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Spotlight

Jordanian Study Tour Strengthens Research/Policy Link

How do you get policymakers to pay attention to health sector research? How can research be funded? How should research issues be prioritized? These are important questions that Jordan and many other countries struggle with as they work on health sector reform. PHR promotes the view that the larger community is best served by evidence-based health policies.

As one step in strengthening the link between research and policy in Jordan, PHR sponsored a one-week study tour to Washington, DC, for 14 key Jordanian policymakers and researchers to introduce them to a variety of private and public institutions that contribute to the research-policy link in the US. The tour generated a great deal of discussion among the participants, who represented both academic and public health organizations. Upon returning to Jordan, the group presented their findings and initial recommendations to His Majesty King Abdullah II, whose health advisor, Prince Firas Al-Ra’ad, was among the study group.

The intense tour included meetings at some of the leading health research institutions in the country: the Brookings Institution, the National Institutes of Health, the US Health Care Financing Administration, the Congressional Budget Office, the Association for Health Services Research, the Agency for Health Research and Quality, and the Georgetown University Institute for Health Care Research and Policy.

The group found that factors contributing to the breadth and quality of health policy research in the US include the independence of private institutions and publications, stable funding for public institutions, regular health surveys, and the wide availability of basic health data. Participants saw how the US research community stimulates policy discussions and facilitates evidence-based decision-making. Researchers need to create demand for data by exposing policymakers to research that is relevant to issues at hand, and presenting results in an easily understood and accessible format.

The study group included a diverse cross-section of leaders in the health sector, including Prince Firas Ra’ad, Health Advisor to King Abdullah II; five senior-level MOH staff; five senior faculty in nursing and medicine from Al-Bashir Hospital, Jordan University of Science and Technology (JUST) and the University of Jordan (JU); the Director of Planning of the Royal Medical Services; and two JUST and JU graduate students from the PHR Scholars Program, which is training and supporting seven students in health research.

The study group, led by Prince Firas, briefed HM King Abdullah II at a special briefing at the Royal Court. For more information, contact karen_van_roekel@abtassoc.com.
Tunisia Helps Strengthen Hospital Autonomy in Jordan

In fall 1998, with the support of PHR, the Jordan MOH embarked upon the process of increasing the autonomy of public sector hospitals. After a year of internal analysis and consensus-building, two pilot hospitals proposed a series of changes in MOH operating procedures to expand their autonomy in managing staff, procurement, and funds. To help Jordan implement these changes, PHR organized a study tour to Tunisia, where decentralization of public hospitals has been ongoing for several years with the support of a World Bank loan. Tunisia was chosen because of its success with hospital autonomy and cultural similarities with Jordan.

The main lesson of the tour was that strong commitment and leadership from the central MOH is essential for implementation. The Jordanians learned in detail how personnel, finances, equipment, and facility construction are managed by public hospitals within a decentralized system. The group observed how the MOH organizational structure, particularly the regional departments of health and MOH management information systems, support a decentralized system. Likewise, they were able to witness how the changes implemented in Tunisia have improved efficiency, accountability, and staff morale. The most senior officials of the Tunisian MOH generously shared their time and expertise. Upon return to Jordan, the group debriefed the MOH and has begun to take steps to implement many proposed changes at the pilot hospitals. For more information, contact karen_van_roekel@abtassoc.com.

Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates 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 other countries.

Traditional and Modern Health Care Providers Surveyed

Utilization of modern health care services in Mali is very low (less than 0.3 visits per person per year to modern facilities), but little is known about the population’s use of traditional and informal practitioners. To design effective protection mechanisms, such as fee waivers or a solidarity fund, to improve utilization of health services among poor and vulnerable groups, PHR sought to fully understand the health seeking behavior of these groups and the range of health services available to them. In November 1999, PHR completed a household survey in Mali get this information.

In February, PHR carried out a provider survey interviewing more than 500 providers in districts of Sikasso and Bla: 84 modern providers (both public and private), 178 traditional healers, 48 pharmacies, and 130 drug re-sellers, among others. Data was collected on: personnel, services offered, medications offered, physical quality of the facility (equipment, amenities, hygiene, etc.), utilization, pricing and protection mechanisms, communication with clients, and referral patterns.

During the household survey, PHR found radio programs facilitated contacts enormously (people actually asked to be surveyed!). Therefore, a week before the provider survey began, PHR broadcast a microprogramme in French and Bamana on local radio stations multiple times daily. The two-minute radio spots explained the purpose of the survey and how to easily recognize the surveyors.

The PHR data collection team (pictured below), which comprised three doctors, a traditional healer, and eight experienced surveyors, found providers of all types willing and enthusiastic to participate in the survey. Drug re-sellers serve a large population in Mali, as many people prefer to pay for one or two pills in the market rather than for a whole treatment regimen in a pharmacy. Despite the fact that many of these drug re-sellers operate outside the formal sector and are often targeted or taxed by authorities in Mali, they willingly shared information about their practices. Access to this group of providers came largely as a result of the radio broadcasts, which guaranteed confidentiality and constituted no threat to their operations. Traditional healers, often ignored by the formal health sector, not only shared information, but even requested guidance on how to develop common guidelines for treating certain ailments, like fever.

Results from both the household and provider surveys will be available by June 2000. PHR will use the results to work with communities and health staff to implement strategies to improve utilization among vulnerable groups. For more information, contact allison_kelley@abtassoc.com.

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 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.
Prepayment Schemes Mobilize Resources for Health Sector in Rwanda

UPDATE: On March 20, the Rwandan TV broadcast news in English and Kinyarwanda of a mother who delivered triplets at the Byumba Hospital. As the mother is member of a prepayment scheme, partial costs of the delivery and the subsequent two-month hospitalization were covered. Featured on the broadcast was the president and another representative of the Federation of Prepayment Schemes in Byumba. They explained how prepayment schemes function in the three PHR pilot districts.

At a three-day workshop on prepayment schemes (PPS) hosted by PHR in Kigali, the Minister of Health encouraged PPS representatives to provide information to other health regions and districts planning to launch similar schemes. More than 50 representatives from the MOH, churches, prepayment schemes, government authorities, and international organizations participated in the workshop, which had three objectives:

- review eight months of PPS experiences in the three pilot districts of Kabutare, Byumba, and Kabgayi and provide a forum for the exchange of experiences among the PPS and other mutual health organizations (non-profit community-based health care financing organizations) in Rwanda;
- recommend strategies to strengthen the implementation phase of prepayment scheme plans; and
- discuss the possibility of extending prepayment schemes into other areas in Rwanda.

Under prepayment, individuals or households pay an annual premium into a health care fund. Payment of the premium entitles the individual or household to seek health services in a defined benefits package for one year, with a co-payment of $0.30 per curative visit. Contributions from persons who do not fall ill help to cross-subsidize the costs of care.

In early 1999, the MOH, in collaboration with PHR and community members from the three pilot districts, developed three different prepayment schemes. By the end of June, 54 prepayment schemes in the three districts had each elected five-member executive bureaus to manage the scheme and sign up members. PHR and MOH representatives trained PPS bureau members on financial and organizational management of the schemes. Within the first eight months of operation, more than 67,000 people living in the three districts became prepayment scheme members, representing 6% of the population.

Preliminary data from health centers reveals the potential of prepayment schemes to mobilize additional resources for the health sector. Members’ annualized per capita contribution to primary health care (US$ 0.92) is on average more than twice as high as that of non-members (US$ 0.40). During the first six months of operation, prepayment schemes have improved access to care for members, who report on average 1.4 health center consultations per capita, compared to the non-member consultation rate, which remained at 0.3 per capita. Members also tend to receive fewer drugs (US$ 0.87) per visit than non-members (US$ 0.97). Survey data will need to confirm the reasons for this difference; however, health center personnel point out repeatedly that PPS members seek care at an earlier stage of disease progression than non-members and therefore require less treatment and recover faster. The government official in charge of social affairs in Byumba comments that the poorest areas in the district have the largest PPS membership pools.

Workshop participants made the following recommendations to strengthen prepayment scheme implementation in the three districts:

- strengthen awareness and information campaigns in collaboration with all stakeholders;
- institutionalize a permanent secretary at the regional level in charge of implementation and follow-up of PPS;
- create on a prefecture level a PPS steering committee headed by the prefect;
- adjust members’ co-payment in selected health centers where services are over-used by members; and
- initiate legal process to acquire association status for PPS.

Each of the three districts then developed an action plan to follow up on the above suggestions.

As a result of this workshop, PHR in collaboration with the MOH, agreed to provide technical assistance to the Ruhengeri region and respond to their request to launch a PPS program. PHR continues to monitor quantitative and qualitative data collected on PPS from health centers, district hospitals, patients, and stakeholders in order to further document the impact of prepayment schemes on access to care, quality of services, and financial capacities in health facilities. For more information, contact phara_georges@abtassoc.com.

Promoting Financial Access to Health Care in West Africa

Mutual Health Organizations (MHOs)/mutuelles de santé are voluntary non-profit insurance schemes based on solidarity and democratic management. They aim to improve access to quality health care for members and their families by providing primary health care services and/or hospital treatment. When PHR began providing technical assistance in developing training tools to improve the management of MHOs in Ghana a year ago, there were no more than four MHOs. Today, there are approximately 24. MHOs are increasingly playing an important role in health care financing in Ghana and Senegal, particularly for the informal sector and at the community level.

In February PHR training tools were tested by some 40 MHO representatives at a workshop in Ghana organized by PHR and DANIDA. Participants agreed to set up a national secretariat to coordinate assistance to new and existing schemes, document experiences, and maintain a databank of MHOs in Ghana. A manual to guide MHO work is being completed by PHR Senegal and will be available in late summer. For more information, contact allison_kelley@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 to evaluate a particular health policy or program and strengthen the country’s or region’s research capabilities.

Health Worker Motivation Examined in Jordan and Georgia

The importance of worker motivation on organizational performance is rarely questioned, but little research has been conducted to study this complex topic. Work motivation is a function of individual, organizational, and societal factors and crosses many disciplines: psychology, organizational behavior, human resource management, economics, and sociology. PHR’s major applied research on health worker motivation seeks to expand understanding about what motivates health workers in developing countries with the goal of assisting policymakers to design reforms that would stimulate motivation.

In both the Kingdom of Jordan and the Republic of Georgia, two hospitals have been chosen for field work: a large, teaching hospital, and a smaller community hospital. Three sets of data are being collected: 1) a contextual analysis that focuses on the historical, organizational, and social factors that characterize the work environment; 2) a “360 degree” assessment, which examines perceptions about the work environment held by workers, supervisors, and managers; and 3) an in-depth analysis of individual level determinants and consequences of work motivation.

Preliminary results from the 360 degree assessment in Jordan indicate several areas for improvements:

▲ Workers’ understanding of hospital goals and their contributions to these goals are weak.
▲ Few significant differences were found among worker, supervisor, and manager perceptions regarding: pride/reputation, social environment, availability of modern equipment, respectful interactions, hardworking coworkers, intrinsically motivated coworkers, satisfaction with pay, and opportunities for career advancement. The latter two were rated negatively by all groups, while the others were rated fairly positively. Differences in perceptions of management openness to worker suggestions were significant, with workers perceiving this negatively, while supervisors and managers saw it as a positive characteristic of the hospital.
▲ Differences exist among perceptions of types of workers (physicians, nurses, and others) about hardworking colleagues, pride, social environment, and career opportunities. Nursing staff consistently viewed these characteristics more negatively than other types of workers.
▲ Hospital staff rated all factors proposed, e.g., training, salary, advancement, etc., as stimulating for them to perform well, with those related to improving skills or more career opportunities rating highest.

These results will be analyzed in combination with the other data sets to provide hospital managers, MOH headquarter policymakers, and civil service policymakers with recommendations for changes to improve motivation of hospital workers in Jordan. These results will also be combined with those from the parallel study in Georgia to draw broader conclusions about determinants and consequences of health worker motivation, and to develop a set of tools that can be applied in other settings to gain even greater understanding of these issues. For more information, contact ifranco@abtassoc.com.

Nicaraguan Social Security Institute Praises PHR Work

PHR’s major applied research study on provider payment was described as “of great importance for countries in Latin America and for the world” by the Nicaraguan Social Security Institute (INSS) in a recent issue of their Boletin INSS (INSS Bulletin). The MAR on provider payment reform explores the impact of new health care provider payment mechanisms, particularly capitation, in Argentina, Thailand, and Nicaragua.

In the spring of 1999, Dr. Pedro Quintanilla, medical director of the INSS, and Luis José Zamora, head of the INSS Research and Development Office, traveled to Santiago, Chile, to assist in the design of a research protocol for Nicaragua as part of the PHR study. Dr. Ricardo Bitrán, PHR principle investigator, and his colleague, Gloria Ubilla, worked with their distinguished Nicaraguan guests to define field survey samples, methods, and instruments, to identify data needs and to draft the workplan.

The research protocol resulting from the collaborative efforts of the Social Security Institute and PHR was highlighted in El Boletin as a tool for analyzing the impact of capitation payments. The INSS expects the research to serve as a reference for the world community as other countries design and implement their own health policy reforms.

INSS management continued to collaborate with Ubilla during her visit to Nicaragua in July 1999 and contributed resources to make the field work possible. A report of the findings from the Nicaragua study will be available in summer 2000. For more information, contact grace_chee@abtassoc.com.

Visit PHR’s website: www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.
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 eight 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.

Monitoring Health Reform in the Dominican Republic

A matrix of indicators to monitor health sector reforms was validated for field testing by experts from major Dominican public and private health institutions in March. The matrix marks the first time that a LAC region country has attempted to design and field-test a detailed monitoring and evaluation system tailored to an individual country’s health sector reform process. Analysis of indicator data will allow health care policymakers to assess the progress, direction, and the outcome of health sector reform. After refinements from field testing, the process will be documented and disseminated in order for other countries, both within the LAC region and elsewhere, to use the model as they design their own national-level system.

The March meeting, a national-level workshop convened by the Dominican Secretariat of Public Health and Social Assistance (SESPAS), culminated a 10-month effort by a local technical work group of public and private institutions to develop the indicators. PHR and PAHO provided technical assistance at each step of the process.

Workshop participants represented a wide range of institutions in the Dominican health sector, including SESPAS, the Executive Health Sector Reform Commission, the Dominican Social Security Institute, the Central Bank, the Dominican Medical Association, and INSALUD, a local consortium of non-governmental organizations. They reviewed the matrix of indicators and a guide prepared by the work group to facilitate the review of the matrix by senior policymakers.

Analysis of the indicator results will provide key input for policymakers regarding the changes taking place under health reform initiatives related to legal and normative reform issues; the development of the SESPAS’ role as the regulatory body of the health sector; decentralization; equity in access; strengthening human resources; financing, efficiency, and sustainability of service provision; community participation; quality; environmental health; and health promotion. PHR will continue work with local counterparts to draft a national health sector reform policy document to validate and ensure the sustainability of the health reform process.

INSALUD and PHR will also conduct a health sector reform seminar with representatives of key political parties on April 14-16. Scheduling this seminar ahead of national elections in May provides an opportunity for the current government to consolidate the definition of health reform prior to the installation of a new government in August. For more information, contact wendy_abramson@abtassoc.com.

Illustrative Indicators from the Dominican Matrix:

- Percentage of children under one year of age who have received the complete vaccination series as per existing schedule.
- Ratio of coverage of doctors per 10,000 people (national, by province and by municipality).
- Percentage of hospitals that have formed a hospital board according to Decree 351-99, with a minimum of two community members.

Workshop Participants Learn Skills to Manage the Policy Process

In a collaborative workshop setting, 20 senior-level health decision makers from seven countries in the LAC region practiced new skills on the effective management of the health policy process. Participating policymakers, health sector reform leaders, and technical teams joined PHR to discuss stakeholder analysis, advocacy strategies, communication planning, and conflict negotiation, all components of a policy toolkit being developed by PHR as part of its role in the LAC Health Sector Reform Initiative. An additional focus of the training was the testing of adaptation of new information and skills to the country-specific situations encountered by participants. This intensive training workshop, “Managing the Policy Process: A Critical Challenge for Health Sector Reform,” took place in Copán, Honduras from March 19-24.

The policy toolkit, to be released this summer, was found to be useful in helping to systematize theoretical content and experiences, and adaptable to varying political circumstances. Written evaluations and comments from participants praised the workshop; describing it as well-organized and focused on specific topics pertinent to the challenges of health sector reform faced in individual countries. Participants were especially pleased with the participatory methodology used at the workshop, which encouraged interaction within the group and stimulated the contribution of additional topics for discussion. For more information, contact sigrid_lokheimer@abtassoc.com.

Photo credit: Karen Van Rooekel

Break-out group discusses draft document evaluating the health sector reform and modernization process in the Dominican Republic.

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Focus on Special Initiatives

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, integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance.

NHA Improve Health Care in Jordan

National Health Accounts (NHA) are designed to give a comprehensive description of resource flows in a health care system, showing where resources come from, and how they are used. Although previous health care expenditure studies have been carried out in Jordan, none have used the integrated framework of NHA to organize and compile data. A team of representing the MOH, Royal Medical Services (RMS), and Jordan University Hospital (JUH) have collected and analyzed data and identified priorities for improvement in equity and efficiency in the health sector. Jordan’s participation and completion of NHA is thanks to the support of USAID/Jordan and technical guidance from PHR/Jordan.

According to the first NHA estimate, in 1998 Jordan spent $647 million on the health sector, which accounted for 9.4 percent of its GDP. Approximately 57 percent of the total health care expenditure is public, 38 percent private, and 5 percent is incurred by international donor agencies. Health expenditure per capita in the same year amounted to $134, in line with OECD countries. With population growing at the rate of 3.3 percent and economy at less than 2 percent, sustaining the current level of quality and quantity of health care provided will prove to be difficult. Expenditure on drugs in Jordan, 35 percent of total health expenditures, is also compatible with the expenditures in OECD countries. Such findings of NHA should signal to policymakers that attention is needed to improve efficiency in the system and minimize redundancies.

The NHA have helped identify areas of concern in the health sector that demand attention in the near future. While the Jordanian health system fairs satisfactorily in terms of accessibility, pressing issues of cost containment, efficiency, equity, and quality of care emerge from the NHA findings.

Earlier PHR studies estimated that 32 percent of the Jordanian population is without any health insurance coverage, and many of the uninsured rely on the private sector for their medical needs. Out-of-pocket expenditures on health care pose a greater and inequitable burden on the low-income households without insurance. At the same time, approximately 19 percent of the population has multiple coverage. Pluralism in the insurance sector makes it difficult to ascertain the exact number of insured and uninsured as well as control and monitor expenditure. A change in the insurance laws is warranted to curtail multiple insurance and expand coverage to the uninsured.

Given the rapid population and low economic growth rates, the current level of health care will be difficult to sustain in the long run. There is no cost data available at the governorate level and categorization of expenditures by line item is very challenging. The operating budgets of all the public entities are centrally controlled allowing little authority and flexibility to the management of public hospitals and other entities. A dire need exists for an information and accounting system at health to facilitate cost control and monitoring at all levels.

The occupancy rate in hospitals varies significantly from 45-70 percent across public and private hospitals and across governorates. Indiscriminate investment and little regulation have resulted in a tremendous over-capacity in the private sector. Relatedly, expenditure on curative care is more than twice the amount spent on primary care. There is a need to control excessive capital investment in the private hospital sector that is resulting in over-capacity and low returns on investment. In addition, investment in preventive programs are likely to substantially limit curative expenditures in the future.

The PHR team assisted counterparts in identifying steps to institutionalize the NHA as an annual activity. The first step is to enhance the visibility of NHA at a national level, and sensitize policymakers to the relevance of this planning and policy tool for data based decision-making.

A regional NHA workshop will be held in Amman, Jordan in May 2000. For more information, contact manjiri_bhawalkar@abtassoc.com.

Improving Maternal Health Care Efficiency and Financing

Little research has been done on the costs and utilization of maternal services in African countries. To fill this void, PHR has recently completed three country studies (Ghana, Malawi, and Uganda) comparing information on the provision, costs, and utilization of maternal health services. PHR compared provider and consumer costs at a public and mission hospital and health center and for services provided by some 40 private midwives and traditional birth attendants, and 120 clients in one district in each country. Methodologies utilized included provider observation, provider interviews, facility record reviews, and client exit interviews. Six services were covered: antenatal care, vaginal deliveries, cesarean deliveries, post-abortion care, and treatment for complications from postpartum hemorrhage and eclampsia.

Estimated unit operating costs of routine maternal health services in the four health facilities were less than $7 for antenatal care and less than $34 for normal delivery. Costs were higher for obstetrical complications due to the use of more and higher-level personnel and materials. The most costly component of unit costs were materials (drugs, supplies, and laboratory tests), which made up over 50 percent of total costs on average. Indirect costs of support staff time, non-patient contact time, and pro-rated shares of maintenance and utilities were also high and ranged from 16 to 62 percent of total costs. Labor costs made up a smaller percentage of total costs, on average 11-21 percent of total costs. As expected, total costs per service were generally higher at
hospitals, reflecting greater use of drugs and employment of skilled personnel.

The public hospitals were found to have inappropriate numbers of staff given the number of maternal health services provided in their institutions (overstaffing in Uganda and Ghana and understaffing in Malawi). In addition, customers were not adhering to referral systems in the three countries and were skipping over health centers to use more costly hospital services. Regarding quality of care indicators, hospitals were found to have more key drug, supplies, and equipment than health centers.

Total costs paid by patients (user fees, travel costs, and other expenses such as food) were less than $3 for an antenatal care visit, $0.35 to $22.75 for a normal delivery, and $13.22 to $139.58 for a cesarean section. Because of higher fees, mission facilities usually recovered a higher proportion of their costs than did public facilities (the exception being antenatal care, which some facilities were promoting by keeping user fees low). In addition, the wide variation in cost recovery rates demonstrated that facilities in Uganda and Malawi were not setting their fees systematically.

Policy implications can be drawn on how facilities can make better use of resources, improve financing arrangements, and better utilize the private sector to provide services:

- Set fees or introduce prepayment schemes to balance clients’ ability to pay with a (reasonable) level of cost recovery that provides revenue to pay for necessary drugs and supplies.
- Adjust staffing at hospitals and health centers to minimize labor costs and ensure access to and quality of services.
- Weigh the benefits of contracting out or subsidizing mission facilities vs. improving service quality at public facilities.
- Encourage consumers to use mission or private midwife services as alternatives to public services as a means of increasing access to services.

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<th>PHR Supports Children’s Immunization Campaign</th>
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Côte d’Ivoire has established an Inter-Agency Coordinating Committee (ICC) comprising representatives of multilateral and bilateral institutions, NGOs, pharmaceutical and supply industries, and foundations involved with immunization and/or health sector activities. Copies of the final report will be available for distribution in French and English in June 2000.

For more information, contact leanne_dougherty@abtassoc.com.

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<th>Côte d’Ivoire Utilizes PHR Study to Apply to the GCVF</th>
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Information and analyses presented in the PHR document, “Case Study on the Costs and Financing of Immunization Services in Côte d’Ivoire,” were used by the National Immunization Program (NIP) Director in Côte d’Ivoire as the basis for application to the Global Children’s Vaccine Fund (GCVF). The GCVF is currently accepting applications for financial assistance to developing countries for the introduction of new vaccines such as Hepatitis B and Haeomophilus B.

PHR staff visited Côte d’Ivoire twice in the past year to collect and analyze data on the cost and financing of immunization services. Working closely with donors, in particular the United Nations organizations, and MOH officials, PHR evaluated the existing program and identified priorities for improvement. The study 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. Recommendations for immediate cost reductions include eliminating excess wastage as well as utilizing alternate procurement mechanisms. Recommendations for the longer term include introducing additional vaccines such as Hepatitis B and building regional vaccination storage rooms.

In order to meet the minimum qualification criteria for the GCVF, the
continued from page 7

PHR products include:

- **Financing Assessment Tool for Immunization Services: Guidelines for Performing a Country Assessment**: Designed to help national immunization program managers and other ministry of finance and health officials develop the financial component of medium-term action plans for immunization activities. The tool focuses on costing, financing, and planning issues. It can be used to complement the GAVI tool, especially where the GAVI financing component suggests deficiencies in an immunization program, or to make an independent financing assessment of a program.

- **Immunization Financing Resources**: This document provides a bibliography for use by donor agencies (e.g., USAID, SIDA, JICA, UN agencies), ministers of health and finance, public health and research institutions, and universities. The document identifies literature and web resources on costing, financing, policy issues, tools, and other topics related to immunization financing. A contact list of key institutions and individuals working on immunization issues is provided as well.

PHR will continue to provide technical assistance to the GAVI through the coming year. All products will be available through the GAVI website at www.gavialliance.org and the PHR website at www.PHRproject.com. For more information, contact leanne_doughtery@abtassoc.com.

**Inside PHR**

Meicy Diaz, officer manager in the Dominican Republic, wears many hats. Meicy is responsible for all procurement tasks, workshop logistics, and the handling of office finances. She also serves as the information dissemination coordinator in charge of fielding the many phone calls PHR receives and the office liaison with local counterparts and with the PHR headquarters in Bethesda.

PHR-DR’s long-term advisor Patricio Murgueytio says, “Because Meicy handles all administrative matters in the office with such grace and efficiency, my life is much easier. There is nothing that she can’t handle. Meicy has definitely been instrumental to PHR being recognized as an important health sector reform actor in the Dominican Republic.”

Meicy holds a degree in hotel administration from the Catholic Pontifical University in Santo Domingo. Prior to working for PHR she was sales manager for a Dominican hotel chain. In that position, she was responsible for winning and maintaining commercial and individual clients throughout the country. Her public relations and customer service background have proven to be particularly useful in forging positive relations between PHR-DR and Dominican counterparts and other donors.

Serving as office manager has given Meicy the opportunity to participate directly in the ongoing change and improvement of a sector that affects virtually all Dominicans. With Meicy on staff, PHR is sure to leave a legacy of quality work in the Caribbean.

**Staff Highlights**

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

- Hosam Inweran, Program Assistant, Jordan
- Erica Lutz, LAC Program Officer, Bethesda
- Dr. Reem Qarrain, Research Coordinator, Jordan
- Manal Shahroui, Training Coordinator, Jordan
- Dina Zakaria, Administrative Assistant, Jordan

**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 Pielmeier, DrPH, Project Director
Cheri Rassas, Deputy for Operations
Steve Mason, Deputy for Finance

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Editor: Liz Nugent
Contributing Editor: Linda Moll
Production: Christopher Bross
New Publications

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In Briefs:
- Studies on Maternal Health Care Costs in Africa, November 1999
- Forging Public Sector/NGO Partnerships through Contracts, February 2000
- Mapping the Private Hospital Sector in Madras, India, January 2000
- Family Group Practice Associations in Central Asia, March 2000
- La red de Nepal: Esfuerzo por reducir las muertes maternoinfantisiles
- Forjando asociaciones entre el sector público y ONG mediante contratos
- Aplicación de políticas de reforma de la salud en Kazajstán y Kirguistán

Special Initiative Reports
- Étude de cas sur les coûts et le financement des activités de vaccination au Maroc (SIR 18) by Miloud Kaddar, Sangeeta Mookherji, Denise DeRoeck, and Denise Antona
- Costs of Maternal Health Care Service in South Wahu District, Ghana (SIR 20) by Ann Levin, Mark McEuen, Vito Tanzi, Gerry Van Dyck, and Nino Sekyere-Boakye
- Case Study on the Costs and Financing of Immunization Services in Bangladesh (SIR 21) by Ann Levin, Sushil Howlader, Sujata Ram, Syed Mizan Siddiqui, and Izaz Razul

Applied Research Papers
- Private Health Care Provision in the Greater Accra Region of Ghana (SAR 8) by Alfred A.D. Obuobi, M. Pappoe, S. Ofosu-Amaah, and Prince D.Y. Boni
- Utilización de los servicios de planificación familiar: El caso peruano (SAR 9S) by Arlette Beltran
- Utilization of Family Planning Services in Peru (SAR 9) by Arlette Beltran
- Priority Service Provision under Decentralization: A Case Study of Maternal and Child Health Care in Uganda (SAR 10) by Frederick Mwesigye
- The Dynamics of Policy Change: Health Care Financing in South Africa, 1994-1999 (MAR 1 TP 1) by Lucy Gilson, Jane Doherty, Di McIntyre et al.
- Decentralization of Health Systems: Preliminary Review of Four Country Case Studies (MAR 6 TP 1) by Thomas Bossert, Joel Beauvais, and Diana Bowser

Technical Reports
- Health Information System Development Plan for Egypt: Phase 1-HIS 2000 (TE 40) by Gordon Cressman
- Establishing a Family Health Fund in Alexandria, Egypt: The Quality Contrasting Component of the Family Health Care Pilot Project (TE 42) by Alan Edmond, Mary Paterson, Ahsan Sadiq et al.

Special Products
- PHR Glossary of Health Care Terms for Translators
- The Abidjan Platform: Strategies to Support Mutual Health Organizations in Africa, with ILO et al.
- Contribution des mutuelles de santé au financement, à la fourniure et à l’accès aux soins de santé: synthèse de travaux de recherche menés dans neuf pays d’Afrique de l’Ouest et du Centre by Chris Atim
- Guidelines for Conducting a Stakeholder Analysis by Kammi Schmeer
- Lineamientos para guiar un análisis de las partes interesadas by Kammi Schmeer
- Immunization Financing Resources by Miloud Kaddar, Jo Dickison, and Mona Kahn
- Financing Assessment Tool for Immunization Services: Guidelines for Performing a Country Assessment by Miloud Kaddar, Marty Makinen, and Mona Kahn
- PHR Retreat Report
- LAC Ediciones Especiales No. 2: Guía básica de política: Toma de decisiones para la equidad en la reforma del sector salud by Charlotte Leighton and Daniel Maceira

January 1 - March 31, 2000
**PHR Presentations**

As part of its ongoing dissemination efforts, PHR gave or sponsored the following presentations and brown bags between January 1 and March 31, 2000, for a variety of local, regional, and international audiences interested in the project's work in health sector reform. In addition to reporting on PHR activities, a number of PHR staff were asked to provide their expertise or discuss the current state-of-the-art at a variety of fora in such areas as immunization financing, maternal health costs, health worker motivation, and equity in health care financing. Presentations are listed below by the date they were given. Please contact the Resource Center via e-mail at PHR-InfoCenter@abtassoc.com to subscribe to the brown bag announcement mailing list.

**January**

- Dwayne Banks, Lonna Milburn, and Hani Brosk, “PHR Health Insurance Technical Assistance: Profile and the Uninsured in Jordan” and “Focus Group Results on Voluntary Health Insurance in Jordan,” U.S. Embassy Amman (January 21)

**February**

- Nancy Pielmeier, “Partnerships for Health Reform: Learning from Five Years in the Field,” WHO/Cluster on Evidence and Information for Policy, Geneva, Switzerland (February 3)
- Nena Terrell, “Communications and Marketing Applications in Primary Health Care Reform,” MOHP and USAID/Cairo (February 8)
- Karen Van Roekel, “Seguimiento y evaluación de la reforma de salud: Uso de datos para la toma de decisiones,” Management Strengthening Workshop at the Provincial Health Directorate, Salcedo, Dominican Republic (February 10)
- Wendy Abramson, “Forging Public Sector/NGO Partnerships through Service Delivery Contracts,” USAID, Washington, DC (February 14)

**March**

- Rossany Auceda, “Fortalezcamos todos los fondos comunales de medicamentos en Honduras,” Universidad de Costa Rica, San José, Costa Rica (February 18)
- Miloud Kaddar, “Macro Perspective of Economics of Vaccines and Vaccine Market,” George Washington University, Washington, DC (February 22)

- Francisco Vallejo, “Visión y respuestas desde un organismo internacional frente a las macrotendencias y sus implicaciones en el campo de la salud pública,” Universidad Nacional Autónoma de Honduras, Tegucigalpa, Honduras (March 1)
- Tania Dmytraczenko and Patricia Hernandez, “Ecuador: National Health Accounts 1997,” presentation to MOH, Quito, Ecuador (March 2)
- Patricio Murguietio, “La reforma del sector salud y la salud de la mujer en la República Dominicana: Consideraciones prácticas,” Decimoquinto Congreso Nacional de Ginecología y Obstetricia, Santo Domingo, Dominican Republic (March 9)
- Miloud Kaddar, “Immunization Costs and Financing in Developing Countries: Findings, Methodological Issues and Lessons,” School of Public Health, Harvard University, Boston, Massachusetts (March 9)
- Nancy Pielmeier, panel presentation on “System Reform or Incremental Change?” Data for Decision Making Symposium, Washington, DC (March 15)
- Sara Bennett, “A Dream to the Zambian People?: Health Sector Reform in Zambia 1989-99,” Data for Decision Making Symposium, Washington DC (March 15)
- Sara Bennett and Lynne Franco “Health Worker Motivation,” PHR Brown Bag, Bethesda, Maryland (March 16)
- Derick Brinkerhoff, “New NGO Partners for Health Sector Reform in Central Asia: Family Group Practice Associations in Kazakhstan and Kyrgyzstan,” USAID, Washington, DC (March 28)