

AFRICAN STRATEGIES FOR HEALTH PROJECT ANNUAL REPORT YEAR TWO (2012-2013)

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ACRONYMS

ACD	advocacy, communication and dissemination	IRS	Insecticide Residual Spraying
AGOA	African Growth and Opportunity Act	ISED	Institut de Santé et Développement
ANC	antenatal care	KSPH	Kinshasa School of Public Health
APHRC	African Population and Health Research Center	M&E	monitoring and evaluation
ARMNH	Reproductive, Maternal and Newborn Health Alliance	MDGs	Millennium Development Goals
ART	antiretroviral therapy	MDR-TB	Multidrug-resistant tuberculosis
ASH	African Strategies for Health	MNCH	Maternal, Neonatal and Child Health
AU	African Union	MOH	Ministry of Health
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa	MSH	Management Sciences for Health
CDC	Centers for Disease Control and Prevention	NIH	National Institutes of Health
COR	Contract Officer's Representative	NMCP	National Malaria Control Program
ECOWAS	Economic Community Of West African States	NORAD	Norwegian Agency for Development Cooperation
ECSA-HC	East, Central and Southern African Health Community	OHA	Office of HIV/AIDS
FP	family planning	PATH	Program for Appropriate Technology in Health
GDA	Survive & Thrive Global Development Alliance	PMI	President's Malaria Initiative
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	PPL	Bureau for Policy, Planning and Learning
HCF	Health Care Financing	RBM MiP WG	Roll Back Malaria's Malaria in Pregnancy Working Group
HHA	Harmonizing for Health in Africa	RCQHC	Regional Centre for Quality of Health Care (Africa)
HIDN	Office of Health, Infectious Diseases and Nutrition	RH	reproductive health
HIS	health information system	RTI	Research Triangle Institute
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome	SOTA	State of the Art
HPA	Health Professional Associations	SRN	sub-regional networks
HSR	health systems research	TB	Tuberculosis
HSS	health systems strengthening	UNICEF	United Nations Children's Fund
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa	USAID	United States Agency for International Development
ID	infectious disease	USAID/AFR	USAID's Africa Bureau
IDSR	Integrated Disease Surveillance and Response	USAID/GH	USAID's Bureau for Global Health
IPTp	Intermittent Preventive Treatment of Malaria in Pregnant Women	USG	United States Government
IR	intermediate results	WAHO	West African Health Organization
		WHO	World Health Organization
		WHO/AFRO	World Health Organization's Regional Office for Africa
		WHO/ERG	World Health Organization's Effectiveness Research Group

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EXECUTIVE SUMMARY

In Year Two (2012-2013), the African Strategies for Health (ASH) project made strides towards monitoring and analyzing health issues, communicating and advocating for the adoption of promising and best practices that will impact the health of Africans, and enhancing the capacity of African health institutions, resulting in a number of achievements across its primary areas of technical focus. These technical areas are as follows: maternal, newborn and child health (MNCH); infectious diseases (ID); health systems strengthening (HSS); monitoring and evaluation (M&E); and communications and advocacy. MNCH has dealt with activities such as HIV among pregnant and postpartum women. ID has focused on malaria and tuberculosis (TB) control, as well as integrated disease surveillance and response (IDSR). HSS has dealt with mobile technology, provision of advocacy documents for greater investment in health, and the cataloguing and analysis of key regional organizations involved in the health sectors of African countries.

Through the project's work, ASH has provided information through knowledge exchange, developed tools for current and future use, and synthesized and analyzed complex health issues in Africa. These outputs include the analysis and synthesis of research related to healthcare financing reforms in Ethiopia which was disseminated at the Second Global Symposium on Health Systems Research (HSR) in Beijing, as well as an IDSR activity in Botswana that laid the foundation for development of a generic approach for IDSR evaluation. Additional outputs include the writing, presentation and dissemination of the paper and technical brief for the "Africa on the Move: Health as a Driver of Sustained and Accelerated Trade and Investments" session at the African Growth and Opportunity Act (AGOA) Forum in Addis Ababa in August, and the development of two volumes of the mHealth Compendium to assist the United States Agency for International Development's (USAID) missions in Africa to develop mobile health technologies and programs.

ASH's work has impacted Africa at the country, regional and global levels. The project has worked to evaluate Roll Back Malaria (RBM) Sub-Regional Networks (SRNs), which assist countries directly by providing short-term technical assistance to national malaria control programs (NMCP). Regionally, ASH has assisted with technical inputs for the first operational plan for Health Information System (HIS) policy of the West African Health Organization (WAHO). On the global scale, ASH has provided critical and timely information for south-to-south exchanges concerning MNCH challenges and solutions, and moderated a session on health financing reforms at the Second Global Symposium on Health Systems Research. A historical overview of USAID's contributions to TB control throughout Africa, drafted by the ASH project, is a high impact product being used by World Health Organization's Regional Office for Africa (WHO/AFRO) and USAID in their support activities.

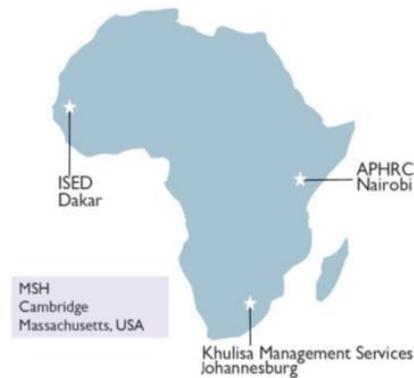
As Year Three begins, ASH will make a significant impact on the African landscape by addressing a number of prominent issues within the project's technical areas through a three-phase exploratory-enhancement-expansion approach:

1. **Exploratory:** consult and review evidence and country experience in order to narrow, focus and define promising areas of work which potentially have a large health impact but have been overlooked or received little attention
2. **Enhancement:** undertake a more intensive and in-depth look into defined issues, their impact and the most promising solutions. This phase would also generate ideas about possible means for expanding or further leveraging information regarding when, where and in what circumstances new ideas might apply or work. Outputs may range from a comprehensive issues paper with potential solutions to development of tools.
3. **Expansion:** leverage what has been learned by dissemination of findings, solutions and tools to countries in Africa, key African development partners, USAID and the global public health community. Disseminating findings through various meetings, symposiums and other events will also inform countries as they develop context-specific work plans and solutions.

Many activities will incorporate all three phases while others will focus on the exploratory or enhancement phase alone. This approach will result in ASH accelerating, expanding and applying its cutting-edge work to improve the health of Africans in the year ahead.

African Strategies for Health's key technical areas of expertise:

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



INTRODUCTION

The African Strategies for Health (ASH) Project is a five-year, \$19,984,075 contract funded by the United States Government (USG) through the Office of Sustainable Development within USAID's Africa Bureau (USAID/ AFR).

ASH is being 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 selected African regional institutions.

With USAID/AFR, ASH works in close collaboration with African health institutions to address and identify constraints impeding the realization of the Millennium Development Goals (MDGs) and the goals of the USG. ASH's key technical areas of expertise are as follows: maternal, newborn, and child health; infectious diseases; health systems strengthening; monitoring and evaluation; and communications and advocacy.

ASH'S STRATEGIC FRAMEWORK

ASH's strategic objectives are to improve the health status of Africans and strengthen health systems through supporting African institutions and networks and assist USAID, its partners within USG, and cooperating agencies and partners to create a strategic vision for guiding investments to further the health of Africans and facilitate the development of African leadership. In order to achieve these objectives, ASH works through three intermediate results (IR):

IR 1: Monitor and analyze trends, constraints and solutions for improving African health. ASH gathers knowledge on current trends in health, identifies constraints which prevent progress in improving health in Africa, and identifies solutions for addressing these constraints.

IR 2: Consensus on priorities and strategies for improving the health of Africans. ASH shares information with regional partners about the effectiveness of health interventions, and advocates for the adoption of these practices.

IR 3: Strengthened African institutions and networks. ASH engages African regional institutions to address health issues in a sustainable manner and to build capacity in leadership and management. ASH promotes African strategic and technical leadership with the objective of empowering Africans to enhance country ownership.

By the end of Year Two, ASH has received \$7,986,438.52, or roughly 40 percent, of the total contract amount. During Year Two, approximately 72 percent of the project's funding was allocated to IR1, 12 percent to IR2, and 16 percent to IR3.

YEAR TWO IN REVIEW

During Year Two, ASH continued to build on the foundation established in Year One and expand its portfolio of activities. Key ASH results and major activity outputs can be found in the figures below. ASH's wide array of contributions supported immediate programmatic needs and the diversification of USAID's portfolio by emphasizing several important aspects:

- **Generating knowledge** for determining strategic priorities in various activities, such as the review of the relationship between HIV and maternal mortality.
- **Building consensus** for effective coordinated implementation of programs. The Pediatric TB Framework developed for Africa required the participation of USAID's Global Bureau, USAID/AFR, country missions and WHO/AFRO and consequently led to the piloting of childhood TB programs in three African countries.
- **Providing technical contributions into niche areas** for USAID's Africa Bureau including eHealth/mHealth, regionalization and the relationship between HIV and maternal health.
- **Supporting high level advocacy** efforts through activities such as the development of materials for the African Growth and Opportunity Act (AGOA) meeting that made the economic case for investing in health, and the African Leadership for Child Survival (ALCS) – A Promise Renewed conference in Addis Ababa.
- **Yielding insights** into the design, implementation and evaluation of USAID programs through support for the review of USAID's family planning activities and assistance provided to USAID in reviewing USAID health evaluations completed in the Africa region
- **Highlighting historical contributions** of USAID, including TB control efforts in Africa which were documented for incorporation into a WHO publication

Conversely, a high staff turnover and the need to respond to emerging activities delayed the implementation of certain planned activities for Year Two. Affected activities included the implementation of the IPTp activity aimed at resolving facility-level bottlenecks, the Management Training Paper, the Elected Officials Paper, and the IDSR Advocacy Strategy. Emerging activities included organizing the ALCS conference in Addis Ababa and the request by the President's Malaria Initiative (PMI) to support two PMI-initiated assessments, specifically the assessment of sub-regional networks for malaria and the mid-term evaluation of an insecticide residual spraying (IRS) project in Tanzania.

Even with these limitations and competing priorities, ASH was able to engage with a number of stakeholders and expanded the range of partners it worked with for various activities during Year Two. These partners included WHO/AFRO for TB and IDSR activities; Harmonizing for Health in Africa for the landscape analysis for regional institutions; East, Central and Southern African Health Community (ECSA-HC) and Regional Centre for Quality of Health Care (Africa) (RCQHC) to initiate the process of strengthening the organizational capacity of regional professional institutions in East Africa; the AU during the ALCS – A Promise Renewed Conference; the West African Health Organization (WAHO) during the Regional HIS Partners' Forum; and the Botswana Ministry of Health (MOH) during the IDSR evaluation. In addition, ASH engaged with representatives from CDC and USAID's Bureau for Global Health (USAID/GH) in the areas of HIV, HSS, MNCH and TB.

KEY ASH RESULTS FOR YEAR TWO:

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

program/project evaluations and special studies completed **10**
with support from ASH

6 consensus-building processes supported by ASH on prioritized health issues

African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas **3**

MAJOR ACTIVITY OUTPUTS FOR YEAR TWO

Technical Area	IR1: Expanded Body of Knowledge	IR2: Consensus on priorities and strategies	IR3: Strengthened African institutions
HSS	2 volumes of the mHealth Compendium China HSR satellite meeting HCF technical brief, presentation and paper review	Support to AGOA Health Session on Health and Trade	
ID	IDSR evaluation in Botswana IRS evaluation in Tanzania Overview of USAID's contribution to TB control Pediatric TB literature review PMI-funded SRN activities review	Consensus building for development of IDSR Logic Model Consensus building meeting for pediatric TB	Botswana MOH IDSR evaluation
MNCH and FP	Oral rehydration therapy use literature review Support to AU/CARMMA MNCH annual status report Systematic review of HIV and MM	Support for the African Leadership for Child Survival	Strengthening leadership and management capacity of regional health professional associations
Other/Cross-Cutting	AGOA technical brief and presentation USAID's FP program review in Africa Youth livelihood program literature review Review of past USAID evaluations	USAID regional mission coordination and work planning meeting	KSPH grant and mentoring

TECHNICAL UPDATES

ASH 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 the 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 Two.

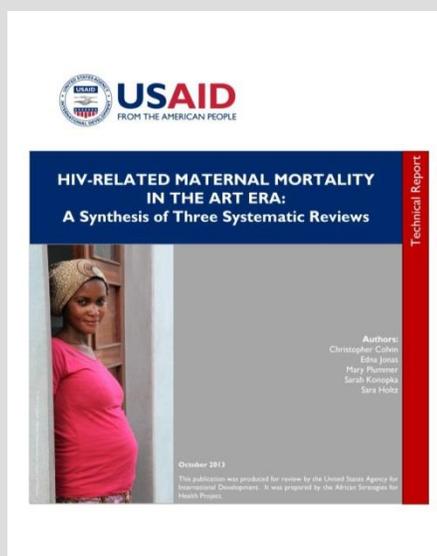
MATERNAL, NEWBORN AND CHILD HEALTH

In Year Two, African Strategies for Health:

Collaborated with ECSA-HC, RCQHC and the Survive & Thrive GDA to organize and lead a session on **organizational capacity development** for 42 national and regional-level health professional associations from 16 countries in the ECSA-HC region

Provided technical and logistic support for planning and convening the **African Leadership for Child Survival – A Promise Renewed** conference for ministers of health throughout Africa

Conducted three systematic reviews of and disseminated evidence on **relationships between HIV and maternal mortality**



PROVIDING LEADERSHIP AND SUPPORT: ILLUMINATING EMERGING AND NEGLECTED ISSUES CONFRONTING MNCH IN AFRICA

Researching, assessing and disseminating findings to improve services and programming for pregnant and postpartum women with HIV (IRI).

Women in Africa suffer disproportionately from HIV-related maternal mortality. In an effort to identify evidence that can guide policies and programming for pregnant and postpartum women with HIV, ASH worked with USAID to define the research questions, led a team of consultants and played key roles in conducting three systematic reviews to identify what is known about the:

1. effectiveness of various interventions for reducing mortality among HIV-infected pregnant and postpartum women;
2. demand-side factors affecting initiation and adherence to ART by pregnant and postpartum women with HIV; and
3. health system barriers and enablers affecting initiation, adherence and retention in ART by pregnant and postpartum women with HIV.

ASH summarized the key findings of the three reviews and discussed their implications for service delivery and programming in a synthesis report entitled “HIV-Related Maternal Mortality in the ART Era: A Synthesis of Three Systematic Reviews.”

In addition, ASH presented the findings at the technical meeting “Maternal Health, HIV, and AIDS: Examining Research Through a Programmatic Lens” in June 2013 which focused on linkages between maternal health and HIV, research gaps and programmatic implications. Findings from the three reviews were also presented as posters during the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in December 2013. In Year Three and beyond, ASH will support USAID/AFR in broadening the reach of these discussions and research to include field-based implementers, policy makers and researchers.

IMPLEMENTING STRATEGIES FOR TAPPING UNDERUTILIZED MNCH RESOURCES

Building capacity of African Health Professional Associations (IR3). Regional- and national-level African health professional associations (HPA) are under-developed and under-utilized resources for advancing maternal and newborn health. Given their nascent stage of development, ASH was asked to collaborate with the Survive & Thrive Global Development Alliance (GDA), ECSA-HC and RCQHC to build their organizational capacity. To this end, ASH co-organized and co-led a workshop during the week-long Regional Forum on Maternal and Newborn Health in Arusha in August 2013 that was attended by 42 regional and national health professional associations from 16 countries in the ECSA-HC region. The session focused on identifying and reaching consensus about the challenges faced by HPAs and priorities for the associations and strategies for addressing them. Participants had the opportunity to learn from each other's experiences in building their associations. Additionally, representatives from the associations reflected on the discussions and identified activities they could implement over the following nine days, nine weeks and nine months. Specific follow up activities on the part of ASH, the GDA partners or HPAs were not defined during the conference but are under discussion. ASH will continue to support organizational capacity development of the HPAs in collaboration with ECSA-HC, RCQHC and the Survive & Thrive GDA in Year Three.

DEVELOPING INNOVATIVE APPROACHES FOR ADDRESSING MNCH CHALLENGES

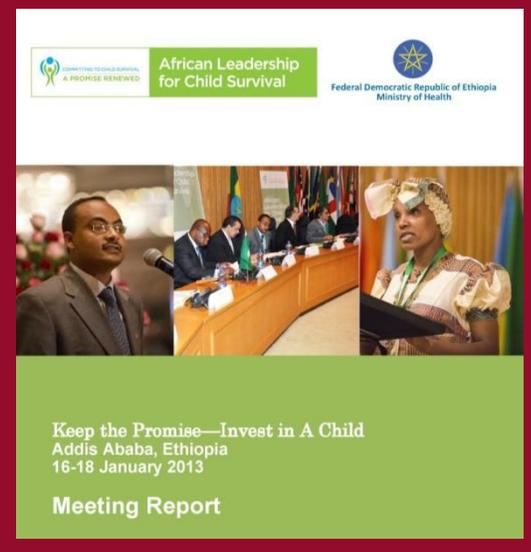
Developing a tool to improve service delivery for IPTp, disseminating evidence-based findings, facilitating national action plan development and south-to-south exchange, and advocating for Malaria in Pregnancy policies (IR1).

Many African countries continue to suffer from high rates of malaria. This is particularly devastating for pregnant women since malaria contributes to prematurity, low birth weight and other obstetric and neonatal complications. Although low cost preventive therapy is available, rates of uptake among pregnant women continue to be quite low. In Year Two, ASH concluded an analysis of the 2011 ANC register review conducted in Malawi. The review focused on identifying characteristics and factors that distinguished women who receive only one IPTp dose from those who receive two doses. The analysis was used to draft a technical background document that set the foundation for facility-level assessments and a bottleneck analysis framework that will be implemented in Uganda and Liberia, which will ultimately inform the development of a managerial quality assurance tool for use by facility managers, supervisors and providers.

ASH submitted a report that presented the findings and proposed recommendations from the analysis to the Malawi National Malaria Control Program (NMCP) and USAID Malawi. The report has since been re-drafted into a manuscript that will be submitted to a peer-reviewed journal. ASH also contributed to global understanding of this problem by presenting the research findings at the Global Maternal Health Conference in Arusha in January 2013. ASH supported roll out of the new WHO guidelines for IPTp in Africa and malaria in pregnancy-related policy advocacy through participation in the Roll Back Malaria's Malaria in Pregnancy (MiP) Working Group (WG) and the PATH/WHO/Gates Malaria in Pregnancy Meeting in Arusha in January. Development of the quality assurance tool and its rollout will continue in Year Three and ASH will also continue participating in the MiP WG.

Documenting and disseminating trends in MNCH: support to the AU/CARMMA (IR1). ASH supported the African Union's CARMMA in documenting and disseminating trends, achievements and remaining challenges for MNCH in Africa by assisting with the publication of CARMMA's 2012 and 2013 status reports on MNCH in Africa. The 2012 report was distributed to the African Union's Assembly and Ministers of Health and is available on the AU's website. ASH will continue to support and build CARMMA's capacity for monitoring and evaluation in the upcoming project years.

Building consensus and motivating political support for child health: African Leadership for Child Survival – A Promise Renewed (IR1, IR2). As momentum toward achieving their 2015 Millennium Development Goals accelerates, African countries are focusing greater attention on addressing the remaining bottlenecks and challenges. These countries can learn much from each other's experiences and research that has been conducted in similar contexts. To enable this process, ASH provided technical and logistic support for organizing and convening the African Leadership for Child Survival – A Promise Renewed conference in Addis Ababa in January 2013. The conference brought together ministers of health, global maternal and child health experts, and researchers from across Africa to learn from each other's experiences in overcoming challenges and about evidence-based, state-of-the-art approaches, and to develop action plans for moving forward their national agendas.



INFECTIOUS DISEASES

In Year Two, African Strategies for Health:

Supported the development of a **pediatric TB Framework** in Africa

Drafted a historical overview of **USAID's contribution to TB control** in Africa

Completed an **assessment of sub-regional networks** implemented through Roll Back Malaria

Completed a mid-term evaluation of **Insecticide Residual Spraying** project in Tanzania

Supported the development of an **IDSR evaluation methodology** in Botswana

Evaluating Insecticide Residual Spraying (IRS) for malaria-related morbidity and mortality control in Tanzania (IR1, IR2).

ASH provided support to the PMI Team in Tanzania to conduct a mid-term evaluation of an RTI-implemented IRS project. The purpose of the mid-term evaluation was to assist with the design of follow-up vector control interventions aimed at supporting Tanzania in controlling morbidity and mortality related to malaria. It also built the capacity of African evaluators to effectively participate in and provide expert contributions to complex evaluations. Results will assist with the re-design of follow-up programs in Tanzania and IRS programs in other PMI focus countries. The evaluation has important relevance for malaria control in the east and southern African sub-region since great strides have been made in Tanzania in implementing IRS. As a best practice, it contributes to a greater understanding of the operationalization and effectiveness of IRS programs.



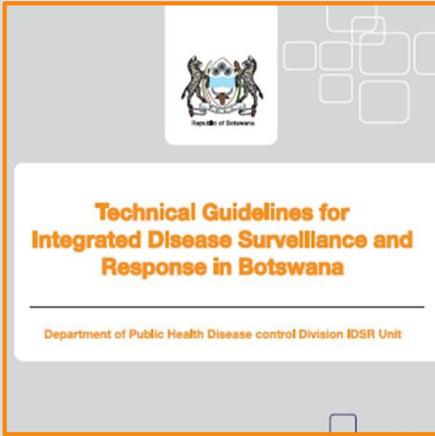
TUBERCULOSIS

Tracking USAID's contributions to TB control (IR2). ASH drafted a historical overview of USAID's contribution to TB control in Africa. Key elements outlined in the overview include USAID's support for the strengthening of DOTS, the integration of TB/HIV and the management of the growing issue of multidrug-resistant TB (MDR-TB). The historical overview will be incorporated into a document developed by WHO AFRO that documents TB control efforts in Africa since the early 1980's. USAID/GH and USAID/AFR supported ASH during the writing process.

Supporting the development of a pediatric TB Framework in Africa (IR1, IR2). ASH, in a joint collaboration with WHO AFRO, USAID/GH and USAID/AFR, participated in a series of teleconferences and face-to-face meetings that enabled stakeholders to develop a consensus approach for working together in the area of pediatric TB. This meeting helped focus attention on an aspect of TB control that has been lagging for many years and is increasingly becoming an important element of childhood morbidity and mortality, especially as common childhood killers such as malaria and diarrhea become less problematic. The outcome of this collaboration was the implementation of a Pediatric TB Framework for Africa that was finalized during July 2013. An additional outcome was the commitment made by three countries – Democratic Republic of the Congo, Mozambique and the Republic of Tanzania – to implement pilots for strengthening pediatric TB. National TB Control Programs will guide these pilots with the support of USAID country offices.

MALARIA

Strengthening technical assistance for National Malaria Control Programs (NMCP) (IR1, IR2). The Roll Back Malaria partnership, funded through PMI, established Sub Regional Networks (SRNs) to support countries with implementation of malaria programming through GFATM funding. Support largely occurs through the provision of short-term technical assistance to NMCPs. ASH reviewed the effectiveness of technical assistance provided through SRNs. The results gave PMI recommendations for strengthening the quality of technical assistance, in turn improving the capacity of NMCPs to effectively utilize GFATM funding.



INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

Supporting the design, implementation and testing of an IDSR evaluation method in Botswana (IR1, IR2). Based on a joint work plan by WHO AFRO, CDC and ASH, the African Strategies for Health project supported the development of an evaluation methodology for IDSR to be tested in one or more African countries. The evaluation design was preceded by a literature review and the development of a logic model that reflects the impact of IDSR implementation and its contribution to strengthened integrated disease surveillance activities in Africa. During August 2013, an IDSR evaluation was conducted in Botswana with external participation from CDC, WHO AFRO and ASH, and lays the foundation for the development of a generic approach to IDSR evaluation that can be implemented by countries with minimal external support.

Supporting WHO AFRO with development of an IDSR advocacy strategy (IR 2). The WHO AFRO, CDC and ASH joint work plan included development of an advocacy strategy for IDSR in Africa. In collaboration with CDC, progress was

made in defining the goal and objectives for the strategy and development of tools such as a “Stakeholder Interview Guide”. ASH will continue focusing on the advocacy strategy through Year Three.

HEALTH SYSTEMS STRENGTHENING

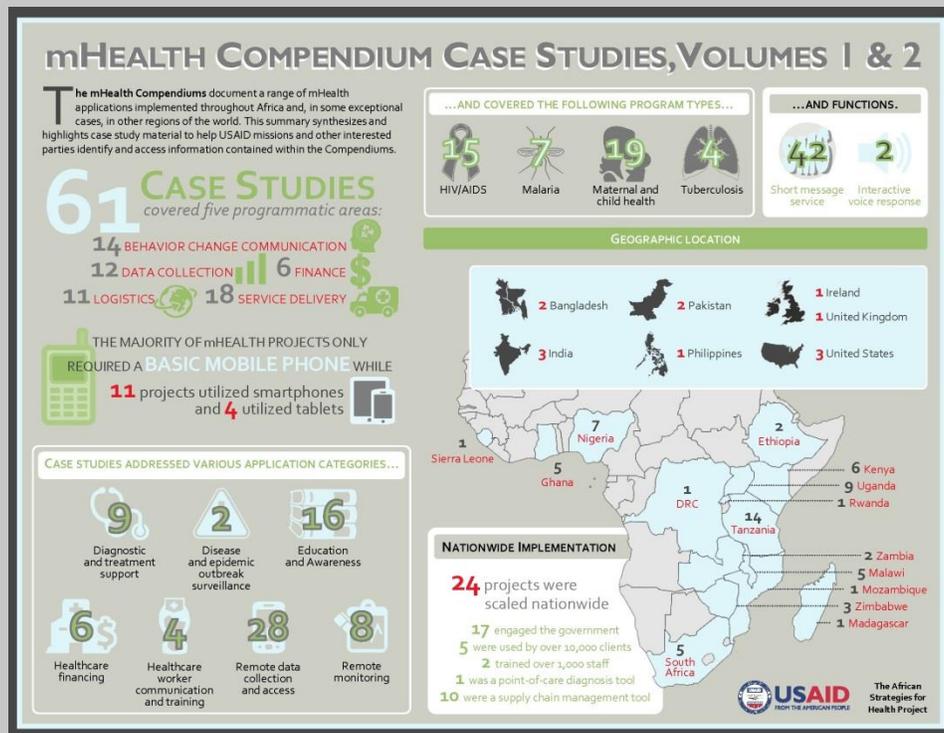
In Year Two, African Strategies for Health:

- Developed a paper, technical brief, presentation and communications materials for the 2013 AGOA meeting session on “Africa on the Move: **Health as a Driver of Sustained and Accelerated Trade and Investments**”
- Provided technical inputs into the development of the West African Health Organization’s first-ever **regional operational plan for the West African Health Information System** policy
- Produced and disseminated two editions of the **mHealth Compendium** that garnered widespread interest
- Reviewed the Health Care Financing technical paper, developed the technical brief, and moderated the session on the “**Ethiopian Health Care Financing Reforms: On the Path to Universal Health Coverage**” at the Second Global Symposium on Health Systems Research

Making the case for greater investment in the health sector (IR1). ASH developed a paper titled “Africa on the Move: Health as a Driver of Sustained and Accelerated Trade and Investments”. Key elements of the paper included the relationship between health and economic development, the impact of health on trade and commerce, trade liberalization and health and a summary of emerging trends and opportunities. The paper contributes to a body of knowledge, covering key issues related to the bi-directional relationship between health and economic development, and provides a bibliography that can be a ready resource for others examining this issue.

ASH later transformed the paper into a technical brief and PowerPoint presentation. The presentation was delivered by East African Community Secretary General, Ambassador Dr. Sezibera Richard, to Ministers of Finance and senior trade representatives at the 2013 U.S.-Sub-Saharan Africa Trade and Economic Cooperation Forum, also known as the AGOA Forum, in Addis Ababa, Ethiopia. In Year Three, ASH will continue to further develop the technical brief to more widely disseminate the findings of the research.

Identifying innovative mobile health technologies to aid African missions (IR1). Year Two marked the completion and release of two versions of the mHealth Compendium. Each compendium included more than 25 case studies highlighting mobile technology interventions designed and implemented to address public health challenges. The first edition was initially disseminated to USAID officers and other stakeholders at USAID's November 2012 Family Planning Conference in Tanzania, while the second volume was distributed at the USAID State of the Art (SOTA) meeting in South Africa in May 2013. These compilations and sharing of knowledge seek to enhance understanding of existing mHealth applications and how they are implemented. Since their initial distribution, the compendiums have continued to be requested by e/mHealth enthusiasts, government officials and USAID officers, including USAID's Assistant Administrator for Global Health.



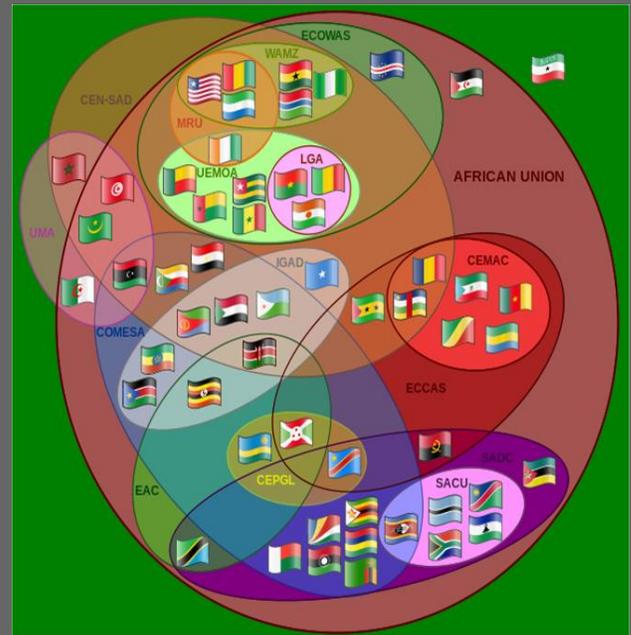
“The AGOA Health Session was very well attended and highly successful. Dr. Sezibera and Ms. Liza Kimbo made excellent presentations, which generated a spirited discussion. One of the State Department officials commented that the presentations were analytical, rigorous and high-level. Several country officials also commented that the presentations opened their eyes [to] the impact of health on trade and development.” USAID/AFR SENIOR HEALTH ADVISOR, JUNE 2013 AGOA FORUM

Building consensus on promising health financing approaches for achieving universal health coverage (IR1, IR2). To disseminate lessons learned from the Ethiopian health system and build consensus on promising health financing approaches used for achieving Universal Health Coverage, ASH organized and moderated a satellite session on the “Ethiopian Health Care Financing Reforms: On the Path to Universal Health Coverage” at the Second Global Symposium on HSR in Beijing. The project also helped to publicize the event via electronic platforms and prepared a technical paper and technical brief which were disseminated at the meeting.

Harmonizing HIS development policies and strategies in West Africa (IR2, IR3). ASH actively participated in the 2012 West Africa Regional Health Information Systems (HIS) Partners’ Forum held in Ouagadougou, Burkina Faso. Led by West African Health Organization, the Regional HIS Partners’ Forum seeks to harmonize HIS development policies and strategies in West Africa. The main objective of the four-day Regional HIS Partners’ Forum meeting was to develop an Operational Plan for the implementation of the new regional HIS policy in the 15 ECOWAS Member States. Participation in this meeting provided ASH a unique opportunity to make technical inputs into the regional HIS operational plan and contribute to technical discussions on regional HIS and M&E issues in West Africa; engage with key HIS stakeholders in the West Africa region; and explore areas of potential collaboration with WAHO and other partners.

Examining the involvement of regional-level institutions in health sector activities (IR1, IR3).

Study design and data collection was undertaken for a Landscape Analysis of Key Regional Organizations in the African Health Sector. The study complements work being commissioned by Harmonizing for Health in Africa (HHA), WHO/ African Regional Office and NORAD that examines these health organizations at a national level. The expected outcome of the USAID/ASH Landscape Analysis is to contribute to enhancing the level of understanding of regionalization in Africa and of the relationships, power dynamics, limitations and strategic advantages of regional bodies on the continent. The main outputs will be an analytical document and database which identifies the political mandates, capacities and relationships between key regional actors involved with health; however, ASH is also exploring other types of outputs in order to package and disseminate findings from the study. Information is being gathered through both desk review and a series of in-depth key informant interviews. In Year Two, ASH conducted interviews with a total of 22 organizations in Kampala, Nairobi, Arusha and Harare. Results from these interviews will be used to supplement information gathered from literature reviews, review of institutional websites and reports to provide a more complete picture. The report is expected to be delivered in the first half of Year Three. It is anticipated that findings and recommendations from this study will lay a foundation for future discussions amongst key regional organizations while also helping to guide USAID investments at the regional level.



CROSS-CUTTING / CROSS-SECTORAL

During Year Two, the ASH Cross-Sectoral team produced reports based on substantial research activities that were initiated during the first year of the project. The ASH Cross-Sectoral Team underwent a series of changes in composition and focus in the latter part of Year Two that led to a focused exploration of cross-sectoral issues that impact on health, including economic growth and trade, poverty, water and sanitation, and environment and climate change. ASH began to lay the groundwork for activities in Year Three that will catalyze a cross-sectoral health focus incorporating non-health sector perspectives to contribute to a healthy African continent.

Developing capacity building initiatives in health advocacy and informed decision-making for African parliamentarians (IR3).

In recognition of the critical role that parliamentarians and other elected leaders play in determining the health priorities of a country and the challenges presented by limited skills and information within this group, ASH produced a paper titled “Capacity Building Approaches for Parliamentarians in Africa.” The paper documents a range of activities and tools being employed by stakeholders who are working to train parliamentarians in the area of health advocacy and informed decision-making. A thorough mapping of key partners working in this area and the tools they have been using was undertaken. As part of the mapping exercise, the authors identified approximately 40 projects that train parliamentarians and elected officials in different health areas including FP/RH, HIV/AIDS, malaria, and gender-based violence. Thirty-five in-depth interviews were conducted with staff from the most active of these partners to supplement a comprehensive desk review. The paper includes specific recommendations for developing capacity building initiatives with parliamentarians that are highly effective and comprehensive.

Enhancing awareness of current community health interventions for achieving the MDGs (IR1).

ASH also prepared a report outlining “Community Strategies to Achieve Health MDGs”. This paper is based on a comprehensive literature review of community health workers, their activities, and the role of community-level structures and stakeholders in planning and implementing health activities.

ADMINISTRATION

PROJECT COMMUNICATION

BRANDING AND GRAPHIC DESIGN

During Year Two, ASH continued to work closely with USAID/AFR to ensure compliance with contract guidelines for branding and graphic design. Key components of this work include the following:

Advocacy, Communication and Dissemination (ACD) Strategy

ASH's ACD Strategy was formally approved by USAID/AFR in the first year of the project. However, following changes in leadership at USAID/AFR, there was a request to revisit and revise the document. ASH will work with USAID/AFR to revise the strategy in year three.

Website

In September 2012, following the purchase of programming software and the development of a project website, USAID/AFR informed ASH that the agency had issued a moratorium on all new partner websites. ASH worked with the USAID/AFR COR to request an exception and this was subsequently granted. During Year Two, ASH developed the technical content of the website and continued to make revisions to the format and content following a series of feedback from USAID. The website is undergoing final adjustments and, if approved, will be launched in November 2013.

Templates

In Year Two, ASH produced a variety of standardized products using templates developed during the first year of the project. Templates, based on the USAID Graphics Standard Manual, were used for technical reports, technical briefs, literature review, PowerPoint presentations and meeting reports. Year Three will include a focus on diversifying the type of products that ASH produces and developing visually stimulating designs for new product templates.

Logo

As a contract, the project is prohibited from utilizing a logo without specific approval. With assistance from ASH, USAID/AFR submitted a request at the end of Year One for an exception to allow ASH to have a project logo. This request was denied during Year Two. Accordingly, ASH includes the project name and contact information in each product, as well as the USAID logo.

In addition to the above, ASH produced a number of activity-specific ACD materials this year which are described in the technical sections of this report. ASH also provided ACD support to USAID/AFR on a number of their important activities this year through the development of communications materials. Examples of these materials are found below:

Preparation of an email blast to advertise the “Ethiopian Health Care Financing Reforms: On the Path to Universal Health Coverage” session at the Second Global Symposium on Health Systems Research (HSR) in Beijing in October to November of 2012



Are you attending the
Second Global Symposium
on Health Systems Research in Beijing, China?



[Click here](#) to register

**Health Care Financing Reform in Ethiopia:
On the Path to Universal Health Coverage**

Satellite Session
October 31st at 13:30-15:30
Room 301 at the Beijing International Convention Center (BICC)

Hosted by USAID/AFR

This session will be hosted by USAID's Bureau for Africa, which provides economic, development and humanitarian assistance to sub-Saharan Africa. This two-hour session will discuss the health care financing reforms (HCFR).

Design, contributions to and production of a variety of communications pieces, including posters, banners, press releases, folders, handouts and media kits for the African Leadership for Child Survival Meeting which took place in January 2013



**African Leadership
for Child Survival**

Keep the Promise—Invest in A Child

Program
Addis Ababa, Ethiopia
16-18 January 2013

Support to USAID/AFR to develop a presentation for the SOTA in South Africa in June 2013. The presentation, titled “Equity, Efficiency and Enterprise: New Directions in Family Planning”, was delivered by USAID/AFR colleagues.

**Equity, Efficiency and Enterprise:
New Directions in Family
Planning**

Ishrat Husain
Kaitlyn Patierno
Gwendolyn Morgan
June xx, 2013
Johannesburg, South Africa



Development of a poster and flyer to publicize the 2013 AGOA meeting session in August on “Africa on the Move: Health as a Driver of Sustained and Accelerated Trade and Investments”



AGOA | Health Session
Ministerial Forum
August 13, 2013; 11:00am-12:30pm*
African Union Center
Addis Ababa, Ethiopia

**Africa on the Move:
Health as a Driver of Sustained and
Accelerated Trade and Investments**

WELCOME
H.E. Dr. Kesetebirhan Admasu | African Co-Chair
Minister of Health, Federal Democratic Republic of Ethiopia

OPENING REMARKS
Shari Berenbach | U.S. Co-Chair
President & CEO, US African Development Foundation, United States

KEYNOTE SPEAKER
Ambassador Dr. Richard Sezibera
Secretary General, East African Community

DISCUSSANT
Liza M. Kimbo
CEO, Viva Afya Ltd., Kenya

Africa is now the fastest growing continent in the world. Health will be increasingly critical for sustaining and accelerating economic growth and trade expansion. Join this session for a lively discussion on health and wealth.

* Date and time of session is subject to change.
For more information or details regarding this session, please contact:
• Fatoumata Bathily, Health and Human Services, Office of Global Health Affairs: Fatoumata.Bathily@hhs.gov
• Ishrat Husain, USAID, Africa Bureau: ihusain@usaid.gov

BUILDING AND STRENGTHENING PARTNERSHIPS

The following are a subset of ASH's collaborators in key activities:

MNCH

- 42 Health Professional Associations (HPAs) | AU/CARMMA | CDC | Maternal Health Task Force | NIH | PMI | Regional Centre for Quality of Health Care (RCQHC) | Reproductive, Maternal and Newborn Health Alliance (ARMNH) | RBM MiP WG | Survive & Thrive GDA | UNICEF Ethiopia | USAID/AFR | USAID/East Africa Regional | USAID/Ethiopia | USAID/GH/Office of Health, Infectious Diseases and Nutrition (HIDN) | USAID/GH/Office of HIV/AIDS (OHA) | USAID/Bureau for Policy, Planning and Learning | WHO/AFRO | East, Central and Southern Africa Health Community (ECSA-HC) | WHO/Effectiveness Research Group (ERG)

ID

- Botswana Ministry of Health Stimson Centre | CDC | PMI | Sub-group on Childhood TB for the STOP TB Partnership | WHO/AFRO | USAID/GH

HSS

- African Evaluation Association (AfrEA) | CapacityPlus | Evidence to Action (E2A) | Harmonization for Health in Africa (HHA) | mHealth Working Group | USAID/Southern Africa Regional | USAID/East Africa Regional | USAID/GH | USAID/West Africa Regional | West Africa Leadership and Management Strengthening Project (WA-LEAD) | West African Health Organization (WAHO)

LESSONS LEARNED AND CHALLENGES

The following are lessons learned and challenges encountered during Year Two of the ASH project:

LESSONS LEARNED

- Regular communication between ASH and USAID staff contribute substantially to shaping the quality and outcome of activities.
- This includes discussions around the focus and content of activities, inputs during the planning and implementation process, and the design of final products.
- Team flexibility and the ability to respond to a diverse range of technical activities is important for the success of ASH.
- A complex and diverse project such as ASH needs to work diligently to develop a clear picture of the proposed activities in the work plan as well as activities under implementation. This facilitates the management of activities by USAID and ASH project management teams and the diverse team of advisors that provide inputs into activity implementation.

CHALLENGES

- The ASH project has needed to cope for more than six months with one to two staff vacancies. Even with high turnover, staff have compensated for the gaps in order to achieve the project's deliverables, and predicted greater staff stability during Year Three will increase project productivity.
- The nature of ASH's work requires the capacity to respond and accommodate to urgent requests. Successful completion of urgent activities requires close consultation with USAID/AFR colleagues to manage the prioritization of activities.

LOOKING AHEAD

The ASH project has set ambitious targets for Year Three. Completion of the agenda will require ongoing efforts to identify efficiency gains in activity design, implementation and management, as well as creative thinking about the deployment of resources, especially staff time. The project, while emphasizing a strong commitment to knowledge generation will expand its role in consensus building and strengthened capacity of African regional institutions, thereby ensuring that ASH achieves all aspects of its project mandate laid out in the strategic framework. Lastly, ASH will focus on strengthening the quality of products through improving technical rigor and expanding mechanisms to effectively present and disseminate developed materials.



Annex: African Strategies for Health – Year 2 – Results on Performance Indicators

PERFORMANCE INDICATOR	TARGET	RESULT
IR. 1: Expanding the body of knowledge of current trends, constraints and solutions to improve the health of Africans		
I.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health		
	12	18
<p><u>Cross-Cutting</u></p> <ol style="list-style-type: none"> 1. Review of USAID's FP programs in Africa 2. AGOA technical brief - health and trade 3. AGOA presentation - health and trade 4. Community strategies paper <p><u>HSS</u></p> <ol style="list-style-type: none"> 5. mHealth Compendium (1st edition) 6. mHealth Compendium (2nd edition) 7. Technical Brief: Ethiopian Health Care Financing Reforms- On the Path to Universal Health Coverage 8. Technical Presentation: Ethiopian Health Care Financing Reforms- On the Path to Universal Health Coverage 9. Technical Paper: Ethiopian Health Care Financing Reforms- On the Path to Universal Health Coverage <p><u>ID</u></p> <ol style="list-style-type: none"> 10. Pediatric TB literature review 	<p><u>MNCH</u></p> <ol style="list-style-type: none"> 11. Report: "A Systematic Review of Interventions to Reduce Mortality among HIV-Infected Pregnant and Postpartum Women" 12. Report: "A Systematic Review of Demand-Side Factors Affecting ART Initiation and Adherence For Pregnant And Postpartum Women with HIV" 13. Report: "A Systematic Review of Health System Barriers to and Enablers of ART for Pregnant and Postpartum Women with HIV" 14. Report, "HIV-Related Maternal Mortality In the ART Era: A Synthesis of Three Systematic Reviews" 15. Presentation at Maternal Health and HIV: Examining Research through a Programmatic Lens symposium: "HIV and Maternal Mortality: What works, What helps and What Gets in the Way" 16. Presentation at Global Maternal Health Conference: "Missed Opportunities for IPTp in Malawi: Client and facility characteristics" 17. HIV and maternal mortality briefer with literature review 18. Oral rehydration therapy use literature review 	
I.2. Number of program/project evaluations completed with support from ASH		
	1*	1
<p><u>ID</u></p> <ol style="list-style-type: none"> 1. Review of USG-supported Global Fund Technical Assistance for Malaria Funding Investment 	<p>* Since this indicator was modified late in the year, the target was set retroactively at the time of annual reporting.</p>	
I.3. Number of special studies completed with support from ASH		
	9*	9
<p><u>Cross-Cutting</u></p> <ol style="list-style-type: none"> 1. Special Study: Review of literature on the relationship between health, economic development and trade 2. Special Study: Review of Capacity Building Approaches for Parliamentarians in Africa 3. Special Study: Review of literature on existing evidence on the relationship between dependency ratio and income per capita, as well as on the effectiveness of youth livelihood programs <p><u>HSS</u></p> <ol style="list-style-type: none"> 4. Special Study: Review of management training activities for health care workers in Africa 5. Special Study: Conceptual framework paper - Identifying operational level strategies, interventions and activities aimed at increasing the coverage for two doses of IPT in Malawi. 	<p><u>M&E</u></p> <ol style="list-style-type: none"> 6. Special Study: Review of past USAID evaluations <p><u>MNCH</u></p> <ol style="list-style-type: none"> 7. Special Study: Systematic Review of Interventions to Reduce Mortality among HIV-Infected Pregnant and Postpartum Women 8. Special Study: Systematic Review of Health System Barriers to and Enablers of Art for Pregnant and Postpartum Women with HIV 9. Special Study: Systematic Review of Demand-Side Factors Affecting Art Initiation and Adherence For Pregnant And Postpartum Women with HIV <p>* Since this indicator was modified late in the year, the target was set retroactively at the time of annual reporting.</p>	
I.4. Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team		
	10	20
<p><u>Cross-cutting</u></p> <ol style="list-style-type: none"> 1. Conduct a review of the linkages between urbanization, poverty and the growing burden of diseases <p><u>HSS</u></p> <ol style="list-style-type: none"> 2. Perform a costs-benefit analysis of investing in electronic HIS to determine value for money 3. Develop an HIS software selection checklist to help countries select best software solutions for HIS 4. Develop a technical brief on the advantages of open source HIS software versus commercial HIS software products 5. Evaluation of the implementation of WAHO's 2009-2013 Strategic Plan 6. Costing of essential community activities that promote and maintain community participation in 2-3 countries 7. Development of guidelines for effective community-based participation, approaches and actions for health 8. Identify best practices related to the use of score cards and assess how various score cards might be harmonized 9. Document regional best practices (i.e. African Solutions) to trans-national problems (HSS related topics TBD) 10. Organize a stakeholder meeting of key US-based organizations playing 	<ol style="list-style-type: none"> 11. Formulate guidelines on how countries can develop effective accountability mechanisms <p><u>M&E</u></p> <ol style="list-style-type: none"> 12. Through AfrEA, identify and review evaluations conducted on health interventions and summarize common issues affecting implementation 13. Survey members of evaluation networks in Africa to identify gaps in skills and resources for conducting effective evaluations, DQAs and performance assessments in health. Develop and disseminate a resource and skills directory listing training opportunities and resource materials 14. Conduct a review of target setting approaches used by Health Programs of USAID missions to identify factors considered by missions when setting programmatic targets on indicators <p><u>MNCH</u></p> <ol style="list-style-type: none"> 15. Identifying how CHWs can be best supported to improve effectiveness 16. Development of a tool to evaluate health system readiness for PMTCT and MNCH integration 17. Studies on HIV and Maternal and/or newborn health such as a systematic review of literature on effects of ART on birth outcomes 18. Evaluation of linkages between SRH, FP and MCH services with PMTCT programs 19. Development of guidelines for programs on integrating HIV and reproductive & 	

Annex: African Strategies for Health – Year 2 – Results on Performance Indicators

PERFORMANCE INDICATOR	TARGET	RESULT
a role in health-sector regionalization and regional programming in Africa	maternal health services 20. Assessment of gender components in MNCH and HIV strategies in Africa	
IR. 2: Consensus on priorities and strategies for improving the health of Africans		
2.1. Number of consensus-building processes supported by ASH on prioritized health issues		1
<u>Cross-Cutting</u> 1. USAID Regional Missions coordination and joint work planning meeting 2. Support to AGOA Health Session on Health and Trade (flyer, speech) <u>ID</u> 3. Development of IDSR Logic model with CDC 4. Development of Pediatric TB Framework for Africa	<u>MNCH</u> 5. African Leadership for Child Survival—A promise renewed conference for ministers of health across Africa <u>HSS</u> 6. China HSR satellite meeting on Ethiopia's healthcare financing reforms and its path to Universal Health Coverage	6
2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity		6*
This indicator was originally stated as “An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually”. However, based on feedback received from USAID/AFR/SD in June 2013, ASH specified that an ACD strategy should be produced and reviewed “for each activity”. Prior to receiving feedback from USAID, ASH produced:		
1. an overall ACD strategy, and later; 2. an ACD plan for the activity: Systematic Review of HIV-Related Maternal Mortality.		
*Since this indicator was modified late in the year, the target was set retroactively at the time of annual reporting. This target assumes that the following activities should have had an ACD strategy:		
1. HIV-MM Systematic Reviews 2. AGOA technical brief - health and trade 3. Elected officials paper and Management training paper 4. Identifying operational level strategies for increasing the coverage for two doses of IPT 5. mHealth Compendiums 6. Technical Brief: Ethiopian Health Care Financing Reforms- On the Path to Universal Health Coverage		
IR. 3: Strengthened African institutions and networks		
3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas		1
<u>MNCH</u> 1. Leadership and Management Capacity Building of Regional Health Professional Associations (42 health professional associations from 16 countries in the ECSA region participated in the capacity building workshop co-developed and led by ASH at the regional forum on maternal and newborn health.	<u>Cross-Cutting</u> 2. Kinshasa School of Public Health grant and mentoring <u>ID</u> 3. Applied a learning-by-doing approach to develop the capacity of the Botswana MoH to evaluate their IDSR	3
3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions		1
<u>MNCH</u> 1. ASH MNCH advisor led work planning session for roll out of new WHO guidelines for IPTp with the country team from Zambia comprised of national MNCP and RH program representatives during the PATH/WHO/Gates Malaria in Pregnancy Workshop.	2. Collaborated with ECSA and RCQHC to plan the capacity building session for health professional associations during the August regional forum on maternal and newborn health <u>ID</u> 3. Development of a Pediatric TB Framework for Africa	3
3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institution		2
<u>MNCH</u> 1. Workshop on Capacity Building for health professional associations in the ECSA region included in-person south-to-south information exchanges between association representatives via structured discussions and panel presentations	2. African Leadership for Child Survival—a promise renewed conference included discussion among the participants on implementation challenges and solutions 3. PATH/WHO/Gates Malaria in Pregnancy Meeting included presentations from country teams and discussion of relevant topics	3

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

INDICATORS	IR	ANNUAL PERFORMANCE TARGET							
		Year 2		Year 3		Year 4		Year 5	
		TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
OUTPUT INDICATORS									
1.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health	IR 1	12	18	31		31		10	
1.2. Number of program/project evaluations completed with support from ASH	IR 1	1	1	3		3		1	
1.3. Number of special studies completed with support from ASH	IR 1	9	9	10		10		4	
1.4. Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team	IR 1	10	20	20		20		10	
2.1. Number of consensus-building processes supported by ASH on prioritized health issues	IR 2	1	6	4		4		1	
2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity	IR 2	6	2	9		9		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		4		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		3		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		2		2	

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