



# Highlights

An Update of PHRplus Project Activities, October 2005

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## MHO Membership in Mali Linked to Increased Use of MCH Services

Mali's maternal and child health (MCH) indicators have stagnated, yet use of services that could improve MCH status remains disappointing. Findings of a recently released household survey in Mali, however, do show that access to and utilization of health care – in particular, MCH services – has increased in several communities that have established mutual health organizations (MHOs).

In Mali, less than 3 percent of the population are members of MHOs. Since 1999, PHR and PHRplus have worked with the Ministry of Health, the Ministry of Social Development, and other partners to improve equity of access to health services, including the creation and development of four community-based MHOs. In the development process, communities carried out a feasibility study, created a MHO that matches their needs and capacities, manage it, and are now benefiting from its services. Membership allows them to pay a premium when they have funds available and then utilize specified services at little or no cost, rather than paying onerous user fees.

In 2004, PHRplus, in collaboration with USAID's bilateral project *Assistance Technique Nationale*, carried out a household survey to evaluate the impact of MHOs on utilization of priority health services. On August 25, 60 key stakeholders from national and regional levels attended a workshop to learn about and discuss MHO policy and progress, the community-based MHO process, and results of the evaluation survey.

Preliminary survey results showed that MHO members residing in rural areas frequently sought (and sought earlier) modern treatment for fever (malaria). Women members were more likely than non-members to deliver in a modern facility with a skilled attendant and to make four or more prenatal visits and at least one postnatal visit. Women members in both urban and rural areas were more likely to sleep under an insecticide-treated bednet when pregnant, as were member children in rural areas. Also in rural

(Cont. page 3 "MHO Membership")



PHRplus is implemented by Abt Associates Inc. and partners:  
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## Addressing Health Worker Shortage in Côte d'Ivoire

In a mid-September visit to the U.S., Côte d'Ivoire Minister of Health Dr. Mabri Toikeusse voiced his concern over what he sees as one of the most prominent issues for the health sector in Côte d'Ivoire – an ongoing shortage of health workers to deliver basic health services. Minister Toikeusse met with PHRplus staff and USAID officials to plan follow-up to a recent PHRplus assessment of human resources for health (HRH) in Côte d'Ivoire. The assessment revealed the following:

- ▲ The overall stock of health care workers is shrinking, with an estimated reduction in work force of 15 percent by 2008.
- ▲ The public health sector suffers from very high levels of attrition; for example, the rates for 2004 are 11 percent, 5 percent, and 8 percent for doctors, nurses, and midwives respectively.
- ▲ The distribution of health workers is increasingly skewed towards Abidjan, the capital and largest city, due mainly to political unrest in the countryside over the past 2½ years. Sixty-four percent of all doctors, 48 percent of all nurses, and 74 percent of all pharmacists work in Abidjan.
- ▲ The nurse shortage remains the biggest HRH impediment to meeting national and international HIV/AIDS targets.
- ▲ It is estimated that in 2008 the country will not be able to maintain basic health services, and it will be increasingly difficult to deliver HIV/AIDS services.

By quantifying the HRH currently available, the assessment will help Côte d'Ivoire meet public health sector needs to achieve HIV/AIDS service targets of the government and initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency



Minister of Health Dr. Mabri Toikeusse, seated with US Ambassador to Côte d'Ivoire, Aubrey Hooks, voices his concern regarding the ongoing health worker shortage in his country.

Plan for AIDS Relief, as well as by World Bank and WHO programs.

The shortage of all cadres of human resources for health is common in many sub-Saharan African countries. Likewise, training of workers has not kept pace with needs, especially for the ever-increasing burden of disease brought about by HIV/AIDS and resurgent epidemics.

At the Washington meeting, Minister Toikeusse advocated for the need for a high-level policy discussion workshop as a next step. The workshop took place October 3 in Côte d'Ivoire, co-chaired by the Minister and U.S. Ambassador Aubrey Hooks and attended by various government ministries, donors, and NGO representatives. Participants agreed that training, recruitment, and adequate incentives for people working in rural areas require particular attention. Minister Toikeusse and participants also agreed to create a follow-up committee to plan short-term actions and for the current political post-crisis period. USAID and the Centers for Disease Control and Prevention will join a number of ministries and other donors on the committee.

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## NHA Results Compel Kenyan Ministry of Finance to Boost Health Budget

The Kenyan Ministry of Health (MOH) received an overwhelming 30-percent increment in its allocation from the Treasury for the current fiscal year (2005/06) based on findings of a National Health Accounts (NHA) study. The government's decision to increase the MOH budget, which followed the presentation of the NHA report earlier this year, marks the first time since Kenya's independence in 1963 that the MOH received such an increment.

Minister for Health Charity Ngilu first presented the NHA report to government and other stakeholders at a colorful ceremony in Nairobi in March (*Highlights*, April 2005). The event received detailed and impressive media coverage. Results were compelling, among them the fact that Kenyan households bear most of the burden of financing health care. In July, Minister Ngilu shared this and other NHA findings with an international audience at the biennial NHA Symposium in Barcelona, where she was a keynote speaker.

Kenya has embraced the NHA as a tool for tracking health resources. Another round of NHA is scheduled for 2007.

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Kenya Minister of Health Charity Ngilu presents NHA findings resulting in largest increase in MOH budget since 1963. At the podium with Minister Ngilu are Karen Cavanaugh of USAID and Peter Iveroth of Sida.

## Private Providers – Key Component of Service Provision in Uganda

A recent survey of Ugandan private for-profit health facilities by PHR<sup>plus</sup> and the Ugandan Ministry of Health (MOH) estimates that there are more than 9,500 uncounted health workers employed in the private sector. This represents a health workforce that is substantially larger - more than one-third - than previously known, and potential for public-private partnerships that can increase the Ugandan population's access to priority public health services. The Ugandan Health Sector Strategic Plan II, released by the MOH in May 2005, had estimated the national health workforce at 32,348, but only included staff at government and private not-for-profit facilities.

While the government has long collaborated with the private not-for-profit health sector, and the country's draft 2004 National Policy on Public Private Partnership in Health seeks "to establish functional integration...of a pluralistic health care system by...use of available resources and...comparative advantage of partners," there has been no organized interaction with nor information on private for-profit health practitioners (PHPs).

To fill the information gap, PHR<sup>plus</sup>/Uganda in collaboration with the MOH Public Private Partnership in Health Desk, built a national database of 2,154 PHP facilities. A representative sample of 259 of these facilities was surveyed about staffing and services. Among the estimated 9,547 PHPs were 1,500 doctors and almost 5,000 nurses and midwives.

Many of the facilities already complement government efforts to provide priority services. For example, 96 percent of the for-profit facilities treat malaria and 91 percent treat sexually transmitted infections. Family planning is widely available, with counseling offered in three-quarters of facilities and products in more than 80 percent.

Some PHP facilities are active in the fight against Uganda's high maternal mortality – about 40 percent provide maternity services, post-abortion care, and

adolescent reproductive health, though there is significant regional variation. Partnership efforts – such as training in treatment guidelines and government provision of equipment and supplies – would increase PHP capacity to deliver these services.



Private for-profit health practitioners in Uganda represent a health workforce that can significantly increase the Ugandan population's access to priority health services.

Collaboration could also benefit provision of HIV/AIDS services. Research shows that Ugandans prefer private providers for treatment of diseases that require high standards of confidentiality. Yet provision of HIV/AIDS services by PHPs is low: 60 percent provide voluntary counseling and distribute condoms, 29 percent offer voluntary testing, and less than 15 percent provide prevention of mother-to-child transmission and post-test services, home-based care, or antiretroviral therapy (ART). Nonetheless, 78 percent of survey respondents expressed interest in expanding their HIV services, and this number was highest in less-accessible regions. The MOH should share treatment guidelines, and train and accredit PHPs to provide ART and other services.

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### MHO Membership (Cont. from page 1)

areas, member children with diarrhea were more likely to be treated with oral rehydration therapy than non-member children.

Based on these findings, stakeholders identified the following needed actions:

- ▲ A strategic plan for MHO development and support in Mali should be prepared
- ▲ More resources must be mobilized to expand MHO development
- ▲ Networks should be established where MHOs and promoters can learn together

- ▲ The legal framework for MHO expansion exists, but the licensing process should be made more efficient
- ▲ Local officials need to take a more active role in MHO support.

Mali has good MHO models to build on, and stakeholder enthusiasm generated during the workshop should manifest in continued support for MHO expansion.

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## Disease Surveillance Reforms are Catalyst for New Public Health Law in Georgia

While in the past few years Georgia has made progress in designing and implementing measures to strengthen infectious disease surveillance, remaining legal, administrative, and financial constraints limit the effective functioning of the system. In early 2005, the Georgian Parliament and Ministry of Health asked PHR*plus* and its Tbilisi-based partner, Curatio International Foundation, to lead a multi-agency expert group to draft a new public health law that would address these barriers.

PHR*plus* and Curatio have been assisting the government of Georgia to strengthen disease surveillance since 2002. Classroom and on-the-job training in new technical guidelines, job aids, and software applications were pilot-tested with health workers at various levels of the public health system in the Imereti region. In 2004, the government of Georgia endorsed a countrywide roll-out of disease surveillance reforms – recognizing the need to strengthen the legal and financial authority of public health structures so that they may carry out their new responsibilities.

The 2004 National Disease Surveillance Conference, whose attendees included representatives of Parliament and the Ministry of Health, presented implementation and operations research findings suggesting that the new system had improved quality and availability of surveillance data as well as the technical capacity of health workers to analyze the data. Nevertheless, inadequate public funding and a lack of legal and administrative authority are preventing public health center personnel from implementing adequate responses.

Acknowledging these constraints, Parliament and the Ministry of Health

decided to restructure existing finance and disbursement mechanisms for surveillance activities and to rewrite legislation regarding the structure and functioning of the public health service. The expert group led by PHR*plus*/Curatio, with representation from Parliament, various

ministries, research institutes, USAID, and the European Union social and health legislation legal support project, has agreed on definitions of terms, the mission and guiding principles of public health, essential public health functions, and minimal public health competencies, and services that the state should and can realistically provide.

### Strategic Principles in the Proposed Georgian Public Health Law

Reduce the number of services to be carried out directly by the state by:

- ▲ Giving private sector more responsibility to self-monitor and follow norms while instituting severe financial sanctions for non-compliance
- ▲ Limiting state intervention to public health services with greatest public health impact



Rusiko Rukhadze

Disease surveillance reforms and a new public health law in Georgia will result in improved program management, delivery of services, and use of resources at all levels.

The group also has proposed several options for restructuring the public health system that will modify relationships, responsibilities, and lines of authority and accountability among public health bodies in a way that will enhance their legal ability to respond to public health information. In addition, the private sector is expected to assume some state responsibilities; for example, it will be expected to comply with specified norms and standards, but also will be able to self-monitor compliance rather than undergoing inspections by the state.

Debates on the final structure of the public health system and roles and responsibilities of each entity will continue through this year, with final language expected to be submitted to Parliament in the first half of 2006.

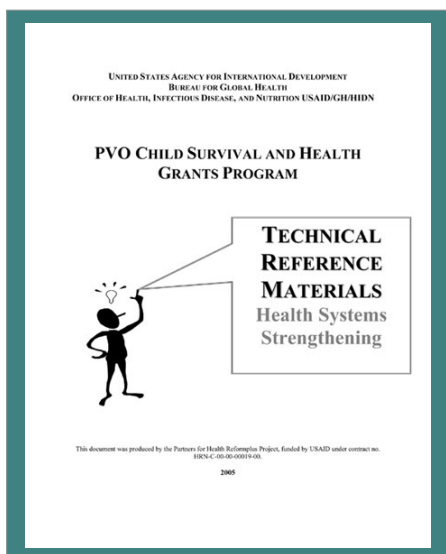
For more information, contact [anton\\_luchitsky@abtassoc.com](mailto:anton_luchitsky@abtassoc.com) ▲

## Growing Role in Health Systems Strengthening for Child Survival PVOs

Can child survival PVOs integrate health systems strengthening (HSS) into their programs, and day-to-day work? In an informal survey at the Child Survival and Health Grants Program Partners' Meeting in January 2005, project managers expressed enthusiasm, but also cited reservations:

- ▲ Need for immediate results: *"Our job is to save lives today."*
- ▲ Working at the periphery: *"Our focus is on small, community level interventions."*
- ▲ Programming constraints: *"We have too little program flexibility, and need Mission support for HSS work."*
- ▲ Limited influence: *"PVOs are transient resources, the Ministry of Health knows this and therefore the MOH buy-in is very small."*
- ▲ Insufficient resources: *"More money and manpower are needed to reach national policy level."*

Participants agreed that child survival programs that aim to expand and improve service delivery risk limiting their impact if they don't work to improve the systems in which their services operate. Without addressing systems issues, service delivery programs tend to fall short of their potential.



Enhancing the role of child survival project grantees in health systems strengthening is part of USAID's Health Systems Mainstreaming Initiative. PHRplus has assisted in a range of activities to support the Initiative, including the preparation of Technical Reference Material (TRM) on HSS tailored to the PVO context. TRMs are on-line reference modules that correspond to the primary technical areas and key cross-cutting areas central to the Child Survival and Health Grants Program.

The *TRM on Health Systems Strengthening* recently became available on the Child Survival Technical Support website ([www.childsurvival.com/documents/trms/update\\_trms.cfm](http://www.childsurvival.com/documents/trms/update_trms.cfm)). This newest of the cross-cutting TRMs aims to assist child survival project design teams and implementers by:

- ▲ Providing a general overview of HSS within the child survival project context;
- ▲ Explaining the relationship between efforts to improve the delivery of child survival services and overall health system strengthening; and
- ▲ Suggesting how child survival projects can complement and benefit from HSS approaches to enhance project results and sustainability.

The TRM is structured around the WHO four key health systems functions, and includes practical sections on "What PVOs Can Do." Feedback from users will be important in regularly updating and tailoring the content to the needs and interests of users, and can be directed to: [csts@orcmacro.com](mailto:csts@orcmacro.com).

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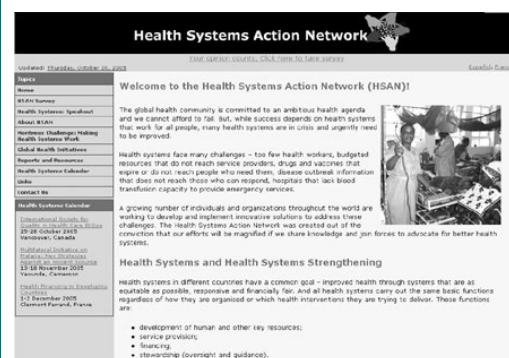
## Health Systems Action Network

What must be done to strengthen health systems in order to improve health outcomes? What investments in health workers, financing systems, or the role of the private sector are needed to scale up access to antiretrovirals, or achieve improvements in immunization coverage?

Weak health systems are one of the critical barriers to achieving global health goals. There is currently discussion about developing a Health Systems Action Network (HSAN) as a means to:

- ▲ Create momentum to enhance the global focus on the importance of health systems to achieve health outcomes
- ▲ Improve communication and the flow of credible information about health systems strengthening interventions that work
- ▲ Promote greater coordination and collaboration

HSAN is now seeking input about what the most pressing health system challenges are, and how we can be better organized to address them. Please visit the HSAN website [www.hsnet.org/speakout.html](http://www.hsnet.org/speakout.html) to read the views of prominent thinkers on this topic, and to contribute your opinions via a web-based survey available in English, Spanish, and French. ▲



[www.hsnet.org/](http://www.hsnet.org/)

## Implementing a Rational Drug Use Strategy in Jordan

Expenditures on pharmaceuticals in Jordan amount to 31 percent of total health care expenditures according to recent National Health Accounts (NHA) estimates. This high percentage is due to a number of factors, among them fragmented procurement by health “subsectors” such as the Ministry of Health, the Royal Medical Service, and teaching hospitals, as well as the lack of a mandatory prescription drug policy that considers drug efficacy and cost-effectiveness, especially in terms of generic drugs.

The percentage is clearly unsustainable, especially when coupled with expected increases in demand for pharmaceuticals as the population ages, increased incidence of chronic ailments, and the increased availability of new high-cost drugs. Thus, while only about 20 percent (\$50 million) of total spending on drugs is by the public health sector (the remaining 80 percent is primarily out-of-pocket expenditures by the Jordanian people), PHRplus and the Ministry of Health have embarked upon a comprehensive program aimed at controlling these expenditures.

In September 2004, PHRplus in collaboration with the Jordan Food and Drug Administration (JFDA) sponsored a first-ever national workshop on developing a Rational Drug Use (RDU) strategy in Jordan. At the workshop, attended by more than 150 stakeholders from both the public and private sectors, the sponsors formally introduced their approach to pharmaceutical cost containment. It included: establishing a RDU unit within the Food and Drug Administration, revising the Jordan Essential Drug List and National Drug Formulary, establishing Drug Therapeutic Committees within all 26 Ministry of Health general hospitals, conducting detailed assessments of all Ministry hospital-based pharmacies, and developing

pharmaceutical inventory software for Ministry hospitals.

To emphasize its commitment to this effort, the Ministry of Health formed the RDU Advisory Board, chaired by His Excellency the Minister of Health, Engr. Said Darwazah. The board soon established 17 technical committees to update the Jordan Essential Drug List and National Drug Formulary. Following two national workshops and 70 technical meetings, in August 2005 the committees submitted a draft of a radically revised Essential Drug List; among other changes, the committees reduced the number of drugs listed by more than one-third. The committees are collaborating with the RDU unit to update the national drug formulary.

PHRplus is also working with the newly established Joint Procurement Directorate,

which will serve as the sole purchaser of pharmaceuticals for the public health sector. The directorate will use the revised drug list when purchasing and dispensing drugs.

Moreover, PHRplus recently completed detailed assessments of all Ministry of Health hospital pharmacies. Results were presented at two national workshops earlier this summer, along with a demonstration of the pharmaceutical inventory control software recently developed by the project.

The current reforms affect only the public sector; however, the gains in efficiency should encourage the private sector to adopt similar strategies with the Jordanian public being the ultimate winner.

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Dr. Laila Badran, Director of Pharmacy Specialization, MOH, poses a technical question at the July 2005 “Progress in Jordan National Drug Policy: Towards Implementing an Essential Drug List” national workshop, attended by more than 120 senior-level policymakers from the public and private sectors.

## Yemeni Children Promote Environmental Health

A child dies in his mother arms after a terrible bout of diarrhea. The cause of the illness: parasites contracted from swimming in an unclean cistern. Another child dies from injuries in a fall, the result of her slipping on garbage thrown into the street.

The deaths in this case were staged, scenes in a theatrical performance by girls from the Arwa School in the town of Thula, Yemen. But the vignettes depict real problems: A recent household survey by *PHRplus* revealed that more than 40 percent of children had had diarrhea in the preceding two weeks, and 40 percent of households reported that the community does not collect garbage. Only 13 percent of parents teach their children to wash their hands after using the toilet.

The children's performance was the culmination of a summer day-camp for environmental health awareness funded by USAID/Yemen and implemented by *PHRplus*. Fifty-four girls from Thula district attended the day-camp. In preparation for leading the camp, local teachers attended a mini-course on hygiene awareness. They then taught the lessons using creative activities such as storytelling through comics, theater, song, and art/drawing. The girls were able to choose the medium that best suited their interests and talents. Over the course of the program, the girls developed their own environmental health messages and related them to their daily lives and their communities.

The camp finale brought together parents, community

members, local council representatives, and governorate and district health officials to see how the girls used the various media to convey messages about environmental issues and ways for families and communities to solve the problems. The audience reacted with smiles and applause when the girls took the stage, some wearing mustaches and playing fathers and judges. They expressed amazement at the performances and were touched by the clear messages – keep the community clean; wash hands with soap and water; don't swim in dirty water; don't drink water from cisterns; take care of the environment; teach children the importance of hygiene and sanitation – that held the adults, both parents and the broader community, responsible for children's environmental health-related illnesses and accidents and for ending those problems.

The day-camp is part of the Environmental Health Pilot Project funded by USAID and implemented by *PHRplus* in Thula district to identify major environmental health problems and carry out community-based solutions to the problems.

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Yemeni girls take the stage to portray parents put on trial for the death of their child from parasites.

## PHRplus Publications (April-September 2005)

### Technical Reports

- ▲ *La Participation Sociale dans le Développement des Mutuelles de Santé au Sénégal* (TE 056F) by Lynne Miller Franco, Cheikh Mbengue, and Chris Atim
- ▲ *Baseline Monitoring and Evaluation of Integrated Disease Surveillance and Response in Tanzania* (TE 061) by Debbie Gueye, Kesheni P. Senkoro, and Susan F. Rumisha
- ▲ *Costing HIV/AIDS Services for Community Health Fund Members and Non-members in Hanang District, Tanzania* (TE 62) by Catherine Chanfreau, Stephen Musau, and Lillian Kidane
- ▲ *The Good Practice Model: Community Participation in Luweero District, Uganda* by Paul Kiwanuka-Mukiibi, Yann Derriennic, and Gloria Karungi
- ▲ *Costing Artemisinin-based Combination Therapy and Rapid Diagnostic Tests for Malaria in Democratic Republic of Congo* (TE 64) by Katherine Wolf and Natasha Hsi
- ▲ *Costing Artemisinin-based Combination Therapy for Malaria in Tanzania* (TE 065) by Katherine Wolf and Yann Derriennic
- ▲ *Primary Health Care Reform in Albania: Findings from an Impact Assessment of a Pilot Project* (TE 66) by David Hotchkiss, Linda Piccinino, Altin Malaj, Andrés Berruti, and Sujata Bose
- ▲ *Benin: System-wide Effects of the Global Fund: Interim Findings* (TE068) by Owen Smith, Sourou Gbangbade, Assomption Hounsa, and Lynne Miller Franco. Available in French: *Bénin: Les Impacts du Fonds Mondial sur le Système de Santé: Résultats préliminaires* (TE068F)

- ▲ *Field-testing Costing Guidelines for Home-based Care: The Case of Uganda* (TE070) by Stephen Musau, Catherine Chanfreau, Lennie Bazira Kyomuhangi
- ▲ *Human Resources Crisis in the Zambian Health System: A Call for Urgent Action* (TE071) by Gilbert Kombe, David Galaty, Vilepi Mtonga, and Priscilla Banda
- ▲ *Comprehensive Assessment of Human Resources for Health in Cote d'Ivoire* (TE072) by Damascene Butera, John Vincent Fieno, Suzanne D. Diarra, Gilbert Kombe, Catherine Decker, and Soumahoro Oulai
- ▲ *Survey of Private Health Facilities in Uganda* (TE073) by Andrea Mandelli, Lennie Bazira Kyomuhangi, and Susan Scribner

## Tools

- ▲ *Toolkits for Strengthening Primary Health Care* (TK012)
- ▲ *Egyptian Hospital Accreditation Program: Standards*. Fifth Edition (TK013)
- ▲ *Egyptian Hospital Accreditation Program: Surveyor Guide*. Second Edition (TK014)
- ▲ *Guidelines for Safe Immunization Practices and Monitoring Immunization Programs at the Facility and District Levels in Yemen*
- ▲ *Workbook for District EPI Managers: Monitoring of Immunization Activities and Use of Vaccines in Yemen*
- ▲ *Laboratory Reference Manual for Surveillance and Control of Vaccine-Preventable Diseases in Georgia* (TK017)

## Working Papers

- ▲ *Best Practices in Financial Sustainability Plans for Immunization Programs*
- ▲ *Implementation of a Laboratory Network in Georgia* by Antoine Pierson
- ▲ *Implementing Quality Improvement Techniques for Health Care in Suez Governorate, Egypt*

## Special Products

- ▲ *Meeting Millennium Development Goals: Using NHA to Understand Reproductive Health Financing*
- ▲ *Rwanda National Health Accounts 2002: Informing Health Financing Decisions*
- ▲ *Rwanda National Health Accounts 2002*
- ▲ *Kenya National Health Accounts 2002: Estimating Expenditures on General Health and HIV/AIDS Care*
- ▲ *Kenya National Health Accounts 2001-2002*
- ▲ *Household Expenditure and Utilization Survey 2003*
- ▲ *Le Réseau de Recherche sur le Fonds Mondial et les systèmes de santé (SWEF)*
- ▲ *Mesurer les effets indirects du Fonds Mondial sur les systèmes de santé des pays participant au réseau SWEF*
- ▲ *Explication des Comptes nationaux de la santé: la méthodologie et le processus de mise en oeuvre*
- ▲ *L'utilisation des Comptes nationaux de la santé pour informer le processus de décision politique*

## Partners for Health Reform<sup>plus</sup>

Partners for Health Reform<sup>plus</sup> is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services.

PHR<sup>plus</sup> focuses on the following results:

- ▲ Implementation of appropriate health system reform
- ▲ Generation of *new financing* for health care, as well as more effective use of existing funds
- ▲ Design and implementation of health information systems for disease surveillance
- ▲ Delivery of *quality* services by health workers
- ▲ Availability and appropriate use of health commodities

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