended, the absence of a transparent and inclusive decision-making and monitoring process feeds mistrust and can weaken compliance, thereby compromising the sustainability of reforms, and limiting these reforms' ability to address the health needs of vulnerable groups. The workshop examines how every element of the budget cycle can be rendered fairer, in the sense put forward in a new report [*Open and inclusive: fair processes for financing universal health coverage*](#) by the Norwegian Institute of Public Health (NIPH), Bergen Center of Ethics and Priority Setting (BCEPS), and the World Bank.

Special session 12: Twenty Years of Development Assistance for Health (DAH): What have we achieved? What have we learned? What's the way forward?

DAH has played a key role in improving health conditions for those who need it the most around the world in the last 2+ decades. Funding for DAH has grown from less than US\$12 billion in 2000 to US\$43 billion in 2019 to US\$67 billion including COVID in 2021.

While DAH has grown over the last 20+ years, the funding environment is much more competitive today. Moreover, the GH community owes to the world and to itself a thorough stock-taking of what has

been achieved, what has worked well and what has worked less well. Having this assessment will position the GH community to better address future challenges and an environment of scarcer donor resources.

Special session 13: Strengthening Ministry of Health and Ministry of Finance collaboration to meet the health financing challenges

The engagement between the ministries of health and finance is normally limited to a regulated yearly interaction related to budget formulation, release of funds and expenditure reviews. Yet, there is a large potential to better meet both macro fiscal goals and health system outcomes through a more strategic interaction across ministries. This side session will start with AERC setting the scene based on their experience and work on a regional collaborative framework. A facilitated discussion will then allow for MOF and MOH officials to react to the framework proposals by sharing their own experiences on the challenges of enhancing the dialogue and ways to promote its sustainability. A set of concluding remarks will summarize the discussion takeaways and suggest actionable next steps.