



# Third Quarter Report

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<b>Title</b>	Health Policy Plus
<b>Activity Description</b>	Health Policy Plus (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.
<b>Main Program Message</b>	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.
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## ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
AOR	Agreement Officer's Representative
CIP	costed implementation plan
DRM	domestic resource mobilization
ED	education
ES	economic support
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
FP	family planning
FP2020	Family Planning 2020
FP/RH	family planning and reproductive health
FY	fiscal year
HEP+	Health & Education Policy Plus
HIV	human immunodeficiency virus
HP+	Health Policy Plus
HPP	Health Policy Project
KEA	Kenya and East Africa
MEL	monitoring, evaluation, and learning
MNCH	maternal, newborn, and child health
NUT	nutrition
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	performance monitoring plan
POP	population
PSM	procurement and supply chain management
RMC	respectful maternity care
SDG	Sustainable Development Goals
SFI	Sustainable Financing Initiative
UNAIDS	United Nations Joint Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance

# 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 the achievement of the four result areas (see Figure 1) that flow from the HP+ mandate and reflect the project’s technical approach.

Figure 1. HP+ Results Framework



## II. PROGRESS REPORT

### A. Project Management

**Objectives:** To continue efficient project startup with clear management roles and responsibilities; ensure that the project's vision and mandate are addressed and implemented in core and field workplans; to establish and manage financial and operations structures and processes; and to represent the project to key stakeholders in government and multilateral agencies and organizations to share best practices and to promote the HP+ role in improving the enabling environment for equitable and sustainable health services.

#### Summary of Main Accomplishments

- Concluded third quarter with \$28,206,579 of cumulative funding. Total funds represent \$2,500,000 (Core FP/RH); \$6,037,500 (Core HIV); \$525,000 (Core MNCH); \$19,144,079 (Field Support).
- Received approval of 13 workplans (Ethiopia, Kenya/EA, Ghana, Guatemala, Indonesia, Jamaica, Madagascar, Mali, Mozambique, Nigeria, Tanzania, Pakistan, West Africa) and submitted one which is pending approval (Malawi).
- Hosted brown bag lunch led by Modibo Maiga at USAID on achievements and updates in the West Africa program.
- Continued to expand staffing by hiring 20 field site staff and four Washington, D.C.-based staff. This includes the appointment of Nirina Ranaivoson as Madagascar country director; Rahal Saeed Koreja as Pakistan country director (acting); and Seydou Traoré as Mali country director.
- Accomplished key project results
  - HP+ supported the review of Kenya's National Hospital Insurance Fund (NHIF) Act; the proposed reforms will impact delivery and financing of the benefits package (inclusive of HIV) to be paid by insurance. Specifically, HP+ supported meetings with members of the parliamentary health committee to discuss a NHIF amendment bill. The health committee has adopted the amendment bill, which will be tabled to the National Assembly for discussion and full adoption by September 2016.
  - In Guatemala, a permanent exemption on procurements of vaccines, ARVs, contraceptives, micronutrients and other items was enacted in as part of a new law governing these health supplies. This comes as a result of more than five years effort by the Guatemala team working under the Health and Education Policy Project (HEPP) and Health and Education Policy Plus (HEP+). During this time, the team has coordinated with civil society and the National Contraceptive Security Commission to change Guatemalan tax/tariff law related to essential medical supplies and equipment purchased through international vendors. In addition, the Guatemala team and civil society have worked to put in place yearly exceptions while awaiting passage of the final law.

- Conducted core and field activity reviews with country and core teams to assess progress and address any challenges and issues. Implementation is on track.
- Submitted and had approved by USAID, HP+’s cost share and Monitoring, Evaluation and Learning (MEL) plans.
- Developed detailed operational, contractual, and financial training library for field staff orientation.
- Completed a second activity manager/country activity manager roles and responsibilities training for project staff.
- Unveiled HP+’s external website ([www.healthpolicyplus.com](http://www.healthpolicyplus.com)).
- Contributed thought leadership through peer-reviewed publication including:
  - Publication in the March 2016 issue of *International Perspectives on Sexual and Reproductive Health* of an article titled “Global Trends in Family Planning Programs, 1999–2014.” The authors conclude that FP programs worldwide have shown consistent improvement during the study period across policies, services, monitoring and evaluation, and method access, but that marked cross-regional differences persist in FP program strength.
  - Publication in *Global Health: Science and Practice* of an article titled “Partnerships for Policy Development: A Case Study from Uganda’s Costed Implementation Plan for Family Planning.” The authors recommend that future costed implementation plan (CIP) development efforts adopt an overall strategy that encompasses both the short-term goal of developing the CIP and the longer-term goal of achieving its objectives.

## 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 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. 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 April-June 2016 reporting period, HP+ made significant progress on its FP/RH work:

- CIP execution technical approach continues to be developed and rolled out in countries. HP+ received additional funding from FP2020 to host an expert meeting on the topic, to be held in August 2016.
- Preparations for CIP development in Liberia are underway, and steps for developing a plan in Sierra Leone have begun. HP+ also supported the revisions of the Ethiopia CIP.
- Women's Leadership and Accountability workshops held in Kenya and Malawi; country participants are preparing to conduct interviews as part of accountability mapping and issue identification.
- The activity on Government Accountability and Transparency for FP2020 Commitments identified Ugandan partner organization—Samasha Medical Foundation—to focus on developing a regional platform for monitoring country-specific commitments to FP2020 and fostering stakeholder accountability.
- A new policy model to demonstrate the impact FP has on achieving the SDGs are being conceptualized. The first brief on identifying the importance of the SDGs in Pakistan has been drafted and is being revised.
- HP+ is revising two of its policy models. ImpactNow is being revised so that it addresses youth and will estimate the health and financial benefits of meeting the FP needs of young women; several country activity managers are interested in using the model's pilot test to support their programs. A revision of DemDiv will better address the economic inputs to the model.
- HP+ submitted an additional workplan item related to the inclusion of FP in universal healthcare programs. The activities included in the submission resulted in HP+ participating in a consultation on the topic organized by the United Nations Population Fund.
- The activity to improve the FP policy environment for young women has been approved to be conducted in Malawi. Field efforts will begin in August, after the data collection instrument has been revised.
- HP+ staff attended the June Implementing Best Practices meeting in Peru and the June High Impact Practices in Family Planning Technical Advisory Group meeting hosted by the World Health Organization (WHO). HP+ staff also attended a WHO training on developing the country-level investment case for the Global Financing Facility.

## HIV

**Objectives:** HP+ focuses on a viable and continuous HIV response by developing solutions to support the achievement of the Joint United Nations Programme on HIV/AIDS' (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

From April through June, the HIV team

- Received approval of 2015 HIV core funds from the HIV agreement officer representative (AOR) team for three activities: gender and sexual diversity training (GSD), a stigma and discrimination (S&D) reduction package, and a policy scan/civil society auxiliary module and action planning.
- Held a consultation meeting with PEPFAR staff on June 22, 2016 to get input into the structure and content of the policy scan and the civil society auxiliary module and received tentative approval to pilot it in Lesotho.
- Identified a contractor to build the online component of the GSD blended learning package, initiated the process of identifying key stakeholders in Kenya and Tanzania, and has created a robust timeline and evaluation component to support the development of the work.
- Participated in an April People Living with HIV Stigma Index consultation as part of the project's S&D work and presented at a USAID-led brown bag on stigma work at the Office of the U.S. Global AIDS Coordinator on March 29<sup>th</sup>.
- Identified Tanzania as the pilot country for the health facility S&D reduction package with a new adolescent component for Y1, and distributed materials for communication with the Mission. All requests for proposal to identify local partners in Tanzania to assist with package implementation have been drafted and are ready for distribution.
- Made progress on its two approved activities within the **Sustainable Financing Initiative (SFI)**:
  - **SFI Kenya**  
In Kenya, HP+ conducted orientation meetings in 13 new counties on the approach to developing capacity in program-based budgeting, revised and piloted curriculum for county-level budgeting training, has contracted with and formed training and mentor teams for the counties including HP+, Ministry of Health, and Kenya School of Government staff.
  - **SFI Tanzania**  
In May 2016, prior to the presentation of the national budget in parliament, HP+ followed up with select Members of Parliament (mix of ruling party and opposition), the Shadow Minister of Health and his deputy, and members of the Medical Stores Department (MSD) team to share advocacy briefs and explain budget and health financing analysis and key findings completed under HPP, which can inform further budget speeches and discussions. HP+ also answered questions from Members of Parliament. HP+ also worked with other partners, such as the Global Fund, to share information on the preliminary FY 2016/17 Government of Tanzania health budget and organize advocacy activities.
  - In related achievement, HP+ analytics were incorporated into the budget speeches of the Chairman of the Social Services Committee and the Shadow Minister of Health related to increasing the budget allocation to health in relation to the national budget, domestic resource mobilization, increasing the allocation to essential medicines and maternal services, clearing the MSD debt and funding procurement and supply chain management (PSM), and increasing the allocation to HIV.
  - Overall DRM achievements till date for the year: HP+ analysis shows a SFI return on investment (HIV specific) in Tanzania of US\$11.8 million for FY 2016/17

(US\$4.6m for ARVs, US\$3.9m for MSD, US\$1.9m for PSM, and US\$1.4m for the AIDS Trust Fund) compared to US\$3.4 million in FY 2015/16.

## 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 in a generation.

### Summary of Main Accomplishments

During HP+’s third quarter, the White Ribbon Alliance (WRA)

- Actively participated in the WHO-initiated Ending Preventable Maternal Mortality (EPMM) Management Team discussions; co-led the EPMM/Every Newborn Action Plan<sup>1</sup> (ENAP) advocacy work stream; and developed a joint advocacy proposal with ENAP and EPMM advocacy work stream members focused on quality, equity, and dignity for all, to align efforts for integrated maternal and newborn health advocacy. WRA co-organized a session at Women Deliver focused on the same. WRA also helped to develop a letter of intent to request support for EPMM work going forward.
- Led the development of an advocacy strategy for stillbirths alongside the Lancet “Ending Preventable Stillbirths” series launch and has spoken at numerous events on this topic, including at a Lancet side event at the World Health Assembly.
- Led respectful maternity care (RMC) efforts, including
  - Preparing an updated video to showcase recent developments in the field of RMC which was screened at Women Deliver.
  - Convening a RMC council meeting in April, during which members discussed gaps and needs in policy, research, care and redress, and stressed the need to identify and engage with other stakeholders outside of the current council membership.
  - Supporting the evidence informed approaches to RMC subcommittee to finalize the RMC wiki site which will be a hub for information, research, and policy on RMC.
  - Coordinating the advocacy subcommittee to develop an indicator for participatory accountability and prepare and submit a report to the Office of the High Commissioner on Human Rights on participatory accountability mechanisms for RMC.
- Continued to lead a multi-sectoral group of stakeholders to finalize a midwifery advocacy strategy focused on strengthening and empowering the midwifery profession to raise their voices collectively and to ensure that midwives have a seat at the table when decisions are made in the area of maternal and newborn health. WRA also led a discussion with young midwifery leaders on how to get a seat at the policymaking table at the Midwifery Symposium in Copenhagen. WRA awarded a small grant to Afghanistan to advocate for the establishment of an independent Midwifery and Nursing Council and a small grant to Nepal to advocate for the passage of the Safe Motherhood and Newborn Healthcare Bill.

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<sup>1</sup> Every Newborn Action Plan is an initiative of the Partnership for Maternal, Neonatal, and Child Health.

## C. Monitoring, Evaluation, and Learning

**Objectives:** The HP+ 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+ is incorporating 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.

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

Over the project's third quarter, the MEL team

- Submitted revised HP+ PMP, including indicator reference sheets, to USAID for approval (May 2016).
- Initiated development of theories of change for HP+'s result areas (see Figure 1) as well as the project's contribution to PEPFAR and FP2020 goals.
- Contributed to the development, revision, and finalization of work plans; compiled and reviewed PMPs for work plans; and assisted field teams in responding to MEL questions from USAID Missions.
- Conducted MEL training for HP+ staff in headquarters as well as in the Kenya and Guatemala offices in May and June 2016.
- Conducted initial consultations to design evaluation and learning agendas in Guatemala and Kenya.

## 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

From April through June 2016, HP+

- Launched the revised HP+ website, a dynamic site that will continue to grow as results and accomplishments are achieved.
- Finalized and soft launched the updated HP+ branding in conjunction with the website revision and secured a branding exception for the HP+ Guatemala name and logo, HEP+.
- Provided communications support to a USAID brown bag lunch by Modibo Maiga on the West Africa program.
- Hosted a Twitter bootcamp to introduce basics on using Twitter to promote the project activities and products. Launched the HP+ project director and several staff on Twitter.
- Retooled and formalized a branded monthly internal project update to share information, updates and best practices among the HP+ team and coordinated three internal Breakfast Briefings to provide a forum for technical information sharing, updates, and team building.
- Participated in activity reviews for core and field support activities and presented HP+ communications and knowledge management basics and communications protocols at the second country activity manager/activity manager training.
- Coordinated satellite session submission – “The politics of decentralization” – to the Fourth Annual Health Systems Research conference under the conference sub-theme #2 - Responsiveness: anticipating change, respecting rights and engaging politics (wait listed).
- Provided communications review, editing, and design support for a wide variety of project products.

## E. Cross-cutting Issues

### Equity

**Objectives:** In an effort to enhance health equity, HP+ is looking 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. HP+ seeks to identify those who are left out from receiving adequate health care or do not achieve adequate levels of health, how the poor and the excluded can make demands for mandated services, and how they can engage in policy making to ensure policies meet their needs. With recognition that how we identify those who fall behind in having adequate health is not an easy process, we hope that our in-depth analyses and provisioning of adequate space for all voices to be heard will lead to health policy being accountable to the poor and the excluded.

## Summary of Main Accomplishments

During the project’s third quarter, the Equity team

- Continued discussions for involvement on equity issues in Pakistan.
- Initiated an equity framework.

- Further developed an equity concept note, which will clarify our framework to emphasize that those who do not receive adequate health care and those who do not achieve adequate health must play a greater role in policy making and monitoring policy implementation.

## Gender

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

### Summary of Main Accomplishments

Over the course of HP+'s third quarter, the Gender team

- Published the final 2015 PEPFAR Malawi Gender Assessment Report (<http://www.healthpolicyplus.com/pubs.cfm?get=2006>). Issues identified in the assessment include: coordination and implementation challenges in meeting Malawi's robust – and at times conflicting – national gender and HIV agenda, in a climate of significant human rights restrictions against key populations; gender-related gaps both in the implementation of Option B+ and in community- and facility-level interventions to promote men's testing and treatment; opportunities to leverage DREAMS and other youth-centered programming to better meet the needs of both girls and boys; and how various community-based interventions are attempting to address gender-based violence, early marriage, and other harmful cultural practices. The assessment also took into consideration the gender-related risks and implications of rapid program scale-up to meet 90-90-90 targets. Final recommendations from the report and were submitted with PEPFAR Malawi's COP16.
- Provided expert guidance around GSD as it related to the review of the USAID funded "Gender Synchronization" tool. Through the review, staff helped integrate some of the key learnings provided under the Health Policy Project (HPP) and HP+ around GSD and to add this purview to the knowledge base of this document. This aims to support a number of projects globally as they tackle issues of gender equity.
- Train over 40 staff in Atlanta, GA with our GSD training. The training helped staff to explore basic concepts of gender and sexual diversity as well as helping them to apply the concepts to their workplaces and their PEPFAR programs. Staff reported learning new things and being enlightened by the training. They wanted even more!
- Started its field work in the Women's Leadership and Accountability activity by conducting two consecutive workshops in Malawi and Kenya. The activity builds on HPP's successful women's leadership in FP/RH, that led to numerous and varied levels of outcomes at individual, organizational, and policy-level change. The HP+ workshops brought alumnae together in Malawi and Kenya to take action on holding duty bearers accountable for reaching ambitious national and FP2020 commitments: How can improving multiple accountability linkages amongst stakeholders in the health system improve FP commitments? Workshop sessions focused on strengthening knowledge and skills around accountability, including visually mapping accountability

relationships for a pressing FP issue and tailoring key informant interview tools to assess accountability, using a unique approach to joint accountability.

- Attended the Gender 360 Summit in Washington, DC. HP+'s Jennifer Pendleton facilitated a group discussion on adolescent sexual and reproductive health during the event.

## 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 also necessary *to* sustain development results—to ensure gains don't dissipate after our involvement ends, and to also go beyond maintaining progress gained via embedded capacities to adapt and self-renew. To this end, HP+ assists partners with assess needs and design action plans; builds systems-driven capacities at individual, institutional, and systems levels through approaches tailored 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

From April – June 2016, the project's Capacity Development and Sustainability teams

- Implemented the HP+ GSD training for Centers for Disease Control and Prevention staff in Atlanta.
- Met with peers from other organizations to share experience and ideas on Collective Impact.
- HP+ staff attended "Overview of USAID Abortion, Family Planning and HIV/AIDS Statutory and Policy Requirements" compliance training.
- Hosted a three-day FP models training session, which provided an in-depth, hands-on learning opportunity for current project staff interested in gaining the skills needed to apply population and FP models. The training session profiled three key FP advocacy models—ImpactNow, DemDiv, and RAPID*Women*—as well as the demographic and economic concepts/theories underpinning the models, and the Spectrum modules on which they rely.
- Collaborated with the gender team to start field work for the Women's Leadership and Accountability activity (see Gender section above).
- Advanced capacity development activities in Guatemala based on the Collective Impact approach by defining specific activities to advance the strategy developed in January and by furthering the network mapping work that will eventually be linked to software to monitor and visualize collaboration over time.
- Led refresher training on the OneHealth Tool in Malawi for Ministry of Health staff. Participants learned more about how OneHealth can be used to inform national strategic planning, how costs and health impacts are calculated in OneHealth, which data are

required to use OneHealth, and how OneHealth can be applied in Malawi to cost the Health Sector Strategic Plan (HSSP II, 2016-2021).

## 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

During the project's third quarter, HP+ received

- Requests for 14 field programs (country, regional), including two new countries (Pakistan and Indonesia). Other field programs are building on the work they did under HPP.
- Over \$20 million in field funding either obligated, in the USAID Field Support Database, or committed in writing by field missions; larger country programs.
- 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 Guatemala, West Africa, Mali, and 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 14 country activity managers 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, 3 Madagascar, 3 Mali], with more under recruitment.
- Initiating participatory development of 14 field workplans with Mission and national colleagues; submitting twelve workplans, of which six are approved to date. Of those submitted, eight cover large and complete field programs (Guatemala, Jamaica, Pakistan, Madagascar, Mali, Malawi, Kenya, and West Africa). Six others (Ghana, Tanzania, Mozambique, Ethiopia, Nigeria, and Indonesia) are for discrete and defined work.
- One large and complex field workplan is yet to be approved (Malawi).
- Ghana program on hold pending Mission confirmation of scope and notification/agreement with the National AIDS Control Programme.

- 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); costing of antiretroviral treatment protocols in Mozambique; initial FP CIP data collection in Madagascar, and others.

Figure 2. HP+ Field Programs



## APPENDIX A: HP+ COMPLETED PRODUCTS

Table A1. HP+ Completed Products

<b>Core-funded Products</b>
<b>HIV</b>
Towards an AIDS-free Generation: Health Policy Plus Supports PEPFAR's Drive to Reach HIV Treatment, Care, Support Targets (French)
Towards a Stigma-free Generation Health Policy Plus Investing in Stigma Reduction (French)
<b>Field-funded Products</b>
<b>Ethiopia</b>
Costed Implementation Plan for Family Planning in Ethiopia, 2015 – 2020 (brief)
<b>Kenya</b>
Health Policy Plus: Kenya and East Africa
<b>Malawi</b>
PEPFAR Malawi Gender Assessment Report (2015)
<b>Journal Articles</b>
Global Trends in Family Planning Programs, 1999–2014 ( <i>International Perspectives on Sexual and Reproductive Health</i> )
Partnerships for Policy Development: A Case Study from Uganda's Costed Implementation Plan for Family Planning ( <i>Global Health: Science and Practice</i> )
Voluntary Medical Male Circumcision for HIV Prevention: New Mathematical Models for Prioritizing Sub-Populations by Age and Geography ( <i>PLoS One</i> ) <sup>2</sup>

<sup>2</sup> A collection of 17 journal articles, including an editorial summarizing the collection, was submitted to PLoS One by the USAID-funded Project SOAR and officially launched by the journal at the International AIDS Conference in July 2016. HPP staff members are co-authors on a number of the manuscripts and many of them draw on work that began under HPP.

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