Government of Nepal
Ministry of Health & Population

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

BMZ | Federal Ministry
for Economic Cooperation
and Development

Moving Towards Universal Health Coverage
Learning through South-South Partnerships

Kathmandu, 10th to 12th of September 2012

Workshop Report

I. Context

The concept of Universal Health Coverage has dominated the international global health agenda for the last two years. Many countries have followed and committed themselves to the goal of universal coverage[1]. As these countries start to implement their social health protection strategies and policies, some key obstacles in operationalizing and implementing UHC have surfaced. In short UHC can be defined as the access to quality health services at affordable costs at the point of service delivery (affordable cost meaning that households are not exposed to financial hardship while seeking medical care). UHC in this sense has three dimensions: the population coverage, the breath of services offered (benefit package) and the depth of coverage (support value, meaning how much of the costs are covered).

Countries at more advanced stages of UHC are constantly tweaking and re-designing their systems. Implementation at the country level requires innovative solutions — ranging from smart IT solutions, tailored provider payment mechanisms and adaptable health information systems. Many countries have experimented with different approaches, succeeded, failed, re-designed and/or scaled up. There are some key partnerships on the topic, like the 'Providing for Health (P4H) – Social Health Protection Initiative', which brings together bi- and multilateral donors and agencies (as World Health Organization, World Bank, International Labour Organization, Germany, France, Switzerland, Spain and others) and supports many countries in implementing their UHC reforms. However, there is an increasing demand in the global south to learn and share from other countries that face similar challenges. There's also demand to learn from countries that have already overcome some of these challenges or have used innovative approaches in overcoming them. The workshop "Moving towards Universal Health Coverage – Learning through South-South Partnerships" in Kathmandu, 10th to 12th of September 2012 provided a platform of South-South cooperation for joint learning and problem solving, and managed to create a forum for practitioners and experts from Bangladesh, Cambodia, Germany, Ghana, Kenya, India, Indonesia, Maldives, Malaysia, Nepal, Pakistan, Philippines, South Korea and a number of experts from various other countries and organizations (World Health Organization, World Bank, Department for International Development UK, Rockefeller Foundation, UNICEF, BRAC University, different national and international NGOs, etc.) to meet and discuss their strategies and pathways towards UHC. The workshop was organized by the 'Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH' on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ).

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[1] The term ‚Universal Health Coverage' is in the following used interchangeably with ‚Social Health Protection'.

About 70 participants from Asian and African countries and around 50 participants from Nepal attended the workshop. The complete list of attendance can be found in Annex B.

The objectives of the workshop were to:

- Strengthen the case for initiating or broadening the reform process among participant countries, creating momentum for action, and fostering a sense of community among countries facing similar challenges to initiate reforms
- Develop closer cooperation between the participating countries in the long term in the form of south-south partnerships
- Provide innovative methods whereby the potential of IT systems is harnessed to design and implement inclusive health coverage
- Highlight specific needs of participant countries that might be met by other countries and/ or external assistance

The workshop was special in the sense that it did not only discuss technical details, but specifically focused on regional partnerships, and intra-country dialogue and cooperation. Considerable time in the agenda was therefore dedicated to exchange and discussions between the countries. This was also reflected in the innovative methods used fostering exchange between countries and participants.

German Development Cooperation has a longstanding presence in many of the participating countries and works through sector programmes in health and social protection in several of the respective countries. Hence, GIZ committed itself to support and follow-up individual commitments for South-South exchange between countries – inter alia – through the ongoing bilateral programmes. Beyond this, GIZ is currently on behalf of BMZ working on elaborating a further architecture for South-South Learning in Social Protection – including Universal Health Coverage.

For the full agenda of the workshop please refer to Annex B.

II. Main Results and Feedback by the participants

During the workshop it became evident how powerful it is to bring countries together which face(d) similar challenges and constraints. Participants from India, Maldives, Malaysia, South Korea, and Ghana were much in demand to answer questions from colleagues from other countries. At the same time these countries at more advanced stages of UHC acknowledged the benefit of mutual learning as constant adaptation and redesigning is at the heart of UHC as a continuous process.

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The core concept of the workshop to facilitate South-South Partnerships was highly appreciated by participants and country delegations. The further development of South-South learning in social protection in general and social health protection in particular was highly recommended by country delegations: German Development Cooperation was encouraged to strengthen its instruments and approaches in this respect. Germany was – along with other development partners – seen as a credible partner in fostering the south-south dialogue since it adds value through injecting the own experiences as the country with the longest-standing history worldwide in extending and continuously reforming social protection systems.

Countries like Indonesia and Cambodia took advantage of the peer-to-peer review possibility and received feedback on their planed social health protection reforms and approaches. In smaller workshops and groups participants discussed topics such as defining an affordable and attractive benefit package, the question how to integrate outpatient care without cost escalations, and how to enroll the informal sector.

Much attention was given to IT solutions for universal health coverage. A key obstacle for countries starting to implement strategies to achieve universal health coverage will be operationalizing the political commitments made. Smart, affordable and practical ICT solutions for managing beneficiaries and claims, capturing facility-level

quality information, accounting and financing are impossible without the help of ICT. While certain aspects of ICT need to be tailored to the country context, there is no need to re-invent the wheel. Countries can benefit tremendously from adopting and reusing already developed and tested ICT architecture. Consequently much interest was generated in this area, and several follow-up agreements were made. It was also agreed that donors and technical agencies can play a vital role in facilitating such technology exchange.

After intensive exchanges between countries and experts during the first two days, the country delegations had the opportunity during the third day to discuss internally the main challenges their country faces in moving towards Universal Health Coverage and to identify countries which might provide solutions for specific concerns. They also developed some concrete proposals for deeper engagement/cooperation with specific countries:

- Pakistan and India are planning to share their experience in implementing the Benazir Income Support Programme (BISP) and the Indian RSBY scheme to enhance mutual learning.
- An agreement was also reached between academic institutions of Pakistan and Nepal to collaborate on developing capacities in health economics/health financing.
- Bangladesh will invite a delegation from India to discuss with experts and policy makers the way towards UHC in Bangladesh.

- As the delegation from the Philippines received a lot of interest in their PhilHealth programme, commitments from their side includes regular sharing ("blogging") of experiences and to provide fora for continued linkages and communication among participant countries.
- Ghana and Kenya discussed staying in regular contact with the Maldives on E-prescriptions,
- Indonesia is interested to learn more about the South-Korean accounting system.
- Cambodia is planning to do a study tour to Ghana to learn from Ghana's experience of enrolling the formal sector
- Nepal is considering a study tour to India to learn about the implementation – especially the IT side – of RSBY and to take a closer look at Cambodia's efforts to consolidate the fragmented approach of social health protection. Almost all countries stated that study tours and live demonstrations of the different schemes and their features are required to fully understand them and to receive inspiration and ideas for the improvement of their own schemes.

To follow up on specific requests from other countries to the Indian RSBY scheme, the Network for Social Security was launched. The Network for Social Security (www.nesst.in) is hosted by the Indo-German Social Security Programme and will continue to facilitate South-South dialogue, which originates out of the particular requests to learn from social security practice and implementation (including social health protection) in India.

The workshop has proven that there is a need of exchange and cooperation beyond this country focus which can be partially facilitated by existing formats as the Joint Learning Network (JLN). Beyond this it seems to be evident, that a further elaborating of a sustainable architecture for South-South Learning in Social Protection – including Universal Health Coverage is needed.

For a more detailed list of recommendations and agreements, please see annex A.

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III. Further Information

The programme of the workshop can be found in Annex B.

The complete list of attendance can be found in Annex C.

Overall, the evaluation of the workshop with participants showed high satisfaction rates. The most popular elements were the Practitioner's Market Place and the open space session. Weaker ratings were given for the talk show and the sessions on IT.

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IV. ANNEX A: Results of the In-Country Discussions

	What have we learnt from this workshop for our country / our own process to make UHC a reality?	How are we going to apply / use the knowledge we have gained?	What are the concrete steps you will take in your country after this workshop?	What kind of South-South Partnerships are you planning? (Any timelines / milestones?)	What kind of support you might need for this?
Bangladesh	• UHC is a journey • Political commitment is a precondition • Capacity needs to be developed - individual - institutional • Learn from other countries' strategies (+/-), e.g. health financing mechanisms, IT, claims management, legal framework • Private sector is an important partner for the government	• New Health Financing strategy (HFRTG): 2012 – 2032 • Seeking political support through all parties • Fostering interministerial cooperation • Analyse existing health fin. Schemes • Finetuning of existing planned schemes • Explore options to use smartcards/ID	• Implementation plan after approval of HFin Strategy • Dialogue with MoHFW and other relevant stakeholders • Formal (and informal) training programmes	• Peer review, e.g. dialogue with India and other countries • Exposure visits of success stories with follow-up	• TA support for these plans to be defined • GIZ could facilitate dialogue between countries
Cambodia	**Framework/enabling environment** • Increase Government investment into the informal sector • The importance of political commitment • Setup of single national system	• Advocacy: Open process to inform politicians • Advocacy for tax reform (e.g. VAT/excise tax) • Institutional arrangement for informal sector • Higher subsidy from government for inf.	• Reduced procedure to implement the package • SHP Master should be endorsed soon • Discuss with policy makers to introduce VAT • UHC for private /	• Politicians visit to Ghana • Organize study tour to Ghana • Join NeSSt Website • Network connection • Smart Card implementation to be accelerated	• Request for documents and tools from countries with best practices • Technical Support: GIZ (Ghana – South Korea) • Financial Support

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	and strong institutional structures • Consideration of add. Tax sources • ICT systems to support the processes • Provision of legal framework; accreditation system for health service providers (Public & Private) **Implementation** • Cost containment • Adverse selection not an issue when moving towards UHC	Sector • Encourage competition among publ. & priv. health providers • Harmonization: of approaches, benefit packages, accreditation, standards • Introduction of case-payment, negotiating fee schedule • Seeking reliable and cost-effective technical software and hardware • To the poor, expanding scope by mobilizing resources and improving quality in implementation (keeping existing ones) • Development of Accreditation standards for public and private providers	UHC for civil servant / UHC for all people (one umbrella) • Independent national authority and budget and development support • Endorse/review existing laws, decrees and sub decrees • NSSF developing case payment – HEF following • Clear roadmap establishment for PP committee • Debriefing in TWGH about this workshop • Policy brief on how Ghana model could benefit the Cambodian reform	• High level exchange with policy brokers (e.g. Ghana) • Regional platform exchange / yearly – join community of practice • Learn from Strengths and weakness of provider payment used by our neighbors	(BMZ – FC!) • Political Will and Leadership Commitment and Stakeholder Participation • Capacity Building (Technical Support study tours) • Technical and Financial Support from Donors and governments

	What have we learnt from this workshop for our country / our own process to make UHC a reality?	How are we going to apply / use the knowledge we have gained?	What are the concrete steps you will take in your country after this workshop?	What kind of South-South Partnerships are you planning? (Any timelines / milestones?)	What kind of support you might need for this?
Ghana \ Kenya	• UHC is critical for economic development • political leadership is critical • good Information Communication Technology (ICT) Strategy is important for UHC • Broad financing base facilitates achievement of UHC	• Identify Champions (Government, Civil Society, Media) • Design proposals for improving Information Communication Technology (ICT) analysis and design, governance and leadership • Identify two more sources of financing and assess impact		• E-Prescriptions from Maldives • Media education form Thailand • Delegation from Cambodia to share Ghana experience in implementation of SHI	• Organise Webinars / blogs • Media education strategies • Funds to organise study tour for media and civil society to Thailand
India	• Institutional arrangements at the national level: Pakistan, Philippines • Single platform for delivering social security benefits • Gender-sensitive head of family for social security benefits (female is head of household)	• Move faster towards setting up institutional structures • Strengthening the outpatient initiative • Strengthening RSBY as social security platform	• Exchange with Nepal - 13/14 Sept. • Oct/Nov: Visit of Pakistani delegation to India: - Participation in South-South-Learning Forum (Hyderabad) • Nov: Visit of Indian delegation to Bangladesh: - political dialogue • 15 – 17 Nov: RSBY Evaluation Conference, New	• Bilateral exchanges (see 3) • Identification of core team per country to foster exchange	• Sources for funding of bilateral activities - support through existing GIZ programmes - proposal to BMZ

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			Delhi • Tbd: potential workshop with the Philippines • Tbd: Exchange with Indonesia - Targeting informal sector, IT		
Indonesia	• Huge variation among countries: stages of implementation of schemes, benefit packages, financing, management Information system, payment mechanisms and challenges • No "one size fits all" solution • We have to make clear "how to work"	• Adjust the knowledge we gained into our country context and go for smart solutions and actions	• Consolidate • Formulate • Organize into simple methods and structures with relevant stakeholders (bureaucrats, politicians, implementers) through: 1. Dissemination 2. Advocacy 3. Negotiations	• Expert review and assessment of Indonesia national roadmap through 1. Workshops 2. Intensive Discussions: - High level policy dialogue between Indonesia (high level policy makers) and South-South partnership country	• Facilitation for the implementation of expert review and assessment • Facilitation of benchmarking

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				members - IT and Accounting System South Korea	
Maldives	• UHC is a continuous process • To make UHC reality we need 1. Effective payment mechanism 2. Least possible Options 3. Mechanism to contain the rising health care cost 4. An environment for the provision of quality care 5. Sustainable funding model 6. Provision of reliable data for policy makers 7. Continuous dialogue with other policy makers	• Continuously refine the system	• "Our Dream"	• Country exchange • Continue sharing our experience via NeSSt	• Training • Keep us in the loop

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Malaysia	- The government does not have to fund and provide services for everything everywhere - It is feasible to get contributions from segments of society even in countries with lower GDP per capita - How to address the informal sector in a contributory system and also the role of public financing to bridge the gap - How to work across segments/ministries/organisations doing various activities - How to manage good healthcare under a provision of a free choice fee-for-service system - How to develop ICT systems and use them for payment, quality assurance, monitoring, evaluation and fraud	- Need to put the lessons learnt into the context of our own health system - Using the examples from the other countries as concrete real life learning for Malaysia - Exposing the policy makers and other officers to possibilities - Bring in specific country experts to discuss with Malaysians on the general health care system of a country and their reform efforts - Some of these experts would also benefit from learning about Malaysia's health care system. People who are already retired but have a great experience from MOH could function as resource persons. - As Malaysia is an upper middle income country it is not eligible for donor assistance, so we lose out on valuable inter-country discussions and workshops to share and learn from others. We request support from other countries by keeping us informed of and inviting us to such events - MOH Malaysia can probably support the local cost of having such events in Malaysia, but bringing international experts, facilitators and other international participants is usually beyond MOH's budget capacity. Thus, MOH is grateful and has benefited from the support and inclusion by agencies such as GIZ, JLN, WHO and UNDP			

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	detection • Social marketing of UHC/SHI programmes • Governance of the system and various institutions				
Nepal	• UHC as a process • Insurance one of the most important tools for UHC • In Nepal already in process, own model has to be built up • Collaboration and coordination of UHC necessary • Political commitment • Population coverage a primary concern of UHC • Need for good governance • Need for strong leadership, political commitment	• Review of existing initiatives and schemes • Commitment building (on political and bureaucratic level) • Identification of target groups → BPL • Finalization of National Health Insurance Policy • Design Health financing approaches • Integrating all health packages under one door of Ministry of Health and Population (MoHP) (through donor commitment) • Analysis of current investment • We have to clarify our approach • Go together with private sector		• Sharing success stories of Nepal (AAMA, FCHV, FMC and targeted schemes) • Health system network • Scheme design • IT Support → JLN • Provider Payment	
Pakistan	• Mandated constitution, central population database (Maldives) • Vast public health infrastructure (underutilized, under financed) • High involvement of private sector (non-regulated) • Coverage of formal sector through multiple schemes (ESSI, Government, EOBI)	• Need for expansion of existing schemes and need for linkage and interaction • Legislation if required		• Sharing of experience between Benazir Income Support Programme (BISP) and Indian Health Insurance Scheme	• Improved - Coordination - Cooperation

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	• Informal sector schemes available (Fragmentation,…) • No umbrella scheme for informal sector			(RSBY), end of 2012 • Enhancing regional capacities of Health Econ. and Health Fin.; with Nepal (cont.) • Contribution into NeSSt (as required)	- Interaction
Philippines	• Each country has its own journey • Each country has its own policy framework/strategy towards UHC but with one common objective	• Contextualize "success stories" from partner countries and learn from "sad stories"	• Improve doc. of the "revolution" being undertaken (UHC) and share this among partner countries • Linking the corporate (PhilHealth) website to the NeSSt & JLN sites	• Regular sharing ("blogging") of experiences • Provide fora for continued linkages/comm. among participant countries	• Technical and financial support on: - regular for a among countries - exchanges (study tour) • Hosting/mngmt. of web exchange / learning portal

V. ANNEX B: Programme

Monday, 10th September 2012

Venue Main Ballroom

Inaugural Session	**Chair Dr. Praveen Mishra, Secretary Ministry of Health and Population, Nepal**
09.15 – 09:30	**Welcome speech: Dr. PB Chand, Policy, Planning and International Cooperation Division, Ministry of Health and Population, Nepal**
09.30 – 10.30	**Opening Remarks**
09:30 – 09:45	Dr. Matthias Rompel, Head of Section Social Protection GIZ HQ, Germany
09:45 – 10:00	Dr. Uta Böllhoff, Head of Directorate General Division Europe, Middle East and Asia; Multilateral Development Policy, German Federal Ministry of Economic Cooperation and Development, Germany
10:00 – 10:15	Mr. Thoriq Ali Luthufi, Minister of State for Health, Government of Maldives
10:15 – 10:30	Dr. Mrutyunjay Sarangi, Secretary Labour Welfare, Ministry of Labour and Employment, Government of India
10:30 – 10:45	Dr. Praveen Mishra, Secretary, Ministry of Health and Population, Government of Nepal
10:45 – 11:00	**Introduction of participants**
11:00 – 11:30	**Tea Break**
Technical Sessions	
11:30 – 13:00	**Session I: Universal Health Coverage – Hope or Hoax?** *Venue Main Ballroom*
	Key note speech: Tim Evans (BRAC University) Method: Talk show
	Mr. Anil Swarup, Ministry of Labour and Employment, India
	Dr. Eduardo Banzon, PhilHealth, Philippines
	Mr. Nathaniel Otoo, National Health Insurance Authority, Ghana

Dr. PB Chand, Ministry of Health and Population, Nepal

Dr. Rozita Halina Tun Hussein, Ministry of Health, Malaysia

13:00 – 14:00   **Lunch** *Venue Pre-Function Area Ballroom*

14:00 – 14:45   **Session II: Challenges in reaching Universal Health Coverage**
Venue Main Ballroom
Method: Quiz "UHC around the World" and World Café

14:45 – 15:00   **Introduction of Universal Health Coverage Market Place**

15:10 – 17:00   **Session III: Practitioner's Market Place**
Venue Main Ballroom, Ballroom C, Breakout rooms I - III
7 Stations (30 min. per station)

                     Targeting the Informal Sector:

                     Station 1: Philippines – Mr. Lemuel Untalan, PhilHealth

                     Station 2: Ghana – Mr. Nathaniel Otoo, National Health Insurance Authority

                     Linking National Health Insurance with Outpatient Care Experiments:

                     Station 3: India – Dr. Nishant Jain, GIZ India

                     Station 4: Philippines – Dr. Eduardo Banzon, PhilHealth

                     Designing of Benefit Package:

                     Station 5: Maldives – Mrs. Mariyam Shafeeq, National Social Protection Agency

                     Challenges in Defining Health Financing Strategies:

                     Station 6: Cambodia – Dr. Sok Kanha, Department Planning & Health Information

                     Station 7: Indonesia – Mrs. Prastuti Soewondo, Social Health Protection Task Force

17:00 – 17:30   **Insights and learning of the day**
Venue Main Ballroom
Method: "Voices from the tables"

18:00 – 22:00   **Welcome Dinner and Reception** *Venue Rock's Restaurant, Hyatt*

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Tuesday, 11th September 2012

Venue Main Ballroom

09:00 – 09:15   **Recapturing of Day I**

09:15 – 10:30   **Session IV: Information Technology Systems for National Health Insurance Schemes**

Introductory presentation: Mr. David Lubinski, Joint Learning Network
followed by a Fish Bowl discussion on country adaptation examples

10:30 – 11:00   **Tea Break**

11:00 – 12:30   **Session V: IT solutions in Universal Health Coverage**
Venue Ballroom C, Break-out Rooms I-II
Method: Parallel working groups

Topic 1: Beneficiary Management using Smart Cards *Venue Ballroom C*

Moderator: Mr. Robert Palacios, World Bank

India – Mrs. Sumita Chopra, GIZ India

Topic 2: Provider Information System *Break-out Room I*

Moderator: Mr. Michael Stahl, GIZ Cambodia

Korea – Ms. Sukyeong Kim, Health Insurance Review and Assessment Service

Ghana – Mr. Vitus Kaleo Bioh, National Health Insurance Authority

Topic 3: Claim System, Audit and Fraud detection *Break-out Room II*

Moderator: Mr. Nishant Jain, GIZ India

Philippines – Mrs. Lala Sabido, E-Claim Department, PhilHealth

Nepal – Dr. Suresh Tiwari, Nepal Health Sector Support Programme

13:00 – 14:00   **Lunch** *Venue Pre-Function Area Ballroom*

14:00 – 16:30   **Session VI: Coming together – Sharing Knowledge – Making South-South Cooperation Reality**
Venue Main Ballroom
Moderator: Jost Wagner

Input Presentation – Importance of South-South Partnership

Method: Open Space Technology
Tea and coffee will be served during the session

16:30 – 17:00   **Wrap up of the day** *Venue Main Ballroom*

Wednesday, 12th September 2012

Venue Main Ballroom

09:00 – 11:00   **Session VII: In-Country Group Discussion**
Method: Group work
- Identify challenges which are being faced in moving towards UHC
- Identify country(ies) which may provide some solutions
- Developing specific proposals for deeper engagement/ cooperation with specific countries
- Identify resources needed for pursuing the proposed action plan

11:00 – 11:30   **Tea and coffee break**

11:30 – 12:30   **Session VIII: Way Forward for South-South Cooperation in moving towards Universal Health Coverage**
Venue Main Ballroom

Method: Plenary discussion
One speaker per country – Reflections on benefits of the workshop

12:30 – 13:30   **Closing Session** *Venue Main Ballroom*

13:30 – 15:00   **Lunch Reception** *Venue Pre-function Area Main Ballroom*

15:00   **Sight-Seeing**

VI. ANNEX C: List of Attendance (country-wise)

s.no	Last Name	First Name	Position/Designation	Organization	Country
1	Ariful Alam	Mohammad	Program Coordinator, Health	BRAC University	Bangladesh
2	Ahmed	Shahabuddin	Additional Secretary	Ministry of Finance	Bangladesh
3	Evans	Tim	Dean	BRAC University	Bangladesh
4	Golam Ahamad	Mazbahul	Research Associate	Centre for Policy Dialogue	Bangladesh
5	Hossain	Elias Mohammad	IT System Analyst	BRAC University	Bangladesh
6	Hossain	Mohammad Shahadath	Project assistant, Product Development	BRAC University	Bangladesh
7	Kunze	David	Country Director	KfW	Bangladesh
8	Hussain	Syed Moazzem	Technical Expert, Health Financing Private Sector	GIZ	Bangladesh
9	Moral	Abdul Hamid	Assistant Chief	Ministry of Health and Family welfare	Bangladesh
10	Rückert	Paul	Project director	GIZ	Bangladesh
11	Chanthea	Hap	Deputy Director of Economic and Public Finance Policy Department	Ministry of Economy and Finance	Cambodia
12	Song	Chhiay		GIZ, Social Helath Protection Program	Cambodia
13	Eang	Ros Chhun	Chief Bureau Health Eco. Financing	MoH	Cambodia
14	Fernandes Antunes	Adelio	Health Financing Component Management	GIZ Cambodia	Cambodia
15	Sok	Kanha	Debuty Director at Planning and Health Information Department	Ministry of Health	Cambodia
16	Sok	Khorn	Assistant to Director of the Ecomonic and Public Finance Policy Department	Ministry of Economy and Finance	Cambodia
17	Reyners	Marcel	Team Leader Vouchers of Reproductive Health Services Project	Productive Health Service Project	Cambodia
18	Sam	Sam Oeun	Managing Director	The Social Helath Protection Association	Cambodia
19	Sao	Chhorn	Managing Director	The Social Helath Protection Association	Cambodia
20	Soly	Vannpok		MOSVY	Cambodia

s.no	Last Name	First Name	Position/Designation	Organization	Country
21	Sorya	Chan		Agence Française de Development	Cambodia
22	Stahl	Michael	Social Health Insurance Adviser (CIM)	CIM\National Social Security Fund	Cambodia
23	Suphorn	Sum	Deputy Director	National Social Security Fund	Cambodia
24	Veasnakiry	Lo	Director at Planing and Health Information Department	Ministry of Health	Cambodia
25	Vinals Torres	Lluis	Health Financing Adviser	WHO	Cambodia
26	Walsham	Matthew	Managing Advisor	MIA\SHPA - The Social Health Protection Association	Cambodia
27	Boellhoff	Uta	Director General	BMZ	Germany
28	Hruschka	Wolfgang	Civil Servant South Asia Division	BMZ	Germany
29	Hennig	Jennifer	Planning Offier	GIZ	Germany
30	Rompel	Matthias	Head of Social Protection Unit	GIZ	Germany
31	Kaleo -Bioh	Vitus	Deputy Director ICT	National Health Insurance Authority	Ghana
32	Otoo	Nathaniel	Director Administration and General Counsel	National Health Insurance Authority	Ghana
33	Swarup	Anil	Additional Secretary	Ministry of Labour and Employment	India
34	Bhattacharya	Suchitrita	Junior Program Advisor	GIZ	India
35	Chopra	Sumita	Senior Technical Expert	GIZ	India
36	Jain	Nishant	Senior Technical Expert	GIZ	India
37	Junghardt	Jana	Associate Expert	GIZ	India
38	Kissling	Sandra	Technical Expert	GIZ	India
39	Krämer	Marion	Intern	GIZ	India
40	Sarangi	Mrutyunjay	Secretary	Ministry of Labour and Employment	India
41	Pradhan	Sanjib	Data Analyst	GIZ	India
42	Schmachtenberg	Rolf	Programme Director IGSSP	GIZ	India
43	Harun	Harmein	Senior Technical Advisor Social Protection Programme	GIZ	Indonesia

s.no	Last Name	First Name	Position/Designation	Organization	Country
44	Mundi	Mundiharno	Senior Technical Advisor	National Social Security Council of Republic Indonesia, GIZ	Indonesia
45		Hariyadi		National Development Planning Agency (Bappenas)	Indonesia
46	Soewondo	Prastuti	Head of Social Health protection task force	National Team for Acceleration of Poverty Alleviation; Office of the Vice President	Indonesia
47	Yates	Rob	Senior Health Economist	WHO	Indonesia
48	Hossian	Atia	Head Health Care Financing	GIZ	Kenya
49	Shafaz	Mohamed	Managing Director	Aasandha Private Limited	Maldives
50	Shafeeq	Mariyam	Chief Executive Officer	National Social Protection Agency	Maldives
51	Luthufy	Thoriq Ali	Minister of State for Health	Ministry of Health and Family	Maldives
52	Tun Hussein	Rozita Halina	Deputy Director Unit for National Health Financing	Ministry of Health	Malaysia
53	Acharya	Surya prasad	Joint Secretary,Human Resource and Financial Management Division	Ministry of Health and Population	Nepal
54	Adhikari	Rajan		Ministry of Health and Population	Nepal
55	Adhikari	Nabin	HEFU	Ministry of Health and Population	Nepal
56	Adhikari	Shiva	Associate Professor	Tribhuvan University	Nepal
57	Adhikari	Naveen	Assistant Professor,Central Department of Economics	Tribhuvan University	Nepal
58	Adhikari	Damodar		RTI	Nepal
59	Ale	Bhakta BDR		NHTC	Nepal
60	Aryal	Baikuntha	health focal person	Ministry of Finance	Nepal
61	Aryal	Amit		GIZ	Nepal
62	Aung	Lin	WRO WHO Nepal (and also EDP chair)	WRO WHO	Nepal
63	Baral	Kedar	Professor & Chief Department of Community Health Sciences	Patan Academy of Health Science	Nepal
64	Basyal	Intra Prasad		MOLE	Nepal

s.no	Last Name	First Name	Position/Designation	Organization	Country
65	Behrend	Markus	Program Manager Health Sector Support Program	GIZ	Nepal
66	Bhandari	Devkala		Ministry of Health and Population	Nepal
67	Bhandari	Kewal Prasad	Executive Director	Social Security Fund	Nepal
68	Bhatta	Padmaraj	Joint Secretary, Pop DIV	Ministry of Health and Population	Nepal
69	Bhatta	Shrikrishna		MoHP	Nepal
70	Bhattarai	Manav		World Bank	Nepal
71	Bhattarai	Anil Raj			
72	Burlakoti	Tirtha Raj	Chief,Curative Service Division	Ministry of Health and Population	Nepal
73	Chand	Padam B	PPICD Chief	Ministry of Health and Population	Nepal
74	Chand	Krishna	Senior Public Health Administrator	Logistics Management Devision,Ministry of Health and Population, Government of Nepal	Nepal
75	Dahal	Atul	National Professional Officer	WHO	Nepal
76	Daud	Mahommad	Senior Public Health Administrator	Ministry of Health and Population	Nepal
77	Dhakal	Kusumakar		MoHP	Nepal
78	Dhital	Krishna		NCASC	
79	Dotel	Bhogendra Raj	RHD Doti	District Health Office	Nepal
80	Fuerst	Franziska		GIZ	Nepal
81	Gauchan	Yogendra	Under Secretary	Ministry of Finance	Nepal
82	Gautam	Arun	Statistical officer,DoHS-PHC	Ministry of Health and Population	Nepal
83	Gautam	Manish	Health Reporter	Kathmandu Post	Nepal
84	Gautam	Ghanshyam		GIZ	Nepal
85	Gelal	Khageshwor		NHTC	Nepal
86	Ghimire	Dhurba	HMIS	Ministry of Health and Population	Nepal
87	Ghimire	Ramji	DoHS- PHC Revitalization Division	Ministry of Health and Population	Nepal

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88	Ghimire	Tulasi		Social Security Fund, Nepal	Nepal
89	Ghimire	Pawan		MoHP	Nepal
	Gnawali	Devendra	Senior Program Officer	Sabin Vaccine Institute	Nepal
90	Gordan	Matt		DFID	Nepal
91	Gyawali	C.K		Ayurveda Dept	Nepal
92	Kan	Han		USAID	Nepal
93	Karmachary	Ujjwal		GIZ	Nepal
94	Kattel	Bal Krishna	Programme Officer	Oxfam Nepal	Nepal
95	KC	Fatta Bahadur		Insurance Board	Nepal
96	KC	Pradeep		MoHP	Nepal
97	Khadka	Badri	Director,DoHS-NHEICC	Ministry of Health and Population	Nepal
98	Khanal	Kabi Raj	Under Secretary	PPICD	Nepal
99	Khanal	Ram Chandra			Nepal
100	Kim	Hwa Jun		HIMAL	Nepal
101	Lamichhane	Bikash		Ministry of Health and Population	Nepal
102	Maharjan	Basanta	Director- community development program	Public Health Concern Trust	Nepal
103	Maharjan	Sanulal		Save the Children	Nepal
104	Mahat	Pashupati		MoHP	Nepal
105	Marasini	Baburam	Chief,	Health sector Reform Unit	Nepal
106	Mishra	Praveen	Secretary	Ministry of Health and Population	Nepal
107	Neupane	Harish	Director	Chitawan Medical College	Nepal
108	Pande	Badri Raj	President	Nepal Health Economics Association	Nepal
109	Pandey	Dip Prakash	chair	Association of private insurance companies	Nepal
110	Pant	Harihar Dev	Executive Director	Nirdhan Nepal	Nepal

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111	Panthi	Prakash		Social Security Fund, Nepal	Nepal
112	Shim	Ujin		KOICA	Nepal
113	Paudel	Jhalak Sharma	Sr. PHA	District Public Health Office	Nepal
114	Paulin	Frank	WRO	WHO	Nepal
115	Pett	Joseph		GIZ	Nepal
116	Pokharel	Sudip		WHO	Nepal
117	Prasai	Devi		Nepal Health Economics association	Nepal
118	Raaijmakers	Hendrikus	Chief of health	UNICEF	Nepal
119	Rijal	Kailash	Deputy director	DEPROSC	Nepal
120	Sapkota	Deepak Raj	Country Director	Karunafoundation	Nepal
121	Shakya	Kusum	Associate Professor , Central Department of Economics	Tribhuvan University	Nepal
122	Shakya	Surmila		Save the Children	Nepal
123	Sharma	Aarati	Programme Coordinator	Association of Youth Organisations Nepal	Nepal
124	Shikhar Banerji	Mandar	Program Coordinator	Karuna Foundation Nepal	Nepal
	Shrestha	Navin P.	Parmaceutical, herbal and Healthcare Services Management	Pharma Solution Concern	Nepal
125	Shrestha	Mahendra	Regional Director	Regional Health Directorate	Nepal
126	Shrestha	Devendra	Professor, Central Department of Economics	Tribhuvan University	Nepal
127	Shrestha	Ishwari Devri	Chief Hospital Nursing Administrator	Ministry of Health and Population	Nepal
128	Shrestha	Baburam		Nepal Health Economics Association	Nepal
129	Silwal	Pushkar	Regional Officer	GIZ Nepal\GFA	Nepal
130	Simkhada	Shiva		Ministry of Health and Population	Nepal
131	Singh	KK	Regional Manager Health Sector Support Programme (HSSP)	GIZ Nepal	Nepal
132	Sunmin Lee	Selene		UNICEF Regional Office for South Asia	Nepal
133	Suvedi	Balkrishna		Ministry of Health and Population	Nepal

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134	Teli Saha	Radharaman Prasad	Director General	DDA	Nepal
135	Thapa	Anil		Ministry of Health and Population	Nepal
136	Thapa	Purna Bahadur		HIMAL	Nepal
137	Tiwari	Suresh		NHSSP	Nepal
138	Weber	Udo	Counsellor (Development)	German Embassy Kathmandu	Nepal
139	Yadav	Ramadhin	Under secretary, PPICD	Ministry of Health and Population	Nepal
140	Abbas	Javed		Benazir Income Support Programme	Pakistan
141	Ayub	Muhammad		Benazir Income Support Programme	Pakistan
142	Bessey	Nadeem		State Life Insurance Corporation	Pakistan
143	Nayab	Durre		Pakistan Institute of Development Economics	Pakistan
144	Durrani	Imran	Senior Technical Advisor	GIZ Pakistan	Pakistan
145	Ud Din	Hafeez		State Life Insurance Corporation	Pakistan
146	ul-Haq	Noor		State Life Insurance Corporation	Pakistan
147	Banzon	Eduardo	President and Chief Executive Officer	Phil Health	Philippines
148	Sabido	Laurence	Medical Specialist	Phil Health	Philippines
149	Untalan	Lemuel	senior manager for Corporate Planning	Phil Health	Philippines
150	Kim	Sukyeong	Director Research Department	Health Insurance Review and Assessment Service	South Korea
151	Bayarsaikhan	Dorjsuren		WHO	Switzerland
152	Nachuk	Stefan	Associate Director	Rockefeller Foundation	Thailand
153	Wagner	Jost	Moderation	Moderator	Thailand
154	Mcpake	Barbara	Director and Professor, Institute for International Health and Development	Queen Margaret University	United Kingdom
155	Lubinski	David	Director for Health Management Information Systems	Joint Learning Network	USA
156	Palacios	Robert	Pension/Health Expert	World Bank	USA