



Financial Access to Health Services CoP Annual Report 2012



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It is very important to be a little more open minded ...about what constitutes knowledge... If we want mutual learning, if we want to translate findings into action, if we want to have a comparable system of monitoring and evaluation across countries... and indeed, if we want to have a social movement to advance the cause...then creating and fostering networks is of absolutely vital importance.

- Sir Michael Marmot, Chair, Commission on Social Determinants on Health, WHO

1. Background

In 2011, HHA launched a community of practice on financial access to health services (FAHS CoP).¹ The objective was to create a structured environment in which to share information and experiences on best practices, to provide platforms where practitioners could share documents, tools, knowledge and information, and finally to promote more collaboration in requests for and provision of technical assistance on the topics of interest to the FAHS CoP. The CoP has been facilitated since April 2011 by one senior facilitator (at 40% level of effort) and two junior co-facilitators (totaling between them 50% time).

Over this time, CoPs (and other forms of south-south collaboration and knowledge sharing fora) have emerged². Alongside the performance-based financing CoP and the FAHS CoP, other CoPs under the HHA umbrella have been launched. Table 1 presents a snapshot of the HHA CoPs in 2012.

Table 1: HHA active CoPs

CoP	Date began	# members
CoP financial access	November 2010	367
Performance Based Financing	February 2010	699
Evidence Based Planning and Budgeting	January 2011	302
Service delivery	June 2011	220
Human resources for Health	December 2010	200

This 2012 annual report summarizes activities, as well as selected successes, challenges and future perspectives for the FAHS CoP.

¹ The FAHS CoP benefits from support of Unicef Wcaro funded by French Muskoka G8 summit Fund with a supplementary commitment of France of 500.000€ in 5 years to accelerate the achievement of MDG4 (reduction of child mortality) and MDG5 (improvement of maternal health)

² Knowledge for Health, GHD Online, Healthcare Information for All 2015, Human Resources for Health CoP, Health Services Delivery CoP....

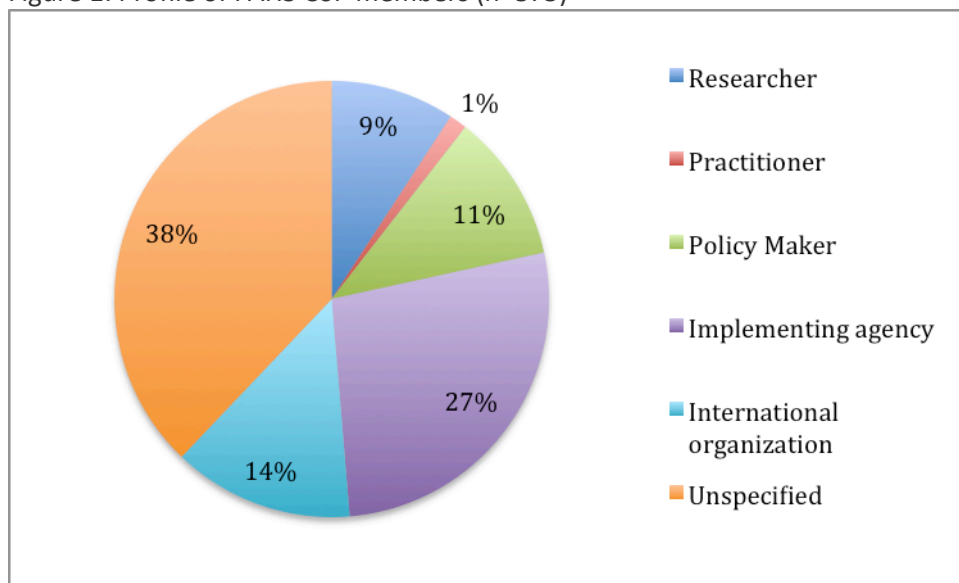
2. Activities
a. Recruitment/visibility

At the end of 2012, the FAHS CoP had 508 members (375 members having validated their invitation and 135 not yet having done so). The difference between these two groups is that all 508 members receive the newsletter, while only the 375 having validated their membership can participate in the Google group exchanges.

During 2012, the CoP registered 123 new members (33% of current members) representing a growth rate of 51%.

According to evaluation work carried out by the Institute of Tropical Medicine, the profile of FAHS CoP members is reflected in Figure 1³.

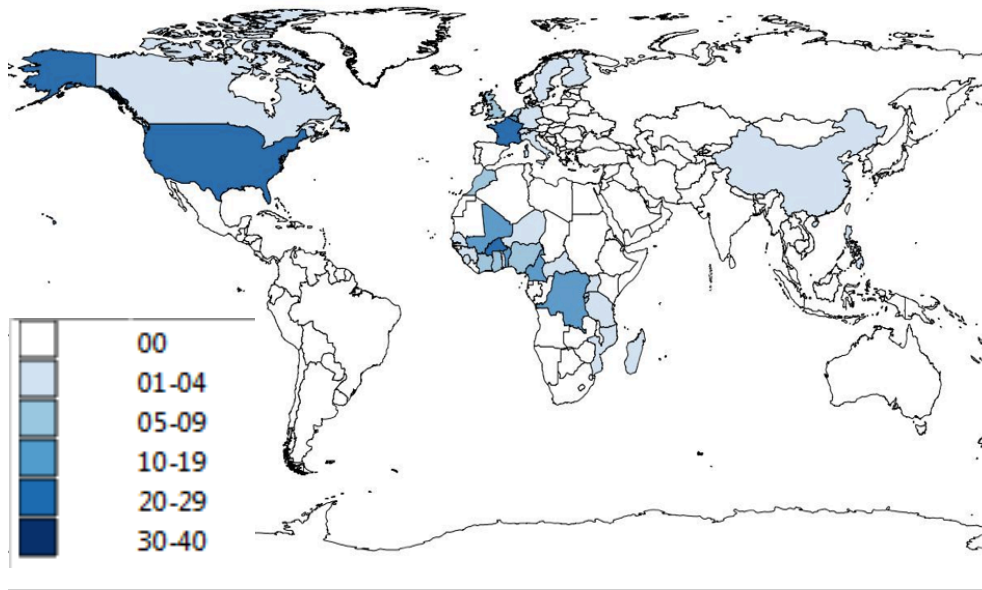
Figure 1: Profile of FAHS CoP members (n=375)



FAHS member distribution (n=236) is presented in Figure 2 below.

³ The denominator for this figure is 236 and thus does not represent the full CoP membership. The continuing issue of incomplete profiles for members continues to prevent analysis of all members. Since members are not required to complete their profile upon joining (or at another such moment), many remain incomplete.

Figure 2: geographic distribution of members



b. Produce knowledge

To date, FAHS CoP efforts to produce knowledge have largely centered around the main workshop of the year. All workshop presentations are made available through the Google group and the HHA website. Key findings coming out of workshops are captured in daily updates broadcast “live” (or the same day) to CoP members.

Policy brief on fee exemptions for maternal health

Early 2012 focused on finalizing products deriving from the Bamako workshop, including a workshop report in English and French⁴ but also a policy brief⁵ synthesizing the primary lessons on maternal health fee exemptions. A scientific article was also produced on the topic⁶, which has now been revised several times and is still awaiting publication. Both the workshop report and the policy brief were disseminated widely through the CoP and also by workshop collaborating partners, but the policy brief was especially “in demand” (used, for instance, by HS 2020 at the USAID-organized maternal health evidence summit in April 2012).

Bujumbura workshop on fee/exemptions and PBF

With significant leadership (and funding) from ECHO/Help, and additional co-funding from numerous other partners, the FAHS and PBF CoPs organized a joint francophone regional workshop, “Improving financial access: what can PBF contribute?” from 16-20 April, 2012 in Bujumbura, Burundi. Eleven countries and 50 experts participated in this event (including

⁴ Financial Access to Health Services Community of Practice. “Technical Workshop on the Benefits Package for Maternal Health Fee Exemptions: Report.” February 2012. www.hha-online.org/hso/financing/pillar/documentation/technical-workshop-benefits-package-maternal-health-fee-exemptions

⁵ Kafando, Y., Richard, F. et al. “Maternal Health Fee Exemptions: Policy Brief.” July 2012. Financial Access to Health Services Community of Practice www.hha-online.org/hso/financing/pillar/documentation/mat_health_fee_except

⁶ Richard, F. et al. “Fee exemption for maternal care in Sub-Saharan Africa: a review of 11 countries and lessons for the region.” Forthcoming.

FAHS CoP facilitators Isidore Sieleunou and Yamba Kafando, and PBF facilitator Bruno Meessen). Given the CoP's special interest in implementation and operational issues, the Bujumbura workshop included a program of site visits, which served to both concretely illustrate the Burundi example of how PBF and the fee exemption policy interface, and also to inform and bring to life discussions and exchange during the workshop. Combining field and "classroom" discussion produced such rich exchanges that the CoP has adopted this model for its workshops in general (where possible). The workshop products are available at <https://docs.google.com/folder/d/0B9JXKKWjy6soaG1hdGYwdHpxNUE/edit?pli=1>.

Marrakesh workshop on equity in UHC

In preparation for the Marrakesh workshop on equity in UHC: reaching the poorest, held September 24-27, the CoP through its partner JLN produced a set of country case studies (for each participating country)⁷ on programs and policies in place to cover the poorest. These case studies, provided to participants in a pre-read packet, served as background, as well as the basis for a comparative framing presentation at the workshop.

At the Marrakesh workshop, more than 90 participants - a mix of technical experts, senior level policy makers, and parliamentarians - from 10 African countries came together with CoP members, experts from Cambodia, Vietnam, India, and international organizations. Site visits to observe implementation of RAMED (Morocco's medical assistance scheme for the poor) encouraged workshop participants to engage directly with practitioners, and program administrators, as well as to analyze the strengths and weaknesses of a concrete example of a program to reach the poorest. They then used this learning to both provide feedback to Morocco, as well as to inform the design and implementation of their own country's program to reach the poorest by working collaboratively to develop concrete country action plans. Available on-line are the workshop report (available in English and French at www.hha-online.org/hso/marrakesh) summarizing the main lessons from Marrakesh, as well as presentations (www.hha-online.org/hso/marrakesh/documents). Additional products are under development.

c. Share knowledge

As planned, 4 issues of the newsletter were published in 2012⁸ – in January, April, July, and December. Each issue included an editorial written by a CoP member and/or workshop participant, as well as recent/upcoming events, and recent articles and documents on financial access. Each issue is produced in both English and French and is sent to current members (378 sent for December edition) using Mailchimp, which allows us to track certain statistics. On average, approximately 30% of those receiving the newsletter actually open it, with the French version being opened slightly more frequently than the English.

The Google group (groups.google.com/group/CoP-Financial_Access_Health_Services) continued to be an active forum for sharing articles and documents with 701 counted for 2012 (of which 327 were primary messages). Of the 701 messages, 25,82% shared articles, documents, blogs and videos, 11,41% were announcements of conferences, workshops, trainings, or seminars, and 3,57% related to job opportunities.

This year also marked the first year of the "Financing Health in Africa" blog (www.healthfinancingafrica.org), launched in order to create linkages among CoPs, to give

⁷ Available at

www.jointlearningnetwork.org/sites/jlnstage.affinitybridge.com/files/Final_Country_Briefs_Marrakech.pdf

⁸ www.hha-online.org/hso/financing/subpillar/Financial-Access-to-Health-Services/documentation

broader visibility to the knowledge exchange happening in them, to provide a platform for CoP members, all in order to create synergies and deepen knowledge around health financing. We published 26 original blogs (plus another 12 translations) in 2012. More than 40% of hits come from Africa, with participation from almost all countries across the continent, albeit some much more often than others. The blog has covered topics related to access to health care, universal health coverage, experiences with fee exemptions, performance-based financing, and community participation. We also covered national and regional political developments, notably in Benin, Burkina Faso, Burundi, Kenya, Niger, and Senegal, and put a premium on implementation issues.

The FAHS CoP is committed to sharing knowledge generated at the workshops it organizes as widely as possible to its members. In addition to sharing concept notes and workshop reports for each event, we have made special efforts to “broadcast” these events through daily summaries posted on the Google group with highlights from the day.

Webinars

Jointly with the PBF CoP, the FAHS CoP offered members multiple online training opportunities for social media for LinkedIn, Facebook, and Twitter through WebEx sessions hosted by IMT-Antwerp⁹.

The PBF and Equity working group, established at the joint Bujumbura workshop¹⁰, also held a series of five webinars in 2012 (most in both English and French) for both PBF and FAHS CoP members.¹¹ Topics included the following:

- “Financial protection for the poor: analysis of catastrophic health expenditures” (Catherine Korachais)
- “Benefit Incidence Analysis” (Laurence Lannes)
- “How can we tell if PBF programs are reaching the poor?” (Dave Gwatkin)
- “Analyzing inequities in the context of PBF using ADePT” (Caryn Bredenkamp)
- “Can performance-based incentives be used to tackle inequities in the health sector” (Abdo Yazbeck)

d. Documentation

Efforts to document and evaluate the CoP began in earnest this year. Toward the end of 2011, a framework for evaluating CoPs was developed collaboratively at the Institute of Tropical Medicine-Antwerp (forthcoming article Bertone et al, *Communities of Practice in international health policy: a conceptual framework and a research agenda for the assessment of the determinants of their performance*¹²). Using this framework, ITM carried out a quantitative and qualitative evaluation of the on-line discussion groups of the FAHS CoP and the PBF CoP in 2012. The evaluation covered the period from the CoP’s inception to end of August 2012. Data was gathered from the discussions on the Google group, from member profiles, and from interviews with facilitators, and now constitutes a baseline by

⁹ Content available on Youtube: [LinkedIn - why use it](#); [LinkedIn - making your profile](#); [LinkedIn - advanced](#) ; [Twitter - how to and why use it](#); [Facebook features](#)

¹⁰ See more about this working group at www.healthfinancingafrica.org/3/category/alex%20ergo/1.html

¹¹ Some content available on Youtube: www.youtube.com/channel/UCjhxLtE2SIbsqHKF9dL0Lw?feature=watch; ppt presentations for others were shared on the FAHS Google group.

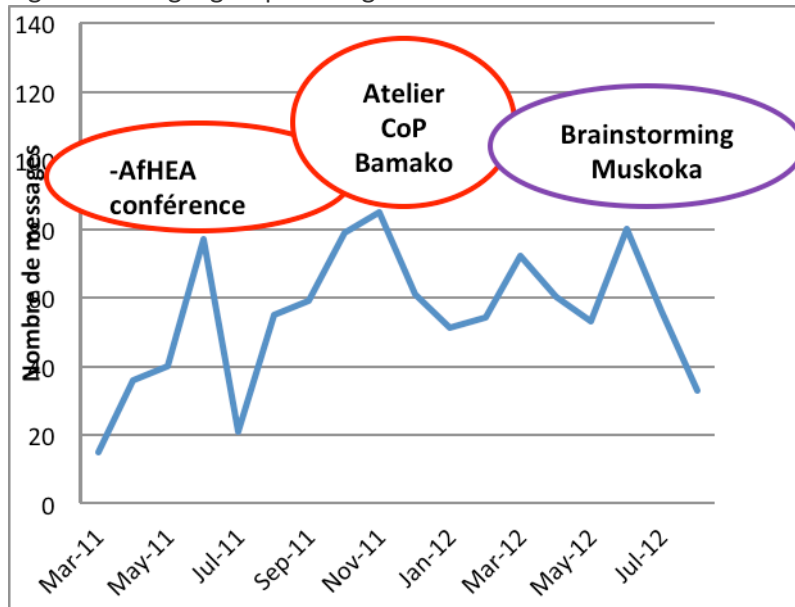
¹² The FAHS CoP facilitators are co-authors of this article, which was submitted to scientific journals for publication. Having been reworked to respond to reviewer comments, the article will be resubmitted in early 2013.

which aspects of the CoP may be evaluated going forward. Some of the interesting statistics coming out of this evaluation, include the following:

- 987 messages posted since March 2011 (average 55/month)
- 35% of members have posted at least one message
- 50% of messages are posted by 2% of members

Figure 3 takes a closer look at the chronological distribution of Google group messages more closely.

Figure 3: Google group messages across time



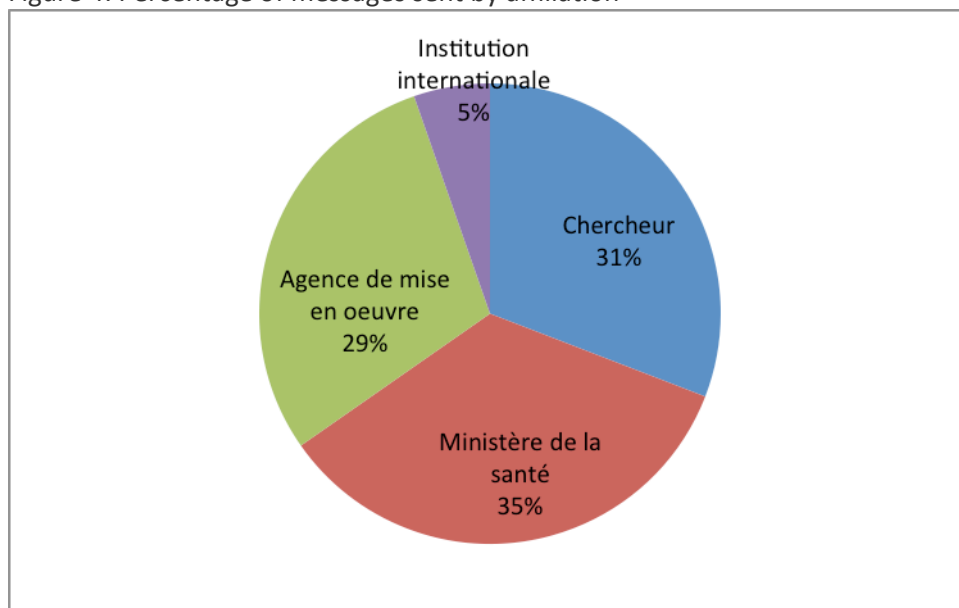
The evaluation also allowed us to look more closely at discussion threads on the Google group to measure the depth of interactions, as seen in Table 2.

Table 2: Discussion threads in the FAHS CoP Google group

	N	%
Thread with no reaction	162	46,5
Thread with one reaction	71	20,3
Thread with more than two reactions	116	33,2
Total # of discussion threads	349	100

Finally, the evaluation allowed us to analyze the profile of those involved in online discussions, as seen in Figure 4.

Figure 4: Percentage of messages sent by affiliation



Of 901 messages analyzed, 64% were sent by members in Africa or other low and middle income countries, while 36% were from the “North” (principally Europe, North America).

Table 3 illustrates the range of discussion topics covered and their frequency. Fee exemption policies continued to be the most discussed topic area, while insurance and universal health coverage together also made up a significant percentage of message content. There continue to be close links with the PBF CoP, as evidenced by the importance of PBF as a topic area of discussion on the FAHS Google group.

In terms of knowledge sharing, the analysis showed that for the most part, members exchange written documents rather than sharing their experience on a topic.

Table 3: Discussion content by topic

	CoP[FA]	
	Number	Percentage
Topic		
PBF	46	15
Fee exemption policies	71	23
Insurance	21	7
Universal Coverage	43	14
Specific illnesses/populations	27	9
Equity	27	9

Cash transfers and other types of financing	5	1
Quality of care	2	1
Other topics	64	21
Total # threads*	306	100

* discussions about job opportunities, trainings, and conferences were excluded from the analysis

All three FAHS CoP facilitators, alongside other CoP facilitators, attended the second Global Symposium on Health Systems Research, held in Beijing in late 2012. We organized and participated in a panel entitled “**Creating and sharing knowledge in international health policy and systems: the Community of Practice model**”, chaired by Sophie Witter (University of Aberdeen, FEMHealth), which included the following 4 presentations¹³:

- Communities of Practice in global health: Experience and Lessons from the Harmonising Health in Africa initiative (Allison Kelley, consultant UNICEF/WCARO and FAHS CoP facilitator).
- How to assess Communities of Practice in global health policy? A conceptual framework (Maria Paola Bertone, formerly of ITM-Antwerp).
- Communities of Practice: a comparison of two online discussion groups (Bruno Meessen, ITM-Antwerp and PBF CoP facilitator); and
- Exploring the potential of Communities of Practice for knowledge sharing: A case study of the HHA CoP for Financial Access (Isabelle Lange, London School of Hygiene and Tropical Medicine, London)

The session, held at the unfortunate time of 7:45, managed to draw some 30 participants and was followed by a lively discussion. The Beijing Symposium was also an occasion to meet with current and potential CoP collaborators regarding 2013 and beyond (notably USAID/Abt Associates, Results for Development/Joint Learning Network for Universal Health Coverage, FEMHealth, etc).

e. Facilitate and strengthen the CoP, and promote synergies among the HHA CoPs and other south-south learning platforms.

The CoP still relies on the Google group as its primary platform for exchange, despite its limitations (no organized archiving, not easily searchable, etc). Some discussions were had over the year about migrating to a common online platform (UN Teamworks and the Knowledge Gateway being the main contenders) that better meets CoP needs. To date there has not been a concerted, continuous effort to move this forward, perhaps in part because existing solutions all have limitations and CoP facilitators are wary about making changes that might dampen the CoP dynamic that exists on the Google groups, but this is a clear priority for 2013.

At the Marrakesh workshop, a Facebook page for the HHA CoPs was launched (www.facebook.com/hhacops) to provide a forum for more interaction among the HHA CoPs as well as a space for more social interaction by CoP members. This was an ideal platform, for example, for the “Marrakesh Declaration” (available at the link above) that came out of the workshop, as it was more of an individual commitment than a formal output.

¹³ Presentations available at http://www.abdn.ac.uk/femhealth/documents/CoPANEL_Beijing2012.pdf

Marrakesh also began a dynamic collaboration between the FAHS CoP and the Joint Learning Network for Universal Health Coverage (JLN), a platform for knowledge and south-south exchanges for countries implementing health care financing reforms in a framework of universal health coverage (<http://www.jointlearningnetwork.org/>) through a network of 10 member countries and numerous other resource countries in Asia, Africa, and Latin America. JLN was a significant co-organizer and co-funder of the Marrakesh workshop, and ongoing collaboration for 2013 is planned for 2013.

The FAHS and PBF CoPs, which share a significant number of members in common, continue to explore and promote synergies and collaboration, and their facilitators work closely together. The Financing in Africa blog is one manifestation of this collaboration, as is the PBF and equity working group (led by Alex Ergo), whose theme is a cross-cutting interest.

In December 2012, the recently launched sub CoP on human resources for maternal and child health, housed at the Global Health Workforce Alliance (GHWA), held its inaugural workshop in Yaounde, Cameroon and requested assistance from the FAHS CoP at this event. Two of the FAHS CoP facilitators participated, and their contribution and perspectives were quite useful, and it was agreed upon that further synergies would be sought between the two CoPs.

The FAHS CoP senior facilitator (along with other HHA CoP facilitators) participated in the African Development Bank-organized Dialogue among Ministers of Health and Finance on Value for Money, Sustainability and Accountability in Tunis July 3-4. While the event brought together some 40 Ministers from across the continent, country delegations and countless international partners, no mention was made of the role that HHA CoPs could play in maintaining and promoting ongoing dialogue. There remains much work to be done to ensure better information within HHA supporting agencies about the CoPs and how to engage them to further knowledge sharing.

3. Reflections on progress and challenges

Selected successes and challenges

Despite a number of challenging circumstances (see below), the FAHS CoP has succeeded in maintaining, even building on its positive dynamic. Membership continues to expand and interest grow. The evaluation work that has begun in earnest has provided a solid basis for presenting and discussing the CoP dynamic more broadly, and for seeking to expand partnerships and visibility (the Beijing panel was one such opportunity). This year saw productive partnerships with the European Commission through the FEMHealth project, the Joint Learning Network for UHC and Results for Development, USAID through the HS2020, MCHIP, and HFG Projects, UNICEF/WCARO, the Institute for Tropical Medicine-Antwerp, among others.

In 2012, the CoP organized and held two major regional workshops – the first in April in conjunction with the PBF CoP and Projet HELP in Bujumbura on the links between fee exemption policies and performance-based financing, and a second in September in Marrakech on equity in universal health coverage: how to reach the poorest. Both of these workshops successfully leveraged extensive co-funding and co-organization, and convened numerous country delegations of key stakeholders, as well as experts to exchange knowledge and experiences. Each workshop also included site visits to serve as a concrete learning example and basis for operational discussions on the issue. The Marrakech workshop benefitted from a dynamic partnership with the Moroccan Ministry of Health,

which played a key strategic and financial role in the workshop's organization. Participant workshop evaluation has been extremely positive, demonstrating the value of these events.

The CoP has proven itself to be an effective convening and mobilizing platform internationally for those interested in improving financial access. Perhaps due to its independent status, it is able to build collaborations among individuals, institutions and organizations that otherwise would not work together (and might even compete). It has also proven capable of mobilizing financial and technical resources for face-to-face events, especially for country participation and technical experts.

Significant progress has been made this year on building linkages and synergies not only among HHA CoPs, but also with other south-south learning and exchange initiatives. The Financing in Africa Blog, the close collaboration with JLN, and the deepening exchanges and collaborations among CoP facilitators exemplify this trend.

On-line discussions within the FAHS CoP, however, are typically limited, not yet prompting deep and sustained interaction among members. There is a need for more active facilitation to overcome this limitation and turn passive members into active discussants. The facilitation team has identified a number of strategies in this regard for 2013.

Information on members needs to be improved so that we are better able to document and track our membership (major constraint in the evaluation work in 2012).

Maintaining momentum between workshops has proven to be a significant challenge for a number of reasons. A pivotal challenge for the CoP after 3 workshops is to prove that we are more than an on-line discussion group with an annual workshop; that our value added is more continuous and tangible. This also implies a more active role in knowledge production around workshops.

4. Perspectives/Next Steps

It will be important in early 2013 to continue efforts to provide follow-up to the Marrakesh workshop, at both a country level (checking in on progress in participant countries) and at a regional level (produce synthesis documents on lessons and case studies for broader dissemination), so that CoP workshops are part of a learning continuum, rather than isolated activities. This should take precedence over the organization of any additional workshops for the near term.

While its first 20 months have been auspicious, 2013 is likely to be a turning point for the FAHS CoP. It has reached a critical mass in membership, yet sustained, proactive initiative by members to raise discussions and deepen exchanges remains the exception rather than the rule. Presuming adequate facilitation resources are made available to the CoP, efforts will be made to more actively facilitate the CoP to encourage member participation and to stimulate and develop deeper discussions.

More broadly, the FAHS CoP intends to continue to demonstrate flexibility and responsiveness to issues and opportunities relating to financial access to health services. The CoP aims to gain increasing credibility as platform for leveraging, coordination, and collaboration among donors to maximize efficiency and promote African leadership and south-south learning on the topic of financial access. Using the baseline data it has collected in 2012, the FAHS CoP plans to continue to measure and document its progress and

performance as a knowledge management tool in the field of health financing.

