1. Background

Ensuring that health services are easily available to people and communities, the essence of primary health care (PHC), has been a focus of global health debates since the Alma Ata Declaration of 1978. Effective PHC requires the availability of and access to a range of personal services at the first point of care, covering prevention, treatment, rehabilitation, and palliation, and playing a key role in the integration of personal care across system levels and health conditions. It also includes activities in support of essential public health functions such as population-based health protection and promotion, disease control, health system governance, and the support and engagement of sectors other than health. And it calls for community participation in the development and delivery of these services.\(^1\)

Despite more than 50 years of global attention to PHC, including efforts over the past ten years working towards universal health coverage (UHC) with essential services and financial protection, the COVID-19 (coronavirus) pandemic has revealed how health systems in many low- and middle-income countries remain focused on delivering secondary and tertiary care. Frequently, only limited health services and medicines are available at the first point of contact, often of poor quality and requiring considerable out-of-pocket costs. The result is that many people choose to bypass this care altogether. In response to the COVID-19 pandemic, countries may also have invested more in tertiary care with the sudden need for increased intensive care to the detriment of PHC.

Since 2016, the Annual Health Financing Forum (AHFF) has been one of the few global spaces to convene key actors from the health and financing sectors to discuss pressing health financing concerns. Previous AHFFs have addressed some of the financing issues that are critical for PHC from a systems perspective.

2. Objectives

The 6th Annual Health Financing Forum, *Financing Primary Health Care: Opportunities at the Boundaries*, will focus on approaches to mobilizing and pooling funds to pay for PHC. In line with the AHFF approach, it will offer six plenary sessions that explore opportunities at the boundaries, that is, areas where the way forward remains controversial or unclear. The Forum will build on the work of the Lancet Commission on PHC financing, coordinated by the London School of Hygiene and Tropical Medicine, which launched a related report and recommendations on April 5, 2022.

The Forum will also draw on a body of recent work looking at what we do and do not know about financing PHC, including:

\(^1\) Barkley et al. 2020; OECD 2020; Lancet Commission on Financing Primary Health Care forthcoming.
3. Organization

The 6th AHFF will be jointly hosted by the World Bank, the U.S. Agency for International Development (USAID), and the Global Financing Facility (GFF). In past years, 300 to 500 experts on public finance and health financing have participated in the forum, including representatives from Ministries of Finance and Health from low- and middle-income countries and other experts from bi- and multilateral institutions, the private sector, civil society, think tanks, and academia. Participants have come from more than 60 countries.

4. Forum Date and Approach

4.1. Dates
The 6th AHFF will take place June 14 to 16, 2022, with some activities occurring in the days prior to or after the Forum. See below for more details on all the activities.

4.2. Approach
This year’s AHFF will consist of six plenary sessions, including an introductory session to set the stage and the Adam Wagstaff Memorial Lecture. It will have a hybrid format, with participants having the option to attend the plenary sessions in person or to follow via livestream.

AHFF Washington, DC

The Forum’s plenary sessions will be held in Washington, DC, at the World Bank’s Preston Auditorium. Plenaries will start at 8:00 am Eastern Standard Time, and they will be streamed through the AHFF online platform.

The plenary sessions will be complemented with six additional in-person deep dives on related topics.

The Washington venue will convene around 150 health financing practitioners from low-income or lower-middle-income countries (LICs and LMICs).

AHFF country-focus

Drawing from the AHFF plenary sessions’ key messages, organizers are also offering a one-day AHFF country-focused workshop. The main goal of these workshops is to promote country participation and dialogue around PHC financing and to build consensus on the way forward at the country level.
Participants will attend the global Forum’s sessions virtually, followed by the in-person one-day country seminar, which will convene country teams and their counterparts. The AHFF country-focused event can take place simultaneously to the forum or at a later date.

Senegal is spearheading these country-level AHFF pilot events, with more countries expected to follow this approach.

AHFF regional

Drawing from the global AHFF plenary sessions’ key messages, the AHFF regional organizers will bring together country teams and counterparts for a two-day event that will include a regionally-focused seminar looking at how to move the PHC financing agenda forward as well as regionally tailored sessions based on the global AHFF deep-dive sessions.

The World Bank’s East Asia and Pacific and the West Africa regional teams will each host an AHFF regional event in August and September 2022, respectively.

Further details of these regional forums will be shared shortly.

AHFF – donor’s alignment

AHFF will also include a workshop for partners, donors, and other key stakeholders focused on furthering collaboration and coordination around the PHC financing agenda. In particular, this in-person event will bring together members from GAP, the Sustainable Finance for Health and the PHC accelerators and policymakers. This workshop will also be available via livestream for stakeholders who cannot attend in person. The location for this meeting is still to be decided.

AHFF online

The Forum’s plenary sessions will be streamed and made available for those who wish to attend virtually via an online AHFF platform. The AHFF online platform is the Forum hub from which all communications, materials, and virtual events will be hosted and disseminated. It will also constitute the networking channel for virtual participants.

AHFF Community of Practice

In advance of this year’s AHFF, the Health Financing Community of Practice (HF CoP) will host a virtual discussion on how to operationalize recommendations from the Lancet Global Health Commission on PHC Financing Report as well as solicit thinking on priority topics for a forthcoming research agenda on financing PHC. Through this session, the HF CoP is also aiming to gather inputs to feed the PHC financing AHFF country discussions. The HF CoP will convene a session drawing on its 300 members, comprised of policymakers, academics, civil society, implementing partners, and other stakeholders, from across 40+ countries.

5. AHFF Participants

To observe COVID-19 protocols, in-person AHFF sessions in Washington, DC, will be limited to 150 participants. If the number of pre-registered participants exceeds this capacity, preference will be given
to policymakers and government officials from Ministries of Health and Ministries of Finance from low- and middle-income countries.

Pre-registration for the 6th AHFF begins the second week of April via this form, which will also be disseminated among the AHFF constituencies. Participants are encouraged to register well in advance.

6. AHFF Sessions

Each of the AHFF plenary sessions will be designed and organized by a Session Working Group (SWG) composed of country policymakers and health financing experts. SWG members will meet regularly to draft a related background note in addition to organizing the session.

Here is a brief outline of the Forum’s plenary sessions:

**Plenary session 1: PHC financing, setting the scene**

An introductory session led by Kara Hanson, Chair of the Lancet Global Health Commission.

**Plenary session 2: Funding PHC in the time of COVID-19**

At the onset of the COVID-19 crisis, almost all countries faced reductions in government revenues and, as a result, many low- and middle-income countries also decreased government spending. Those that increased government spending did so at the cost of greater public debt. Recent IMF and World Bank projections show that government per capita spending will remain below pre-COVID-19 levels for the next five years in 48 out of 178 countries, and stagnant in 39. Twenty-two out of the 48 countries and 13 out of the 39 countries are low-income or lower-middle-income countries. Many other countries will see government spending stagnate at levels slightly higher than those in 2019. Yet all countries face growing health spending needs to fund the COVID-19 vaccine rollout, strengthen pandemic preparedness and response, meet the backlog in health services put on hold to meet the immediate pandemic response, and to get back on the path to UHC. How do countries reconcile the need to spend more on PHC in the face of all these health demands and, in many cases, declining levels of overall government spending?

This session will present the most recent data on health spending, showing the growing rifts across countries in their capacity to invest in health. The discussion will also focus on policies that can result in greater funding for PHC, including such exploring questions as: Should countries be able to borrow more to increase government spending? Could countries enforce a minimum 20% tax on companies without encouraging international companies to relocate? In countries where health is now less of a priority, how should the relationship between Ministries of Health and Finance be reconsidered? Do the health sector and donor financing communities have any quick wins that could effectively drive more resources to PHC?

**Plenary session 3: Making output- and population-based financing work in budget systems**

Blended output- and population-based payment frameworks are increasingly accepted as an appropriate approach for purchasing PHC. Yet, for most LICs and LMICs, line-item budgets remain the predominant payment method and there is a lack of consensus on when and how to transition away from paying for line items in an input-oriented Public Financial Management (PFM) system. As governments continue to pay for line items, many development partners have made increasing use of decentralized facility financing (DFF) and performance-based financing (PBF) instruments to pay for PHC. While these may be
effective in encouraging service productivity and quality, they have also contributed to the fragmentation of the provider payment system.

This session will present and debate practical steps on how to transition toward blended and consolidated provider payment frameworks for PHC in various PFM settings. The session will address questions of balancing flexibility and controls in expenditure management, enhancing provider autonomy, developing public finance capacity, including the role of ICT, and the consolidation of funds flows towards a strategic orientation of PHC payment frameworks.

**Plenary session 4: Paying for essential medicines for PHC**

Even in countries where the cost of accessing PHC services is very low, people often pay out-of-pocket for medicines that are either not part of an essential benefits package or not available at PHC facilities at the time they seek care. This can lead to financial catastrophe and impoverishment in countries at all income levels. What are the options for ensuring access to essential medicines while protecting people from catastrophic financial consequences associated with paying for them out of pocket?

To set the scene, this session will explore the available evidence on medicine expenditures as part of PHC across countries, drawing on the Lancet Commission’s work, as well as the impact of medicine purchases on financial catastrophe and impoverishment. The discussion will also consider strategies to reduce either the need for people to pay for medicines as part of their first-line treatment or the cost of these medicines (price and volume). It will also examine possible improvements in the supply chain along with debates about some of the WHO Council on the Economics of Health for All’s more controversial recommendations designed to increase the availability and the cost of new technologies in lower-income settings.

**Plenary session 5: Financing comprehensive PHC**

Comprehensive PHC is not limited to just personal health services but also includes a wide range of local activities that support essential public health functions, from health protection and promotion to disease and population health surveillance, development of the health workforce, and strengthening organizational structures. These activities are critical for the functioning of personal health services and, as COVID-19 has demonstrated, for a resilient and sustainable health system that can effectively help promote and protect health. The delivery of these activities rests partly with healthcare facilities, but more so with other local institutions and organizations.

Drawing on a first set of case studies, this session will highlight the scope, trade-offs, and priorities among comprehensive PHC activities from a bottom-up health system perspective as well as identify the local organizations and institutions responsible for their delivery. The session will also examine the financing and financing arrangements in different contexts for these activities and organizations and look at how these can be strengthened to attain a well-functioning, comprehensive PHC.
Adam Wagstaff Memorial Session

Since 2020 the AHFF has held the Adam Wagstaff Memorial Lecture in honor of Adam Wagstaff, research manager at the World Bank, professor of economics, mentor, and associate editor of the Journal of Health Economics.²

During this year’s session, chaired by Juan Pablo Uribe, Global Director of the Health, Nutrition and Population Global Practice, awardees of the Adam Wagstaff Award (AWA) for Outstanding Research on the Economics of Healthcare Financing and Delivery in Low- and Middle-Income Countries, established by IHEA, will be invited to participate. Winners for the AWA 2020 are Giancarlo Buitrago and Radhika Jain.

7. Contact Information

For more information on the 6th AHFF, please contact Carmen Del Rio Paracolls: cdelrio@worldbank.org

² 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).
# AHFF Washington Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, June 14th</th>
<th>Wednesday, June 15th</th>
<th>Thursday, June 16th</th>
<th>Place and date (TBD)</th>
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<tbody>
<tr>
<td>8:00 - 9:00</td>
<td>PS1: AHFF Introductory session/setting the scene</td>
<td>PS3: Making output- and population-based financing work in budget systems</td>
<td>Adam Wagstaff Memorial Lecture</td>
<td>Donor’s alignment Session 1</td>
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<td>9:00 - 9:30</td>
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<td>9:30 - 10:00</td>
<td>PS2: Funding PHC in the time of COVID-19</td>
<td>PS4: Paying for essential medicines for PHC</td>
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<td>10:30 - 11:00</td>
<td>PS5: Financing comprehensive PHC and Q&amp;A</td>
<td>Coffee break</td>
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<td>Donor’s alignment Session 2</td>
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<tr>
<td>11:00 - 11:30</td>
<td>AHFF Q &amp; A, day one</td>
<td>AHFF Q &amp; A, day two</td>
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<td>11:30 - 12:00</td>
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<tr>
<td>13:00 - 14:00</td>
<td>PHC financing Deep Dive - 1: Financing PHC</td>
<td>PHC financing Deep Dive - 3: Resource allocation and protecting resources for PHC</td>
<td>PHC financing Deep Dive - 5: Health Taxes</td>
<td>Donor’s alignment session 3</td>
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<td>18:00 - 20:00</td>
<td>AHFF private reception</td>
<td>AHFF Reception</td>
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