Building Capacity to Improve Disease Surveillance in Ghana

PHRplus and the Ministry of Health and Ghana Health Services (MoH/GHS) have developed a comprehensive training program to give front line health workers the necessary skills to play a key role in improving infectious disease surveillance.

Despite recognition of the important role of these workers, efforts to improve surveillance system performance typically have focused on building the capacity of regional and district staff to analyze, report, and respond to data from the field. Little if any attention has been paid to building the necessary skills of the front line health worker.

Health workers who see and treat patients are the backbone of not just the service delivery system, but also of disease surveillance: correctly diagnosing, reporting, and responding to myriad public health threats. Surveillance systems that cannot count on the rigorous application of standards and protocols by health workers at the front lines cannot produce reliable information to guide decision makers as to how to best respond to identified problems. The success of the system is truly based upon this “bottom-up” structure.

In summer 2003, PHRplus and MoH/GHS successfully trained 450 health personnel in eight of the 24 districts that comprise Ghana’s three northernmost regions. The training focuses on providing not only technical knowledge and skills, but also understanding job responsibilities, why tasks are important, and problem solving related to operational barriers participants face at their duty stations.

All of these elements are intended to improve health worker motivation and performance. The training is part of Ghana’s overall strategy to improve infectious disease surveillance by adopting the Integrated Disease Surveillance and Response (IDSR) strategy.

Design of the training plan/curriculum was based on a mapping exercise that clearly identified the surveillance tasks performed at the health facility level, a training needs assessment, and selected training material on IDSRe for Ghana district health teams. A number of tools to accompany the curriculum were developed and modified based upon initial training experiences. They are being edited and finalized based on the current training experience for dissemination to partners in Ghana and the region.

The training needs assessment and facility level trainings have also been part of the continuous learning and assessment strategy of PHRplus. A single training event or meeting does not ensure implementation of IDSR at facility and district levels. Thus, in addition to...
Financing Reproductive Health Services

PHRplus, in collaboration with the CATALYST consortium, conducted a half-day forum on *Financing Sexual and Reproductive Health Services in the Context of Health Sector Reform*, July 16, 2003, at the National Press Club in Washington, DC. The symposium panel shared lessons learned and experiences from developing countries which have used different mechanisms to finance and sustain sexual and reproductive health services in light of evolving health sector policies.

Chairing the symposium, PHRplus Project Director Nancy Pielemeier summarized the key components of health sector reform and referred participants to the framework set forth in the recently released brief by Population Reference Bureau and PHRplus entitled *Health Sector Reform: How it Affects Reproductive Health*. Three panelists provided engaging and thought-provoking presentations from the private commercial sector, the public sector, and NGO perspectives.

Carlos Carrazana, formerly Director of the Summa Health Foundation, discussed Nicaragua’s experiences with financing and expanding reproductive health services through the private for-profit sector. The Nicaraguan Social Security Institute (INSS) has faced challenges and achieved some success in its transition from provider to purchaser of health services. Since 1993, the INSS has been contracting NGO, private commercial, and MOH facilities for the provision of services to social security contributors. Under a new financing and delivery model, contracted facilities (known as EMPs) provide a sustainable level of reproductive health services in low-resource settings. The INSS has addressed capacity constraints within the commercial sector with accreditation and other mechanisms to promote quality of care.

Thomas Merrick from the World Bank Institute shared insights on the impact of health sector reform initiatives on reproductive health in his presentation entitled, “Financing Reproductive Health Services in the Context of Health Sector Reform: Reflections on Recent Experience in Bangladesh and the Philippines.” Political realities can sometimes slow down the bold steps that health reform often requires, so it is important to seize the window of opportunity for action. Descentralization has had a mixed effect on health resources and decision-making on reproductive health services. Consumers/clients need education about their rights and responsibilities in evolving health systems.

In her presentation “PROFAMILIA/Colombia and the Health Sector Reform,” María Isabel Plata from PROFAMILIA/Colombia provided an in-depth picture of the challenges faced by her NGO in providing family planning and reproductive health services in the 1990s as the government implemented health policy reforms and donor resources became scarce. Institutions need to change and innovate to continue to provide quality services in a changing political environment. These changes include providing new services and broadening the client base; strengthening accounts receivable, cost accounting, and management information systems; and advocating for reforms that promote sexual and reproductive health services.

The key themes emerging from all presentations included the importance of building capacity throughout the health sector, the need to educate the public about their rights as clients and consumers of family planning goods and services, the need for working capital until providers are sustainable in their operations, and the need to set appropriate incentives to promote the use of family planning services. In addition, panelists agreed on the need to develop and ensure effective means of accreditation and quality assurance and phase in integration of commodity procurement systems until health reform efforts are well underway.

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Dr. Issa Makumbi into an FSP “expert.”

These benefits were in evidence at a GAVI-organized FSP training workshop held in Kampala in May. The workshop provided a forum for eight countries from Africa and Asia to witness how Uganda is using FSP information to make key decisions. The new relationship built by the FSP process was evident, as the Ministers of Health and the Finance took center stage by opening and closing the workshop. UNEPI Director Makumbi imparted to workshop participants a real sense of the value of the FSP information and became a sought-after resource person by the other delegations.

As an adjunct to the FSP, Uganda has undertaken studies of cost-effectiveness of vaccine options and Hib impact to add to evidence for decision-making. This puts Uganda at the center of the debate over the pentavalent vaccine provided to many countries by the Vaccine Fund.

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**How Financing and Insurance Impact Maternal Health Care**

Overcoming economic barriers to accessing maternal health services in developing countries was the theme of a USAID Maternal Health Brown Bag in September. PHRplus health economist Tania Dmytraczenko presented promising findings from Bolivia and Rwanda concerning increasing pregnant women’s access to life-saving health care services.

Financing is a key factor influencing women’s access to and use of maternal health services in developing countries. Innovative financing mechanisms such as social health insurance – financed from general tax revenue and transferred to municipalities with a portion earmarked for health, as in the case of Bolivia – and community-based health insurance schemes – predominant in Rwanda and other parts of Africa – are potential avenues to help reduce maternal mortality.

Approximately 25 representatives from the USAID Population Office, the Office of Health, Infectious Disease and Nutrition, the Latin America and Caribbean Division, as well as other organizations working in the area of maternal health contributed to the discussion.

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**Formulating a National Antiretroviral Treatment Policy in Uganda**

The proven effectiveness of Antiretroviral Therapy (ART) to control Human Immunodeficiency Virus (HIV) disease progression and the newly emerging global commitment to providing it to people living with HIV/AIDS in low-income countries has renewed discussion about the prospect of providing ART treatment to HIV/AIDS patients.

Delivering ART safely and effectively poses considerable challenges for health care systems in Africa. PHRplus has provided technical support to national counterparts and HIV/AIDS stakeholders for the development of national ART policies and strategies in several sub-Saharan African countries.

PHRplus’ recent policy and costing work in Uganda, done in response to the USAID Mission’s request to assist with development of the national ART policy and related activities, highlights the comprehensive system strengthening approach of PHRplus. The government of Uganda requested PHRplus technical assistance in producing a consensus-driven ART policy, and technical staff facilitated policy dialogue among five subcommittees to achieve a broad understanding of resource requirements for the draft ART policy. PHRplus provided policymakers with the tools and expertise necessary to plan for ART expansion and resource needs. A strong focus is placed on the sustainability of the interventions developed and the involvement of a broad array of interested parties in the process. Project staff served as facilitators for the decision-making process and the drafting of contributions from various stakeholders into a coherent ART policy document.

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**PHRplus Software Helps Determine Costs of ARV Programs**

With the new availability of lower-cost antiretroviral (ARV) drugs, many low-resource countries are holding renewed discussion about the prospect of providing treatment to HIV/AIDS patients. In response to this trend, PHRplus has developed the AIDS TREAT COST (ATC) model. The ATC model is designed to estimate the costs and resources required to implement an ARV program under various assumptions and scenarios that the model allows the users to define. The model can be tailored to country-specific situations using local data from statistical agencies, ministries of health, health facilities, and so on. Intended users include policymakers, program planners, and technical staff.

The operation of the ATC model comprises two main steps. First, baseline data is entered under four categories (demographic, epidemiological, medical, and cost data). Second, the user specifies various policy scenarios for an ARV program. The user enters a range of data choices, such as the number of patients to be treated, protocols for the allocation of facility space and staff time, treatment protocols for opportunistic infections, and the prevention of mother-to-child transmission. With these inputs, the model produces estimates for total costs and resource requirements under the alternative scenarios.

The ATC provides a comprehensive framework within which to consider various ARV program options, and highlights the opportunities and constraints inherent in any policy choices being considered.

To order a copy of the ATC model and user’s manual please send an email to the PHR-InfoCenter@abtassoc.com with your name, title, organization, and email and street addresses. ▲
PHRplus Examines Impact of Global Fund on Health Systems

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a significant new player in the international development world, due both to the magnitude of the funding it is committing to country programs and its approach to project planning and funding disbursement. Although the GFATM focuses upon three target diseases, it is important to consider the potential effects of GFATM-supported activities on the development of the health system as a whole and the system’s ability to reduce the burden of disease in other key areas such as maternal, child, and reproductive health.

To address this issue, the PHR plus Applied Research Team developed a conceptual framework paper to map out the channels through which disbursements under the GFATM might impact the broader health care system in recipient countries. In June 2003, PHR plus organized a workshop in Geneva with a wide range of interested partners – including representatives from a number of developing countries, research organizations, UN agencies and bilateral donors, the Global Fund Secretariat, and several Global Fund Board members – to review the framework and discuss how future research on the issue might proceed. By the end of the successful two-day event, the group reached consensus about the types of systemwide effects that might occur and how these effects might be monitored and evaluated.

Another significant outcome of the workshop was the group’s agreement to move forward with several country case studies. The core research questions to be addressed include:

▲ What are the effects upon the health care systems of recipient countries of the processes involved in applying for and receiving a Global Fund grant and of Fund-supported activities?

▲ How can countries receiving GFATM support, and the Global Fund itself, take steps to ensure that GFATM-supported activities enhance health care systems?

The stakeholders and intended audience of this research and its findings are threefold. First, the research will provide information to countries – including government stakeholders and policymakers, Country Coordinating Mechanisms (a country coordination and partnership mechanism that typically includes broad representation from governments, NGOs, civil society, multilateral and bilateral agencies, and the private sector), and local implementing partners. The information collected during the studies will inform country-level stakeholders of potential system-level issues and provide timely and practical information for decision-making purposes to maximize positive effects and mitigate potential negative effects. Second, the study findings will be useful to the GFATM Board and Secretariat and can raise awareness regarding the system-level impacts of the GFATM. Lastly, the general international community will benefit from the research findings through an enhanced understanding of the likely consequences of large increases in resources devoted to specific diseases.

PHRplus is organizing a research protocol development workshop, to take place in October, to launch the country case studies. These studies will be conducted through a network of interested partners including PHRplus, the London School of Hygiene and Tropical Medicine, the Institute of Tropical Medicine in Antwerp, and others.

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Closing the Immunization Financing Gap in Uganda

Developing a financial sustainability plan (FSP) for its National Expanded Programme on Immunisation (UNEPI) has allowed Ugandan government officials to understand the precariousness of UNEPI’s financial sustainability and the need for policy actions to close the funding gap.

All countries receiving support from the Global Alliance for Vaccines and Immunizations (GAVI) and the Vaccine Fund must prepare a FSP that includes a costing of the current program, projections of future costs and financing, and a strategy for closing financing gaps. USAID’s Global Bureau and Uganda Mission arranged for PHRplus to support UNEPI’s FSP by building local capacity in conducting analyses and advocacy for program resources and in assisting with writing key policy memos based on analysis findings.

In developing the FSP, planners identified three major factors contributing to Uganda’s projected $17 million financing gap by 2007 when the vaccine fund ends in Uganda: (1) the introduction of DPT-Hepatitis B-Hib pentavalent vaccine, currently supported by the Vaccine Fund, (2) the faster-than-expected population growth revealed by the recent census, and (3) UNEPI’s ambitious targets for increasing coverage.

Working through the FSP process yielded two additional benefits: First, it built a relationship between the Ministries of Health and Finance. Although Uganda has work to do on advocacy, the collaboration between the Ministries shows their joint interest in ensuring the program’s financial sustainability. Second, it gave the government of Uganda full ownership of the process and findings, and it converted UNEPI Director Kate Stillman to...
PHRplus Supports Decentralization in Peru

Decentralization of the health sector is just beginning in Peru as part of a larger government initiative to decentralize. The election, by popular vote, of regional and municipal authorities in December 2002, gave considerable impetus to decentralization.

New laws on decentralization have also been passed, but their impact on the health sector is still unclear. This ambiguity has left regional government officials struggling to understand and execute their new responsibilities. In spite of the elections and new laws, the national government retains the lion’s share of authority and resources: The national government controls 74 percent of the national budget, while the 26 regional governments control only 22 percent, and 2,000 municipalities control 4 percent. The great challenge for decentralization in Peru will be the effective transfer of authority, functions, and financial resources from the national level to the regional and municipal levels.

PHRplus is supporting decentralization of the health sector at both the national and regional level. In response to a specific request from the former Minister of Health and Social Assistance, PHRplus decentralization advisor Dr. Oscar Ugarte developed the Plan for Decentralization of the Health Sector. The presentation of this document has served to frame and focus the dialogue on decentralization within the Ministry. Dr. Ugarte also reviewed the recent legislation on decentralization (Ley de Bases de la Decentralización) and identified those competencies and functions that the law mandates be retained at the national level and those that are to reside at the regional level. In a similar analysis of the law on the organization of regional governments (Ley Orgánica de Gobiernos Regionales), Dr. Ugarte clarified the newly mandated organizational structure of regional governments and the specific functions and responsibilities of the regional government regarding the health sector.

PHRplus has imparted this critical information about the legislation’s impact on the health sector in conferences, seminars, workshops, and other meetings with health actors.

PHRplus has also been pro-active at the regional level and will play a significant role in helping the key health actors in five regions (Lambayeque, La Libertad, San Martin, Ucayali, and Lima) interpret, define, and respond to the changes the laws on decentralization will require of them and their institutions. In Lambayeque, PHRplus successfully facilitated the creation of a Regional Health Council (RHC) with diverse membership from across the health sector and will support the RHC in the development of a common agenda for the health sector. Additional technical support will help the RHC develop key leadership skills and assume its new role as a coordinating body for the health sector. PHRplus will also support the creation of a Technical Unit to undertake targeted analyses and to serve as a technical resource for the RHC, and a Communications Secretariat to help the RHC dialogue with groups representing civil society. PHRplus has initiated a similar process to support the creation of an RHC in the region of San Martin.

These activities have had sufficient success to draw the attention of the new Minister of Health, Dr. Alvaro Vidal. After a visit to Lambayeque, Dr. Vidal requested that PHRplus develop a methodology to train Ministry personnel so that they can replicate the work of PHRplus with RHCs nationwide.

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Cont. from page 1 “Building” training/capacity building, IDSР includes continuous assessment and problem solving to help ensure that skills and knowledge acquired in training can be effectively implemented at the participants’ duty stations. Constraints and enablers to successful IDSР implementation at the facility level have begun to be identified and addressed. PHRplus is working closely with MoH/GHS partners to develop methods and tools to inculcate this continuous problem solving approach to surveillance system improvement at all levels of the system.

The training of 450 health personnel has been well received to date and evaluations have shown improvements in front line worker’s knowledge and implementation of system changes. It is clear that workers must be supported by district and regional staff through supervision and continued problem identification and solving.

IDSР implementation and PHRplus support do not, however, end there. Plans are underway to build the capacity of district and regional staff to enhance their role in effective disease surveillance as well. A curriculum is under development and initial training is planned for the fall.

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Partners for Health Reformplus, October 2003
Improving Quality of Care in Albania to Increase Use of PHC

A major obstacle to increasing utilization of primary health care in Albania, including family planning and reproductive health services, is the quality of services available in primary health centers and posts (“ambulances”). In June 2003, PHRplus efforts to improve service quality and utilization got a boost with the arrival of basic equipment and materials for improving provider skills in the pilot facilities in Berat and Koçova.

PHRplus delivered an obstetrical delivery kit, infant resuscitation kit, glucometer, sphygmomanometers, stethoscopes, and even adult weight scales to the facilities. This basic equipment reflects a primary care service delivery model that PHRplus has developed with its counterparts in Albania. The facilities also received visual educational materials for family planning and reproductive health including a three-dimensional model of the female anatomy and the birth process.

PHRplus is retraining providers to improve their clinical and patient communication skills in collaboration with PRIME (a British PVO that trains general practitioners in Family Medicine). The equipment and health education materials will improve the quality of the provider training and will also benefit the community as part of the Women’s Wellness Campaign (a community outreach program in reproductive health).

In working with PHC staff in Albania for almost two years, PHRplus has found that visual pictures, charts, and diagrams are absolutely necessary for provider understanding. PHRplus is working to translate important tools like the “pregnancy date determination wheel” into the Albanian language.

Parallel to provider training, PHRplus is working at the national level to reform PHC financing so Albanian funding sources provide basic equipment and supplies to PHC facilities nationally. The pilot sites demonstrate to national policymakers the benefits and necessity of these reforms, as well as providing data on initial and recurrent costs.

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Jordan’s Children To Be Insured Under New Plan

At present, 40 percent of Jordan’s population of 4.7 million is without any form of formal health insurance. More than 745,000 of the uninsured are children.

In January 2003, the newly appointed General Secretary of the Jordan Higher Health Council (see box) asked PHRplus to provide an overview of major health policy issues in Jordan and, soon afterward, options for a workable, and politically and financially feasible plan for reducing the number of uninsured in Jordan.

Based upon the General Secretary’s criteria, PHRplus developed a set of recommendations to cover all children by extending the Civil Insurance Plan (CIP) which had previously only covered children who were dependents of civil servants. The recommendations aim at improving the health status of children by maximizing the number of children receiving primary and preventive health care and by promoting parental responsibility for children’s health. To also reduce future health care expenditures, the recommendations incorporate child-health promotion activities.

The plan will first cover all children 6 years of age and younger and then will be gradually phased up to include all children 15 years and less. Consistent with the government’s principle of personal responsibility, health authorities are considering modest co-payment requirements for outpatient care and for prescription drugs. The Parliament’s Health Policy Committee has drafted and passed legislation to expand CIP coverage, and it will be implemented later this year.

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The Jordan Higher Health Council is the highest authority for designing and implementing health care policy in the country. It is chaired by the Prime Minister and includes the Minister of Health and the heads of the Jordan Medical Association and Private Hospital Association, deans of the Jordan University and Jordan University of Science and Technology, the ministers of Planning and Finance, and others.
Third NHA Symposium Termed ‘Great Success’

One hundred and twenty participants from 41 countries gathered in San Francisco June 13-14 to attend the Third Global Symposium on National Health Accounts (NHA). Sponsored by PHRplus and the Swedish International Development Cooperation Agency (Sida) through the Swedish Institute for Health Economics, the symposium was termed a great success by participants. The event is held every other year in conjunction with the International Health Economics Association biennial conference.

The theme for the symposium was “Measuring Today, Planning for Tomorrow” – a reference to NHA as an effective tool to measure the “financial pulse” of a national health system and its potential to inform the policy-making process. Participants from diverse backgrounds included policymakers, country experts, health economists, university professors, and donor representatives. The success of the symposium testifies to the growing global interest and utility of NHA as a comprehensive method to measure national expenditures on health.

One of the symposium’s highlights was the release of the long-anticipated Guide to Producing National Health Accounts with Special Applications for Low-income and Middle-income Countries, which was presented in a session by representatives from the World Health Organization, the World Bank, USAID, and OECD, followed immediately by a joint presentation from a panel of NHA experts who contributed to the development of the Guide. In conjunction with the release, PHRplus announced that it would soon make available an NHA training manual to accompany the Guide. The manual is available to all partners and collaborators and has already been used at several training events including the Middle East/ North Africa Regional NHA Network Training Workshop held in Cairo June 29-July 3 and again in Nicaragua for the Latin America and Caribbean Regional Training Workshop July 28-August 2. Plans are underway to use the NHA training manual in East Africa (where it was field tested), in West and Central Africa, and in the Commonwealth of Independent States (former Soviet Union countries not including the Baltic states).

In response to a growing demand for conducting NHA subanalyses, the symposium highlighted presentations on specialized NHA studies, such as HIV/AIDS, maternal and child health, aging, and subnational accounts. To view these presentations and to read more about the symposium, visit the PHRplus website at www.PHRplus.org.

The next Global NHA Symposium is scheduled to take place in Barcelona, Spain, in July 2005.

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PHRplus Publications

Technical Reports
Organization and Financing of Primary Health Care in Albania: Problems, Issues, and Alternative Approaches (TE021)

Has Improved Availability of Health Expenditure Data Contributed to Evidence-Based Policymaking? Country Experiences with National Health Accounts (TE022)

Sources of Financial Instability of Community-Based Health Insurance Schemes: How Could Social Reinsurance Help? (TE024)

Background Paper: Financing of Artemisinin-Based Combination Antimalarial Drug Treatment (TE023)

Perú: El perfil epidemiológico en un contexto de demanda reprimida de servicios de salud (TE025)

Estudio de oferta de los servicios de salud en el Perú y el análisis de brechas 2003-2020 (TE026)

Tool
AIDSTREA TCOST Model: User’s Manual (TL003)

Primer for Policymakers
Understanding National Health Accounts: The Methodology and Implementation Process (revised, PR001)

Insights for Implementers
Improving Access to Maternal Health Care through Insurance (IN003)

National Health Accounts Policy Briefs
Eastern, Central, and Southern Africa: Using NHA to Inform the Policy Process

NHA and its Relevance to Policymaking in the Middle East and North Africa

Working Paper
Knowledge, Attitudes, and Behaviors toward VPD Surveillance among Health Care Providers and Community Members in Georgia: Focus Group Discussion Report (WP005)

Workshop Report
Workshop on Monitoring and Evaluating the Health System-wide Effects of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (WR002) ▲
Employee Profile

The PHRplus headquarters office recently welcomed two visiting project staff members from West Africa. With PHRplus’ expansion in that region, Lena Kumassah and Salamata Ly traveled to Bethesda to discuss upcoming field activities, work on project deliverables, review operating policies and procedures, and plan for the addition of new staff and offices.

Lena Kumassah works as a PHRplus/USAID/Ghana program officer supporting the health financing program. In Ghana, PHRplus provides technical assistance to new and existing mutual health organizations (MHOs) and advises on national health care policies. Since Lena joined the project in January 2002, USAID/Ghana’s investment in PHRplus has more than doubled. This permitted the project to hire several regional coordinators, who are based in the targeted regions. As a result, Lena has taken on the responsibility of managing and coordinating the technical assistance that PHRplus provides to more than 50 MHO schemes throughout the country.

Salamata Ly is the administration manager for the PHRplus/West and Central Africa program based in Dakar, Senegal. Her responsibilities include managing a large and growing staff, supervising financial and administrative procedures, coordinating schedules of staff and consultants, and drafting activity reports. She also provides support to other USAID projects managed by Abt. Since she joined PHRplus in February 2001, the project’s regional office has grown and now occupies a large building that primarily supports PHRplus activities including the regional MHO program, the Senegal MHO program, and several research initiatives. Salamata recently completed an MBA program and is fluent in English, French, and Wolof.

Project Website Serving Visitors from 115 Countries

PHRplus’ new website, www.PHRplus.org, shows a steady increase in users, including users from a greater number of countries, and number of project publications viewed since its launch in March. More than 70,000 web pages have been viewed and 26 gigabytes of project documents have been opened by visitors from 115 countries. Among the most requested files were reports on health reform in Spanish, and on National Health Accounts (NHA).

Key features of the website are two databases: (1) the bibliographic database that contains citations on more than 5,500 documents on health reform and related issues, with links to the documents as available, and (2) the project document database that provides easy access to more than 500 PHRplus and predecessor project (Partnerships for Health Reform, Health Financing and Sustainability) reports.

The website also features special “networking” sections on HIV/AIDS, NHA, community-based health financing, and infectious disease surveillance.

For more information, contact ricky_merino@abtassoc.com, webmaster or visit us on the web – and register!