National Immunization Program in Morocco Doubles Budget

Using empirical evidence from a PHR study entitled *Case Study on the Costs and Financing of Immunization Services in Morocco*, the Moroccan Ministry of Health (MOH) has succeeded in persuading the country’s Parliament and Ministry of Finance to double the government budget for next year’s National Immunization Program (NIP).

The study, prepared by PHR staff and consultants from the World Health Organization and Morocco, analyzes current program costs and expenditures. It proposes options for reducing costs, changing the mix of financing sources, and mobilizing additional resources in the future.

The intragovernmental advocacy and policy dialogue engendered by the study are particularly important in the broader context of the decentralization currently taking place in Morocco. The process of decentralization has empowered regional health authorities by granting them increased financing and management responsibility. However, the additional responsibility must be accompanied with adequate training. The study identifies areas of the program that must be strengthened at the regional level. It is also key for the financial sustainability of the NIP in light of the end of the five-year World Bank loan program in 2001, which finances vaccines and supplies.

PHR staff visited Morocco twice in the past year to collect and analyze data on the costs and financing of immunization services. Working closely with donors and MOH officials, they evaluated the existing program and identified priorities for improvement. Case study recommendations for immediate cost reductions include eliminating excess stocks and wastage as well as increasing the Vaccination Independence Initiative revolving fund for vaccines by $500,000. Recommendations for the longer term include phasing in cold chain improvements and introducing additional vaccines such as Hepatitis B.

*Increased funding for immunization program signals improved health status for Morocco’s children.*
The case study advocates for increased government financing, a changing role for the World Bank loan, expanded health insurance benefits to cover immunizations, and enhanced participation of regions in Morocco.

Response to the recommendations has been immediate, by both the government of Morocco and donors:

▲ USAID/Rabat will increase funding for the vaccine revolving fund and work closely with the MOH and UNICEF to assist in the introduction of the Hepatitis B vaccine.
▲ The National Committee on Vaccination Coordination was activated.
▲ A base for a five-year strategic plan is in place.
▲ Workshops are being organized to provide technical assistance to the MOH on planning, costing, and financing of vaccines.
▲ The MOH is preparing a regular evaluation process for the NIP.
▲ Better understanding of the contributions of the MOH and other partners has increased their dialogue and willingness to take action.

PHR will continue to provide technical assistance to the NIP. The first activity in January 2000 will be a workshop on planning, costing, and financing. The workshop will assist the MOH in developing strategic activities that strengthen the capacity of regional authorities. Additional dissemination of case study findings and recommendations will be done at the MOH/Policy Project’s “National Conference on Reproductive Health and Child Health: Costing Cairo” to be held in Morocco in the spring; PHR will conduct a workshop on vaccine financing and options for the future at the conference. For more information, contact leanne_dougherty@abtassoc.com.

**PHR Assesses Impact of Polio Eradication Campaign on National Immunization Programs**

PHR’s preliminary polio financing study on the impact of the polio eradication campaign on national immunization programs was well received at a recent WHO regional polio meeting held in Geneva, Switzerland. Country representatives and participants from international organizations met to share results from various impact studies.

Considerable controversy exists regarding whether the campaign has had positive or negative effects on longer-term health sector activities. The PHR study looks at the impact of the campaign on the financing of national immunization programs in three countries: Bangladesh, Morocco, and the Ivory Coast. It examines whether government and donor funding in these countries is reduced for other activities such as routine immunization programs in order to shift funding to the campaign, remains the same, or increases for both activities. A copy of the full report will be available in the spring. For more information, contact sujata_ram@abtassoc.com.

PHR and USAID have jointly developed seven Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, and integrated management of childhood illness), infectious diseases, the role of NGOs in health sector reform, National Health Accounts, indicators for measuring results of health sector reform for system performance, and assessing the impact of health reform on HIV/AIDS service delivery.
consultation fees were introduced. Each patient is classified in one of four consultation price categories, ranging from $1.50, $3, $6, or $9 per consultation. These fee categories are derived from a one-page sociodemographic and economic status questionnaire completed by the social-assistant for each new patient. When a current patient experiences a change in his or her socioeconomic status, fees are adjusted accordingly. Over a period of six weeks, 114 patients were classified utilizing this questionnaire.

In early November, PHR evaluated the center’s first four months of activity. The number of EEGs provided was 34 out of 100 visits in July. This number decreased to an average of 17 EEGs per 100 visits during the following three months. The initial peak of EEGs can be explained by the large number of patients who needed a diagnostic EEG when commencing psychotherapy.

Currently, the center sells only three different psychotropic drugs, at a subsidized price of about 70 percent. The number of drug doses increased after prices were introduced from 16 paid drug doses per new case visit in August to an average of 23 paid drug doses per new case visit in the following months. An improved stock and availability of drugs at the center are the main reasons for this increase. Hence, fewer mental health patients had to resort to procuring drugs at private pharmacies where prices are higher.

During July and August, the center treated patients for 85 and 138 free visits, respectively. In September, the number of patients treated increased to 146 even with the introduction of the consultation fee. In November, there were 155 paid visits. Of these, about 55 percent were follow-up visits and 45 percent were new cases. The proportion of the two highest fee categories totaled 30 percent in September and November, with 30 percent of the patients classified in the poorest category and about 40 percent in the intermediate category, paying $3 per visit. The increased utilization after introduction of fees can be explained by three factors. First, the center is new and, therefore, there are a large number of new patients. Second, patients have been carefully classified in the four price categories. And third, patients are willing to pay a fee for services they perceive as valuable.

PHR Rwanda, in collaboration with the mental health center, will continue to evaluate utilization and financial data and the implementation of the cost-recovery program over the next several months. For more information, contact phara_georges@abtassoc.com.

Households Interviewed to Determine Low Utilization of Health Services

PHR carried out a household survey in the city of Sikasso and the rural district Bla in Mali for the PHR Equity Initiative. Despite a comprehensive program of reform, Mali continues to have extremely low utilization of health services; less than .3 visits per person per year to government health facilities. The Equity Initiative’s overall mandate is to improve utilization of health services among poor and vulnerable groups by testing protection mechanisms in pilot sites.

PHR designed a household survey to address the underlying causes for low levels of utilization of health services, as well as to gather key socioeconomic information from sample populations. In total, 30 enumerators and nine supervisors collected data from 1600 households in Sikasso and Bla under the technical direction of the PHR/Bamako team. Teams of two enumerators (one male, one female) gathered information in sampled households on the use of services related to fever, delivery (and pre- and post-natal care), family planning, and sexually transmitted infections. The questionnaires developed by PHR and tested and revised in Mali targeted: health seeking behavior—reasons for use/non-use of health services; patient satisfaction, payment for services; and solidarity mechanisms.

The survey kickoff included a two-week intensive training on the purpose and methodology of the survey questionnaires, led by Health Economist Marty Makinen in conjunction with three Malian trainers. Training included classroom and field-based learning, where enumerators practiced using the instruments and provided each other with suggestions and feedback. Final refinements were also made to the survey instruments during the training period. PHR trained 50 enumerators in total, and administered two examinations during the training period. The 30 enumerators with the highest overall scores were retained, with the remaining 20 serving as back-ups.

The survey, carried out in September and October 1999, lasted approximately six weeks. Many members of the survey team (30 people) were stricken with malaria, as Mali experienced an extremely long rainy season this year. PHR/Bamako’s technical team and the survey supervisors report that the questionnaires were easy to administer, and that despite the harvest season, the non-response rate was so low as to be insignificant. The survey team devised creative solutions to complete the survey during a period of intense harvesting, such as meeting people in their fields and offering them rides home to answer questionnaires, and administering questionnaires during the late evening.

Data entry and analysis will be completed in January 2000. The survey of all providers in the two sites will also begin in January. Results of the two surveys and an analysis of the supply and demand for health services in these sites will be disseminated at the local, regional, and national levels during spring 2000.

Phase two of the Equity Initiative will use the results of these surveys to design and implement protection mechanisms in the two sites, such as solidarity funds or reduced prices for eligible individuals, to improve the access of poor and vulnerable groups to quality health services. PHR plans to measure changes in utilization among target populations at the conclusion of the project in order to evaluate the impact of these protection mechanisms. For more information contact allison_kelley@abtassoc.com.
Focus on Asia and the Near East

PHR is currently providing technical assistance in Bangladesh, Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining immunization and family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Building Capacity in Pharmaceutical Management to Support Hospital Autonomy

Public hospital management is highly centralized in Jordan. Since 1998, PHR has facilitated policy discussions at multiple levels of the Ministry of Health (MOH) on hospital autonomy. Consensus has been reached that key functions and responsibilities can, and should be, devolved from the central MOH to the hospitals. This process is moving forward at two pilot hospitals—Princess Raya Hospital in the Irbid governorate and El-Karak Hospital in the Karak governorate.

PHR worked with local staff at the pilot hospitals to identify priority areas for hospital autonomy. Staff cited procurement and management of pharmaceuticals as key areas that could benefit from shifting more responsibility from the ministry to the public hospital. Both hospital staff and their counterparts in the ministry agreed that training and capacity building were essential to devising and implementing new, more autonomous systems.

To pave the way for decentralizing pharmaceutical management, six Jordanians participated in a two-week training course on “Managing the Procurement of Pharmaceuticals and Medical Supplies” in East London, South Africa, in August and September 1999. The Jordanian delegates sponsored by PHR at this course included the hospital pharmacists; a staff nurse and the director of supplies from the two pilot hospitals; and the head of medical equipment and the deputy director of the supply department from the MOH.

The course was developed for private or public sector personnel who work in the areas of the management or supervision of selection and quantification of drug and medical supply needs, tendering and contracting, supplier selection, drug donations, quality assurance, analyzing and controlling expenditures, management information systems for supplies, and monitoring and evaluation of supplier performance. To supplement lectures, participants made site visits to a university laboratory to observe a pharmaceutical information system, to a factory that produces and tests pharmaceutical products, and to three hospital pharmacies.

Upon returning to Jordan, the PHR-sponsored participants conducted debriefings at the MOH and at the two hospitals. Discussions at the debriefings focused on operationalizing drug procurement as an organized process at the local and national levels, new methods for analyzing costs and allocating budgets, quantifying needs, evaluating suppliers, assuring high quality, evaluating and reducing lead time in procurements, and developing and enforcing national drug policies. Course participants are now applying their new knowledge and skills in working with supply and pharmaceutical management as one component of the hospital autonomy process.

For more information, contact karen_van_roekel@abtassoc.com.

Patient Flow Analysis Improves Hospital Efficiency and Quality of Care in Jordan

In May 1999, during a series of surprise visits to Al Bashir Hospital, an 800-bed public hospital located in a low-income, densely populated area of Amman, Jordan, His Majesty King Abdullah was shocked to discover mismanagement, uncleanness, and broken elevators. These visits resulted in the replacement of the hospital director and the formation of a committee chaired by the Minister of Health, Dr. Ishaq Maraca, to investigate ways to improve the hospital.

The Ministry of Health (MOH) and the new director of Al Bashir Hospital, Dr. Zuhair Teef, requested technical assistance from PHR for a patient flow analysis (PFA) study to improve the efficiency and quality of services provided at the hospital. PHR responded to this request by hiring two consultants experienced in PFA to conduct the work. Hospital staff were selected to be trained as local study coordinators and data collection teams to assist PHR in conducting the patient flow analysis and to learn how to conduct similar studies on their own. PHR conducted a two-day “training-of-trainers” workshop in PFA methodology to build capacity of staff at Al Bashir Hospital to serve as primary study coordinators. They then supervised the local study coordinators in training additional hospital staff in data collection methodology. In all, 13 MOH and Al Bashir Hospital staff were trained to carry out PFA.

Major findings of the PFA study were presented to the hospital management and supervisory team and to the staff of the clinics being analyzed. The findings show that a number of changes can be made that will substantially improve service delivery in the outpatient and emergency rooms at Al Bashir.

In the area of registration and transfer of charts, one simple improvement recommended is to have patients carry their own charts as they progress from one department to another to avoid backlogs that arise as hospital clerks wait to collect a large number of charts before passing them to the next department.

An appointment system needs to be established to regulate the flow of ambulatory patients in the hospital. Currently, in the absence of such a system, the majority of patients arrive early in the morning for treatment and wait to be seen one-at-a-time. Hospital staff were very responsive to establishing an appointment system to address this problem.
Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in six countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in five countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Mass Mailing to LAC in Support of Health Reform

In November, PHR and the Latin America and the Caribbean Regional Health Sector Reform Initiative undertook a mass mailing of seven reports to key health officials in the region. The Initiative, which supports national reform processes to promote more effective basic health services, is backed by USAID, PAHO, and a team of USAID-funded projects. Reports sent included Measuring Results of Health Sector Reform: A Handbook of Indicators by Charlotte Leighton; Pre-Payment Mechanisms in the Health System: Incentives, Results and Organizational Impact in Developing Countries by Daniel Maceira; and documents on the use of National Health Accounts in Bolivia, Ecuador, Guatemala, Mexico, and Peru.

Feedback received from regional banks, international organizations, and public sector representatives has been enthusiastic, with officials acknowledging the usefulness of the publications, and, oftentimes, requesting additional copies and further information about the Initiative.

Full text versions of these and other LAC Initiative documents can be downloaded from the LAC Initiative web page at www.americas.health-sector-reform.org/english/index.htm or via the PHR website at www.PHRproject.com. For more information, contact francisco_gonzales@abtassoc.com.

Dominican Health Teams Increase Management Skills

In 1997, the Secretariat of Health and Public Assistance (SESPAS) in the Dominican Republic launched a decentralization initiative backed by presidential decree. As a result of this decree, a total of 29 provincial and five municipal health directorates are now serving as provincial and municipal health authorities, tasked with planning, implementing and monitoring health sector activities at the local level.

PHR is working to strengthen the institutional capacity of targeted provincial health directorates/municipal health directorates (DPS/DMS) to develop, manage, monitor, and oversee the health sector at the local level. Other PHR activities include: development of coordination mechanisms to strengthen inter-institutional and intra-sectorial coordination; compilation of an inventory of public and private health care providers; in-service training in the application of management concepts and tools; development of a manual to document the management capacity-building process; and carrying out a post intervention assessment of the management capacity in four target provinces.

To address fundamental health management issues, PHR hosted a three-day workshop on December 1-3, 1999 in Santo Domingo with contributions from the SESPAS Decentralization Office and the Executive Commission for Health Sector Reform (CERSS). Participants at the workshop included provincial health management teams from La Altagracia and Samana provinces as well as hospital directors and central SESPAS staff.

Illustrative examples of the content developed by PHR/Santo Domingo and DPS directors included: What does it mean to provide leadership in the health sector at the local level and how can effective leadership impact health sector reforms? How can human resources be best managed to improve the quality of care provided by the public sector? What types of information should be collected and how should this information be utilized at the local level for health planning? What is the benefit of working in teams to solve problems?
A pre-workshop assessment was conducted in the four PHR-assisted provinces to determine the management capability of the DPS/DMS to carry out their new roles and responsibilities. Three tools were used to generate data for this assessment: an organizational management interview for the DPS management team; an end-user satisfaction survey; and a provider satisfaction survey.

Although the overall results of the assessment showed a strong commitment from senior DPS managers to the decentralization process, areas for strengthening included the use of information for health planning, effective human resource management, and community participation in the provincial health planning process.

This first workshop, conducted for two of the four target provinces (La Altagracia and Samana) identified by USAID/DR, CERSS, and SESPAS for PHR’s assistance, was an initial step towards strengthening the DPS’ ability to carry out their role as the public health leader at the provincial level. Two more workshops are scheduled for early 2000 to strengthen the management capabilities of the DPS of Salcedo and the DMS of Santo Domingo Centro.

The workshop achieved several results: a sense of camaraderie and success in working as teams and the realization that there is a need to work in teams to successfully identify and resolve local health problems. Over the next six months, PHR’s resident long-term advisor will follow up with site visits to work with the DPS teams in consolidating and applying the concepts and skills learned during the workshop. For more information, contact wendy_abramson@abtassoc.com.

Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country’s or region’s research capabilities.

Building Research on Technical Assistance: PHR Experiences

There are at least two good reasons why combining research and technical assistance within one project can strengthen both aspects of work. First, a program of applied research can draw upon field experiences to ensure the appropriateness of topics selected as well as ensure that research is crafted in a manner likely to deliver policy relevant findings. Second, technical assistance activities provide an obvious route to get research findings directly back into the field and integrated into country-level policy development.

PHR’s applied research program has made use of these synergies in a number of different studies, for example:

- Ongoing research in Zambia examining priority setting and resource allocation at the district level responds directly to a felt need of the Zambian Ministry of Health. Zambian authorities wish to operationalize the notion of an ‘essential package’ of health care services that to-date has existed largely on paper. The ongoing research study, by examining the current processes around priority setting at the district level, will provide baseline data on which new operational guidelines can be built.

- Research on health worker motivation at a large teaching hospital in Jordan emerged out of government concerns about the efficiency of hospital operations, particularly with regard to staff inputs. PHR research work there aims not only to provide suggestions for how to improve the motivation of health staff, but, through a special program of research fellows, will build local capacity to undertake similar research in the future.

- PHR initiated work in Latin America on provider payment mechanisms prior to the development of technical assistance activities in the region. However, during the life of the project, a very strong demand for information on provider payment has emerged in Latin America, and PHR is now using research findings to produce guidance for policymakers working on this issue.

These are clear examples where PHR has been able to draw research and technical assistance activities together. However, one of the principle problems faced is the typical life cycle of a project: while there are pressures to launch research activities early on during the project, the nature of technical assistance demands only becomes apparent after a year or two. The only way in which it is possible to overcome this dilemma is to ensure a smooth transition from one project to the next so that initial research activities can draw upon the technical assistance experience of the previous project.

For more information, contact sara_bennett@abtassoc.com.
Information and Dissemination

Information Dissemination (ID) aims to increase awareness about health sector reform issues to better inform health systems policy decisions. The ID Unit comprises Editorial Services, the PHR Resource Center, Connectivity, and Special Products. ID provides research and reference services; produces and distributes PHR reports; and provides easy and time-saving access to information. The Resource Center’s bibliographic database of health sector reform materials can be accessed on the PHR website at http://www.PHRproject.com.

Health Reform Experts Command Work of PHR

On September 30 and October 1, 1999, PHR convened the third Technical Advisory Group (TAG) meeting. Composed of experts in diverse areas of health reform, the TAG is charged with reviewing and advising on the technical direction and work of PHR.

TAG members in attendance included:
- Andrew Creese, World Health Organization
- Anne Mills, London School of Hygiene and Tropical Medicine
- Sanguan Nitayarumphong, Ministry of Health, Thailand
- Juan Antonio Perez III, Department of Health, Philippines
- Helen Saxenian, World Bank
- Alfredo Solari, Inter-American Development Bank
- Joy Riggs-Perla, USAID’s Health and Nutrition Director, expressed that agency’s high regard for the TAG, noting that they had helped facilitate USAID linkages with other donors, provided national and international perspectives on key issues, and played an important role in helping PHR identify and disseminate important lessons in health reform. She added that information dissemination is particularly important in helping persuade the U.S. Congress that health systems’ development and sustainability are of utmost importance.

PHR Project Director Nancy Pielemeier reviewed project activities and discussed the impact of earmarked funding on PHR’s mission. Information and Dissemination (ID) Coordinator Zuheir Al-Faqih summarized the significant work completed Year 4: 74 technical reports produced; the Resource Center (RC) filled close to 1,000 research and reference requests, maintained a web-based bibliographic database of over 3,000 health reform documents, distributed almost 11,000 documents, and arranged for 36 PHR presentations at various international conferences. The ID Connectivity Unit reported significant increase in document downloads from its website by visitors from nearly 100 countries. The activities of the RC and the Connectivity Unit are expected to increase during the project’s final year. The TAG members were asked for ideas on how to best summarize and disseminate the project’s experiences to key audiences.

All PHR staff participated in presenting PHR’s work as it related to cross-cutting themes:
- More equitable health care systems
- Improved quality and efficiency of hospital services
- More sustainable health financing
- Increased resources and better management of decentralized health systems
- Greater access to higher quality, and/or more sustainable priority health services
- More effective incentives for quality, efficient, sustainable health services

Following are a few suggestions and comments on key issues:
- Be selective and strategic in synthesizing lessons from PHR.
- Maintain health system focus despite funding pressures to focus on more vertical activities.
- Technical assistance is well-executed (local capacity-building, expanding initial request to address larger, more practical issues). Portfolio of field activities and cooperation with local partners is impressive.
- PHR’s recruitment of, and ability to retain, excellent staff with a diversity of experiences and the mixture of senior/junior staff was commended.
- Concerned about sufficient time to produce and disseminate tools and lessons learned in hospital reform and other research areas such as health worker motivation, emphasizing that people in developing countries need this information and assistance.
- Involve clients and counterparts in PHR presentations, including the end-of-project conference, where there should be heavy participation by local counterparts, U.S.-based organizations, field staff, clients, and key policymakers.
- Convene a communications panel to educate key U.S. constituents regarding the importance of strengthening health systems to support key vertical programs such as those dealing with infectious diseases.
- Produce a book or journal at the end of the project, highlighting research results or technical assistance of significant value, or summarize case studies and experiences that would help USAID and other donor agencies in carrying out their own data collection and technical assistance.
- Seek to widen the audience and reach more policymakers and decision makers to build a stronger constituency for health reform and increase potential for meeting health goals for populations at large.

For more information, contact zuheir_alfaqih@abtassoc.com.

Long-Term Field Work Featured at Annual Retreat

PHR held its annual staff retreat at Howard University November 30 and December 1, 1999. Attending were PHR’s Bethesda headquarters’ staff and 12 long-term advisors and guests from the field.

Project Director Nancy Pielemeier said the gathering of the field and headquarters’ staff offered a unique opportunity for all to share experiences, seek one another’s counsel, and synthesize learning for the benefit of the entire project. By joint discussion of successes and difficulties, staff also had the opportunity to celebrate accomplishments, discuss specific dissemination strategies, and identify resources needed to conclude the project successfully. For more information, contact zuheir_alfaqih@abtassoc.com.
New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. PHR publications are available on the PHR website at http://www.PHRproject.com.

Applied Research Papers

▲ Local Governments’ Health Financing Initiatives: Evaluation, Synthesis, and Prospects for the National Health Insurance Program in the Philippines (SAR 7) by Maria Bautista, Maria Eufemia Yap, and Elmer Soriano

▲ Conventional Wisdom and Empirical Data on Inequality in Morbidity, Use of Services, and Health Expenditures (MAR 3 Tech Report 1) by Marty Makinen, Hugh Waters, and Margie Rauch

Technical Reports

▲ Consumers’ Willingness to Pay for MOH-Sponsored Voluntary Health Insurance in Jordan: A Focus Group Analysis (TE 41) by Dwayne Banks, Narmine Sindaha Muna, and Tahani A. Shahrouri

Inside PHR

Runa Sindaha, the financial and administrative manager for PHR’s office in Amman, Jordan, manages the local office’s finances, the hiring of consultants, event planning logistics, procurement tasks, and numerous other duties to keep the office running smoothly. Runa has been with PHR since the summer of 1998 when she helped set up the site office in Amman. She brings a great deal of expertise and insight into human resource management, finance, and administrative issues in the Amman office. She previously worked as head of the human resources department at an auditing firm in Amman before joining PHR. Runa holds a BA degree in economics from California State University and certificates in business administration and human resources from the University of California at Berkeley and the International Institute of Human Rights in Strasbourg, France.

PHR long-term advisor in Jordan, Lonna Milburn, writes: “Every office needs someone like Runa—a person who knows no defeat, who when she says “don’t worry” you can believe it, who skillfully blends the cultures of Jordan and America, who makes a foreigner in her land feel at home, who efficiently provides the central link between multiple people with multiple roles in the office so that the office runs very smoothly, who has a firm grasp on the local issues that impact our work in Jordan, who strategically links the U.S. office with the local office, who facilitates a spirit of cooperation and positiveness, who judiciously advises on the logistics to bring about contracts, payments, etc., and who unselfishly gives of her time and talents to enhance the work of PHR.”

Runa herself says that she enjoys her work and looks forward to each new day at the office. She says that “we are blessed by the harmony that prevails among staff, the professional atmosphere, the learning experience, the support from Dwayne [Banks] and Lonna [Milburn], the two long-term advisors in Jordan and the continuing support from Bethesda and PHR staff.” PHR looks forward to another productive year with Runa in year 5 of PHR. ▲

Staff Highlights

Over the last three months, PHR welcomed the following new staff members:

Nisreen El Nahal, Health Insurance Assistant, Egypt
Abla Hammouda, Executive Information System Dissemination Specialist, Egypt
Amr Mansour, Quality Improvement Analyst, Egypt

Partnerships for Health Reform

PHR seeks to improve people’s health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

▲ Policy decisions made on the basis of more effective policy processes in health sector reform;

▲ More equitable and sustainable health financing systems;

▲ Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and

▲ Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

Nancy Pielemeier, DrPH, Project Director
Cheri Rassas, Deputy for Operations
Steve Mason, Deputy for Finance

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