Letter from the Project Director

As you read through this first Highlights newsletter, you will find that PHRplus has been very active during its first year. We have received a great deal of field support from USAID missions, to date, from Albania, Africa Bureau, ANE Bureau, Benin, Democratic Republic of the Congo, El Salvador, Eritrea, Georgia, Ghana, Guatemala, Honduras, Jordan, LAC Bureau, Malawi, Peru, REDSOE, Senegal, Tanzania, West Africa Regional program, and Zambia.

We are pleased to be invited back to continue work in Africa, ANE, and LAC and specially interested in work that is being initiated in countries new to our partnership, such as Albania and Georgia. New skills and responsibilities, such as infectious disease surveillance, and an expanded partnership add to our excitement and anticipation.

Reaction to Terrorism

The terrorist actions against the United States shut down our offices on September 11. The same day, PHRplus staff began receiving messages of solidarity from around the world. Colleagues, counterparts, and friends expressed their shock and grief, extended condolences, and paid tribute to this country and its people. Some of these messages have been placed on a special page linked to our website, “Messages to America.” We invite you to read what our colleagues and friends say and to share your views with us.

The impacts of these terrible events will, of course, have long-term repercussions for the U.S and for PHRplus. At this time, USAID has directed that only “essential” travel would be permitted for its own staff. We are scrutinizing closely all travel for the project and are watching as events unfold. For the time being, we continue “business as usual.”

Planning for Year Two

During the past few weeks, PHRplus completed a series of work plan meetings with each project unit to review planning, funding, and implementation of a variety of technical activities. Many of these sessions were attended by members of the PHRplus CTO team, which is headed by Karen Cavanaugh, assisted by Peggy McNamara and Marni Sommer.

We are now completing work on a four-page project overview and will have copies available prior to the APHA conference in Atlanta that opens October 21. Copies of the brochure will be available through the PHRplus Resource Center and on our website, www.PHRproject.com. We look forward to sharing this brochure and future issues of Highlights with you in the coming year.

Sincerely,

Nancy Pielemeier
Strengthening Georgia’s Health Information System for Infectious Disease Prevention and Control

PHRplus and the government of Georgia are refining plans for major improvements in the Georgian health information system in anticipation of the launch of a pilot test of reforms scheduled to start in early 2002. The collaboration will focus on strengthening two components of the HIS: the immunization management information system and surveillance of vaccine preventable diseases. Concomitantly, HIS support mechanisms also will be improved by strengthening management capacity at all levels of the public health system.

The effort is part of the Georgian National Health Policy, adopted in 1999, which strives over the coming decade to improve maternal and child health by:

▲ Upgrading the HIS so that managers and other stakeholders, including the public, are able to consider options and make appropriate strategic, tactical, and operational decisions;
▲ Expanding immunization coverage of the targeted population; and
▲ Improving the effectiveness of epidemiological surveillance.

Strategic planning for the HIS project was coordinated with principal stakeholders from the country’s Interagency Coordinating Committee. Participating ICC members came from the Ministry of Health, the Department of Public Health, the National Center for Disease Control, the National Center for Medical Information, and several international donors: USAID, UNICEF, and the World Health Organization. They supported upgrading the current HIS rather than developing a new one, and they overwhelmingly agreed to initiate work on one program area at a time. To this end, work will begin on a full cycle of reform of the immunization MIS in the pilot oblast (an administrative unit comparable to a state or province), where a model will be developed and tested before it is implemented nationally. The second program component with which PHRplus will work, disease surveillance, will be added later.

A multi-level, multidisciplinary working group representing all major stakeholders will be assembled to work on more detailed aspects of the program: reviewing the existing HIS, determining needs and priorities, and recommending areas of reform. Implementation will be the responsibility of a Georgian non-governmental or other local organization, to be subcontracted by PHRplus.

A first priority in upgrading the immunization MIS is to establish a system to accurately register the child population and to track family and child migration by having health facilities perform a periodic census of their catchment population. Main program strategies include reforming the system from the initial point of data collection upward; limiting the collection and processing of data to relevant information; and concentrating on system content, data quality, analysis, and utilization of information by and for management at each level of the health care system.

PHRplus will provide technical assistance and training in new tools and procedures for information-based management before reforms are implemented in the pilot region. The working group and the PHRplus local partner will monitor and evaluate implementation and modify the system as needed before rolling out the reforms nationwide.

Simultaneous with upgrading the immunization MIS, a comprehensive assessment of the disease surveillance system will be conducted in year one. Based on this assessment, development and introduction of disease surveillance reforms are expected in year two. Ultimately, immunization MIS reforms will allow health workers at all levels to accurately project vaccine needs; have accurate information on coverage, timeliness, major obstacles to immunization, and vaccine distribution and usage; and quickly identify “problem” territories and health settings and implement targeted interventions to correct the deficiencies. This will result in more timely immunization of more children as well as in more effective use of program resources.

For more information, contact anton_luchitsky@abtassoc.com.
Stakeholders Give Input on PHC Strengthening in Albania

At a stakeholder meeting in Tirana in late June, key representatives from Albania’s health sector expressed broad support for a long-term, PHRplus-designed program to strengthen primary health care in that country. Ensuing elections and the appointment of a new minister of health in mid-September have set the stage for the plan to be finalized, a field office to be opened, and implementation to begin.

The PHC program design responds to needs voiced to the PHRplus team by Albanian government officials from both the central and district levels, by health care providers and consumers, and by other cooperating agencies.

The team concluded its June visit with the stakeholder workshop to review the proposed program. Workshop participants, from the Ministry of Health, the Health Insurance Institute, the University of Tirana Medical Faculty, primary care facilities, and other donors, agreed that the civil disorder in 1997, the influx of refugees from Kosovo, and the persistent problem of poverty have crippled the health sector. PHC facilities in particular suffer from chronic lack of equipment and supplies.

PHRplus has proposed a three-year program to improve and sustain PHC quality in Albania by:

- Improving primary care provider capacity to organize, manage, and deliver care;
- Implementing health information systems that provide data for decision making, regulating, and monitoring primary care;
- Improving local government capacity in health planning and budgeting to support PHC delivery; and
- Developing MOH and Institute of Public Health capacity to regulate the quality of primary care.

PHRplus will work at the district level, to develop several model PHC delivery sites, and at the central level, to improve MOH capacity to function as a regulator and use data in its management of the health sector. Selection of the pilot sites will be made in conjunction with the new minister of health.

Workshop participants felt implementation of the reform design is feasible. They stressed the need to work at the local government and community levels. They suggested initiating reform in two diverse districts in order to monitor its success – or need for modification – in different settings before replicating the program elsewhere in the country.

For more information, contact catherine_connor@abtassoc.com.

Jordanian Hospitals Establish Forum to Expand Decentralization

On August 14–15, PHRplus facilitated a meeting of directors of the 21 ministry of health hospitals in Jordan that established a forum for expanding the hospital decentralization effort begun in two pilot hospitals in 1998 under the Partnerships for Health Reform project. Also participating in the meeting were directors general of health from each of Jordan’s governorates and from the central MOH.

The new Public Hospital Forum, endorsed by all 48 attendees, will provide a mechanism for hospital directors and directors general to discuss ideas and methods for implementing decentralization in their hospitals.

Establishing the Forum responds to a call for expanding hospital decentralization, reiterated by the minister of health, His Excellency Dr. Faleh El Nasser, in his opening remarks to the meeting. Dr. El Nasser seeks to build on the accomplishments of the two pilot hospitals, where staff now have the authority and capacity to make many management decisions locally and thus operate their facilities more efficiently. Also on the meeting agenda were the directors of the pilot hospitals, Princess Raya and Al Karak, who discussed in detail the decentralization process and lessons learned over the past three years.

In addition to establishing the Forum, meeting participants drafted by-laws and identified priority topics for the Forum to address. Significant among the by-laws are the following:

- The Forum will comprise all MOH hospital directors as working members and the directors general as participating members;
- Members will elect a board of directors and chairperson; and
- The Forum will meet quarterly, beginning in October.

Issues for future discussion are specific steps for implementing the decentralization process in other MOH hospitals, training of technical and administrative staff, and improving the performance of health workers. Participants also stressed the need to establish a General Directorate of Public Hospitals within the central Ministry.

For more information, contact catherine_connor@abtassoc.com.
Introducing Communities to Mutual Health Organizations

PHRplus is supporting local stakeholders in two communities in Mali to launch mutual health organizations. These communities identified MHOs as a strategy to address low utilization of health care – a problem identified in baseline surveys carried out by Partnerships for Health Reform. MHOs allow groups of families to pre-pay for health care and share risks so that, at a time of need, fees do not constitute a barrier to receiving health care.

Based on its wide experience working with MHOs in West Africa, PHRplus knows the importance of targeted community education about what MHOs are, how they work, and what they can do. Not only does this process provide a solid base for launching MHOs, it helps to identify where to start – that is, to identify which groups are the most ready to form such an organization. Preconditions for success of an MHO include:

- expressed interest in starting an MHO, existing solidarity links within the group or community, existence of quality health care providers, confidence in the concept of an MHO, and confidence in the MHO initiators.

PHRplus convened key stakeholders in each community to develop the messages for the educational materials. A local artist participated in the workshop to sketch pictures to accompany the story. These cartoon leaflets convey the key messages about MHOs by using local scenes and the local language, Bamana. More than 3,000 leaflets were distributed broadly within the target communities. Following this education campaign, a PHRplus evaluation showed that more than 50 percent of the population in the two communities was in favor of launching an MHO.

PHRplus is currently providing technical assistance to four groups in Mali to launch MHOs. Other new MHOs will be supported in these two communities in later phases of the project.

For more information, contact allison_kelley@abtassoc.com.

Community-based Health Financing Manual Wins Kudos

Interest in community health financing mechanisms is increasing across the globe, as evidenced by the volume of requests for the Guide to Designing and Managing Community-based Health Financing Schemes in East and Southern Africa. Published by the Partnerships for Health Reform project, this manual and accompanying toolkit serve as excellent resources for policymakers, communities, non-governmental organizations, health reform advocates, and others interested in implementing and improving community-based health financing mechanisms.

The manual and toolkit represent the culmination of several years of collaboration by PHR with USAID’s Regional Economic Development Services Office in East and Southern Africa and dynamic field-based individuals and organizations across East and Southern Africa.

In March 2001, PHR disseminated more than 1,000 copies of the manual and toolkit to ministries of health and finance, NGOs, and development assistance organizations throughout Africa, as well as to academic institutions, NGOs, and health professionals in Europe and North America. To date, PHRplus has received kudos and notes of appreciation from more than 30 NGO and government representatives from several Africa countries, including Tanzania, Kenya, South Africa, Cameroon, and the Democratic Republic of the Congo, who find the publication immensely valuable to their work.

R. Paul Shaw of the World Bank Institute indicated upon receipt of the manual that “this guide will be extremely useful to practitioners not only in Africa but all other developing regions as well. And this is
Building on its successful activities in Mali under Partnerships for Health Reform, the Equity Initiative (Initiatives pour l’Equité, or IPE) is developing the links between community financing and quality of services through a new set of training materials. Two manuals, for community financing scheme managers and providers, are being designed to teach basic quality and quality assurance concepts. The manuals also discuss simple methods for monitoring quality of health services at the local level.

Increasingly, governments in sub-Saharan Africa are examining alternative ways of generating new resources in the health sector in order to ensure access to basic services, especially to the poor. Mutual health organizations are one such mechanism that has been tried in numerous countries in West Africa. These community-based financing mechanisms build on existing community solidarity. The financial contributions of community members form a resource pool from which the MHO pays expenses incurred by members who use any of a predetermined set of basic health services. MHOs have shown some important successes; however, their long-term sustainability will be contingent on members’ satisfaction with the range of services covered and the quality of care offered within the MHO provider network.

MHOs frequently operate in environments where the market of health care providers is limited, which may constrain an MHO from providing the range and quality of services it needs to attract and keep members. Thus, MHO managers have an incentive both to contract with providers of demonstrable quality and to help other providers improve their services until they meet basic standards for involvement with the MHO. The IPE manuals are designed to address these needs and to do so in an environment of limited resources.

While the manuals cover similar topics, each volume is targeted at a particular audience: One is for providers who are involved with MHOs, provider supervisors, and district health officials. The other is for MHO managers and community organizations wishing to initiate an MHO. Some of the topics covered include:

- The definition of quality and a review of basic quality concepts in health care;
- Why quality of care is important in a community financing context such as an MHO; and
- Approaches for assessing quality of care – basic concepts in evaluating and monitoring the structure, process, and outcomes of care and methods for using evaluation data to improve quality of services.

Each section of the manual will contain case examples illustrating the key concepts of the section. PHRplus staff members currently are gathering information from MHOs in Ghana and Senegal on techniques being used in the field to integrate quality of care and quality assessments into MHO activities. Appendices will contain additional case studies in using quality data, tools for quality assessment, and training materials so manual users can train other providers and managers. Working drafts of the manuals will be available by Winter 2002.

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For more information, contact ed_kelley@abtassoc.com.
Making NHA More Policy Relevant

Using National Health Accounts findings in conjunction with non-financial data, involving policymakers earlier in the NHA process, and tailoring NHA to meet specific country needs were among the recommendations for making NHA more policy relevant that were voiced by participants at the recent international Symposium on National Health Accounts in York, UK.

The two-day Symposium, co-sponsored by PHRplus and the Swedish International Development Cooperation Agency, took place at York University on July 20–21, immediately prior to the third International Health Economics Association conference (see related article).

The Symposium provided a forum for policymakers, country experts, and health economists to learn from each other about the benefits of NHA studies, NHA policy relevance, country experience with institutionalization of the methodology, adapting the NHA framework for specific purposes, and methodological challenges and solutions relating to data retrieval and analysis as addressed by the forthcoming NHA Producers Guide.

The global importance of NHA, a tool for tracking national health care expenditure data in developing and transitional countries, was underscored both by the number of participants – 130, from 42 countries – at the Symposium and by the presence of high-level policymakers, including Bosnia’s minister of health and the deputy health ministers of Mexico and Malawi. The number of participants reflects a 30 percent increase in attendance from the first PHR-sponsored NHA Symposium, held in Rotterdam in 1999.

While some Symposium participants were from countries considering implementation of NHA for the first time, the majority represented nations that have conducted NHA at least once. This enabled discussions to move beyond the introductory level and to focus on the next steps of NHA implementation, including institutionalization and the interpretation of NHA findings for policy purposes. A major conclusion was that in order for NHA to be truly policy relevant, it will need to be combined with and linked to “non-financial” data, such as various socio-economic indicators and health care utilization estimates.

Many participants commented that NHA should be more policy driven from the beginning of its implementation, specifically in addressing government policy priorities and in involving policymakers from an early stage of the activity. Participants also felt that National Health Accounts should be designed to support country needs as opposed to providing information required by international agencies. Given this, they wanted the NHA framework to be flexible enough to permit countries to modify it to meet country requirements.

For more information, contact Susna De@abtassoc.com or Ibrahim_Shehata@abtassoc.com.

NHA reports published by PHR are available at the project website, www.PHRproject.com.

PHRplus Is a Major Presence at iHEA Conference

PHRplus and consultants made nine panel and poster presentations at the Third International Health Economics Association conference in York, UK, July 22–25. The iHEA conference is held once every two years and this year attracted more than 1,000 health economists from around the globe.

In addition to the presentations, project staff distributed large quantities of print and electronic materials. The project continues to receive requests for information from attendees and their colleagues around the world.

Presenting at the conference were:

- **Sara Bennett**, “Rebuilding risk pooling schemes in Georgia: Issues of trust and democracy”
- **Marty Makinen**, “Examining the potential role of external organizations and donors in strengthening immunization financing in developing countries” and “Analysis of international mechanisms to support vaccine procurement”
- **Wendy Abramson**, “Monitoring and evaluation of health service delivery contracts in Costa Rica”
- **Ann Levin**, “Cost and quality aspects of maternal health care”
- **Grace Chee**, “Applications of a global assessment tool: Immunization financing assessments in Tanzania, Cambodia, and Myanmar”
- **Tania Dmytraczenko**, “Distribution of health resources in Ecuador”
- **Pia Schneider**, “The impact of prepayment health plans on access and financing for the poor in Rwanda”

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# Highlights

## Using NHA to Understand HIV/AIDS Expenditures in the Caribbean

At a recent National Health Accounts workshop for Caribbean nations, PHR plus offered its experience in applying the NHA methodology to HIV/AIDS expenditures, a major health care financing issue in the region.

Attending the workshop, held September 10–14 in Bridgetown, Barbados, were representatives from the ministries of health and finance of Mexico and eight Caribbean countries: Barbados, Belize, Dominica, Guyana, Jamaica, Saint Vincent and the Grenadines, Surinam, and Trinidad and Tobago.

The course was opened by the Barbadian Minister of Health, the Hon. Senator Philip Goddard; by Mrs. Veta Brown, the Pan American Health Organization/World Health Organization Caribbean Program coordinator; and by Dr. Jeffrey Dellimore, the acting director of the Projects Department of the Caribbean Development Bank. They described major health sector reforms, including decentralization and revision of national health care financing, taking place in several Caribbean countries. These reforms are an effort to improve health status, especially among the poor, by expanding access to and efficiency of health services.

The speakers also recognized HIV/AIDS as a major health policy issue. In 1999, the Caribbean registered the highest HIV prevalence rate after sub-Saharan Africa. To combat the epidemic, Caribbean countries formulated a regional strategic plan of action with six priority areas.

Acting on these priorities will require informed decision making. For example, the region needs detailed information on the amount of money spent on HIV/AIDS, and by whom. To that end, PHR plus described how the Partnerships for Health Reform had incorporated the tracking of HIV/AIDS expenditures into NHA in Rwanda. Several countries – among them Jamaica, Guyana, Surinam, and Trinidad and Tobago – plan to apply NHA methodology to measure costs associated with HIV/AIDS. This will help them to target strategies to ensure that limited resources for HIV/AIDS are spent efficiently.

The NHA workshop was organized by PAHO/WHO in collaboration with the Mexican Health Foundation (FUNSALUD), with support from the Inter-American Development Bank’s Jose Luis Bobadilla Inter-American Network. The NHA activity is part of the wider “Shared Agenda for Health” Initiative between the Caribbean countries and PAHO, the IDB, and the World Bank, and is also supported by USAID.

For more information, contact pia_schneider@hotmail.com.

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**PHR plus/Honduras Works to Strengthen Local Health Systems**

In an effort to improve reproductive health and child survival in Honduras, PHR plus has expanded its scope of work from a focus on the national level to a new emphasis on regional- and local-level systems strengthening. A new primary health care advisor and two regional health advisors will design and implement the new activities.

The regional advisors are based in regions 2 and 5, areas of the country with greatest need. By September, the advisors, working with ministry of health representatives, had reviewed health plans for each of the 10 areas that constitute the regions. With input from PHR plus headquarters staff, the advisors drafted a matrix to monitor reproductive health and child survival services, which eventually will allow them to identify best practices for replication elsewhere in the country. They also were making plans to field test in October a questionnaire that will help to assess the management capabilities of regional health directors, who, though trained as physicians, will have increasing management responsibilities as the health system decentralizes.

To ensure success of its expanded scope of work, PHR plus held a team building workshop July 16–21 in Tegucigalpa to clarify staff roles and responsibilities, encourage communication among staff, and build a common understanding of project objectives and technical activities.

In addition to the six field office staff, workshop participants included John Rogosch, director of the USAID Office of Human Resource Development in Tegucigalpa, and PHR plus headquarters representatives, who helped place Honduras activities in the global context of the project. Participants developed a six-month plan of action to define expected results and organize activities.

For more information about PHR plus activities in Honduras, contact kathleen_novak@abtassoc.com. For information about the tools discussed in this article, contact caroline_quijada@abtassoc.com.

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www.PHRproject.com
Determining Financing Needs for Ghana’s Immunization Program

So that Ghana can better plan short- and longer-term financing of its national immunization program, PHRplus carried out a study of the program’s costs and financing. In addition to looking at current costs, the study estimated costs of improvements to the program, such as upgrading the cold chain and introducing new vaccines. Ghana’s Ministry of Health and other government departments, as well as the World Health Organization, collaborated on the study. International donors UNICEF and the British Department for International Development provided data.

The study found that the estimated total cost of the national immunization program, which comprises the routine program, National Immunization Days for polio eradication, and surveillance, was nearly $8 million in 2000.

Significantly, introduction of the DTP-Hepatitis B-HiB combination, taking place in mid-2001, will double the total cost of the program—from $8 million to approximately $16 million in 2002. While the Vaccine Fund of the Global Alliance on Vaccines and Immunization will finance the vaccine through 2005, Ghana’s MOH will need to secure funding for the vaccine after that time.

The study also examined the flow of funding from the central to the district level. It found that, while national-level budgeting is good, it often does not match the spending priorities that are the responsibility of districts. This unreliability in funding amounts, as well as the late disbursement of funds results in ad hoc planning by districts, and it detrimentally affects program implementation including routine coverage and NID social mobilization campaigns.

The study makes a number of recommendations to help Ghana ensure future financial sustainability of both the existing program and program improvements. First, costs should be reduced through management measures such as improving the distribution system, reducing wastage, and providing incentives to improve health worker performance. Also needed are additional resources and changing the current financing mix. To do this, the study recommends that Ghana take the following steps: 1) develop a plan for financing of new vaccines, 2) develop a long-term plan for procurement of immunization program commodities, 3) secure additional funding for transport, outreach, and IEC materials, 4) consider using HIPC (Heavily Indebted Poor Country) funding for the immunization program, and 5) conduct costing and financial analyses of the immunization program on a systematic basis.

The Ghana country study was the fourth in a series of immunization financing studies begun by the Partnerships for Health Reform at the request of the Child Survival Division of USAID’s Office of Health and Nutrition. The earlier studies are available on the project website. For more information contact janet_edmond@abtassoc.com.