Health and Social Protection Programme

Inaugural Consultation

OUTCOME STATEMENT

19th – 20th June 2019

Abuja, Nigeria

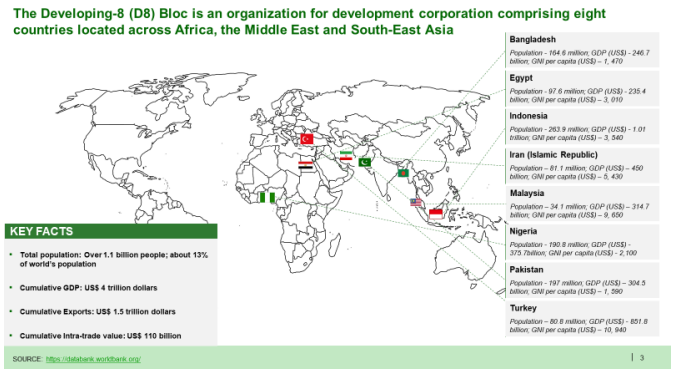
BANGLADESH EGYPT INDONESIA MALAYSIA IRAN NIGERIA PAKISTAN TURKEY

Towards Convergence, Learning and Shared Prosperity:

Enabling Solidarity and Cooperation for Health and Social Protection

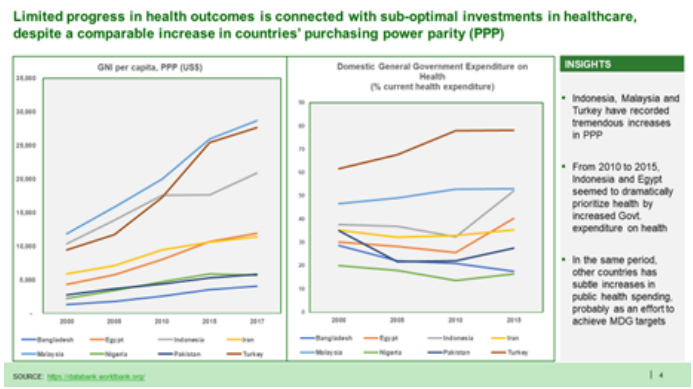
1. Preamble

1.1 The Developing-8 (D-8) Organization for Economic Cooperation is a multilateral platform that represents an alliance of eight emerging economies including Bangladesh, Egypt, Indonesia, Iran, Malaysia, Nigeria, Pakistan and Turkey. The combined population of these countries is approximately 1 billion and represents 60% of all Muslims, or close to 13% of the world's population. The objectives of the Developing-8 (hereafter referred to as (D-8) are to "improve the member states' position in the global economy, diversify and create new opportunities in trade relations, enhance participation in decision-making at the international level, and improve standards of living.



1.2 Since inception over two decades ago, the D-8 has spurred trade opportunities among member States through multilateral investments in six areas of cooperation including trade, agriculture, energy, transportation and industrial cooperation.

1.3 However, health, which is central to human capital development and economic prosperity, and included in the D-8 charter, has not been fully explored. The emergence of vibrant markets in health and increasing participation of non-state actors including corporations, social enterprises and various not-for-profit organizations expands the market value and potentials in the health sector across and within countries.



This positions health as not only a central part of multi-lateral trade cooperation but also as a key asset for sustained economic development.

1.4 In response, the D-8 countries have emphasized health investments and healthy outcomes as a key investment sector by establishing a Health and Social Protection (HSP) Programme to contribute to expanding the achievements made in trade, economic and social cooperation.

1.5 The D-8 Health and Social Programme aligns with the Sustainable Development Goals (SDGs), and seeks to build on the complementary advantages of the D-8 countries. It has been developed through inclusive consultation across health and social protection related sectors. The D-8 HSP seeks to build on local capacities in strengthening solidarity for health; tapping into the diversity of burdens and health systems within and between countries, facilitating achievement of the health SDGs and Universal Health Coverage (UHC).

1.6 The D-8 Health and Social Protection (D-8 HSP) was approved in Antalya, Turkey 4th - 7th November 2018. It has the overarching purpose of supporting member countries to achieve their health SDG targets including UHC aspirations in ways consistent with the D-8 H&SP strategic pillars.

2. Inaugural D-8 countries consultation on Health and Social Protection

2.1 The inaugural meeting of member countries of the D-8 HSP was convened to deepen political commitment, curate and share evidence, best practices, and knowledge products that will inform the critical path of solidarity to improve health outcomes and position it as a key investment for sustainable development. The consultation sought to align member countries with the D-8 Health and Social Protection programme. Specifically, the consultation was to achieve the following objectives;

- 2.1.1 Enhance economic cooperation between countries through incorporating the principles and pillars of the D-8 Health and Social Protection Programme into the health plans of member countries
- 2.1.2 Mobilize commitment to the HSP Programme
- 2.1.3 Identify opportunities for joint action, implementation, learning and collaboration
- 2.1.4 Contribute country perspectives and priorities that will support the finalization of the D8 HSP programme and implementation plan
- 2.1.5 Generate consensus and commitment for the mobilization of assets and resources to support the D8 HSP Secretariat and programme

2.2 Participants included delegations from the D-8 countries including Republic of Bangladesh, Arab Republic of Egypt, Republic of Indonesia, Islamic Republic of Iran, Republic of Malaysia, Federal Republic of Nigeria, Islamic Republic of Pakistan, Republic of Turkey and high-level participation from the D-8 Secretariat. It further included participants from the private sector, social enterprises and development partners including the World Health Organization (WHO) as well as a video message from the Director for Health, Nutrition and Population, World Bank (WB). See Annex 1.

2.3 The Consultation was structured in three parts: (i) setting the stage and team building; (ii) defining the gaps and opportunities; and (iii) outlining a proposed multi-sectoral strategies

and themes. The participatory process involved several presentations, moderated panel sessions and group 'problem solving and ideation' exercises.

3. The D-8 Health and Social Protection Approach

3.1 Delegates and participants reaffirmed that the D8 HSP approach had extensive value addition. It brings the much-needed integrated multi-sector approaches to multi-lateral cooperation that will impact positively on human capacity development. The D-8 HSP programme also links health to poverty reduction and wealth creation, in addition to providing a platform to expand medical markets across member countries.

3.2 The underpinning principles of equity, evidence and impact, joint ownership and inclusion as well as sustainability resonate across member countries health programmes and with key global directions in health. They promote inclusion that will drive member countries achievement of health-related SDGs including the target on Universal Health Coverage, enable innovative and sustainable financing, promote learning and build a solidarity for shared prosperity with health as both its key outcome and main contributor.

3.3 Accelerating a rapid improvement in health outcomes and leap frogging trade opportunities will require a paradigm shift that transforms aid to trade and integrates health into the agenda for multilateral cooperation.

3.4 Significant paradigm shift to more inclusive implementation approaches will reduce fragmentation, leading to improved alignment of resources and increased harmonization of implementation arrangements engaging a broad range of state and non- state actors including private sector, social enterprises and a wide range of civil society, faith based and community-based organizations. Investment in good data, its access and use are important to achieve convergence across platforms and achieve the D-8 Member country goals of joint action and shared prosperity.

3.5 The D-8 Health and Social Protection programme places high value on youth, children and women in its pursuit of human capital. Collectively, the D-8 countries provide for one billion people representing 13% of global population. Success in this endeavour will have global impact not only on health but overall productivity with consequent high economic and social returns. In this context, domestic financing and resource mobilization for health is the centre point of action. The D-8 HSP programme will seek to build a robust financing plan, within new and existing financial flows that can sustainably deliver on health outcomes and resilient health systems based on the PHC approach.

3.6 The D-8 HSP programme shared with delegates and participants an expanded implementation approach comprising of seven pillars. These include the initial five pillars:

(i) Expanding Access to Primary Health Care Services.
(ii) Health Governance, Quality and the Health Workforce.
(iii) Unlocking Market Potential.
(iv) Non-Communicable Diseases (NCD).
(v) Social Protection.

3.7 Two additional pillars were further presented by the D-8 HSP. These include;

(vi) Innovative and Sustainable financing and

(vii) Data for Performance and Impact.

4. Delegates and participants noted:

4.1 The inclusion of two additional pillars viz. (i) Innovative and sustainable financing; (ii) Data for performance and impact. These were welcomed as required to successful implementation, sustainable financing and performance management of the D8-HSP programmes

4.2 Country case studies that highlight success and lessons from Bangladesh, Malaysia, Nigeria, Turkey with commentary delivered by the World Health Organization

4.2.1 The delegation from the Republic of Bangladesh presented its reputation as the 'land where success has become a myth'. The team shared progress and lessons from (i) Community Clinics (CC), a one-stop health care access point for 6,000 rural people

and (ii) Shasthyo Surokhasha Karmasuchi (SSK) a pilot scheme, implemented by the Ministry of Health and Family Welfare to provide free health care for those living below the poverty line, and reduce Out of Pocket (OOP) expenses. To date, 13,500 clinics have been established with an additional 1,029 proposed by 2022. A robust health workforce including community health care providers, family welfare and health assistants linked to a referral system at higher levels of care. Bangladesh's SSK is still in its pilot stage and is fully subsidized by public financing. It integrates a grievance mechanism, building in strong elements of accountability and health governance into its design.

4.2.2 The Republic of Malaysia achieved UHC around the 1980's through public financing by general taxing revenue. The public sector provides about 77% of inpatient care and the private sector provides about 23%. Life expectancy at birth has increased over the years, accompanied by reducing rates of maternal and infant mortality rates. The B40 National Protection Scheme or known as mySalam is a national health protection scheme aimed at providing free takaful (equivalent to insurance) to 3.8 million Malaysians within the lowest 40% household income.

4.2.3 Malaysians enjoy good financial risk protection and the frequency of catastrophic health expenditure is very low at only 0.25% for the year 2014/15. However, even with UHC and good financial protection, OOP expenditure accounts for up to 38% of Total Health Expenditure (THE). This is the area of concern from the government given the changing burden of disease and the ageing of the population which will result in an even faster increase in the cost of healthcare. Given the rapid rise in health expenditure, high OOP, dual burden of disease and the high prevalence of NCDs, there is concern that the healthcare system may not be sustainable in the long term with the current financing mechanism. To address these issues, MOH is seeking for an alternative mechanism to channel OOP expenditure in a more effective and efficient manner of paying for healthcare prospectively either through better taxation or a government not for profit insurance scheme. Innovative healthcare financing and particularly long-term healthcare financing could greatly improve this

statistic but will require significant shifts in mindset and culture for citizens to embrace health insurance or other means of protection from future adverse health events.

4.2.4 From the Federal Republic of Nigeria, delegates and participants heard progress in expanding access to a trained maternal health workforce through the Midwives Services Scheme (MSS), and contemporary efforts to ensure universal access to services, improve the quality of care and strengthen the national health system through the primary health care approach. These are consolidated in Basic Health Care Provision Fund (BHCPF) which is legislated in a new National Health Act, the provision of 1% of Nigeria's Consolidated Revenue Fund to health. Accrual from the BHCPF is allocated across all states, the Federal Ministry of Health, National Health Insurance Scheme, National Primary Health Care Development Agency (NPHCDA) as well as the National Disease Control (NCDC)

4.2.5 Private sector services and the complementary actions of a broad range of non-state actors including traditional rulers, social enterprises, civil society and community-based organizations are extensive. These provide an opportunity for a multi-pronged approach for innovative and sustainable financing from plural sources led by public finance and aligned with the 3rd National Strategic Health Development Plan (2018 – 2022).

4.2.6 The Republic of Turkey has a robust health reform and transformation agenda that engages all levels of care. Largely publicly financed, Turkey's transformation agenda while reflecting an efficient and effective spending in health, reduced fragmentation in the health system which was instrumental to the nation's achievement of 99.5% UHC surpassing many member countries of Organisation for Economic Cooperation and Development (OECD). This kept cost low in comparison to other countries with similar health burdens and health systems archetype. The Turkish experience demonstrates that good health can occur at low cost.

4.2.7 In concert, the member countries have made some progress in health, with many on the pathway to the achievement of the health-related SDGs including UHC. Significant investment has been made in identification of adaptive package of essential services with systems support ([1]Pillar One).

4.2.7.1 Health systems archetype and response capacities across board is also closely linked to economic capacities of each country. Bangladesh presented a visionary process of inclusion and health governance ([2]Pillar 2) with its community health clinic programme.

4.2.7.2 Primary care people-centred approach is vibrant across all member countries. Common to all countries, with the exception of Nigeria, is a need to bridge gaps in service delivery with the private sector as an imperative to unlock the market potential in the sector, and further tap

[1] Expanding access to basic primary health care services in the D-8 Health and Social Protection programme document shared
[2] Health Governance, Quality of care and the Health Workforce in HSP programme document

into both its capacity for effectiveness, financing and quality improvement ([3]Pillar 3).

4.2.7.3 All D-8 countries are undergoing economic development at different stages and pace, an epidemiologic transition, with a mixed pattern of communicable and non-communicable diseases ([4]Pillar 4).

4.2.7.4 Social protection activities are evolving with many innovative approaches that are both locally responsive and appropriate shared by Malaysia, Turkey, Nigeria and Bangladesh ([5]Pillar 5). These innovations require both evaluation and validation, providing a unique opportunity for knowledge management and learning.

4.2.7.5 Sustainable financing of old and emergent health issues, as well as health security in routine, emergencies, humanitarian conflict and natural disasters is an immediate need. The epidemiologic transitions from communicable to NCD's as well as aging populations present additional service delivery and financing challenges.

4.2.7.6 All member countries resonate in the urgent call for innovative and sustainable financing strategies (also enshrined as a principle for the D-8 HSP programme) to protect current achievements and respond to new priorities ([6]Pillar 6)

4.2.7.7 All countries present indicators that align with both SDG and UHC monitoring framework, with differing analytic capacities to apply data for policy, planning and performance tracking. Investment in data, as well as the adoption of technology to drive data access and use by different stakeholders remains an urgent area of need ([7]Pillar 7) which is enshrined as a principle.

4.2.8 Across all member countries, it is recognized that UHC and achievement of the health SDGs does not have one pathway and is not a quick fix driven by single source resource flows.

4.3 Delegates and participants welcomed the contribution from the World Health Organization (WHO). The WHO Representative, who highlighted that the D-8 should position itself to meaningfully contribute to the health agenda. He further called for improved attention to the impact of technology on health care delivery, and the need for member countries to include robust health technology assessment in health planning and across the seven pillars of the D-8 HSP.

4.4 The case studies, presentations and follow on discussions further noted:

4.4.1 That significant progress made across countries, yet with sustained challenges in areas of the key pillars of the D-8 HSP.

4.4.2 The urgent need to amplify linkages between investment in health and overall social and economic development of the D-8 countries.

[3] Unlocking the potential of the private sector in the HSP programme document
[4] Non-Communicable Diseases in the HSP programme document
[5] Social Protection in the HSP programme document
[6] Innovative and Sustainable Financing in the HSP programme document
[7] Data for performance tracking and impact

4.4.3 The imperative to accelerate improvement in health outcomes, and broker collective economic development through improved wellbeing i.e. achieving the health SDG and its UHC target.

4.4.4 The key contribution of adequate and sustainable financing to the achievement of health SDGs, and the UHC target, as well as the overall social and economic development in the Group of Eight (G8) industrialised nations, thus emphasising the need for domestic resource mobilization by D-8 member countries.

5 The Consultation highlighted:

5.1 Opportunities to build a new narrative in cooperation between Lower and Middle-Income Countries (LMIC) that draws upon solidarity and trust towards innovative and sustainable financing for health; and an unprecedented cooperation towards social development and economic prosperity.

5.2 The principles and pillars of the D-8-HSP programme that are informed by their own country priorities and around which collaborative and country agenda can be developed to assist the D-8 countries fast track their efforts to achieve the SDGs.

5.3 The need for an initial report from a diagnostic of their health and protection systems in which each member country identified priorities and implementing gaps around the seven pillars of the D-8 HSP. They further presented progress and milestones against selected globally agreed health SDG targets with a rapid SWOT analysis of their health and social protection systems capacities to achieve stated milestones.

5.4 The diversity of health burdens, access to services and health systems architecture across member countries, with areas of alignment and potential collaboration across the eight member countries.

5.5 Opportunities for shared learning across the seven pillars, with clear lines of impact on trade, social and economic cooperation.

6 The meeting concluded that:

6.1 The seven pillars of the work programme presented by the D-8 HSP Secretariat as appropriate to country and regional processes to achieve health and related SDGs including country determined essential health services and systems support to achieve Universal Health Coverage (UHC).

6.2 It is imperative to develop cooperative arrangements towards inclusive execution of the D-8 Health and Social Protection Programme.

6.3 Sustainable financing of the work programme at country and secretariat levels as key elements of success and scale.

6.4 Country health budget should be needs based and 100% financed from all sources, led by public financing including private sector, organized philanthropy, traditional Overseas Development Aid (ODA) flows and other donation.

6.5 There is a need in principle to reinforce the secretariat in terms of asset and resource mobilization.

7 Delegates and participants agreed to:

7.1 Deepening of the shared commitment to the HSP Programme.

7.2 Amplify the pillars of the HSP programme at country and regional levels.

7.3 Shared prosperity through innovation in sustainable financing.

7.4 Call on member countries to mobilize political support and resources for full operationalization of the D-8 HSP Secretariat.

8. Delegates and participants agreed:

8.1 That the D8-HSP Programme is informed by country action and responsiveness to cross cutting needs to achieve health and related SDGs including the UHC target.

8.2 To:

- 8.2.1 Develop country programmes in health and social protection along the 7 pillars of the D-8 HSP Programmes, harnessing the achievements and strategies within existing global health initiatives and programmes.
- 8.2.2 Encourage all member countries to collaborate closely with one another to share lessons and best practices around sustainable financing for Health and Social Protection, highlighting its embracing positive impact on health trade, investment opportunities as well as on sustainable economic growth and development.
- 8.2.3 Mobilize resources and assets to support each other member countries
- 8.2.4 Participate actively in;
  - 8.2.4.1 Working groups established to support implementation of the HSP Programme.
  - 8.2.4.2 Voluntary reporting, tracking performance for monitoring, evaluation and learning, upon country request.

9 Delegates and participants requested the D-8 Health secretariat to:

9.1 Accelerate the development of a business case to support resource mobilization, establishment of delivery units, processes of the D8 HSP programmes and operations of the Health and Social Protection programme.

9.2 Establish a team to develop the business case, strategic and investment plan; in addition to follow up and coordination.

9.3 Develop a robust mechanism on:

- 9.3.1 Innovative and Sustainable Financing.
- 9.3.2 Knowledge management and sharing of best practices and lessons.
- 9.3.3 Voluntary Performance Tracking, Evaluation and Learning, upon country request.

9.4 Amplify advocacy efforts at all levels, engaging a broad range of stakeholders and partners, including the development of a D-8 position at the High-Level Meeting on Universal Health Coverage during the UN General Assembly in September 2019.

9.5 Expand partnerships and related instruments to support D-8 HSP programme and Secretariat.

9.6 Coordinate the implementation and technical resource mobilization.

9.7 Build momentum towards the presentation of the business case, investment plan and a programme of work for the D-8 HSP for approval at the next meeting of the D-8 Commissioners and Heads of State.

10 Next steps

10.1 Secretariat was further charged to

10.1.1 Expand advocacy and coordination efforts towards establishing D-8 HSP positions within global initiatives including the UHC2030 movement

10.1.2 Establish a task team to develop the business and investment case for the D8-HSP Secretariat

10.1.3 Develop a programme of work for implementation of the business and investment case

10.1.4 Develop a budget, accompanied by a robust financing and resource mobilization plan for the work programme

10.1.5 Consult with member countries on the date and host for the next meeting of the D-8 Health and Social Protection Programme.

10.2 Member Countries agreed to;

10.2.1 Complete, and submit the targets, priority setting and SWOT analysis using the template provided by the D8 HSP Secretariat within two weeks of the dates of the meeting.

11. Conclusion

The delegates and participants express their appreciation to the D-8 Secretariat for Health and Social Protection. Furthermore, they:

11.1 Lauded the support of the D-8 Secretariat and the Government of Nigeria and others for the rapid take-off of the activities of the Health and Social Protection secretariat

11.2 Recognized the support from various member countries and implementing partners to host the inaugural meeting of the D-8 Health and Social Protection Programme

Participation by the delegations from:

People's Republic of Bangladesh	Md. Sohel Imam Khan	Joint Secretary, Health Ministry
Arab Republic of Egypt	Shady Hesham	Third Secretary / Deputy Consular Egypt Consul, Abuja
Republic of Indonesia	Drg. Doni Arianto MKM	Head, Health Insurance Health care and insurance Centre
Islamic Republic of Iran	Mostafa Madjara	Third Secretary, Embassy of the Islamic Republic of Iran
Republic of Malaysia	Mr. Mohd. Yunus Ibrahim	Charge D'affaires, Malaysian High Commission, Abuja
Federal Republic of Nigeria	Dr. E.C .Meribole	Director, Planning research and statistics
Islamic Republic of Pakistan	Aamir Abbasi	First Secretary, Pakistan High Commission, Abuja

Republic of Turkey	Ahmet Altin	European Union expert
D-8 HSP Secretariat	Dr. Ado Muhammad	Special Adviser, HSP Programme
D-8 Secretariat	Amb. Nasiru Aminu	Representative of the Secretary General

20th June 2019, Abuja, Nigeria.

Annex 1: List of delegates by organization and country

Country Delegations

People's Republic of Bangladesh	Md. Sohel Imam Khan	Joint Secretary, Health Ministry
	M.S Ekramul	Third Secretary, Bangladesh High Commission, Abuja
	Md. Saroar Hossain	Deputy Secretary, Health Ministry
Arab Republic of Egypt	Shady Hesham	Third Secretary / Deputy Consular Egypt Consul, Abuja
Republic of Indonesia	Drg. Doni Arianto MKM	Head, Health Insurance Health care and insurance Centre
	Drg. Siamet, MHP	Expert Staff, Health Technology and Globalization
	Mr. Bagas	Diplomat, Ministry of Foreign Affairs, Jakarta
	Mrs. Pratiwi Amerawati	Cultural and Education Counsellor, Embassy of Indonesia, Abuja
	Tinton Mohammad Akbar, S.I.P. MKM	Staff of Multilateral Cooperation Sub Section 2 Bureau of Foreign Cooperation
Islamic Republic of Iran	Mostafa Madjara	Third Secretary, Embassy of the Islamic Republic of Iran
Republic of Malaysia	Mr. Mohd.Yunus Ibrahim	Charge D'affaires, Malaysian High Commission, Abuja
Federal Republic of Nigeria	Alh Abdullahi Abdulaziz Mashi	Permanent Secretary Federal Minitry of Health
	Baba Ahmed	TA/OPS
	Benazir Bisong	Admin Officer
	Dr. E. C. Meribole	DHPRS
	Dr. Nneka Orji	Health Economists
	Fatai Oyediran	Deputy Director DPH
	O.A Owolabi	Second secretary
	Ugwanyi Rosemary	PSWO CSP
	Ade Okende	Second secretary

	Bukola Ejiwade	Counsellor
	Dr. Okoh C.A	DGM
	Dr. Uba Emmanuel	GM
	Hassanu Dan-Amu	First secretary
	Maureen Ima	CPIO
	Oluremi Oliyide	IOD
	Zayyad Abdulsalam	AGD (GIU)
	Aperwa Iorwa	National Coordinator
	Dr Saidu Ahmed	Health Project for the aged
	Dr. Jerome Mafeni	Chairman
Islamic Republic of Pakistan	Aamir Abbasi	First Secretary, Pakistan High Commission, Abuja
Republic of Turkey	Ahmet Altin	European Union expert
	Md. Huseyin Ozbay	Advisor to Minister
	Md. Fehmi Aydinli	Advisor to Minister
D-8 Secretariat	Amb Mustapha Suleiman represented by Amb. Oluremi Oluyide	Permanent Secretary, Ministry of Foreign Affairs & D-8 Commissioner
D-8 Secretariat Istanbul	Nasir Aminu	Representative of the Secretary General

Development Partners, Donors, Civil Societies and Observers

World Bank	Dr Muhammad Ali Pate	Director Health, Nutrition and Population, GFF
WHO	Mr. Hamzat Tayo	Focal Officer for D-8
WHO	Dr Sunny Okoroafor	NPO
Jaiz Bank	Baba Suka	
	Nasiru Danmaliki	Product Manager
	Mahe Abubakar	DMD
Zenith Bank	David Ayemoda	General Manager
	Juliet Nwakerendu	SAM
	Abubakar Shafii	SAM
	Uche Onyedi	SAM
Observers	Senator Lanre Tejuosho	National Assembly
	Dr Olubajo	Nutrition Expert
	Alh Salisu Liadi	Financial Consultant
Association for Reproductive and Family Health	Dr. Jerome Mafemi	Board Chair

D8 Health and Social Protection Secretariat

	Dr. Ado J.G. Muhammad	Special Adviser, D-8 Health and Social Protection
	Dr Mustafa Zubairu Mahmud	Health Team Lead
	Shazad Ahmed	Kalemat Consulting (Management Consultant)
Independent Consultants and Facilitators		
Freelancer	Dr. Garba Muhammad Abdu	Consultant
CHESTRAD Global	Dr. Lola Dare	Facilitator
Freelancer	Mrs. Agatha Nzekwe	Consultant
Freelancer	Prof. Fola Tayo	Facilitator
Private Sector Health Alliance	Dr. Muntaqua Sadiq Umar	Facilitator
WAVA	Dr. Chizoba Wonodi	Consultant
Meeting Secretariat		
CHESTRAD Global	Jide Fakorede	Policy and Advocacy Officer
HSP Secretariat	Haydar Daudu	Support staff
HSP Secretariat	Oraibibakame Imabibo	Support staff

Annex 2: Key Pillars of the Health and Social Protection

Pillars, Key Thrusts and Main Themes

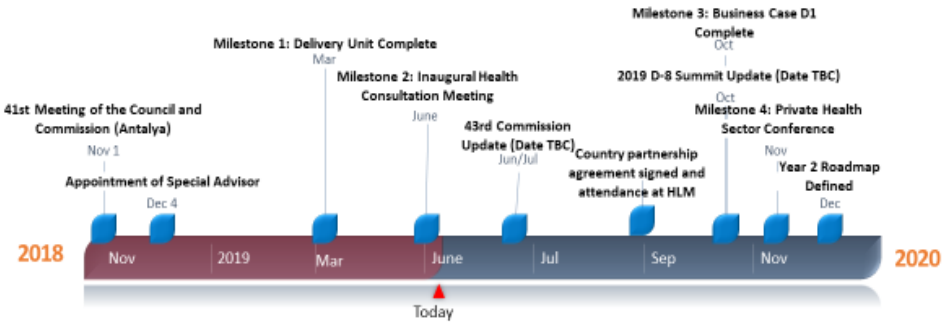
D-8 Health and Social Protection Plan

	Pillar	Key thrusts	Main themes (not more than 6 per pillar)
Pillar 1	Expanding access to PHC services	PHC as the pathway to resilient health systems, improved wellbeing and universal health coverage	Strengthening PHC Systems
			Basic Services (Immunization, nutrition, maternal and child health)
			Health Security
			Health in humanitarian crisis, emergency situations and natural disasters
			Inputs, Supplies and Commodities
			Health Infrastructure
Pillar 2	Health Governance, Quality of Care and the health workforce	Ensuring inclusion and quality improvement	Human resources for Health (Skills Mix and total workforce volume per capita) and a focus on the community or front-line health workforce
			Clinical Health Governance
			Communities and Civil Society
			Results and Accountability
			Research, Evidence and Knowledge Management
Pillar 3	Shaping health markets and enhancing trade in health	Unlocking the potential of the private Sector	Strengthening the health care value chain
			Facilitate impact and social investments
			Access to health investments (venture philanthropy, social impact investments)
			PPP framework and policy
			Technology, innovation incubation and transfer
			Fiscal policy and regulations
Pillar 4	Non-Communicable Diseases	Promoting health lifestyles and wellbeing	Health Promotion

			Services - diagnosis, screening for risk factors Environment
Pillar 5	Social Protection	Strengthening universal protection and sustainable livelihood	Early learning, Nutrition and child development Care of the Elderly Gender Equity Youth Empowerment and Development Family Care Care for persons with disability Sustainable Livelihood
Pillar 6	Innovative and Sustainable Financing	Transforming financing for health from aid to trade	Corporate Shared Value (CSV)/Corporate Social Responsibility (CSR) Organized philanthropy and community giving Social Impact Investments and Bonds Venture Philanthropy Zakat and Takaful as solidarity-based financing
Pillar 7	Data for performance tracking and impact	Expanding access to data for performance and accountability	Technology for data access and use

Annex 3: 2019 Milestones

2019 Milestones



- It should be noted that dependency on Milestone 2 and successful cooperation of D-8 member countries' Ministries of Health is fundamental for the success of subsequent milestones in 2019.

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