While the last 20 years have seen unprecedented progress in health with dramatic decreases in under-5 and maternal mortality rates worldwide, there remain major challenges in reaching universal health coverage (UHC) and, more broadly, achieving the health related sustainable development goals (SDGs). The Lancet Commission on Investing in Health estimated the need for an additional US$ 70 to US$ 90 billion in funding per year to scale up activities that address the unfinished agenda of the Millennium Development Goals, take on the growing epidemic of non-communicable diseases and injuries, and strengthen health systems. Therefore, as we look toward the future, one of the most important challenges is to ensure the availability and sustainability of financing.

This Forum is envisioned as the first of a series of annual events that will bring together countries and partners to shape a joint agenda on sustainable financing for UHC and provide a platform to advance knowledge and its application in financing UHC. The 2016 Forum will focus specifically on the topic of Resource Mobilization including through domestic sources, with particular reference to improving revenue collection, prioritizing funds for health, strengthening the role of development assistance, and harnessing private sector financing. The event will include a mix of plenary and parallel sessions and will bring together approximately 250 experts on public and health finance, including representatives from Ministries of Finance and Health from low and middle-income countries, and staff from partner organizations, including bi- and multi-lateral institutions, civil society organizations, think tanks, and academia.
### AGENDA

**DAY 1 – Thursday April 14, 2016**  
*All sessions are in main ballroom unless specified otherwise*

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<tbody>
<tr>
<td>0800-0900</td>
<td>Arrival &amp; Registration / Breakfast</td>
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| 0900-0925| Welcome, opening remarks  
*Keith Hansen, Vice President for Human Development (WB)*  
*Ariel Pablos-Mendez, Assistant Administrator for Global Health (USAID)* |
| 0925-0945| Setting the stage: A new era of health financing?                      |
| 0945-1100| Mobilizing domestic public financing for health                       |
| 1100-1130| Coffee Break                                                          |
| 1130-1245| Making the case for health: Prioritizing health in public budgets     |
| 1245-1400| Lunch                                                                 |
| 1400-1500| Parallel sessions:  
1. Making and using future health spending and health burden estimates for advocacy and long-term financial planning (Garfield Room)  
2. Capacity building in health financing: Practitioner to practitioner learning through the Joint Learning Network for UHC (JLN) and its new initiative on innovative health financing (Taylor Room)  
3. Social and development impact bonds as financing instruments to contribute to UHC (Fillmore Room)  
4. The Global Financing Facility: An opportunity to reenergize the UHC financing agenda |
| 1500-1600| Parallel Sessions:  
1. Sin tax: Maximizing health while mobilizing revenues for UHC (Garfield Room)  
2. Domestic resource mobilization in global health security  
3. The Equitable Access Initiative (Taylor Room) |
| 1600-1630| Coffee Break                                                          |
| 1630-1730| Parallel Sessions:  
4. Managing the health sector wage bill (Taylor Room)  
5. Anti-corruption approaches: Strengthening governance and accountability in the health sector (Fillmore Room)  
6. Global health economics and public policy: recent evidence on health financing and managing the macro-fiscal outlook for health (Garfield Room)  
7. Aligning and leveraging domestic and external financing to accelerate progress toward universal health coverage |

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or contact [UHCFinancingForum@worldbank.org](mailto:UHCFinancingForum@worldbank.org)
DAY 2 – Friday April 15, 2016

All sessions are in main ballroom

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<td>0800-0900</td>
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<tr>
<td>0900-0930</td>
<td>Keynote</td>
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<td>Ngozi Okonjo-Iweala, Gavi Board Chair</td>
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<tr>
<td>0930-1045</td>
<td>Changing the approach of development assistance in the face of increasing domestic resources</td>
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<td>1045-1115</td>
<td>Coffee Break</td>
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<td>1115-1230</td>
<td>Harnessing the potential of the private sector</td>
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<td>1230-1330</td>
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<td>1330-1430</td>
<td>Looking ahead – Setting the agenda for the next AUHCFF</td>
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<td>1430-1515</td>
<td>Key take-aways 2016</td>
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<td>1515-1530</td>
<td>Closing remarks</td>
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<td>Tim Evans, Senior Director for Health, Nutrition and Population Global Practice, World Bank</td>
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<tr>
<td>1530-1630</td>
<td>Reception</td>
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Master of ceremonies: Hadia Samaha, Senior Operations Officer (World Bank)

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Economic growth in nearly all countries over last two decades and continued positive outlook for most LIC and LMICs mean that there is considerable scope for raising revenue through increased tax collection efforts (where tax effort is currently low). Among leading sources undermining countries’ capacity to raise revenue: tax avoidance and evasion, tax incentives (exemptions, credits, preferential rates), and natural resources. Addressing these losses in revenue alone could help LIC and LMICs substantially increase resources from which they could allocate to the health sector. Yet despite positive growth, domestic health expenditures are still likely to fall short of required needs for many LIC and LMICs and GDP growth alone will not ensure that countries can find the necessary resources for health. For countries who do not have much scope for further raising public resources, additional sources of financing can come from i) reprioritizing health in government budget allocations; ii) public borrowing on capital markets, iii) cost sharing/shifting to the private sector, and iv) DAH including innovative financing. The main plenary sessions will explore the potential of these different sources of finance.

Presenter: Christoph Kurowski, Global Lead Health Financing (World Bank)
UHC is an SDG target for everyone to have coverage with needed health services that are of good quality and are affordable. For LICs and MICs, this encompasses not only completion of the unfinished MDG agenda of child, maternal, and neonatal health and of communicable diseases but also to address emerging challenges related to NCDs and global health security. Many countries are also facing ageing, cost-pressures related to adoption of new technologies, as well as rising demand for health care with increasing income and education levels. The gap between need and current levels of coverage with services and financial protection remains large in LICs and MICs; in these same countries, the largest share of domestic financing for health is often OOP spending by households which is generally an inefficient and inequitable way of resourcing the health sector as it deters and delays utilization, especially among the poor, and risks increasing and deepening impoverishment when individuals seek health care. From a health financing perspective, the key to making gains towards UHC is to increase and improve the use of prepaid/pooled domestically-sourced public financing for health. Many LICs and MICs have low revenue-to-GDP ratios and high levels of informality. Research shows that if developing countries could simply increase their tax collection by 2-4% of GDP, the amount they raise would eclipse the amount of external financing they are receiving. Given this backdrop: what can and are governments doing to raise more domestically-sourced public financing for health in terms of getting more efficient with existing taxes and/or introducing new taxes? What have been the experiences of policymakers in planning for -- and implementation and sequelae of -- earmarking revenues?

Moderator: Joseph Kutzin, Coordinator Health Financing Policy, World Health Organization
Technical introduction: Ajay Tandon, Senior Economist, World Bank
Panelists: Jeremias Paul, Under Secretary of Finance, Ministry of Finance, Philippines
Jeanette Vega, Chief Executive Officer, National Health Insurance Fund, Chile
Nathaniel Otoo, Chief Executive Officer, National Health Insurance Agency, Ghana
Henri Yav Mulang, Minister of Finance, Ministry of Finance, Democratic Republic of Congo
Régis Immongault, Minister of Sustainable Development, Economy, Investment Promotion and Prospective, Gabon
Nick Dyer, Director General for Policy and Global Programmes, Department for International Development
Victoria Perry, Assistant Director of Fiscal Affairs Department and Division Chief of Tax Policy Division, International Monetary Fund
Thursday April 14, 2016 – 11:30-12:45
Main ballroom

Making the Case for Health: Prioritizing Health in Public Budgets

Raising government finances, the topic of plenary 1, is only the first of a range of decisions necessary to ensure adequate and sustainable funding for health. A critical next step is what priority governments give to health in their budget allocation decisions. This has both technical and political elements. On a technical side, many low and middle income countries allocate a relatively low share of their public funds to health, suggesting room to increase fiscal space for health simply by increasing the priority given to this sector. At the same time, many high income countries constantly seek to restrain the growth of health spending in both government budgets and in GDP, with the recent financial crisis has put additional pressure on health spending. On the political side, the ministry of health has to compete with all other ministries for funding and ministries of finance frequently argue that they cannot allocate additional funds to ministries of health until they improve their governance and efficiency and show they are producing results. The objective of the session is to understand why some countries give higher priority to health and why some do not and what lessons can be learned that other countries can use.

Moderator: Phil Hay, Communications Adviser, Development Economics, World Bank
Technical introduction: Caryn Bredenkamp, Senior Economist, World Bank
Panelists: Mark Blecher, Director of National Treasury, South Africa
Bernice Dahn, Minister of Health, Republic of Liberia
Tanel Ross, Chairman of the Management Board, Health Insurance Fund, Estonia
Chris Murray, Institute Director, Institute for Health Metrics and Evaluation
Isaac Folorunso Adewole, Minister of Health, Nigeria
Agnes Soucat, Director, Department of Health Systems Governance and Financing, World Health Organization
Ray Offenheiser, President, OXFAM America

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In the context of the changing macro-economic landscape and trends in health financing, the role of donors must evolve to accelerate progress toward achieving UHC and close the financing gap for reaching the health SDGs. Over the last two decades, DAH dramatically increased to target the health MDGs, with limited funding for health systems strengthening or non-communicable diseases. The increase in overall DAH has accompanied reductions in targeted infectious diseases. But with the recent financial crisis in 2008, DAH has slowed down while the emphasis on mobilizing domestic resources for health has increased. Representatives from the donor community and partner governments will discuss how to mitigate the distortive effects of external funds and catalyze new approaches to sustainable financing in health, including the mobilization of domestic resources to finance priority health services.

Moderator: Eric Postel, Associate Administrator, United States Agency for International Development
Panelists: Akmal Thaher, Special Advisor to the Minister of Health, Indonesia
Neil Cole, Executive Secretary, Collaborative Africa Budget Reform Initiative
Chris Elias, President of Global Development, Bill and Melinda Gates Foundation
Harley Feldbaum, Head, Strategy and Policy, Global Fund to Fight AIDS, TB, and Malaria
Kae Yanagisawa, Vice President, Japan International Cooperation Agency
Marjolaine Nicod, International Health Partnership + Coordinator
Harnessing the Potential of the Private Sector

There has been active discussion in the international community over the appropriate role of the private sector in health care, with examples of good and bad models abounding on both sides of the debate. The panel will take a pragmatic approach, and explore the circumstances in which the private sector has successfully played an important role in resource mobilization by sharing risk through traditional and innovative financial structures. The panel will highlight which tools have been most effective for national governments to harness the private sector to reach national health goals, as well as save scarce fiscal resources by utilizing existing health budgets more efficiently. The panel will also discuss where a lack of an appropriate engagement by the government with the private sector can lead to negative health outcomes or wasted resources. This panel will explore a “tool-kit” of successful ways that governments have harnessed the private sector including: i) PPP/contracting structures; ii) implementing an appropriate regulatory/business climate to encourage upfront investments in health infrastructure, R&D and/or business models; iii) encouraging increased access to finance for the health sector, including to small and medium sized enterprizes. The panel will also illustrate the ways that the private sector can help improve the overall efficiency of funds used in a health system by: i) introducing and scaling up value based service delivery models; ii) leveraging global technical expertise; iii) improving local and global supply chains; iv) setting quality standards; v) scaling up technological innovations.

Moderator: Khama Rogo, Lead Health Sector Specialist, World Bank
Panelists: Carlos Octávio Ocké-Reis, Director of Health Economics Department, Ministry of Health, Brazil
Femi Akingbade, Executive Secretary of National Health Insurance Scheme, Nigeria
Clare Omatseye, Founder and Managing Director, JNC International Ltd.
Pieter Walhof, Director, PharmAccess
Edward Hsu, Principal Investment Officer, International Finance Corporation
Awa Marie Coll-Seck, Minister of Health, Senegal (Statement read in absentia)
Friday April 15, 2016 – 13:30-14:30
Main ballroom

**Looking Forward – Setting the Agenda for the Next AUHCFF**

This UHC Financing Forum focused on raising funds for health. The purpose of this session is to look forward and think about what the topic of the next and subsequent UHC Financing Forums should be. The format will differ somewhat from the previous plenaries. Three speakers will briefly make the case for topics that cut across the financing functions of raising funds, pooling and purchasing: efficiency, equity, and the political economy of UHC reforms. The case will be heard by a distinguished panel of country representatives and the audience. The audience will get to discuss these (and other) options, and the distinguished panel will deliberate with its recommendations to the Forum Steering Committee.

**Moderator:** David B. Evans, Economist, World Bank

**Speakers:**

- **Efficiency:** Sebastian Bauhoff, Research Fellow, Center for Global Development
- **Equity and Human Rights:** Larry Gostin, Professor, Georgetown University
- **The Political Economy of UHC:** Sara Bennett, Associate Director, Health Systems Program, Johns Hopkins University

**Adjudication Panel:**

- Eric Meyer, Deputy Assistant Secretary for Africa and the Middle East, Office of International Affairs, U.S. Department of the Treasury
- Mark Blecher, Director of National Treasury, South Africa
- Rozita Halina Tun Hussein, Senior Deputy Director, Planning Division, Ministry of Health, Malaysia
- Francis Ukwuije, Head of Healthcare Financing and Equity, Federal Ministry of Health, Nigeria
This session will present the main take away messages from all the plenary sessions of the Forum. The session will have four panelists: the first two will discuss the main messages from the Forum’s first day plenary sessions: (i) Mobilizing Domestic Public Financing for Health and (ii) Making the Case for Health: Prioritizing Health in Public Budgets. The other two panelists will discuss the main messages from the Forum’s second day plenary sessions: (i) Changing the Approach of Development Assistance in the Face of Increasing Domestic Resources, (ii) Harnessing the Potential of the Private Sector, and (iii) Looking ahead – Setting the Agenda for the Next AUHCF. As background information, the four panelists will also have a summary of key messages provided by the audience of each plenary session collected through a user-friendly online survey instrument called “Poll Everywhere”.

Moderator: Pablo Gottret, Practice Manager for Social Protection and Labor, World Bank
Rapporteurs: Amanda Glassman, Vice President for Programs, Director of Global Health Policy, and Senior Fellow, Center for Global Development
Joseph Dieleman, Assistant Professor, Institute for Health Metrics and Evaluation
Paolo Belli, Program Leader for the Southern Africa Country Department, World Bank
Daniel Cotlear, Lead Economist, World Bank
PARALLEL SESSIONS

Thursday April 14, 2016 – 14:00-15:00
Garfield Room

Making and Using Future Health Spending and Health Burden Estimates for Advocacy and Long-Term Planning

The topic of this proposed parallel session is to introduce a new series of health spending and burden estimates that extend to 2040, and to comment more broadly on how projections can and have been used to influence health policy making, planning, and advocacy. The first session will be Institute for Health Metrics and Evaluation (IHME) director, Christopher Murray, describing how past trends and relationships can be used to estimate future health outcomes and health burden. Dr. Murray will explain how statistical models are used to project cause-specific morbidity and mortality using independent drivers such as education and GDP, risk factors (metabolic factors, diet, vaccination coverage, etc), Bayesian priors, and well-established empirical relationships. These projections are based on massive simulations and are capable of comparing alternative scenarios such as the introduction of a new vaccination or increases in health spending.

The second presentation will be Joseph Dieleman (IHME) discussing IHME and World Bank research that projects health spending through 2040 for 184 countries, stratified by the source of the funds. Coupled with international benchmarks popularized by Chatham House, this research shows that if past trends and relationships persist, health spending is estimated to remain low in many low- and lower middle-income countries. While there is evidence of the health financing transition – health spending per capita increasing, while the share of out-of-pocket health spending decreasing – we find that these increases and transitions are happening quite slow.

Following these two presentations, Allyala Nandakumar (USAID), Mark Blecher (South African National Treasury), and Jeanette Vega (Chilean National Health Insurance Fund) will discuss the spending and burden projection methods and estimates, their own experiences making prospective estimates, and how baseline forecasts and alternative scenarios can be useful for policy-making, planning, and advocacy. Following these two responses, the remaining time will be used for question and answer, and dialogue with the audience.

Moderator: George Alleyne, Chancellor, Emeritus professor, Director emeritus, University of the West Indies and Pan American Health Organization
Panelists: Chris Murray, Institute Director, Institute for Health Metrics and Evaluation
Joseph Dieleman, Assistant Professor, Institute for Health Metrics and Evaluation
Allyala Nandakumar, Chief Economist for Global Health, United States Agency for International Development
Mark Blecher, Director of National Treasury, South Africa
Jeanette Vega, Chief Executive Officer, National Health Insurance Fund, Chile

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Thursday April 14, 2016 – 14:00-15:00  
Taylor Room  

**Capacity Building in Health Financing: Practitioner to Practitioner learning through the Joint Learning Network for UHC (JLN) and its new initiative on Innovative Health Financing**

This session presents a unique opportunity to bring together country voices to highlight the importance of capacity building in health financing, the role of practitioner to practitioner learning in sharing implementation lessons and collaboration among practitioners to accelerate countries’ progress towards UHC. The session will identify the JLN value proposition, conceptual framework, and highlight the role of the JLN as a scalable and sustainable network for capacity building and country-led joint learning in health financing. The session will also engage the audience in defining priority future activities and topics for the new JLN technical initiative on Innovative Health Financing, also being launched formally with this session.

The Innovative Health Financing Track is a new thematic area in the JLN approved by the JLN Steering Group in July 2015. It is supported by the World Bank and a Multi-Donor Trust Fund for South-South Knowledge Exchange, aimed at Innovative Health Financing for Transition Countries. This initiative aims to enable sharing of experience and knowledge among practitioners in countries transitioning from donor financing and looking for innovative health financing mechanisms to augment resources for the health sector. It also helps participating countries explore sources of knowledge beyond the conventional modalities; to look within and around at practitioners and peers around them for cutting-edge knowledge and implementation lessons from other contexts similar to their own. By leveraging and linking this exchange to a network that focuses on health systems and UHC, it also helps the dialogue move away from vertical programs and interventions to system-wide reforms in transition economies.

The strong country ownership in setting the agenda and governance of the JLN keeps the demand on-track, timely, and closely aligned with interests of policymakers, who then vote with their feet by joining JLN exchanges on a regular basis, in view of the perceived value they place on this knowledge and the emerging solutions from these interactions. The value proposition of JLN, the core principles and practice of joint learning modalities and the much demanded thematic area of innovative health financing augurs well for continued close alignment with the annual UHC Financing Forum.

**Moderator:** Rozita Halina Tun Hussein, Senior Deputy Director, Planning Division, Ministry of Health, Malaysia  
**Presenter:** Somil Nagpal, Senior Health Specialist, World Bank  
**Panelists:** Nathaniel Otoo, Chief Executive Officer of National Health Insurance Agency, Ghana  
Ruben John A. Basa, Senior Vice President, Health Finance Policy Sector, Health Finance Policy Sector, Philippine Health Insurance Corporation  
Christoph Kurowski, Global Lead Health Financing, World Bank  
**Closing:** Andreas Seiter, Senior Health Specialist, World Bank

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Thursday April 14, 2016 – 14:00-15:00
Fillmore Room

Social and Development Impact Bonds as Financing Instruments to Contribute to UHC

Social Investment Bonds (SIBs) are viewed as innovative instruments to generate additional financing for health by combining private and public investments to finance programs based on measurable results. Since being launched in 2010 to finance a program for rehabilitation of former prisoners, SIBs have expanded geographically to other countries and to other social areas such as education, employment, and health. Under SIBs, non-government investors cover the upfront costs necessary to set up the interventions implemented by service providers, while the government commits to pay a return on investment if pre-defined desired outcomes are reached. Development Impact Bonds (DIBs) -- almost identical to the structure of SIBs -- involve development finance institutions (international donors and/or foundations) in performing the role of governments in paying investors.

This session will review the experiences to date in designing and implementing SIBs and DIBs, as well as bonds for health investments. The session will discuss the rationale for selecting SIBs/DIBs and other types of bonds; available experience in preparing and implementing them; and explore under what conditions they are more likely to work for social investments (particularly health) and in what situations they would not be the ideal instruments.

Moderator: Derek Strocher, Chief Financial Officer, Calvert Social Investment Foundation
Panelists: Toby Eccles, Development Director, Social Finance UK
Christopher Hirst, Managing Director of Strategy and Corporate Development, Palladium
Denise Odaro, Financial Officer, International Finance Corporation
Thursday April 14, 2016 – 14:00-15:00
Main ballroom

The Global Financing Facility: An Opportunity to Re-energize the UHC Financing Agenda

The Global Financing Facility in Support of Every Woman Every Child (GFF) was launched at the Third International Conference on Financing for Development in July 2015. It acts as a pathfinder in a new era of financing for development by pioneering a model that shifts away from a focus solely on official development assistance to an approach that combines domestic financing, external support, and innovative sources for resource mobilization in a synergistic way.

By supporting countries to strengthen national leadership of health systems, aligning public and private financing behind strategic investments linked to results, and improving local health financing systems, the GFF represents a major effort to reenergize the UHC financing agenda at the country level.

Against this backdrop, the session focuses on informing the forum participants about the GFF, its role in advancing the UHC financing agenda and highlight opportunities and challenges currently facing GFF countries. The specific objectives of the session are:

- Present the overall goals of the GFF
- Highlight the type of support the GFF is providing in the areas of smart, scaled and sustainable financing
- Discuss key opportunities and challenges currently facing GFF countries in implementing the UHC financing agenda, particularly related to increasing domestic resources for health

Moderator: Magnus Lindelow, Practice Manager for Health, Nutrition and Population, World Bank
Introductory remarks: Christopher Elias, President of the Global Development Program, Bill and Melinda Gates Foundation and Chair of Global Financing Facility Investors Group
Speaker: Monique Vledder, Lead Health Specialist, World Bank
Panelists: Yah Zolia, Deputy Minister of Health and Social Welfare, Liberia
          Isaac Folorunso Adewole, Minister of Health, Nigeria
Closing remarks: Tore Godal, Special Adviser on Global Health, Norwegian Agency for Development Cooperation

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Thursday April 14, 2016 – 15:00-16:00

Garfield Room

Sin taxes: Maximizing Health while Mobilizing Revenue for Universal Health Coverage

Excise taxes on “sin products” such as tobacco, alcohol and sugary beverages are potentially an under-exploited source of government revenues. Indeed, increased taxation on these products can create significant fiscal space. For example, the recent hike in tobacco and alcohol taxes in the Philippines increased the tax take by 1% of GDP. For the health sector, sin taxes also offer the “double win” of simultaneously mobilizing additional revenues for government, while also reducing consumption of unhealthy products. This not only has a direct and immediate positive impact on public health, but also saves treatment costs in the long run. With many examples where countries have earmarked a share of these revenues for the health sector (for health promotion, in particular, but also for more general health expenditures), Ministries of Health are increasingly considering whether sin taxes can help to fill their UHC financing gap, including through hard or soft earmarking of revenues for health.

This session will explore the potential of sin taxes as a source of fiscal space for UHC. Key questions to be addressed include:

- How effective are sin taxes in reducing consumption of tobacco, alcohol and sugary beverages, and how should they be structured so as to maximise health impact?
- What is the revenue-raising potential of these taxes and what are the lessons from public finance about how to structure and implement excise tax reform?
- Which countries earmark taxes, why, and what are the trade-offs – is a public health good also a public finance bad?
- How do we build a successful coalition for sin tax reform?

The cross-cutting theme is to identify key entry points for engagement around sin tax – from a public health and public finance reform perspectives.

Moderator: James Brumby, Director, Governance Global Practice, World Bank

Panelists: Frank Chaloupka, Professor of Economics, University of Illinois-Chicago
Blanca Moreno-Dodson, Lead Economist Macro-Fiscal Global Practice Global Tax Team - Economic Growth, Finance and Institutions, World Bank
Rosa Carolina Sandoval, Advisor, Tobacco Control, Pan-American Health Organization/World Health Organization

Session co-organizers: Caryn Bredenkamp, Senior Economist, World Bank
Jo Birckmayer, Tobacco Economics Coordinator, Bloomberg Philanthropies
Thursday April 14, 2016 – 15:00-16:00
Main ballroom

Domestic Resource Mobilization in Global Health Security

This session will explore the issue of major infectious disease outbreaks as a threat to economic and human security, and the need for domestic resource mobilization for pandemic preparedness. Emphasis will be placed on the situations within lower-middle and low-income countries, which often lack the financial, human, and physical resources required to strengthen their global health security infrastructure. This includes but is not limited to emergency response, health workforce, surveillance, procurement of countermeasures, cold and supply chain management, and adequate health systems.

As health security is a public good, national governments must take the responsibility to build effective health systems capable of recognizing, reporting, and mitigating the spread of infectious diseases. This session will specifically examine how government and private sector leaders can recognize the importance of the overall health system and its link to the nation’s human capital and economic performance, and translate this recognition into budget priorities and concrete plans and services. The role and contributions of non-state actors to support domestic resource mobilization will also be considered.

Moderator: Joanne Manrique, President, Center for Global Health and Diplomacy
Panelists: Peter Sands, Former Group CEO of Standard Chartered PLC, Mossavar-Rahmani Center for Business and Government and Senior Fellow, Harvard Kennedy School
Gerhard Pries, Managing Partner & Chief Executive Officer, Sarona Asset Management
Patrick Kelley, Director of Board on Global Health, The National Academies of Sciences, Engineering, and Medicine
Mukesh Chawla, Head of Knowledge Management, Human Development Network, World Bank

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Thursday April 14, 2016 – 15:00-16:00
Taylor Room

The Equitable Access Initiative

Convened by nine multi-lateral health and development organizations, the Equitable Access Initiative (EAI) is developing a new policy framework to better understand countries’ health needs and capacities as they move along the development continuum. Country classification by income has traditionally been used to guide international decision-making, but there is an increasing concern that policies based on income overlook important dimensions of development, such as poverty, inequality, and health need.

Based on analytical inputs from four leading academic groups, the EAI developed a health framework around a broader set of economic and health indicators, and recommends that policymaking should not rely solely on a single variable to inform complex health financing decisions. Instead it suggests to consider health need relative to income levels, as well as domestic capacity and policies such as the budgetary prioritization of health and current health financing levels.

The objective of the session is to discuss the EAI’s proposed framework, and address relevant questions including:

- Should measures of health need replace or complement income metrics as the basis to guide policymaking?
- Should policymakers account for domestic capacity and policies and set incentives?
- How should a government’s fiscal space and potential to invest in health be measured?

Moderator: John McArthur, Senior Fellow, Brookings Institution
Panelists: Sanjeev Gupta, Deputy Director Fiscal Affairs Department, International Monetary Fund
Chris Murray, Institute Director, Institute for Health Metrics and Evaluation
Harley Feldbaum, Head, Strategy and Policy, Global Fund to Fight AIDS, TB, and Malaria
Thursday April 14, 2016 – 16:30-17:30
Taylor Room

Managing the health sector wage bill

This panel will discuss how to manage health sector wage bill in the context of broader macroeconomic policies and fiscal space for health. Scaling up and maintaining the health workforce to the levels required strengthening health systems and to progress towards UHC will require significant increases in resources devoted to health sector. Any increase in health workforce spending will have significant implications on health budgets, the total civil service payroll and overall fiscal framework of governments. Currently, payments of salaries and other benefits to health workers are a significant component of total health expenditure. Worldwide, it is estimated that countries spend 34 per cent on average (as high as 80 per cent) of their total health expenditure on the salaries of the health workforce. Health sector wage bill has been pointed as the main driver of health expenditures, this is because wages in the sector increase in excess of labor productivity growth, (which results that unit labor costs rise in relative terms in the health sector). Managing health sector wage bill is important as it: a) requires additional resources on a recurring long-term basis; b) may affect broader government wage bill policy and hiring policies; c) may have macroeconomic implications through broader impact on labor markets, wages and on inflation rates.

Moderator: Magnus Lindelow, Practice Manager for Health, Nutrition and Population, World Bank
Panelists: David Coady, Deputy Division Chief of the Expenditure Policy Division at the Fiscal Affairs Department, International Monetary Fund
Agnes Soucat, Director, Department of Health Systems Governance and Financing, World Health Organization
Geraldo Martins, Minister of Economy and Finance, Guinea-Bissau
Francis Ukwuije, Head of Healthcare Financing and Equity, Federal Ministry of Health, Nigeria
Thursday April 14, 2016 – 16:30-17:30
Fillmore Room
Anti-Corruption Approaches: Strengthening Governance and Accountability in the Health Sector

Health sector resources need to be spent wisely in order to strengthen the case for increasing financing. Strong governance and accountability in the health sector can ensure that public resources are distributed and spent to achieve health systems goals. The objective of this session is to put into perspective the importance of addressing corruption as a critical part of the financing agenda. This session will quantify the problem, identify the sources of corruption, present a framework for addressing corruption and describe country experiences. Central to the discussion would be how behaviors and practices of decision makers could be shaped to safeguard the interests of consumers especially the poor and marginalized, and ensure standards of efficiency and quality in the use of funds mobilized through domestic sources.

Moderator:  David Yang, Deputy Assistant Administrator, Bureau for Democracy, Conflict and Humanitarian Assistance, United States Agency for International Development
Panelists:  Maureen Lewis, Chief Executive Officer, Aceso Global Health and Adjunct Professor, Georgetown University
Ato Abduljelil Reshad, Deputy Director of Health Insurance, Ethiopia
Taryn Vian, Associate Professor, Global Health, Boston University Center for Global Health and Development
Thursday April 14, 2016 – 16:30-17:30
Garfield Room

Global Health Economics and Public Policy: Recent Evidence on Health Financing and Managing the Macro-Fiscal Outlook for Health

The proposed session features a discussion on the dual – but at times conflicting – objectives of financing health care and managing the macro-fiscal context, inviting views from experts in health economics and global policy, health care financing, and macro-fiscal management to discuss the case for the health sector within the economy, with particular attention to how changing macro-fiscal conditions can affect health system financing and outcomes. Some of the questions that will be explored and debated include: What is the macro-fiscal outlook? How UHC can be best financed within the given macro-fiscal context and in an equitable manner? What innovative financing mechanism and solutions can be used? What are the lessons from budget shocks during economic downturns that hit health sector expenditures? What is the evidence on cyclical responses from the sector to shocks? What is the role of health systems to avoid economic shocks, and how to invest in systems to contribute to growth?

The panel would also mark the Washington Book Launch of the World Scientific Handbook of Global Health Economics and Public Policy, which, in the words on Timothy Evans, Senior Director for the HNP Global Practice: “... provides a comprehensive collection of cutting-edge, evidence and analysis on some of the most important economic issues facing the health sector written by some of the best in the field.”

Moderator: Ajay Tandon, Senior Economist, World Bank
Panelists: Vinaya Swaroop, Lead Economist Macroeconomics and Fiscal Management, World Bank
Richard Scheffler, Professor, University of California-Berkeley
Servacius B. Likwelile, Permanent Secretary, Ministry of Finance and Planning, Tanzania
Joseph Kutzin, Coordinator Health Financing Policy, World Health Organization
Edit Velenyi, Economist, World Bank

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or contact UHCFinancingForum@worldbank.org
Aligning and leveraging domestic and external financing to accelerate progress toward universal health coverage

This session brings together a mix of policymakers and development partners and aims to identify challenges and build consensus around solutions that will better align and leverage domestic and external resources for health prior to and during the transition from development assistance.

Increased and better managed domestic financing is critical to meet the health-related Sustainable Development Goals (SDGs) in low and lower middle-income countries (LICs and LMICs). At the same time, external financing must be better coordinated and aligned with national investment priorities. Therefore, a new paradigm of coordinated strategic planning is necessary to draw effectively on all available resources to ease the transition from external to domestic financing and for countries to make sustainable progress toward health goals.

While domestic spending on health is likely to increase with economic growth, many LICs and LMICs have yet to build health financing systems that effectively tap this growing wealth to expand service coverage and ensure adequate financial protection – the two main goals of universal health coverage (UHC) – while also adequately investing in the control of the HIV, TB, and malaria epidemics. This challenge becomes even more daunting when countries develop economically and access to external resources decreases. To facilitate this transition, development partners have the responsibility to coordinate their financing with each other, to align resources with national health goals, and to support countries in strengthening their public finance systems.

Reaching the health-related SDGs will require joint strategic planning between governments and development partners that 1) sets health and associated financing targets, 2) identifies financing gaps and the sources to close them, 3) draws appropriately on financing instruments, both domestic and external, aligned with national priorities, and 4) and identifies activities to strenghten public finance systems. Among other joint initiatives to facilitate coordination, the Global Financing Facility (GFF) has recently been launched to bring partners together under government leadership to address these issues in a common operational platform.

Moderator:  
Toomas Palu, Practice Manager for Health, Nutrition and Population, World Bank
Isaac Folorunso Adewole, Minister of Health, Nigeria
Akmal Thaher, Special Advisor to the Minister of Health, Indonesia
Nino Berdzuli, Deputy Minister of Labour, Health and Social Affairs, Georgia
Nguyen Tuong Son, Deputy Director of Labor, Culture and Social Affairs, Ministry of Planning and Investment, Vietnam
Harley Feldbaum, Head Policy and Strategy Hub, Global Fund to Fight AIDS, TB, and Malaria
Santiago Cornejo, Director of Immunisation Financing and Sustainability, Global Alliance for Vaccines and Immunizations
Allyala Nandakumar, Chief Economist for Global Health, United States Agency for International Development

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