



First Quarter Report

August 28–December 31, 2015
Cooperative Agreement No. AID-OAA-A-15-00051

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Activity Description	Health Policy Project (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau (PRB), RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.
Main Program Message	HP+ improves health outcomes by advancing sustainable health policy; financing; stewardship, transparency, and accountability; and advocacy for RH/FP, HIV, and MNCH efforts at the global, national and subnational levels.
Name of USAID AOR	Linda Cahaelen, ScD
Name of Agreement Officer	Alisa J. Dunn
Name of Technical Contact	Suneeta Sharma, Health Policy Plus Director, Palladium
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ABBREVIATIONS

AM	activity manager
AOR	Agreement Officer's Representative
CAM	country activity manager
CIP	costed implementation plan
ED	education
ES	economic support
EPMCD	Ending Preventable Maternal and Child Deaths
FP/RH	family planning and reproductive health
HIV	human immunodeficiency virus
HIV SFI	HIV Sustainable Financing Initiative
HP+	Health Policy Plus
HPP	Health Policy Project
HSS	health systems strengthening
KEA	Kenya and East Africa
MEL	monitoring, evaluation, and learning
MH	maternal health
MNCH	maternal, newborn, and child health
NUT	nutrition
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	performance monitoring plan
POP	population
RMC	respectful maternity care
TBD	to be determined
UNAIDS	United Nations Joint Programme on HIV/AIDS
USAID	United States Agency for International Development

I. PROJECT DESCRIPTION: HEALTH POLICY PLUS

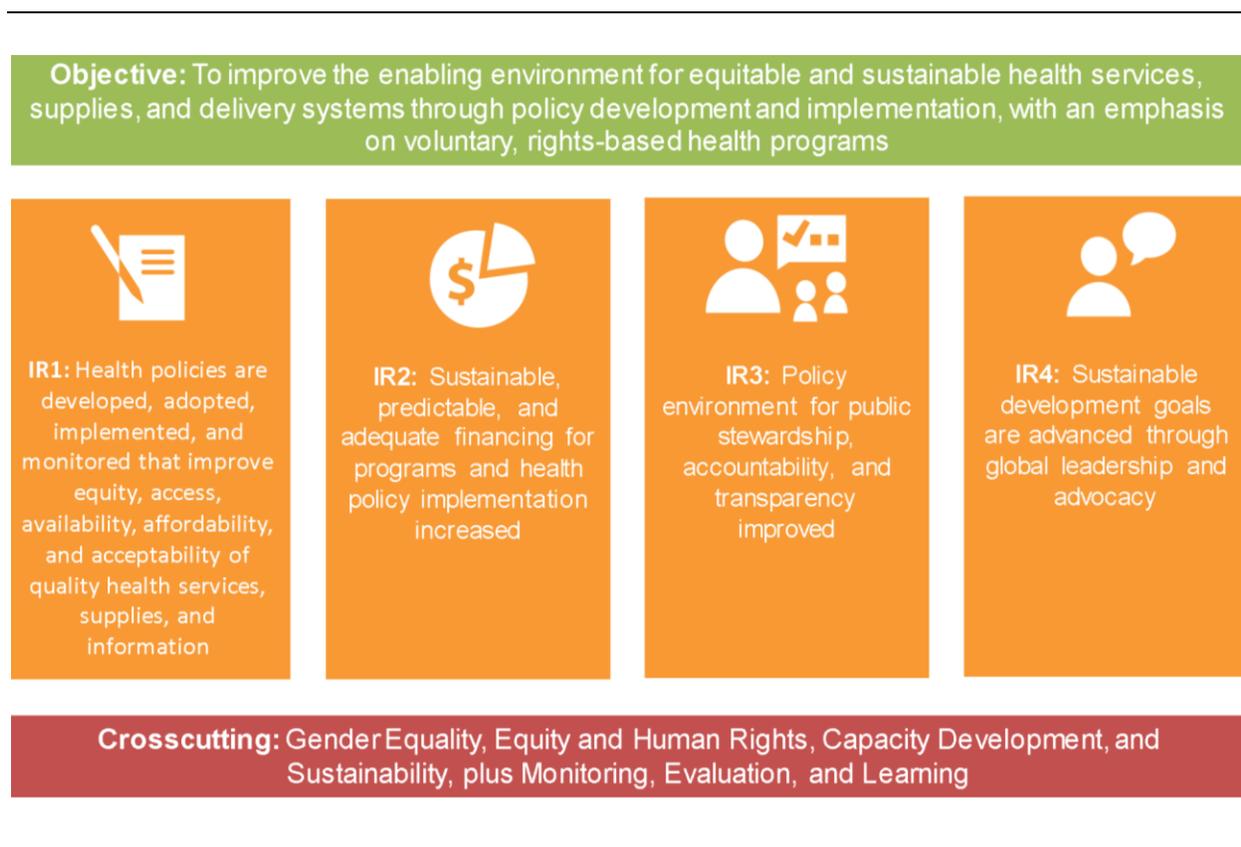
Overview

Health Policy Plus (HP+) aims to improve the enabling environment for equitable and sustainable health services, supplies, and delivery systems through policy development and implementation, with an emphasis on voluntary, rights-based family planning and reproductive health (FP/RH); maternal, newborn, and child health (MNCH); and HIV and AIDS.

The project also expands creative strategies to accelerate the pace of HP+ policy work and shape enabling environments through: 1) more nuanced understanding of political, social, and economic influences on health; 2) enduring public, civil society, and private sector partnerships to create a virtuous cycle of engagement; 3) broader ownership of the health sector that integrates it with the economy, justice, and other sectors to support resilient health systems; 4) more transparent, usable, and accessible information for policymakers, implementers, and citizens; and 5) a more rigorous program to capture, learn from, and share experiences through monitoring, evaluation, and learning.

This purpose will be realized through achievement of the four result areas (see Figure 1 for Results Framework) that flow from the HP+ mandate and reflect the project's technical approach.

Figure 1. HP+ Results Framework



II. PROGRESS REPORT

A. Project Planning

Objectives: To ensure efficient project startup by establishing management roles and responsibilities; to define communication protocols with staff and USAID; to ensure that the project's vision and mandate are addressed and implemented in core and field workplans; and to ensure a streamlined transition of staff and resources from the previous project.

Summary of Main Accomplishments

- Executed sub-agreements with partners
- Identified partner senior representatives
- Held a three-day project launch and orientation of project staff, partner representatives, and USAID Agreement Officer's Representative (AOR) and technical team members
- Established the Project Leadership Team and held a kick off meeting to define roles and responsibilities, and initiated a weekly team meeting
- Convened the Technical Leadership Team to define roles and responsibilities, and initiated a monthly Technical Leadership Team meeting
- Realigned staff and identified Activity Managers (AMs) and Country Activity Managers (CAMs) to manage the financial and operational aspects of core and field activities
- Submitted initial deliverables including: annual workplan and budget; branding strategy and marketing plan; draft start-up and transition plan; gender equity strategy; gender analysis framework; performance monitoring plan; knowledge management and communications strategy; and the population core workplan
- Confirmed buy-in from 12 Missions, two of which are regional programs: Ghana, Guatemala, Indonesia, Jamaica, Kenya and East Africa, Madagascar, Malawi, Mali, Mozambique, Pakistan, Tanzania, West Africa (see F. Field Programs); received a preliminary scope of work from Nigeria; and submitted multiple draft workplans
- Funding through the end of the first quarter was US\$11,285,610. These first quarter funds included Core funding for FP/RH and MNCH portfolios and six field-support Missions. Interest in the program continues to expand, with calls being scheduled between USAID, Palladium, and Missions; as the first quarter drew to a close, seven new Missions were entering funds for HP+ into the USAID Field Support Database
- Contributed thought leadership to global dialogues on HIV financing and FP/RH through
 - Participation at a United Nations consultation to develop recommendations for use of the OneHealth tool in support of strategic planning
 - Presentation of a standardized and validated tool and indicators for measuring stigma and discrimination in health facilities at a meeting convened by the United Nations Joint Programme on HIV/AIDS (UNAIDS), an outcome of which will be the development of the Platform to Stop Discrimination in Health

- Participation at the general meeting of the Reproductive Health Supplies Coalition in Oslo, Norway

B. Core Programs

Overview

HP+ has a mandate across global, country, and subnational levels to strengthen and advance health policy priorities in FP/RH, HIV, and MNCH. As part of this mandate, core programs will provide technical leadership, develop practical tools and methodologies, add value to field support activities, and aim for higher-level outcomes.

FP/RH

Objectives: HP+ is being implemented in a dynamic policy context for family planning (FP). Several global initiatives provide a platform for HP+ work to support the FP/RH agenda. The emergence of FP2020 in recent years has provided new opportunities to strengthen commitment, increase investment, and enhance accountability. The newly approved Sustainable Development Goals (SDGs) are guiding the global development agenda, and HP+ is demonstrating the importance of FP/RH in order to achieve the SDGs. And the trend toward universal healthcare provides an additional opportunity to advocate for the inclusion of FP/RH, thereby helping reach more women with critical health services. The Year 1 workplan responds to the changing FP policy context and USAID priorities, while also positioning HP+ within global initiatives to increase access to FP, mobilize domestic funds for FP, and foster greater accountability on the part of governments to follow through on their FP commitments.

Summary of Main Accomplishments

During the first reporting period, HP+ made significant progress on its FP/RH work:

- Conducted a participatory process through which staff members discussed programmatic areas for inclusion in the FP/RH workplan and developed a set of activities
- Proposed workplan activities to the AOR team and discussed proposal with USAID
- Identified activity managers and drafted write-ups for the workplans
- Submitted a final workplan that outlines 10 technical activities which support each of the four project result areas; the workplan also includes support for Monitoring, Evaluation, and Learning; Communications and Knowledge Management; the update of Spectrum models; rapid response; and support for the HP+ gender advisor
- Supported engagements related to the International Family Planning Conference—including Implementing Best Practices sessions and the advocacy and accountability subcommittee; the High Impact Practices initiative; participation in the USAID’s Office of Population and Reproductive Health’s meeting; and ongoing involvement with FP2020

HIV

Objectives: HP+ will focus on a viable and continuous HIV response by developing solutions to support the achievement of the UNAIDS 90-90-90 targets, sustained HIV epidemic control, and the implementation and monitoring of related, supportive policies. Realization of these achievements will require adequate and predictable health financing, as well as policies that protect human rights, eliminate

stigma and discrimination, strengthen supply chains and service delivery, and engender accountable and transparent health systems.

Summary of Main Accomplishments

During the initial project start-up phase, while the HIV team awaits notification of HIV core funds, the team has

- Contributed to field support work, including HP+ participatory assessments and workplan development
- Developed two overview briefs for USAID Missions and external audiences: *Towards an AIDS-Free Generation: Health Policy Plus Supports PEPFAR's Drive to Reach HIV Treatment, Care, Support Targets* and *Towards a Stigma-Free Generation: Health Policy Plus Investing in Stigma Reduction*
- Continued to implement Health Policy Project (HPP) work extended through March 2016
- Developed a strategy for HP+ presence at the 21st International AIDS Conference (AIDS2016)
- Begun discussions with USAID's pediatric and prevention of mother-to-child transmission teams to identify potential areas of support for 2016 core funds

MNCH

Objectives: HP+ will play a lead role in promoting high impact MNCH policies to help achieve USAID's goal of Ending Preventable Maternal and Child Deaths (EPMCD) in a generation. HP+ will build on the success of White Ribbon Alliance's global leadership in advancing respectful maternity care (RMC) through continued championing of RMC in USAID's EPCMD priority countries. HP+ seeks to achieve this by building in-country capacity to advocate, develop, implement, and monitor MNCH policies.

Summary of Main Accomplishments

- Conducted HP+ technical development and consultation sessions
- Outlined focus areas and priority activities for consideration in the Year 1 MNCH workplan, based on consultation sessions, input from USAID MNCH experts, and the HP+ orientation workshop:
 - Play convening role with RMC Global Council and various technical subcommittees
 - Lead global strategy development with a wide group of stakeholders on RMC
 - Lead and deliver the midwifery advocacy strategy coordinating stakeholder input
 - Strengthen maternal health policies, advance evidence-informed MNCH planning in alignment with SDGs, and promote adequate and sustainable resourcing of plans
- Convened an initial MNCH mapping exercise with HP+ partners, primarily the White Ribbon Alliance, to revamp and expand MNCH policy and advocacy works that can help realize USAID's EPCMD goals
- Started field workplan preparation for MNCH in countries where needs were expressed and in-line with HP+ project leadership and AOR's agreements on missions' technical assistance needs (Malawi, Mali, and Guatemala field programs)

C. Monitoring, Evaluation, and Learning

Objectives: The HP+ Monitoring, Evaluation, and Learning (MEL) approach will increase the evidence base for the effectiveness of health policy; financing; advocacy; and stewardship, transparency, and accountability activities related to strengthening health systems and health outcomes. HP+ will incorporate a focus on learning into the approach to contribute to global knowledge and ensure that data are collected to inform ongoing project activities. HP+ strives to contribute to this evidence-base by carrying out the following areas of focus:

1. Implementing the *HP+ Project Performance Monitoring Plan (PMP)* and providing technical assistance to support core and field program PMPs;
2. Developing and implementing the *HP+ Evaluation and Learning Agenda*, which will contribute to the understanding the relationships among health policy interventions and health outcomes.

The MEL team will provide technical coordination to and oversight of MEL across the project through the implementation of the PMP to track the project's results and advance global learning related to key policy; financing; advocacy and stewardship, transparency, and accountability issues.

Summary of Main Accomplishments

- Oriented HP+ staff on the project *Results Framework* and focus on evaluation and learning
- Developed a draft PMP and consulted with the Technical Leadership Team on indicators
- Submitted workplan for a core activity to support MEL activities
- Submitted draft PMP to USAID on November 19, 2015, and received feedback from AOR team in December 2015
- Initiated development of indicator reference sheets, detailing definitions and examples of each PMP indicator in collaboration with results leads and cross-cutting leads
- Assessed HPP results database to identify opportunities for new functions and searches, and to remove components that hinder efficient reporting
- Conducted a survey among current staff to identify needs, interests, and staff concerns related to the results database and the reporting process

D. Communications and Knowledge Management

Objectives: The Communications and Knowledge Management team aims to cultivate systematic and continual sharing across and outside the project and develop, create, and disseminate information that supports the project goal to develop and implement policies that of strengthen and advance equitable, sustainable, and rights-based health services, supplies, and delivery systems—especially for FP/RH, HIV, and MNCH. Using an audience-centered approach, communications efforts will be conducted in collaboration with technical team members, project leadership, and USAID counterparts to effectively generate, capture, and share knowledge, best practices, and tools.

Summary of Main Accomplishments

- Organized project launch meetings including the HP+ Orientation, a one-day Communications team retreat, and a Communications 101 training session for staff, and presented in the CAM/AM training
- Developed and submitted the *HP+ Knowledge Management and Communications Strategy* to AOR for review and approval (provided responses to AOR on January 14, 2016)
- Developed and submitted the *HP+ Branding and Marking Plan* to USAID for review and approval (provided revised version to Samantha Corey on January 14, 2016)
- Developed an interim HP+ website landing page for basic information on the project
- Developed overview fact sheets on HP+, HP+ Financing, and HP+ HIV
- Contributed the Year 1 knowledge management and communications section of the FP/RH core workplan
- Initiated the development of templates for key HP+ products (fact sheet, briefs, reports, etc.) and the project website
- Created a new staffing structure to enhance engagement of communications staff with technical staff to contribute to workplan development and the support and review of products
- Initiated updates to the internet-based products database structure and process
- Initiated a monthly staff “Tuesday Breakfast Briefing” series to enhance internal communication and knowledge sharing

E. Cross-cutting Issues

Equity

Objectives: In an effort to enhance health equity, HP+ will look for innovative ways to expand democratic processes by engaging civil society actors and communities to advance human rights, establish accountability mechanisms, generate data, and assess the impact of equity-driven policies. Additionally, HP+ will work use legal assessment tools to advance rights-based laws and policies; use market segmentation and geospatial analysis to identify areas of low service access; and address quality, accessibility, and stigma and discrimination.

Summary of Main Accomplishments

Presently, there are no ongoing country or core equity activities. However, during project start-up, the equity team has engaged in preparatory work by

- Preparing for participatory assessments of country needs
- Discussing with three countries (Kenya, Mali, and Pakistan) how equity might fit into country activities
- Circulating a concept note outlining HP+ equity agenda for the next five years

Gender

Objectives: To support gender equality, HP+ will use our *Gender Analysis Framework* throughout the project to explore how gender influences health behaviors and services, and how policies reduce or perpetuate inequalities. Additionally, HP+ will engage women, vulnerable populations, health and gender ministries, and others in advocacy; design gender-transformative policies; support gender-responsive budgeting; and expand the evidence base through gender-sensitive data systems, new models, and evaluation.

Summary of Main Accomplishments

- Submitted the *HP+ Project Gender Equality Strategy* and the *Gender Analysis Framework*, both project deliverables, to the AOR on November 25, 2015
- Conducted, at the request of PEPFAR Malawi, a national gender assessment to (1) review current national gender and HIV data, analyses, and programming; and (2) develop recommendations for addressing gender barriers as a part of its COP16 programming and beyond
- Completed a desk review and conducted in-country, semi-structured interviews with 31 national, community, and facility-level stakeholders/stakeholder organizations, in consultation with PEPFAR Malawi
- Co-convened a HP+/PEPFAR Malawi, half-day national stakeholder consultation to solicit feedback from 29 representatives from PEPFAR, other donor agencies, development partners, and the Government of Malawi on initial assessment findings, programmatic gaps, recommendations, and priority issues
- Submitted a draft gender assessment report to the PEPFAR Malawi team at the end of December 2015

Capacity Development and Sustainability

Objective (Capacity Development): To strengthen the capacity of stakeholders (including individuals, organizations, government entities) to create and implement contextualized solutions. Within HP+, capacity development is not an end in itself; rather, it is a process that enables the creation and implementation of the most effective and efficient development solutions. It is necessary *to* sustain development results—to ensure gains don't dissipate after our involvement ends, but to also go beyond maintaining progress to further ensure the capacities developed can adapt and self-renew.

To this end, the project's **capacity development** team will assist partners to assess needs and design action plans; build mutually-reinforcing capacities at individual, institutional, and systems levels; and tailor approaches to the needs of different partners.

Objective (Sustainability): To sustain and improve country leadership; political, social, and cultural soundness; integration of best practices; financial sustainability and creative uses of all financing sources; viability of civil society organizations and networks; and accountability to promote enduring political commitment and better use of resources.

Summary of Main Accomplishments

- Participated in, and presented at, HP+ technical days and HP+ Orientation
- Convened meeting to translate HPP capacity development learnings into HP+ key directions for capacity development
- Drafted *HP+ Capacity Development Overview* and began to assemble toolkit
- Supported design of and facilitated one-day HP+ Communications team kick-off retreat
- Provided technical support to first round of core and field activities in development, including Mali, Malawi, Guatemala, Ghana, Pakistan, and others
- Gathered intelligence on emerging approaches in capacity development and sustainability through participating in various communities of practice and hosting thought leaders David Jacobstein of USAID for a webinar and Evan Bloom of Root Change for a brown bag lunch and in order to inform our work and build staff capacity
- Created first draft of *HP+ Learning Event Guidance*

F. Field Programs

Objectives: In addition to the project's core activities, HP+ will help countries achieve their health goals by working in-country with diverse stakeholders to develop and implement evidence-based, inclusive policies; more sustainable financing; strong advocacy and communications; and improved governance will contribute to optimizing health resources and foster more equitable, sustainable, rights-based health services, supplies, and delivery systems.

Summary of Main Accomplishments

As of mid-January 2016 HP+ received

- Requests for 13 field programs (country, regional)
- Invitations to two new countries for our team: Indonesia and Pakistan. In the other 11 field programs we will be building on relationships and momentum created under HPP and predecessor projects
- Over US\$20 million in field funding either obligated, in the USAID Field Support Database, or committed in writing by field missions
- Funding and commitments from HIV, FP/RH, economic support (ES), MNCH, education (ED), nutrition (NUT), and other
- Increased attention to health financing (beyond costing), building on prior experience in Kenya and East Africa (KEA) and with new interest in West Africa, Mali, and possibly Madagascar
- Continuing interest in the application of our models and approaches in FP (Mali, West Africa, Malawi, Madagascar, Nigeria) and HIV (Jamaica, Ghana, West Africa, Mozambique, Tanzania)
- Increased attention to health governance and health sector/systems reform in Guatemala, Pakistan, West Africa, KEA, and possibly Madagascar

HP+ has responded to these exciting opportunities by

- Mobilizing 13 CAMs and finance/operations staff
- Identifying and hiring international staff to provide essential technical leadership, support, and quality assurance for field programs both virtually and through limited short-term technical assistance
- Recruiting and/or retaining over 50 local staff so far [30-Guatemala, 17-Kenya, 3-Malawi, 3-West Africa, 2-Jamaica], with more under recruitment
- Initiating participatory development of 12 field workplans with Mission and national colleagues; submitting nine workplans, of which six are approved to date. Of those submitted, three cover complete field programs (Ghana, Indonesia, Mozambique) and six others are initial workplans to permit a participatory diagnostic/planning process and trip and start up activities
- Completing one initial field activity—the Malawi gender assessment—and initiating another—the Pakistan RAPID—and mobilizing several others to start in the second quarter: two Indonesia assessments (private sector, civil society); one Ghana study (facility-based stigma); costing of antiretroviral treatment protocols in Mozambique; initial FP costed implementation plan (CIP) data collection in Madagascar, and others.

HP+ had heartbreak as well this quarter. During the Mali workplanning trip in November we suffered the tragic loss of our beloved Senior Manager for Field Programs, Anita Datar, during the attack on the

Radisson Blu in Bamako. Our three other international staff in Mali, including our West Africa Regional Representative, were also deeply affected by the attack, and took extended leave to recuperate. We thus suspended work on both the Mali and West Africa workplans for the balance of the quarter, and are reactivating workplan development in the second quarter.

We are responding to the devastating loss in Mali and the rapid mobilization of field programs with an intensive recruitment effort for two new senior managers, one to cover francophone countries and the other to provide more mentoring and support for newer CAMs in other countries. We are also conducting an initial CAM/AM training program in January that will enable both more experienced and newer managers with new HP+ approaches and norms. We have tentative plans for a second CAM/AM training session in March 2016 as program expansion continues.

Figure 2. HP+ Field Programs



Country Workplan Status

- Workplan Approved
- Participatory Assessment/ Work planning in Progress
- Workplan Suspended
- Workplan Partially Approved
- Workplan Submitted
- Newly Added (no action yet)

Table 1. Status of HP+ Field Programs (as of mid-January 2016)

Country/ CAM	Funding in System/ Expected (US\$)	Workplan (WP) Status	Staffing Status	Major Focus
Ghana Ann Hendrix- Jenkins	\$385,000 HIV	WP approved; research protocol in development	No local tech staff, part-time operations support from West Africa office	Facility-based stigma study and 90-90-90 costing study
Guatemala Polly Mott	\$3,042,595 POP \$360,914 NUT \$2,337,143 ED \$510,000 MH	Diagnostic/planning WP approved and underway; full draft WP due mid-March	HEPP (HPP) staff being retained under HEP+ (HP+)	Health sector reform, national social info system, targeted advocacy, support to community monitoring
Indonesia Carol Miller	\$976,226 MH	WP approved	HP+ international and local staff on board; hiring consultants for studies	Private sector and civil society assessments in 10 provinces
Jamaica Bethany O'Connor	\$735,757 HIV	Participatory assessment team in Jamaica January 10-15; plan to submit WP mid-February	HPP Jamaica staff retained	Stigma, gender-based violence reduction, HIV treatment literacy
Kenya and East Africa* Laura McPherson	\$1,600,000 HIV \$100,000 POP \$2,000,000 HIV SFI \$600,000 Regional	30 month WP submitted to USAID January 22, 2016	Builds on HPP team; only modest turnover planned	Health finance, domestic resource mobilization, strengthen capes of ECSA/ECA*
Madagascar Elise Lang	\$542,131 POP Additional TBD (MNCH or HSS)	Initial WP approved for FP CIP and planning trip; phone calls with USAID on other components	Will hire local staff when needs are established in full WP	FP CIP WP approved for \$375K; asked to explore additional FP advocacy; MCH investment case with World Bank; and other HSS areas
Malawi Erin McGinn	\$400,000 MCH \$87,353 HIV \$702,985 HIV \$997,014 POP	Partial WP for gender assessment approved; expanded scope of work for US\$10M over five years received; Mission call scheduled late January	Skeleton staff holding in Malawi	Gender assessment completed; longer-term program will build on HPP in FP advocacy, gender, youth, plus new condom component
Mali TBD (Laura McPherson, acting)	\$1,060,000 POP \$300,000 HIV \$264,500 MNCH	Workplanning suspended due tragedy; planned to restart second quarter	Headquarter assignments underway; field staff recruitment planned for second quarter	FP advocacy tools and activities; staff secondment to Ministry of Health; possible girls' education
Mozambique Ricardo Silva	~ \$188,563 HIV	Focused 5 month workplan approved January 29, 2016	Managed from headquarters with existing staff	Costing options for different HIV treatment protocols

Country/ CAM	Funding in System/ Expected (US\$)	Workplan (WP) Status	Staffing Status	Major Focus
Nigeria Kaja Jurczynska	TBD	NEW: Mission email January 13, 2016 requested AOR team set-up call	Will recruit local staff when needs established	Creation of new national Nigeria RAPIDS
Pakistan Elizabeth Rottach	\$2,613,000 ES (focused on FP)	Initial participatory assessment WP approved; full WP development trip February 2016; WP to be submitted March 2016	Recruitment of local staff underway	FP advocacy, policy implementation, governance tools for national and Sindh province
Tanzania Becca Mbuya- Brown	> \$250,000 HIV	Call with Mission early January; will submit WP by end of January 2016	Will use in-country staff from former Palladium AIDS Relief project.	Innovative citizen monitoring/ reporting on ARVs via cell phones
West Africa** Laura McPherson	\$1,000,000 POP \$200,000 HIV	WP submitted, call held early January 2016; work delayed until Regional Representative returns end of January 2016	Regional Representative and modest support staff in place; recruitment underway for additional staff	FP advocacy; multi-sectoral advocacy on DemDiv; HIV advocacy; capacity development West African Health Organization

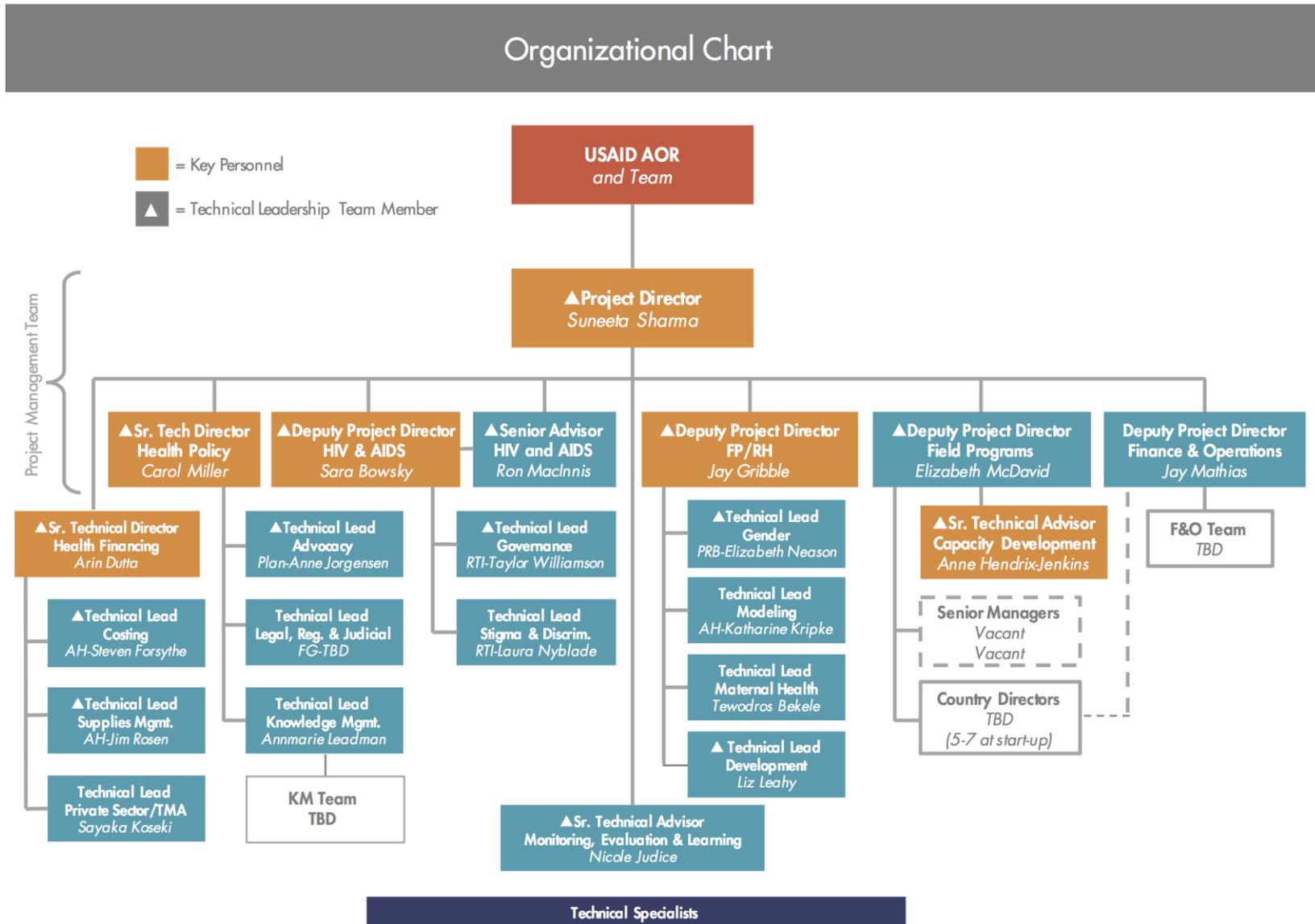
ED = Education, ES = Economic support, FP = Family planning, HIV SFI = HIV Sustainable Financing Initiative, HSS = Health systems strengthening, MH = Maternal health, MNCH = Maternal, newborn, and child health, NUT = Nutrition, POP = Population, TBD = To be determined

***Kenya and East Africa:** USAID/Kenya and USAID/East Africa merged in 2013 and the East Africa health portfolio is now managed by USAID/KEA. The regional portfolio works with two regional organizations: 1) The East, Central and Southern Africa Health Community (ECSA-HC) originally consisted of nine countries at its founding in 1974, later this number grew to fourteen member countries namely Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Currently ECSA has ten active member states. 2) The East African Community (EAC) is the regional intergovernmental organization of the Republics of Burundi, Kenya, Rwanda, the United Republic of Tanzania, and the Republic of Uganda. Both ECSA/SA and EAC have their headquarters in Arusha, Tanzania.

****West Africa Regional Health Organization (WA/RHO):** WA/RHO and HP+ West Africa are both located in Accra, Ghana and focus on USAID “non-presence” francophone countries. HP+ will focus its POP activities on USAID focus countries of Burkina Faso, Mauritania, Niger, Togo, and Cote d'Ivoire. HP+ will also collaborate with WA/RHO and regional organizations to host capacity development workshops and other fora covering additional countries of Benin, Cameroon, and Guinea.

APPENDIX: HP+ PROJECT ORGANIZATIONAL CHART

Figure A1. HP+ Project Management



Health Policy Plus
Palladium
1331 Pennsylvania Ave., NW, Suite 600
Washington, DC 20004 USA
Tel: (202) 775-9680
Fax: (202) 775-9694
<http://www.healthpolicyplus.com>