Managers Learn Skills to Facilitate Health Systems Decentralization

The Ministry is decentralizing. Top district health officials are asking: how can we cope with our new resource allocation responsibilities? Which incentive systems will motivate physicians and other personnel to work more productively? How does the district set prices for services to improve cost recovery without hurting access to care by the poor? There will be a major cut in health funds in my district, what programs or services should I reduce? What type of analysis do I need, and how can I interpret the results to help me make decisions?

These and other equally difficult questions face mid-level health system managers in the Maghreb (western North Africa) where countries are decentralizing their health systems. In response, PHR delivered a two-week course in Morocco in April that trained 26 regional and provincial health system managers from Morocco, Tunisia, and Algeria in the use of economic and financial tools to deal with their increased level of responsibility under decentralization. The tools will allow these managers to develop and manage public sector health programs more efficiently, equitably, and in a sustainable manner.

The regional course was sponsored by USAID’s ANE Bureau in collaboration with WHO, the Rotary Club of Algeria, and RESSMA (Réseau économie et systèmes de santé au Maghreb). RESSMA is a regional network of professionals interested in health economics and health systems. PHR health economists Miloud Kaddar, a co-founder of RESSMA, and Marty Makinen developed the curriculum and led the sessions. PHR’s local representative Mohammed Oubnichou and members of the Marrakech Regional Department of Health organized the logistics. Using decentralization as the context, course topics included service cost analysis, models of provider behavior, provider payment methods, pricing, cost-effectiveness and cost-benefit analysis, discounting to present value, alternative sources of financing health, allocation mechanisms in the public sector, assessment criteria (efficiency, equity, sustainability), decentralization, and health financing.

Upon its completion, participants rated the course practical and informative and directly applicable to their work. They predicted that the techniques learned would have a positive impact on their individual performance and more broadly on improving the management of health systems in the region. The participants were asked what they expected to do with the knowledge acquired as a result of attending the course. One of them responded, “Share the information with colleagues and other specialists in this sector and implement some of the concepts.”

Participants were enthusiastic about the content and organization of the PHR course, which one member hailed as “excellent organization.” Brahim Brahamia, who teaches
**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.

**Egypt MOHP Uses Model to Guide Reduction of New Hospital Construction**

Working with the Egyptian Ministry of Health and Population (MOHP), PHR introduced a computational Bed Needs Model to analyze and prioritize the current distribution of hospital capacity and investments in hospital construction. The tool will help the MOHP and regional governorates make decisions about construction plans for new hospital beds. The MOHP, in remarking about the model, said to the People’s Assembly, “Now we have a scientific basis for planning construction.” The model can be adapted to other countries through the following steps:

- Data Assessment and Collection—determine availability of data and the baseline bed capacity.
- Situational Assessment and White Paper—identify priorities for rationalization scenarios developed through interviews at the MOH and other policy and capital/facilities planning offices.
- Set Standards and Norms—using local expert opinion, set norms for usage rates, referral patterns, and productivity.
- Rationalization Plan and Model Development—develop population-based supply and requirements forecasts of resource requirements through 2020. Develop scenarios showing priorities across places and specialties.

- Training and Support—Train local policy planners and MOH executives in a computer model enhanced course to develop better policy analytic skills. For information, contact kathleen_poer@abtassoc.com.

**Morocco Moves to Expand Paramedical Service to Improve Access**

In an effort to improve access to maternal and child health services, Morocco is initiating legislative reform that will liberalize regulations that relate to the provision of medical services by paramedical professionals, specifically, licensed nurse midwives. The desired impact of this reform is to improve service coverage in underserved areas by allowing paramedical providers to deliver a wider range of medical services.

This quarter, PHR assisted the Moroccan Ministry of Health (MOH) by organizing a study tour to Tunisia to learn about Tunisia’s experience in expanding the role of paramedical providers. In November PHR had organized a study tour to Chile for the officials from the Department of Legal Affairs. The same group participated in the second tour to Tunisia. Based on these experiences, the participants have begun the process of drafting and negotiating new legislative codes to allow paramedical services to carry out functions related to family planning, prenatal care, problem and non-problem deliveries, and post-natal follow-up. The MOH will present the new codes to the secretariat of the prime minister, to the government counsel, and to the counsel of ministers before the codes are voted on in the two houses of parliament.

Among paramedical providers, midwives are a particularly important source of health care in Morocco. They are a major source of prenatal care and attend a large percentage of deliveries, primarily among rural and poor populations. Paramedical providers are often the first line of health care providers for many Moroccans living in rural areas. Expanding their ability to provide maternal and child health services would greatly improve access to services. For information contact, anthony_mensah@abtassoc.com.

**Facilitating Decentralization . . . continued from page 1**

health economics to medical students at Constantine University in Algeria, e-mailed PHR to report on successfully using information and materials from the course. PHR will follow up with participants in three months to find out how they are applying what they learned. This feedback will help tailor the curriculum content for future courses, which RESSMA plans to repeat on an annual basis. For more information, contact miloud_kaddar@abtassoc.com.
Focus on Applied Research

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

Improving the Process of Health Financing Reform

For the past year and a half PHR has been supporting research in South Africa and Zambia that is examining the process of health financing reform. Changes in health care financing mechanisms have been a central element of the reforms in sub-Saharan Africa, yet little is known about the factors that influence the potential of such reforms to achieve either their stated objectives or broader goals. In South Africa researchers from the University of Witwatersrand and the University of Cape Town are currently finalizing the South Africa country study.

The preliminary report presents recommendations relevant to international as well as South African audiences. Key lessons regarding the policy process include:

- Communicating complex policy designs. Technical complexity of policies in South Africa often cause communication between technicians and policymakers to break down. Policies that cannot be expressed simply and clearly are difficult to sell and unappealing. Reform messages need to be adapted for different audiences and communication should focus on highlighting key aspects of reform.

- Matching policymakers’ values. Policies regarding free care and the initial process of resource reallocation benefited tremendously from high-level political support, as politicians saw how these reforms linked into higher-level political goals.

- Building health economics capacity. Technical weaknesses in financing policy design were evident. Health economists within the South African Department of Health were not always well used. Demand for health economics analysis needs to be created and the supply of well-trained health economists ensured.

- Building implementation capacity. Adequate capacity was a critical constraint, not just in terms of skills, but in terms of systems and the joint functioning of organizations to produce effective implementation as well.

- Implementing radical change. The end of the apartheid era in 1994 provided a window of opportunity for reform, but the upheaval in the policy environment that followed elections created problems and undermined capacity for policy development, weakening the final impact of reforms. During complex transition processes, policymakers need to focus on priority setting and capacity development.

Copies of the South Africa report by Lucy Gilson et al. will be available from the PHR Resource Center in Fall 1999 at pub_order@abtassoc.com.

PHR Grantees Disseminate Findings at GHC, iHEA

PHR’s Small Applied Research (SAR) program was designed to build and strengthen policy research capabilities among developing-country researchers, advance knowledge of health sector problems and solutions, and support health sector reforms in developing countries.

The SAR program sponsored three grantees to present their research findings at the Global Health Council Conference in Washington, DC, and one grantees to present at the International Health Economics Association (iHEA) conference in Rotterdam in June. Aldrie Henry-Lee (University of the West Indies, Jamaica) presented on national health insurance in Jamaica; Frederick Mwesigye (Makerere University, Uganda) on decentralization and maternal and child health service delivery in Uganda; Pedro Francke on public health expenditures in Peru; and Maria Bautista (Institute for Development Policy and Management Research, Philippines) on health insurance in the Philippines. These events allowed the researchers to share their findings with a wide audience.

During their visits to Washington and Rotterdam, the researchers had the opportunity to discuss their research activities with PHR technical staff. At each conference session, the audience demonstrated their interest in the research findings through lively discussions. Numerous copies of the research findings were also distributed at these events. For their part, the grantees expressed that the events truly enriched their research experience and that they greatly appreciated having had the opportunity to participate in these well-attended and stimulating international sessions. For more information about SAR results, contact whitney_schott@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.

Mali Equity Initiative Investigates Low Utilization of Health Services

PHR conducted field visits in two pilot sites in Mali during the last quarter, gathering information to plan market and household surveys as part of the Equity Initiative. The Equity Initiative is funded by USAID and co-sponsored by the Malian Ministry of Health (MOH) and UNICEF. This activity has been warmly received in Mali, especially by the MOH and regional authorities concerned about low utilization of government and community health services. They look to PHR to help determine underlying causes of low utilization and to develop a plan to boost it, especially among the poorest and most vulnerable.

In early May, PHR hired C.A. Simpara as team leader for the Equity Initiative and Ousmane Sidibe as site manager. Both are taking leaves from the Malian MOH for 18 months to work on the Initiative. Mr. Simpara is the outgoing director of the World Bank’s Projet Santé, Population, Hydraulique Rurale. Mr. Sidibe has been in charge of statistics and information for the MOH Planning Department. Both were closely involved with the Demographic and Health Survey carried out in Mali in 1996.

Later in May, PHR conducted field visits to the two pilot sites, Bla Cercle (in Segou region) and Sikasso City. The Equity Initiative concept, the newly hired Malian experts, and PHR’s Allison Kelley and Marty Makinen, were introduced to local health, social action, planning and statistics, and political authorities. PHR gathered sampling information for the household survey and information on mapping service providers (public, private, and traditional) in each site.

In both sites, health authorities are concerned about the utilization of services in government and community facilities that is only 0.3 visits per person per year. Among other items, the authorities want to know to what extent this is made up for by use of private or traditional providers. They welcomed a collaborative effort to determine the underlying causes of the low utilization and to plan interventions to improve this situation.

Baseline surveys will take place August-October 1999. PHR will then work with local authorities and communities in each site to use the survey results to design interventions to address the causes of low utilization. A second household survey will be conducted in 2000 to evaluate the impact of the interventions. For information, contact allison_kelley@abtassoc.com.

Senegal Leverages Funding for Hospital MIS

While hospitals are not always a focus of USAID interventions, the hospital sector is important due to the large portion of health resources it consumes in many countries (often 70 percent or more). Thus, hospital efficiency can be a key factor in the availability of resources for other priority activities.

In early 1998, Senegal passed hospital reform legislation mandating significant changes in the way hospitals are organized, managed, and integrated with the health system and local governments. With greater autonomy and reduced government financial support, hospitals need more and better information for strategic planning and management decisions. At the same time, they seek to improve the quality of health services.

From mid-1998 to mid-1999, PHR assisted the Senegalese Ministry of Health (MOH) in leveraging World Bank resources for improving hospital MIS for the country. The World Bank sector development project in Senegal includes support for country-wide implementation of improved hospital MIS, but initial development of the system, along with other steps, are preconditions for release of funding. Through PHR, USAID intervened at a critical point to work with the MOH and a local collaborating institution, the Centre africain d’études supérieures en gestion (CESAG), to plan and launch the development phase, and then to begin implementation of the MIS in three pilot hospitals. This support enabled the MOH to obtain release of World Bank funding to complete MIS development, develop an automation plan, and begin procurement of computers.

The hospital MIS project is well on its way and should serve as a model for Senegal and other WCA countries pursuing similar hospital reforms. For information, contact richard_killian@abtassoc.com.

Regional Workshop Works to Expand Rural Health Insurance

Developing innovative health care financing strategies is a priority for many countries in ESA. One promising strategy is Community-Based Health Insurance (CBHI) schemes, in which rural communities pool their resources to provide basic health care service coverage for members in a financially sustainable manner. PHR is currently working to provide information and technical guidance to communities implementing or
interested in CBHI through a series of workshops, research and evaluation activities, and technical assistance.

As a part of these CBHI activities, PHR hosted an East Africa regional workshop June 23–26 to review and analyze preliminary findings from a study of CBHI in the region. Participants from CBHI programs in Tanzania, Uganda, and Kenya met in Mombasa, Kenya, with government policymakers and international donors to discuss strategies to assist community implementation of sustainable CBHI programs.

The report analyzes the strengths and challenges of three principal CBHI schemes: the Community Health Fund in Tanzania; Kisiizi Hospital in Uganda; and Chogoria Hospital in Kenya and looks at other organizations working in the area. The preliminary study highlights the relative successes of existing CBHI operations and stresses the need for improved risk management capacity, targeted management training focusing on improved staff-client relations, enhanced marketing and outreach activities, and sustainable financing strategies.

The workshop participants included field-based practitioners of CBHI as well as representatives from ministries of health in the region, USAID, the International Labor Organization (ILO), and several NGOs working in health care financing. This broad-based group of health care professionals strengthened the existing network and laid the groundwork for future regional activities to improve existing CBHI programs and guide the formation of new schemes.

PHR continues to collaborate with the East and Southern Africa Regional Economic Development Support Office (REDSO/ESA) and the ILO to incorporate policy and lessons learned recommendations into a tool kit and manual for communities wishing to implement similar health care financing programs. For information, contact janet_edmond@abtassoc.com.

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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, and 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.

**National Health Accounts Gain Momentum**

A truly global interest in NHA was demonstrated at the International Symposium on National Health Accounts in Rotterdam, The Netherlands, June 4-5. Over 100 participants from all parts of the world attended the meeting, which was co-sponsored by PHR and the International Health Economics Association (iHEA).

Presentations included detailed country studies and innovations in NHA methods and applications, such as NHA approaches focusing on expenditures on specific disease problems and population groups. These offer significant potential for specific health gains and equity.

Results from PHR’s supported country and regional NHA efforts were evident with several invited presentations from the Latin American and Caribbean network and participants from the East and Southern Africa and Middle East and North Africa networks.

The International Symposium concluded with an animated discussion on sustainability and next steps, led by Dr. Jean-Pierre Pouliier of WHO and Dr. Peter Berman of PHR. Participants voiced their desire for future meetings; increased international support for country and regional efforts; international leadership in technical exchange and results dissemination; and expanded training opportunities. For information, contact jennifer_graff@abtassoc.com.

**Enhanced Financing Strategies Aim to Improve Access to Immunization Services in Bangladesh**

Working with a local Bangladeshi team, PHR has gathered data to project the costs of planned improvements to the national immunization program over the next five years to improve access to quality immunization services. Preliminary findings and options for future financing of strategies were presented in Dhaka in April to a well-attended audience of ministry and local government officials, representatives from international organizations, NGOs, donors, and others.

Planned improvements to the national program include 1) initiating a campaign to improve coverage in low-performance areas of Bangladesh, 2) improving sterilization and waste disposal in the program, 3) upgrading the cold chain system, 4) initiating additional social mobilization/communications campaigns for the new service delivery strategy of the health reform taking place (transition from outreach sites to fixed sites), and 5) adding Hepatitis B to the current set of antigens. Recommendations will be made to the government on ways to improve existing financing strategies for the program. For information, contact ann_levin@abtassoc.com.
Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in five countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, 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.

Increasing the Policy Relevance of NHA Results

Some 50 policymakers and technical staff from 11 countries in the LAC region attended a four-day seminar on National Health Accounts (NHA) in El Salvador May 17-20. NHA describe the sources, uses, and channels for all funds, public and private, utilized in the health sector and are an indispensable management tool for the allocation and mobilization of health sector resources.

The event began with a one-day seminar organized by PHR in collaboration with PAHO under sponsorship of USAID’s LAC Bureau. The seminar included presentations by Jean-Pierre Poullier (WHO) on institutionalization and the use of NHA, as well as discussions by Karen Cavanaugh (USAID), Xavier Coll (World Bank), and Alfredo Solari (Inter-American Development Bank) on their respective institutions’ perspectives on NHA. Participants had the opportunity to interact with officials from the various donor organizations to ascertain the level of support available from these organizations to further national efforts to institutionalize NHA.

Following the seminar, the workshop continued for 40 technical staff and focused on building capacity to institutionalize NHA by:

- increasing the policy relevance of NHA results;
- incorporating these results into policy formulation; and
- communicating the results effectively to high-level decisionmakers.

The workshop served as an excellent forum to foster exchange among those working on NHA in Latin America since the launching of the LAC NHA Initiative in 1997. For more information, contact jennifer_graff@abtassoc.com.

Regional Effort Strengthens Government Contracting with NGOs

PHR spearheaded a regional effort to improve the process of public sector and NGO contracting practices. As part of the LAC regional health sector reform initiative, PHR held a two-day meeting in Santo Domingo with public sector and NGO representatives from Colombia, Costa Rica, Dominican Republic, Guatemala, and Peru to follow up on those countries’ experiences in contracting for primary health care (PHC) service delivery.

Bringing together officials from the public sector, mainly ministries of health, and select NGOs, PHR facilitated work sessions allowing participants and NGOs to discuss key issues:

- impact of contracting on the quality of care and coverage;
- cost effectiveness of contracting;
- effect of the political environment and legal framework on the contracting process; and
- identification of factors that influence NGOs and the public sector to enter into contractual arrangements.

Through the exchange of information and experiences, each country team developed national-level action plans to strengthen current contracting practices. Ideas were developed for continued regional collaboration to strengthen the contracting for PHC provision including development of:

- case studies on specific characteristics of contracting;
- technical assistance strategies to strengthen the capacity of both sectors to monitor and evaluate contract progress;
- workshop on costing of key services; and
- tools to support the generation of performance-based contracting.

For more information, contact wendy_abramson@abtassoc.com.

Inside PHR

Damascene Butera

Damascene Butera manages the PHR office in Kigali, Rwanda. His many tasks include organizing workshops, lectures, and meetings; project reporting; accounting tasks; and making travel arrangements. In addition, Damascene’s superb language skills—fluency in French, English, Kinyrwanda, and Swahili—are invaluable to PHR’s activities in Rwanda.

Damascene, who joined PHR in February, accomplishes this multidimensional job with a lot of humor and some “good invention” skills. Damascene studied French at the University of Bujumbura in Burundi and completed a one-year banking course in Nairobi. Damascene left Africa for the first time when he joined PHR. He traveled to Bethesda for a three-week accounting and software training course. Damascene hopes to pursue an MBA from a U.S. university.

“Damascene is a welcome addition to our staff and plays a key role in the work of PHR in Rwanda,” says Pia Schneider, PHR’s long-term advisor in Rwanda.

Staff Highlights

Staff Highlights announces recent additions to PHR staff based at the project headquarters in Bethesda, as well as in project field offices. Over the last three months, PHR welcomed the following new staff members:

- François Diop, Health Economist, Senegal
- Nancy Samy Fawzy, Marketing and Communications Assistant, Egypt
- Patricio Murgueytio, Resident Advisor, Dominican Republic
- Colonel Oumar Ndiaye, Senior Technical Advisor, Senegal
- Francia Smith, Finance Manager

Information and Dissemination

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

New Products and Website

The third quarter saw several major milestones in PHR’s information dissemination activities, including three new publication series, a “new” professionally executed website, a mailing to 3,700 health specialists and organizations, presentations at major conferences, and increased technical report generation. As a result of these intensified efforts, health reform issues are becoming more visible and attracting a wider audience.

The new publication series are:

- Primer for Policymakers—The first issue is on alternative provider payment methods, available in English, French, and Spanish (12 pages).
- Executive Summary Series—The premier issue focuses on Bolivia’s health insurance scheme and its efforts to reduce maternal and child mortality, available in English (8 pages).

Interest in Health Reform Issues Evident at GHC

PHR staff members offered 10 presentations at the annual Global Health Council (GHC) annual conference in Washington, DC, and at the International Symposium on National Health Accounts and the International Health Economics Association meeting, which were held in Rotterdam, The Netherlands, in early June.

For more information, contact zuheir_alfaqih@abtassoc.com.

PHR’s new website was launched in April. PHR is able to track the number of visitors utilizing the website and to log which publications are downloaded. The site has also heightened requests for publications, which are disseminated in hard copy format and on CD-ROM disks.

PHR’s Editorial Services and Resource Center units produced and disseminated a total of 24 reports—30 percent more than last quarter; wrote and distributed five In Briefs; produced a mailer about the new website and mailed it to 3,701 individuals and organizations (1,110 in the U.S. and 2,591 international); assisted with the submission of six journal articles; and provided in-house training sessions on writing and formatting reports and articles.

The Resource Center supported presenters at the Global Health Council annual conference in Washington, DC, and at the International Symposium on National Health Accounts and the International Health Economics Association meeting, which were held in Rotterdam, The Netherlands, in early June.

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New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. Please note that requests for five or more copies will be fulfilled on CD-ROM. PHR publications are available on the PHR website at http://www.PHRproject.com.

Technical Reports

- A Feasibility Analysis of Franchising the PROSALUD/Bolivia Primary Health Care Service Delivery Strategy in Lusaka, Zambia (TE 15) by Jack Fiedler, Ann Levin, and Dennis Mulikelela
- Health Care Utilization and Expenditures in the Arab Republic of Egypt (TE 25) by Peter Berman, A.K. Nandakumar, and Winnie Yip
- Findings of the Egyptian Health Care Provider Survey (TE 26) by A.K. Nandakumar, Peter Berman, and Elaine Fleming
- Data Assessment for the National Information Center for Health and Population, Egypt (TE 30) by Gary Gaumer
- Monthly Indicators Reporting System for the National Information Center for Health and Population (TE 31) by Gary Gaumer

Special Initiative Reports

- National Health Accounts, Summaries of Eight National Studies in Latin America and the Caribbean (SIR 7)
- Cuentas Nacionales de Salud: resúmenes de ocho estudios nacionales en América Latina y el Caribe (SIR 7S)
- Costs of Maternal Health Care Services in Masaka District, Uganda (SIR 16) by Ann Levin, Tania Dmytraczenko, and Freddie Ssengooba

Major Applied Research Papers

- Equity of Health Sector Revenue and Generation Allocation in Paraguay (MAR 3/WP-2) by Ricardo Bitrán, Gloria Ubilia, and Lorena Prieto
- Equity of Health Sector Revenue Generation and Allocation: A South African Case Study (MAR 3/WP-3) by Di McIntyre, Lucy Gilson, Nicole Valentine, and Neil Söderlund
- Health Spending Inequalities and Government’s Role in Zambia (MAR 3/WP-4) by Marty Makinen

Small Applied Research Papers

- Targeting Public Health Expenditures in Peru: Situation and Alternatives (SAR 1) by Pedro Francke
- Focalización del gasto público en salud en el Perú: situación y alternativas (SAR 1S) by Pedro Francke
- Characteristics and Structure of the Private Hospital Sector in Urban India: A Study of Madras City (SAR 5) by V.R. Muraleedharan

In Briefs

- Protecting the Medically Indigent in Jamaica
- Health Insurance and Decentralization in the Philippines
- Targeting Public Health Expenditures in Peru
- Nepal Network Is Working to Reduce Maternal and Neonatal Deaths
- PHR Launches New Website, Premier Issue of Two Publications
- Perú ensaya una reforma del financiamiento de los hospitales

The PHR Quarterly Highlights is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The July 1999 issue covers the period between April 1 and June 30, 1999. For additional copies or to be placed on the Highlights mailing list, please contact the PHR Resource Center, pub_order@PHRproject.com.

Editor: Liz Nugent
Contributing Editors: Linda Moll and Jacqueline Vera
Production: Nicole Phillips and Skandar Rassas

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.

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