



**Collaborative on Domestic Resource Mobilization
Under the JLN Revisiting Health Financing Technical Initiative
First In-Person Meeting
Seoul, Korea, December 5-6, 2017**

Meeting Synthesis

Attendees

Members of the Steering Group: Mrs. Modupe Ogundimu (Nigeria), Mr. Alok Saxena (India), Dr. Lydia Dsane-Selby (Ghana).

Members of the Domestic Resource Mobilization Collaborative: Dr. Tseganeh Guracha Amsalu (Ethiopia), Mr. B.K. Datta (India), Dr. Uchenna Eugenes Ewelike (Nigeria), Ms. Haley (Hyojung) Ha (Korea), Mr. HanYul Lee, Dr. Nakato Jumba (Kenya), Mr. Kenneth Lim (Malaysia), Mr. Mesfin Kebede Mengiste (Ethiopia), Dr. Mercy Mwangangi (Kenya), Dr. Wahyu P. Nugraheni (Indonesia), Ms. Nana Akua Owusuansah-Oppong (Ghana), Dr. Subrata Paul (Bangladesh), Dr. Pujiyanto (Indonesia), Mr. Huzaini Ramli (Malaysia), Ms. Kavita Singh (India), Mr. Won Whang (Korea), Mr. Tiliku Yeshanew (Ethiopia), Mr. Sylvester Ziniel (Ghana).

Collaborative Team and Technical Facilitators: Dr. Ajay Tandon, Ms. Triin Habicht, Ms. Hui Sin Teo, Dr. Somil Nagpal, Ms. Naina Ahluwalia, Ms. Lydia Ndebele, Ms. Aditi Nigam

Meeting Overview

The JLN Collaborative on Domestic Resource Mobilization, also known as the DRM Collaborative is the second Collaborative to be launched under the JLN Revisiting Health Financing Technical Initiative. This in-person meeting was the first meeting of the DRM Collaborative and was attended by a total of 21 participants from 9 JLN member countries. The meeting objectives were as follows:

- Familiarize participants with the [Joint Learning Network for Universal Health Coverage \(JLN\)](#) and the Revisiting Health Financing Technical Initiative, and foster linkages with peers that can help progress on key UHC objectives for the participating countries.
- Discuss the concepts and principles embodied in domestic mobilization of resources for health care.
- Share and learn from country experience on good practices, contemporary/ persistent challenges, working solutions.
- Identify shared challenges and discuss and agree on the work plan for the DRM Collaborative, in a way that optimizes relevance for participants' needs and enhances potential for use in their respective country context.
- Recommend two or three options for work streams and/or products the DRM Collaborative could pursue over the course of 2018 to support knowledge on mobilizing domestic health care resources.

The meeting resulted in the identification of the following 3 strategic Work Streams for the DRM Collaborative in 2018:

1. Investment Case for DRM

This work stream will focus on how to:

- Use analytics of past data to inform DRM discussions and strategies.
- Communicate the link between health sector investments and other sectors.
- Promote coordination across Ministries.
- Build on political momentum through 5 year plans, Medium Term Expenditure and Fiscal Frameworks.
- Improve the mobilization of domestic resources for health through reprioritization of health in the government with a focus on equity.
- Advocate for the reprioritization of health.

2. Macroeconomic Conditions and DRM

This work stream will focus on:

- Exploring and documenting the processes which can be put in place during periods of faster economic growth to ensure continued resource mobilization and improve resilience of health sector finances in situations of future slowing down of economic growth (“avoiding the mountain”).
- Understanding how public financial management and data analytics can be used to improve absorptive capacity of the ministry of health through demand side-financing, and strengthen the supply-side to reduce outflow.
- Understanding the implications of the macroeconomic environment on the health sector in order for the health sector to ‘ride the wave’ and benefit from good macroeconomic conditions.

3. Theme of Transition from External Financing

This work stream will focus on:

- Ways to navigate the bridge between macroeconomic conditions and reprioritization.
- Managing the transition using results based financing.

Agenda

1. Meeting Overview and Member’s Introduction
2. Overview of the history of the Joint Learning Network for Universal Health Coverage and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative
3. Overview of the core concepts and principles of Domestic Mobilization of Resources for Health
4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania
5. Country Experiences on Domestic Mobilization of Resources for Health (Pillars 1 and 2): *Small Group Work on each table, followed by panel discussion*
6. Country Experiences on Domestic Mobilization of Resources for Health (Pillar 3): *Small Group Work on each table, followed by panel discussion*
7. Consolidation and Prioritization of Persisting Challenges and Vote for Priority Categories for the JLN DRM Collaborative 2018 Work Program
8. Deliberation on 2018 work plan for the DRM Collaborative
9. Putting it all together – Where do we go from here?

Summary of Discussions

Below is a summary of discussions at the meeting.

1. Meeting Overview and Member's Introduction

Following Collaborative member introductions, participants were briefed on the agenda for the 2-day meeting, engage in an ice-breaker activity, and requested to adopt meeting etiquette guidance.

On account of being held immediately before the Eighth JLN Steering Group In-Person Meeting, this meeting was enriched with the participation of 3 Steering Group members. The meeting was attended by a total of 28 participants including 18 country representatives from 8 member countries and 4 technical facilitators. A list of participants along with their contact details is attached to this synthesis as **Annex I: Participant List**.

2. Overview of the JLN and the methodology of Joint Learning, the Revisiting Health Financing Technical Initiative, and the DRM Collaborative

Somil Nagpal presented the goals and joint learning methodology of the JLN, provided background information on work accomplished to date within the JLN, and what participants can expect in a JLN Collaborative. Naina Ahluwalia provided an overview of the Revisiting Health Financing Technical Initiative and the Collaboratives under the 'Revisiting Health Financing' Technical Initiative - a new thematic area comprising 3 collaborative working groups that focus on:

1. Mobilizing Domestic Financing (DRM Collaborative),
2. Leveraging Existing Resources (Efficiency Collaborative) and,
3. Fiscal Policy Instruments for Health Outcomes

Participants were asked to provide their initial expectations from the DRM Collaborative. The full list of expectations (in no particular order) is below:

- New ideas from other countries that can be implemented
- How to convince the Ministry of Finance (MOF) of the importance of health financing
- Stagnating economies and issues on consumption taxes
- How to domestically source funds in a recessed economy
- How to equitably source resources for health
- Issues with transition from external funding
- Innovative financing mechanisms as a medium term solution or from sin tax (tobacco tax)
- Reducing costs and fraud
- Prioritizing health
- Sustaining health resources
- DRM in a decentralized context
- Efficient allocation across ministries; coordinating with ministries to improve health outcomes
- How to use existing resources/reduce wastage, absorption capacity at every level (national and sub-national)
- How to make the argument to other ministries that investing in health will improve the effectiveness of allocations to other sectors

3. Concepts and Principles of Domestic Mobilization of Resources for Health

Technical facilitators (Dr. Ajay Tandon and Ms. Triin Habicht), made a presentation outlining the core concepts, common principles and shared vocabulary on the mobilization of domestic resources for health.

The facilitators emphasized that domestic resource mobilization, or public financing from domestic resources, is a sub-component of fiscal space. Fiscal space for health is a systematic assessment of the need, ability, and/or willingness of countries to increase public financing for health in a financially sustainable, efficient, and equitable manner. There are three pillars to consider when mobilizing domestic resources for health - Pillar 1: Conducive Macroeconomic Conditions, Pillar 2: Reprioritization, and Pillar 3: Sector-Specific Domestic Revenue Sources.

The presentation made by the technical facilitators is attached to this synthesis as **Annex II: *Conceptualizing Domestic Resource Mobilization: Technical Overview.***

4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania

Collaborative participants were split into four groups for the hypothetical policy simulation. Through teamwork, groups applied the concepts and principles discussed during the presentation to address questions raised in the policy simulation.

Over the course of one hour, groups assumed the role of the Lomania Ministry of Health to discuss and determine a proposal to present to representatives from the Lomania Ministry of Finance for increasing domestically sourced government financing. Following discussions, each group rotated with one other group to present their 5-minute proposal as the Ministry of Health and receive feedback as the Ministry of Finance in 5 minutes. Role-play as the Lomania Ministry of Health versus the Lomania Ministry of Finance helped groups come to a better understanding of DRM constraints and opportunities.

The Policy Simulation provided by the technical facilitators is attached to this synthesis as **Annex III: *Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania.***

5. Country Experiences on Domestic Mobilization of Resources for Health (Pillars 1 and 2): Small Group Work on each table, followed by panel discussion

Following a five-minute introduction, collaborative participants were split into 5 groups to share their respective countries' experiences in:

- How macroeconomic conditions have impacted the mobilization of domestic resources for health (Pillar 1)
- Improving the mobilization of domestic resources for health from reprioritization of health in the government budget (Pillar 2)

Through small group discussions in each group, participants shared good practices that have yielded results while noting persistent challenges. Each group selected one case and team member to represent and summarize their group discussion.

6. Country Experiences on Domestic Mobilization of Resources for Health (Pillar 3): *Small Group Work on each table, followed by panel discussion*

Following a five-minute introduction, collaborative participants were split into 5 groups to share their respective countries' experiences on how they have raised domestic resources specifically for health (Pillar 3). Through small group discussions in each group, participants shared good practices that have yielded results while noting persistent challenges. Each group selected one case and team member to represent and summarize their group discussion.

7. Consolidation and Prioritization of Persisting Challenges and Vote for Priority Categories for 2018 Work Program

Collaborative participants engaged in a group discussion to review the persisting challenges identified across the three pillars and agree upon prioritization criteria.

The persistent challenges and considerations, as identified by the participants, were bundled into the following categories:

1. The macro-economic context: includes the integration of analytics and past data to inform DRM discussions and strategies with accountability and results
2. Situating DRM into the country's policy context: considers how to build on political momentum and national financial outputs (e.g. PFM's)
3. Situating DRM into the country's health sector context: includes improvements in absorptive capacities in Ministries of Health and public health facilities, and in supply-side readiness
4. Improving Communication between the Ministry of Health and the Ministry of Finance: includes how countries can make a compelling investment case for health and make prioritization work in favor of health sector
5. Innovative financing mechanisms: what are some experiences from other countries?
6. Transition from External Financing: considers whether countries are ready to live the realities of tightening of fiscal space and donor transitions, past lessons from collecting contributions from the informal sector, (e.g. earmarked taxes etc.)

A detailed list of persisting challenges and considerations from the discussions is attached to this synthesis as **Annex IV: Participant Identified Interim List of Challenges**.

8. Determination of prioritization criteria for identifying strategic Work Streams for the JLN Domestic Resource Mobilization Collaborative

Following the articulation of persistent challenges faced by their countries, participants brainstormed on the prioritization criteria to be used for identifying the strategic Work Streams for the JLN DRM Collaborative in 2018.

The prioritization criteria the Collaborative agreed to use are:

1. **Investment Case for Health:** How can Ministries of Health make the investment case for health with their Ministries of Finance? This includes:
 - a. Using analytics and historical data to inform DRM discussions and strategies (e.g. past performance and projections for economic growth, revenue collection etc.)?
 - b. Building on political momentum by linking to 5 year plans, Medium Term Expenditure and Fiscal Frameworks, etc.
 - c. Advocacy
 - d. Exploring linkages between other sectors and health? Finding synergies (E.g. IT)
 - e. Avoiding broken promises

2. **Macroeconomic Conditions and DRM:** How can health sectors benefit from good macroeconomic conditions? This includes:
 - a. Preparing for the end or slowing of the economic boom: “Avoiding the Mountain”
 - b. Improving the absorptive capacity of Ministries of Health and health facilities through demand side financing
 - c. Using a stronger supply-side to reduce outflow
 - d. create a 3-way link between the benefits package, fiscal space for health, and supply-side readiness

3. **Transitioning from External Financing:** When pillar 1 is not working, how do you make pillar 2 your strategy? How to reprioritize? This includes:
 - a. How to navigate the bridge between macroeconomic conditions and reprioritizing?
 - b. Using RBF as a transition strategy
 - c. Are countries ready to live the realities of tightening of fiscal space and donor transitions?
 - d. Managing in the face of commodity and natural resource dependence: what are some successful country experiences that can be used as a guiding tool?

4. Innovative financing mechanisms -
 - a. What are some experiences from other countries?
 - b. What are some lessons from collecting contributions from the informal sector, earmarked taxes etc.?

A detailed list of the prioritization criteria from the discussions is attached to this synthesis as **Annex V: Prioritized Challenges**.

9. Determination of strategic Work Streams for the Domestic Resource Mobilization Collaborative in 2018

Participants raised their hands to indicate their support for the persistent challenges and potential work streams that can deal with said challenges (the strategic work streams of the Domestic Resource Mobilization Collaborative).

The full set of potential categories for work streams were:

1. Investment Case for DRM
2. Macroeconomic Conditions and DRM

3. Transition from external financing

The following Collaborative members expressed an interest in the prioritized work streams:

Work Stream 1: Investment Case for DRM

- Mr Tseganeh Amsalu (Ethiopia)
- Mr. Sylvester Ziniel (Ghana)
- Mr. Alok Saxena (India)
- Mr. Kenneth Lim (Malaysia)
- Mr. Huzaini Ramli (Malaysia)
- Dr. Uchenna Ewelike (Nigeria)
- Dr. Jumba Nakato (Kenya)

Work Stream 2: Macroeconomic Conditions and DRM

- Dr. Subrata Paul (Bangladesh)
- Mr. Mesfin Kebede (Ethiopia)
- Mr. Tseganeh Amsalu (Ethiopia)
- Mr. Yeshanew (Ethiopia)
- Mr. Sylvester Ziniel (Ghana)
- Mr. Alok Saxena (India)
- Ms. Kavita Singh (India)
- Dr. Pujiyanto (Indonesia)
- Dr. Mercy Mwangangi (Kenya)
- Dr. Nakato Jumba (Kenya)
- Mr. Kenneth Lim (Malaysia)
- Mr. Huzaini Ramli (Malaysia)

10. Deliberation on 2018 work plan for the DRM Collaborative and Next Steps

Next Steps

- 1. The second in-person meeting of the DRM Collaborative is tentatively scheduled for April 16-17, 2018 in Washington, DC** in advance of the World Bank's Annual Universal Health Coverage Financing Forum on April 19-20, 2018. Other potential locations for this meeting are: Turkey, Kyrgyz Republic, Ethiopia, and India (excluding the months from October to January).
- 2. Before the next virtual meeting in late Jan/early Feb 2018, countries are requested:**
 - a. To send 15 year budgetary health data (aggregated data is preferred by central or sub-national data is also sufficient) to Aditi Nigam (anigam@worldbank.org).
 - b. To consider and bring to the discussion examples of successful cases of DRM (Do's and Don't List) from their countries over the past 10 years
 - c. To identify "MOF Champions", or individuals from any country who have successfully navigated the MOF-MOH communication challenges to increase DRM for health in their respective countries. The "MOF Champions" will be invited to attend a speaker panel at the second in-person meeting

3. **Follow up virtual meeting in on February 2, 2018** – Upon the confirmation of country representatives participating in the DRM Collaborative, the Collaborative will convene virtually in on February 2, 2018 to determine immediate tasks to be taken up along with assignment of responsibility for these tasks.
4. **Internal Communication** –
 - a. **WhatsApp Group:** Collaborative participants are encouraged to send Ms. Aditi Nigam (anigam@worldbank.org) an email requesting to add them to the DRM WhatsApp group. Please include your WhatsApp registered phone number within the email.
 - b. **Online JLN Member Portal for the DRM Collaborative:** Members interested in joining the online portal are requested to send Ms. Aditi Nigam (anigam@worldbank.org) an email with *Subject: "Please add me to the JLN Member Portal"*. All DRM Collaborative members may access the portal to engage in discussions.



Collaborative on Domestic Resource Mobilization
Under JLN's Revisiting Health Financing Technical Initiative
First In-Person Meeting

Lotte Hotel 36F, Astor #2
The Lotte Hotel, Seoul, Korea
December 4-6, 2017
(Followed by optional site visits on Dec 7-8, 2017)

Meeting Objectives and Annotated Agenda

Meeting Objectives

Over the course of the workshop, participants from JLN member countries as part of the Domestic Resource Mobilization Collaborative (DRM Collaborative) of the Revisiting Health Financing Technical Initiative will work towards building a community of practitioners who will work together and provide peer support around improving domestic mobilization of resources for health care within and outside the DRM Collaborative. This first in-person meeting of the DRM Collaborative has the following objectives:

1. Gain familiarity with the [Joint Learning Network for Universal Health Coverage \(JLN\)](#) and the Revisiting Health Financing Technical Initiative, and foster linkages with peers that can help progress on key UHC objectives for the participating countries.
2. Discuss the concepts and principles embodied in domestic mobilization of resources for health care.
3. Share and learn from country experience on good practices, contemporary/ persistent challenges, working solutions.
4. Identify shared challenges and discuss and agree on the work plan for the DRM Collaborative, in a way that optimizes relevance for participants' needs and enhances potential for use in their respective country context.
5. Recommend two or three options for work streams and/or products the DRM Collaborative could pursue over the course of 2018 to support knowledge on mobilizing domestic health care resources.

Meeting Agenda

Tuesday, December 5, 2017	
8:00 – 8:30	Breakfast
8:30 – 9:00	Member Registration Members receive meeting materials at the registration desk.

9:00 – 10:00	<p>Meeting Overview and Members’ Introduction</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - To align the members of the Collaborative on the agenda for the 2-day meeting, engage in participatory start-up activity, facilitate introductions, highlight participants’ expectations for the meeting, and adopt meeting etiquette guidance.
10:00 – 10:45	<p>JLN and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Provide background information on work accomplished to date within the JLN, the methodology of joint learning, and what participants can expect in a JLN Collaborative. - Provide overview on Health Financing Technical Initiative and the Collaboratives under the ‘Revisiting Health Financing’ Technical Initiative. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Overview presentation • Interactive dialogue to answer questions raised by participants.
10:45 – 11:00	<p>Coffee Break</p>
11:00 – 12:30	<p>Concepts and Principles of Domestic Mobilization of Resources for Health</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Provide an overview of the core concepts, common principles, shared vocabulary, and “pillars” of DRM. Clarification of any questions generated from the presentation. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Overview presentation by Ajay Tandon and Triin Habicht. • Interactive dialogue to answer questions raised by participants.
12:30 – 13:30	<p>Lunch</p>
13:30 – 15:00	<p>Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Apply concepts and principles through a policy simulation. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> - Teamwork to address questions raised in the policy simulation. - Role-play: MOH vs. MOF to better understand DRM constraints and opportunities.
15:00 – 15:30	<p>Coffee Break</p>
15:30 – 17:30	<p>Country Experiences on Domestic Mobilization of Resources for Health (Pillars 1 and 2): Small Group Work on each table, followed by panel discussion</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Sharing respective countries’ experiences in: <ul style="list-style-type: none"> - How macroeconomic conditions have impacted the mobilization of domestic resources for health (Pillar 1) - Improving the mobilization of domestic resources for health from reprioritization of health in the government budget (Pillar 2) <p>and highlighting good practices that have yielded results, and noting persistent challenges.</p>

	<ul style="list-style-type: none"> - One member from each group joins a panel to summarize their group discussion. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Introduction (5 minutes) • Pillar 1 discussion facilitated by Ajay Tandon. • Small group discussion sharing good practices and accompanying results among countries in each group, and one case selected by each group for representation on panel. (30 minutes) • Panel discussion: participants representing the case selected by each table group discuss where their countries stand with respect to pillars and the persistent challenges their countries face for improving domestic resource mobilization for health. (25 minutes) • Introduction (5 minutes) • Pillar 2 discussion facilitated by Hui Sin Teo. • Small group discussion sharing good practices and accompanying results among countries in each group, and one case selected by each group for representation on panel. (30 minutes) • Panel discussion: participants representing the case selected by each table group discuss where their countries stand with respect to pillars and the persistent challenges their countries face for improving domestic resource mobilization for health. (25 minutes)
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Wednesday, December 6, 2017	
8:00 – 8:30	Breakfast and informal interaction
8:30 – 9:30	<p>Country Experiences on Domestic Mobilization of Resources for Health (Pillar 3): <i>Small Group Work on each table, followed by panel discussion</i></p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Sharing respective countries’ experiences in how they have raised domestic resources specifically for health (Pillar 3) and highlighting good practices that have yielded results, and noting persistent challenges. - One member from each group joins a panel to summarize their group discussion. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Introduction (5 minutes) • Pillar 3 discussion facilitated by Triin Habicht. (15 minutes) • Small group discussion sharing good practices and accompanying results among countries in each group, and one case selected by each group for representation on panel. (25 minutes) • Panel discussion: participants representing the case selected by each table group discuss where their countries stand with respect to the 3rd pillar and the persistent challenges their countries face for improving domestic resource mobilization for health. (20 minutes)
9:30 – 10:30	<p>Consolidation and Prioritization of Persisting Challenges and Vote for Priority Categories for 2017-18 Work Program</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Review the persisting challenges identified across the three pillars and agree upon prioritization criteria.

	<p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Discussion on the persisting challenges and adoption of criteria for selection/prioritization. • Review and further consolidation and prioritization of persisting challenges by the group
10:30 – 11:00	Coffee Break
11:00 – 13:00	<p>Deliberation on 2018 work plan</p> <p><i>Session Objectives:</i></p> <ul style="list-style-type: none"> - Discussion to develop a draft 2018 work plan to address the selected set of persisting challenges or thematic areas for the DRM Collaborative to pursue. <p><i>Session Methodology:</i></p> <p>Group discussion and agreement on the following issues:</p> <ul style="list-style-type: none"> • What exactly is the persisting DRM challenge and how can joint learning methodology be of help in addressing it? • To what extent is the knowledge available in the group to address this challenge? To what extent will the group need to bring knowledge from other countries? • What are known good practices and solutions to meet the challenge? • What knowledge product(s) would be most useful for the group for practitioner-to-practitioner exchange of practical know-how on DRM? • Once this knowledge product is co-produced and available how might it be used by the countries and beyond? • What is envisioned as the value added impact of the knowledge product? <p>Other considerations to put the plan in practice:</p> <ul style="list-style-type: none"> • What is the group willing to contribute in terms of time? • When might the group meet to develop draft of the deliverable and an accompanying work plan to highlight actions, responsible parties, resources and timeline? • What will be the group’s overall communication and teamwork strategy?
13:00 – 14:00	Lunch
14:00 – 15:45	<p>Putting it all together – Where do we go from here?</p> <p><i>Session objective:</i></p> <ul style="list-style-type: none"> - Agree on next steps. <p><i>Session Methodology:</i></p> <ul style="list-style-type: none"> • Group determination of the Collaborative’s priority for the work proposed to be undertaken. • Participant confirmation of specific commitments for actions they’ll take in pursuit of the designated work stream(s) and other actions they will take to advance the productivity and relevance of the Collaborative.
15:50	Departure to Wonju City

Annex I: Participant List

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