Inside...  

Focus on Special Initiatives 2  
IMCI Costing Tool Successfully Field Tested in Nepal 2  
Focus on Africa 3  
Community-Based Health Insurance Workshop Finetunes Toolkit 3  
Health and Democracy in Rwanda 3  
Focus on Asia and the Near East 4  
Improving Quality of Primary Care through Facility Accreditation 4  
Regional Workshops and Website Promote Improved Health System Management 5  
Focus on Latin America and the Caribbean 6  
Forging Public-Private Alliances 6  
Political Parties Seek Consensus on Health Reform 6  
Focus on Applied Research 7  
Health Worker Motivation: Influencing National and International Policy 7  
Improving Efficiency in Public Health Facilities in Sri Lanka 8  
Inside PHR 8  
Staff Highlights 8

Spotlight

NHA Regional Workshops Establish Foundation for Improving Health Systems in 27 Countries

How much does a country spend on health care? Who is paying and for what services? How much is allocated to priority health programs or populations? Who are the key players? The answers are revealed through National Health Accounts (NHA). NHA has been shown to be a highly useful method for understanding the health care financing issues facing low- and middle-income countries. NHA is a tool for gathering both public and private national health expenditure data in a given period that helps lay the foundation for effective and equitable health sector policies and programs.

PHR has taken the lead to establish NHA in 27 countries using a multi-donor, regional network approach. Multi-donor coordination has entailed rotating the hosting of the regional workshops, seeking agreement on technical approach and methodology, and standardizing terminology and reporting. At the workshops, country representatives compare notes and share experiences. Participants not only learn from their colleagues, but form professional alliances that reinforce and enhance the utilization of NHA. The workshops also act as milestones and create a healthy competitive atmosphere to maintain momentum on the work. The regional approach fosters the development of a technical consensus on data sources, definitions, and categories for analysis, making cross-country comparisons of results possible.

The first effort began in 1997. In collaboration with the Pan American Health Organization, PHR completed the Latin American and Caribbean (LAC) NHA initiative in eight countries: Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, and Peru. This was followed with regional initiatives in Africa and the Middle East, both of which held third and final regional NHA workshops this quarter.

The Middle East/North Africa Regional NHA Workshop culminated two years of successful collaboration among PHR (funded by USAID’s ANE Bureau), the World Bank, and the WHO/Eastern Mediterranean Regional Office to develop NHA capacity in eight countries: Jordan, Morocco, Egypt, Lebanon, Tunisia, Djibouti, Iran, and Yemen. At the final workshop, hosted by PHR in Jordan from May 21 to 24, participants presented NHA data on health expenditures, sources of financing, and the policy implications of their findings. In most of the countries, high expenditures on pharmaceuticals emerged as a key policy issue. Approximately 70 participants attended the workshop, including observers from Algeria, the Sultanate of Oman, and Palestine (West Bank/Gaza).
Sample Health Expenditures from Three Regions

<table>
<thead>
<tr>
<th>Country</th>
<th>Health Expenditure per capita (US$)</th>
<th>Total Health Expenditure (% of GDP)</th>
<th>Public-Private Health Expenditures (% of GDP)</th>
<th>Donors as a Source of Health Care Funds (% of total expenditures)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public</td>
<td>Private</td>
</tr>
<tr>
<td>Rwanda</td>
<td>7.8</td>
<td>1.7</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>South Africa</td>
<td>247</td>
<td>8.5</td>
<td>3.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Jordan</td>
<td>136</td>
<td>9.1</td>
<td>5.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Lebanon</td>
<td>389</td>
<td>9.8</td>
<td>2.2</td>
<td>7.6</td>
</tr>
<tr>
<td>Ecuador</td>
<td>71</td>
<td>4.6</td>
<td>1.6</td>
<td>3.0</td>
</tr>
<tr>
<td>Mexico</td>
<td>168</td>
<td>5.5</td>
<td>2.3</td>
<td>3.2</td>
</tr>
<tr>
<td>OECD</td>
<td>1,827</td>
<td>8.3</td>
<td>6.5</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Sources: OECD estimate (1994); Rwanda (Preliminary NHA 1998 findings); South Africa (Preliminary NHA 1999 findings); Jordan (NHA 1998); Lebanon (NHA 1998); Ecuador (NHA 1995); Mexico (NHA 1995).

NHA results in Lebanon and Jordan (9.8 and 9.1 percent of GDP respectively) revealed relatively high health spending similar to the OECD average of 8.3 percent of GDP. Of all countries in the region, Yemen has been the most successful in promoting the NHA tool which has gained the ardent support of the Yemeni Prime Minister. Country teams discussed how they planned to institutionalize NHA. Also discussed were issues such as the lack of existing guidelines for NHA estimation procedures and innovative approaches to overcome data gaps.

Meanwhile in Africa, PHR convened NHA teams from eleven East and Southern African (ESA) countries in Cape Town, South Africa, April 9-14, for the final Africa regional workshop. Country teams presented preliminary NHA results on posters and discussed findings in plenary session.

The Kenya NHA revealed the major role the private sector plays in financing health care services, contrary to what the MOH had previously believed. In Malawi, there was evidence for the first time that services provided at public hospitals cost more than those provided at NGO hospitals— a finding that may impact hospital sector reform efforts underway. Initial NHA findings in South Africa indicated that despite changes made following the first health expenditure review in 1994/95, the gap in the allocation of funds among primary and secondary services and provincial distribution of funds has not narrowed as envisioned. Participants discussed strategies for institutionalizing NHA and linking NHA data to key policy concerns. Additional presentations addressed the latest WHO health expenditure estimates published in the World Health Report, the potential contribution of NHA to monitoring debt relief, and the use of NHA for projecting health finances.

The same successful three-workshop format was used in each region to establish the networks. During the first workshop, countries were introduced to the NHA framework and methodology. The second workshop was used to discuss specific methodological issues that may have arisen during data collection. The third and final workshop was used as a forum for presentation and discussion of NHA and its policy relevance at the national and regional level.

These initiatives will have a lasting impact. They have created solid capacity in 27 countries to develop and apply National Health Accounts. NHA data has been produced, allowing policymakers, in many cases for the first time, to accurately see how much is spent on health, who pays, and for what. This accurate picture of financial flows in the health system is critical to guiding improvements and formulating rational policies.

For more information, contact ibrahim_shehata@abtassoc.com.

IMCI Costing Tool Successfully Field Tested in Nepal

Partnerships for Health Reform, together with WHO, the World Bank, UNICEF, USAID, and the USAID-funded BASICS II project, recently completed a successful field test of an Integrated Management of Childhood Illness (IMCI) costing tool in Katmandu, Nepal. This tool has been developed to facilitate the implementation of the IMCI strategy.

The IMCI approach, developed by WHO and UNICEF, aims to manage the treatment and prevention of five of the most common causes of childhood illness by emphasizing a broad child-centered approach rather than focusing on a single disease or condition. IMCI aspires to reduce death and the frequency and severity of illness and contribute to improved growth and development for children under five years of age.

By late 1997, several donor agencies determined that a costing tool was needed by health officials and program planners to estimate the costs associated with the implementation and expansion of the IMCI strategy. Early in 1998, an interagency group, composed of partners from the above-mentioned organizations, was formed to develop such a tool.

Nepal was chosen as the field test country as it had begun implementation of community IMCI activities and because the Nepali government had expressed interest in such a tool. The primary objective of the exercise in Nepal was to field test the four spreadsheet modules (start-up, expansion, recurrent, and community costs) of the costing tool by using country-specific cost and demographic data. Both in-country interagency participants and government representatives were trained in the use of the tool. Results of the Nepal field test will generate a cost study for IMCI implementation that will assist government officials plan and budget for the expansion of IMCI in Nepal. The tool will be disseminated in fall 2000.

For more information, contact sujata_ram@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.

**Community-Based Health Insurance Workshop Finetunes Toolkit**

Among recent alternative health care financing proposals and pilot projects, Community-Based Health Insurance (CBHI) schemes have emerged as promising mechanisms for meeting critical health care needs while empowering local communities to gain access to quality health care. In general, CBHI emphasizes community ownership and mobilization of resources, shared risk in controlling health care costs, and improved access to health services and supplies. Many schemes are currently in operation in East and Southern Africa, with diverse results and success stories.

To share experiences and lessons learned from on-going insurance scheme operations, more than 30 representatives, including field-based CBHI practitioners, donors, Ministry of Health officials, and NGO representatives from Kenya, Tanzania, Uganda, and Rwanda met for a participatory workshop in Mombasa, Kenya, in late March. Likewise, participants conducted an in-depth review of draft chapters of the PHR CBHI “how to” manual and toolkit. The manual and toolkit are designed to assist local communities and organizations in East Africa design and implement broad-based, sustainable community financing projects.

The manual was drafted by PHR in cooperation with USAID/REDSO/ESA to describe the multi-step process involved in setting up and operating a community-based health financing scheme. The manual is based, in large part, on project and policy recommendations included in the 1999 PHR technical report #34, *Community-Based Health Insurance: Experiences and Lessons Learned for East and Southern Africa*.

To complement the manual, PHR has compiled an assortment of health information and financial management software packages to help communities efficiently manage CBHI scheme operations. Sample software, ranging from membership programs (ACCESS database) to accounting packages (QUICKEN and SUN) to specially adapted systems for CBHI, such as the HIMCIS at Chogoria Hospital in Kenya and the Uganda Health Information System in Kisiizi andNsambya, were demonstrated at the workshop. This “toolkit” of software packages, allows CBHI practitioners to compare features of various software management tools and select systems based on the specific conditions and requirements of their particular scheme.

Participants provided detailed comments and specific revised language for the manual and agreed that the target audience should be technical staff who have had experience with health care financing concepts and operations. They suggested that a “train-the-trainers” manual be developed and used for broad-based field applications.

The manual and toolkit should provide valuable information and resources to East African communities interested in improving health care and implementing alternative financing mechanisms. PHR is in the process of incorporating feedback and suggestions from workshop participants and others and expects to publish a final version of the CBHI manual and toolkit in the summer of 2000. For more information, contact janet_edmond@abtassoc.com.

**Health and Democracy in Rwanda**

**UPDATE:** One hour after prepayment scheme (PPS) elections took place in the PHR-sponsored pilot district of Byumba, results were announced on the national news and broadcast country-wide. In a live interview, the newly elected president of the 20 PPS in Byumba described the goals of the PPS and explained the benefits and importance of membership.

In addition to improving accessibility and quality of health care and strengthening management capability in health centers and districts, PPS are providing democratic opportunities in a society that experienced widespread genocide just six years ago and where trust in the community is slowly being rebuilt. The Rwandan government, in collaboration with PHR and community members, has established PPS in three pilot districts.

Under prepayment, individuals or households pay an annual premium into a health care fund. Payment of the premium entitles an 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 June, the PPS of Buramba, in rural Rwanda, held its fourth general assembly, organized by the executive bureau, with more than 400 of the 1,200 scheme members meeting under a tent in a meadow adjacent to the health center. The meeting commenced at 10:00 in the morning and discussions continued until 2:00 in the afternoon. Female and male members were equally represented among the 400 attendees; however, men occupied the front seats, whereas women tended to group behind the third row.

In addition to organizing the general assembly, the executive bureau manages the scheme’s administration and finances. Consisting of five elected members, the bureau’s top three offices are held by women, representing a majority within the bureau. The president is a young woman who is a teacher at the local school, the vice-president is the head nurse of the Buramba health center, and responsibility for the

**Visit PHR’s website:**

www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.
scheme’s finances belongs to the treasurer, a local peasant woman. A man holds the office of secretary. To fill the remaining office, the meeting’s agenda included the election of an account controller.

At the assembly, the president called for the election of the account controller. She read the by-law article describing the controller’s tasks and responsibilities. Three young men, the president of the miners’ association and two teachers, came forth as candidates. Each candidate introduced himself and explained his reason for running for the position. The vote was by hand-count with the results noted on a blackboard. Twenty-nine votes went to the miners’ president, 38 to the first teacher and an overwhelming majority of some 350 votes to the second teacher. With the high illiteracy rate in Rwanda’s rural population, it was not feasible to have secret elections.

Democracy is a new concept in Rwanda. In April 1999, for the first time, representatives on cell and sector levels (subdivisions of communities) were elected. The government plans to have elections for community representative by the end of 2000. PPS offer two democratic opportunities. First, the population has a forum where democratic procedures can be executed. Second, community members who have served as PPS executive committee members and who have demonstrated good leadership and democratic practices, have a better chance to be elected for local, political positions.

Besides electing officers, PPS members use general assemblies increasingly as a consumer forum, asking practical questions about organizational and operational issues on PPS. At the Buramba meeting, members complained about the poor ambulance system in the health district and discussed the idea of purchasing a vehicle for the health center, once the prepayment scheme garners enough members. One member shared her positive experience at the district hospital to which she was referred by the health center for a Cesarean section and thanked the other members for their solidarity in covering her treatment costs with their premium.

PPS membership in Buramba has doubled from 657 members in February to 1,402 in May. Much of the recent increase in membership can be credited to the health center’s new and very experienced head nurse. Since her arrival, the total number of deliveries at the health center increased from 8 per month in 1999 to 16 per month since January 2000. By the conclusion of the assembly, members had set a goal of doubling membership within the next few months, a rather difficult objective since this period of the year is not “cash-season” for this rural population.

Members also realized that some households within the community are not able to participate in the PPS. The assembly decided to collect funds from the members present to pay a premium for an indigent household. Three hats were passed around with everyone pitching in some coins, collecting about FRw. 3,000 (USD $8), enough to pay a one-year membership for one poor household with eight members. Afterwards, members stayed and discussed the needy family who would benefit from the assembly’s collection. Selection criteria designated recipients as families with handicapped members or families headed by widows with many children. This kind of solidarity is encouraging in a country just recently recovering from widespread genocide.

Prepayment schemes in the three PHR pilot districts will celebrate their first anniversary on July 1. Currently, the schemes have more than 83,000 members in three districts, representing about 7.5 percent of the total district population. New members continue to sign up daily. For more information, contact phara_georges@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 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.

Improving Quality of Primary Care through Facility Accreditation

The Ministry of Health and Population (MOHP) in Egypt, with support from the PHR project, continues to make significant strides in implementing the primary care reform strategy in its pilot facilities. Over the past year, reform efforts focused on three main components: 1) implementing an integrated family practice care model, 2) developing a new social insurance financing mechanism through the establishment of a Family Health Fund, and 3) strengthening the role of the MOHP in regulation through a facility accreditation program.

Thus, for the first time in Egypt, a facility accreditation program has been designed and tested with the MOHP taking the lead in its development and implementation. The aim of the accreditation program under health sector reform is to improve quality of primary care and to use the accreditation status of a facility as the basis for contracting with the Family Health Fund. To this end, only facilities that meet optimal levels of quality and management performance will be allowed to contract with the Family Health Fund to deliver a basic benefits package of services. In its first phase, the program includes the public, private, and NGO facilities participating in the pilot reform program, and focuses only on health units and centers. The accreditation program prepares public facilities for their new role under the reform. It also offers a system for continuously improving the quality of care
and provides means for educating and involving facilities in the quality improvement process.

Over the past year, PHR staff completed several important steps to design the program and prepare it for implementation, including: 1) legal analysis to ensure that the proposed program lies within the boundaries of Egypt’s health laws and legislation; 2) identification of key dimensions of quality that will set the focus of accreditation assessment; 3) development of accreditation standards, policies and procedures; 4) development and testing of the accreditation survey instrument; and 5) development and testing of a computerized database for analysis and reporting. Scores for each of the dimensions of quality are weighted to reflect the importance of each dimension relative to the total score. Consensus-building exercises conducted among MOHP officials at each step of the process ensured that the system was tailored to meet the needs of the health care system in Egypt.

The accreditation instrument was first tested in two primary health care centers. The purpose of the survey was to test the reliability and applicability of the accreditation instrument, to make refinements, and to provide newly trained surveyors and facilities with hands-on experience in the accreditation survey process and methods. The accreditation survey was then repeated after six months at one of the two pilot health centers in Alexandria. The survey helps identify gaps in facility performance and provides valuable insight on the quality of services. The process also stimulates the local health system to prepare and provide support and inputs to facilities seeking accreditation. The survey process also helped participants understand how the accreditation standards dovetail with proposed Family Health Fund performance measurement standards for contracting.

The first official accreditation pilot test was especially useful in actively involving all the facility personnel in assessing and improving their performance. Results of the second survey showed that the facility achieved significant improvements during the six-month period after the initial survey test. This demonstrates the value of using the accreditation survey as a means for improving the quality of care. It also shows how facilities can became equal partners with the MOHP in monitoring and improving performance. After reviewing the results of the survey, the facility—with the help of the surveyors—was able to identify areas of strengths and weaknesses, and develop a plan for improvement.

Institutionalization of the accreditation program continues to be an important next step, with emphasis on building the local capacity for accreditation. Once fully implemented, the accreditation program will provide the reform in Egypt with a framework for continuous quality improvement and performance-based contracting, two key components of the Egyptian reform agenda. For more information, contact nadwa_rafeh@abtassoc.com.▲

Regional Workshops and Website Promote Improved Health System Management

Over the past year, PHR has provided technical assistance designed to contribute to sustaining health policy reform in the Asia and Near East region by strengthening a regional network of professionals in health economics and health systems known as RESSMA (Réseau d’économie et systèmes de santé au Maghreb) with support of the ANE Bureau of USAID. With PHR’s assistance, RESSMA has developed the website RESSMA.org to promote the activities of the organization. Since its launch in December 1999, the website has averaged 6,658 hits per month with visitors originating in 63 countries, with the top 10 being the U.S., France, Switzerland, New Zealand, Australia, Canada, United Kingdom, Germany, and Italy. RESSMA members from Algeria, Morocco, and Tunisia

In April 1999 and 2000, PHR, in collaboration with WHO, John Snow, Inc., and RESSMA, delivered two two-week courses in Marrakech, Morocco, on costing and financing of health services and effective management of local health systems. The purpose was to equip regional and provincial health system managers from Algeria, Morocco, and Tunisia with the tools needed to manage public sector resources more efficiently and equitably. Participants confirmed that their new skills improved their ability to better manage health programs. Many participants are applying course concepts in budget development and the management of health sector resources.

For example, in Algeria, Dr. Abdelkrim Benarab, professor and researcher at the University of Constantine, has reported on successfully using course materials in his lectures and health seminars. In Morocco, Mr. Boubker Dadda, Director of Administration, El Razi Hospital, is working with his team to implement a new approach to managing the supply and cost of drugs. Dr. Moulay Mustapha Kacimi, from the Moroccan Ministry of Health, has initiated research activities to accurately diagnose health status at the provincial level and to carry out a needs assessment to identify ways to address health status issues and examine their budgetary implications. In Tunisia, Mr. Mongi Khemiri, Director of the Kairouan Regional Hospital, has initiated a study on consultation costs at health centers.

Both the RESSMA website and subsequent training workshops will be sustained by RESSMA in collaboration with local universities and WHO. For more information, contact anthony_mensah@abtassoc.com.▲
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.

Forging Public-Private Alliances

Health sector reform creates new challenges to existing health system performance. For many NGOs, changes emanating from health sector reform open up opportunities to take on new roles within the health sector. Likewise, health reforms grant the public sector the opportunity to develop new partnerships with NGOs.

PHR and the Family Planning Management Development project, both partners in the Latin America and Caribbean Regional Health Sector Reform Initiative, co-hosted a regional conference entitled Public-Private Alliances and Health Sector Reform: Perspectives and Reality on April 3-7 in Managua. Participants in this Initiative-financed event included representatives from the public and non-governmental sectors from Bolivia, Brazil, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, and the Dominican Republic. The goal of the conference was to bring together policymakers, public officials, and NGO leaders to draw on emerging experiences and explore ways to foment public sector-NGO partnerships to most effectively achieve health sector reform goals.

At the onset of the conference, participants voiced an interest in forming not only national-level alliances between the public sector and NGOs, but regional-level dialogue and debate. Participants agreed to develop a webpage on public sector-NGO partnerships to be maintained by BEMFAM, the International Planned Parenthood Federation affiliate in Brazil. PHR will fund the design of the website and the first six months of operation, with BEMFAM financing the following six months.

To continue the public sector-NGO dialogue on a national level, Dominican participants from the Secretariat of Public Health and INSALUD, a consortium of Dominican NGOs, adapted and carried out a similar conference on public sector-NGO partnerships in Santo Domingo in May. For more information, contact wendy_abramson@abtassoc.com.

Political Parties Seek Consensus on Health Reform

One month before national elections were to be held, the National Institute of Health in the Dominican Republic (INSALUD), with support from PHR, organized a seminar entitled Dialogue and Construction of Health Sector Reform Consensus. The objective of this seminar was to foster dialogue and seek consensus on the principal tenets of the Dominican health sector reform process among the major political parties. High-level officials from the Dominican Congress, the Secretariat of Public Health and Social Welfare (SES-PAS), the Technical Secretariat of the Presidency, the Executive Health Sector Reform Commission (CERSS), and representatives from nongovernmental organizations participated in the seminar.

Each political party presented its health program proposals. Then, a panel composed of the Secretary of Health, the Coordinator of the CERSS, and the President of the Senate Social Security Commission outlined the principal achievements accomplished and obstacles encountered to date in health and social security reform. Ensuing discussions revolved around the relationship of state reform with health sector reform; decentralization; financing; health service organization and delivery; and human resources. Working groups were formed to identify and analyze areas of agreement and divergence on these topics.

Donor agencies, including PAHO, the European Union, the World Bank, the IDB, and USAID made presentations on how their organizations support the health sector reform process. The need to closely coordinate donor activities with the Dominican government and other social sectors was strongly emphasized.

In the face of a government transition, PHR has partnered with Dominican counterparts to secure the political, technical, and financial sustainability of the Dominican health reform agenda with the goal of improving access, affordability, quality, and equity in the delivery of services, and, ultimately, improving health status. For more information, contact wendy_abramson@abtassoc.com.
Focus on Applied Research

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

Health Worker Motivation: Influencing National and International Policy

PHR has been conducting in-depth studies of health worker motivation (HWM) in the Republic of Georgia and the Kingdom of Jordan, the full findings of which will be published shortly. The studies aim to:

▲ analyze the determinants and consequences of HWM in selected hospitals;
▲ make recommendations for changes in hospital practices and workforce regulations; and
▲ contribute to the development of operational tools that could be used in other settings.

Conclusions emerging from the studies are remarkably similar between countries. For example, social relationships in the work place and pride in working at a particular facility are important determinants of motivation in both Georgia and Jordan. Significant differences in determinants between different types of workers (managers, supervisors, workers, and different cadres of workers) are also apparent in both countries. However, in Jordan, many options emerge for improving motivation (such as improving equipment and the physical work environment, as well as increasing teamwork), whereas in Georgia, low health worker incomes present a fundamental obstacle to improved motivation.

PHR’s applied research work in Jordan responded specifically to a request by the MOH to help improve management and quality of care at the primary teaching hospital in Al Basheer, in Amman. Final results from the Jordan study were presented by PHR in Amman in June together with a discussion of policy options. Working groups have developed specific recommendations in the area of:

▲ civil service regulations (particularly technical staff recruitment and selection procedures);
▲ MOH procedures (new employee orientation, job descriptions, minimum staffing needs); and
▲ hospital practices (increased employee participation in decision-making, clearer communication of hospital mission, goals, and policies to ensure goal alignment between workers and the hospital, new activities to increase worker pride, satisfaction, and motivation).

PHR participated in a WHO informal consultation designed to map out a future HWM program for WHO. As a result of the meeting, WHO plans to pursue more in-depth country work on this topic in two to three countries. Their research design will build upon the tools already developed by PHR.

For more information, contact whitney_schott@abtassoc.com.

Jordanians Make Policy Recommendations on Health Worker Motivation

An in-depth analysis of determinants and outcomes of motivation in two Jordanian hospitals indicated that major factors for job satisfaction and organizational commitment include: perceptions of self-efficacy, work locus of control, pride, organizational citizenship behavior, and job characteristics. Influences on supervisory-assessed worker performance included: organizational citizenship behavior, job characteristics, and bureaucratic constraints. In addition, results indicate significant differences in motivational outcomes and perceptions of work context between nursing/allied health professional staff and medical/service-administrative staff. Few differences were seen between the two hospitals, with the exception of general job satisfaction.

These findings were presented together with PHR’s in-depth major applied research on determinants and outcomes of motivation, to sixty researchers and policymakers at a workshop in Amman. Participants worked in groups to develop recommendations on changes in civil service regulations, MOH training programs, and hospital management practices. Working groups have continued after the workshop to refine recommendations before their presentation to the Minister of Health.

Health worker motivation research in Jordan has been conducted in conjunction with the PHR-Jordan scholars program that has trained seven Jordanian graduate students in research methodology. These scholars have undertaken small studies on HWM issues to complement those of the PHR applied research program. Study topics include physician satisfaction, the meaning of work, perceptions of leadership characteristics, employee development, assessing worker performance, justice perceptions, and organizational socialization. For more information, contact milburnlm@aol.com.
Improving Efficiency in Public Health Facilities in Sri Lanka

The Sri Lankan government is currently considering major health sector reforms encompassing decentralization and modernization of management. Research in Sri Lanka in 1991 showed that, compared to other countries, health care facilities had very low average costs. Substantial variation in costs was also apparent, suggesting there was scope to improve efficiency further, at least in certain facilities. The PHR Small Applied Research program supported a recently completed study of efficiency in public facilities in Sri Lanka to inform the reform process and provide data comparable to the previous study.

In an innovative study design the researchers from the Sri Lankan Institute of Policy Studies examined characteristics of managers and a variety of quality indicators, as well as several approaches to measuring efficiency including:

- ratio measures (such as bed occupancy rate, turnover);
- unit costs (using step-down analyses of accounts); and
- econometric analysis (estimation of production functions and cost functions).

Researchers were able to compare these measures both across different facility types and with the 1991 survey findings. Many interesting findings emerged. For example, the study showed that since 1991 outpatient unit costs decreased across all types of hospitals except at rural facilities. In contrast, most hospitals, with the exception of complex teaching hospitals, experienced increases in inpatient unit costs. The time trends observed are explained largely by occupancy and utilization rates. Funding constraints in the public sector have led to greater input shortages at lower level facilities than tertiary hospitals and as a consequence, patients are increasingly bypassing lower level hospitals.

The researchers recommend specific measures to improve hospital management and strengthen performance monitoring of hospitals. PHR is supporting researchers from Sri Lanka to present their findings at the Asia-Pacific Health Economics Network meeting in Dhaka in July. Copies of the report will be available in the late summer.

For more information, contact whitney_schott@abtassoc.com.

Inside PHR

Marguerite Sarr, accountant for the PHR Senegal office, handles all the financial aspects of the office. She oversees the logistical arrangements for the numerous workshops PHR carries out in the local districts as part of the Senegal health financing pilot activity. She has particularly enjoyed the opportunity to improve her English and learn new financial software programs.

Marguerite holds a degree in economics and business law. Prior to joining PHR, she worked as an accountant for the Senegalese consulting firm, SERDHA. She gained additional professional experience through internships with various accounting firms, an international telecommunications company, SITA, at the Senegalese electric and telephone companies, and with TOTAL, an oil company.

From working with PHR and through direct contact with health workers in the field and at project workshops, Marguerite has had the opportunity to observe problems within Senegal’s health system firsthand. She is pleased to be making a contribution to efforts to improve health care delivery in her country.

Staff Highlights

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

- Nermine Demian, Finance and Administration Assistant, Egypt
- Joanne Jorissen, Program Assistant for Special Initiatives and ANE, Bethesda
- Joanna Martin, Information Dissemination Specialist, Bethesda
PHR Presentations

As part of its ongoing dissemination efforts, PHR gave or sponsored the following presentations and brown bags between April 1 and June 30, 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 and National Health Accounts. 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.

April

Patricio Murgueytio, “Iniciativas de PHR en respaldo a la salud sexual y reproductiva en el contexto de la reforma sectorial,” regional AVSC workshop, La Romana, Dominican Republic (April 10)


A.K. Nandakumar, “Jordan National Health Accounts,” MOH and other ministries and private sector representatives, Amman, Jordan (April 17)

Miloud Kaddar, “Provider Payment Mechanisms,” RESSMA course, Marrakech, Morocco (April 21)


Ibrahim Shehata and Tania Dmytraczenko, “Update on National Health Accounts Policy Study,” NHA workshop, Amman, Jordan (May 22)

Dwayne Banks, “Designing Household Surveys for Health Expenditure Analysis,” NHA workshop, Amman, Jordan (May 22)

Karen Van Roekel, “Monitoring and Evaluating Health Sector Reform in the Dominican Republic: Using Data for Decision Making at the National and Provincial Levels,” USAID, Washington, DC (May 22)

Kathleen Novak with Francisco Vallejo, “Managing the Political Process in Health Sector Reform: Guidelines, Tools, and Experience from the Field in Honduras,” Abt Associates, Washington, DC (June 13)

Miloud Kaddar, “Immunization Financing in Côte d’Ivoire: Findings and Recommendations,” Preparing a Strategic Immunization Plan for Côte d’Ivoire meeting, Abidjan, Côte d’Ivoire (June 14)

Lonna Milburn and Lynne Miller-Franco, “Health Worker Motivation,” Health Worker Motivation Conference, Amman, Jordan (June 19-21)

Tania Dmytraczenko, “Cuentas Nacionales de Salud: Usos, Impacto e Institucionalización,” Ministry of Health, Guatemala (June 22)

Nadwa Rafeh, “Implementing an Accreditation Program for Primary Health Care Facilities in Egypt,” USAID, Washington, DC (June 22)

Nancy Plelemeier, “Reproductive Health Services in Reforming Health Systems,” International Planned Parenthood Federation/Western Hemisphere Regional Office, New York (June 26)

Barbara O’Hanlon and Kammi Schmeer, “Managing the Political Process in Health Sector Reform: Guidelines and Tools,” World Bank Flagship Course, Santiago, Chile (June 29)

Nena Terrell, “Alexandria Primary Care Pilot Focus Group Results on Patient Satisfaction, Technical and Management Quality, Contracting and Willingness to Pay,” Four presentations to central and governorate Egyptian Ministry of Health and Population Reform Teams, PHR and ECTAT, USAID Mission PHN (May-June)

May

Francisco Vallejo, “La futura agenda de investigación en reforma,” Foro Regional sobre el Uso de la Investigación en los Procesos de Reforma del Sector Salud de Latinoamérica y el Caribe, Salvador, Bahía, Brazil (May 4)


Rossany Auceda, “La comunicación: Un instrumento para fortalecer el proceso de regulación,” MOH, Tegucigalpa, Honduras (June 2)

Miloud Kaddar, “Health Financing Workshop for Regional and Provincial Managers,” Assila, Morocco (June 5-10)

Miloud Kaddar, “Health Insurance Development: Key Challenges in Morocco,” Annual Congress of National Society of Medical Sciences, Rabat, Morocco (June 8)

Francisco Vallejo, “Nuevos modelos de servicios farmacéuticos, evaluación de los fondos comunales de medicamentos en Honduras,” MOH workshop, La Ceiba, Atlántida, Honduras (June 9)

quarterly highlights

The following presentations were made at the Global Health Council’s 27th annual conference in Arlington, Virginia, June 13-16.

Nancy Pielemeier, “Vertical and Integrated Approaches in International Health”
Grace Chee, “Financing Insecticide-Treated Mosquito Nets in Zambia”
Ibrahim Shehata, “National Health Accounts: Policy Tool or Just Expenditure Data?”
Hanann Riad Sabri, “Factors Affecting Effective HSR and Health Expenditures: Constraints in Two Developing Countries”
Ann Levin, “Cost of Maternal Health Care in Public and Private Facilities”
Sujata Ram, “Financial Impact of the Polio Eradication Campaign on National Immunization Programs”
Susan Scribner, “Advocacy to Improve National Surveillance Systems in Infectious Disease Control”
Marty Makinen, “Measuring Health Sector Inequality in Developing Countries”
Allison Kelley, “Improving Utilization of Priority Services: The Equity Initiative in Mali”
Catherine Connor, “Public Sector Contracting of NGOs to Fight HIV/AIDS in Brazil”
Nancy Pielemeier, “Health Sector Reform: Whose Interests Does it Serve?”
Panelists: Wagida Anwar, Carlos Cuellar, Duff Gillespie, Ainura Ibramova, and Helen Saxenian

New Publications

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

Technical Reports

Implementing Hospital Autonomy in Jordan: Changing MOH Operating Procedures (TE 44) by Dwayne A. Banks, Rasha Ghannoum, Ayoub, Sayyid Khalil As-Sayaideh, Abdel Razzac S.H. Shafei, and Hani Brosk

Special Initiative Reports

Cuentas Nacionales de Salud by PHR Honduras in cooperation with the Ministry of Health
Financing Assessment Tool for Immunization Services by Miloud Kaddar, Marty Makinen, and Mona Khan
Immunization Financing Resources by Miloud Kaddar, Jo Dickison, and Mona Khan
The Nepal Safe Motherhood Network by Pamela Putney

Major Applied Research Papers

Decentralization of Health Systems: Preliminary Review of Four Country Case Studies (MAR 6, Technical Report 1) by Thomas Bossert, Joel Beauvais, and Diana Bowser

Small Applied Research Papers

Priority Service under Decentralization: A Case Study of Maternal Child Care in Uganda (SAR 10) by Frederick Mwesigye
Cost of Integrated Management of Childhood Illnesses in Bangladesh: A Study Based on Matlab Data (SAR 11) by M Mahmoud Khan, Kuntal K. Saha, and Shakil Ahmed

In Briefs

Facility Accreditation and Health Sector Reform in Egypt
Special Initiative on Immunization Financing
Iniciativa especial sobre el financiamiento de las inmunizaciones
Initiative spécial sur le financement des vaccinations
A Costing Framework to Help HIV/AIDS Planning and Management
Brazil Public Sector Contracts to Fight HIV/AIDS
Prepayment Scheme in Rwanda Accepts Sero-Positive Members