

March Monthly Progress Report

African Strategies for Health

March 2012

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number AID-OAA-C-11-00161. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

African Strategies for Health
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

African Strategies for Health (ASH)

Monthly Progress Report: March 2012

1. Activities and Achievements

Most ASH team activities centered around preparations of Scopes of Work (SOW) for the priority technical areas selected for this financial year. ASH staff spent time consulting with USAID AFR staff other IPs in DC and stakeholders and collaborators in the region. The following paragraphs summarize progress made on priority technical areas.

a. Collaboration with and Capacity Building for African Institutions

- ***ANECCA, RCQHC and Center of Excellence in Guinea***

Further consultations among ASH team, AFR/B and USAID East Africa took place. Suzanne will be in Nairobi April 18-20 and will follow up with Julia Henn. They will finalize dates for initial visit by Jana Ntumba. Once the dates are set ASH will submit a COR letter for approval.

- ***Support to African Union - CARMMA***

ASH has been asked to provide a consultant to help draft a report on the status of sexual RH and related health systems in relation to the Maputo Plan of Action for the AU Assembly on May 17th. This work will be funded through a buy-in from the Australians. The Australians are collaborating with the AU to develop a SOW and ASH is working to identify an appropriate consultant who can complete the work in the short time frame.

- ***Consultant and Institution Database and Expertise***

It is recognized that within Africa there are a number of strong local organizations and individuals who can be called upon to provide technical assistance in the region. Unfortunately it is not easy for missions, other donors, and governments to know who they can call upon. In order to address this, USAID would like ASH to: i) develop a database of leading experts in advocacy and health systems to help stakeholders access local expertise; and ii) identify one or more organization with whom ASH can work to build their capacity for delivering high quality technical assistance. In addition to working on the "supply" side of this issue, USAID would also like to increase the "demand" for these potential consultants. To this end, USAID would like ASH to develop a strategy for increasing use of local experts by stakeholder. ASH is developing a SOW for this activity.

- ***ASH participation in the 2nd Congress of the African Health Systems Governance Network (ASHGOVNET)***

Following invitation by the African Center for Global Health and Social Transformation (ACHEST), Godfrey represented ASH at this congress which was funded by NORAD and Rockefeller Foundation. The purpose of the meeting was to discuss strategies on how Civil Society, Health Professional Associations, Academic Institutions and Private Sector can collaborate with Ministries of Health of Health in order to improve governance in the health sector. Godfrey made a presentation on the ASH project. In addition he

discussed potential collaboration between the USAID-funded ASH project and ASHGOVNET. Details will be provided in Godfrey's trip report.

b. Health Systems Building: Service Delivery

▪ ***Diarrhea: Use of ORT and Zinc***

ASH will be undertaking a study to: i) identify factors that have contributed to declines in the use of ORS and impeded the uptake of Zinc; and ii) identify the role ASH can play to reinvigorate the use of ORS and Zinc. The study will include both primary (key informant interviews) and secondary data collection. It is hoped that the result of this study, as well as country specific plans to address the barriers to uptake will be discussed further during a regional meeting co-sponsored by WHO AFRO and ASH. This SOW is on track to be submitted April 16th.

▪ ***Contribution of HIV to TB and Maternal Mortality***

ASH conducted a quick review of the literature to gain a broad understanding of the relationships of HIV, TB and maternal mortality and has identified some of the challenges in addressing these health problems. The Office of HIV/AIDS may be undertaking a larger Cochrane-style study on this topic. ASH submitted a background brief to AFR/B, as well as, suggestions on how ASH can support the OHA study. Potential further activities are: i) ASH can serve as the secretariat for a Cochrane-style review, as may be appropriate working in collaboration with other leading implementing partners in the areas of HIV and maternal health; ii) ASH can contribute to specific aspects of the review utilizing its internal expertise; iii) once the research and review have been completed, ASH can work with partners on the policy and programmatic issues that have been identified, including through advocacy and dissemination with African partners; iv) ASH could conduct research on related areas which need further study. ASH is waiting to hear from USAID about next steps.

▪ ***Expansion of Pediatric TB care***

The goal of this activity in the shorter term is to better understand the burden and state of implementation of Pediatric TB in African countries. In the longer term ASH will work with WHO AFRO, ANECCA and other stakeholders to develop interventions and support activities which will increase the number of children eligible for TB treatment. The proposed activities are: i) Conduct a review of TB notification data from selected countries to more accurately scope the burden of pediatric TB; and ii) determine how national TB programs are currently programming and implementing pediatric TB activities (gathering information regarding: the presence of pediatric TB guidelines; and the status of implementation of important preventive activities such as active case-finding in under-fives, provision of INH therapy for contacts or treatment initiation for under-fives contacts with symptoms and signs suggestive of TB). ASH is on track to submit the SOW by April 16th, however ASH will need guidance from AFR/B to ensure the role of ASH vis-à-vis the Global Bureau is clear and that there is no duplication of efforts.

- ***IPT Malaria and Pregnancy***
 IPTp is an important component of the malaria in pregnancy intervention package together with nets and appropriate case management. Following work done in Malawi by Rudi, PMI requested further work in this area be undertaken by ASH. ASH is currently drafting a SOW which may include the following activities: i) finalize data analysis and complete IPTp study conducted in Malawi per the discussions of PMI; and ii) conduct a systematic cross country review of IPTp-related interventions together with outcomes with the aim of identifying successful approaches in increasing IPTp coverage. African institutions will be engaged to support further targeted research and implemented pilot interventions.

- ***Laboratory***
 The goals of this activity are: i) to determine if vertical programs, such as PEPFAR and PMI, have been successfully leveraged to contribute to the overall strengthening of laboratory services or if these programs have led to increased inequities with regard to the organization and provision of laboratory services; ii) to understand, explore and map the variety of resources (USG, World Bank, private sector) that are being channeled towards the development of labs in Africa; iii) to better understand the application of these resources in support of the development of labs including areas of focus, level of focus (supranational, national, district), potential areas of integration of resources; and iv) to document success stories where lab resources have been harmonized to ensure comprehensive development of laboratories. In order to meet these goals ASH will undertake a study which will look at a select number of countries to track the impact of vertical funding on laboratory services by analyzing: the amounts and type of funding the country received from various external partners; how these funds have been utilized; and the level of integration with in the laboratory programs.

c. Health Systems Building Block: Information

- ***Use of Innovative ICT in Health Programs***
 - ***Management of and Access to eHealth***
 The goals of this activity are to: i) promote the use of mHealth to increase productivity and efficiency in the health sector, to provide knowledge and information on health to both providers and consumers, and to ultimately promote well-being and help save lives; and ii) to provide African Ministries of Health with tools to help them develop and implement national eHealth strategies so that they can better manage the influx of newly available ICTs. The SOW will include three activities: i) develop a compendium with information on current mhealth activities being undertaken by USAID missions, updated each year so that AFR/B can distribute a current copy to all missions annually; ii) an e-Health strategy development toolkit to assist countries in designing country-level e-Health strategies; iii) a detailed mapping of state of the art mHealth evaluation approaches and examples of these approaches which have been implemented and published. Suzzane will be attending an e-Health conference in Nairobi Kenya April 18 - 20.

- ***Reproductive Health and mhealth Conference***

In November Tanzania will host the next family planning conference (follow up to the Dakar meeting). The focus of this meeting will be mHealth. The USAID Tanzania mission is taking the lead in organizing this meeting and will be hiring a local organization to assist with the on-ground details. However, USAID recognizes that there may be additional support needed and requested that ASH identify a staffer to participate in the conference planning calls with the USAID missions. Suzzane McQueen will represent ASH on these calls.

- ***Reproductive Health Country Briefs & Study Report***

AFR/B has developed a set of country briefs which need to be revised, fact checked, and formatted so that they will be ready for a launch at the end of April. In addition, the original FP review has been expanded from eleven to twenty countries and some new issues have been included. The ASH ACD advisor will provide assistance in editing, formatting and making these documents user friendly. ASH has started working on the country briefs and is waiting to receive the draft study report from AFR/B.

- ***HMIS***

The goal of this work is to increase the base of knowledge regarding the overall impact of concerted investments around HMIS in Africa in order to help Ministries of Health and donors make better decisions regarding these investments. This activity will attempt to review success and failures over the last 25 years in implementing HMIS systems in different country contexts, with a discussion of best practices in developing integrated systems and conscious efforts by governments to resist pressure by different programs to develop parallel HMIS systems. Based on the findings of the desk review, ASH will develop a methodology for performing case studies in 4-6 countries. The case studies will be carried out in year two.

- ***Strengthening of ISDR***

ASH is in the process of developing the SOW for the ISDR. The activities will include: i) mapping the partners involved in ISDR and IHR implementation; ii) providing support to WHO AFRO in terms of conducting assessments (IHR Core capacity assessments, base line assessment for epidemic preparedness); iii) clarifying the relationship between ISDR and programs such as malaria, TB, HIV/AIDS, maternal and child health on ISDR and demonstrate the linkages to these programs and the IHR platform; iv) supporting WHO AFRO in tracking the implementation status of the Comprehensive Plan for Cholera in Kenya; v) considering ways to reach the public health workforce with innovative training (i.e. online training, job aids, checklists, improvement of supervision, etc); and vi.) developing an evaluation framework for ISDR.

d. Health Systems Building Block – Financing & Governance

- ***Community Strategies to Achieve Health Sector MDGs***

The ultimate goal of the proposed ASH activity is to improve the functionality of community level stakeholders and or structures in order to achieve health objectives and outcomes in MNCH, infectious diseases and HIV/AIDS, RH/FP. Specifically it will address the effectiveness of Community Health Workers (also variously known as Village Health Workers, Community Health Agents etc.), Community Health Committees and Community Health Extension Workers or other mechanisms for linking community initiatives with health facilities. Activities include: i) conduct a desk review of current literature on “community strategies” for health care being used in sub-Sahara countries; and ii) prepare study methodology for country case studies. In year two reviews will be conducted in selected countries (e.g. two countries West Africa, two countries Central Africa, two countries East Africa and two countries in Southern Africa). The reviews will include some costing studies of different approaches for community strategies to reach Health Millennium Development Goals. This scope of work is on track to be submitted by April 16th.

- ***Working with Parliamentarians for Health Advocacy: Elected Officials & Advocacy***
 In this SOW ASH will focus on: i) revisiting health advocacy tools that have been used in the past in work with high level policy makers, such as RAPID models, the ENGAGE presentation, etc., to see if these tools made a difference in policy making, resource allocation, etc. at the country level; ii) effectiveness of advocacy training for parliamentarian and other high level policy makers; and iii) a comparison of advocacy effectiveness by level of policy maker (i.e., is it more effective to target mid-level technocrats in an advocacy campaign than health ministers, etc.). This SOW is on track to be submitted on April 16th.
- ***Support Health Care Financing (HCF) Networking among USAID Missions***
 Ten African USAID missions are traveling to Ethiopia March 26-30th to look at the country’s health care financing innovations. It is clear that this type of exchange among missions is much needed. To address this, USAID has written a concept paper proposing the creation of a network through which these ten missions can continually exchange information about (HCF) issues, as well as potential HCF solutions and innovations. The concept paper will be discussed in Ethiopia. If the ten missions agree to the idea, ASH will then serve in the Secretariat role. Activities may include: serving as the point for data collection and dissemination; organizing video conferences around key issues; helping missions to document lessons learned and success stories to share; and facilitating on-line discussions on HCF issues of interest to the mission.
- ***Evaluation of Community Health Insurance***
 AFR/B is interested in undertaking an evaluation of community health insurance. While ASH does not have funding to implement the evaluation in year one due to the budget constraints, it was agreed that planning for the activity could be undertaken in year one and the evaluation itself could be implemented in year two of the project. ASH will meet with Ishrat and

Kaitlyn on April 9th to discuss the evaluation further and then begin planning.

2. Project Management and Administration

a. USAID Request for Contract Modification.

ASH submitted a budget modification request to USAID Contracting Officer on February 10, 2012 for changing the contract type from hybrid type of contract to a cost reimbursement type. The project is still waiting to hear feedback/from USAID.

b. Subcontracts were issued to ASH Partners APHRC and Khulisa. Khulisa signed the contract 2nd week of March, 2012. ASH is still waiting to receive a signed subcontract from APHRC.

c. COR meetings –

Two COR meetings held on March 5th and 20th, 2012

d. ASH staff meetings

One ASH staff meetings were held on 1st March, 2012

3. Key Activities planned for April, 2012

a) ASH team – USAID AFR quarterly meeting.

b) Finalization of SOW.

c) ASH participation in the mHealth meeting in Nairobi.