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# AFRICAN STRATEGIES FOR HEALTH

## ANNUAL REPORT YEAR FOUR (2014-2015)



**October 2015**

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# **AFRICAN STRATEGIES FOR HEALTH**

ANNUAL REPORT YEAR FOUR  
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## ACRONYMS

ACD	advocacy, communication and dissemination	MDSR	maternal death surveillance and response
AfDB	African Development Bank	mHealth	mobile health
AFENET	African Field Epidemiology Network	MNCH	maternal, newborn and child health
AfrEA	African Evaluation Association	MOH	Ministry of Health
AGOA	African Growth and Opportunity Act	MSH	Management Sciences for Health
APHRC	African Population and Health Research Center	NAC	National AIDS Council
ART	antiretroviral therapy	NGO	non-governmental organization
ASH	African Strategies for Health	NTP	National TB Control Program
ASIGB	African Surveillance and Informatics Governance Board	PMI	President's Malaria Initiative
AU	African Union	PPH	postpartum hemorrhage
AU CARMMA	AU Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa	PSE	private sector engagement
BLC	Building Local Capacity for Delivery of HIV Services in Southern Africa (MSH)	RCT	randomized controlled trial
CBHI	community-based health insurance	RHAP	Regional HIV/AIDS Program (USAID)
CDC	Centers for Disease Control and Prevention	RHSSA	Rwanda Health Systems Strengthening Activity
CHW	community health workers	RHV	reproductive health voucher
CTT	Core Technical Teams	RMS	Regional Minimum Standards
DALYs	disability affected life years	SADC	Southern African Development Community
EAC	East African Community	SAMEA	South African Monitoring and Evaluation Association
ECOWAS	Economic Community Of West African States	SMS	short message service
GOR	Government of Rwanda	SSA	sub-Saharan Africa
HIV	human immunodeficiency virus	TA	technical assistance
iCCM	Integrated community case management	TB	tuberculosis
ICFP	International Conference on Family Planning	UNICEF	United Nations Children's Fund
ICT	information and communications technology	USAID	United States Agency for International Development
IDSR	Integrated Disease Surveillance and Response	USAID/AFR	USAID Bureau for Africa
IPTp	intermittent preventive treatment in pregnancy	USAID/GH	USAID Bureau for Global Health
IR	Intermediate Results	USAID/PPL	USAID Bureau for Policy, Planning and Learning
ISED	Institut de Santé et Développement	USG	United States Government
KSPH	Kinshasa School of Public Health	WAHO	West African Health Organization
M&E	monitoring and evaluation	WHO	World Health Organization
MDGs	Millennium Development Goals	WHO/AFRO	WHO's Regional Office for Africa

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# INTRODUCTION

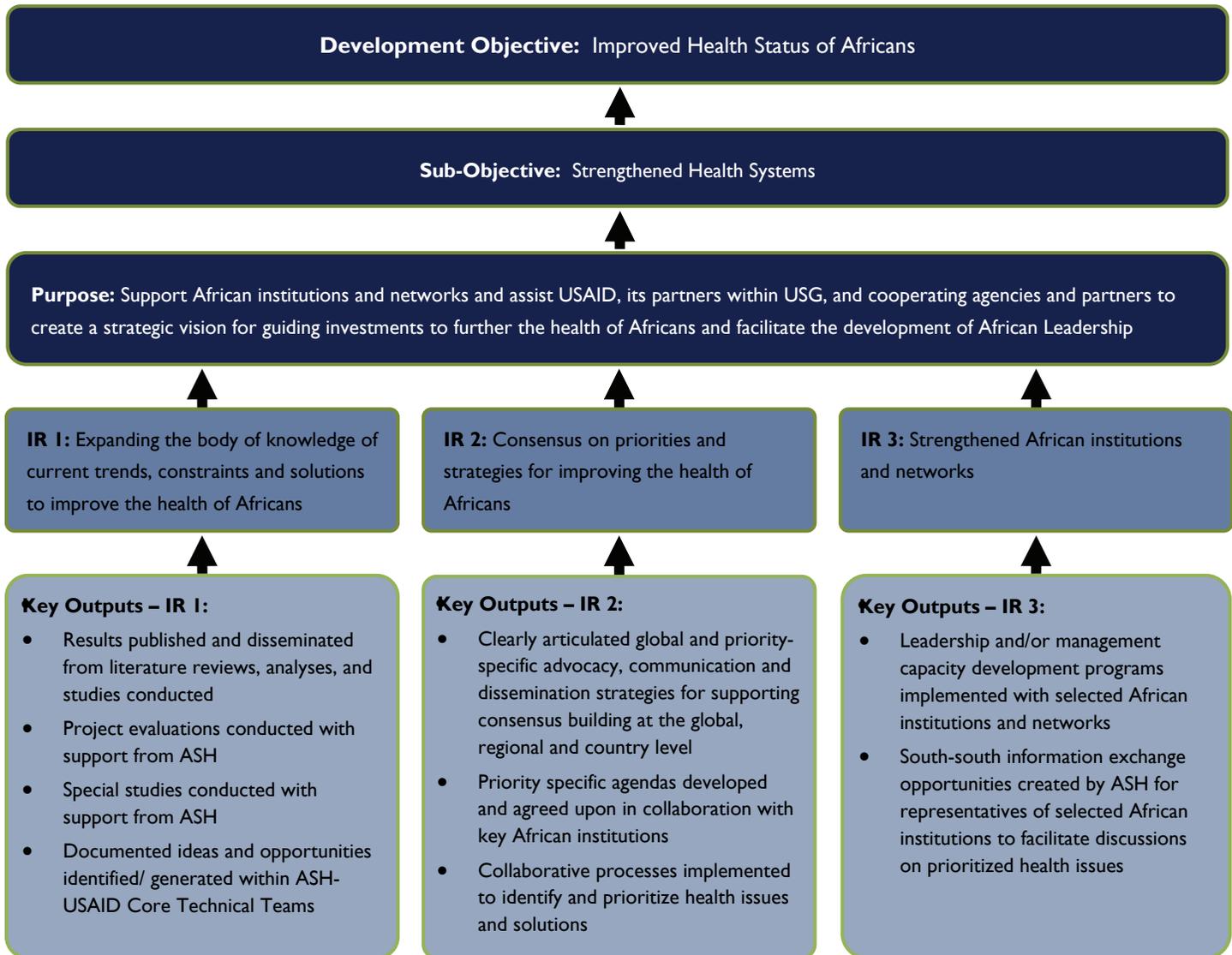
The African Strategies for Health project (ASH) is a five-year contract funded by the United States Government through the Office of Sustainable Development within the United States Agency for International Development’s Bureau for Africa (USAID/AFR). ASH is implemented by Management Sciences for Health (MSH) in partnership with three core Africa-based partners: African Population and Health Research Center (APHRC), Khulisa Management Services, and Institut de Santé et Développement (ISED) of Dakar University, Senegal. ASH also has collaborative partnerships with select African regional institutions and associations.

**TECHNICAL FOCUS AREAS**

- Maternal, Newborn and Child Health
- Infectious Diseases
- Health Systems Strengthening
- Monitoring and Evaluation
- Communications and Advocacy

ASH improves the health status of populations across Africa by identifying and advocating for best practices, enhancing technical capacity, and engaging African regional partners in the advancement of sustainable solutions for health. Working alongside partners, national stakeholders and regional institutions, ASH explores emerging issues, trends, and innovative solutions in key technical areas and facilitates consensus building processes for best practice, evidence-based strategies and approaches.

## ASH’S RESULTS FRAMEWORK



# YEAR FOUR IN REVIEW

Year Four was marked with the continued expansion and strengthening of ASH's contribution to the analysis and strategic design of health services in Africa through the implementation of a robust set of activities. Activities spanned all technical areas within ASH's scope and contributed to each of the three project intermediate results (IRs).

## ***Regional Leadership***

ASH played key leadership roles in several high-profile events in the African region which aimed to raise awareness of emerging or neglected health issues and to bring various stakeholders together to build consensus on priorities and strategies for addressing these issues. ASH partnered with the African Development Bank (AfDB) to co-host and document the first-ever ministerial-level stakeholders meeting on digital technology and development. This meeting led to a greater understanding of the importance of collaboration between the health, science, and technology sectors in order to fast-track development of the continent's economic and social sectors, including health. ASH's contribution to a two-day meeting on childhood tuberculosis (TB) prior to the 2015 African National TB Program Managers Meeting assisted with the prioritization of childhood TB in Africa and led to the creation of the first-ever Childhood TB Task Force in the African Region. ASH also documented and advanced cross-sectoral dialogue on the impact of disease epidemics on economic growth and trade between high-level government officials at a health session at the 2015 African Growth and Opportunity Act (AGOA) Forum.

## ***Country-Led Initiatives***

ASH worked with several USAID Missions to support country-level activities with regional relevance. Findings and recommendations from the Rwanda Private Sector Engagement Assessment will be relevant for the many governments in Africa that are eager to explore new opportunities for private-sector investment for health. The mobile health (mHealth) assessment conducted in Angola generated lessons relevant to the national scale-up of mHealth technologies and provides materials with particular usefulness for Lusophone countries in the region. Key findings from ASH's work with the Uganda Mission to assess the cost-effectiveness of reproductive health vouchers and community-based health insurance will not only inform the policy dialogue on universal health coverage in Uganda but will contribute to the knowledge-base on key financing strategies to increase access for maternal health and family planning services in the region.

## ***Strategic Partnerships***

ASH continued its partnership with important regional institutions such as the World Health Organization's Regional Office for Africa (WHO/AFRO) on disease surveillance and TB, the African Union (AU) on the Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA), the Southern African Development Community (SADC) on the development of Regional Minimum Standards for HIV/AIDS along transport corridors, and the Kinshasa School of Public Health (KSPH) to increase their financial and grants management capacities. ASH also worked with the African Evaluation Association (AfrEA) to publish a special edition of the African Evaluation Journal with a focus on monitoring and evaluation for health.

## ***Exploring Emerging Health Issues***

ASH played a catalytic role in the exploration and profiling of emerging health issues and trends on the continent. With the recent expansion of various financial incentive schemes to improve health outcomes, ASH conducted research to identify their potential impact on strengthening malaria case management. ASH also highlighted regional aspects of the increasing urbanization of Africa through the "Corridors of Contrast" report that emphasized the need to target health investments to underserved urban settings. This report has been well-received by the regional and global health communities and is contributing to the discussion of strategies and approaches to address emerging health issues and inequity among urban populations.

# 42

publications produced and disseminated that focus on trends, constraints and solutions for improved African health

# 17

consensus-building processes supported by ASH on prioritized health issues

# 5

African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas

## Key Strategic Opportunities

- Role of Information and Communication Technology (ICT) in Ebola Response Technical Brief
  - Rwanda Private Sector Engagement Assessment
  - Assessing Malaria Financing Models
- ICT for Health Care Financing in Nigeria
- Africa Regional Meeting on Digital Health for Overcoming Barriers to Ending Preventable Child and Maternal Deaths and Achieving Universal Health Coverage
- Side Session on the Impact of Epidemics on Economic Growth and Trade at the 2015 AGOA Forum

# TECHNICAL UPDATES

ASH's technical activities include reviewing the current trends in health status, examining issues which are impeding delivery of health services and identifying potential solutions. To ensure complementarity, ASH aims to leverage activities and initiatives being implemented by a large number of donors and partners across the African continent. The sections that follow detail ASH's most notable accomplishments in Year Four.

## Maternal, Newborn & Child Health

**Expanding the role of AU CARMMA as a regional leader for consensus building through improved use of data (IR1, IR2, IR3).** The African Union (AU) continues to be a key international player for maternal, newborn, and child health (MNCH) in the region. In Year Four, ASH continued its support to the AU's Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) to trigger concerted and increased action towards improving maternal and newborn health and survival across the continent. Early in Year 4, CARMMA, in collaboration with ASH and other partners, launched the African Health Stats website ([www.africanhealthstats.org](http://www.africanhealthstats.org)) with aim to provide access to up-to-date regional and national level MNCH indicators and allow users to understand and compare progress towards regional targets set out for AU member states via various data visualization tools. Also in Year 4, ASH participated in a CARMMA-convened meeting in Nairobi, Kenya to review expiring AU MNCH policies and make recommendations for the follow-on regional health strategies. At this meeting, ASH, along with representatives from Member States, UN agencies, civil society, and other key MNCH stakeholders, provided technical inputs to the reviews of the Maputo Plan of Action, Abuja Call, and the AU Roadmap on Shared Responsibility and Global Solidarity for HIV/AIDS, TB and Malaria, and identified new emerging priorities that need to be addressed in regional MNCH strategies and policies in the post-MDG. These include rapid urbanization, the continental youth bulge, and the increasing health inequalities within countries. AU CARMMA is moving these recommendations forward and playing a key role in the development of the follow-on regional strategies for MNCH expected to be launched in 2016. Lastly, ASH provided significant technical inputs to the AU's 2014 Status Report on MNCH which will be disseminated to AU Member States and various MNCH stakeholders throughout the continent. ASH

will continue its support to AU CARMMA in Year 5 and will focus on building the capacities and skills of the CARMMA team in advocacy, communications, and dissemination (ACD) in an effort to further the campaign's advocacy goals.

**Learning from Maternal Death Surveillance and Response Experiences for Improved Implementation (IR1).** Of all Millennium Development Goals (MDG), the reduction of maternal mortality remains the furthest from reaching its targets. The World Health Organization (WHO) advocates for low-income countries to adopt maternal death surveillance and response (MDSR) systems in order to provide the essential information to stimulate and guide actions that prevent future maternal deaths and improve the measurement of maternal mortality. In Year Four, ASH collaborated with WHO to document the experiences of Burkina Faso and Malawi in the implementation of MDSR. In an effort to build on the limited body of knowledge around current MDSR implementation in Africa, country case studies were developed through the use of qualitative methods including a desk review and key informant interviews. The case studies will be included in a global MDSR implementation report which will be released by WHO in Year Five. The report will enhance cross-country and cross-regional sharing of lessons on MDSR implementation and be used to advance dialogue to improve country-level decision-making.

**Moving from Policy to Action for Community-Based Distribution of Misoprostol for the Prevention of Postpartum Hemorrhage (IR1).** Postpartum hemorrhage (PPH) is the leading cause of maternal mortality in low-income countries and is the primary cause of nearly one quarter of all maternal deaths globally, the vast majority of which are preventable and treatable with uterotonics such as oxytocin and misoprostol.<sup>1,2</sup> The utilization of misoprostol for PPH prevention in the developing world has gained increasing interest over the past decade as it is inexpensive, does not require cold chain storage, and has been proven to be safely and effectively administered by a lay health worker. Despite this, few countries in Africa have adopted national policies or service delivery guidelines for the scale-up of this intervention.<sup>3</sup> In Year Four, ASH commenced a study to



AU CARMMA Delegates at the Meeting in Nairobi, Kenya

Photo credit: Rebecca Levine

1. Dept of Reproductive Health and Research, World Health Organization (WHO). *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*. Geneva: WHO; 2012.

2. Countdown to 2015: Maternal, Newborn, & Child Survival, Decade Report (2000-2010)

3. WHO. 2012. *WHO recommendations for the prevention and treatment of postpartum hemorrhage*. WHO: Geneva

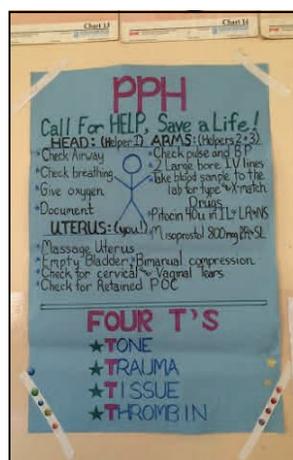


Photo credit: Sarah Konopka

explore the policy-making process and subsequent roll-out of community-based distribution of misoprostol for the prevention of PPH). The study, titled *Review of National Misoprostol Policies for Community-Based Distribution of Misoprostol for Prevention of Postpartum Hemorrhage and Subsequent Status of Scale-Up*, looks at four of the seven African countries which have national policies in place for the use of misoprostol at home-births for the prevention of PPH: Madagascar, Mozambique, Nigeria, and South

Sudan. The study will identify the key determinants contributing to the development and adoption of national policies for community-based distribution of misoprostol; determine current status of implementation and scale-up of this intervention; and identify successes and challenges in the subsequent national roll-out and scale-up of this intervention. At the end of Year Four, data collection has been completed in Madagascar and is beginning in Nigeria and Mozambique. The study will be completed in Year Five and will result in the development of practical recommendations for countries developing and adopting similar policies, and inform the national roll-out of community-based distribution of misoprostol.

**Identifying Key Demand-Side Determinants to Integrated Community Case Management Care-Seeking (IRI).** Accelerating the reduction of under-five mortality, particularly in Sub-Saharan Africa, requires a focus

on expanding access to care for the most vulnerable populations and closing the equity gaps. Integrated community case management (iCCM) is a proven strategy aimed at improving access to essential treatment services for children beyond the range of a health facility. In Year 4, ASH developed a detailed study protocol to explore key demand-side determinants that influence utilization of iCCM services in two countries. The study, titled *Identifying Key Demand-Side Determinants to Integrated Community Case Management (iCCM) Care-Seeking* begun in Year Four, in collaboration with ASH's sub-partner Institut pour la Santé et le Développement (ISED) in Senegal and with the Kinshasa School of Public Health (KSPH) in the Democratic Republic of Congo. The study will be completed in Year Five and contribute to an increased understanding of various demand-side factors which influence the utilization of iCCM, ultimately informing iCCM policy and programming in the region.

**Identifying health needs and gaps among 5 to 9 year-olds in sub-Saharan Africa (IRI).** The intensive focus on the health of under-fives and youth since the launch of the MDGs is in distinct contrast to the minimal attention given by the global community to the health of five to nine year olds (5-9 YOs). This age cohort is just entering the formal education system when good health and nutrition is critical to both their current and future educational achievement, physical and intellectual growth, and overall development. In Year Four, ASH finalized its research on the health status and needs of five-nine year olds in Africa and developed a discussion brief. The discussion brief seeks to raise awareness of the health issues affecting 5-9 YOs and initiate dialogue on potential opportunities for health programming as the global community embarks upon the post-MDG era.

## Infectious Diseases

### MALARIA

**Addressing the quality of malaria case-management through financial incentives (IR1, IR2).** Significant challenges remain in improving malaria diagnosis and case management in sub-Saharan Africa. Key constraints include frequent stock-outs of antimalarial medicines, limited access to and availability of diagnostic testing, and mis- and over-diagnosis of malaria and fever by trained providers. With the aim of identifying potential avenues for operational research, ASH conducted a literature review in Year Four to identify the impact of various financial incentives on key constraints and whether they could improve the quality of malaria treatment. Questions addressed how financial mechanisms (subsidies or free care) affected patient utilization and uptake of malaria services in public health facilities, and influenced provider compliance with diagnostic guidelines. The review also sought to identify the best framework for application of such incentives.

The formal literature review was followed by an internal validation discussion with MSH subject matter experts (SME) and an external validation discussion with SMEs from PMI. Key findings indicated that most incentives documented in the literature addressed demand-side elements that facilitated access to care, with few findings that documented the relationship between financial incentives and perverse incentives in malaria case-management, or the application of performance based financing (PBF) to improve the quality of malaria case management. There is potential to apply PBF to strengthen the quality of malaria case-management in select settings by incorporating malaria indicators related to case management into existing PBF programs. These findings will contribute to USAID's evolving malaria case management research agenda.

**Understanding facility-level factors affecting the delivery of intermittent preventive treatment for malaria in pregnant women (IRI).** Intermittent preventive treatment for pregnant women (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women at routine prenatal visits, regardless of whether the recipient is infected with malaria. IPTp reduces maternal malaria episodes, maternal and fetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality and is recommended by the WHO to be implemented in all areas with moderate-to-high malaria transmission rates in Africa. In Year Four, ASH continued its work to identify factors impeding IPTp delivery and uptake from the perspective of managers, providers and clients in several dis-

tricts in Uganda. Facility assessments were conducted in the districts of Buyende and Kabermaidoo and a draft report was provided to PMI in June 2015. Following inputs by PMI a copy of the report together with a draft quality assurance tool that can be utilized by facility managers to improve quality service provision was provided to USAID Uganda. The report indicated substantial quality problems in the delivery of antenatal care and IPTp services and provides a framework for initiating a series of complementary activities to address key gaps in service delivery. In Year 5, ASH plans to implement the piloting of the quality assurance tool and finalize the tool for dissemination and use throughout the region.

*ASH captured the stories of Fayza, Atsede, and Margaret (from left), illustrating significant barriers to accessing pediatric TB services in Uganda and Ethiopia. Their stories were presented to influence dialogue among TB managers in the region.*



## TUBERCULOSIS

**Strengthening pediatric TB service delivery in Africa (IR1, IR2, IR3).** Childhood tuberculosis (TB) is a serious, yet historically neglected, epidemic affecting children globally. In high-incidence TB countries, childhood TB is expected to account for 10-15% of all TB cases.<sup>4</sup> However, the global scope of the childhood TB burden is not fully known due to diagnostic challenges and the fact that children with TB typically come from poor families with limited access to health services. The absence of information (both epidemiological and programmatic) for some African countries may serve as a barrier to activity planning or garnering necessary political and financial support for program initiation.

During Year Four, ASH continued to support efforts to strengthen and centralize available information on childhood TB in the African region. ASH, in collaboration with AFR and USAID Bureau for Global Health (USAID/GH), completed a Landscape Analysis of Pediatric TB service delivery. The review included 87 country-specific documents, 51 research articles, and 18 key informant interviews. The information was consolidated into a tracker that provides information by country.

Initial findings from the Landscape Analysis were presented to the Childhood TB sub-working Group at the Annual Union World Conference on Lung Health in Barcelona, Spain in October 2014. ASH used the opportunity to gather additional information on childhood TB implementation from a range of conference participants. This information contributed to the convening of a two-day session on childhood TB prior to the Annual NTP Managers Meeting in Johannesburg, South Africa

in April 2015. The meeting was co-organized by WHO/AFRO and USAID/Washington and attended by childhood TB focal points from 27 countries; members of the Stop TB Sub-group on Childhood TB; the TB Alliance; representatives from UNICEF, WHO and US Government in TB, Maternal and Child Health and HIV; the Global Fund; pediatricians and experts in childhood TB in Africa. This was the first meeting of its kind in Africa and the presence of UNICEF (until recently not active in the field of TB) and the maternal and child health community spoke to the importance and relevance of the meeting. Participants agreed to the creation of a Childhood TB Task Force in the African Region that will work towards implementing the Regional Framework on Childhood TB and promoting integration of TB with programs with a maternal and child health focus.

Building on this work, ASH also initiated a comprehensive analysis of pediatric TB guidelines in selected priority countries and the development of a video to highlight opportunities for improved TB programming and the importance of integration with MNCH platforms during Year Four. In Year Five, ASH will present findings and products from these activities at the Union World Conference on Lung Health in Cape Town, South Africa in December 2015 and other international forums. To support the Childhood TB Task Force in the African Region, ASH will also develop a detailed Landscape Analysis report that will identify gaps in programming, and a series of two-page country profile reports on current epidemiology, national policies, and partners working in childhood TB.

4. World Health Organization. Guidance for National Tuberculosis Programmes on the Management of Tuberculosis in Children, Geneva: WHO, 2006.

## HIV/AIDS

### Disseminating findings and building consensus to improve services and programming for pregnant and postpartum women living with HIV (IR1, IR2).

Despite global progress in the fight to reduce maternal mortality, HIV-related maternal deaths remain high in high prevalence populations in Sub-Saharan Africa, the region bearing roughly 70 percent of the global HIV burden. Lifelong antiretroviral therapy (ART) appears to be the most effective way to prevent these deaths, but rates of ART initiation, long-term adherence, and retention in care remain low. Identifying effective strategies for expanding ART coverage and adherence and scaling up complementary patient-centered interventions is critical for keeping HIV-infected pregnant women and mothers alive and preventing new HIV infections among their children. In Year Four, two of the three systematic reviews conducted by ASH in Year Two which highlight critical factors influencing ART initiation and adherence among this cohort, analyze the effectiveness of interventions targeting these women, and make recommendations for strengthening strategies to expand reach and coverage, were published in *PLOS One*. The reviews have

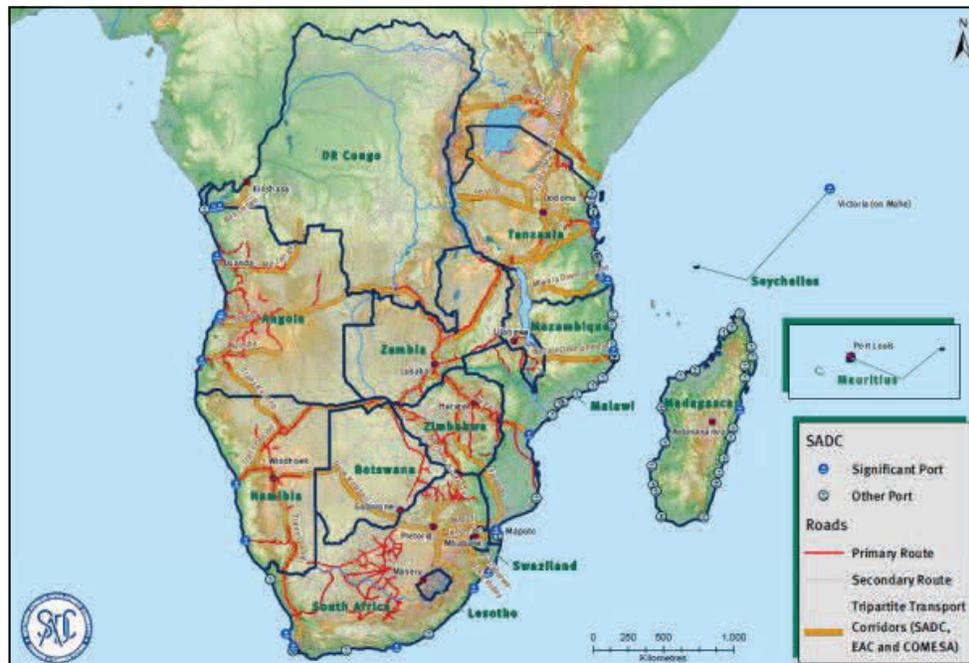
together been viewed more than 8,000 times and cited in at least 10 recent articles. To reach a different set of stakeholders, ASH also developed a synthesis technical brief that summarizes key findings and recommendations across the reviews. During Year Five, ASH will collaborate with USAID to release the technical brief and facilitate strategic discussions to build consensus on key lessons and strategies for strengthening integrated programming and expanding the reach of ART among HIV-infected pregnant women to end preventable child and maternal deaths.



The two articles were included as part of the *Maternal Health Task Force-PLOS Collection on Maternal Health - "Integrating Health Care to Meet the Needs of the Mother-Infant Pair"*.

### Supporting SADC with the development of Regional Minimum Standards for HIV and other Health Services along the Transport Corridor (IR2, IR3).

The road transport sector in Southern and Eastern Africa has been particularly affected by HIV and AIDS. Increased mobility and cross-border trading in the region are significant drivers in the transmission of communicable diseases and present unique challenges to public health management. In Year Four, ASH continued its support to the Southern African Development Community (SADC), tasked with harmonizing the HIV and AIDS response in the region and establishing standardized, comprehensive health services for groups living and working along transport corridors, including sex workers and long-distance truck drivers. During Year Four, the Regional Minimum Standards for HIV and Other Health Services along the Transport Corridor, developed during Year Three through catalytic support from ASH, USAID/AFR, USAID's Regional HIV/AIDS Program (RHAP) and the USAID-funded, MSH-led Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) project, were reviewed and approved during the October 2014 SADC-convened meeting of National AIDS Council (NAC) Directors. However, the



Standards were deferred during the SADC Ministerial Meeting in November 2014. ASH, USAID/AFR, RHAP, and BLC once again collaborated to support SADC with revisions based on feedback from the Ministers. The revised Standards will be submitted for Ministerial approval during Year Five, in November 2015.

# Integrated Disease Surveillance and Response (IDSR)

**Strengthening African Surveillance and Informatics (IR2).** In Year Four, ASH participated in and contributed towards two African Surveillance and Informatics Governance Board (ASIGB) Meetings. These meetings served to finalize the design, discuss implementation and provide feedback on the Information, Communications and Technology (ICT) Assessments conducted in Burkina Faso, Cameroon, Kenya, Nigeria, and Uganda. Additionally, participants finalized terms of reference for the ASIGB and its complementary technical body, the SI Technical Assistance Group. ASH contributed to the design of the Assessment Tool, management of the meetings and the development of the Meeting Report of the July 2015 session. As a follow on to the October 2014 ASIGB session, ASH worked with USAID/AFR to link the ASIGB work with USAID's Innovation Lab to capitalize on the joint efforts of both parties in epidemic response. The Innovation Lab now actively participates in the activities of the ASIGB.

**Advocating for expanded implementation of IDSR (IR2).** Preventing and controlling disease in countries in the African Region is a key priority for the region. During Year Four, ASH continued its collaborative relationship with WHO/AFRO and the Center for Disease Control and Prevention (CDC) to expand implementation of IDSR. Activities focused on the development of the IDSR Evaluation Tool. In March 2015, ASH supported the initiation of the assessment process in Brazzaville thereafter worked closely with CDC to develop a set of evaluation indicators. The set of indicators, together with the evaluation protocol, are nearing completion and will be shared with WHO/AFRO and other stakeholders in Year Five, before the end of 2015. The IDSR Evaluation Tool will allow countries to conduct assessments of the status of IDSR implementation and contribute towards the strengthening of disease outbreak efforts and implementation of the International Health Regulations and the USG's Global Health Security Agenda.

## Health Systems Strengthening

**Improving maternal health and family planning outcomes in Uganda: Cost-effectiveness of reproductive health vouchers and Community-based health insurance (IR1).** Poor quality of maternal and newborn health services, high costs, and long distances are common obstacles for women seeking care for themselves and their children. In order to enhance the use and provision of quality maternal care in the region, ASH, in partnership with USAID/Uganda, Brandeis University, Makerere University in Uganda and Mzumbe University in Tanzania, conducted a study examining the cost-effectiveness of reproductive health vouchers (RHVs) and community-based health insurance (CBHI) programs in Uganda. The study found both vouchers and CBHI schemes to be highly cost-effective, at USD \$302 and USD \$151-\$298 per disability affected life years (DALY) averted respectively, less than Uganda's per capita GNP of USD \$510. The study was documented in a technical brief and synthesized in a short action brief. Key recommendations and policy options related to the use of these financing strategies were identified and will be validated in October 2015 at an in-country meeting with the Ministry of Health in Kampala. The study was accepted for oral panel presentations at this year's Global Maternal and Newborn Health Conference in Mexico (October 2015) and at the International Conference on Family Planning in Indonesia (November 2015). The study will help inform the policy dialogue on universal health coverage in Uganda, while simultaneously contributing to the knowledge base on evaluation of key financing strategies to increase access for maternal care and family planning.



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JUNE 2015

AFRICAN STRATEGIES FOR HEALTH

**COST-EFFECTIVENESS OF REPRODUCTIVE HEALTH VOUCHERS AND COMMUNITY-BASED HEALTH INSURANCE IN UGANDA**

**Background**

Underutilization of maternal health services slows progress toward reducing maternal and neonatal morbidity and mortality in Uganda; almost 18% of deaths of women aged 15-49 are maternal. The Uganda 2011 Demographic and Health Survey indicates low utilization of maternal care: 52% of pregnant women do not make four or more antenatal care visits during their pregnancy; 42% of births are not assisted by a skilled health provider; and 43% of births were not delivered at health facilities.<sup>1</sup> To enhance the use and provision of quality maternal care, donors and recipient country governments are increasingly looking to remove barriers to health care-seeking by incentivizing quality care through the use of economic subsidies. When planned and used appropriately, financial incentives can effectively improve utilization and quality of maternal and neonatal care.<sup>2</sup>

Demandside financing, such as the use of vouchers, offers a direct link between the subsidy for the intended beneficiary and the desired output. Greater levels of pooled prepaid funds and broader health coverage, as with community-based health insurance (CBHI), can lead to improved access to care and lower mortality.<sup>3</sup> Both of these schemes offer ways to minimize out-of-pocket charges for facility-based services and encourage appropriate targeting of services to the poor.

Reproductive health vouchers (RHVs) and CBHI schemes currently operate at varying scales in Uganda. The Uganda Reproductive Health Voucher (RHV) program started in 2006, was financed by the German Development Bank (KfW) and the World Bank through the Global Partnership on Output-Based Aid (GPOBA). Eligible pregnant women purchased a voucher for a subsidized fee of US\$1.40 from an accredited voucher service provider, covering four antenatal care visits, delivery care, referral and treatment of eventual complications, and a postnatal care visit. Out of the 50,000 RHVs sold in Uganda in 2011, 40,000 were

**ABOUT ASH**

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.



**Highlighting the impact of disease outbreaks on economic growth and trade (IR1, IR2).** Sound policies and trade frameworks such as the African Growth and Opportunity Act (AGOA) improve the business environment, commerce and promote good governance. However, outbreaks such as the recent Ebola Virus Disease weaken the stability and progress of various economic sectors. A session at the AGOA Forum on August 27, 2015 in Libreville, Gabon brought focus to health as a driver of accelerated development, trade and investment. The session, *Ebola and other Disease Outbreaks: Implications for Trade, Agriculture and Economic Development*, explored how investments in multiple sectors, including public health, private industry and trade, prevent the outbreak of diseases, help improve and expand trade, and accelerate economic growth. The session and accompanying technical brief were a collaboration of the U.S. Department of Health and Human Services and USAID/AFR with support from ASH. The technical brief details the impact of Ebola on the three most affected countries, Sierra Leone, Guinea and Liberia, with particular emphasis on the impact on agricultural and mining sectors. The discussion highlighted the importance of global health security and the strengthening of multi-sectoral systems to reduce risk factors that amplify the spread of infectious diseases and debilitate economic stability. The session was attended by 35 participants, including key members such as the Minister of Trade from Uganda, the Liberian Ambassador to the U.S., and Economists in Ministries of Industry, Trade, Agriculture, Foreign Affairs from Cameroon, Kenya, Malawi, Mali, Nigeria and Zambia, among others. Members from the press were present at the session, which also received coverage on social media channels. ASH plans to use the contents from this session to demonstrate the importance of strengthened surveillance in improving the business value chain and in improving the health system.



Panelists at the session in Libreville (from left): Mr. Eric Meyer, Dr. Toga McIntosh, Dr. Mitchell Wolfe, and Dr. Wilberforce Kisamba-Mugerwa. Photo by Africa Regional Media Hub.



**Evaluating an SMS Mother Reminder System to determine change in key health outcomes (IR1).** As the global health community increasingly prioritizes and invests in mobile technology for improved health outcomes, there is a growing need to evaluate the impact of various mHealth interventions. In an effort to contribute to the evidence-base around mHealth, ASH continued supporting the randomized controlled trial (RCT) with cost-effectiveness analysis of the pilot SMS Mother Reminder system in Uganda. During Year 4 the activity moved from the planning to implementation phase and completed a training of 90 research assistants, finalized and pilot tested data collection tools, developed data entry screens and initiated collection of data from 45 health facilities in Uganda. In Year 4, ASH also recruited a Principal Investigator, who is an experienced senior researcher and senior staff

member with Makerere University Medical School, establishing ASH's partnership with the university in Uganda. Lastly, ASH supported the establishment of an Evaluation Governing Committee for the study, which would meet on a regular basis to review progress. This committee is comprised of MOH (national and district level officials), MSH Uganda, UNICEF and other relevant stakeholders. The impact evaluation will continue into Year 5 with anticipated completion in May 2016. Findings from this study will contribute evidence to guide the planning of future mHealth investment and interventions in Uganda and globally.

# ASH's mHealth Activities

**Expanding the body of knowledge around mobile health solutions (IR1).** The rapid growth of digital health platforms across Africa has enabled the expansion of innovative mobile health (mHealth) solutions and programs throughout the continent. In order to increase access to the most current information on mHealth solutions and facilitate the understanding and application of lessons learned, ASH developed and distributed Volume 5 of the mHealth Compendium and launched the mHealth Database in Year Four. Volume 5 adds 41 new case studies, raising the total number of studies documented in the compendiums to over 150. In order to facilitate access and use of the compendium case studies, ASH launched the online mHealth Database, which allows users to search for program details across a range of categories including: health service area; country or region; and type of application including behavior change communication, data collection, finance, logistics, and service delivery. Since its release in April 2015, the online database has received over 300 unique visits, from countries such as South Africa, Kenya, Ethiopia and Nigeria. ASH distributed the compendium volumes during key events in Morocco, Malawi, and Washington, DC. In response to feedback from African stakeholders, ASH also translated Volumes 2, 4, and 5 into French and Portuguese, substantially increasing the amount of mHealth information available in these languages. With these tools ASH contributes to improved collaboration and enhanced decision making around digital technologies for health.



**Engaging public and private sectors for strengthened partnerships in mobile health (IR1, IR2).** A collaborative approach that engages diverse expertise across disciplines and industries is critical for the success and sustainability of mHealth programs. In October 2014, USAID and ASH partnered with the African Development Bank (AfDB) to host and document the first-ever ministerial stakeholders meeting on digital technology and development. The meeting, "Investing in Technology and Innovations for Human Development in Africa" was held in Rabat, Morocco alongside AfDB's 2nd Ministerial Forum on Science, Technology and Innovation in Africa. High-level dialogue from nearly 90 participants brought together the public, private, NGO

and academic sectors to discuss the importance of collaboration between the health, science, and technology sectors. Discussions contributed towards a greater understanding on how investments in digital infrastructure and tools, such as mobile broadband internet, electronic payments and electronic records, can fast-track development of the continent's economic and social sectors, including health.



Photo credit: Sarah Konopka

To further encourage collaboration and strengthened partnerships among public and private sectors, ASH partnered with USAID, the United Nations Foundation, and the Government of Malawi to convene and document the "Africa Regional Meeting on Digital Health for Overcoming Barriers to Ending Preventable Child and Maternal Deaths and Achieving Universal Health Coverage." Held in Lilongwe, Malawi in May 2015, the meeting brought together over 150 participants and applied interactive and participatory sessions designed to facilitate cross-sectoral learning. These meetings advanced new and existing opportunities for public-private partnerships in digital health, and highlighted areas for further exploration including interoperability and costing digital health.

**Identifying emerging technologies for strengthened response to disease outbreaks (IR1).** The severity of the Ebola epidemic and limited information on new cases and geographic spread called for the rapid deployment of information and communication technology (ICT) tools, including mHealth, in order to optimize the response. ASH collaborated with USAID's Africa Bureau, Global Health Bureau, and the Global Development Lab to address a gap in knowledge around ICT tools that were used to respond to the Ebola outbreak in West Africa. A technical brief was developed and disseminated, and emphasized the need for improved coordination, integration, harmonization and accessibility of ICT infrastructure by public, private and civil society organizations. The brief included recommendations for

policy makers and program managers seeking to deploy ICT tools in outbreak settings that are applicable beyond the 2014 Ebola crisis.



Africa Regional Meeting on Digital Health for Overcoming Barriers to Ending Preventable Child and Maternal Deaths and Achieving Universal Health Coverage — Lilongwe, Malawi

# Cross-Cutting



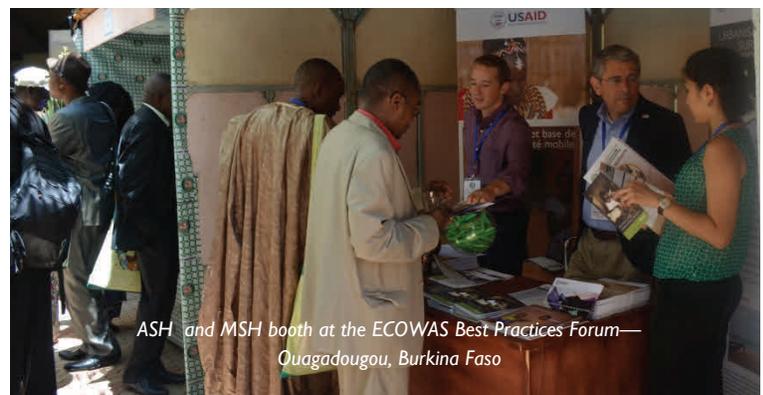
**Documenting emerging issues facing the urban poor (IR1, IR2).** Urbanization is a global phenomenon which is significantly impacting health practices and outcomes around the world. In West Africa, specifically along the Abidjan-Lagos Transport Corridor, massive development is taking place. Almost 75% of the region's trade movement relies on this corridor and residents are constantly moving within and across state lines. In Year Four, USAID commissioned ASH to document issues affecting health along the corridor. A team from MSH and USAID/GH traveled the route and interviewed USAID staff members, health care providers, employees of non-governmental organizations, and urban residents. They documented their stories and took photographs of the local communities, health care facilities, and the emerging urban centers in the region. The findings from this journey were compiled into the ASH publication *"A Corridor of Contrasts"*, as well as a number of supporting materials such as banners, postcards, and slideshows. The report highlights a variety of topics related to urban health including the transience and mobility of urban and peri-urban residents, quality of care at public health facilities, the presence of substandard or counterfeit medicines along the Corridor, challenges encountered by the urban poor when trying to access health care services, and the increased prevalence of HIV in cities.



Photo credit: Sarah Konopka

ASH presented the report and engaged in discussions at the International Conference on Urban Health (ICUH) in Dhaka, Bangladesh in May 2015. ASH also hosted a presentation on the findings at MSH, where 70 participants from across the organization joined the discussion. The report was also featured on a panel discussion at the ECOWAS Best Practices Forum in Ouagadougou, Burkina Faso in July 2015. The findings of the report were presented as part of a plenary session entitled "Sociocultural and Advocacy Approaches" and were well-received by the West Africa Regional Mission of USAID. French versions of the postcards, banners, and slideshow were developed for that meeting and displayed at the Forum.

In Year Five, ASH will continue to advocate for increased focus on urban health issues by co-hosting a panel discussion with MSH, USAID and the Wilson Center's Global Sustainability and Resilience Program in October 2015. This session will convene a number of stakeholders in the field of urban health, including ASH sub-partner APHRC and the Bill & Melinda Gates Foundation, to contribute to a discussion about strengthening health systems in urban environments in Africa.



ASH and MSH booth at the ECOWAS Best Practices Forum—Ouagadougou, Burkina Faso

# PROJECT MANAGEMENT

## Building & Strengthening Partnerships

Working alongside partners, ASH explored emerging issues, trends, and innovative solutions in key technical areas and facilitated consensus building processes for best practice, evidence-based strategies and approaches. The following are a subset of ASH's collaborators in key activities during Year Four.

### ASH ENGAGEMENT WITH AFRICAN PARTNERS

- African Evaluation Association (AfrEA)
- African Development Bank
- AU's Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
- Burkina Faso MOH
- Economic Community Of West African States (ECOWAS)
- Harmonizing Health in Africa (HHA)
- Kinshasa School of Public Health (KSPH)
- Madagascar MOH
- Makerere University
- Malawi MOH
- Ministries of Science, Technology and Innovation from Burundi, The Gambia, Swaziland, Tanzania, and Kenya
- Rwanda MOH
- Rwanda Development Board
- South African Development Community (SADC)
- South African Monitoring and Evaluation Association (SAMEA)
- Uganda MOH
- University of Stellenbosch
- West African Health Organization (WAHO)
- WHO's Regional Office for Africa (WHO/AFRO)

### ASH ENGAGEMENT WITH USAID IN AFRICA

- Angola
- Democratic Republic of Congo
- Kenya
- Madagascar
- Malawi
- Morocco
- Mozambique
- Nigeria
- RHAP South Africa
- Rwanda
- Senegal
- South Africa
- South Sudan
- Uganda
- West Africa Regional Mission
- Zambia

### ASH ENGAGEMENT WITH GLOBAL PARTNERS AND DONORS

- Australian Agency for International Development (AusAID)
- Centers for Disease Control and Prevention (CDC)
- Corporate Council for Africa
- Department for Health and Human Services
- President's Malaria Initiative (PMI)
- UKAid/Advocacy International
- UNICEF
- WHO/Geneva

### ASH ENGAGEMENT WITH IMPLEMENTING PARTNERS

- Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC)
- Challenge TB
- HEAL-TB
- Integrated Health Project (IHP)
- Leadership, Management, and Governance (LMG)
- Madagascar Community-Based Integrated Health Project, known locally as MAHEFA
- Maternal and Child Survival Program (MCSP)
- mHealth Working Group
- Mikolo Project
- Rwanda Health Systems Strengthening Activity (RHSSA)
- TRACK-TB

### ASH ENGAGEMENT WITH MSH TECHNICAL EXPERTISE & OFFICES

- Family Planning
- Health Care Financing
- Health Service Delivery
- Health Information Systems
- HIV
- Health Systems Strengthening
- Leadership, Management, & Governance
- Malaria
- MNCH
- TB
- Angola
- Cote d'Ivoire
- DRC
- Ghana
- Madagascar
- Malawi
- Mozambique
- Nigeria
- Rwanda
- South Africa
- South Sudan
- Tanzania
- Uganda

# Project Communications

## **IMPLEMENTING ADVOCACY, COMMUNICATION AND DISSEMINATION STRATEGIES**

During Year Four, ASH advanced the implementation of its advocacy, communications and dissemination (ACD) strategies. The team developed and implemented strategic dissemination plans for individual activities and established collaborative relationships with MSH and USAID/AFR to advance communications efforts. Through the development of communications briefs, ASH synthesized technical information into key messages suitable for various audiences and dissemination platforms including websites, social media, internal updates and newsletters. ASH also made a number of its resources available in French and Portuguese. ASH expanded its reach by collaborating with MSH, USAID/AFR and key activity partners in the dissemination of key messages outlined in communications briefs.

## **IMPROVED VISUALIZATION AND ACCESSIBILITY OF DATA AND INFORMATION**

In Year Four, ASH continued moving towards improved visualization and accessibility of data and information. In particular, the report, *A Corridor of Contrasts*, which offered a visual story-telling approach to the issue of urbanization, proved successful in engaging a wider audience and broadening the reach of technical information. Similarly, the mHealth database on ASH's website, was another effort to improve access to and use of data, and became a top-accessed resource on the ASH website throughout Year Four.

# Project Evaluation

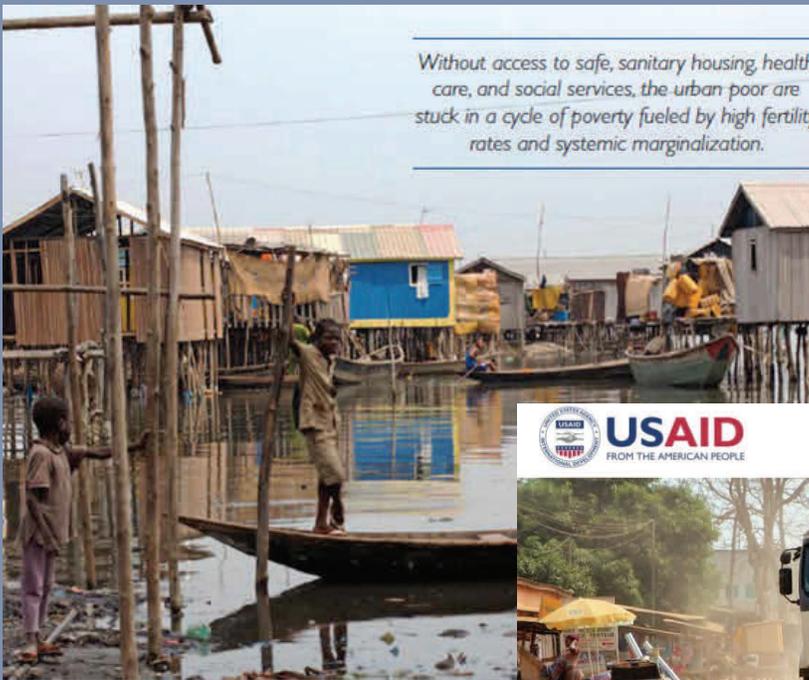
The external evaluation of the ASH Project was a significant event during Year 4 that provided important feedback on project focus and performance. Key findings indicate ASH is on track to meet deliverables and outputs, has delivered some institutional and other Regional and Country Level results and has provided the AFR/SD/HT with valuable technical and management support. Key recommendations included the development of strategic work plans with accelerated timelines to complete tasks and diversify information dissemination; use of African partners and WHO/AFRO for information dissemination; completion of the mHealth and urban health work by outlining key next steps and exploring options for end of project stakeholders meeting to solicit policies and ideas for exploration and joint support.

## **STRENGTHENING ACD EFFORTS AT MEETINGS AND EVENTS**

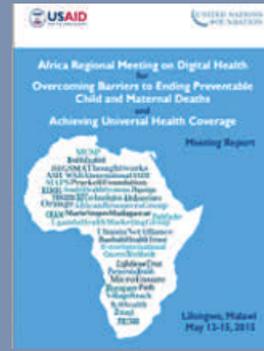
ASH's participation in meetings and events during Year Four enabled advocacy efforts around key technical areas. A stronger focus on strategic communications and dissemination allowed ASH to engage in various documentation efforts at key meetings and events that furthered the project's objectives and goals. The strategic documentation of the Digital Health meeting in Malawi, as well as the AGOA meeting in Gabon, are examples of these efforts. Meeting reports and summaries were further distilled and packaged into key messages and products such as blogs, website updates and newsletter content, to encourage continued interest and dialogue on key topics. Furthermore, ASH gathered participant information at key meetings with the aim to solicit feedback and continue advocacy on priority topics.

## **STRONGER PARTNERSHIPS FOR COHESIVE COMMUNICATIONS**

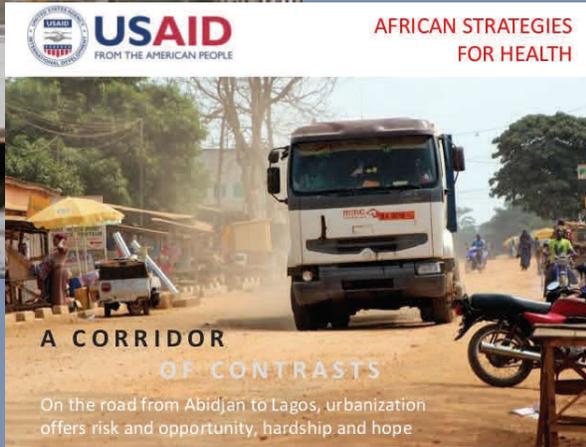
ASH's collaboration with MSH communications teams was strengthened throughout Year Four, with coordinated efforts around events and stronger collaboration on internal dissemination. ASH was featured in MSH's internal and external channels, contributing to the organization's knowledge management systems and enabling ASH to reach staff across the African region and beyond.



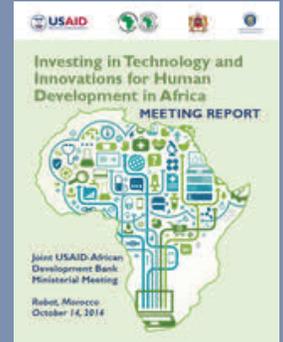
Without access to safe, sanitary housing, health care, and social services, the urban poor are stuck in a cycle of poverty fueled by high fertility rates and systemic marginalization.



2



AFRICAN STRATEGIES FOR HEALTH  
A CORRIDOR OF CONTRASTS  
On the road from Abidjan to Lagos, urbanization offers risk and opportunity, hardship and hope



Investing in Technology and Innovations for Human Development in Africa  
MEETING REPORT  
Joint USAID-African Development Bank Ministerial Meeting  
Rabat, Morocco  
October 14, 2014

**UTILISATION DES TECHNOLOGIES POUR CONTRER LE VIRUS**  
Les outils TIC sont essentiels dans la riposte contre le virus. Alors que l'épidémie continue de se propager à un rythme exponentiel au Libéria, la stratégie visant à atténuer le confinement des patients par le biais d'un nombre limité d'établissements sanitaires sera bientôt dépassée par le nombre de personnes atteintes. La quantité de données générées en termes d'adhésion et de traitement, les défis de la mise à disposition de réseaux mobiles fonctionnant en ensemble vers d'autres personnes de venir en aide à ces consultations difficilement accessibles, d'endroits isolés, et de femmes souffrant, sur le terrain à l'aide d'informations de données cruciales.



**RÉSUMÉ TECHNIQUE**

**Utilisation des technologies dans la riposte contre le virus Ebola en Afrique de l'Ouest**

**MESSAGES CLÉS**

1. Le grand défi de l'épidémie d'Ebola et les informations techniques concernant les personnes atteintes et la propagation du virus appellent à un déploiement rapide des outils numériques, des technologies de l'information et des communications (TIC), notamment en matière de cybersécurité et de santé mobile, afin d'affaiblir la riposte.
2. De nombreux outils technologiques ont déjà été utilisés et d'autres sont en cours de développement. Des plateformes open source comme OpenMRS, Open Data Kit, IntraNet, KoboToolbox, i-HOT et le DCP constituent la base technologique comme outil d'information en santé. Au Libéria, l'opérateur d'États-Unis en santé pour le personnel de soins de première ligne dans le cadre de la riposte et d'appuyer les systèmes existants du gouvernement en matière de cybersécurité. Beaucoup d'autres plateformes sont utilisées par des organisations non gouvernementales (ONG) et d'autres personnes en santé mobile.
3. L'intégration, l'interopérabilité et l'accessibilité de l'infrastructure TIC par les acteurs des secteurs public et privé et des sociétés civiles sont essentielles à la riposte contre le virus hummer, causée par le virus de la dengue.
4. Une meilleure coordination est nécessaire dans la planification des technologies pour assurer une duplication des efforts et une harmonisation des données. La coordination de volet technologique de la riposte doit être intégrée au plan général de riposte contre l'épidémie d'Ebola et cibler plus efficacement les plans d'intervention des pays à risque les plus touchés.
5. Dans la mesure du possible, les gouvernements et les partenaires doivent chercher à utiliser ou à développer des plateformes en santé ayant fait leurs preuves et à concevoir de nouveaux outils qui soient facilement adoptables. De nouveaux outils offrent peu de gains et accablent à la fois grand nombre de personnes et à la fragmentation des données.

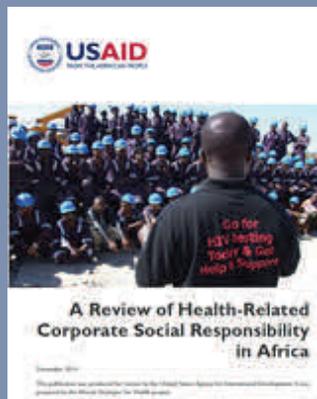
Novembre 2014



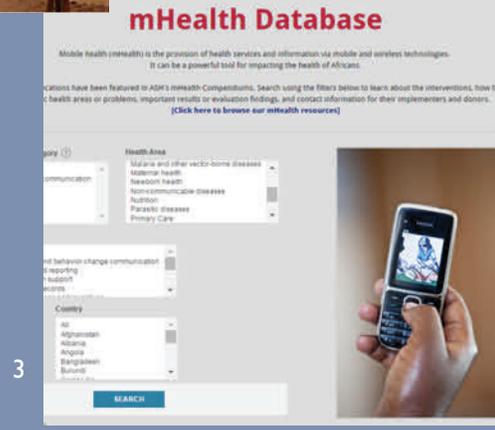
**EBOLA AND OTHER DISEASE OUTBREAKS: IMPLICATIONS FOR ECONOMIC GROWTH AND TRADE**

**POINTS CLÉS**

- Le commerce mondial et le tourisme et le développement économique, sont des moteurs essentiels pour l'économie mondiale. Cependant, les épidémies de maladies infectieuses, telles que le virus Ebola, peuvent avoir des effets négatifs sur la production, le transport, le commerce, la confiance et les relations diplomatiques pour certains pays affectés par le virus, les personnes, le commerce, la confiance et les relations diplomatiques pour certains pays affectés par le virus, les personnes, le commerce, la confiance et les relations diplomatiques.
- Les mesures de sécurité de santé mondiale, telles que l'Agence de Sécurité de la Santé Mondiale, soulignent les principes fondamentaux du gouvernement de l'épidémie de virus Ebola et les principes de base de la riposte contre le virus Ebola. Les interventions de riposte doivent être conçues en fonction des besoins de riposte dans les industries extractives et commerciales, et de soutenir les plans de riposte pour les systèmes.
- Les mesures de santé de santé mondiale et les outils sont nécessaires pour améliorer la riposte précoce et être riposte rapide aux épidémies.
- Le virus Ebola souligne la nécessité pour le développement des mécanismes de coopération régionale et internationale multilatérale pour atténuer les perturbations économiques et commerciales causées par des épidémies.



A Review of Health-Related Corporate Social Responsibility in Africa



**mHealth Database**  
Mobile health (mHealth) is the provision of health services and information via mobile and wireless technologies. It can be a powerful tool for improving the health of Africans.  
Users have been featured in USAID mHealth Compendiums. Search using the filters below to learn about the interventions, how to address or problems, important results or evaluation findings, and contact information for their implementers and donors. (Click here to browse our mHealth resources)

**MSH @MSHHealthImpact - Aug 26**  
The trade industry can take an active role in preventing, detecting & responding to epidemics like #Ebola bit.ly/1KKba03 #AGOAForum



**JOIN US** >>> **EBOLA AND OTHER DISEASE OUTBREAKS IMPLICATIONS FOR TRADE AND PRODUCTIVITY**

The Ebola outbreak in West Africa has shown how large scale outbreaks can affect not only health systems, but also countries' economies and development. Multinational outbreaks of disease disrupt trade and commerce and reduce the pace of economic growth. The discussion will explore how investments in multiple sectors, including public health, private industry and trade, can prevent the outbreak of diseases, help prevent and respond to outbreaks, and strengthen economic growth.

**Co-Chairs**

- Dr. Michael Walsh, Special Assistant Secretary for Global Affairs, US Department of Health and Human Services
- Dr. Togo Melaku, Vice Minister, Ministry of Health and Lower Services, Eritrea
- Dr. Ben Hamid Guel, Director, Ministry of Health, Senegal
- Dr. Ibrahim Sidiyasa, Director General, National Reference Laboratory, Sierra Leone

For more information or details regarding this session please contact: Samuel Murray-Jones, US Department of Health and Human Services | Samuel.Murray-Jones@hhs.gov | HHS/USAID/AGOA | MSH/USAID/AGOA

# ASH's Online Presence

The ASH website continues to be one of ASH's key dissemination channels. In Year Four, ASH intensified its online presence by developing targeted strategies to gain new visitors and direct audiences to website content. Efforts included the development of communications briefs that were widely disseminated through traditional channels, outlining key messages, hyperlinks to website pages and social media content directing audiences to web content. ASH also developed a number of e-updates sent via Constant Contact, sending direct referrals to the website. In addition, ASH sought to include prominent mention of the website on all printed documents as well as on other partner sites, including the MSH external website. The following statistics represent activity on the ASH website during Quarter 4.

TOTAL VIEWERS  
QR 4 YR 4

**1,655**

YR 3

**1,407**

TOTAL PAGEVIEWS  
QR 4 YR 4

**15,810**

YR 3

**15,743**

AVERAGE DURATION ON WEBSITE  
QR 4 YR 4

**3min 17sec**

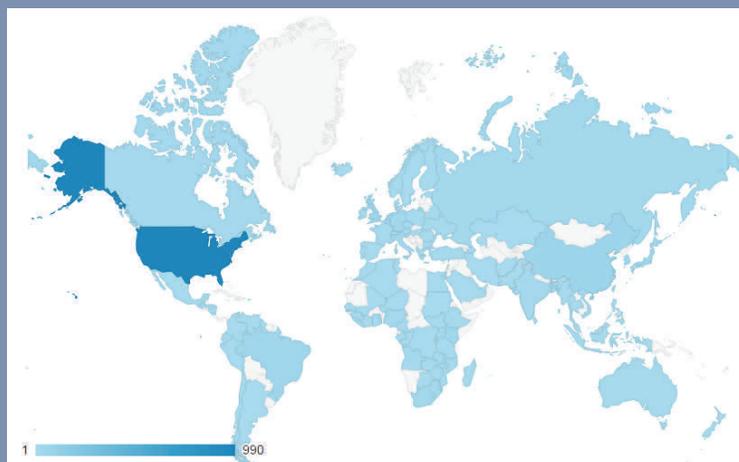
YR 3

**2min 54sec**

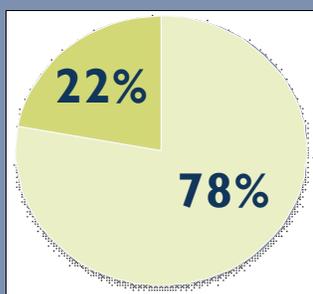
**KEY WEBSITE STATS IN QUARTER 4 ALONE REPRESENT AN OVERALL INCREASE OVER STATS SEEN IN ALL OF YEAR THREE**

## GEOGRAPHIC DISTRIBUTION OF WEBSITE VISITS

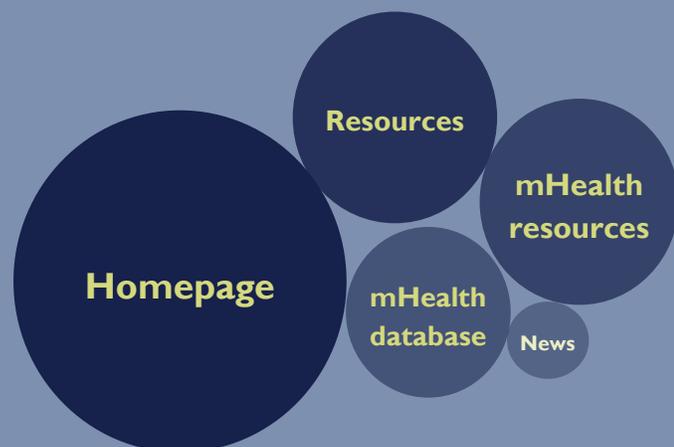
THE FOLLOWING AFRICAN COUNTRIES WERE AMONG THE TOP 25 COUNTRIES FROM WHICH VISITS TO THE SITE ORIGINATED: KENYA, SOUTH AFRICA, NIGERIA, ETHIOPIA, UGANDA, & ANGOLA.



## RETURNING VISITORS vs. NEW VISITORS



QUARTER 4 SAW AN INCREASE IN NEW VISITORS TO THE SITE, SUGGESTING EFFORTS TO ENGAGE NEW AUDIENCES AND BROADEN REACH ARE WORKING.



## MOST FREQUENTED WEBPAGES

QUARTER 4 EFFORTS TO DISSEMINATE MHEALTH RESOURCES PROVED SUCCESSFUL: THE DATABASE AND MHEALTH RESOURCES PAGE WERE AMONG THE TOP 5 MOST ACCESSED PAGES ON THE SITE

## LESSONS LEARNED

- Identifying and conducting activities that build upon existing thematic areas of work under the project increases ASH's role as a key player in regional and global discussions in these areas.
- ASH has a unique ability to disseminate relevant country-specific learnings at the regional level through strategic relationships with Africa-based partners.
- Strong collaboration in Core Technical Teams (CTT) facilitates project performance; active discussions within CTTs improves collaboration around activities and assists with the definition of and implementation approach for activities. This in turn expedites approval processes and facilitates negotiations with participating missions.

## CHALLENGES

- Delays in the initiation of planned activities due to approval requirements from missions for some core-funded activities.
- Ensuring the quality and timely implementation of planned activities while maintaining the flexibility to respond to emerging strategic opportunities as they arise.
- Identifying indicators and monitoring mechanisms that fully capture the outcomes and impact of ASH activities.

## OPPORTUNITIES

- As ASH moves into its final year, there are various opportunities to link with global and regional meetings to share program learning generated by ASH and to engage key audiences in continued dialogue to advance program recommendations. ASH will be presenting at both the Global Maternal and Newborn Health Conference and International Conference on Family Planning in early Year Five. Additionally, ASH will leverage the CORE Group Fall and Spring Meetings and the mHealth Summit, among others, as platforms to share relevant learning from ASH activities. ASH will also capitalize on the Union World Conference on Lung Health as an opportunity to convene key stakeholders to discuss technical priorities for pediatric TB in Africa.
- In Year Five, ASH will leverage sub-partner expertise to implement select workplan activities. ASH will be working closely with ISED on the iCCM utilization study in Senegal and APHRC on continued efforts to progress dialogue on urban health issues. ASH will continue its close partnership with Khulisa, beginning with dissemination efforts around the Special Edition of the AEJ in Year Five.
- ASH also has the opportunity in Year Five to showcase the learning and recommendations from five years of project implementation in order to advance regional dialogue, contribute towards a road map for accelerated action, and build capacity for improved health policy, advocacy, and programming. By identifying and advancing ASH's learning agenda, the project will ensure that research translates to accelerated progress in the region.

# LOOKING AHEAD

2015-2016 will be the final year for the ASH Project, tasked with assisting USAID's Africa Bureau's engagement with African institutions, other development partners, and partners within the United States Government around a strategic vision for guiding investments to further the health of Africans. Key considerations in planning for the last project year are to incorporate recommendations from the end-of-project evaluation, close all activities, and extract and synthesize key lessons and findings from all activities completed through the lifespan of ASH.

A key priority will be to undertake a series of documentation and dissemination activities to meet the following objectives:

- Documenting cross-cutting lessons and recommendations to enhance decision making around integrated programming in Africa;
- Promoting and disseminating lessons and recommendations to encourage national and regional exchanges; and
- Advancing the conversation about interventions for improved health service delivery, with a focus on empowering African institutions and enhancing ownership.

Identification of issues and emerging themes to document and share will be determined in discussion with USAID/AFR and others, and will target key audiences including USAID missions, government ministries, and regional bodies, as well as implementing partners in the region. Examples of areas that will be highlighted include streams of work related to innovation (mHealth), underserved areas (pediatric TB) and cross-cutting linkages (urban health).

Year Five of the ASH project will not only draw the project to a close but will also serve to inform and expand ongoing conversations that enable the Africa Bureau and strategic partners to make a strong, meaningful contribution to knowledge generation, consensus building and institutional strengthening to address regional health issues in Africa.



# ANNEX I: Results on Performance Indicators

PERFORMANCE INDICATOR	TARGET	RESULT
<b>IR. 1: Expanding the body of knowledge of current trends, constraints and solutions to improve the health of Africans</b>		
<b>1.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health</b>	<b>28</b>	<b>42</b>
<p><b>MNCH</b></p> <ol style="list-style-type: none"> <li>Discussion Brief: Exploring the Health of 5-9 Year Olds in Africa</li> <li>Case study: MDSR implementation in Burkina Faso</li> <li>Case study: MDSR implementation in Malawi</li> </ol> <p><b>ID</b></p> <ol style="list-style-type: none"> <li>Technical Brief: HIV Maternal Mortality</li> <li>Presentation: Revised Regional Minimum Standards, Literature Review findings (for SADC TWG meeting Sept 2015)</li> <li>Final Report: "Facility level factors influencing the uptake of intermittent preventative therapy for malaria in pregnant women"</li> <li>Presentation: "Facility level factors influencing the uptake of intermittent preventative therapy for malaria in pregnant women"</li> <li>Meeting notes: African Surveillance and Informatics Governance Board meeting (July 2015) notes</li> <li>Abstract: Pediatric Poster presentation for TB Union conference 2015 (in Cape Town, South Africa)</li> <li>Video: Pediatric TB videos highlighting caregiver experiences with pediatric TB</li> </ol> <p><b>HSS</b></p> <ol style="list-style-type: none"> <li>Report: "Investing in Technology and Innovations for Human Development in Africa: Joint USAID-African Development Bank Ministerial Meeting"</li> <li>Meeting materials: Banners, Folders and Handouts for the "Investing in Technology and Innovations for Human Development in Africa: Joint USAID-African Development Bank Ministerial Meeting"</li> <li>Presentation: "ICT for Health Care Financing in Nigeria"</li> <li>Technical brief: "Use of technology in the Ebola Response in West Africa"</li> <li>Technical Brief: HIV Landscape Analysis, based on Regional Landscape Analysis</li> <li>Report: "Rwanda Health Private Sector Engagement Assessment" (Public version)</li> <li>Report: Rwanda Health Private Sector Engagement Assessment (Internal version)</li> <li>Technical brief: Rwanda Health Private Sector Engagement Assessment</li> <li>Presentation: Rwanda Health Private Sector Engagement Assessment outbrief meeting</li> <li>Questionnaire: Prescreening tool for HCF training</li> </ol>	<p><b>HSS (continued)</b></p> <ol style="list-style-type: none"> <li>Report: A Review of Health-related Corporate Social Responsibility in Africa</li> <li>Report: "Landscape Analysis and Business Case for mHealth Investment in Angola" (also translated into Portuguese)</li> <li>Compendium: mHealth Compendium Volume 4 (also translated into French and Portuguese)</li> <li>Compendium: mHealth Compendium Volume 5 (also translated into French and Portuguese)</li> <li>Article: "Strengthening Public-Private Partnerships for Digital Health and Financing in Africa" for USAID/AFR quarterly publication</li> <li>Presentation: The Road from Kigali to Lilongwe, Malawi (presented at Regional Digital Health Meeting 2015)</li> <li>Report: "Africa Regional Meeting on Digital Health for Overcoming Barriers to EPCMD and Achieving UHC Meeting Report"</li> <li>Journal: Special Edition Journal focused on Health Evaluation</li> <li>Talking points: Launch of African Evaluator Association Special Edition Journal</li> <li>Abstract: CBHI/RHV abstract accepted for panel presentation at 2015 ICJP conference</li> <li>Abstract: CBHI/RHV abstract accepted for panel presentation at 2015 GMNCH conference</li> <li>Technical brief: "Ebola and other disease outbreaks: implications for economic growth and trade"</li> <li>Summary brief: Key messages from Ebola and other disease outbreaks: implications for economic growth and trade (translated into French)</li> <li>Technical brief: "Cost-effectiveness of reproductive health vouchers and community-based health insurance in Uganda"</li> <li>Action brief: "Cost-effectiveness of reproductive health vouchers and community-based health insurance in Uganda"</li> <li>Country brief: Ghana</li> <li>Country brief: Rwanda</li> <li>Country brief: Uganda</li> </ol> <p><b>Cross-cutting</b></p> <ol style="list-style-type: none"> <li>Report: "A Corridor of Contrasts" (also translated into French)</li> <li>Presentation: on "A Corridor of Contrasts" at ECOWAS Best Practice Forum</li> <li>Compilation: Data tables for the Family Planning Review reports</li> <li>Meeting materials: Banners, Postcards and Handouts based on the "Corridors of Contrast" report for the International Conference on Urban Health</li> </ol>	
<b>1.2. Number of program/project evaluations completed with support from ASH</b>	<b>2</b>	<b>0</b>
**only have on-going evaluation work**		
<b>1.3. Number of special studies completed with support from ASH</b>	<b>14</b>	<b>16</b>
<p><b>MNCH</b></p> <ol style="list-style-type: none"> <li>Special Study: Review of African Maternal Death Surveillance and Response Implementation in Burkina Faso</li> <li>Special Study: Review of African Maternal Death Surveillance and Response Implementation in Malawi</li> <li>Special Study: Exploring the Health 5-9 Year Olds in Africa</li> </ol> <p><b>ID</b></p> <ol style="list-style-type: none"> <li>Special Study: Malaria Financing Review (Literature Review phase)</li> <li>Special Study: Facility level factors influencing the uptake of intermittent preventative therapy for malaria in pregnant women</li> <li>Special Study: Literature review on Sex workers for SADC Regional Minimum Standards</li> <li>Special Study: TB Childhood Landscape Analysis (Phase 2- Key Informant Interviews with NTP managers and other stakeholders, compilation of data from review of country posters and updating tracker)</li> </ol>	<p><b>HSS</b></p> <ol style="list-style-type: none"> <li>Special Study: Community Health Worker Incentives in Madagascar</li> <li>Special Study: Community Health Worker Incentives in Malawi</li> <li>Special Study: Landscape Analysis and Business Case for mHealth Investment in Angola</li> <li>Special Study: Rwanda Health Private Sector Engagement Assessment</li> <li>Special Study: Landscape Analysis of Key Regional Organizations in African Health Sector</li> <li>Special Study: Family Planning Review Research and Data Analysis</li> <li>Special Study: AGOA</li> </ol> <p><b>Cross cutting</b></p> <ol style="list-style-type: none"> <li>Special Study: Urbanization and Health in West Africa</li> <li>Special Study: Family Planning, Equity, and Productivity</li> </ol>	

PERFORMANCE INDICATOR		TARGET	RESULT
1.4. Number of ideas and opportunities identified and explored within ASH-USAID Core Technical Team		28	34
<u>MNCH</u>			
1. Developed concept note for participation in auxiliary session during Global Maternal Newborn Health Conference (GMNHC) in Mexico (2015)	<u>ID (continued)</u> 17. Review of national pediatric TB guidelines in the Africa region		
2. Developed concept note for potential antenatal corticosteroid activity	<u>HSS</u> 18. Proposed presentation of the Regional Landscape Analysis findings at the HHA Meeting		
3. Developed concept note for potential postnatal care home visits	19. Proposed launching of the Special Edition of the AfrEA journal at the 2015 SAMEA conference		
4. Proposed revisions to the iCCM activity	20. Discussed supporting the USAID HCF training in Ghana (July 2015)		
5. Proposed participation in AU strategy review meeting in Nairobi	21. Supporting Pan African Parliament's Health, Labour And Social Affairs Committee		
6. Developed abstract "National Policies for Community-Based Distribution of Misoprostol: Learning from the policy-making and subsequent scale-up process in four African countries" for submission to GMNHC	22. Proposed conducting a detailed health financing assessment on one regional economic community		
7. Proposed a learning-exchange/study tour for a delegation on MOH and/or USAID/Mission staff from interested countries to one of the Misoprostol study countries currently scaling up community-based distribution of misoprostol	23. Proposed conducting a comprehensive CHW costing in 2-3 countries		
8. Proposed an advocacy, communications and dissemination capacity-building workshop for the AU CARMMA team	24. Proposed developing an abstract "Improving maternal health outcomes in Uganda: Cost-effectiveness of reproductive health vouchers and community-based health insurance" for GMNHC in Mexico (2015)		
9. Proposed the idea of co-hosting/convening a regional workshop to support select countries in the development of their investment cases for submissions to the Global Financing Facility for Every Mother, Every Child	25. Proposed in-country meeting and dissemination with MOH Uganda and partners on CBHI/RHV study		
10. Proposed the convening of a DC-based panel event focused on community-based MNCH interventions and approaches in an effort to share lessons-learned and findings from the ASH supported misoprostol, iCCM and CHW incentives studies	26. Proposed developing an abstract "Improving maternal and family planning health outcomes in Uganda: Cost-effectiveness of reproductive health vouchers and Community-based health insurance (CBHI)" for ICFP (2015)		
<u>ID</u>	27. Proposed costing analysis of an mHealth for CHWs program scale-up, to have been conducted in conjunction with proposed HSS CHW costing analysis		
11. Proposed technical brief, flyer, and materials for use on 2014 World AIDS day	28. Proposed mHealth country landscape analysis (considered Madagascar)		
12. Submitted revised HIV Interventions article for publication	29. Proposed production of mHealth landscape tools in conjunction with country landscape analysis		
13. Proposed participation of WHO/AFRO in the SADC RMS revisions process	30. Proposed mHealth for CHVs interoperability strategy support (Madagascar)		
14. Developed abstract for poster presentation for 2015 TB Union	31. Proposed follow-up and in-depth interviews with previously-featured mHealth programs on current status with a focus on multi-sector partnerships		
15. Assist with technical review of posters and other conference materials for Pediatric TB meeting in South Africa	32. Proposed and participated in a meeting bringing together eSurveillance Group and Global Development Lab to collaborate on IDSR activities		
16. Development of Pediatric TB videos (highlighting beneficiaries) for advocacy for the integration of pediatric TB and MNCH2015 Pediatric TB meeting in Cape Town	<u>Cross-cutting</u> 33. Proposed presentation of urbanization and health findings at the Wilson Center		
	34. Proposed inviting APHRC as a panelist for Urban Health event at the Wilson Center		
<b>IR. 2: Consensus on priorities and strategies for improving the health of Africans</b>			
2.1. Number of consensus-building processes supported by ASH on prioritized health issues		7	17
<u>MNCH</u>			
1. Participated in Africa Union Strategy Document review meeting in Nairobi, Kenya	<u>HSS</u> 11. Convened the Joint USAID-African Development Bank ICT for Health Ministerial Meeting		
2. Participated in iCCM Global Taskforce meetings	12. Coordinated Ebola and other Disease Outbreaks: Implications for Trade, Agriculture and Economic Development at the 14th African Growth and Opportunity Act (AGOA) Forum		
3. Participated in CORE Group's Social Behavior Working Group meetings	13. Participated in African Surveillance and Informatics Governance meeting focused on planning for e-surveillance activity and developing TORs for ASIGB (Oct 2014)		
4. Participated in CORE Group's Safe Motherhood and Reproductive Health Working Group meetings	14. Supported the Africa Regional Meeting on Digital Health for Overcoming Barriers to Ending Preventable Child and Maternal Deaths and Achieving Universal Health Coverage		
5. Participated in CORE Group's Community and Child health Working Group meetings	15. Participated in African Surveillance and Informatics Governance meeting focused on reviewing e-surveillance assessment results and finalized ASIGB TORs (July 2015)		
6. Participated in the Global Malaria in Pregnancy Working Group discussions	16. Participated as subject matter experts in joint IDSR evaluation planning meetings (WHO AFRO, CDC, USAID and ASH)		
<u>ID</u>			
7. Convened SADC TWG meeting for review of and consensus building on draft Regional Minimum Standards for HIV (including TB)			
8. Participated in discussions with Double Dividend initiative leadership at UNICEF and MSH			

## African Strategies for Health – Year 4 – Results on Performance Indicators

PERFORMANCE INDICATOR		TARGET	RESULT
9. Participated in a joint presentation during the TB Union meeting in Spain (2014)	17. Participated in meeting between eSurveillance Group and Global Development Lab on collaboration for IDSR activities		
10. Assisted with technical review of materials and participated WHO AFRO Childhood TB meeting in Johannesburg, South Africa (April 2015)			
<b>2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced for each activity and reviewed annually</b>		<b>13</b>	<b>15</b>
1. COR #79: Review of National Misoprostol Policies (Modification)			
2. COR #80: Promoting Child Health and Prevention Services to support 5-15 year olds			
3. COR #83: Review of African Maternal Death Surveillance and Response Systems			
4. COR #84: USAID 2014 Family Planning Review			
5. COR #85: Identifying Determinants of Under-Utilization of iCCM			
6. COR #86: Rwanda Health Private Sector Engagement Assessment			
7. COR #87: Rwanda Health Private Sector Engagement Assessment (Modification)			
8. COR #88: Assess how financial incentives can be structured to improve the quality of malaria diagnosis and case management			
9. COR #91: Collaborating with WHO/AFRO and CDC on IDSR implementation and advocacy (Trip to Brazzaville March 2015)			
10. COR #92: Develop and disseminate the mHealth Compendium (Modification)			
11. COR #93: Developing Country Profiles on Childhood TB and Participation in Childhood TB and NTP Managers Meetings			
12. COR# 95: Collaborating with WHO/AFRO and CDC on IDSR implementation and advocacy (activities May-Sept 2015)			
13. COR #96: Supporting SADC to Revise and Establish Regional Minimum Standards and Branding for HIV and other Health Services along the Road Transport Corridors			
14. COR #98: Translation, Production and Dissemination of Urban Health and mHealth Materials			
15. COR #103: Pediatric TB Landscape Analysis Activities and Participation in the 2015 International Union Against Tuberculosis and Lung Disease (UNION) Conference			
<b>IR. 3: Strengthened African institutions and networks</b>			
<b>3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas</b>		<b>5</b>	<b>5</b>
<u>MNCH</u>			
1. African Union (Review of AU's CARMMA 2014 MNCH report)			
<u>ID</u>			
2. SADC (preparation of Phase 3 support to SADC for Regional Minimum Standards for Transport Corridors)			
<u>HSS</u>			
3. African Evaluation Association (Supported African researchers through peer mentoring for article development)			
4. African Surveillance Informatics Governance Board (Participated in ASIGB meetings focused on planning for and reviewing e-surveillance activities and developing TORs for ASIGB)			
<u>Cross-Cutting</u>			
5. Kinshasa School of Public Health (Built capacity in financial management)			
<b>3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions</b>		<b>5</b>	<b>20</b>
<u>MNCH</u>			
1. African Union (2014 AU MNCH status report)			
2. Kinshasa School of Public Health (local research group for iCCM activity)			
3. ISED (local research group for iCCM activity)			
4. Ministry of Health Malawi (MDSR Case Study)			
5. Ministry of Health Burkina Faso (MDSR Case Study)			
<u>ID</u>			
6. Southern African Development Community (SADC)			
7. University of Stellenbosch (Pediatric TB activity)			
<u>HSS</u>			
8. African Development Bank (Joint USAID-African Development Bank ICT for Health Ministerial Meeting)			
9. Ministries of Science, Technology and Innovation from Burundi, The Gambia, Swaziland, Tanzania, and Kenya (Joint USAID--African Development Bank ICT for Health Ministerial Meeting)			
10. Ministry of Health Rwanda (Rwanda Health Private Sector Engagement Assessment)			
11. Rwanda Biomedical Center (Rwanda Health Private Sector Engagement Assessment)			
12. African Evaluation Association (Special Edition journal)			
13. South African Monitoring and Evaluation Association (planning for launch of Special Edition Journal)			
14. Makerere University (Evaluation of SMS Mother Reminder study)			
15. Ministry of Health Uganda (Evaluation of SMS Mother Reminder study)			
16. Makerere University (CBHI/RHV study)			
17. Ministry of Health Uganda (CBHI/RHV study)			
18. Ministry of Health Malawi (CHW Incentives Study)			
<u>Cross cutting</u>			
19. African Population Health Research Center (collaboration on Urbanization and health activity)			
20. ECOWAS (hosted booth and gave presentation on Urban Health)			
<b>3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institutions</b>		<b>3</b>	<b>5</b>
<u>ID</u>			
1. Development of the AfrEA Special Edition journal (peer mentorship and review of articles)			
2. SADC Technical Working Group meeting to review Regional Minimum Standards for Transport Corridors (including TB)			

PERFORMANCE INDICATOR		TARGET	RESULT
<u>HSS</u>			
3.	Joint USAID-African Development Bank ICT for Health Ministerial Meeting		
4.	Session on Urbanization and Health at the ECOWAS Forum on Good Practices in Health in Burkina Faso (July 2015)		
5.	Africa Regional Meeting on Digital Health for Overcoming Barriers to EPCMD and Achieving UHC (May 2015)		

# ANNEX 2: Performance Tracking System Revised Targets

## African Strategies for Health (ASH): Performance Tracking System – REVISED TARGETS

INDICATORS	IR	Year 2		Year 3		Year 4		Year 5	
		TAR-GET	RE-SULT	TAR-GET	RESULT	TAR-GET	RE-SULT	TAR-GET	RE-SULT
<b>OUTPUT INDICATORS</b>									
1.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health	IR 1	12	18	31	24	28	42	10	
1.2. Number of program/project evaluations completed with support from ASH	IR 1	1	1	3	2	2	0	1	
1.3. Number of special studies completed with support from ASH	IR 1	9	9	10	7	14	16	4	
1.4. Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team	IR 1	10	20	20	28	28	34	10	
2.1. Number of consensus-building processes supported by ASH on prioritized health issues	IR 2	1	6	4	7	7	17	1	
2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity	IR 2	6	2	9	8	13	15	5	
3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas	IR 3	1	3	4	5	5	5	1	
3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions	IR 3	1	3	3	5	5	20	1	
3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institution	IR 3	2	3	2	3	3	5	2	

## FY 2016 Anticipated Results

### Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health

CHW technical briefs	Pediatric TB Advocacy brief on TB/nutrition	Technical Brief from Private Sector
iCCM country reports	IDSR Advocacy Video	Rwanda Cost-Effectiveness Study report
iCCM synthesized study report	Support development of IDSR Lite Training Package	Blogs focused on MDR TB in Somali community
iCCM Journal Article	Regional landscape analysis profiles	Presentations on CBHI/RHV findings (ICFP and GMNCH conferences in 2015)
Misoprostol Policy review country reports	Revised M&E Indicator Reference Guide for AU CARMMA	
Misoprostol Policy review synthesized study report	ACD Guide for AU CARMMA	Presentation for in-country dissemination and validation of Rwanda Health Private Sector Engagement Assessment
Misoprostol Policy Review Journal Article	Technical reports on SMS Mother Reminder findings	mHealth Compendium Volume 6
Pediatric TB country profiles (12 countries)	Technical briefs based on findings from SMS Mother Reminder study	Report of Scaled up mHealth Programs
Pediatric TB Technical Brief	Evaluation Committee meeting minutes (SMS Mother Reminder)	mHealth technical area briefs
Pediatric TB Advocacy Video	Presentation of findings from SMS Mother Reminder study	Technical briefs on Urban Health
Pediatric TB Journal Article	Documentation of mHealth for family planning side session during ICFP conference (2015)	Photo exhibition on Urban Health
Report on the pediatric TB Guideline Review	USAID Country Briefers	One page brief on launch of AfREA Special Edition Journal
Quality Assurance tool for IPTp	Literature review on Child Health and Pediatric HIV	
Pediatric TB Advocacy brief on contact tracing of TB contacts		
Pediatric TB Advocacy brief on TB/HIV integration for children		
Blog notes about ASH's participation in GMNCH conference (2015)		

### Number of program/project evaluations completed with support from ASH

Uganda mHealth Impact Evaluation

### Number of special studies completed with support from ASH

Reviewing National level policies and implementation for community-based distribution of misoprostol  
 Supporting SADC to revise and establish Regional Minimum Standards and branding for HIV and other health services along the road transport corridors  
 Identify Key Demand-side Determinants to integrated community case management  
 Advocating for care for Somali MDR TB patients  
 Promoting effective integration of HIV and Maternal and Child Health Services

### Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team

For the target on indicator 1.4, the Year 4 result was used as a reference point.

#### 2.1. Number of consensus-building processes supported by ASH on prioritized health issues

Participation in 2015 TB Union Conference  
 Talk show panel event on Urban Health at Wilson Center  
 Dissemination and validation of Rwanda Health Private Sector Engagement Assessment findings  
 Dissemination and validation of CBHI/RHV findings  
 Participation in IDSR meeting

## 2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity

- Misoprostol Policy Review
- Somali MDR TB
- HIV MH Integration
- Child Health and Pediatric HIV
- Support to SADC for Regional Minimum Standards (Phase 3)
- Low Demand of ICCM
- Rwanda Cost Effectiveness Study
- AfrEA Special Edition Journal
- AFRO Review – Developing an Infographic
- FP- Review and Equity
- Malaria and Finance landscape analysis

## 3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas

- Kinshasa School of Public Health (technical assistance for financial management)
- Southern African Development Community (support for Regional Minimum Standards activities)
- African Evaluation Association (launch Special Edition of AfrEA Journal)
- African Union (support for M&E and Communications support for CARMMA activities)

## 3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions

- African Development bank (ICT Ministerial Meeting)
- Kinshasa School of Public Health (Financial Management TA)
- ISED (lead research group for iCCM activity)
- Ministry of Health, Rwanda (Rwanda Health Private Sector Engagement Assessment)
- Rwanda Biomedical Center (Rwanda Health Private Sector Engagement Assessment)
- Makerere University (SMS Mother Reminder)
- Southern African Development Community (support for Regional Minimum Standards activities)
- African Evaluation Association (support for the launch of AfrEA Special Edition Journal)
- African Union (support for M&E and Communication for CARMMA activities)

## 3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institutions

- The 46<sup>th</sup> TB Union meeting (2015)
- Regional Landscape Analysis Meeting
- WHO/AFRO meetings (IDSR, pediatric TB)





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