Quarterly Spotlight

Insuring the Uninsured in Jordan

Estimates of the number of Jordanians without health insurance range from 20% to 47%. Fees currently charged are estimated to cover only 20% of actual costs. Increasing fees, however, will make health services, including USAID/PHN priority services, less accessible to the uninsured poor. To address this problem the Jordanian Ministry of Health and Health Care (MOHHC) has proposed three policy initiatives:

▲ proceed with the increase of MOHHC fees;
▲ raise the poverty threshold for free services at MOHHC facilities to protect the poorest from fee increases; and
▲ launch a voluntary health insurance program for MOHHC services to help spread the financial risk from increased fees.

His Excellency, Minister of Health Dr. Nael Ajlouni, asked PHR to support the MOHHC in the articulation and implementation of these health policy initiatives. On November 23-24, PHR held a technical workshop in Jordan entitled “Insuring the Uninsured,” attended by the Minister and 20 other high-level MOHHC staff. PHR reviewed concepts and policy issues that need to be considered when designing insurance programs. A descriptive outline of financial flows among the various components of the Jordanian health sector established the population and financial considerations for designing an insurance program.

The Ministry presented its methodology to increase and restructure fees for government/public health services. In response, PHR outlined next steps to implement the fee increase and to assess options for the implementation of a voluntary insurance program. PHR’s input will help policymakers avoid costly mistakes and manage the full range of tasks embodied in the proposed reforms. At the same time, PHR will help the Ministry to ensure access to health services for uninsured poor populations.

To help identify the uninsured, PHR completed a survey of the 192 firms listed on the Jordanian Stock Exchange regarding what health insurance, if any, they provide their employees and dependents. This group of firms represents a select class of larger companies that have greater access to capital and collectively employ 44,115 workers. While 75% of the firms provide health insurance to their employees, only 67% extend this coverage to family members. Groups least likely to have coverage were employees in the manufacturing and services sectors as well as female workers and their dependents. For more information, contact catherine_connor@abtassoc.com.▲
Focus on Asia and the Near East

PHR is currently providing technical assistance in 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 family planning programs, and hospital autonomy. PHR also is working with the ANE Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Shalala Inaugurates National Information Center for Health and Population in Egypt

On December 1, His Excellency Prof. Dr. Ismail Sallam, Egyptian Minister of Health and Population, along with Donna Shalala, U.S. Secretary of Health and Human Services, and Daniel C. Kurtzer, U.S. Ambassador to Egypt, presided over the opening ceremonies for the inauguration of the National Information Center for Health and Population (NICHP). This event marked the completion of the renovation of the 75-year old building located in the central headquarters of the Ministry that will house the NICHP. PHR provided both architectural and program design assistance to the Ministry of Health and Population (MOHP) in support of this project.

The inauguration of the NICHP follows a six-month planning process that involved top-level decision-makers in the Ministry as well as a July 1998 ministerial decree committing to reorganize the existing Information and Documentation Center. With the assistance of the resident PHR Health Information Systems Advisor, the Director General of the Information and Documentation Center drafted a reorganization plan that identified the mission of the new NICHP, its activities, departmental functions, staffing, and a space plan.

The creation of the NICHP and the Ministry’s investment of nearly one million dollars in facility renovation signal a strong new commitment to improving information systems and access within the MOHP. One of the important benefits from the creation of the NICHP will be the opportunity to consolidate and sustain information systems and resources developed for specific projects funded by USAID and other donors over the years. Prior to the formation of the NICHP there was no MOHP analysis and no central repository for the data generated by program and project specific information systems.

The NICHP will be the primary information services unit in the MOHP. It is responsible for the development and maintenance of a national MOHP information management and information technology system. The authority of the NICHP includes national initiatives related to information management systems, information technology, and consolidated data reporting services within the scope of the MOHP. All other units of the MOHP must inform, coordinate, and cooperate with the NICHP on all matters concerning information management systems and information technology.

The NICHP staff is in the process of completing work plans for 1999 activities in its four major departments: Information Technology Services, Health Information Services, Human Resources Development, and the new National Health Information Resource Center. In addition, under the leadership of the Director General, plans are being written for three special projects that will work with the Governorate Health Information Centers: National Cancer Registry, Telemedicine, and the Health Directorate Support Unit. For more information, contact kathleen_poer@abtassoc.com.

Moroccans Examine Chile’s Policy Process and Service Reform

Currently, midwives and nurses in Morocco are unable to carry out services without the supervision of a physician; at the same time, there is a shortage of physicians who are available to deliver services in rural areas. In order to improve the population’s access to quality primary health care services in outlying communities, the Ministry of Health (MOH) has a mandate to develop legislation that will increase the range of functions that nurses and midwife practitioners can carry out, and also generate an increase in the number of trained midwives and nurses who can deliver services in underserved, rural areas.

To learn about the legal process and experience of other countries in expanding the role of paramedical providers, four Moroccan officials from the MOH, Department of Legal Affairs, and Parliament took part in a comprehensive, seven-day study tour from November 16-23, 1998, to learn about Chile’s far-reaching and successful experience with the development of a legislative environment liberalizing the range of services that can be provided by paramedical practitioners.

Discussions paid attention to strategies used to improve access to high quality and cost-effective family planning services in rural areas. The Moroccan delegation gained a first-hand understanding of the policy dialogue that guided the reform process, through meetings with representatives of the Ministry of Health of Chile, Department of Judicial and Legal Affairs; FONASA (Fondo Nacional de Salud); the Senate of the Republic of Chile; a meeting that included six senators from the Health Commission); the University of Chile at Santiago Faculty of Medical Sciences, School of Obstetrics and Puericulture; the Hospital San Martin of Quiollota; a municipal health dispensary in Las Torres; the Professional Association of Midwives; the Regional Association of Health Professionals in Valparaiso; and a nurse-midwife practitioner.

An immediate outcome of the study tour was the fostering of institutional linkages between the two countries as a base for continued information sharing on experiences and lessons learned. The participants indicated that they found the study tour experience to be highly valuable. They
Focus on Latin America and the Caribbean

PHR is providing technical assistance to USAID Missions, ministries of health, and host-country counterparts in Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. In addition, PHR is working with USAID’s LAC Bureau and PAHO on a region-wide initiative on National Health Accounts, the development of region-specific indicators of health system performance, and research on the role of local NGOs in health reform efforts in the region.

Improved Policy Dialogue Impacts Basic Insurance Policy in Bolivia

As a result of PHR activities in Bolivia, local input was incorporated into the national policy process, resulting in an improved national insurance program that is better able to deliver essential maternal and child health services to the poor. During November and December, PHR consultants in Bolivia, in cooperation with MOH counterparts, presented the results of the evaluation of the Maternal and Child Health Insurance program during one-day workshops carried out in six of Bolivia’s ten departments. These presentations provided a platform for a guided discussion in which the consultants stimulated a dialogue among local stakeholders, including service delivery staff, administrators, and political entities, as well as among representatives of the national level.

Change strategies to address principal problems in each of Bolivia’s departments were an output of the workshop. At the MOH’s request, these local strategies, along with the summary results of the discussions, were integrated into the national policy discussion on improving implementation of the new basic insurance program. Involving local stakeholders in the policy process will help insure rapid and effective implementation of the new basic insurance program; this in turn will increase access of underserved populations to priority health services.

Prior to the workshops, three MOH counterparts and five local consultants received training on facilitation techniques. This training allowed them to effectively guide the discussion during the subsequent six workshops. For more information, contact tania_dmytraczenko@abtassoc.com.  

Health Reform in Honduras Survives Hurricane Mitch

In late October 1998, only three months after the arrival of PHR long-term advisor Dr. Francisco Vallejo, Honduras was devastated by Hurricane Mitch. Once the scope of the destruction became clear, Dr. Vallejo, in close collaboration with the USAID Mission in Tegucigalpa, refocused his activities to assist the Government of Honduras (GOH) in coping with the emergency. In addition to working with the MOH in Health Region I to assess the extent of the damage and to prepare a disaster relief plan, Dr. Vallejo was also called upon to provide technical assistance to the health advisor in the Special Cabinet for Reconstruction appointed by President Flores. This technical assistance focuses on encouraging the cabinet advisor to incorporate health reform into his work.

Although the impact of the destruction caused by Mitch is still clearly visible, the MOH has continued to work toward health reform objectives. They have tried to utilize the reconstruction process necessitated by Mitch as a means toward promoting health reform. PHR continues to work closely with the USAID Mission, PAHO, the IDB, and the World Bank; and it will take the lead in initiating a working group to establish National Health Accounts and in developing the technical capacity of the MOH task groups on decentralization and regulations. After a brief redirection of effort required by this natural disaster, PHR activities are again moving forward. For more information, contact karen_van_roekel@abtassoc.com.  

Inside PHR

PHR Retreat Focuses on Planning for Results

PHR held its FY’99 staff retreat in December. Sixty project staff members were in attendance, including seven long-term advisors representing Egypt, Honduras, Jordan, Senegal, and Rwanda. USAID representatives also joined PHR for sessions on prospective planning. The overall goals of the retreat were to acknowledge and celebrate past project accomplishments, identify legacy results and associated major activities to achieve by the end of the project, begin a communication plan to raise awareness of PHR accomplishments and their impact, identify functional group needs for improving the overall climate and quality of project work, and strengthen team relationships.

Based on a short evaluation of the retreat, staff rated the overall retreat as very productive and beneficial. The group, along with senior project managers, identified several key follow-up task areas:

▲ create internal working groups to address cross-cutting legacy results;

▲ create an alignment between Country Activity Plan objectives and legacy results to facilitate the measurement and reporting of achievements;

▲ consolidate individual communication plans into a project-wide communication plan that can be monitored and revised through the end of the project; and

▲ address the orientation, management, and team support issues raised during the retreat.

These task areas are being further discussed among staff and will be elaborated into detailed plans of action with clearly identified tasks, timelines, responsibilities, and necessary resources.▲
Focus on Applied Research

PHR’s Applied Research program aims to prepare and implement an agenda of research that will advance 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 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.

Strategic Uses of Government Financing, Private Provision, and Consumer Awareness

One of PHR’s MAR studies focuses on the strategic use of government funds to expand access to priority services. This study is being conducted by Drs. Peter Berman and Mukesh Chawla of Harvard University. The research team created a model to quantitatively assess potential strategies for extending delivery of priority health services. The model factors in real world conditions and analyzes whether, under a given set of conditions, a government can best meet its priority health objectives by:

▲ financing public sector providers;
▲ financing private sector providers; or
▲ financing information to consumers to increase demand for the health service.

Some of the conditions that affect the optimal policy to be adopted are differences in the cost of delivery or quality of care among the public and private providers, as well as consumer health seeking behavior. This MAR is now in its second phase, which focuses on operationalizing this model by using real country data to demonstrate the value of this analysis on policy decisions regarding priority services. For more information, contact sara_bennett@abtassoc.com.

Small Applied Research Studies Foster Capacity Building and Linkages

An integral component of the SAR program is the local dissemination of research findings, serving to create linkages and to build the capacity of local leaders in their own policy research capabilities. As a result, many researchers of the SAR program have already presented and discussed their findings in meetings with the ministries of health as well as at provincial government, district, or community meetings.

Where research topics are relevant to other communities as well, some researchers have participated in regional conferences. A grantee from Zimbabwe, Mr. Oliver Mudyarabikwa, attended the Public/Private Mix Network Meeting in South Africa in December 1998 where he was able to share experiences related to the regulation and incentive-setting for private health care providers with individuals from a global representation of institutions. By the end of the conference, Mr. Mudyarabikwa decided to join the network as a permanent member and indicated that his work would progress more quickly thanks to the insights he gained during the meeting.

In addition to these local and regional meetings, two grantees have submitted abstracts to the International Health Economics Association conference in Rotterdam in June 1999, and another three grantees may be presenting their work at the Global Council for International Health in Arlington, Virginia. These researchers will be able to discuss their findings among an international audience. For more information, contact whitney_schott@abtassoc.com.

Workshop Examines Health Worker Motivation

Experience with efforts to improve health system effectiveness has shown that the positive impact anticipated from reform efforts is sometimes thwarted by the “unexpected” behavior patterns of health workers. Effective and efficient health care systems critically depend upon actions taken by individuals working in the system. Surprisingly, human resource elements of reform have only been examined to a limited degree, and the issue of health worker motivation has been particularly overlooked.

In October 1998, PHR held a three-day workshop exploring how health sector reform interacts with health worker motivation. Sara Bennett and Lynne Miller Franco of PHR presented a paper that analyzes the many ways health sector reform affects health worker motivation, with the aim of helping policymakers develop and implement reform policies that promote worker motivation.

Principal investigators from Kazakhstan (Dr. Rosa Abzalova, Cheryl Wickham, et al), Zimbabwe (Dorothy Mutizwa-Mangiza), Senegal (Dr. Moussa Ba), and Chile (Dr. Fernando Muñoz) discussed findings from four country case studies designed to explore how recent reform programs affect worker motivation. Besides examining in-country experience to date, participants also worked on defining a research agenda on the topic of health worker motivation. They were led in this exercise by Dr. Ruth Kanfer, a motivation psychologist from the Georgia Institute of Technology.

Proceedings from the workshop and individual country papers are available. Papers from the workshop will be published in a future issue of Social Science and Medicine. For more information, contact sara_bennett@abtassoc.com.
Focus on Special Initiatives

PHR Special Initiatives assist USAID’s Population, Health, and Nutrition (PHN) Center to carry out its objectives for global leadership by:
- informing and guiding discussions on critical health reform issues, concepts, and methods;
- advancing knowledge and methodologies for developing and implementing health reforms and monitoring their impacts; and
- demonstrating and promoting successful field approaches to health sector reform.

PHR and USAID have jointly developed six 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, and indicators for measuring results of health sector reform for system performance.

Sustaining NGO Services in India through Community Financing

PHR consultants Alan Fairbank and Pam Putney traveled to India to assist the Aga Khan Foundation (AKF) and Aga Khan Health Services, India (AKHS,I) develop and implement financing strategies to improve the sustainability of their primary health care programs. AKF and AKHS,I work in two districts in Gujarat state, Junagadh and Sidhpur, supporting a three-tiered health care system that serves an estimated population of 37,000 people in each district. At present, fees charged to clients and community funds cover only a portion of the direct costs of providing health services. PHR estimated average self-sufficiency levels in 1997 in Sidhpur and Junagadh to be 57% and 27%, respectively, while utilization at these facilities remains relatively low. Subsidies from AKF and USAID, now covering the remaining direct costs and all indirect costs, will be phased out by 2003 and communities will be encouraged to assume all direct costs.

To ensure sustainability of the health centers after donor funding is decreased, AKF asked PHR to assess AKHS,I’s primary health care programs and sustainability strategies, and to recommend an appropriate mix of financing methods. PHR found AKHS,I’s efforts to raise self-sufficiency levels well-designed and well-implemented and commended AKHS,I management for its understanding of the complex issues involved, as well as its sensitivity to the health needs of the underserved in their communities. To maintain progress achieved to date, PHR made several recommendations that, if adopted, would help increase self-sufficiency levels of these health networks.

Self-sufficiency levels could be improved by adopting a more business-oriented approach to cost recovery and by better marketing of the services offered at the facilities. Price setting of drugs and services should be based on client willingness to pay for certain curative services. Drug prices should be linked more directly to actual costs and providers encouraged to avoid the overuse of expensive antibiotics and to prescribe less expensive drugs with equal effectiveness. Price increases, where warranted, should be coupled with steps to improve quality and to make the appearance of the facilities more inviting. Marketing efforts should emphasize those services and drugs that clients are willing to pay for, while continuing to encourage the community to utilize important preventive services, offered at little or no cost.

Alternative health financing strategies need to be thoughtfully reassessed. Community health funds and insurance schemes that serve merely as a method for prepayment may actually lower revenues to health centers if they capture patients who already patronize the facility, encouraging them to increase their use of subsidized care. Community financing should instead focus on: raising funds not previously available that may be tapped on an ongoing basis; selling prepayment schemes that appeal to an expanded population base to

Examining the Sustainability of the National Program of Immunization in Morocco

PHR staff recently visited Morocco to initiate a country case study on immunization financing. While there, USAID/Morocco requested that PHR examine issues involved in whether or not the Mission should provide additional resources to increase the capitalization of a revolving fund for vaccine provision used by the Moroccan government. The fund is used to supply the country with vaccines through UNICEF’s Vaccine Independence Initiative (VII). Based on key data collected and interviews with officials most concerned with immunization policy, PHR made a presentation to MOH representatives, USAID, and WHO which highlighted the following points:
- the local and international context has greatly evolved since the inception of the VII in 1991/92 in Morocco, so the question of increasing the revolving fund is still relevant given current challenges;
- performance of Morocco’s National Program of Immunization (PNI) in terms of coverage rates, guarantee of vaccine quality, regularity of provisions, and fiscal management has greatly improved over the past few years;
- principal problems concern vaccine logistics, harmonizing procedures among relevant institutions (UNICEF, Government of Morocco), the sustainability of different funding sources, and the current methods of financing (the PNI is largely financed by World Bank loans to the health sector);
- remaining challenges include maintaining and improving the coverage rate, notably for certain regions and

See INITIATIVES, page 6
Focus on Africa

PHR has provided technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe on an array of health reform issues, including social insurance, health reform policies and processes, mutual health organizations and other community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR is also collaborating with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several additional countries.

Master’s Degree Program Builds Health Financing Capacity in West Africa

For the past two years PHR has provided technical and financial support to the Centre Africaine d’Etudes Supérieures en Gestion (CESAG), a West African Research and Training Center, for the development of its master’s degree program in health economics. This October, the program began teaching courses to its first group of students from Senegal, Mali, Burkina Faso, and Cameroon. A second group of students will begin in the fall of 1999. Thanks to this program, the West and Central Africa region will have approximately 20 more trained health economists by the end of 2000, each with an increased ability to understand their health system and to design and manage appropriate reforms and improvements.

PHR is continuing technical and financial support to the program during the first year of its implementation. A core curriculum comprised of six blocks of master’s degree-level health economics modules (26 modules total) is almost fully developed and will soon be available as a resource for teaching health economics in other countries.

In addition, following initial agreements reached in late September that were facilitated by PHR, CESAG became a Francophone affiliate for the World Bank Economic Development Institute (EDI) Flagship Course on Health Financing and Health Sector Reform. A translated Flagship module will be used by the health economics program starting in January. For more information, contact allison_kelley@abtassoc.com.

Rwanda Field Office Mobilizes Resources for Expanded Coverage

PHR opened a field office in Kigali in December. A long-term advisor, Pia Schneider, left for Rwanda on December 28 to launch project activities. The Rwandan MOH is currently decentralizing its health sector to assure the financial flow to the health districts. PHR’s objectives are to assist the MOH in this process by developing, pilot testing, and implementing different cost recovery schemes intended to increase the private cost contribution rate in Rwanda, and by building the necessary human resource capacity necessary to guarantee a smooth transition once PHR assistance ends.

These intermediate objectives have to be reached in order to achieve one of the Ministry’s overall goals: assuring financial access to first- and second-level health care for 100% of the population, while taking into account the large income disparity among the people of Rwanda.

In response to the Government of Rwanda’s request to design, test, and implement appropriate health care financing schemes and to strengthen its capacity to implement new health financing strategies, PHR is organizing a workshop to be held in Bethesda on February 16-19, 1999. Invited participants include the Minister of Health as well as representatives from the Ministry, the National Office of Population, the World Bank, USAID, and cooperating agencies. Local donor resident advisors from the European Union and WHO have also been invited. For more information, contact allison_kelley@abtassoc.com.

Rwanda Field Office Mobilizes Resources for Expanded Coverage

PHR provided a variety of data and options to consider regarding contributions to and use of the revolving fund that would ensure efficiency and sustainability. All parties present at the meeting recognized the need for a five-year strategic plan for immunization and vaccine financing. PHR strongly recommended that USAID/Morocco integrate its potential increased contribution to the revolving fund capitalization into the context of a long-term strategic plan. PHR’s ongoing immunization financing studies in Morocco and other countries can greatly assist in defining and establishing a strategic approach to sustaining immunization and vaccine financing and in facilitating more practical decisions. For more information, contact miloud_kaddar@abtassoc.com.

observed that the health service delivery system in Chile is mixed, in that there is not much separation between the private and public sectors. The national system of social insurance coverage also is widespread: 90% of Chileans are eligible for social coverage, with only 10% actually accessing the system to obtain free medical assistance.

Based on these observations, the participants defined three ways for changing the status of paramedical professionals in Morocco:

▲ change the scope of their activities;
▲ provide professional training of personnel; and
▲ develop legislation to define and formalize each profession.

The delegation is now preparing a study tour to Tunisia planned for March 1999 in order to examine the reform process in the context of a Muslim country. For more information, contact phara_georges@abtassoc.com.
New Products

This quarter PHR released a number of new InBriefs and publications, including technical reports describing findings from PHR country activities, special initiative activities, and applied research studies. The PHR publications list, order form, and the documents listed below are available through the PHR Resource Center. Contact the Resource Center via e-mail at phr-infocenter@abtassoc.com.

**InBriefs:**
- Household Data Inform Health Policymaking in Zambia
- USAID-UNICEF Health Sector Equity Initiative: Protecting Vulnerable Groups
- Investigating the Impact of Health Sector Reform on Health Worker Motivation
- How to Extend and Improve Priority Health Services through Public and Private Providers: Strategic Choices for Government Financing
- Interest Mapping for MOH Reform in Ecuador
- User Fees for Public Health Services: Experience in Uganda
- An Essential Hospital Package for South Africa
- Peru Pilots Hospital Financing Reform
- Jordan Advances Toward Health Reform

**Technical Reports:**
- Community Control of Health Financing in India: A Review of Local Experiences (TE 8)
- Stakeholder Analysis of the Women and Children’s Health Project in Madhya Pradesh, India (TE 13)
- Survey of Tax Waivers for Public Health Commodities (also available in French) (TE 17)
- Contribution of Mutual Health Organizations to Financing, Delivery, and Access to Health Care: Synthesis of Research in Nine West and Central African Countries (TE 18)
- Household Health Seeking Behavior in Zambia (TE 20)

**Special Initiative Reports:**
- Medición de resultados de la reforma del sector salud en cuanto al desempeño del sistema: Guía de indicadores (SIR 1S)
- La mesure des résultats de la réforme du secteur de la santé pour évaluer la performance du système: manuel des indicateurs (SIR 1F)
- Expanded Programme of Immunization in Bangladesh: Cost, Effectiveness, and Financing Estimates (SIR 6)

**Applied Research:**
- Implementing and Evaluating Health Reform Processes: Lessons from the Literature (MAR1, WP1)
- A Review of Health Care Provider Payment Reform in Selected Countries in Asia and Latin America (MAR2, WP1)
- Provider Payment Mechanisms in Health Care: Incentives, Outcomes, and Organizational Impact in Developing Countries (also available in Spanish) (MAR2, WP2)
- Extending Coverage of Priority Health Services through Collaboration with the Private Sector: Selected Experiences of USAID Cooperating Agencies (MAR4, WP1)
- User Fees in Government Health Units in Uganda: Implementation, Impact, and Scope (SAR2)
- An Essential Hospital Package for South Africa: Selection Criteria, Costs, and Affordability (SAR3).

**Staff Highlights**

Staff Highlights offers PHR a chance to announce recent additions to its staff based at the project office in Bethesda, as well as in the project’s field offices. Over the last three months, PHR welcomed the following three new staff members:
- Christianne Hall, Program Assistant for LAC
- Mohammed Oubnichou, PHR Representative in Morocco
- Whitney Schott, Program Assistant for Applied Research

**Brown Bags Calendar**

Every quarter, PHR holds several brown bag presentations on a variety of topics related to health reform and health financing in developing countries. The date, time, and location of PHR brown bags are announced via e-mail. Please contact phr-infocenter@abtassoc.com to subscribe to the brown bag mailing list. Upcoming brown bag presentations include:

- **March (date TBD)** - Using Policy Tools to Navigate Troubled Waters: Interest Mapping in Ecuador.
- **March (date TBD)** - Improving Financial Access to Health Services by Strengthening Mutual Health Organizations in West and Central Africa.
- **March/April (date TBD)** - Ensuring Sustainability of Priority Services in Morocco.
- **March/April (date TBD)** - Improving the Design of the National Maternal and Child Health Insurance Program in Bolivia.
About the Partnerships for Health Reform Project (PHR)

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

Editor: Mark McEuen
Contributing Editor: Liz Nugent
Design: María Claudia De Valdenebro

Partnerships for Health Reform
Abt Associates Inc.
4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814 USA
Tel: 301-913-0500  Fax: 301-652-3016
http://www.phrproject.com
E-mail: PHR-InfoCenter@abtassoc.com

Resource Center

E-mail: phr-infocenter@abtassoc.com
URL: http://www.dcdata.com/abt/abt.htm

The PHR Resource Center was established in 1997 as part of the project’s mandate to develop, collect, and disseminate information to contribute to the body of knowledge on health reform. The Resource Center houses the work of PHR and collects documentation on issues related to health sector reform, particularly hard-to-access grey literature. The Resource Center provides research and reference services; distributes PHR reports; and provides easy and time-saving access to information and information services. The Center’s bibliographic database of materials can be accessed on the World Wide Web at http://www.dcdata.com/abt/abt.htm.

Bookmark It! Internet Resources

▲ Leland Initiative (LI) website – The Leland Initiative is a five-year, $15 million U.S. Government effort to extend full Internet connectivity to twenty or more African countries in order to promote sustainable development. The LI seeks to bring the benefits of the global information revolution to the people of Africa, via connection to the Internet and other Global Information Infrastructure (GII) technologies. The site contains information on Internet resources and partner countries, the history of the Leland Initiative, the Internet Learning Library (which includes case studies and a section on end user application issues and USAID telematic pioneering programs). The site also includes country contact information on Internet business opportunities, as well as a biography of Mickey Leland.

Visit the site at http://www.info.usaid.gov/regions/afr/leland/index.html

▲ Development Experience Clearinghouse (DEC) website – The DEC captures USAID-funded publications for public dissemination. The DEC’s database, the Development Experience System (DEXS), contains references to over 95,000 pieces of USAID-funded documentation, including studies, evaluations, conference proceedings, and surveys, about topics such as democracy, population and health, economic growth, the environment, and humanitarian assistance. The purpose of the DEXS is to strengthen USAID’s programs by making these development experience documents available to USAID offices and mission staff, as well as to other donor agencies, host country government agencies and institutions, and the public. Users can search the DEXS online by subject, author, etc. PHR has submitted by CD-ROM copies of all PHR documents produced to date.

Visit the site at http://www.dec.org

▲ Development Indicators Home Page – As a major step towards concerted international action for development, the Organization for Economic Coordination and Development (OECD), the United Nations, and the World Bank have agreed to focus on a series of key goals in partnership with developing countries. A system for tracking progress on these goals has been formulated. The Development Indicators Home Page site explains the core set of indicators to be used at a global level to monitor progress on these goals. The site provides maps, charts, and tables for all indicators in the core set. The set will be continuously developed and updated to show results achieved. Development goals for the year 2015 outlined on the site encompass: economic well-being, social development, and environmental sustainability and regeneration.

Visit the site at http://www.oecd.org/dac/indicators

Visit the site at http://www.oecd.org/dac/indicators