Evaluation of Bolivian National Mother and Child Health Insurance Program Well-Received by Ministry Of Health

Bolivia’s National Mother Child Health Insurance Program (Seguro de Maternidad y Niñez-SMN), introduced in 1996, is a government program that aims to reduce both maternal and child mortality by removing service fees paid for essential medical care. The program covers selected priority health services for mother and child survival, such as birth and antenatal care, acute respiratory illness, and diarrhea. At the request of the Bolivian Ministry of Health (MOH), a joint PHR/Data for Decision Making (DDM) project team carried out an evaluation of the program.

The team collected data from February to July 1998 through interviews with officials from institutions involved in SNMN activities, reviews of information produced by the MOH, and surveys of users and persons in charge of delivering health services. Recommendations to improve the SNMN after evaluating the program’s cost, service delivery, and administrative components were given to the MOH.

On September 29, the evaluation team presented its results to the MOH’s Technical Council. PHR’s findings provided crucial information for the design of the government’s expanded health insurance program (Seguro Básico de Salud). As a result, the insurance program’s reimbursement rates were altered and an administrative unit will be created to manage the program’s operations. Further, the MOH will examine several issues including: subsidizing transport in rural areas, differentiating reimbursement rates at each level of service, revising the role of the DILOS (a body that currently plays a redundant administrative role in the program), and addressing the working capital issue. The vice ministers present recognized the importance of introducing personnel incentives and vowed to search for a politically viable solution in this area. They thanked PHR for an unbiased evaluation.

On September 30 another results presentation was given to a broad audience of some 100 people from throughout the MOH, USAID, and other donor organizations. USAID Mission Director Frank Almaguer and representatives from the electronic and print media were present. A key member (from UNICEF) of the technical committee that created the insurance program was present and endorsed the evaluation results, The Bolivian Ministry of Health has requested that the evaluation results be disseminated to the eight departments in Bolivia. For more information, contact tania_dmytraczenko@ abtassoc.com.
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.

Analyzing the Process of Health Financing Reform

Researchers in South Africa and Zambia are examining the process of health financing reform by analyzing three aspects of financing reform:

- process factors such as the importance of different actors or stakeholders and their ability to block reform, and strategies for policy development and implementation;
- specific features of reform design and how they were affected by the process of reform; and
- linkages between financing reform and institutional reforms that are critical to successful reform implementation.

The South African team recently completed Phase 1 of the study which captured researcher knowledge about the reforms, reviewed key documents, developed detailed timelines for the reform programs, drew up a list of key actors and key informants, and conducted preliminary interviews with a number of key personnel.

At a workshop in Johannesburg, the researchers agreed that one of their greatest challenges is how to ensure the rigor and validity of largely qualitative research techniques. Furthermore, many of the researchers themselves were key actors in the policy process and thus felt it important to build in safeguards against bias in the interpretation of data. The research team has accomplished this by carefully documenting the researchers’ roles in the policymaking process and by triangulating all sources of information between researchers in South Africa and in Zambia will enhance objectivity as well as strengthen regional linkages.

Fieldwork on the research and preliminary findings in both countries should be available by mid-1999. For more information, contact sarabennett@abtassoc.com.

Major Applied Research Studies Examine the Role of Incentives

Four major PHR cross-country research studies are currently in the fieldwork phase. These include research on the following topics in the countries listed in parentheses:

- Analyzing the Process of Health Financing Reform (South Africa and Zambia)
- Impact of Provider Payment Reform (Thailand, Argentina, and potentially another Latin American country)
- Equity of Health Sector Revenue Generation and Allocation (in-depth study in Thailand, Guatemala, and South Africa)
- Economics of Using Private Providers to Extend Coverage of Priority Health Care Services
- Decentralization of Health Systems: Priority Setting and Allocation

These Major Applied Research (MAR) studies are designed to enhance knowledge and understanding of policy-relevant health reform issues. While the studies cover a range of different topics, several of them are centrally concerned with the role of incentives within health care systems.

For example, the study of provider payment reform examines the impact of financial incentives upon service delivery. A central theme of the study now being launched on health worker motivation is the relative importance of financial versus non-financial incentives. The study of priority setting and allocation in decentralized systems explores what kind of incentives central governments can use to influence resource allocation at the local level. Enhanced understanding of the role of incentives ultimately will help with the design and implementation of health care systems that encourage agents to use and deliver efficient and quality health services. For more information, contact sarabennett@abtassoc.com.

Research Findings Published in Journals and Presented at Conferences

Three of seven studies funded in the first round of PHR’s Small Applied Research (SAR) Program were completed last quarter by grantees in South Africa, Peru, and Uganda. The primary focus of the SAR Program is to address a policy-relevant issue in a specific country, while building capacity to conduct research in health reform, health financing, and related topics. Where the results may be useful to policymakers in other countries or regions, the SAR Program widely disseminates study findings through regional and international journals and conferences.

The three grantees who have completed their research submitted articles to regional peer-review journals. A study conducted by Neil Soderlund on developing a health insurance package for South Africa has been accepted for publication in Health Policy.

See RESEARCH, page 7
Focus on Africa

Working in over ten countries in Africa, PHR has provided technical assistance 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. In coordination with USAID Missions and local governments and counterparts, PHR is working in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe. PHR is also collaborating with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement appropriate cross-cutting sub-regional activities in several additional countries.

PHR Strengthens Local Management Capacity to Prevent Malaria in Zambia

As part of Zambia’s National Malaria Control Program, an initiative was launched in September to sell insecticide treated nets (ITNs) through selected rural health centers (RHCs) in three districts in Zambia’s Eastern Province. PHR is providing technical assistance to the Eastern Province Integrated Malaria Initiative (EPIMI) to strengthen its capacity to manage the sale of ITNs.

Working with local partners, PHR developed financial and management procedures for tracking the sale of nets and for managing proceeds from the sales. Funds collected from the sale of the ITNs are held within the community and used to procure additional nets. PHR assisted EPIMI in the initial implementation of the ITN distribution system and trained EPIMI staff on effective management procedures. EPIMI will oversee implementation of the distribution system and will provide ongoing monitoring of the sales in current project sites. This initiative is planned to be expanded in 1999 to cover all areas within the three districts and will add two additional districts. For more information, contact grace_chee@ abtassoc.com.

Decentralizing Health Services in Senegal

Beginning in 1997, Senegal devolved peripheral health services to local government units. Because boundaries of the districts and local government units are not the same, the MOH has experienced problems related to the financing and functioning of health districts as well as a decrease in resources allocated from the district health seat out to peripheral health posts.

Recently, PHR collaborated with the Senegalese Ministry of Health and local elected officials (ranging from members of the General Assembly to the presidents of rural communities) to develop structures that promote local autonomy through devolution while strengthening intra-district referral and supervisory systems. Bringing together officials at both the central and peripheral levels, PHR facilitated meetings in three regions so that local government officials and MOH personnel could discuss possible alternatives to resolve issues resulting from the devolution process.

These meetings resulted in the Ministry developing written regulations requiring individual health committees to form district-level health committees in partnership with MOH officials. Similarly, legislation is currently being prepared for the General Assembly that will require local elected officials in a health district to form an association through which government block grants to finance district activities can be distributed more effectively.

For more information, contact allison_kelley@ abtassoc.com.

Focus on Training

As part of its mandate, PHR has been asked to integrate the training of local counterparts to develop and implement health sector reforms into its ongoing technical assistance activities. The objective of the training is usually to bring about specific changes in organizational performance and/or reduce specific skill deficiencies experienced in-country. PHR training activities are incorporated in technical assistance programs by sponsoring study tours and participation in U.S. or third country academic programs; developing course curricula related to health financing, health economics, and health policy, as well as encouraging other pre-service training methods; and conducting on-the-job training and skills building.

Training Counterparts to Develop and Implement Health Sector Reforms

An excellent example of integrating training activities into broader technical assistance efforts has occurred in Jordan. As a central part of its country strategy, PHR intends to strengthen the capacity of staff at the MOH and other Jordanian institutions to take a leadership role in the development and implementation of health sector reforms.

In August, Dr. Hani Brosk, PHR’s lead counterpart, completed the eight-week course at Harvard School of Public Health entitled “Managing Health Programs in Developing Countries.” Since returning to Jordan, Dr. Hani has taken the lead in guiding implementation of National Health Accounts (NHA) activities. In September, four other counterparts from the Jordanian MOH began a twelve-week course at Boston University’s School of Public Health entitled “Financing Health Care in Developing Countries.” The program focuses on practical methods for the financial management and economic
Focus on Asia and the Near East

PHR’s Asia/Near East (ANE) Team is currently providing technical assistance to USAID Missions and host-country counterparts in four countries: Egypt, Indonesia, Jordan, and Morocco. Several of PHR’s largest country programs are in the ANE Region and PHR has established project field offices in Egypt and Jordan. Technical assistance has been provided 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, and hospital autonomy. In addition to country-specific technical assistance, PHR is working with the ANE Bureau to design a set of activities that can be implemented region-wide. These activities may include establishing a regional network of countries working on National Health Accounts and supporting and expanding existing regional networks of health economists.

Assessment of Third Party Payers in Jordan

The Hashemite Kingdom of Jordan has committed itself to the goal of universal coverage of health services through a social insurance system. This quarter, PHR conducted an interview survey of the private health insurance and financing system in order to:

▲ identify and describe the industry’s strengths and weaknesses;
▲ assess its direction; and
▲ consider the possible roles the system could play in a future social insurance scheme.

PHR interviewed health insurance firms, self-insured firms, third party administrators, and their potential clients and partners (e.g. businesses, banks, health provider organizations, and other entities). PHR also collected data and information from the Ministry of Trade and Industry (Insurance Controller’s Office), the Royal Medical Services, and the Ministry of Health and Health Care.

The survey found that there was a clear consensus that universal health coverage would necessitate changes in private financing practices. The team identified several areas of innovation in private sector cost containment and utilization management that, although in their infancy, could play a significant role in a social insurance program.

Attempts by the public and private sectors to work with each other are in the early stages. Joint health reform projects or business actions have yet to begin. However, potential joint projects are beginning to appear. For example, the private sector’s need to fill its hospital beds and the government’s desires to expand services in an affordable and cost-effective manner provide the incentives for a pilot project in public-private contracting for health care services. PHR is finalizing a technical report that discusses these findings in detail and presents options for the public sector to use private financing agents as part of a universal health insurance scheme. For more information, contact catherine_connor@abtassoc.com.

Health Policy Reform Announced in Egypt

In early July, the Egyptian Ministry of Health and Population (MOHP) hosted a two-day workshop in Alexandria to introduce its strategy for health policy reform and to begin discussion of key technical issues. Over the past year, the Ministry has worked intensively with health sector experts from USAID, the World Bank, the European Union, and Danish International Aid to outline a strategy that emphasizes improving the delivery and financing of primary care services. The new strategy seeks to provide all Egyptians with access to better quality primary care services, which will be financed through a single insurance entity. Much of the discussion of the reform strategy over the past year has taken place among senior decision-makers in the central Ministry.

The July workshop was organized with assistance from PHR, which is providing the Ministry with the technical support to plan and implement a broad series of reforms. Nearly 150 people, including leaders from Alexandria governorate and Central MOHP staff, service delivery personnel, political party representatives, government officials, and the media participated in the two-day event. The Minister of Health and Population and the Governor of Alexandria opened the workshop and expressed their commitment to improving the efficiency and quality of care while also ensuring greater access to services.

Over the two-day event participants engaged in technical discussions about the content of a defined set of basic primary care services under the Basic Benefit Package, and about the necessary changes in service delivery. This process was the first step in building consensus around the key changes required to improve primary care service delivery. For more information, contact kathleen_poer@abtassoc.com.

(Training, cont’d)

evaluation of health programs. Upon their return to Jordan in December, these MOH officials will focus on NHA efforts as well.

PHR also collaborated with the University of Jordan to design and implement a six-week course in accounting, finance, and spreadsheet skills for the local NHA team. In addition, Dr. Dwayne Banks, PHR’s resident advisor in Jordan, has been delivering informal presentations on health policy topics to ministry counterparts on a regular basis. Finally, PHR provides on-the-job training through the active involvement of Jordanian counterparts in all technical assistance activities, as well as through ongoing training in computer skills and English. For more information, contact shirl_smith@abtassoc.com.
Focus on Latin America and the Caribbean

PHR is currently providing technical assistance to USAID Missions, ministries of health, and host-country counterparts in five countries in Latin America: Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. In addition, PHR is working with USAID’s LAC Bureau and PAHO on a region-wide initiative that has trained a network of country counterparts in National Health Accounts in eight countries, developed a policy primer on equity for policymakers and service providers, participated in the development of region-specific indicators of health system performance, and carried out research on the role of local NGOs in health reform efforts in the region.

Interest Mapping in Ecuador

During the past year, PHR, with the collaboration of a local sub-contractor, BDOStern, and two MOH counterparts, developed an “interest mapping” tool designed to evaluate the support and opposition in the health sector for new forms of resource allocation in the MOH in Ecuador.

By considering key stakeholders’ power and leadership, influence/relationships, location in the sector, and position related to these policies, this tool is a combination of a stakeholder analysis and political mapping exercise. PHR used the results of the analysis to develop recommendations and strategies for policy implementers to improve support during the planning and implementation of health policies. For more information, contact kammi_schmeer@ abtassoc.com.

PHR Office Up and Running in Honduras

After participating in a PHR technical retreat for the LAC Region in August, 1998, Dr. Francisco Vallejo traveled to Tegucigalpa, and commenced his duties as PHR’s long term advisor. Dr. Vallejo is a physician with public health and health economics training who came to PHR from the Center of Studies and Social Promotion (CEPAR, a USAID funded NGO in Quito, Ecuador) where he served as the General Coordinator of the Analysis and Promotion of Health Policies.

Within the few months since arriving in Honduras Dr. Vallejo has established the office, hired appropriate staff and been involved in the following activities:

▲ restructuring and reactivating the National Health Council of Honduras;
▲ participating on two of the MOH health reform policy analysis working groups, (1) regulatory functions and regulations and (2) departmentalization/decentralization;
▲ developing and conducting a study of local community drug funds to be completed by December 1998; and
▲ coordinating with other donors on health sector reform and seeking consensus in intersectoral relations.

Expected results from the above efforts include: more informed, effective policy dialogue in Honduras on health sector reform issues; consolidation of the General Directorate for Regulations and its technical offices into a new unit focused on health sector reform; development and support for policies and planning in the departmentalization/decentralization initiative of the MOH with special emphasis on USAID’s focus health areas; and better understanding of community efforts to improve health status and services as a result of PHR studies that will be conducted, analyzed, and disseminated. For more information, contact karen_van_roekel@ abtassoc.com.

LAC Technical Retreat Held

On August 5-7, 1998 PHR’s senior management and LAC regional staff conducted a technical retreat with additional participants from PHR headquarters, LAC regional experts/consultants, and representatives from the World Bank, the Inter-American Development Bank and USAID. The objectives of the two-day retreat were to: identify patterns and known components of health sector reform in the region; relate regional expertise to PHR country programs; and identify tools and methodologies that address health sector reform priorities.

Patterns of health reform in LAC over the last three decades were examined and particular components of health sector reform reviewed and evaluated. Participants identified needed supports for policy change as well as technical strategies that would be critical to advance health sector reform within the LAC region.

A “short list” of priority tools and methodologies to be developed under the LAC Initiative was identified and included the following: toolkit and workshop curriculum on policy processes of health sector reform; comparative analysis of legal and regulatory reform; comparative analysis on social security reform; and multiple tools in health financing mechanisms in the LAC Region, including contracting, provider payment mechanisms, budget decentralization, and targeting methodologies.

The current status of PHR’s regional and country programs was also reviewed and targets of opportunity to advance the reform process in the LAC Region identified. In addition to substantive discussions that helped synthesize the cumulative experience of participants in the LAC Region and that provided guidance for PHR’s future work, the two-day retreat served to provide time and space for renewing collaboration with old friends as well as opening avenues of collaboration with new staff and regional experts/consultants. For more information, contact karen_van_roekel@ abtassoc.com.

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Focus on Special Initiatives

PHR Special Initiatives have been designed to 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;
- promoting the exchange of ideas and experiences among donors, country policymakers, and other international health leaders about successful approaches to health policy management, financing, and service delivery; and
- demonstrating successful field approaches to health reform.

PHR and USAID have jointly developed five Special Initiatives, focusing on maternal and reproductive health, child survival, the role of NGOs in health sector reform, national health accounts, and indicators for measuring results of health sector reform for system performance.

Initiative on Child Survival Launched

Over the past year, PHR has initiated a variety of special initiatives focused on child survival services, including services related to immunization coverage, Vitamin A deficiency prevention, polio eradication, and Integrated Management of Childhood Illness (IMCI). During the past quarter, these initiatives were consolidated under a larger Child Survival Initiative rubric in order to maximize their impact. Activities under PHR’s Child Survival Initiative are in various stages of development, but significant strides were made in the last several months to identify information gaps related to these services and develop PHR activity plans in coordination with USAID, WHO, several cooperating agencies, and other experts that work to improve service delivery related to child survival.

The general focus of each sub-initiative is on costing and financing issues related to the particular service. PHR has developed plans to conduct these specialized activities to achieve the following goals and objectives:

- improve the policy environment for more effective use of resources for child health policies;
- provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing; and
- enhance capacity to collect and use information that can improve policies and decision-making related to child health services.

New Products

ZdravReform CD Released

The PHR Resource Center will be distributing the ZdravReform Program’s CD-ROM, which contains a compilation of over 500 technical reports, manuals, evaluations, case studies, and comparative analyses on a wide variety of topics related to health care financing and service delivery reform in five countries of the New Independent States (NIS) of the former Soviet Union. The contents of this CD-ROM represent the comprehensive work in health care policy reform completed under USAID’s Health Care Financing and Service Delivery Reform Project (the ZdravReform Program), managed by Abt Associates Inc, from 1994 through June 1998. The ZdravReform Program works with national- and local-level health care policymakers, managers, and practitioners in the NIS in their efforts to reform health care policy, finance, and management in their countries. Materials on the CD-ROM are in English, Russian, and Ukrainian.

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 16 new staff members:

Bethesda
- Jennifer Graff, Program Officer for NHA
- Miloud Kaddar, Technical Officer, Economist
- Anthony Mensah, Program Assistant for ANE
- Dede Naylor, Finance Officer
- Kathleen Novak, Regional Coordinator for LAC
- Preston Tulay, Information Systems Manager
- Karen Van Roekel, Program Officer for LAC
- Francisco Vallejo, Long-Term Advisor
- Rasha Ghannoum, Administrative Assistant
- Emad Saber, Project Assistant
- Runa Sindaha, Financial and Administrative Manager
- Taghreed Adam, Research Analyst
- Marwa Ezzat, Health Insurance Project Assistant
- Nefisa Hassan, Health Information Systems Project Assistant
- Mary Paterson, Chief of Party, Egypt
- Pia Schneider, Long-Term Advisor

Honduras
- Jordan
- Egypt
- Rwanda
Soderlund also submitted articles based on his work under the SAR Program to the South African Medical Journal. Pedro Francke, the principal investigator on a study that analyzed the targeting of public health expenditures in Peru, will have his research published by the Economics Department of the University of Lima. Findings from the SAR study in Uganda, analyzing the impact and scope of user fees in Uganda, and conducted under the direction of Joseph Konde-Lule of Makerere University, were submitted to the East African Medical Journal.

In addition to forthcoming publications, SAR grantees have also presented the findings from their SAR work at regional and international conferences, including:

- 75th Jubilee International Congress, University of Witswatersrand Medical School, Johannesburg, South Africa (Soderlund N, Peprah EO, Core Hospital Services: A Breakdown of Estimated Costs from Three Hospital Sectors)
- Economics Society of South Africa 1997 Biennial Conference, Potchefstroom, South Africa. (Soderlund N. A Minimum Benefit Package for Health Insurance in South Africa: Fitting the Means to the End)
- Eighth Annual Public Health Forum; London School of Hygiene and Tropical Medicine, United Kingdom (Soderlund, N. Essential Health Care Packages: Fitting the Means to the End)
- XVI Encuentro Latinoamericano de la Sociedad Econométrica, Lima, (Francke P., El Cobro de Tarifas y la Equidad en la DISTRIBUCIÓN del Subsidio Público en Salud en el Perú)
- II Encuentro de la Red de Economía Social Latinoamericana, San José de Costa Rica, organized by the Departamento de Economía de la Universidad de Uruguay and FLACSO (Francke, P., El Cobro de Tarifas y la Equidad en la DISTRIBUCIÓN del Subsidio Público en Salud en el Perú)

Detailed reports on the research will be forthcoming by the end of 1998. SAR grantees in Ghana and India have also completed research and are in the process of finalizing their reports for wider dissemination. For more information, contact jose_ravano@abtassoc.com.

(AFRICA, cont’d)

Management Information Systems to be Developed in West African Hospitals

Recognizing the significant investments of resources that African countries allocate to hospitals as well as the need to maximize efficiency in the hospital sector, PHR is providing support for development of improved management information systems (MIS) in Senegal and Ivory Coast. This activity provides a positive example of how PHR and the cooperating countries coordinate the support of various partners, including the World Bank, French Cooperation, and others, to achieve sector development goals.

In Senegal, PHR is assisting the Ministry of Health and Social Action to develop and implement a prototype hospital MIS in four pilot facilities. The prototype MIS responds to recent legislative changes giving hospitals more autonomy as “établissements publiques de la santé” or public health facilities. It will encompass management, financial, clinical, materials management, and human resource functions within hospitals and will be partially automated. Thorough management audits of the pilot facilities and adaptation of the prototype MIS to the unique requirements of each facility will take place. The MIS is intended to serve as a model for other hospitals in Senegal and more broadly in West and Central Africa (WCA).

In Ivory Coast, the Ministry of Public Health is developing a phased hospital MIS over the next ten years, initially focusing on a medical information system (“système d’information médicalisé” or SIM), that is being developed in three pilot facilities with PHR assistance. The SIM will adapt the international systems of nomenclature and coding for diagnoses and procedures for application in Ivory Coast. Adoption of the SIM will serve as a basis for quality improvement and the subsequent introduction of unit costing and improved budgeting, pricing, and financial management. As with the work in Senegal, PHR looks to the results in Ivory Coast as providing lessons and, hopefully, models for use in other WCA countries. Now in its early phases, PHR assistance to Senegal and Ivory Coast will be completed within the next 12-18 months.

Brown Bags at PHR

Every quarter, PHR holds several brown bag presentations at the project headquarters in Bethesda on a variety of topics related to health reform and health financing in developing countries. PHR brown bags are announced via e-mail. Please contact the Resource Center (phr-infocenter@abtassoc.com) to subscribe to the brown bag announcement mailing list. Last quarter, PHR held the following presentations:

- Neil Hollander and Margie Rauch, Assessment of Third Party Payers in Jordan (July 24, 1998)
- Nadwa Rafeh, Quality Improvement in Egypt (August 4, 1998)
- Pia Schneider, Combining Three Performance Variables to Measure Providers’ Cost-Effectiveness in a Managed Care Setting: Patients’ Clinical Complexity, Treatment Cost, and Health Outcome (August 31, 1998)
- Bill Winfrey, Building the Commercial Sector for Family Planning in the Philippines (September 11, 1998)
Resource Center

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

A 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 Resource Center’s target audiences include PHR staff and consultants, USAID, cooperating agencies and representatives of other donor organizations. The PHR Resource Center’s bibliographic database of materials can be accessed on the World Wide Web at http://www.dcdata.com/abt/abt.htm. The following are excerpts from the monthly PHR Resource Center Bulletin.

PHR Publications List Now Available

A list of PHR publications from the first three years of the project is now available through the PHR Resource Center. The publications list includes technical reports, activity plans, special initiative reports, applied research papers, and In Briefs. It also includes publication ordering information and is indexed by author, country, and title. All PHR publications are available in both hard copy and on CD-ROM.

Bookmark It! Internet Resources

▲ Health Reform Online (HRO) - This website houses distance learning courses for health care professionals who want to learn more about the economics and financing of health care delivery. The site includes a discussion area, links to health sector reform resources, and a newsletter. Also featured are an outline of key themes and an annotated bibliography. The first of six online learning courses is currently available and includes an English/Russian/Chinese health economics glossary. Check it out at http://www.worldbank.org/healthreform

▲ AIDS Economics website - The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank worked together to create this site. The site aims to help define and implement cost-effective policies to fight HIV/AIDS by highlighting recent information on the disease, including citations to newspaper articles, reports, and books. Included is a searchable bibliographic database, as well as full text papers and articles and a free electronic newsletter. Visit this site at http://www.worldbank.org/aids-econ

▲ Healthlink Worldwide - Healthlink works to improve the health of poor communities through communication. The website houses a searchable bibliographic database of 19,000 records focusing on primary health care and disability in developing countries, including many materials not referenced in other databases. Selected materials are available at no cost for those in developing countries. Healthlink also provides training and technical support in establishing resource centers and information services. Visit Healthlink Worldwide at http://www.ahrtag.org

Partnerships for Health Reform (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.

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