PHR

Partnerships for Health Reform Quarterly Report

October 1998

An Update of PHR Project Activities (July 1 - September 30, 1998)

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PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-5974-C-00-5024-00
Project No. 936-5974.13

Quarterly Spotlight

Evaluation of Bolivian National Mother and Child Health Insurance Program Well-Received by Ministry Of Health

Bolivia's National Mother Child Health Insurance Program (Seguro de Maternidad y Niñez-SNMN), introduced in 1996, is a government program that aims to reduce both maternal and child mortality by removing service fees paid for essential medical care. The program covers selected priority health services for mother and child survival, such as birth and antenatal care, acute respiratory illness, and diarrhea. At the request of the Bolivian Ministry of Health (MOH), a joint PHR/Data for Decision Making (DDM) project team carried out an evaluation of the program.

The team collected data from February to July 1998 through interviews with officials from institutions involved in SNMN activities, reviews of information produced by the MOH, and surveys of users and persons in charge of delivering health services. Recommendations to improve the SNMN after evaluating the program's cost, service delivery, and administrative components were given to the MOH.

On September 29, the evaluation team presented its results to the MOH's Technical Council. PHR's findings provided crucial information for the design of the government's expanded health insurance program (Seguro Básico de Salud). As a result, the insurance program's reimbursem ent rates were altered and an administrative unit will be created to manage the program's operations. Further, the MOH will examine several issues including: subsidizing transport in rural areas, differentiating reimbursem ent rates at each level of service, revising the role of the DILOS (a body that currently plays a redundant administrative role in the program), and addressing the working capital issue. The vice ministers present recognized the importance of introducing personnel incentives and vowed to search for a politically viable solution in this area. They thanked PHR for an unbiased evaluation.

On September 30 another results presentation was given to a broad audience of som e 100 people from throughout the MOH, USAID, and other donor organizations. USAID Mission Director Frank Almaguer and representatives from the electronic and print media were present. A key member (from UNICEF) of the technical committee that created the insurance program was present and endorsed the evaluation results, The Bolivian Ministry of Health has requested that the evaluation results be dissem inated to the eight departments in Bolivia. For more information, contact tania_dmytraczenko@ abtassoc.com. ▲

Focus on Applied Research

PHR's Applied Research program aims to prepare and implement an agenda of research that will advance knowledge about health sector reform at the global and individual country levels. The program has two components Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country s or region s research capabilities.

Analyzing the Process of Health Financing Reform

Researchers in South Africa and Zambia are examining the process of health financing reform by analyzing three aspects of financing reform:

- process factors such as the importance of different actors or stakeholders and their ability to block reform, and strategies for policy development and implementation;
- specific features of reform design and how they were affected by the process of reform; and
- linkages between financing reform and institutional reforms that are critical to successful reform implementation.

The South African team recently completed Phase 1 of the study which captured researcher knowledge about the reforms, reviewed key documents, developed detailed timelines for the reform programs, drew up a list of key actors and key informants, and conducted preliminary interviews with a number of key personnel.

At a workshop in Johannesburg, the researchers agreed that one of their greatest challenges is how to ensure the rigor and validity of largely qualitative research techniques. Furthermore, many of the researchers themselves were key actors in the policy process and thus felt it important to build in safeguards against bias in the interpretation of data. The research team has accomplished this by carefully documenting the researchers' roles in the policymaking process and by triangulating all sources of informationExchange between researchers in South Africa and in Zambia will enhance objectivity as well as strengthen regional linkages.

Fieldwork on the research and preliminary findings in both countries should be available by mid-1999. For more information, contact sara_bennett@abtassoc.com.

Major Applied Research Studies Examine the Role of Incentives

Four major PHR cross-country research studies are currently in the fieldwork phase. These include research on the following topics in the countries listed in parentheses:

- Analyzing the Process of Health Financing Reform (South Africa and Zambia)
- Impact of Provider Payment Reform (Thailand, Argentina, and potentially another Latin American country)
- Equity of Health Sector Revenue Generation and Allocation (in-depth study in Thailand, Guatemala, and South Africa)
- Economics of Using Private Providers to Extend Coverage of Priority Health Care Services

In addition, PHR is embarking on two new research studies:

- The Impact of Health Sector Reform on HealthWorker Motivation
- Decentralization of Health Systems: Priority Setting and Allocation

These Major Applied Research (MAR) studies are designed to enhance knowledge and understanding of policy-relevant health reform issues. While the studies cover a range of different topics, several of them are centrally concerned with the role of incentives within health care systems.

For example, the study of provider payment reform examines the impact of financial incentives upon service delivery. A central theme of the study now being launched on health worker motivation is the relative importance of financial versus non-financial incentives. The study of priority setting and allocation in decentralized systems explores what kind of incentives central governments can use to influence resource allocation at the local level. Enhanced understanding of the role of incentives ultimately will help with the design and implementation of health care systems that encourage agents to use and deliver efficient and quality health services. For more information, contact sara_bennett@ abtassoc.com.

Research Findings Published in Journals and Presented at Conferences

Three of seven studies funded in the first round of PHR's Small Applied Research (SAR) Program were completed last quarter by grantees in South Africa, Peru, and Uganda. The primary focus of the SAR Program is to address a policy-relevant issue in a specific country, while building capacity to conduct research in health reform, health financing, and related topics. Where the results may be useful to policymakers in other countries or regions, the SAR Program widely dissem inates study findings through regional and international journals and conferences.

The three grantees who have completed their research submitted articles to regional peer-review journals. A study conducted by Neil Soderlund on developing a health insurance package for South Africa has been accepted for publication in Health Policy.

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Focus on Africa

Working in over ten countries in Africa, PHR has provided technical assistance on an array of health reform issues, including social insurance, health reform policies and processes, mutual health organizations and other community financing mechanisms, hospital management, decentralization of health services, and cost recovery. In coordination with USAID Missions and local governments and counterparts, PHR is working in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe. PHR is also collaborating with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement appropriate cross-cutting sub-regional activities in several additional countries.

PHR Strengthens Local M anagement Capacity to Prevent Malaria in Zambia

As part of Zambia's National Malaria Control Program, an initiative was launched in September to sell insecticide treated nets (ITNs) through selected rural health centers (RHCs) in three districts in Zambia's Eastern Province. PHR is providing technical assistance to the Eastern Province Integrated Malaria Initiative (EPIMI) to strengthen its capacity to manage the sale of ITNs.

Working with local partners, PHR developed financial and management procedures for tracking the sale of nets and for managing proceeds from the sales. Funds collected from the sale of the ITNs are held within the community and used to procure additional nets. PHR assisted EPIMI in the initial implementation of the ITN distribution system and trained EPIMI staff on effective management procedures. EPIMI will oversee implementation of the distribution system and will provide ongoing monitoring of the sales in current project sites. This initiative is planned to be expanded in 1999 to cover all areas within the three districts and will add two additional districts.For more nformation, contact grace_chee@ abtassoc.com.

Decentralizing Health Services in Senegal

Beginning in 1997, Senegal devolved peripheral health services to local government units. Because boundaries of the districts and local government units are not the sam e, the MOH has experienced problems related to the financing and functioning of health districts as well as a decrease in resources allocated from the district health seat out to peripheral health posts.

Recently, PHR collaborated with the Senegalese Ministry of Health and local elected officials (ranging from members of the General Assem bly to the presidents of rural communities) to develop structures that promote local autonomy through devolution while strengthening intra-district referral and supervisory systems. Bringing together officials at both the central and peripheral levels, PHR facilitated meetings in three regions so that local government officials and MOH personnel could discuss possible alternatives to resolve issues resulting from the devolution process.

These meetings resulted in the Ministry developing written regulations requiring individual health committees to form district-level health committees in partnership with MOH officials. Similarly, legislation is currently being prepared for the General Assem bly that will require local elected officials in a health district to form an association through which government block grants to finance district activities can be distributed more effectively.For more information, contact allison_kelley@ abtassoc.com.

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Focus on Training

As part of its mandate, PHR has been asked to integrate the training of local counterparts to develop and implement health sector reforms into its ongoing technical assistance activities. The objective of the training is usually to bring about specific changes in organizational performance and/or reduce specific skill deficiencies experienced in-country. PHR training activities are incorporated in technical assistance programs by: sponsoring study tours and participation in U.S. or third country academic programs; developing course curricula related to health financing, health economics, and health policy, as well as encouraging other pre-service training methods; and conducting on-the-job training and skills building.

Training Counterparts to Develop and Implement Health Sector Reforms

An excellent example of integrating training activities into broader technical assistance efforts has occurred in Jordan. As a central part of its country strategy, PHR intends to strengthen the capacity of staff at the MOH and other Jordanian institutions to take a leadership role in the development and implementation of health sector reforms.

In August, Dr. Hani Brosk, PHR's lead counterpart, completed the eight-week course at Harvard School of Public Health "M anaging Health Programs in Developing Countries." Since returning to Jordan, Dr. Hani has taken the lead in guiding implementation of National Health Accounts (NHA) activities. In September, four other counterparts from the Jordanian MOH began a twelve-week course at Boston University's School of Public Health entitled "Financing Health Care in Developing Countries." The program focuses on practical methods for the financial management and economic

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Focus on Asia and the Near East

PHR s Asia/Near East (ANE) Team is currently providing technical assistance to USAID Missions and host-country counterparts in four countries: Egypt, Indonesia, Jordan, and Morocco. Several of PHR s largest country programs are in the ANE Region and PHR has established project field offices in Egypt and Jordan. Technical assistance has been provided in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, and hospital autonomy. In addition to country-specific technical assistance, PHR is working with the ANE Bureau to design a set of activities that can be implemented region-wide. These activities may include establishing a regional network of countries working on National Health Accounts and supporting and expanding existing regional networks of health economists.

Assessment of Third Party Payers in Jordan

The Hashemite Kingdom of Jordan has committed itself to the goal of universal coverage of health services through a social insurance system. This quarter, PHR conducted an interview survey of the private health insurance and financing system in order to:

- identify and describe the industry's strengths and weaknesses;
- assess its direction; and
- consider the possible roles the system could play in a future social insurance scheme.

PHR interviewed health insurance firms,self-insured firms, third party administrators, and their potential clients and partners (e.g. businesses, banks, health provider organizations, and other entities). PHR also collected data and information from the Ministry of Trade and Industry (Insurance Controller's Office), the Royal Medical Services, and the Ministry of Health and Health Care.

The survey found that there was a clear consensus that universal health coverage would necessitate changes in private financing practices. The team identified several areas of innovation in private sector cost containment and utilization management that, although in their infancy, could play a significant role in a social insurance program.

Attempts by the public and private sectors to work with each other are in the early stages. Joint health reform projects or business actions have yet to begin. However, potential joint projects are beginning to appear. For example, the private sector's need to fill its hospital beds and the government's desires to expand services in an affordable and cost-effective manner provide the incentives for a pilot project in public-private contracting for health care services. PHR is finalizing a technical report that discusses these findings in detail and presents options for the public sector to use private financing agents as part of a universal health insurance schem e. For more information, contact catherine_connor@ abtassoc.com.

Health Policy Reform Announced in Egypt

In early July, the Egyptian Ministry of Health and Population (MOHP) hosted a two-day workshop in Alexandria to introduce its strategy for health policy reform and to begin discussion of key technical issues. Over the past year, the Ministry has worked intensively with health sector experts from USAID, the World Bank, the European Union, and Danish International Aid to outline a strategy that emphasizes improving the delivery and financing of primary care services. The new strategy seeks to provide all Egyptians with access to better quality primary care services, which will be financed through a single insurance entity. Much of the discussion of the reform strategy over the past year has taken place among senior decision-makers in the central Ministry.

The July workshop was organized with assistance from PHR, which is providing the Ministry with the technical support to plan and implement a broad series of reforms. Nearly 150 people, including leaders from Alexandria governorate and Central MOHP staff, service delivery personnel, political party representatives, government officials, and the media participated in the two-day event. The Minister of Health and Population and the Governor of Alexandria opened the workshop and expressed their commitment to improving the efficiency and quality of care while also ensuring greater access to services.

Over the two-day event participants engaged in technical discussions about the content of a defined set of basic primary care services under the Basic Benefit Package, and about the necessary changes in service delivery. This process was the first step in building consensus around the key changes required to improve primary care service delivery.For more information, contact kathleen_poer@ abtassoc.com.

(TRAINING, cont'd)

evaluation of health programs. Upon their return to Jordan in December, these MOH officials will focus on NHA efforts as well.

PHR also collaborated with the University of Jordan to design and implement a six-week course in accounting, finance, and spreadsheet skills for the local NHA team. In addition, Dr. Dwayne Banks, PHR's resident advisor in Jordan, has been delivering informal presentations on health policy topics to ministry counterparts on a regular basis. Finally, PHR provides on-the-job training through the active involvement of Jordanian counterparts in all technical assistance activities, as well as through on-going training in computer skills and English.For more information, contact shirl_smith@ abtassoc.com. ▲

Focus on Latin America and the Caribbean

PHR is currently providing technical assistance to USAID Missions, ministries of health, and host-country counterparts in five countries in Latin America: Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. In addition, PHR is working with USAID s LAC Bureau and PAHO on a region-wide initiative that has trained a network of country counterparts in National Health Accounts in eight countries, developed a policy primer on equity for policymakers and service providers, participated in the development of region-specific indicators of health system performance, and carried out research on the role of local NGOs in health reform efforts in the region.

Interest Mapping in Ecuador

During the past year, PHR, with the collaboration of a local sub-contractor, BDOStern, and two MOH counterparts, developed an "interest mapping" tool designed to evaluate the support and opposition in the health sector for new forms of resource allocation in the MOH in Ecuador.

By considering key stakeholders' power and leadership, influence/relationships, location in the sector, and position related to these policies, this tool is a combination of a stakeholder analysis and political mapping exercise. PHR used the results of the analysis to develop recommendations and strategies for policy implementers to improve support during the planning and implementation of health policies. For more information, contact kammi_schmeer@ abtassoc.com.

PHR Office Up and Running in Honduras

After participating in a PHR technical retreat for the LAC Region in August, 1998,Dr. Francisco Vallejo traveled to Tegucigalpa, and commenced his duties as PHR's long term advisor. Dr. Vallejo is a physician with public health and health economics training who came to PHR from the Center of Studies and Social Promotion (CEPAR, a USAID funded *NGO in Quito, Ecuador) where he served* as the General Coordinator of the Analysis and Promotion of Health Policies.

Within the few months since arriving in Honduras Dr. Vallejo has established the office, hired appropriate staff and been involved in the following activities:

- ▲ restructuring and reactivating the National Health Council of Honduras;
- ▲ participating on two of the MOH health reform policy analysis working groups, (1) regulatory functions and regulations and (2) departmentalization/ decentralization;
- ▲ developing and conducting a study of local community drug funds to be completedby December 1998; and
- ▲ coordinating with other donors on health sector reform and seeking consensus in intersectoral relations.

Expected results from the above efforts include: more informed, effective policy dialogue in Honduras on health sector reform issues; consolidation of the General Directorate for Regulations and its technical offices into a new unit focused on health sector reform; development and support for policies and planning in the departmentalization/decentralization initiative of the MOH with special emphasis on USAID's focus health areas; and better understanding of community efforts to improve health status and services as a result of PHR studies that will be conducted, analyzed, and dissem inated. For more information, contact karen_van roekel@ abtassoc.com.

LAC Technical Retreat Held

On August 5-7, 1998 PHR's senior management and LAC regional staff conducted a technical retreat with additional participants from PHR headquarters, LAC regional experts/consultants, and representatives from the World Bank, the Inter-American Development Bank and USAID. The objectives of the two-day retreat were to: identify patterns and known components of health sector reform in the region; relate regional expertise to PHR country programs; and identify tools and methodologies that address health sector reform priorities.

Patterns of health reform in LAC over the last three decades were examined and particular components of health sector reform reviewed and evaluated. Participants identified needed supports for policy change as well as technical strategies that would be critical to advance health sector reform within the LAC region.

A "short list" of priority tools and methodologies to be developed under the LAC Initiative was identified and included the following: toolkit and workshop curriculum on policy processes of health sector reform; comparative analysis of legal and regulatory reform; comparative analysis on social security reform; and multiple tools in health financing mechanisms in the LAC Region, including contracting, provider payment mechanisms, budget decentralization, and targeting methodologies.

The current status of PHR's regional and country programs was also reviewed and targets of opportunity to advance the reform process in the LAC Region identified. In addition to substantive discussions that helped synthesize the cumulative experience of participants in the LAC Region and that provided guidance for PHR's future work, the two-day retreat served to provide time and space for renewing collaboration with old friends as well as opening avenues of collaboration with new staff and regional experts/consultants.For more information, contact karen_van roekel@ abtassoc.com . ▲

Focus on Special Initiatives

PHR Special Initiatives have been designed to assist USAID s Population, Health, and Nutrition (PHN) Center to carry out its objectives for global leadership by:

- informing and guiding discussions on critical health reform issues, concepts, and methods;
- advancing knowledge and methodologies for developing and implementing health reforms and monitoring their impacts;
- promoting the exchange of ideas and experiences among donors, country policymakers, and other international health leaders about successful approaches to health policy management, financing, and service delivery; and
- demonstrating successful field approaches to health reform.

PHR and USAID have jointly developed five Special Initiatives, focusing on maternal and reproductive health, child survival, the role of NGOs in health sector reform, national health accounts, and indicators for measuring results of health sector reform for system performance.

Initiative on Child Survival Launched

Over the past year, PHR has initiated a variety of special initiatives focused on child survival services, including services related to immunization coverage, Vitamin A deficiency prevention, polio eradication, and Integrated M anagement of Childhood Illness (IMCI). During the past quarter, these initiatives were consolidated under a larger Child Survival Initiative rubrick in order to maximize their impact. Activities under PHR's Child Survival Initiative are in various stages of development, but significant strides were made in the last several months to identify information gaps related to these services and develop PHR activity plans in coordination with USAID, WHO, several cooperating agencies, and other experts that work to improve service delivery related to child survival.

The general focus of each sub-initiative is on costing and financing issues related to the particular service. PHR has developed plans to conduct these specialized activities to achieve the following goals and objectives:

- improve the policy environment for more effective use of resources for child health policies;
- provide state-of-the-art knowledge, approaches, and tools in the areas of costing and financing; and
- enhance capacity to collect and use information that can improve policies and decision-making related to child health services. ▲

New Products

ZdravReform CD Released

The PHR Resource Center will be distributing the ZdravReform Program's CD-ROM, which contains a compilation of over 500 technical reports, manuals, evaluations, case studies, and comparative analyses on a wide variety of topics related to health care financing and service delivery reform in five countries of the New Independent States (NIS) of the former Soviet Union. The contents of this CD-ROM represent the comprehensive work in health care policy reform completed under USAID's Health Care Financing and Service Delivery Reform Project (the ZdravReform Program), managed by Abt Associates Inc, from 1994 through June 1998. The ZdravReform Program works with national- and local-level health care policymakers, managers, and practitioners in the NIS in their efforts to reform health care policy, finance, and management in their countries. Materials on the CD-ROM are in English, Russian, and Ukrainian. ▲

Staff Highlights

Staff Highlights offers PHR a chance to announce recent additions to its staff based at the project office in Bethesda, as well as in the project s field offices.

Over the last three months, PHR welcomed the following 16 new staff members:

Bethesda

- Jennifer Graff, Program Officer for NHA
- Miloud Kaddar, Technical Officer, Economist
- Anthony Mensah, Program Assistant for ANE
- Dede Naylor, Finance Officer
- Kathleen Novak, Regional Coordinator for LAC
- Preston Tulay, Information Systems M anager
- KarenVan Roekel, Program Officer for LAC

Honduras

- Francisco Vallejo, Long-Term Advisor

Jordan

- Rasha Ghannoum, Administrative Assistant
- Emad Saber, Project Assistant
- Runa Sindaha, Financial and Administrative M anager

Egypt

- Taghreed Adam, Research Analyst
- Marwa Ezzat, Health Insurance Project Assistant
- Nefisa Hassan, Health Information Systems Project Assistant
- Mary Paterson, Chief of Party, Egypt

Rwanda

- Pia Schneider, Long-Term Advisor ▲

(RESEARCH, cont'd)

Soderlund also submitted articles based on his work under the SAR Program to the South African Medical Journal. Pedro Francke, the principal investigator on a study that analyzed the targeting of public health expenditures in Peru, will have his research published by the Economics Department of the University of Lima. Findings from the SAR study in Uganda, analyzing the impact and scope of user fees in Uganda, and conducted under the direction of Joseph Konde-Lule of Makerere University, were submitted to the East African Medical Journal.

In addition to forthcoming publications, SAR grantees have also presented the findings from their SAR work at regional and international conferences, including:

- 75th Jubilee International Congress, University of Witswatersrand Medical School, Johannesburg, South Africa (Soderlund N, Peprah EO, Core Hospital Services: A Breakdown of Estimated Costs from Three Hospital Sectors)
- Economics Society of South Africa 1997 Biennial Conference, Potchesfstroom, South Africa. (Soderlund N. A Minimum Benefit Package for Health Insurance in South Africa: Fitting the Means to the End)
- Eighth Annual Public Health Forum; London School of Hygiene and Tropical Medicine, United Kingdom (Soderlund, N. Essential Health Care Packages: Fitting the Means to the End)
- XVI Encuentro Latinoamericano de la Sociedad Econométrica, Lima, (Francke P., El Cobro de Tarifas y la Equidad en la Distribución del Subsidio Público en Salud en el Perú)
- II Encuentro de la Red de Economía Social Latinoamericana, San José de Costa Rica, organizado por el Departamento de Economía de la Universidad de Uruguay y FLACSO, (Francke,P., El Cobro de Tarifas y la Equidad en la Distribución del Subsidio Público en Salud en el Perú)

Detailed reports on the research will be forthcoming by the end of 1998. SAR grantees in Ghana and India have also completed research and are in the process of finalizing their reports for wider dissemination.For more information, contact jose_ravano@ abtassoc.com. ▲

(AFRICA, cont'd)

Management Information Systems to be Developed in West African Hospitals

Recognizing the significant investments of resources that African countries allocate to hospitals as well as the need to maximize efficiency in the hospital sector, PHR is providing support for development of improved management information systems (MIS) in Senegal and Ivory Coast. This activity provides a positive example of how PHR and the cooperating countries coordinate the support of various partners, including the World Bank, French Cooperation, and others, to achieve sector development goals.

In Senegal, PHR is assisting the Ministry of Health and Social Action to develop and implement a prototype hospital MIS in four pilot facilities. The prototype MIS responds to recent legislative changes giving hospitals more autonomy as "établissements publiques de la santé" or public health facilities. It will encompass management, financial, clinical, materials management, and human resource functions within hospitals and will be partially automated. Thorough management audits of the pilot facilities and adaptation of the prototype MIS to the unique requirements of each facility will take place. The MIS is intended to serve as a model for other hospitals in Senegal and more broadly in West and Central Africa (WCA).

In Ivory Coast, the Ministry of Public Health is developing a phased hospital MIS over the next ten years, initially focusing on a medical information system ("système d'information médicalisé" or SIM), that is being developed in three pilot facilities with PHR assistance. The SIM will adapt the international systems of nomenclature and coding for diagnoses and procedures for application in Ivory Coast. Adoption of the SIM will serve as a basis for quality improvement and the subsequent introduction of unit costing and improved budgeting, pricing, and financial management. As with the work in Senegal, PHR looks to the results in Ivory Coast as providing lessons and, hopefully, models for use in other WCA countries. Now in its early phases, PHR assistance to Senegal and Ivory Coast will be completed within the next 12-18 months. ▲

Brown Bags at PHR

Every quarter, PHR holds several brown bag presentations at the project headquarters in Bethesda on a variety of topics related to health reform and health financing in developing countries. PHR brown bags are announced via e-mail. Please contact the Resource Center (phr-infocenter@abtassoc.com) to subscribe to the brown bag announcement mailing list. Last quarter, PHR held the following presentations:

- Neil Hollander and Margie Rauch, Assessment of Third Party Payers in Jordan (July 24, 1998)
- Nadwa Rafeh, Quality Improvement in Egypt (August 4, 1998)
- Les Fishbein, Health Information Systems Development in Egypt (August 19, 1998)
- Pia Schneider, Combining Three PerformanceVariables to Measure Providers' Cost-Effectiveness in a Managed Care Setting: Patients' Clinical Complexity, Treatment Cost, and Health Outcome (August 31, 1998)
- Bill Winfrey, Building the Commercial Sector for Family Planning in the Philippines (September 11, 1998) ▲

Resource Center

E-mail: phr-infocenter@abtassoc.com
URL: http://www.dcdata.com/abt/abt.htm

A PHR Resource Center was established in 1997 as part of the project s mandate to develop, collect, and disseminate information to contribute to the body of knowledge on health reform. The Resource Center houses the work of PHR and collects documentation on issues related to health sector reform, particularly hard-to-access grey literature. The Resource Center provides research and reference services; distributes PHR reports; and provides easy and time-saving access to information and information services. The Resource Center s target audiences include PHR staff and consultants, USAID, cooperating agencies and representatives of other donor organizations. The PHR Resource Center s bibliographic database of materials can be accessed on the World Wide Web at *http://www.dcdata.com/abt/abt.htm.* The following are excerpts from the monthly PHR Resource Center Bulletin.

PHR Publications List Now Available

A list of PHR publications from the first three years of the project is now available through the PHR Resource Center. The publications list includes technical reports, activity plans, special initiative reports, applied research papers, and In Briefs. It also includes publication ordering information and is indexed by author, country, and title. All PHR publications are available in both hard copy and on CD-ROM.

Bookmark It! Internet Resources

- Health Reform Online (HRO) - This website houses distance learning courses for health care professionals who want to learn more about the economics and financing of health care delivery. The site includes a discussion area, links to health sector reform resources, and a newsletter. Also featured are an outline of key themes and an annotated bibliography. The first of six online learning courses is currently available and includes an English/Russian/Chinese health economics glossary.
  Check it out at http://www.worldbank.org/healthreform
- AIDS Economics website - The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank worked together to create this site. The site aims to help define and implement cost-effective policies to fight HIV/AIDS by highlighting recent information on the disease, including citations to newspaper articles, reports, and books. Included is a searchable bibliographic database, as well as full text papers and articles and a free electronic newsletter.
  Visit this site at http://www.worldbank.org/aids-econ
- HealthlinkW orldwide - Healthlink works to improve the health of poor communities through communication. The website houses a searchable bibliographic database of 19,000 records focusing on primary health care and disability in developing countries, including many materials not referenced in other databases. Selected materials are available at no cost for those in developing countries. Healthlink also provides training and technical support in establishing resource centers and information services.
  Visit Healthlink Worldwide at http://www.ahrtag.org

Partnerships for Health Reform (PHR)

PHR seeks to improve people s health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- policy decisions made on the basis of more effective policy processes in health sector reform;
- more equitable and sustainable health financing systems;
- improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- improved organization and management of health care systems and institutions to support specific health sector reforms.

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January 1999

An Update of PHR Project Activities (October 1 - December 31, 1998)

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In collaboration with:
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Harvard School of Public Health
Howard University International Affairs Center
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USAID
PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Quarterly Spotlight

Insuring the Uninsured in Jordan

Estimates of the number of Jordanians without health insurance range from 20% to 47%. Fees currently charged are estimated to cover only 20% of actual costs. Increasing fees, however, will make health services, including USAID/PHN priority services, less accessible to the uninsured poor. To address this problem the Jordanian Ministry of Health and Health Care (MOHHC) has proposed three policy initiatives:

proceed with the increase of MOHHC fees;

raise the poverty threshold for free services at MOHHC facilities to protect the poorest from fee increases; and

launch a voluntary health insurance program for MOHHC services to help spread the financial risk from increased fees.

His Excellency, Minister of Health Dr. Nael Ajlouni, asked PHR to support the MOHHC in the articulation and implementation of these health policy initiatives. On November 23-24, PHR held a technical workshop in Jordan entitled "Insuring the Uninsured," attended by the Minister and 20 other high-level MOHHC staff. PHR reviewed concepts and policy issues that need to be considered when designing insurance programs. A descriptive outline of financial flows among the various components of the Jordanian health sector established the population and financial considerations for designing an insurance program.

The Ministry presented its methodology to increase and restructure fees for government/public health services. In response, PHR outlined next steps to implement the fee increase and to assess options for the implementation of a voluntary insurance program. PHR's input will help policymakers avoid costly mistakes and manage the full range of tasks embodied in the proposed reforms. At the same time, PHR will help the Ministry to ensure access to health services for uninsured poor populations.

To help identify the uninsured, PHR completed a survey of the 192 firms listed on the Jordanian Stock Exchange regarding what health insurance, if any, they provide their employees and dependents. This group of firms represents a select class of larger companies that have greater access to capital and collectively employ 44,115 workers. While 75% of the firms provide health insurance to their employees, only 67% extend this coverage to family members. Groups least likely to have coverage were employees in the manufacturing and services sectors as well as female workers and their dependents. *For more information, contact catherine_connor@abtassoc.com.*

Focus on Asia and the Near East

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR also is working with the ANE Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Shalala Inaugurates National Information Center for Health and Population in Egypt

On December 1, His Excellency Prof. Dr. Ismail Sallam, Egyptian Minister of Health and Population, along with Donna Shalala, U.S. Secretary of Health and Human Services, and Daniel C. Kurtzer, U.S. Ambassador to Egypt, presided over the opening ceremonies for the inauguration of the National Information Center for Health and Population (NICHP). This event marked the completion of the renovation of the 75-year old building located in the central headquarters of the Ministry that will house the NICHP. PHR provided both architectural and program design assistance to the Ministry of Health and Population (MOHP) in support of this project.

The inauguration of the NICHP follows a six-month planning process that involved top-level decision-makers in the Ministry as well as a July 1998 ministerial decree committing to reorganize the existing Information and Documentation Center. With the assistance of the resident PHR Health Information Systems Advisor, the Director General of the Information and Documentation Center drafted a reorganization plan that identified the mission of the new NICHP, its activities, departmental functions, staffing, and a space plan.

The creation of the NICHP and the Ministry's investment of nearly one million dollars in facility renovation signal a strong new commitment to improving information systems and access within the MOHP. One of the important benefits from the creation of the NICHP will be the opportunity to consolidate and sustain information systems and resources developed for specific projects funded by USAID and other donors over the years. Prior to the formation of the NICHP there was no MOHP analysis and no central repository for the data generated by program and project specific information systems.

The NICHP will be the primary information services unit in the MOHP. It is responsible for the development and maintenance of a national MOHP information management and information technology system. The authority of the NICHP includes national initiatives related to information management systems, information technology, and consolidated data reporting services within the scope of the MOHP. All other units of the MOHP must inform, coordinate, and cooperate with the NICHP on all matters concerning information management systems and information technology.

The NICHP staff is in the process of completing work plans for 1999 activities in its four major departments: Information Technology Services, Health Information Services, Human Resources Development, and the new National Health Information Resource Center. In addition, under the leadership of the Director General, plans are being written for three special projects that will work with the Governorate Health Information Centers: National Cancer Registry, Telemedicine, and the Health Directorate Support Unit. *For more information, contact kathleen_poer@abtassoc.com.*

Moroccans Examine Chile's Policy Process and Service Reform

Currently, midwives and nurses in Morocco are unable to carry out services without the supervision of a physician; at the same time, there is a shortage of physicians who are available to deliver services in rural areas. In order to improve the population's access to quality primary health care services in outlying communities, the Ministry of Health (MOH) has a mandate to develop legislation that will increase the range of functions that nurses and midwife practitioners can carry out, and also generate an increase in the number of trained midwives and nurses who can deliver services in underserved, rural areas.

To learn about the legal process and experience of other countries in expanding the role of paramedical providers, four Moroccan officials from the MOH, Department of Legal Affairs, and Parliament took part in a comprehensive, seven-day study tour from November 16-23, 1998, to learn about Chile's far-reaching and successful experience with the development of a legislative environment liberalizing the range of services that can be provided by paramedical practitioners.

Discussions paid attention to strategies used to improve access to high quality and cost-effective family planning services in rural areas. The Moroccan delegation gained a first-hand understanding of the policy dialogue that guided the reform process, through meetings with representatives of the Ministry of Health of Chile, Department of Judicial and Legal Affairs; FONASA (Fondo Nacional de Salud); the Senate of the Republic of Chile; (a meeting that included six senators from the Health Commission); the University of Chile at Santiago Faculty of Medical Sciences, School of Obstetrics and Puericulture; the Hospital San Martin of Quiollota; a municipal health dispensary in Las Torres; the Professional Association of Midwives; the Regional Association of Health Professionals in Valparaiso; and a nurse-midwife practitioner.

An immediate outcome of the study tour was the fostering of institutional linkages between the two countries as a base for continued information sharing on experiences and lessons learned. The participants indicated that they found the study tour experience to be highly valuable. They

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Focus on Latin America and the Caribbean

PHR is providing technical assistance to USAID Missions, ministries of health, and host-country counterparts in Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. In addition, PHR is working with USAID's LAC Bureau and PAHO on a region-wide initiative on National Health Accounts, the development of region-specific indicators of health system performance, and research on the role of local NGOs in health reform efforts in the region.

Improved Policy Dialogue Impacts Basic Insurance Policy in Bolivia

As a result of PHR activities in Bolivia, local input was incorporated into the national policy process, resulting in an improved national insurance program that is better able to deliver essential maternal and child health services to the poor. During November and December, PHR consultants in Bolivia, in cooperation with MOH counterparts, presented the results of the evaluation of the Maternal and Child Health Insurance program during one-day workshops carried out in six of Bolivia's ten departments. These presentations provided a platform for a guided discussion in which the consultants stimulated a dialogue among local stakeholders, including service delivery staff, administrators, and political entities, as well as among representatives of the national level.

Change strategies to address principal problems in each of Bolivia's departments were an output of the workshop. At the MOH's request, these local strategies, along with the summary results of the discussions, were integrated into the national policy discussion on improving implementation of the new basic insurance program. Involving local stakeholders in the policy process will help insure rapid and effective implementation of the new basic insurance program; this in turn will increase access of underserved populations to priority health services.

Prior to the workshops, three MOH counterparts and five local consultants received training on facilitation techniques. This training allowed them to effectively guide the discussion during the subsequent six workshops. *For more information, contact tania_dmytraczenko@abtassoc.com.*

Health Reform in Honduras Survives Hurricane Mitch

In late October 1998, only three months after the arrival of PHR long-term advisor Dr. Francisco Vallejo, Honduras was devastated by Hurricane Mitch. Once the scope of the destruction became clear, Dr. Vallejo, in close collaboration with the USAID Mission in Tegucigalpa, refocused his activities to assist the Government of Honduras (GOH) in coping with the emergency. In addition to working with the MOH in Health Region I to assess the extent of the damage and to prepare a disaster relief plan, Dr. Vallejo was also called upon to provide technical assistance to the health advisor in the Special Cabinet for Reconstruction appointed by President Flores. This technical assistance focuses on encouraging the cabinet advisor to incorporate health reform into his work.

Although the impact of the destruction caused by Mitch is still clearly visible, the MOH has continued to work toward health reform objectives. They have tried to utilize the reconstruction process necessitated by Mitch as a means toward promoting health reform. PHR continues to work closely with the USAID Mission, PAHO, the IDB, and the World Bank; and it will take the lead in initiating a working group to establish National Health Accounts and in developing the technical capacity of the MOH task groups on decentralization and regulations. After a brief redirection of effort required by this natural disaster, PHR activities are again moving forward. *For more information, contact karen_van_roekel@abtassoc.com.*

Inside PHR

PHR Retreat Focuses on Planning for Results

PHR held its FY'99 staff retreat in December. Sixty project staff members were in attendance, including seven long-term advisors representing Egypt, Honduras, Jordan, Senegal, and Rwanda. USAID representatives also joined PHR for sessions on prospective planning. The overall goals of the retreat were to acknowledge and celebrate past project accomplishments, identify legacy results and associated major activities to achieve by the end of the project, begin a communication plan to raise awareness of PHR accomplishments and their impact, identify functional group needs for improving the overall climate and quality of project work, and strengthen team relationships.

Based on a short evaluation of the retreat, staff rated the overall retreat as very productive and beneficial. The group, along with senior project managers, identified several key follow-up task areas:

- create internal working groups to address cross-cutting legacy results;
- create an alignment between Country Activity Plan objectives and legacy results to facilitate the measurement and reporting of achievements;
- consolidate individual communication plans into a project-wide communication plan that can be monitored and revised through the end of the project; and
- address the orientation, management, and team support issues raised during the retreat.

These task areas are being further discussed among staff and will be elaborated into detailed plans of action with clearly identified tasks, timelines, responsibilities, and necessary resources.

Focus on Applied Research

PHR's Applied Research program aims to prepare and implement an agenda of research that will advance knowledge about health sector reform at the global and individual country levels. The program has two components – Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country's or region's research capabilities.

Strategic Uses of Government Financing, Private Provision, and Consumer Awareness

One of PHR's MAR studies focuses on the strategic use of government funds to expand access to priority services. This study is being conducted by Drs. Peter Berman and Mukesh Chawla of Harvard University. The research team created a model to quantitatively assess potential strategies for extending delivery of priority health services. The model factors in real world conditions and analyzes whether, under a given set of conditions, a government can best meet its priority health objectives by:

- financing public sector providers;
- financing private sector providers; or
- financing information to consumers to increase demand for the health service.

Some of the conditions that affect the optimal policy to be adopted are differences in the cost of delivery or quality of care among the public and private providers, as well as consumer health seeking behavior. This MAR is now in its second phase, which focuses on operationalizing this model by using real country data to demonstrate the value of this analysis on policy decisions regarding priority services. *For more information, contact sara_bennett@abtassoc.com.*

Small Applied Research Studies Foster Capacity Building and Linkages

An integral component of the SAR program is the local dissemination of research findings, serving to create linkages and to build the capacity of local leaders in their own policy research capabilities. As a result, many researchers of the SAR program have already presented and discussed their findings in meetings with the ministries of health as well as at provincial government, district, or community meetings.

Where research topics are relevant to other communities as well, some researchers have participated in regional conferences. A grantee from Zimbabwe, Mr. Oliver Mudyarabikwa, attended the Public/Private Mix Network Meeting in South Africa in December 1998 where he was able to share experiences related to the regulation and incentive-setting for private health care providers with individuals from a global representation of institutions. By the end of the conference, Mr. Mudyarabikwa decided to join the network as a permanent member and indicated that his work would progress more quickly thanks to the insights he gained during the meeting.

In addition to these local and regional meetings, two grantees have submitted abstracts to the International Health Economic Association conference in Rotterdam in June 1999, and another three grantees may be presenting their work at the Global Council for International Health in Arlington, Virginia. These researchers will be able to discuss their findings among an international audience. *For more information, contact whitney_schott@abtassoc.com.*

Workshop Examines Health Worker Motivation

Experience with efforts to improve health system effectiveness has shown that the positive impact anticipated from reform efforts is sometimes thwarted by the "unexpected" behavior patterns of health workers. Effective and efficient health care systems critically depend upon actions taken by individuals working in the system. Surprisingly, human resource elements of reform have only been examined to a limited degree, and the issue of health worker motivation has been particularly overlooked.

In October 1998, PHR held a three-day workshop exploring how health sector reform interacts with health worker motivation. Sara Bennett and Lynne Miller Franco of PHR presented a paper that analyzes the many ways health sector reform affects health worker motivation, with the aim of helping policymakers develop and implement reform policies that promote worker motivation.

Principal investigators from Kazakstan (Dr. Rosa Abzalova, Cheryl Wickham, et al), Zimbabwe (Dorothy Mutizwa-Mangiza), Senegal (Dr. Moussa Ba), and Chile (Dr. Fernando Muñoz) discussed findings from four country case studies designed to explore how recent reform programs affect worker motivation. Besides examining in-country experience to date, participants also worked on defining a research agenda on the topic of health worker motivation. They were led in this exercise by Dr. Ruth Kanfer, a motivation psychologist from the Georgia Institute of Technology.

Proceedings from the workshop and individual country papers are available. Papers from the workshop will be published in a future issue of *Social Science and Medicine*. *For more information, contact sara_bennett@abtassoc.com.*

Focus on Special Initiatives

PHR Special Initiatives assist USAID's Population, Health, and Nutrition (PHN) Center to carry out its objectives for global leadership by:

- informing and guiding discussions on critical health reform issues, concepts, and methods;
- advancing knowledge and methodologies for developing and implementing health reforms and monitoring their impacts; and
- demonstrating and promoting successful field approaches to health sector reform.

PHR and USAID have jointly developed six Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, and Integrated Management of Childhood Illness), infectious diseases, the role of NGOs in health sector reform, National Health Accounts, and indicators for measuring results of health sector reform for system performance.

Sustaining NGO Services in India through Community Financing

PHR consultants Alan Fairbank and Pam Putney traveled to India to assist the Aga Khan Foundation (AKF) and Aga Khan Health Services, India (AKHS,I) develop and implement financing strategies to improve the sustainability of their primary health care programs. AKF and AKHS,I work in two districts in Gujarat state, Junagadh and Sidhpur, supporting a three-tiered health care system that serves an estimated population of 37,000 people in each district. At present, fees charged to clients and community funds cover only a portion of the direct costs of providing health services. PHR estimated average self-sufficiency levels in 1997 in Sidhpur and Junagadh to be 57% and 27%, respectively, while utilization at these facilities remains relatively low. Subsidies from AKF and USAID, now covering the remaining direct costs and all indirect costs, will be phased out by 2003 and communities will be encouraged to assume all direct costs.

To ensure sustainability of the health centers after donor funding is decreased, AKF asked PHR to assess AKHS,I's primary health care programs and sustainability strategies, and to recommend an appropriate mix of financing methods. PHR found AKHS,I's efforts to raise self-sufficiency levels well-designed and well-implemented and commended AKHS,I management for its understanding of the complex issues involved, as well as its sensitivity to the health needs of the underserved in their communities. To maintain progress achieved to date, PHR made several recommendations that, if adopted, would help increase self-sufficiency levels of these health networks.

Self-sufficiency levels could be improved by adopting a more business-oriented approach to cost recovery and by better marketing of the services offered at the facilities. Price setting of drugs and services should be based on client willingness to pay for certain curative services. Drug prices should be linked more directly to actual costs and providers encouraged to avoid the overuse of expensive antibiotics and to prescribe less expensive drugs with equal effectiveness. Price increases, where warranted, should be coupled with steps to improve quality and to make the appearance of the facilities more inviting. Marketing efforts should emphasize those services and drugs that clients are willing to pay for, while continuing to encourage the community to utilize important preventive services, offered at little or no cost.

Alternative health financing strategies need to be thoughtfully reassessed. Community health funds and insurance schemes that serve merely as a method for prepayment may actually lower revenues to health centers if they capture patients who already patronize the facility, encouraging them to increase their use of subsidized care. Community financing should instead focus on: raising funds not previously available that may be tapped on an ongoing basis; selling prepayment schemes that appeal to an expanded population base to enroll people previously choosing other providers; and designing prepayment schemes that offer low-cost, highly-valued services as part of the package but that include features which discourage unnecessary use. *For more information, contact mark_mceuen@abtassoc.com.*

Examining the Sustainability of the National Program of Immunization in Morocco

PHR staff recently visited Morocco to initiate a country case study on immunization financing. While there, USAID/Morocco requested that PHR examine issues involved in whether or not the Mission should provide additional resources to increase the capitalization of a revolving fund for vaccine provision used by the Moroccan government. The fund is used to supply the country with vaccines through UNICEF's Vaccine Independence Initiative (VII). Based on key data collected and interviews with officials most concerned with immunization policy, PHR made a presentation to MOH representatives, USAID, and WHO which highlighted the following points:

- the local and international context has greatly evolved since the inception of the VII in 1991/92 in Morocco, so the question of increasing the revolving fund is still relevant given current challenges;
- performance of Morocco's National Program of Immunization (PNI) in terms of coverage rates, guarantee of vaccine quality, regularity of provisions, and fiscal management has greatly improved over the past few years;
- principal problems concern vaccine logistics, harmonizing procedures among relevant institutions (UNICEF, Government of Morocco), the sustainability of different funding sources, and the current methods of financing (the PNI is largely financed by World Bank loans to the health sector);
- remaining challenges include maintaining and improving the coverage rate, notably for certain regions and

See INITIATIVES, page 6

Focus on Africa

PHR has provided technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe on an array of health reform issues, including social insurance, health reform policies and processes, mutual health organizations and other community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR is also collaborating with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several additional countries.

Master's Degree Program Builds Health Financing Capacity in West Africa

For the past two years PHR has provided technical and financial support to the Centre Africaine d'Etudes Supérieures en Gestion (CESAG), a West African Research and Training Center, for the development of its master's degree program in health economics. This October, the program began teaching courses to its first group of students from Senegal, Mali, Burkina Faso, and Cameroon. A second group of students will begin in the fall of 1999. Thanks to this program, the West and Central Africa region will have approximately 20 more trained health economists by the end of 2000, each with an increased ability to understand their health system and to design and manage appropriate reforms and improvements.

PHR is continuing technical and financial support to the program during the first year of its implementation. A core curriculum comprised of six blocks of master's degree-level health economics modules (26 modules total) is almost fully developed and will soon be available as a resource for teaching health economics in other countries.

In addition, following initial agreements reached in late September that were facilitated by PHR, CESAG became a Francophone affiliate for the World Bank Economic Development Institute (EDI) Flagship Course on Health Financing and Health Sector Reform. A translated Flagship module will be used by the health economics program starting in January. *For more information, contact allison_kelley@abtassoc.com.*

Rwanda Field Office Mobilizes Resources for Expanded Coverage

PHR opened a field office in Kigali in December. A long-term advisor, Pia Schneider, left for Rwanda on December 28 to launch project activities. The Rwandan MOH is currently decentralizing its health sector to assure the financial flow to the health districts. PHR's objectives are to assist the MOH in this process by developing, pilot testing, and implementing different cost recovery schemes intended to increase the private cost contribution rate in Rwanda, and by building the necessary human resource capacity necessary to guarantee a smooth transition once PHR assistance ends.

These intermediate objectives have to be reached in order to achieve one of the Ministry's overall goals: assuring financial access to first- and second-level health care for 100% of the population, while taking into account the large income disparity among the people of Rwanda.

In response to the Government of Rwanda's request to design, test, and implement appropriate health care financing schemes and to strengthen its capacity to implement new health financing strategies, PHR is organizing a workshop to be held in Bethesda on February 16-19, 1999. Invited participants include the Minister of Health as well as representatives from the Ministry, the National Office of Population, the World Bank, USAID, and cooperating agencies. Local donor resident advisors from the European Union and WHO have also been invited. *For more information, contact allison_kelley@abtassoc.com.*

(INITIATIVES, cont'd)

populations; expanding the range of vaccines provided (e.g., to include Hepatitis B), and guaranteeing the quality of vaccines by establishing adequate quality control measures.

PHR provided a variety of data and options to consider regarding contributions to and use of the revolving fund that would ensure efficiency and sustainability. All parties present at the meeting recognized the need for a five-year strategic plan for immunization and vaccine financing. PHR strongly recommended that USAID/ Morocco integrate its potential increased contribution to the revolving fund capitalization into the context of a long-term strategic plan. PHR's ongoing immunization financing studies in Morocco and other countries can greatly assist in defining and establishing a strategic approach to sustaining immunization and vaccine financing and in facilitating more practical decisions. *For more information, contact miloud_kaddar@abtassoc.com.*

(ANE, cont'd)

observed that the health service delivery system in Chile is mixed, in that there is not much separation between the private and public sectors. The national system of social insurance coverage also is widespread: 90% of Chileans are eligible for social coverage, with only 10% actually accessing the system to obtain free medical assistance.

Based on these observations, the participants defined three ways for changing the status of paramedical professionals in Morocco:

change the scope of their activities;

provide professional training of personnel; and

develop legislation to define and formalize each profession.

The delegation is now preparing a study tour to Tunisia planned for March 1999 in order to examine the reform process in the context of a Muslim country. *For more information, contact phara_georges@abtassoc.com.*

New Products

This quarter PHR released a number of new InBriefs and publications, including technical reports describing findings from PHR country activities, special initiative activities, and applied research studies. The PHR publications list, order form, and the documents listed below are available through the PHR Resource Center. Contact the Resource Center via e-mail at phr-infocenter@abtassoc.com.

InBriefs:

Household Data Inform Health Policymaking in Zambia

USAID-UNICEF Health Sector Equity Initiative: Protecting Vulnerable Groups

Investigating the Impact of Health Sector Reform on Health Worker Motivation

How to Extend and Improve Priority Health Services through Public and Private Providers: Strategic Choices for Government Financing

Interest Mapping for MOH Reform in Ecuador

User Fees for Public Health Services: Experience in Uganda

An Essential Hospital Package for South Africa

Peru Pilots Hospital Financing Reform

Jordan Advances Toward Health Reform

Análisis del proceso de reforma del financiamiento de la salud en Sudáfrica y Zambia

Servicios de salud materna y reproductiva: costos, financiamiento y efectividad

Zambia busca soluciones públicas y privadas para mejorar la atención en salud

Technical Reports:

Community Control of Health Financing in India: A Review of Local Experiences (TE 8)

Stakeholder Analysis of the Women and Children's Health Project in Madhya Pradesh, India (TE 13)

Survey of Tax Waivers for Public Health Commodities (also available in French) (TE 17)

Contribution of Mutual Health Organizations to Financing, Delivery, and Access to Health Care: Synthesis of Research in Nine West and Central African Countries (TE 18)

The Contribution of Mutual Health Organizations to Financing, Delivery, and Access to Health Care in West and Central Africa: Summaries of Synthesis and Case Studies in Six Countries (TE 19)

Household Health Seeking Behavior in Zambia (TE 20)

Special Initiative Reports:

Medición de resultados de la reforma del sector salud en cuanto al desempeño del sistema: Guía de indicadores (SIR 1S)

La mesure des résultats de la réforme du secteur de la santé pour évaluer la performance du système: manuel des indicateurs (SIR 1F)

Expanded Programme of Immunization in Bangladesh: Cost, Effectiveness, and Financing Estimates (SIR 6)

Applied Research:

Implementing and Evaluating Health Reform Processes: Lessons from the Literature (MAR1, WP1)

A Review of Health Care Provider Payment Reform in Selected Countries in Asia and Latin America (MAR2, WP1)

Provider Payment Mechanisms in Health Care: Incentives, Outcomes, and Organizational Impact in Developing Countries (also available in Spanish) (MAR2, WP2)

Extending Coverage of Priority Health Services through Collaboration with the Private Sector: Selected Experiences of USAID Cooperating Agencies (MAR4, WP1)

User Fees in Government Health Units in Uganda: Implementation, Impact, and Scope (SAR2)

An Essential Hospital Package for South Africa: Selection Criteria, Costs, and Affordability (SAR3).

Staff Highlights

Staff Highlights offers PHR a chance to announce recent additions to its staff based at the project office in Bethesda, as well as in the project's field offices. Over the last three months, PHR welcomed the following three new staff members:

Christianne Hall, Program Assistant for LAC

Mohammed Oubnichou, PHR Representative in Morocco

Whitney Schott, Program Assistant for Applied Research

Brown Bags Calendar

Every quarter, PHR holds several brown bag presentations on a variety of topics related to health reform and health financing in developing countries. The date, time, and location of PHR brown bags are announced via e-mail. Please contact phr-infocenter@abtassoc.com to subscribe to the brown bag mailing list. Upcoming brown bag presentations include:

February 19 - Health Reform in Post-Conflict Settings: National Health Care Financing Policy Development in Rwanda.

February 25 - The Effect of Senegal's Recent Administrative and Financial Decentralization on Health and Population Service Delivery.

March (date TBD) - Using Policy Tools to Navigate Troubled Waters: Interest Mapping in Ecuador.

March (date TBD) - Improving Financial Access to Health Services by Strengthening Mutual Health Organizations in West and Central Africa.

March/April (date TBD) - Ensuring Sustainability of Priority Services in Morocco.

March/April (date TBD) - Improving the Design of the National Maternal and Child Health Insurance Program in Bolivia.

Resource Center

E-mail: phr-infocenter@abtassoc.com
URL: http://www.dcdata.com/abt/abt.htm

The PHR Resource Center was established in 1997 as part of the project's mandate to develop, collect, and disseminate information to contribute to the body of knowledge on health reform. The Resource Center houses the work of PHR and collects documentation on issues related to health sector reform, particularly hard-to-access grey literature. The Resource Center provides research and reference services; distributes PHR reports; and provides easy and time-saving access to information and information services. The Center's bibliographic database of materials can be accessed on the World Wide Web at http://www.dcdata.com/abt/abt.htm.

Bookmark It! Internet Resources

Leland Initiative (LI) website – The Leland Initiative is a five-year, $15 million U.S. Government effort to extend full Internet connectivity to twenty or more African countries in order to promote sustainable development. The LI seeks to bring the benefits of the global information revolution to the people of Africa, via connection to the Internet and other Global Information Infrastructure (GII) technologies. The site contains information on Internet resources and partner countries, the history of the Leland Initiative, the Internet Learning Library (which includes case studies and a section on end user application issues and USAID telematic pioneering programs). The site also includes country contact information on Internet business opportunities, as well as a biography of Mickey Leland.

Visit the site at *http://www.info.usaid.gov/regions/afr/leland/index.html*

Development Experience Clearinghouse (DEC) website – The DEC captures USAID-funded publications for public dissemination. The DEC's database, the Development Experience System (DEXS), contains references to over 95,000 pieces of USAID-funded documentation, including studies, evaluations, conference proceedings, and surveys, about topics such as democracy, population and health, economic growth, the environment, and humanitarian assistance. The purpose of the DEXS is to strengthen USAID's programs by making these development experience documents available to USAID offices and mission staff, as well as to other donor agencies, host country government agencies and institutions, and the public. Users can search the DEXS online by subject, author, etc. PHR has submitted by CD-ROM copies of all PHR documents produced to date.

Visit the site at *http://www.dec.org*

Development Indicators Home Page – As a major step towards concerted international action for development, the Organization for Economic Coordination and Development (OECD), the United Nations, and the World Bank have agreed to focus on a series of key goals in partnership with developing countries. A system for tracking progress on these goals has been formulated. The Development Indicators Home Page site explains the core set of indicators to be used at a global level to monitor progress on these goals. The site provides maps, charts, and tables for all indicators in the core set. The set will be continuously developed and updated to show results achieved. Development goals for the year 2015 outlined on the site encompass: economic well-being, social development, and environmental sustainability and regeneration.
Visit the site at *http://www.oecd.org/dac/indicators*

About the Partnerships for Health Reform Project (PHR)

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- policy decisions made on the basis of more effective policy processes in health sector reform;
- more equitable and sustainable health financing systems;
- improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- improved organization and management of health care systems and institutions to support specific health sector reforms.

Editor: Mark McEuen
Contributing Editor: Liz Nugent
Design: María Claudia De Valdenebro

Partnerships for Health Reform
PHR

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Partnerships for Health Reform

PHR

quarterly highlights

July 1999

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USAID
PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Spotlight

Managers Learn Skills to Facilitate Health Systems Decentralization

THE MINISTRY IS DECENTRALIZING. TOP DISTRICT HEALTH OFFICIALS ARE ASKING: HOW CAN WE cope with our new resource allocation responsibilities? Which incentive systems will motivate physicians and other personnel to work more productively? How does the district set prices for services to improve cost recovery without hurting access to care by the poor? There will be a major cut in health funds in my district, what programs or services should I reduce? What type of analysis do I need, and how can I interpret the results to help me make decisions?

These and other equally difficult questions face mid-level health system managers in the Maghreb (western North Africa) where countries are decentralizing their health systems. In response, PHR delivered a two-week course in Morocco in April that trained 26 regional and provincial health system managers from Morocco, Tunisia, and Algeria in the use of economic and financial tools to deal with their increased level of responsibility under decentralization. The tools will allow these managers to develop and manage public sector health programs more efficiently, equitably, and in a sustainable manner.

The regional course was sponsored by USAID's ANE Bureau in collaboration with WHO, the Rotary Club of Algeria, and RESSMA (*Réseau économie et systèmes de santé au Maghreb*). RESSMA is a regional network of professionals interested in health economics and health systems. PHR health economists Miloud Kaddar, a co-founder of RESSMA, and Marty Makinen developed the curriculum and led the sessions. PHR's local representative Mohammed Oubnichou and members of the Marrakech Regional Department of Health organized the logistics. Using decentralization as the context, course topics included service cost analysis, models of provider behavior, provider payment methods, pricing, cost-effectiveness and cost-benefit analysis, discounting to present value, alternative sources of financing health, allocation mechanisms in the public sector, assessment criteria (efficiency, equity, sustainability), decentralization, and health financing.

Upon its completion, participants rated the course practical and informative and directly applicable to their work. They predicted that the techniques learned would have a positive impact on their individual performance and more broadly on improving the management of health systems in the region. The participants were asked what they expected to do with the knowledge acquired as a result of attending the course. One of them responded, "Share the information with colleagues and other specialists in this sector and implement some of the concepts."

Participants were enthusiastic about the content and organization of the PHR course, which one member hailed as "excellent organization." Brahim Brahamia, who teaches

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Focus on Asia and the Near East

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Egypt MOHP Uses Model to Guide Reduction of New Hospital Construction

Working with the Egyptian Ministry of Health and Population (MOHP), PHR introduced a computational Bed Needs Model to analyze and prioritize the current distribution of hospital capacity and investments in hospital construction. The tool will help the MOHP and regional governorates make decisions about construction plans for new hospital beds. The MOHP, in remarking about the model, said to the People's Assembly, "Now we have a scientific basis for planning construction." The model can be adapted to other countries through the following steps:

- Data Assessment and Collection—determine availability of data and the baseline bed capacity.
- Situational Assessment and White Paper—identify priorities for rationalization scenarios developed through interviews at the MOH and other policy and capital/facilities planning offices.
- Set Standards and Norms—using local expert opinion, set norms for usage rates, referral patterns, and productivity.
- Rationalization Plan and Model Development—develop population-based supply and requirements forecasts of resource requirements through 2020. Develop scenarios showing priorities across places and specialties.
- Training and Support—Train local policy planners and MOH executives in a computer model enhanced course to develop better policy analytic skills. *For information, contact kathleen_poer@abtassoc.com.*

Morocco Moves to Expand Paramedical Service to Improve Access

In an effort to improve access to maternal and child health services, Morocco is initiating legislative reform that will liberalize regulations that relate to the provision of medical services by paramedical professionals, specifically, licensed nurse midwives. The desired impact of this reform is to improve service coverage in underserved areas by allowing paramedical providers to deliver a wider range of medical services

This quarter, PHR assisted the Moroccan Ministry of Health (MOH) by organizing a study tour to Tunisia to learn about Tunisia's experience in expanding the role of paramedical providers. In November PHR had organized a study tour to Chile for the officials from the Department of Legal Affairs. The same group participated in the second tour to Tunisia. Based on these experiences, the participants have begun the process of drafting and negotiating new legislative codes to allow paramedical services to carry out functions related to family planning, prenatal care, problem and non-problem deliveries, and post-natal follow-up. The MOH will present the new codes to the secretariat of the prime minister, to the government counsel, and to the counsel of ministers before the codes are voted on in the two houses of parliament.

Among paramedical providers, midwives are a particularly important source of health care in Morocco. They are a major source of prenatal care and attend a large percentage of deliveries, primarily among rural and poor populations. Paramedical providers are often the first line of health care providers for many Moroccans living in rural areas. Expanding their ability to provide maternal and child health services would greatly improve access to services. *For information contact, anthony_mensah@abtassoc.com.*

Facilitating Decentralization . . . continued from page 1

health economics to medical students at Constantine University in Algeria, e-mailed PHR to report on successfully using information and materials from the course. PHR will follow up with participants in three months to find out how they are applying what they learned. This feedback will help tailor the curriculum content for future courses, which RESSMA plans to repeat on an annual basis. *For more information, contact miloud_kaddar@abtassoc.com.*

RESSMA course participants, Marrakech, Morocco, April 18-30, 1999.

Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country's or region's research capabilities.

Improving the Process of Health Financing Reform

For the past year and a half PHR has been supporting research in South Africa and Zambia that is examining the process of health financing reform. Changes in health care financing mechanisms have been a central element of the reforms in sub-Saharan Africa, yet little is known about the factors that influence the potential of such reforms to achieve either their stated objectives or broader goals. In South Africa researchers from the University of Witwatersrand and the University of Cape Town are currently finalizing the South Africa country study.

The preliminary report presents recommendations relevant to international as well as South African audiences. Key lessons regarding the policy process include:

- **Communicating complex policy designs**. Technical complexity of policies in South Africa often cause communication between technicians and policymakers to break down. Policies that cannot be expressed simply and clearly are difficult to sell and unappealing. Reform messages need to be adapted for different audiences and communication should focus on highlighting key aspects of reform.
- **Matching policymakers' values**. Policies regarding free care and the initial process of resource reallocation benefited tremendously from high-level political support, as politicians saw how these reforms linked into higher-level political goals.
- **Building health economics capacity**. Technical weaknesses in financing policy design were evident. Health economists within the South African Department of Health were not always well used. Demand for health economics analysis needs to be created and the supply of well-trained health economists ensured.
- **Building implementation capacity**. Adequate capacity was a critical constraint, not just in terms of skills, but in terms of systems and the joint functioning of organizations to produce effective implementation as well.
- **Implementing radical change**. The end of the apartheid era in 1994 provided a window of opportunity for reform, but the upheaval in the policy environment that followed elections created problems and undermined capacity for policy development, weakening the final impact of reforms. During complex transition processes, policymakers need to focus on priority setting and capacity development.

Copies of the South Africa report by Lucy Gilson et al. will be available from the PHR Resource Center in Fall 1999 at *pub_order@abtassoc.com*.

PHR Grantees Disseminate Findings at GHC, iHEA

PHR's Small Applied Research (SAR) program was designed to build and strengthen policy research capabilities among developing-country researchers, advance knowledge of health sector problems and solutions, and support health sector reforms in developing countries.

The SAR program sponsored three grantees to present their research findings at the Global Health Council Conference in Washington, DC, and one grantee to present at the International Health Economics Association (iHEA) conference in Rotterdam in June. Aldrie Henry-Lee (University of the West Indies, Jamaica) presented on national health insurance in Jamaica; Frederick Mwesigye (Makerere University, Uganda) on decentralization and maternal and child health service delivery in Uganda; Pedro Francke on public health expenditures in Peru; and Maria Bautista (Institute for Development Policy and Management Research, Philippines) on health insurance in the Philippines. These events allowed the researchers to share their findings with a wide audience.

During their visits to Washington and Rotterdam, the researchers had the opportunity to discuss their research activities with PHR technical staff. At each conference session, the audience demonstrated their interest in the research findings through lively discussions. Numerous copies of the research findings were also distributed at these events. For their part, the grantees expressed that the events truly enriched their research experience and that they greatly appreciated having had the opportunity to participate in these well-attended and stimulating international sessions. *For more information about SAR results, contact whitney_schott@abtassoc.com.*

Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

Mali Equity Initiative Investigates Low Utilization of Health Services

PHR conducted field visits in two pilot sites in Mali during the last quarter, gathering information to plan market and household surveys as part of the Equity Initiative. The Equity Initiative is funded by USAID and co-sponsored by the Malian Ministry of Health (MOH) and UNICEF. This activity has been warmly received in Mali, especially by the MOH and regional authorities concerned about low utilization of government and community health services. They look to PHR to help determine underlying causes of low utilization and to develop a plan to boost it, especially among the poorest and most vulnerable.

In early May, PHR hired C.A. Simpara as team leader for the Equity Initiative and Ousmane Sidibe as site manager. Both are taking leaves from the Malian MOH for 18 months to work on the Initiative. Mr. Simpara is the outgoing director of the World Bank's *Projet Santé, Population, Hydraulique Rurale*. Mr. Sidibe has been in charge of statistics and information for the MOH Planning Department. Both were closely involved with the Demographic and Health Survey carried out in Mali in 1996.

Later in May, PHR conducted field visits to the two pilot sites, Bla Cercle (in Segou region) and Sikasso City. The Equity Initiative concept, the newly hired Malian experts, and PHR's Allison Kelley and Marty Makinen, were introduced to local health, social action, planning and statistics, and political authorities. PHR gathered sampling information for the household survey and information on mapping service providers (public, private, and traditional) in each site.

In both sites, health authorities are concerned about the utilization of services in government and community facilities that is only 0.3 visits per person per year. Among other items, the authorities want to know to what extent this is made up for by use of private or traditional providers. They welcomed a collaborative effort to determine the underlying causes of the low utilization and to plan interventions to improve this situation.

Baseline surveys will take place August-October 1999. PHR will then work with local authorities and communities in each site to use the survey results to design interventions to address the causes of low utilization. A second household survey will be conducted in 2000 to evaluate the impact of the interventions. *For information, contact allison_kelley@abtassoc.com.*

Senegal Leverages Funding for Hospital MIS

While hospitals are not always a focus of USAID interventions, the hospital sector is important due to the large portion of health resources it consumes in many countries (often 70 percent or more). Thus, hospital efficiency can be a key factor in the availability of resources for other priority activities.

In early 1998, Senegal passed hospital reform legislation mandating significant changes in the way hospitals are organized, managed, and integrated with the health system and local governments. With greater autonomy and reduced government financial support, hospitals need more and better information for strategic planning and management decisions. At the same time, they seek to improve the quality of health services.

From mid-1998 to mid-1999, PHR assisted the Senegalese Ministry of Health (MOH) in leveraging World Bank resources for improving hospital MIS for the country. The World Bank sector development project in Senegal includes support for country-wide implementation of improved hospital MIS, but initial development of the system, along with other steps, are preconditions for release of funding. Through PHR, USAID intervened at a critical point to work with the MOH and a local collaborating institution, the *Centre africain d'études supérieures en gestion* (CESAG), to plan and launch the development phase, and then to begin implementation of the MIS in three pilot hospitals. This support enabled the MOH to obtain release of World Bank funding to complete MIS development, develop an automation plan, and begin procurement of computers.

The hospital MIS project is well on its way and should serve as a model for Senegal and other WCA countries pursuing similar hospital reforms. *For information, contact richard_killian@abtassoc.com.*

Regional Workshop Works to Expand Rural Health Insurance

Developing innovative health care financing strategies is a priority for many countries in ESA. One promising strategy is Community-Based Health Insurance (CBHI) schemes, in which rural communities pool their resources to provide basic health care service coverage for members in a financially sustainable manner. PHR is currently working to provide information and technical guidance to communities implementing or

interested in CBHI through a series of workshops, research and evaluation activities, and technical assistance.

As a part of these CBHI activities, PHR hosted an East Africa regional workshop June 23–26 to review and analyze preliminary findings from a study of CBHI in the region. Participants from CBHI programs in Tanzania, Uganda, and Kenya met in Mombasa, Kenya, with government policymakers and international donors to discuss strategies to assist community implementation of sustainable CBHI programs.

The report analyzes the strengths and challenges of three principal CBHI schemes: the Community Health Fund in Tanzania; Kisiizi Hospital in Uganda; and Chogoria Hospital in Kenya and looks at other organizations working in the area. The preliminary study highlights the relative successes of existing CBHI operations and stresses the need for improved risk management capacity, targeted management training focusing on improved staff-client relations, enhanced marketing and outreach activities, and sustainable financing strategies.

The workshop participants included field-based practitioners of CBHI as well as representatives from ministries of health in the region, USAID, the International Labor Organization (ILO), and several NGOs working in health care financing. This broad-based group of health care professionals strengthened the existing network and laid the groundwork for future regional activities to improve existing CBHI programs and guide the formation of new schemes.

PHR continues to collaborate with the East and Southern Africa Regional Economic Development Support Office (REDSO/ESA) and the ILO to incorporate policy and lessons learned recommendations into a tool kit and manual for communities wishing to implement similar health care financing programs. *For information, contact janet_edmond@abtassoc.com.*

Focus on Special Initiatives

PHR and USAID have jointly developed six Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, and integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance.

National Health Accounts Gain Momentum

A truly global interest in NHA was demonstrated at the International Symposium on National Health Accounts in Rotterdam, The Netherlands, June 4-5. Over 100 participants from all parts of the world attended the meeting, which was co-sponsored by PHR and the International Health Economics Association (iHEA).

Presentations included detailed country studies and innovations in NHA methods and applications, such as NHA approaches focusing on expenditures on specific disease problems and population groups. These offer significant potential for specific health gains and equity.

Results from PHR's supported country and regional NHA efforts were evident with several invited presentations from the Latin American and Caribbean network and participants from the East and Southern Africa and Middle East and North Africa networks.

The International Symposium concluded with an animated discussion on sustainablilty and next steps, led by Dr. Jean-Pierre Poullier of WHO and Dr. Peter Berman of PHR. Participants voiced their desire for future meetings; increased international support for country and regional efforts; international leadership in technical exchange and results dissemination; and expanded training opportunities. *For information, contact jennifer_graff@abtassoc.com.*

Enhanced Financing Strategies Aim to Improve Access to Immunization Services in Bangladesh

Working with a local Bangladeshi team, PHR has gathered data to project the costs of planned improvements to the national immunization program over the next five years to improve access to quality immunization services. Preliminary findings and options for future financing of strategies were presented in Dhaka in April to a well-attended audience of ministry and local government officials, representatives from international organizations, NGOs, donors, and others.

Planned improvements to the national program include 1) initiating a campaign to improve coverage in low-performance areas of Bangladesh, 2) improving sterilization and waste disposal in the program, 3) upgrading the cold chain system, 4) initiating additional social mobilization/communications campaigns for the new service delivery strategy of the health reform taking place (transition from outreach sites to fixed sites), and 5) adding Hepatitis B to the current set of antigens. Recommendations will be made to the government on ways to improve existing financing strategies for the program. *For information, contact ann_levin@abtassoc.com.*

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in five countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in eight countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Increasing the Policy Relevance of NHA Results

Some 50 policymakers and technical staff from 11 countries in the LAC region attended a four-day seminar on National Health Accounts (NHA) in El Salvador May 17-20. NHA describe the sources, uses, and channels for all funds, public and private, utilized in the health sector and are an indispensable management tool for the allocation and mobilization of health sector resources.

The event began with a one-day seminar organized by PHR in collaboration with PAHO under sponsorship of USAID's LAC Bureau. The seminar included presentations by Jean-Pierre Poullier (WHO) on institutionalization and the use of NHA, as well as discussions by Karen Cavanaugh (USAID), Xavier Coll (World Bank), and Alfredo Solari (Inter-American Development Bank) on their respective institutions' perspectives on NHA. Participants had the opportunity to interact with officials from the various donor organizations to ascertain the level of support available from these organizations to further national efforts to institutionalize NHA.

Following the seminar, the workshop continued for 40 technical staff and focused on building capacity to institutionalize NHA by:

- increasing the policy relevance of NHA results;
- incorporating these results into policy formulation; and
- communicating the results effectively to high-level decisionmakers.

The workshop served as an excellent forum to foster exchange among those working on NHA in Latin America since the launching of the LAC NHA Initiative in 1997. *For more information, contact jennifer_graff@abtassoc.com.*

"Using NHA to Inform Decision-Making in the Health Sector" seminar and workshop participants, San Salvador, El Salvador, May 17-20.

Regional Effort Strengthens Government Contracting with NGOs

PHR spearheaded a regional effort to improve the process of public sector and NGO contracting practices. As part of the LAC regional health sector reform initiative, PHR held a two-day meeting in Santo Domingo with public sector and NGO representatives from Colombia, Costa Rica, Dominican Republic, Guatemala, and Peru to follow up on those countries' experiences in contracting for primary health care (PHC) service delivery.

Bringing together officials from the public sector, mainly ministries of health, and select NGOs, PHR facilitated work sessions allowing participants and NGOs to discuss key issues:

- impact of contracting on the quality of care and coverage;
- cost effectiveness of contracting;
- effect of the political environment and legal framework on the contracting process; and
- identification of factors that influence NGOs and the public sector to enter into contractual arrangements.

Through the exchange of information and experiences, each country team developed national-level action plans to strengthen current contracting practices. Ideas were developed for continued regional collaboration to strengthen the contracting for PHC provision including development of:

- case studies on specific characteristics of contracting;
- technical assistance strategies to strengthen the capacity of both sectors to monitor and evaluate contract progress;
- workshop on costing of key services; and
- tools to support the generation of performance-based contracting.

For more information, contact wendy_abramson@abtassoc.com.

Inside PHR

Damascene Butera

Damascene Butera manages the PHR office in Kigali, Rwanda. His many tasks include organizing workshops, lectures, and meetings; project reporting; accounting tasks; and making travel arrangements. In addition, Damascene's superb language skills—fluency in French, English, Kinyrwanda, and Swahili—are invaluable to PHR's activities in Rwanda.

Damascene, who joined PHR in February, accomplishes this multidimensional job with a lot of humor and some "good invention" skills. Damascene studied French at the University of Bujumbura in Burundi and completed a one-year banking course in Nairobi. Damascene left Africa for the first time when he joined PHR. He traveled to Bethesda for a three-week accounting and software training course. Damascene hopes to pursue an MBA from a U.S. university.

"Damascene is a welcome addition to our staff and plays a key role in the work of PHR in Rwanda," says Pia Schneider, PHR's long-term advisor in Rwanda.

Staff Highlights

Staff Highlights announces recent additions to PHR staff based at the project headquarters in Bethesda, as well as in project field offices. Over the last three months, PHR welcomed the following new staff members:

- François Diop, Health Economist, Senegal
- Nancy Samy Fawzy, Marketing and Communications Assistant, Egypt
- Patricio Murgueytio, Resident Advisor, Dominican Republic
- Colonel Oumar Ndiaye, Senior Technical Advisor, Senegal
- Francia Smith, Finance Manager

Information and Dissemination

Information Dissemination (ID) aims to increase awareness about health sector reform issues to better inform health systems policy decisions. The ID Unit comprises Editorial Services, the PHR Resource Center, Connectivity, and Special Products. ID provides research and reference services; produces and distributes PHR reports; and provides easy and time-saving access to information. The Resource Center's bibliographic database of health sector reform materials can be accessed on the PHR website at http://www.PHRproject.com.

New Products and Website Intensify Dissemination

The third quarter saw several major milestones in PHR's information dissemination activities, including three new publication series, a "new" professionally executed website, a mailing to 3,700 health specialists and organizations, presentations at major conferences, and increased technical report generation. As a result of these intensified efforts, health reform issues are becoming more visible and attracting a wider audience.

The new publication series are:

- Primer for Policymakers—The first issue is on alternative provider payment methods, available in English, French, and Spanish (12 pages).
- Executive Summary Series—The premier issue focuses on Bolivia's health insurance scheme and its efforts to reduce maternal and child mortality, available in English (8 pages).
- LAC Initiative Series—*Cuentas Nacionales de Salud: Resúmenes de ocho estudios nacionales en América Latina y el Caribe*, available in Spanish only (30 pages).

PHR's new website was launched in April. PHR is able to track the number of visitors utilizing the website and to log which publications are downloaded. The site has also heightened requests for publications, which are disseminated in hard copy format and on CD-ROM disks.

PHR's Editorial Services and Resource Center units produced and disseminated a total of 24 reports—30 percent more than last quarter; wrote and distributed five In Briefs; produced a mailer about the new website and mailed it to 3,701 individuals and organizations (1,110 in the U.S. and 2,591 international); assisted with the submission of six journal articles; and provided in-house training sessions on writing and formatting reports and articles. The Resource Center supported presenters at the Global Health Council annual conference in Washington, DC, and at the International Symposium on National Health Accounts and the International Health Economics Association meeting, which were held in Rotterdam, The Netherlands, in early June. *For more information, contact zuheir_alfaqih@abtassoc.com.*

Interest in Health Reform Issues Evident at GHC

PHR staff members offered 10 presentations at the annual Global Health Council (GHC, formerly the National Council of International Health) in the Washington, DC area June 20-22. The presentations were offered by PHR researchers, analysts, and grantees who covered a range of health reform issues—from immunization financing to equity, from program implementation to policy development. Many of the sessions were offered to standing room only crowds that remained to ask pointed questions. The high attendance and clear interest of the conference registrants suggests that health reform is a mainstream issue that can attract an audience keen to learn ways to "fix" health systems. *For information, contact PHR-InfoCenter@abtassoc.com.*

New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. Please note that requests for five or more copies will be fulfilled on CD-ROM. PHR publications are available on the PHR website at http://www.PHRproject.com.

Technical Reports

- A Feasibility Analysis of Franchising the PROSALUD/Bolivia Primary Health Care Service Delivery Strategy in Lusaka, Zambia (TE 15) by Jack Fiedler, Ann Levin, and Dennis Mulikelela
- Health Care Utilization and Expenditures in the Arab Republic of Egypt (TE 25) by Peter Berman, A.K. Nandakumar, and Winnie Yip
- Findings of the Egyptian Health Care Provider Survey (TE 26) by A.K. Nandakumar, Peter Berman, and Elaine Fleming
- Data Assessment for the National Information Center for Health and Population, Egypt (TE 30) by Gary Gaumer
- Monthly Indicators Reporting System for the National Information Center for Health and Population (TE 31) by Gary Gaumer

Special Initiative Reports

- National Health Accounts, Summaries of Eight National Studies in Latin America and the Caribbean (SIR 7)
- Cuentas Nacionales de Salud: resúmenes de ocho estudios nacionales en América Latina y el Caribe (SIR 7S)
- Costs of Maternal Health Care Services in Masaka District, Uganda (SIR 16) by Ann Levin, Tania Dmytraczenko, and Freddie Ssengooba

Major Applied Research Papers

- Equity of Health Sector Revenue Generation and Allocation in Guatemala (MAR 3/WP-1) by Ricardo Bitrán, Gloria Ubilia, and Lorena Prieto
- Equity of Health Sector Revenue and Generation Allocation in Paraguay (MAR 3/WP-2) by Ricardo Bitrán, Gloria Ubilia, and Lorena Prieto
- Equity of Health Sector Revenue Generation and Allocation: A South African Case Study (MAR 3/WP-3) by Di McIntyre, Lucy Gilson, Nicole Valentine, and Neil Söderlund
- Health Spending Inequalities and Government's Role in Zambia (MAR 3/WP-4) by Marty Makinen

Small Applied Research Papers

- Targeting Public Health Expenditures in Peru: Situation and Alternatives (SAR 1) by Pedro Francke
- Focalización del gasto público en salud en el Perú: situación y alternativas (SAR 1S) by Pedro Francke
- Characteristics and Structure of the Private Hospital Sector in Urban India: A Study of Madras City (SAR 5) by V.R. Muraleedharan

In Briefs

- Protecting the Medically Indigent in Jamaica
- Health Insurance and Decentralization in the Philippines
- Targeting Public Health Expenditures in Peru
- Nepal Network Is Working to Reduce Maternal and Neonatal Deaths
- PHR Launches New Website, Premier Issue of Two Publications
- Perú ensaya una reforma del financiamiento de los hospitales

Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

The PHR Quarterly Highlights is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The July 1999 issue covers the period between April 1 and June 30, 1999. For additional copies or to be placed on the Highlights mailing list, please contact the PHR Resource Center, pub_order@PHRproject.com.

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PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
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Spotlight

Prepayment Programs in Rwanda: More than 12,000 Members in Two Months

UPDATE: On Sunday, September 26, the MOH in Rwanda broadcast a weekly national two hour radio program on PHR-sponsored prepayment schemes in Butare, Kabgayi, and Byumba. In the studio, presenting information on prepayment schemes and responding to questions, were the minister of health and high-level government representatives, together with the president of the federation of prepayment schemes in Byumba. Citizens from all of Rwanda were given the oportunity to call and ask questions.

Rwandans currently contribute to the financing of their health care costs through user fees. While this may appear to be a straightforward system—you pay for health care only if and when you need it—it has several drawbacks: Even low fees may prevent the poor from seeking care when they truly need it. This is especially a problem for certain socioeconomic groups, such as farmers who have "extra" cash only on a seasonal basis, or low-wage workers who are not paid when they are too sick to work. Also, only those who seek care contribute towards the cost of health care; this denies ongoing financial resources to a health care system or group.

Prepayment schemes address these problems. Under prepayment, individuals or households pay a premium into a health care fund on a regular basis, usually annually, semi-annually, or even monthly. Payment of the premium entitles the individual or household to seek health care services in a defined benefits package, for a given period of time, without additional payment. Contributions from persons who do not fall ill help to cross-subsidize the care of those who do.

In the first half of 1999, the Rwanda Ministry of Health, in collaboration with PHR and community members from three districts, developed a prepayment scheme. Its objectives are to improve access to and quality of health care; engage community members in program administration; and strengthen management capability in health centers and districts. On July 1, prepayment pilot programs were introduced in the three districts, management committees were constituted, and contracts were signed with health care facilities. The programs were publicized on national radio theater broadcasts. By September 1, more than 12,000 Rwandans—1.3 percent of the population of the three districts—had enrolled in the programs.

Prepayment scheme members, Rwanda

While each district program has unique aspects, the three programs share certain features: All members join by paying an annual premium. Each district offers care at 15 to 20 health centers and one hospital. The

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Focus on Special Initiatives

PHR and USAID have jointly developed six Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance.

Improving HIV/AIDS Service Delivery

Over the next year PHR will extend its current work in the areas of decentralization, National Health Accounts (NHA), cost analyses, economic impact studies, and public sector contracting with NGOs to include an HIV/AIDS component. Because sector-wide health reforms affect how HIV/AIDS service delivery is organized and funded, it is critical to understand both the negative and positive impacts on service delivery.

PHR will enhance work being done to include analysis of how certain health reforms affect HIV/AIDS prevention and care strategies and will provide recommendations and "best practices" on how health systems can handle an increased need for services. Currently, USAID's portfolio of HIV/AIDS activities focus on prevention as well as care interventions; behavioral and social research; development of policy tools; and program evaluation. The following is an overview of the specific activities to take place:

Decentralization

Decentralization is a global trend that will continue to impact delivery of population, health, and nutrition services. PHR will examine the impact of decentralization on total and local funding and the utilization of HIV/AIDS services in Senegal and Ethiopia. Products will include a multi-country review of experiences with significant decentralization reforms and recommendations on how programs can be designed and implemented taking into account the positive and negative impacts of decentralization on HIV/AIDS service provision.

National Health Accounts (NHA)

NHA provide a blueprint of the sources and uses of funds in the health sector and the intermediaries through which they flow. NHA offer valuable insights into the structure and operation of the health sector and are becoming increasingly institutionalized as essential policy-making tools in developing countries. PHR will disaggregate the accounts to examine the sources of funding and expenditures within the HIV/AIDS sub-sector. Local nationals in South Africa and Rwanda, under PHR guidance, will collect and analyze NHA and HIV/AIDS-specific data to provide an accurate picture of HIV/AIDS sources and expenditures of funds and better inform decision-making.

Cost Analyses

PHR will provide technical assistance in costing to the InterAgency Working Group, a USAID-sponsored group of organizations within the HIV/AIDS Division's portfolio, created to promote collaboration, share information, and coordinate planning. PHR will also conduct a cost analysis of an HIV/AIDS intervention in Cambodia.

Sectoral Study on Impact of HIV/AIDS

HIV/AIDS is pervasive in its impact on a nation's productive capacity, both in the public and private sectors. PHR will conduct two sectoral impact studies in South Africa, evaluating the impact of HIV/AIDS on human resources within two ministries and the ability of each to provide current and new services in response to increased demands created

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Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

Developing Tools for the Management of Mutual Health Organizations (MHOs) in Ghana

"We all worked hard, learned a lot and came away not only with new skills, but also much enthusiasm for improving our present programs and starting new ones. You can be really be proud of your regional staff. They did a fantastic job in presenting material and facilitating the workshop" commented one participant at the PHR workshop on developing tools for effective management of Mutual Health Organizations (MHOs) held in Sunyani, Ghana July 26-31. The workshop was attended by 35 participants, primarily heads of local MHOs from public and private organizations, as well as donor agencies. Partly as a result of the meeting and the enthusiasm generated, one of the donor partners has agreed to increase its financial participation in the MHO work.

Mutual Health Organizations (MHOs) —community and employee-based groupings—are increasingly playing an important role in health care financing in Ghana, particularly for the informal sector and at the community level. Although the number of persons presently covered through the schemes is small, it is significant that the Government of Ghana is looking at MHOs as a more realistic strategy for financing health services in

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Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country to evaluate a particular health policy or program and strengthen the country's or region's research capabilities.

PHR Research Spurs New Legislation in South Africa

In response to recommendations of a PHR study, the South African Department of Health drafted new legislation that will guarantee a minimum benefits package for all beneficiaries of private health insurance. The legislation will take effect in January 2000.

PHR awarded a small applied research (SAR) grant to Dr. Neil Söderlund of the University of Witwatersrand, South Africa, in1997 to design a low-cost minimum benefits package. As a result, Dr. Söderlund was asked by the Department of Health to chair a committee that would adapt the findings for legislation purposes. With the collaboration of the 30 committee members and information from additional research, the committee drafted regulations for minimum benefits to be required of all private medical insurers.

The majority of South Africans have access to the public hospital system. Although hospitals are required to collect fees from users who can afford to pay for services, they often find it difficult to correctly determine who can pay. Public hospitals face cuts to their limited budgets while demand for care remains constant or increases. At the same time, private insurance is unaffordable for most South Africans, and often excludes high-risk individuals from coverage. Those individuals who are likely to incur high costs are then shifted back into the public hospital system, increasing the burden on public resources.

In 1995, the government-formed South African Committee of Inquiry into National Health Insurance suggested that all formal sector employees be required to purchase insurance coverage for at least a minimum package of essential hospital services. This policy would shift employed individuals into the private insurance system, thereby decreasing the strain on public resources. Once the findings of Dr. Söderlund's study were disseminated, the Department of Health took steps to respond to the Committee's recommendation.

Söderlund's study defined an essential package of hospital services. It excluded primary care services, which are now offered by the public system, and also excluded interventions that were either very high-cost, ineffective, or for non-urgent conditions. It included all non-elective surgical procedures, surgical admissions for life-threatening conditions, maternity care, comfort care for the terminally ill, and medical admissions for diseases severe enough to warrant hospitalization. The study also costed the essential benefits package using data collected from mining hospitals and health insurers in South Africa.

The study brought the topic of essential hospital benefits to the public arena and encouraged dialogue among experts, the public, and policymakers. This work was published in two articles in the *South African Medical Journal* and one in *Health Policy*, and was disseminated at conferences and made available in monographs. Söderlund's technical work stimulated debate which resulted in the introduction of the minimum benefits regulations for private health insurers.
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benefits package includes preventive and basic curative care provided by nurses in health centers, essential drugs, hospitalization, and ambulance transfer to the district hospital. Members also are entitled to consultation by a physician, overnight stay in the hospital, and free caesarian-section.

One example of a satisfied patient is a woman who had a caesarian-section at the district hospital after being transferred by ambulance from a health center. In a radio interview, she said, "if I were not a member, I would not have had enough money to pay for my treatment."

In addition to such anecdotal testimonials from satisfied patients, the following empirical observations were made during the first two months of program operation:

- communities with prior mutuelle (non-profit community-based health care financing organizations) experience show highest membership numbers. This encourages the ministry of health and PHR to identify and collaborate with other mutuelles in Rwanda, and prepares them for nationwide expansion of the prepayment scheme;
- members of poorest communities were the first to sign up, indicating that prepayment programs do respond to the needs of the poorest; and
- the district pharmacy of Byumba will receive a credit from the prepayment program to start a revolving drug fund to ensure that enough pharmaceuticals will be available in the district.

During a one-year test phase, the three pilot programs will be evaluated through a household survey and patient exit interviews. Assessment criteria are the scheme's sustainability, viability, equity, and efficiency. Evaluation findings will yield recommendations for a nationwide health financing program.
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Focus on Asia and the Near East

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Primary Care Model Integrates Priority Services

"We're moving health reform activities out of the five-star hotels and into the towns and villages" declared Egypt's Minister of Health and Population, Dr. Ismail Sallam, at the inaugural meeting of the Health Reform Planning and Monitoring Committee. PHR hosted a reception for the Minister and the 19 committee members, who are undersecretaries of the Ministry of Health and Population (MOHP) and leaders of the Health Insurance Organization (HIO). Representatives of USAID and the World Bank, directors and staff of the main MOHP departments, and others involved in the health reform participated in the reception to mark the inaugural meeting of those who are responsible for strategic planning and monitoring of the health reform program.

Dr. Wagida Anwar, director of the Technical Support Office, which is responsible for coordination of the reform program, highlighted preparatory reform activities at the central level and in three pilot governorates slated to test a new primary care system over the next five years. Dr. Mary Paterson, PHR-Egypt chief-of-party, briefed the gathering on PHR's advisory role and activities of the USAID Health Policy Support Program. In a closed session, the committee approved a basic benefits package of health care services for all Egyptians through a social insurance plan that will be pilot tested as the Family Health Fund in the coming year. The basic benefits package places special emphasis on services for women and children.

Adding to momentum for the primary care reform program, Dr. Sallam and the MOHP undersecretary for the Alexandria governorate opened a pilot primary care network in the Montazah district of Alexandria on September 11. The network includes an HIO Family Health Unit and Center and four MOHP family health units. Additional family health units will be opened in the Montazah district before the end of 1999.

Teams of doctors and nurses trained in family medicine are demonstrating an integrated care model, the first of three pilot test system elements that also include new regulatory and financing mechanisms. Doctor/nurse teams are responsible for a roster of 3,000 patients or roughly 600 families. In the past, Egypt has made significant progress in addressing specific health issues through vertical programs. Yet, despite their success, these programs have fragmented the delivery system into many specialized facilities and providers. As a result, individuals must currently seek care from many providers in different locations to meet their health care needs.

For the first time, the rostering system assigns every family a doctor and each family member a medical record to ensure continuity of care. The new care model is designed to integrate specific health services for child survival, family planning, and maternal and reproductive health, to improve the sustainability of these priority services currently delivered through vertical programs. After one year in operation, the pilot is expected to produce preliminary indicators of health outcomes, access to care, and costs.

Following the Minister's visits to the MOHP pilot sites, more than 150 invited guests representing the health sector, local government, and donor agencies heard a panel present the comprehensive primary care reform strategy and the aims of the pilot. In his remarks the Minister expressed appreciation for PHR's technical assistance. According to at least one patient, an expecting mother with a complicated pregnancy, the prospects for success look bright. When asked by the Minister why she goes to the [Seuf] Family Health Center, she replied: "It's very clean. Dr. Nagwa spends time with me. She even knows the names of my children. She is my family doctor. I don't want to go to different doctors."

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Family practice teams at Seuf Medical Center, Seuf, Egypt

A New Way to Manage Hospitals in Jordan

"I've been working for the MOH for 18 years, and this is the first time that I've ever felt like I'm part of the MOH." (employee of a hospital in Irbid after attending the Hospital Decentralization Steering Committee on July 27)

"If we can implement just one-third of your ideas, we will have achieved a lot." (chief of personnel from the Central MOH addressing hospital staff at their first meeting on August 23)

In an attempt to contain costs and improve efficiency, PHR is supporting a groundbreaking effort to decentralize select functions at public hospitals in Jordan. Jordan spends a startling 8 percent of GDP on health care, well in excess of most middle-income countries. An estimated 36 percent of these expenditures are for inpatient care.

The MOH controls 40 percent of all hospital beds in 22 hospitals around the country, and centrally manages virtually all aspects of hospital operations. As a result, hospital managers cannot hire, fire, or even transfer any member of their staff. Efficiency and productivity cannot be rewarded. Poor performance is difficult to correct. All supplies, drugs, and equipment are delivered by the central ministry with poor coordination with the receiving hospital, resulting in stock-outs of some items and oversupply of others. In sum, scarce public resources are wasted and the managerial role of hospital managers is controlled by the central ministry.

In response, PHR began discussions on hospital decentralization in Jordan one year ago. The concept was initially met with immense opposition because it was thought to mean privatization. PHR's Resident Advisor, Dr. Dwayne Banks, spent months on an educational process, including visiting and assessing 15 hospitals. Finally in April, two pilot hospitals (Princess Raya and El-Karak) were selected, a high-level steering committee was formed, and work began in earnest. Since April, Dr. Banks and his MOH counterparts have visited the pilot hospitals every week.

Stunning progress and transformation have occurred since April. On July 27, representatives of the two pilot hospitals presented their ideas for decentralization to the steering committee—ideas that reflected two months of internal weekly meetings. Not only were their ideas approved by the committee, the Minister of Health, H.E. Dr. Ishaq Markqa, complained that they did not go *far enough* in sending a clear message that the central MOH is receptive to decentralization plans.

Within weeks, the chiefs of personnel, training, procurement, and finance visited the pilot hospitals (each more than an hour's drive from Amman) to participate with hospital working groups. They impressed hospital staff with their openness, expertise, and creative approach to problem-solving. They in turn have been impressed by the hospital staffs' ideas and commitment to improve performance. A process has been established within the MOH to finally modernize hospital management and reap gains in quality, efficiency, staff morale, and patient satisfaction.

Much credit goes to the two MOH counterparts, Dr. Ayoub As-Sayyaideh and Dr. Abdel Razzaq S.H. Shafe'i, who have assumed a leadership role in facilitating the workgroup activities. *For information, contact catherine_connor@abtassoc.com.*▲

Visit PHR's website: www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in five countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in eight countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Public-Private Partnerships for Improved Health

As more LAC governments seek to utilize the resources offered by non-governmental organizations (NGOs) for the provision of health care services, governments have sought to develop policies that will permit and foster appropriate mechanisms for collaborative efforts. Under the LAC Health Sector Reform Initiative, PHR is helping representatives of NGOs and various ministries of health involved in health sector reform, who rarely have the time or opportunity, to explore ways to work together more effectively.

PHR brought together LAC representatives from the private and public sectors in a unique forum in Santa Cruz, Bolivia, in June for an open dialogue on ways to improve coordination of health services delivery. This unique South-South exchange of ideas and experiences between NGOs and their government counterparts included representatives from four countries: the Dominican Republic, Peru, Ecuador, and Bolivia, and several members of the press. The well-publicized meeting was held at the

headquarters of the Bolivian NGO, PROSALUD. It was co-facilitated by PROSALUD Deputy Director Pilar Sebastian and by former PROSALUD medical director, Dr. Carlos Cuellar.

The Bolivian Minister of Health, Dr. Guillermo Cuentas, inaugurated the event stating that NGOs play an important role in the health sector reform process. He shared his insights and proposals on how to strengthen health policies and expressed the firm commitment of the government towards working with NGOs to improve the health of all Bolivians. A number of distinguished guests attended the inauguration, including Joaquin Monestario, the former minister of health. Dr. Montesario played an active role in a number of health sector reform initiatives in Bolivia, including implementation of the Popular Participation Law (*Ley Boliviana de Participación Popular*) and the National Maternal and Child Health Insurance Program, *(Seguro Nacional de Maternidad y Niñez-SNMN)*. [PHR has an eight-page Executive Summary on SNMN available in English and Spanish through pub_order@PHRproject.com].

This regional meeting was an ideal opportunity for NGOs and government officials to explore ways to strengthen the role of NGOs in health sector reform in Latin America. Dr. Carlos Hugo Molina, a former minister and author of the Popular Participation Law, led a lively question and answer session at the beginning of the meeting. The discussions and exchanges during the three days were described by participants as animated, frank, and productive. The meeting received extensive press coverage.

Working groups were established to strengthen future NGO/government collaboration. These groups will:

- facilitate increased and more informed dialogue between the public sector (MOH) and NGOs regarding their respective roles, as well as their actual and potential contributions towards improving the effectiveness of the health sector reform process;
- document lessons learned, synthesize knowledge, and exchange ideas regarding NGO experiences in promoting health sector reforms;
- advance understanding and support for the potential role of NGOs in promoting health sector reforms within the public sector;
- promote increased awareness and knowledge among NGOs regarding the evolving/changing role of the public sector and the impact of these changes on the role of NGO within the health sector; and
- contribute to the capacity of NGOs to promote health sector reforms more effectively.

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"Role of NGOs in Health Sector Reform in Latin America" Workshop participants, Santa Cruz, Bolivia, June 28-30, 1999

Strengthening Honduras Capacity to Regulate the Health Sector

The Honduran Ministry of Health (MOH) has invited PHR to directly support its efforts to review and revise its regulatory codes as part of a broad plan to reform Honduran health services. PHR's long-term advisor, Dr. Francisco Vallejo, was asked by the minister of health to join the ministry's Regulation Working Group. The group will work to establish more effective health norms and laws, develop draft legislation, and strengthen capacity for regulatory oversight of the health sector.

In August, the MOH conducted a seminar focused on health legislation. PHR consultant and Honduran lawyer Dr. Marina Kurwahn presented the outcomes from her technical review of the MOH's existing health legislation and regulatory codes. She designed a computerized information system to organize this information for the ministry which will increase the awareness of policymakers of the existing legal environment. Identifying the existing health legislation and regulatory codes is an essential first step in strengthening the regulatory role of the MOH and its ability to manage the country's health system.

In conjunction with this activity, Dr. Vallejo and representatives from the working group participated in a joint Pan American Health Organization/*Centro Interamericano de Estudios de Seguridad Social*-sponsored regional course in Mexico entitled "Legislation in Health: Regulation of Human Resources in the Health Sector and Social Security." Participation in this seminar represents a critical step in building capacity within the ministry to review its existing regulatory infrastructure and ensure that updated or new codes are in accordance with the needs of the population.
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by the HIV/AIDS epidemic. The two ministries to be examined are the Departments of Public Service Administration and Education. Study findings will be translated into strategies for action.

Public Sector Contracting with NGOs

When governments contract with NGOs to deliver HIV-AIDS services, they often omit or include weak criteria for defining NGO performance under the contract. Case studies in Guatemala and Brazil will focus on promising strategies in contract selection, monitoring, and evaluation with recommendations to improve current contracting practices. These recommendations can be implemented by the two countries, as well as more generally by other countries interested in improving contracting practices with NGOs in the delivery of HIV/AIDS services.

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the rural and informal sectors compared to other approaches such as national health insurance.

Often, however, MHOs have design flaws that impede their success or even predetemine failure. PHR is working with individual MHOs to develop key competencies, such as pricing and marketing services and improving relations with providers. The PHR workshop focused on developing a set of financial and management tools to reinforce these competencies in new and existing MHOs. Additionally, PHR is training in-country experts on the use of these tools so they can provide on-going assistance to MHOs long after PHR ends.

For information, contact allison_kelley@abtassoc.com.▲

Inside PHR

Carolina Castillo, the administrative assistant for the PHR office in Tegucigalpa, Honduras, manages the local office's finances and organizes the seminars through which many PHR activities are launched. Of all her duties, Carolina considers the most important to be her work with counterparts and supporting PHR-Honduras' long-term advisor Francisco Vallejo in achieving the project's objectives. Carolina recently trained the new PHR administrative assistant in the Dominican Republic. She holds a bachelor's degree in business and plans to continue her studies.

Francisco Vallejo describes Carolina as "a vital part of PHR-Honduras. The role that she plays is critical as she handles all administrative and financial activities of the office. She is extremely organized and works well with the different PHR counterparts: the Honduran Ministry of Health, USAID, PAHO, IDB, and vendors, besides always having a positive and calm attitude." Carolina's management of the office allows Francisco to better focus on the many health reform activities and objectives of the PHR Honduras office.▲

Staff Highlights

Over the last three months, PHR welcomed the following new staff members based at the project headquarters in Bethesda, as well as in the field:

- Rossany Auceda, Communications Specialist, Honduras
- Brehima Ba, Driver, Mali
- Manjiri Bhawalkar, Analyst, Cambridge
- Randa Helmy Henein, Program Assistant to Chief-of-Party/Operations Manager, Egypt
- Mona Khan, Special Projects Coordinator, Bethesda
- Ousmane Sidibe, Site Manager, Mali
- Cheick Hamed Tidiane Simpara, Team Leader, Mali
- Oumou Traore, Secretary/Accountant, Mali

Information and Dissemination

Information and Dissemination (ID) aims to increase awareness about health sector reform issues to better inform health systems policy decisions. The ID Unit comprises Editorial Services, the PHR Resource Center, Connectivity, and Special Products. ID provides research and reference services; produces and distributes PHR reports; and provides easy and time-saving access to information. The Resource Center's bibliographic database of health sector reform materials can be accessed on the PHR website at http://www.PHRproject.com.

New Priority Services Journal Is Released

PHR released the premier issue of "Health Reform and Priority Services," which synthesizes key findings and recommendations on priority services. The Summer/Fall 1999 issue was edited by Dr. Charlotte Leighton and contains eight articles on topics that range from reforming maternal and reproductive health care to building sustainable immunization programs. The cover story, "Safe Motherhood: Reforming Maternal and Reproductive Health Care," presents information about expanding the health reform agenda, removing barriers to providing and using services, costing services to improve value, financing alternatives, and building local capacity.

"We believe this publication provides valuable insights into health reform issues and that it will raise the level of debate among health professionals and policymakers," says PHR Project Director Nancy Pielemeier.

For copies, contact pub_order@PHRproject.com.▲

Presentations

PHR gave or sponsored the following presentations and brown bags for a variety of audiences interested in the project's work in health sector reform. Please contact the Resource Center via e-mail at *PHR-InfoCenter@abtassoc.com* to subscribe to the announcement mailing list.

July

- Francisco Vallejo, "Community Drug Funds in the Context of National Policy Development," (July 1)
- Grace Chee, "Financing Insecticide-Treated Mosquito Nets in Zambia with Revolving Funds," Brown Bag presentation at USAID, Washington, DC (July 28)
- Francisco Vallejo, "El Uso de las Cuentas Nacionales de Salud," Seminario de Cuentas Regionales de Salud, Santa Rosa de Copán, Honduras (July 28)

August

- A.K. Nandakumar, "Aging Populations in Developing Countries: Issues and Implications," Talk given at program on Managing Health Systems in Developing Countries at the Harvard School of Public Health (August 3)
- Francisco Vallejo, "Conducción del Foro del I Seminario sobre Legislación en Salud," Sector Salud Honduras, Tegucigalpa, Honduras (August 26)

September

- Francisco Vallejo, "La Reforma en Salud y los Hospitales." Secretaría de Salud, Hospital Escuela, Tegucigalpa, Honduras (September 2)
- Ann Levin, "Costing of Maternal and Reproductive Health Services in Africa," presentation at USAID, Washington, DC (September 9)
- Miloud Kaddar, "National Issues on Immunization Financing: an Overview," Global Alliance on Vaccines and Immunizations, meeting, Washington, DC (September 15)
- Nancy Pielemeier, "Health Reform and Priority Services - Experiences from the Andean Region and Central America," Reforming Latin American Health Care Systems Conference, London School of Economics (September 15)

New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. PHR publications are available on the PHR website at http://www.PHRproject.com.

In Briefs

- Pilot Project Tests Options for Primary Care Reform, Egypt
- A Model to Forecast Bed Needs in Egypt
- Cost Study to Strengthen Service Delivery, Egypt

Small Applied Research Papers

- Hospital Financing Study for Georgia (SAR 4) by Akaki Zoidze, David Gzirishvili, and George Gotsadze

Special Initiatives Reports

- Costs of Maternal Health Care Services in Blantyre District, Malawi (SIR 17) by Ann Levin

LAC Initiative and PHR Publications

- Cuentas Nacionales de Salud: Bolivia (LAC 8)
- Cuentas Nacionales de Salud: Guatemala (LAC 10)
- Cuentas Nacionales de Salud: México (LAC 11)
- Cuentas Nacionales de Salud: Perú (LAC 12)
- Financiamiento de la atención de salud en ocho naciones de América Latina y el Caribe: La primera red regional de Cuentas Nacionales (LAC 16)

Technical Reports

- Egyptian Ministry of Health and Population Intranet/Web Site Strategic Plan (TE 28) by Bhavya Lal
- Rationalization Plan for Egyptian Hospital Beds in Egypt (TE 29) by Gary Gaumer
- Reorganization Plan for the Egyptian National Information Center for Health and Population (TE 33) by Brad Atkinson, Tayseer El-Sawy, Gordon Cressman, and Les Fishbein

Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

The PHR Quarterly Highlights is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The October 1999 issue covers the period between July 1 and September 30. For additional copies or to be placed on the highlights mailing list, please contact the PHR Resource Center, pub_order@PHRproject.com.

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Partnerships for Health Reform
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quarterly highlights

January 2000

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PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Spotlight

National Immunization Program in Morocco Doubles Budget

Using empirical evidence from a PHR study entitled *Case Study on the Costs and Financing of Immunization Services in Morocco*, the Moroccan Ministry of Health (MOH) has succeeded in persuading the country's Parliament and Ministry of Finance to double the government budget for next year's National Immunization Program (NIP).

The study, prepared by PHR staff and consultants from the World Health Organization and Morocco, analyzes current program costs and expenditures. It proposes options for reducing costs, changing the mix of financing sources, and mobilizing additional resources in the future.

The intragovernmental advocacy and policy dialogue engendered by the study are particularly important in the broader context of the decentralization currently taking place in Morocco. The process of decentralization has empowered regional health authorities by granting them increased financing and management responsibility. However, the additional responsibility must be accompanied with adequate training. The study identifies areas of the program that must be strengthened at the regional level. It is also key for the financial sustainability of the NIP in light of the end of the five-year World Bank loan program in 2001, which finances vaccines and supplies.

PHR staff visited Morocco twice in the past year to collect and analyze data on the costs and financing of immunization services. Working closely with donors and MOH officials, they evaluated the existing program and identified priorities for improvement. Case study recommendations for immediate cost reductions include eliminating excess stocks and wastage as well as increasing the Vaccination Independence Initiative revolving fund for vaccines by $500,000. Recommendations for the longer term include phasing in cold chain improvements and introducing additional vaccines such as Hepatitis B.

photo credit: Janet Edmond

Increased funding for immunization program signals improved health status for Morocco's children.

The case study advocates for increased government financing, a changing role for the World Bank loan, expanded health insurance benefits to cover immunizations, and enhanced participation of regions in Morocco.

Response to the recommendations has been immediate, by both the government of Morocco and donors:

- The government doubled the NIP budget for 1999/2000.
- USAID/Rabat will increase funding for the vaccine revolving fund and work closely with the MOH and UNICEF to assist in the introduction of the Hepatitis B vaccine.
- The National Committee on Vaccination Coordination was activated.
- A base for a five-year strategic plan is in place.
- Workshops are being organized to provide technical assistance to the MOH on planning, costing, and financing of vaccines.
- The MOH is preparing a regular evaluation process for the NIP.
- Better understanding of the contributions of the MOH and other partners has increased their dialogue and willingness to take action.

PHR will continue to provide technical assistance to the NIP. The first activity in January 2000 will be a workshop on planning, costing, and financing. The workshop will assist the MOH in developing strategic activities that strengthen the capacity of regional authorities. Additional dissemination of case study findings and recommendations will be done at the MOH/Policy Project's "National Conference on Reproductive Health and Child Health: Costing Cairo" to be held in Morocco in the spring; PHR will conduct a workshop on vaccine financing and options for the future at the conference. *For more information, contact leanne_dougherty@abtassoc.com.*

PHR Assesses Impact of Polio Eradication Campaign on National Immunization Programs

PHR's preliminary polio financing study on the impact of the polio eradication campaign on national immunization programs was well received at a recent WHO regional polio meeting held in Geneva, Switzerland. Country representatives and participants from international organizations met to share results from various impact studies.

Considerable controversy exists regarding whether the campaign has had positive or negative effects on longer-term health sector activities. The PHR study looks at the impact of the campaign on the financing of national immunization programs in three countries: Bangladesh, Morocco, and the Ivory Coast. It examines whether government and donor funding in these countries is reduced for other activities such as routine immunization programs in order to shift funding to the campaign, remains the same, or increases for both activities. A copy of the full report will be available in the spring. *For more information, contact sujata_ram@abtassoc.com.*

PHR and USAID have jointly developed seven Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, and integrated management of childhood illness), infectious diseases, the role of NGOs in health sector reform, National Health Accounts, indicators for measuring results of health sector reform for system performance, and assessing the impact of health reform on HIV/AIDS service delivery.

Focus on Africa

PHR provides technical assistance in Eritrea, Ghana, Kenya, Malawi, Mali, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

Setting Consultation Prices for Outpatient Mental Health Care in Rwanda

The first Rwandan mental health outpatient center began operation on July 1, 1999, in the capital of Kigali. Managed by a psychologist, Ms. Yvonne Kayiteshonga, the center employs one psychiatrist and three nurses who are currently receiving additional training as psychotherapists. Most patients are diagnosed with neurological disorders, post-traumatic stress, depression, psychosomatic syndromes, or epilepsy. The Swiss government provided initial funding for the center.

To increase financial resources generated by patients, the Ministry of Health and the center's management team asked for PHR's assistance to introduce a pricing structure for all services and drugs. Prices were calculated with the objective of covering about 25 percent of the center's recurrent costs, mainly personnel costs.

The strategy was to introduce fees in three stages. The first stage would cover the costs of an electroencephalogram (EEG), the second stage would cover drugs, and the third, consultations. All patients were personally informed in writing before the fees were implemented. In addition, a fee schedule was clearly posted at the cashier's office where patients make payments.

As of July 1, patients began to pay $15 for each EEG. A subsidized charge for drugs was implemented on August 1. On September 1, four different categories of

consultation fees were introduced. Each patient is classified in one of four consultation price categories, ranging from $1.50, $3, $6, or $9 per consultation. These fee categories are derived from a one-page sociodemographic and economic status questionnaire completed by the social-assistant for each new patient. When a current patient experiences a change in his or her socioeconomic status, fees are adjusted accordingly. Over a period of six weeks, 114 patients were classified utilizing this questionnaire.

In early November, PHR evaluated the center's first four months of activity. The number of EEGs provided was 34 out of 100 visits in July. This number decreased to an average of 17 EEGs per 100 visits during the following three months. The initial peak of EEGs can be explained by the large number of patients who needed a diagnostic EEG when commencing psychotherapy.

Currently, the center sells only three different psychotropic drugs, at a subsidized price of about 70 percent. The number of drug doses increased after prices were introduced from 16 paid drug doses per new case visit in August to an average of 23 paid drug doses per new case visit in the following months. An improved stock and availability of drugs at the center are the main reasons for this increase. Hence, fewer mental health patients had to resort to procuring drugs at private pharmacies where prices are higher.

During July and August, the center treated patients for 85 and 138 free visits, respectively. In September, the number of patients treated increased to 146 even with the introduction of the consultation fee. In November, there were 155 paid visits. Of these, about 55 percent were follow-up visits and 45 percent were new cases. The proportion of the two highest fee categories totaled 30 percent in September and November, with 30 percent of the patients classified in the poorest category and about 40 percent in the intermediate category, paying $3 per visit. The increased utilization after introduction of fees can be explained by three factors. First, the center is new and, therefore, there are a large number of new patients. Second, patients have been carefully classified in the four price categories. And third, patients are willing to pay a fee for services they perceive as valuable.

PHR Rwanda, in collaboration with the mental health center, will continue to evaluate utilization and financial data and the implementation of the cost-recovery program over the next several months.
For more information, contact phara_georges@abtassoc.com.

Households Interviewed to Determine Low Utilization of Health Services

PHR carried out a household survey in the city of Sikasso and the rural district Bla in Mali for the PHR Equity Initiative. Despite a comprehensive program of reform, Mali continues to have extremely low utilization of health services; less than .3 visits per person per year to government health facilities. The Equity Initiative's overall mandate is to improve utilization of health services among poor and vulnerable groups by testing protection mechanisms in pilot sites.

PHR designed a household survey to address the underlying causes for low levels of utilization of health services, as well as to gather key socioeconomic information from sample populations. In total, 30 enumerators and nine supervisors collected data from 1600 households in Sikasso and Bla under the technical direction of the PHR/Bamako team. Teams of two enumerators (one male, one female) gathered information in sampled households on the use of services related to fever, delivery (and pre- and post-natal care), family planning, and sexually transmitted infections. The questionnaires developed by PHR and tested and revised in Mali targeted: health seeking behavior—reasons for use/non-use of health services; patient satisfaction, payment for services; and solidarity mechanisms.

The survey kickoff included a two-week intensive training on the purpose and methodology of the survey questionnaires, led by Health Economist Marty Makinen in conjunction with three Malian trainers. Training included classroom and field-based learning, where enumerators practiced using the instruments and provided each other with suggestions and feedback. Final refinements were also made to the survey instruments during the training period. PHR trained 50 enumerators in total, and administered two examinations during the training period. The 30 enumerators with the highest overall scores were retained, with the remaining 20 serving as back-ups.

The survey, carried out in September and October 1999, lasted approximately six weeks. Many members of the survey team (30 people) were stricken with malaria, as Mali experienced an extremely long rainy season this year. PHR/Bamako's technical team and the survey supervisors report that the questionnaires were easy to administer, and that despite the harvest season, the non-response rate was so low as to be insignificant. The survey team devised creative solutions to complete the survey during a period of intense harvesting, such as meeting people in their fields and offering them rides home to answer questionnaires, and administering questionnaires during the late evening.

Data entry and analysis will be completed in January 2000. The survey of all providers in the two sites will also begin in January. Results of the two surveys and an analysis of the supply and demand for health services in these sites will be disseminated at the local, regional, and national levels during spring 2000.

Phase two of the Equity Initiative will use the results of these surveys to design and implement protection mechanisms in the two sites, such as solidarity funds or reduced prices for eligible individuals, to improve the access of poor and vulnerable groups to quality health services. PHR plans to measure changes in utilization among target populations at the conclusion of the project in order to evaluate the impact of these protection mechanisms.
For more information contact allison_kelley@abtassoc.com.

Focus on Asia and the Near East

PHR is currently providing technical assistance in Bangladesh, Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining immunization and family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Building Capacity in Pharmaceutical Management to Support Hospital Autonomy

Public hospital management is highly centralized in Jordan. Since 1998, PHR has facilitated policy discussions at multiple levels of the Ministry of Health (MOH) on hospital autonomy. Consensus has been reached that key functions and responsibilities can, and should be, devolved from the central MOH to the hospitals. This process is moving forward at two pilot hospitals—Princess Raya Hospital in the Irbid governorate and El-Karak Hospital in the Karak governorate.

PHR worked with local staff at the pilot hospitals to identify priority areas for hospital autonomy. Staff cited procurement and management of pharmaceuticals as key areas that could benefit from shifting more responsibility from the ministry to the public hospital. Both hospital staff and their counterparts in the ministry agreed that training and capacity building were essential to devising and implementing new, more autonomous systems.

To pave the way for decentralizing pharmaceutical management, six Jordanians participated in a two-week training course on "Managing the Procurement of Pharmaceuticals and Medical Supplies" in East London, South Africa, in August and September 1999. The Jordanian delegates sponsored by PHR at this course included the hospital pharmacists; a staff nurse and the director of supplies from the two pilot hospitals; and the head of medical equipment and the deputy director of the supply department from the MOH.

The course was developed for private or public sector personnel who work in the areas of the management or supervision of selection and quantification of drug and medical supply needs, tendering and contracting, supplier selection, drug donations, quality assurance, analyzing and controlling expenditures, management information systems for supplies, and monitoring and evaluation of supplier performance. To supplement lectures, participants made site visits to a university laboratory to observe a pharmaceutical information system, to a factory that produces and tests pharmaceutical products, and to three hospital pharmacies.

Upon returning to Jordan, the PHR-sponsored participants conducted debriefings at the MOH and at the two hospitals. Discussions at the debriefings focused on operationalizing drug procurement as an organized process at the local and national levels, new methods for analyzing costs and allocating budgets, quantifying needs, evaluating suppliers, assuring high quality, evaluating and reducing lead time in procurements, and developing and enforcing national drug policies. Course participants are now applying their new knowledge and skills in working with supply and pharmaceutical management as one component of the hospital autonomy process.

For more information, contact karen_van_roekel@abtassoc.com.

Patient Flow Analysis Improves Hospital Efficiency and Quality of Care in Jordan

In May 1999, during a series of surprise visits to Al Bashir Hospital, an 800-bed public hospital located in a low-income, densely populated area of Amman, Jordan, His Majesty King Abdullah was shocked to discover mismanagement, uncleanliness, and broken elevators. These visits resulted in the replacement of the hospital director and the formation of a committee chaired by the Minister of Health, Dr. Ishaq Maraqa, to investigate ways to improve the hospital.

The Ministry of Health (MOH) and the new director of Al Bashir Hospital, Dr. Zuhair Teef, requested technical assistance from PHR for a patient flow analysis (PFA) study to improve the efficiency and quality of services provided at the hospital. PHR responded to this request by hiring two consultants experienced in PFA to conduct the work. Hospital staff were selected to be trained as local study coordinators and data collection teams to assist PHR in conducting the patient flow analysis and to learn how to conduct similar studies on their own. PHR conducted a two-day "training-of-trainers" workshop in PFA methodology to build capacity of staff at Al Bashir Hospital to serve as primary study coordinators. They then supervised the local study coordinators in training additional hospital staff in data collection methodology. In all, 13 MOH and Al Bashir Hospital staff were trained to carry out PFA.

Major findings of the PFA study were presented to the hospital management and supervisory team and to the staff of the clinics being analyzed. The findings show that a number of changes can be made that will substantially improve service delivery in the outpatient and emergency rooms at Al Bashir.

- In the area of registration and transfer of charts, one simple improvement recommended is to have patients carry their own charts as they progress from one department to another to avoid backlogs that arise as hospital clerks wait to collect a large number of charts before passing them to the next department.
- An appointment system needs to be established to regulate the flow of ambulatory patients in the hospital. Currently, in the absence of such a system, the majority of patients arrive early in the morning for treatment and wait to be seen one-at-a-time. Hospital staff were very responsive to establishing an appointment system to address this problem.

Trainer talks with patient at emergency room at Al Bashir Hospital

- Currently, there are unnecessary steps in the patient flow. For example, patients who see a physician and receive a prescription must first visit the hospital pharmacy to check whether the drugs are available and then go to the cashier's office to pay for them before returning to the pharmacy to have their prescription filled. If the drugs are not available, they must return to the physician and wait to see him/her again to receive a new prescription for an alternative drug. One recommendation, already being implemented to improve this situation, is to have the hospital pharmacy regularly distribute to doctors a list of current stocks of medicine available for dispensing.
- The hospital lacks a formal triage system. Currently, patients arriving at the hospital are met by staff who have little or no formal medical training but who are responsible for dispatching patients to appropriate departments. A more formal triage system would provide better quality of care to patients.
- Staff utilization rates are very low, resulting in a great deal of "down time" and low productivity.

These findings and recommendations will be available in a PHR/Jordan report to be published in January 2000. *For more information, contact karen_van_roekel@abtassoc.com.*

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in six countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in five countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Mass Mailing to LAC in Support of Health Reform

In November, PHR and the Latin America and the Caribbean Regional Health Sector Reform Initiative undertook a mass mailing of seven reports to key health officials in the region. The Initiative, which supports national reform processes to promote more effective basic health services, is backed by USAID, PAHO, and a team of USAID-funded projects. Reports sent included *Measuring Results of Health Sector Reform: A Handbook of Indicators* by Charlotte Leighton; *Pre-Payment Mechanisms in the Health System: Incentives, Results and Organizational Impact in Developing Countries* by Daniel Maceira; and documents on the use of National Health Accounts in Bolivia, Ecuador, Guatemala, Mexico, and Peru.

Feedback received from regional banks, international organizations, and public sector representatives has been enthusiastic, with officials acknowledging the usefulness of the publications, and, oftentimes, requesting additional copies and further information about the Initiative.

Full text versions of these and other LAC Initiative documents can be downloaded from the LAC Initiative web page at *www.americas.health-sector-reform.org/english/index.htm* or via the PHR website at *www.PHRproject.com. For more information, contact francisco_gonzales@abtassoc.com.*

Dominican Health Teams Increase Management Skills

In 1997, the Secretariat of Health and Public Assistance (SESPAS) in the Dominican Republic launched a decentralization initiative backed by presidential decree. As a result of this decree, a total of 29 provincial and five municipal health directorates are now serving as provincial and municipal health authorities, tasked with planning, implementing and monitoring health sector activities at the local level.

PHR is working to strengthen the institutional capacity of targeted provincial health directorates/municipal health directorates (DPS/DMS) to develop, manage, monitor, and oversee the health sector at the local level. Other PHR activities include: development of coordination mechanisms to strengthen inter-institutional and intra-sectorial coordination; compilation of an inventory of public and private health care providers; in-service training in the application of management concepts and tools; development of a manual to document the management capacity-building process; and carrying out a post intervention assessment of the management capacity in four target provinces.

To address fundamental health management issues, PHR hosted a three-day workshop on December 1-3, 1999 in Santo Domingo with contributions from the SESPAS Decentralization Office and the Executive Commission for Health Sector Reform (CERSS). Participants at the workshop included provincial health management teams from La Altagracia and Samana provinces as well as hospital directors and central SESPAS staff.

Illustrative examples of the content developed by PHR/Santo Domingo and DPS directors included: What does it mean to provide leadership in the health sector at the local level and how can effective leadership impact health sector reforms? How can human resources be best managed to improve the quality of care provided by the public sector? What types of information should be collected and how should this information be utilized at the local level for health planning? What is the benefit of working in teams to solve problems?

A pre-workshop assessment was conducted in the four PHR-assisted provinces to determine the management capability of the DPS/DMS to carry out their new roles and responsibilities. Three tools were used to generate data for this assessment: an organizational management interview for the DPS management team; an end-user satisfaction survey; and a provider satisfaction survey.

Although the overall results of the assessment showed a strong commitment from senior DPS managers to the decentralization process, areas for strengthening included the use of information for health planning, effective human resource management, and community participation in the provincial health planning process.

This first workshop, conducted for two of the four target provinces (La Altagracia and Samana) identified by USAID/DR, CERSS, and SESPAS for PHR's assistance, was an initial step towards strengthening the DPS' ability to carry out their role as the public health leader at the provincial level. Two more workshops are scheduled for early 2000 to strengthen the management capabilities of the DPS of Salcedo and the DMS of Santo Domingo Centro.

The workshop achieved several results: a sense of camaraderie and success in working as teams and the realization that there is a need to work in teams to successfully identify and resolve local health problems. Over the next six months, PHR's resident long-term advisor will follow up with site visits to work with the DPS teams in consolidating and applying the concepts and skills learned during the workshop. *For more information, contact wendy_abramson@abtassoc.com.*

Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country's or region's research capabilities.

Building Research on Technical Assistance: PHR Experiences

There are at least two good reasons why combining research and technical assistance within one project can strengthen both aspects of work. First, a program of applied research can draw upon field experiences to ensure the appropriateness of topics selected as well as ensure that research is crafted in a manner likely to deliver policy relevant findings. Second, technical assistance activities provide an obvious route to get research findings directly back into the field and integrated into country-level policy development.

PHR's applied research program has made use of these synergies in a number of different studies, for example:

- Ongoing research in Zambia examining priority setting and resource allocation at the district level responds directly to a felt need of the Zambian Ministry of Health. Zambian authorities wish to operationalize the notion of an 'essential package' of health care services that to-date has existed largely on paper. The ongoing research study, by examining the current processes around priority setting at the district level, will provide baseline data on which new operational guidelines can be built.
- Research on health worker motivation at a large teaching hospital in Jordan emerged out of government concerns about the efficiency of hospital operations, particularly with regard to staff inputs. PHR research work there aims not only to provide suggestions for how to improve the motivation of health staff, but, through a special program of research fellows, will build local capacity to undertake similar research in the future.
- PHR initiated work in Latin America on provider payment mechanisms prior to the development of technical assistance activities in the region. However, during the life of the project, a very strong demand for information on provider payment has emerged in Latin America, and PHR is now using research findings to produce guidance for policymakers working on this issue.

These are clear examples where PHR has been able to draw research and technical assistance activities together. However, one of the principle problems faced is the typical life cycle of a project: while there are pressures to launch research activities early on during the project, the nature of technical assistance demands only becomes apparent after a year or two. The only way in which it is possible to overcome this dilemma is to ensure a smooth transition from one project to the next so that initial research activities can draw upon the technical assistance experience of the previous project.

For more information,contact sara_bennett@abtassoc.com.

Information and Dissemination

Information Dissemination (ID) aims to increase awareness about health sector reform issues to better inform health systems policy decisions. The ID Unit comprises Editorial Services, the PHR Resource Center, Connectivity, and Special Products. ID provides research and reference services; produces and distributes PHR reports; and provides easy and time-saving access to information. The Resource Center's bibliographic database of health sector reform materials can be accessed on the PHR website at http://www.PHRproject.com.

Health Reform Experts Commend Work of PHR

On September 30 and October 1, 1999, PHR convened the third Technical Advisory Group (TAG) meeting. Composed of experts in diverse areas of health reform, the TAG is charged with reviewing and advising on the technical direction and work of PHR.

TAG members in attendance included:

- Andrew Creese, World Health Organization
- Anne Mills, London School of Hygiene and Tropical Medicine
- Sanguan Nitayarumphong, Ministry of Health, Thailand
- Juan Antonio Perez III, Department of Health, Philippines
- Helen Saxenian, World Bank
- Alfredo Solari, Inter-American Development Bank

Joy Riggs-Perla, USAID's Health and Nutrition Director, expressed that agency's high regard for the TAG, noting that they had helped facilitate USAID linkages with other donors, provided national and international perspectives on key issues, and played an important role in helping PHR identify and disseminate important lessons in health reform. She added that information dissemination is particularly important in helping persuade the U.S. Congress that health systems' development and sustainability are of utmost importance.

PHR Project Director Nancy Pielemeier reviewed project activities and discussed the impact of earmarked funding on PHR's mission. Information and Dissemination (ID) Coordinator Zuheir Al-Faqih summarized the significant work completed Year 4: 74 technical reports produced; the Resource Center (RC) filled close to 1,000 research and reference requests, maintained a web-based bibliographic database of over 3,000 health reform documents, distributed almost 11,000 documents, and arranged for 36 PHR presentations at various international conferences. The ID Connectivity Unit reported significant increase in document downloads from its website by visitors from nearly 100 countries. The activities of the RC and the Connectivity Unit are expected to increase during the project's final year. The TAG members were asked for ideas on how to best summarize and disseminate the project's experiences to key audiences.

All PHR staff participated in presenting PHR's work as it related to cross-cutting themes:

- More equitable health care systems
- Improved quality and efficiency of hospital services
- More sustainable health financing
- Increased resources and better management of decentralized health systems
- Greater access to higher quality, and/or more sustainable priority health services
- More effective incentives for quality, efficient, sustainable health services

Following are a few suggestions and comments on key issues:

- Be selective and strategic in synthesizing lessons from PHR.
- Maintain health system focus despite funding pressures to focus on more vertical activities.
- Technical assistance is well-executed (local capacity-building, expanding initial request to address larger, more practical issues). Portfolio of field activities and cooperation with local partners is impressive.
- PHR's recruitment of, and ability to retain, excellent staff with a diversity of experiences and the mixture of senior/junior staff was commended.
- Concerned about sufficient time to produce and disseminate tools and lessons learned in hospital reform and other research areas such as health worker motivation, emphasizing that people in developing countries need this information and assistance.
- Involve clients and counterparts in PHR presentations, including the end-of-project conference, where there should be heavy participation by local counterparts, U.S.-based organizations, field staff, clients, and key policymakers.
- Convene a communications panel to educate key U.S. constituents regarding the importance of strengthening health systems to support key vertical programs such as those dealing with infectious diseases.
- Produce a book or journal at the end of the project, highlighting research results or technical assistance of significant value, or summarize case studies and experiences that would help USAID and other donor agencies in carrying out their own data collection and technical assistance.
- Seek to widen the audience and reach more policymakers and decision makers to build a stronger constituency for health reform and increase potential for meeting health goals for populations at large.

For more information, contact zuheir_alfaqih@abtassoc.com.

Long-Term Field Work Featured at Annual Retreat

PHR held its annual staff retreat at Howard University November 30 and December 1, 1999. Attending were PHR's Bethesda headquarters' staff and 12 long-term advisors and guests from the field.

Project Director Nancy Pielemeier said the gathering of the field and headquarters' staff offered a unique opportunity for all to share experiences, seek one another's counsel, and synthesize learning for the benefit of the entire project. By joint discussion of successes and difficulties, staff also had the opportunity to celebrate accomplishments, discuss specific dissemination strategies, and identify resources needed to conclude the project successfully. *For more information, contact zuheir_alfaqih@abtassoc.com.*

New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. PHR publications are available on the PHR website at http://www.PHRproject.com.

Applied Research Papers

- Local Governments' Health Financing Initiatives: Evaluation, Synthesis, and Prospects for the National Health Insurance Program in the Philippines (SAR 7) by Maria Bautista, Maria Eufemia Yap, and Elmer Soriano
- Conventional Wisdom and Empirical Data on Inequality in Morbidity, Use of Services, and Health Expenditures (MAR 3 Tech Report 1) by Marty Makinen, Hugh Waters, and Margie Rauch

Technical Reports

- Consumers' Willingness to Pay for MOH-Sponsored Voluntary Health Insurance in Jordan: A Focus Group Analysis (TE 41) by Dwayne Banks, Narmine Sindaha Muna, and Tahani A. Shahrouri

Inside PHR

Runa Sindaha, the financial and administrative manager for PHR's office in Amman, Jordan, manages the local office's finances, the hiring of consultants, event planning logistics, procurement tasks, and numerous other duties to keep the office running smoothly. Runa has been with PHR since the summer of 1998 when she helped set up the site office in Amman. She brings a great deal of expertise and insight into human resource management, finance, and administrative issues in the Amman office. She previously worked as head of the human resources department at an auditing firm in Amman before joining PHR. Runa holds a BA degree in economics from California State University and certificates in business administration and human resources from the University of California at Berkeley and the International Institute of Human Rights in Strasbourg, France.

PHR long-term advisor in Jordan, Lonna Milburn, writes: "Every office needs someone like Runa—a person who knows no defeat, who when she says "don't worry" you can believe it, who skillfully blends the cultures of Jordan and America, who makes a foreigner in her land feel at home, who efficiently provides the central link between multiple people with multiple roles in the office so that the office runs very smoothly, who has a firm grasp on the local issues that impact our work in Jordan, who strategically links the U.S. office with the local office, who facilitates a spirit of cooperation and positiveness, who judiciously advises on the logistics to bring about contracts, payments, etc., and who unselfishly gives of her time and talents to enhance the work of PHR."

Runa herself says that she enjoys her work and looks forward to each new day at the office. She says that "we are blessed by the harmony that prevails among staff, the professional atmosphere, the learning experience, the support from Dwayne [Banks] and Lonna [Milburn], the two long-term advisors in Jordan and the continuing support from Bethesda and PHR staff." PHR looks forward to another productive year with Runa in year 5 of PHR. ▲

Staff Highlights

Over the last three months, PHR welcomed the following new staff members:

Nisreen El Nahal, Health Insurance Assistant, Egypt
Abla Hammouda, Executive Information System Dissemination Specialist, Egypt
Amr Mansour, Quality Improvement Analyst, Egypt

Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

Nancy Pielemeier, DrPH, Project Director
Cheri Rassas, Deputy for Operations
Steve Mason, Deputy for Finance

The PHR *Quarterly Highlights* is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The January 2000 issue covers the period between Oct. 1 and Dec. 31,1999. For additional copies or to be placed on the mailing list, contact the PHR Resource Center, *pub_order@PHRproject.com*.

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Partnerships for Health Reform

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Partnerships for Health Reform
PHR

quarterly highlights

April 2000

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Abt Associates Inc.
In collaboration with:
Development Associates, Inc.
Harvard School of Public Health
Howard University International Affairs Center
University Research Co., LLC

PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Spotlight

Jordanian Study Tour Strengthens Research/Policy Link

How do you get policymakers to pay attention to health sector research? How can research be funded? How should research issues be prioritized? These are important questions that Jordan and many other countries struggle with as they work on health sector reform. PHR promotes the view that the larger community is best served by evidence-based health policies.

As one step in strengthening the link between research and policy in Jordan, PHR sponsored a one-week study tour to Washington, DC, for 14 key Jordanian policymakers and researchers to introduce them to a variety of private and public institutions that contribute to the research-policy link in the US. The tour generated a great deal of discussion among the participants, who represented both academic and public health organizations. Upon returning to Jordan, the group presented their findings and initial recommendations to His Majesty King Abdullah II, whose health advisor, Prince Firas Al-Ra'ad, was among the study group.

The intense tour included meetings at some of the leading health research institutions in the country: the Brookings Institution, the National Institutes of Health, the US Health Care Financing Administration, the Congressional Budget Office, the Association for Health Services Research, the Agency for Health Research and Quality, and the Georgetown University Institute for Health Care Research and Policy.

The group found that factors contributing to the breadth and quality of health policy research in the US include the independence of private institutions and publications, stable funding for public institutions, regular health surveys, and the wide availability of basic health data. Participants saw how the US research community stimulates policy discussions and facilitates evidence-based decision-making. Researchers need to create demand for data by exposing policymakers to research that is relevant to issues at hand, and presenting results in an easily understood and accessible format.

The study group included a diverse cross-section of leaders in the health sector, including Prince Firas Ra'ad, Health Advisor to King Abdullah II; five senior-level MOH staff; five senior faculty in nursing and medicine from Al-Bashir Hospital, Jordan University of Science and Technology (JUST) and the University of Jordan (JU); the Director of Planning of the Royal Medical Services; and two JUST and JU graduate students from the PHR Scholars Program, which is training and supporting seven students in health research.

The study group, led by Prince Firas, briefed HM King Abdullah II at a special briefing at the Royal Court. *For more information, contact karen_van_roekel@abtassoc.com.* ▲

Tunisia Helps Strengthen Hospital Autonomy in Jordan

In fall 1998, with the support of PHR, the Jordan MOH embarked upon the process of increasing the autonomy of public sector hospitals. After a year of internal analysis and consensus-building, two pilot hospitals proposed a series of changes in MOH operating procedures to expand their autonomy in managing staff, procurement, and funds. To help Jordan implement these changes, PHR organized a study tour to Tunisia, where decentralization of public hospitals has been ongoing for several years with the support of a World Bank loan. Tunisia was chosen because of its success with hospital autonomy and cultural similarities with Jordan.

The main lesson of the tour was that strong commitment and leadership from the central MOH is essential for implementation. The Jordanians learned in detail how personnel, finances, equipment, and facility construction are managed by public hospitals within a decentralized system. The group observed how the MOH organizational structure, particularly the regional departments of health and MOH management information systems, support a decentralized system. Likewise, they were able to witness how the changes implemented in Tunisia have improved efficiency, accountability, and staff morale. The most senior officials of the Tunisian MOH generously shared their time and expertise. Upon return to Jordan, the group debriefed the MOH and has begun to take steps to implement many proposed changes at the pilot hospitals. *For more information, contact karen_van_roekel@abtassoc.com.*▲

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

Traditional and Modern Health Care Providers Surveyed

Utilization of modern health care services in Mali is very low (less than 0.3 visits per person per year to modern facilities), but little is known about the population's use of traditional and informal practitioners. To design effective protection mechanisms, such as fee waivers or a solidarity fund, to improve utilization of health services among poor and vulnerable groups, PHR sought to fully understand the health seeking behavior of these groups and the range of health services available to them. In November 1999, PHR completed a household survey in Mali get this information.

In February, PHR carried out a provider survey interviewing more than 500 providers in districts of Sikasso and Bla: 84 modern providers (both public and private), 178 traditional healers, 48 pharmacies, and 130 drug re-sellers, among others. Data was collected on: personnel, services offered, medications offered, physical quality of the facility (equipment, amenities, hygiene, etc.), utilization, pricing and protection mechanisms, communication with clients, and referral patterns.

During the household survey, PHR found radio programs facilitated contacts enormously (people actually asked to be surveyed!). Therefore, a week before the provider survey began, PHR broadcast a microprogramme in French and Bamana on local radio stations multiple times daily. The two-minute radio spots explained the purpose of the survey and how to easily recognize the surveyors.

The PHR data collection team (pictured below), which comprised three doctors, a traditional healer, and eight experienced surveyors, found providers of all types willing and enthusiastic to participate in the survey. Drug re-sellers serve a large population in Mali, as many people prefer to pay for one or two pills in the market rather than for a whole treatment regimen in a pharmacy. Despite the fact that many of these drug re-sellers operate outside the formal sector and are often targeted or taxed by authorities in Mali, they willingly shared information about their practices. Access to this group of providers came largely as a result of the radio broadcasts, which guaranteed confidentiality and constituted no threat to their operations. Traditional healers, often ignored by the formal health sector, not only shared information, but even requested guidance on how to develop common guidelines for treating certain ailments, like fever.

Results from both the household and provider surveys will be available by June 2000. PHR will use the results to work with communities and health staff to implement strategies to improve utilization among vulnerable groups. *For more information, contact allison_kelley@abtassoc.com.*▲

photo credit: Allison Kelley

Prepayment Schemes Mobilize Resources for Health Sector in Rwanda

UPDATE: On March 20, the Rwandan TV broadcast news in English and Kinyrwanda of a mother who delivered triplets at the Byumba Hospital. As the mother is member of a prepayment scheme, partial costs of the delivery and the subsequent two-month hospitalization were covered. Featured on the broadcast was the president and another representative of the Federation of Prepayment Schemes in Byumba. They explained how prepayment schemes function in the three PHR pilot districts.

At a three-day workshop on prepayment schemes (PPS) hosted by PHR in Kigali, the Minister of Health encouraged PPS representatives to provide information to other health regions and districts planning to launch similar schemes. More than 50 representatives from the MOH, churches, prepayment schemes, government authorities, and international organizations participated in the workshop, which had three objectives:

- review eight months of PPS experiences in the three pilot districts of Kabutare, Byumba, and Kabgayi and provide a forum for the exchange of experiences among the PPS and other mutual health organizations (non-profit community-based health care financing organizations) in Rwanda;
- recommend strategies to strengthen the implementation phase of prepayment scheme plans; and
- discuss the possibility of extending prepayment schemes into other areas in Rwanda.

Under prepayment, individuals or households pay an annual premium into a health care fund. Payment of the premium entitles the individual or household to seek health services in a defined benefits package for one year, with a co-payment of $0.30 per curative visit. Contributions from persons who do not fall ill help to cross-subsidize the costs of care.

In early 1999, the MOH, in collaboration with PHR and community members from the three pilot districts, developed three different prepayment schemes. By the end of June, 54 prepayment schemes in the three districts had each elected five-member executive bureaus to manage the scheme and sign up members. PHR and MOH representatives trained PPS bureau members on financial and organizational management of the schemes. Within the first eight months of operation, more than 67,000 people living in the three districts became prepayment scheme members, representing 6% of the population.

Preliminary data from health centers reveals the potential of prepayment schemes to mobilize additional resources for the health sector. Members' annualized per capita contribution to primary health care (US$ 0.92) is on average more than twice as high as that of non-members (US$ 0.40). During the first six months of operation, prepayment schemes have improved access to care for members, who report on average 1.4 health center consultations per capita, compared to the non-member consultation rate, which remained at 0.3 per capita. Members also tend to receive fewer drugs (US$ 0.87) per visit than non-members (US$ 0.97). Survey data will need to confirm the reasons for this difference; however, health center personnel point out repeatedly that PPS members seek care at an earlier stage of disease progression than non-members and therefore require less treatment and recover faster. The government official in charge of social affairs in Byumba comments that the poorest areas in the district have the largest PPS membership pools.

Workshop participants made the following recommendations to strengthen prepayment scheme implementation in the three districts:

- strengthen awareness and information campaigns in collaboration with all stakeholders;
- institutionalize a permanent secretary at the regional level in charge of implementation and follow-up of PPS;
- create on a prefecture level a PPS steering committee headed by the prefect;
- adjust members' co-payment in selected health centers where services are over-used by members; and
- initiate legal process to acquire association status for PPS.

Each of the three districts then developed an action plan to follow up on the above suggestions.

As a result of this workshop, PHR in collaboration with the MOH, agreed to provide technical assistance to the Ruhengeri region and respond to their request to launch a PPS program. PHR continues to monitor quantitative and qualitative data collected on PPS from health centers, district hospitals, patients, and stakeholders in order to further document the impact of prepayment schemes on access to care, quality of services, and financial capacities in health facilities. *For more information, contact phara_georges@abtassoc.com.* ▲

Promoting Financial Access to Health Care in West Africa

Mutual Health Organizations (MHOs)/ *mutuelles de santé* are voluntary non-profit insurance schemes based on solidarity and democratic management. They aim to improve access to quality health care for members and their families by providing primary health care services and/or hospital treatment. When PHR began providing technical assistance in developing training tools to improve the management of MHOs in Ghana a year ago, there were no more than four MHOs. Today, there are approximately 24. MHOs are increasingly playing an important role in health care financing in Ghana and Senegal, particularly for the informal sector and at the community level.

In February PHR training tools were tested by some 40 MHO representatives at a workshop in Ghana organized by PHR and DANIDA. Participants agreed to set up a national secretariat to coordinate assistance to new and existing schemes, document experiences, and maintain a databank of MHOs in Ghana. A manual to guide MHO work is being completed by PHR Senegal and will be available in late summer. *For more information, contact allison_kelley@abtassoc.com.* ▲

Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country to evaluate a particular health policy or program and strengthen the country's or region's research capabilities.

Health Worker Motivation Examined in Jordan and Georgia

The importance of worker motivation on organizational performance is rarely questioned, but little research has been conducted to study this complex topic. Work motivation is a function of individual, organizational, and societal factors and crosses many disciplines: psychology, organizational behavior, human resource management, economics, and sociology. PHR's major applied research on health worker motivation seeks to expand understanding about what motivates health workers in developing countries with the goal of assisting policymakers to design reforms that would stimulate motivation.

In both the Kingdom of Jordan and the Republic of Georgia, two hospitals have been chosen for field work: a large, teaching hospital, and a smaller community hospital. Three sets of data are being collected: 1) a contextual analysis that focuses on the historical, organizational, and social factors that characterize the work environment; 2) a "360 degree" assessment, which examines perceptions about the work environment held by workers, supervisors, and managers; and 3) an in-depth analysis of individual level determinants and consequences of work motivation.

Preliminary results from the 360 degree assessment in Jordan indicate several areas for improvements:

- Workers' understanding of hospital goals and their contributions to these goals are weak.
- Few significant differences were found among worker, supervisor, and manager perceptions regarding: pride/reputation, social environment, availability of modern equipment, respectful interactions, hardworking coworkers, intrinsically motivated coworkers, satisfaction with pay, and opportunities for career advancement. The latter two were rated negatively by all groups, while the others were rated fairly positively. Differences in perceptions of management openness to worker suggestions were significant, with workers perceiving this negatively, while supervisors and managers saw it as a positive characteristic of the hospital.
- Differences exist among perceptions of types of workers (physicians, nurses, and others) about hardworking colleagues, pride, social environment, and career opportunities. Nursing staff consistently viewed these characteristics more negatively than other types of workers.
- Hospital staff rated all factors proposed, e.g., training, salary, advancement, etc., as stimulating for them to perform well, with those related to improving skills or more career opportunities rating highest.

These results will be analyzed in combination with the other data sets to provide hospital managers, MOH headquarter policymakers, and civil service policymakers with recommendations for changes to improve motivation of hospital workers in Jordan. These results will also be combined with those from the parallel study in Georgia to draw broader conclusions about determinants and consequences of health worker motivation, and to develop a set of tools that can be applied in other settings to gain even greater understanding of these issues. *For more information, contact lfranco@abtassoc.com.* ▲

Nicaraguan Social Security Institute Praises PHR Work

PHR's major applied research study on provider payment was described as "of great importance for countries in Latin America and for the world" by the Nicaraguan Social Security Institute (INSS) in a recent issue of their *Boletín INSS* (INSS Bulletin). The MAR on provider payment reform explores the impact of new health care provider payment mechanisms, particularly capitation, in Argentina, Thailand, and Nicaragua.

In the spring of 1999, Dr. Pedro Quintanilla, medical director of the INSS, and Luis José Zamora, head of the INSS Research and Development Office, traveled to Santiago, Chile, to assist in the design of a research protocol for Nicaragua as part of the PHR study. Dr. Ricardo Bitrán, PHR principle investigator, and his colleague, Gloria Ubilla, worked with their distinguished Nicaraguan guests to define field survey samples, methods, and instruments, to identify data needs and to draft the workplan.

The research protocol resulting from the collaborative efforts of the Social Security Institute and PHR was highlighted in *El Boletín* as a tool for analyzing the impact of capitation payments. The INSS expects the research to serve as a reference for the world community as other countries design and implement their own health policy reforms.

INSS management continued to collaborate with Ubilla during her visit to Nicaragua in July 1999 and contributed resources to make the field work possible. A report of the findings from the Nicaragua study will be available in summer 2000. *For more information, contact grace_chee@abtassoc.com.* ▲

Visit PHR's website: www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in six countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in eight countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Monitoring Health Reform in the Dominican Republic

A matrix of indicators to monitor health sector reforms was validated for field testing by experts from major Dominican public and private health institutions in March. The matrix marks the first time that a LAC region country has attempted to design and field-test a detailed monitoring and evaluation system tailored to an individual country's health sector reform process. Analysis of indicator data will allow health care policymakers to assess the progress, direction, and the outcome of health sector reform. After refinements from field testing, the process will be documented and disseminated in order for other countries, both within the LAC region and elsewhere, to use the model as they design their own national-level system.

The March meeting, a national-level workshop convened by the Dominican Secretariat of Public Health and Social Assistance (SESPAS), culminated a 10-month effort by a local technical work group of public and private institutions to develop the indicators. PHR and PAHO provided technical assistance at each step of the process.

Workshop participants represented a wide range of institutions in the Dominican health sector, including SESPAS, the Executive Health Sector Reform Commission, the Dominican Social Security Institute, the Central Bank, the Dominican Medical Association, and INSALUD, a local consortium of non-governmental organizations. They reviewed the matrix of indicators and a guide prepared by the work group to facilitate the review of the matrix by senior policymakers.

Analysis of the indicator results will provide key input for policymakers regarding the changes taking place under health reform initiatives related to legal and normative reform issues; the development of the SESPAS' role as the regulatory body of the health sector; decentralization; equity in access; strengthening human resources; financing, efficiency, and sustainability of service provision; community participation; quality; environmental health; and health promotion. PHR will continue work with local counterparts to draft a national health sector reform policy document to validate and ensure the sustainability of the health reform process.

INSALUD and PHR will also conduct a health sector reform seminar with representatives of key political parties on April 14-16. Scheduling this seminar ahead of national elections in May provides an opportunity for the current government to consolidate the definition of health reform prior to the installation of a new government in August. *For more information, contact wendy_abramson@abtassoc.com.* ▲

Illustrative Indicators from the Dominican Matrix:

- Percentage of children under one year of age who have received the complete vaccination series as per existing schedule.
- Ratio of coverage of doctors per 10,000 people (national, by province and by municipality).
- Percentage of hospitals that have formed a hospital board according to Decree 351-99, with a minimum of two community members.

Photo credit: Karen Van Roekel

Break-out group discusses draft document evaluating the heath sector reform and modernization process in the Dominican Republic.

Workshop Participants Learn Skills to Manage the Policy Process

In a collaborative workshop setting, 20 senior-level health decision makers from seven countries in the LAC region practiced new skills on the effective management of the health policy process. Participating policymakers, health sector reform leaders, and technical teams joined PHR to discuss stakeholder analysis, advocacy strategies, communication planning, and conflict negotiation, all components of a policy toolkit being developed by PHR as part of its role in the LAC Health Sector Reform Initiative. An additional focus of the training was the testing of adaptation of new information and skills to the country-specific situations encountered by participants. This intensive training workshop, "Managing the Policy Process: A Critical Challenge for Health Sector Reform," took place in Copán, Honduras from March 19-24.

The policy toolkit, to be released this summer, was found to be useful in helping to systematize theoretical content and experiences, and adaptable to varying political circumstances. Written evaluations and comments from participants praised the workshop; describing it as well-organized and focused on specific topics pertinent to the challenges of health sector reform faced in individual countries. Participants were especially pleased with the participatory methodology used at the workshop, which encouraged interaction within the group and stimulated the contribution of additional topics for discussion. *For more information, contact sigrid_lokrheim@abtassoc.com.* ▲

Focus on Special Initiatives

PHR and USAID have jointly developed six Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance.

NHA Improve Health Care in Jordan

National Health Accounts (NHA) are designed to give a comprehensive description of resource flows in a health care system, showing where resources come from, and how they are used. Although previous health care expenditure studies have been carried out in Jordan, none have used the integrated framework of NHA to organize and compile data. A team of representing the MOH, Royal Medical Services (RMS), and Jordan University Hospital (JUH) have collected and analyzed data and identified priorities for improvement in equity and efficiency in the health sector. Jordan's participation and completion of NHA is thanks to the support of USAID/Jordan and technical guidance from PHR/Jordan.

According to the first NHA estimate, in 1998 Jordan spent $647 million on the health sector, which accounted for 9.4 percent of its GDP. Approximately 57 percent of the total health care expenditure is public, 38 percent private, and 5 percent is incurred by international donor agencies. Health expenditure per capita in the same year amounted to $134, in line with OECD countries. With population growing at the rate of 3.3 percent and economy at less than 2 percent, sustaining the current level of quality and quantity of health care provided will prove to be difficult. Expenditure on drugs in Jordan, 35 percent of total health expenditures, is also compatible with the expenditures in OECD countries. Such findings of NHA should signal to policymakers that attention is needed to improve efficiency in the system and minimize redundancies.

The NHA have helped identify areas of concern in the health sector that demand attention in the near future. While the Jordanian health system fairs satisfactorily in terms of accessibility, pressing issues of cost containment, efficiency, equity, and quality of care emerge from the NHA findings.

Earlier PHR studies estimated that 32 percent of the Jordanian population is without any health insurance coverage, and many of the uninsured rely on the private sector for their medical needs. Out-of-pocket expenditures on health care pose a greater and inequitable burden on the low-income households without insurance. At the same time, approximately 19 percent of the population has multiple coverage. Pluralism in the insurance sector makes it difficult to ascertain the exact number of insured and uninsured as well as control and monitor expenditure. A change in the insurance laws is warranted to curtail multiple insurance and expand coverage to the uninsured.

Given the rapid population and low economic growth rates, the current level of health care will be difficult to sustain in the long run. There is no cost data available at the governorate level and categorization of expenditures by line item is very challenging. The operating budgets of all the public entities are centrally controlled allowing little authority and flexibility to the management of public hospitals and other entities. A dire need exists for an information and accounting system at health to facilitate cost control and monitoring at all levels.

The occupancy rate in hospitals varies significantly from 45-70 percent across public and private hospitals and across governorates. Indiscriminate investment and little regulation have resulted in a tremendous over-capacity in the private sector. Relatedly, expenditure on curative care is more than twice the amount spent on primary care. There is a need to control excessive capital investment in the private hospital sector that is resulting in over-capacity and low returns on investment. In addition, investment in preventive programs are likely to substantially limit curative expenditures in the future.

The PHR team assisted counterparts in identifying steps to institutionalize the NHA as an annual activity. The first step is to enhance the visibility of NHA at a national level, and sensitize policymakers to the relevance of this planning and policy tool for data based decision-making.

A regional NHA workshop will be held in Amman, Jordan in May 2000. *For more information, contact manjiri_bhawalkar@abtassoc.com.* ▲

Improving Maternal Health Care Efficiency and Financing

Little research has been done on the costs and utilization of maternal services in African countries. To fill this void, PHR has recently completed three country studies (Ghana, Malawi, and Uganda) comparing information on the provision, costs, and utilization of maternal health services. PHR compared provider and consumer costs at a public and mission hospital and health center and for services provided by some 40 private midwives and traditional birth attendants, and 120 clients in one district in each country. Methodologies utilized included provider observation, provider interviews, facility record reviews, and client exit interviews. Six services were covered: antenatal care, vaginal deliveries, cesarean deliveries, post-abortion care, and treatment for complications from postpartum hemorrhage and eclampsia.

Estimated unit operating costs of routine maternal health services in the four health facilities were less than $7 for antenatal care and less than $34 for normal delivery. Costs were higher for obstetrical complications due to the use of more and higher-level personnel and materials. The most costly component of unit costs were materials (drugs, supplies, and laboratory tests), which made up over 50 percent of total costs on average. Indirect costs of support staff time, non-patient contact time, and pro-rated shares of maintenance and utilities were also high and ranged from 16 to 62 percent of total costs. Labor costs made up a smaller percentage of total costs, on average 11-21 percent of total costs. As expected, total costs per service were generally higher at

hospitals, reflecting greater use of drugs and employment of skilled personnel.

The public hospitals were found to have inappropriate numbers of staff given the number of maternal health services provided in their institutions (overstaffing in Uganda and Ghana and understaffing in Malawi). In addition, customers were not adhering to referral systems in the three countries and were skipping over health centers to use more costly hospital services. Regarding quality of care indicators, hospitals were found to have more key drug, supplies, and equipment than health centers.

Total costs paid by patients (user fees, travel costs, and other expenses such as food) were less than $3 for an antenatal care visit, $0.35 to $22.75 for a normal delivery, and $13.22 to $139.58 for a cesarean section. Because of higher fees, mission facilities usually recovered a higher proportion of their costs than did public facilities (the exception being antenatal care, which some facilities were promoting by keeping user fees low). In addition, the wide variation in cost recovery rates demonstrated that facilities in Uganda and Malawi were not setting their fees systematically.

Policy implications can be drawn on how facilities can make better use of resources, improve financing arrangements, and better utilize the private sector to provide services:

- Set fees or introduce prepayment schemes to balance clients' ability to pay with a (reasonable) level of cost recovery that provides revenue to pay for necessary drugs and supplies.
- Adjust staffing at hospitals and health centers to minimize labor costs and ensure access to and quality of services.
- Weigh the benefits of contracting out or subsidizing mission facilities vs. improving service quality at public facilities.
- Encourage consumers to use mission or private midwife services as alternatives to public services as a means of increasing access to services.
- Monitor the effectiveness and quality of service delivery at mission facilities and by community practitioners, as well as at public facilities.
- Assess the prescribing practices of service providers with standard treatment protocols to determine if drugs and supplies are being over-prescribed or mal-prescribed.

To download a copy of the study, visit www.PHRproject.com
For more information, contact ann_levin@abtassoc.com. ▲

Côte d'Ivoire Utilizes PHR Study to Apply to the GCVF

Information and analyses presented in the PHR document, "Case Study on the Costs and Financing of Immunization Services in Côte d'Ivoire," were used by the National Immunization Program (NIP) Director in Côte d'Ivoire as the basis for application to the Global Children's Vaccine Fund (GCVF). The GCVF is currently accepting applications for financial assistance to developing countries for the introduction of new vaccines such as Hepatitis B and Haeomphilus B.

PHR staff visited Côte d'Ivoire twice in the past year to collect and analyze data on the cost and financing of immunization services. Working closely with donors, in particular the United Nations organizations, and MOH officials, PHR evaluated the existing program and identified priorities for improvement. The study analyzes current program costs and expenditures. It proposes options for reducing costs, changing the mix of financing sources, and mobilizing additional resources in the future. Recommendations for immediate cost reductions include eliminating excess wastage as well as utilizing alternate procurement mechanisms. Recommendations for the longer term include introducing additional vaccines such as Hepatitis B and building regional vaccination storage rooms.

In order to meet the minimum qualification criteria for the GCVF, the Côte d'Ivoire has established an Inter-Agency Coordinating Committee (ICC) comprising representatives of multilateral and bilateral institutions, NGOs, pharmaceutical and supply industries, and foundations involved with immunization and/or health sector activities. Copies of the final report will be available for distribution in French and English in June 2000.
For more information, contact leanne_dougherty@abtassoc.com. ▲

PHR Supports Children's Immunization Campaign

The Global Alliance for Vaccines and Immunizations (GAVI) officially launched the global children's immunization campaign at the World Economic Forum in January 2000. The GAVI seeks to coordinate a global network of international development organizations, national governments, multilateral development banks, philanthropic organizations, private sector leaders and others in re-energizing the world's commitment to vaccines and immunizations.

In 1999, the Bill and Melinda Gates Foundation donated $750 million to be distributed over five years to establish the Global Children's Vaccine Fund. The establishment of this fund creates a unique challenge for the GAVI, which will need tools and information for effective decision making in the distribution of these monies.

PHR has been instrumental in providing technical support for the implementation of GAVI's strategic plans. WHO, one of the GAVI partners, has developed a global assessment tool to evaluate immunization programs and determine individual country needs. PHR reviewed and provided technical assistance in the development of this tool particularly on the costing, financing, and planning components. PHR has also assisted the GAVI in the development of a fact sheet on user fees which will inform policymakers on the benefits and drawbacks of implementing user fees in national immunization programs.

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PHR products include:

- *Financing Assessment Tool for Immunization Services: Guidelines for Performing a Country Assessment*: Designed to help national immunization program managers and other ministry of finance and health officials develop the financial component of medium-term action plans for immunization activities. The tool focuses on costing, financing, and planning issues. It can be used to complement the GAVI tool, especially where the GAVI financing component suggests deficiencies in an immunization program, or to make an independent financing assessment of a program.
- *Immunization Financing Resources*: This document provides a bibliography for use by donor agencies (e.g., USAID, SIDA, JICA, UN agencies), ministers of health and finance, public health and research institutions, and universities. The document identifies literature and web resources on costing, financing, policy issues, tools, and other topics related to immunization financing. A contact list of key institutions and individuals working on immunization issues is provided as well.

PHR will continue to provide technical assistance to the GAVI through the coming year. All products will be available through the GAVI website at www.gavialliance.org and the PHR website at www.PHRproject.com. *For more information, contact leanne_doughtery@abtassoc.com.* ▲

Inside PHR

Meicy Díaz, officer manager in the Dominican Republic, wears many hats. Meicy is responsible for all procurement tasks, workshop logistics, and the handling of office finances. She also serves as the information dissemination coordinator in charge of fielding the many phone calls PHR receives and the office liaison with local counterparts and with the PHR headquarters in Bethesda.

PHR-DR's long-term advisor Patricio Murgueytio says, "Because Meicy handles all administrative matters in the office with such grace and efficiency, my life is much easier. There is nothing that she can't handle. Meicy has definitely been instrumental to PHR being recognized as an important health sector reform actor in the Dominican Republic."

Meicy holds a degree in hotel administration from the Catholic Pontifical University in Santo Domingo. Prior to working for PHR she was sales manager for a Dominican hotel chain. In that position, she was responsible for winning and maintaining commercial and individual clients throughout the country. Her public relations and customer service background have proven to be particularly useful in forging positive relations between PHR-DR and Dominican counterparts and other donors.

Serving as office manager has given Meicy the opportunity to participate directly in the ongoing change and improvement of a sector that affects virtually all Dominicans. With Meicy on staff, PHR is sure to leave a legacy of quality work in the Caribbean. ▲

Staff Highlights

Over the last three months, PHR welcomed the following new staff members:

Hosam Inweran, Program Assistant, Jordan
Erica Lutz, LAC Program Officer, Bethesda
Dr. Reem Qarrain, Research Coordinator, Jordan
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Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

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The PHR *Quarterly Highlights* is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The April issue covers the period between Jan. 1 and March 31, 2000. For additional copies or to be placed on the highlights mailing list, please contact the PHR Resource Center, *pub_order@PHRproject.com*.

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Partnerships for Health Reform
PHR

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In Briefs:

- Studies on Maternal Health Care Costs in Africa, November 1999
- Forging Public Sector/NGO Partnerships through Contracts, February 2000
- Mapping the Private Hospital Sector in Madras, India, January 2000
- Family Group Practice Associations in Central Asia, March 2000
- La red de Nepal: Esfuerzo por reducir las muertes maternoinfantiles
- Forjando asociaciones entre el sector público y ONG mediante contratos
- Aplicación de políticas de reforma de la salud en Kazajastán y Kirguistán

Special Initiative Reports

- Étude de cas sur les coûts et le financement des activités de vaccination au Maroc (SIR 18) by Miloud Kaddar, Sangeeta Mookherji, Denise DeRoeck, and Denise Antona
- Costs of Maternal Health Care Service in South Kwahu District, Ghana (SIR 20) by Ann Levin, Mark McEuen, Vito Tanzi, Gerry Van Dyck, and Nino Sekyere-Boakye
- Case Study on the Costs and Financing of Immunization Services in Bangladesh (SIR 21) by Ann Levin, Sushil Howlader, Sujata Ram, Syed Mizan Siddiqui, and Izaz Razul

Applied Research Papers

- Private Health Care Provision in the Greater Accra Region of Ghana (SAR 8) by Alfred A.D. Obuobi, M. Pappoe, S. Ofosu-Amaah, and Prince D.Y. Boni
- Utilización de los servicios de planificación familiar: El caso peruano (SAR 9S) by Arlette Beltran
- Utilization of Family Planning Services in Peru (SAR 9) by Arlette Beltran
- Priority Service Provision under Decentralization: A Case Study of Maternal and Child Health Care in Uganda (SAR 10) by Frederick Mwesigye
- The Dynamics of Policy Change: Health Care Financing in South Africa, 1994-1999 (MAR 1 TP 1) by Lucy Gilson, Jane Doherty, Di McIntyre et al.
- Decentralization of Health Systems: Preliminary Review of Four Country Case Studies (MAR 6 TP 1) by Thomas Bossert, Joel Beauvais, and Diana Bowser

Technical Reports

- Health Information System Development Plan for Egypt: Phase 1-HIS 2000 (TE 40) by Gordon Cressman
- Establishing a Family Health Fund in Alexandria, Egypt: The Quality Contrasting Component of the Family Health Care Pilot Project (TE 42) by Alan Edmond, Mary Paterson, Ahsan Sadiq et al.
- The Health Insurance Organization of Egypt: An Analytical Review and Strategy for Reform (TE 43) by Hassan Abd El Fattah, Ibrahim Saleh, Emad Ezzat et al.

Special Products

- PHR Glossary of Health Care Terms for Translators
- The Abidjan Platform: Strategies to Support Mutual Health Organizations in Africa, with ILO et al.
- Contribution des mutuelles de santé au financement, à la fourniture et à l'accès aux soins de santé: synthèse de travaux de recherche menés dans neuf pays d'Afrique de l'Ouest et du Centre by Chris Atim
- Guidelines for Conducting a Stakeholder Analysis by Kammi Schmeer
- Lineamientos para guiar un análisis de las partes interesadas by Kammi Schmeer
- Immunization Financing Resources by Miloud Kaddar, Jo Dickison, and Mona Kahn
- Financing Assessment Tool for Immunization Services: Guidelines for Performing a Country Assessment by Miloud Kaddar, Marty Makinen, and Mona Kahn
- PHR Retreat Report
- LAC Ediciones Especiales No. 2: Guia básica de política: Toma de decisiones para la equidad en la reforma del sector salud by Charlotte Leighton and Daniel Maceira

PHR Presentations

As part of its ongoing dissemination efforts, PHR gave or sponsored the following presentations and brown bags between January 1 and March 31, 2000, for a variety of local, regional, and international audiences interested in the project's work in health sector reform. In addition to reporting on PHR activities, a number of PHR staff were asked to provide their expertise or discuss the current state-of-the-art at a variety of fora in such areas as immunization financing, maternal health costs, health worker motivation, and equity in health care financing. Presentations are listed below by the date they were given. Please contact the Resource Center via e-mail at *PHR-InfoCenter@abtassoc.com* to subscribe to the brown bag announcement mailing list.

January

- A.K.Nandakumar, "Using National Health Accounts to Measure the Impact of Decentalization," First National Health Accounts Workshop, Kigali, Rwanda (January 12)
- Dwayne Banks, Lonna Milburn, and Hani Brosk, "PHR Health Insurance Technical Assistance: Profile and the Uninsured in Jordan" and "Focus Group Results on Voluntary Health Insurance in Jordan," U.S. Embassy Amman (January 21)
- Ann Levin, "Bangladesh Immunization Financing Study," ICDDR,B, Dhaka, Bangladesh (January 25)

February

- Nancy Pielemeier, "Partnerships for Health Reform: Learning from Five Years in the Field," WHO/Cluster on Evidence and Information for Policy, Geneva, Switzerland (February 3)
- Nena Terrell, "Communications and Marketing Applications in Primary Health Care Reform," MOHP and USAID/Cairo (February 8)
- Karen Van Roekel, "Seguimiento y evaluación de la reforma de salud: Uso de datos para la toma de decisiones," Management Strengthening Workshop at the Provincial Health Directorate, Salcedo, Dominican Republic (February 10)
- Wendy Abramson, "Forging Public Sector/NGO Partnerships through Service Delivery Contracts," USAID, Washington, DC (February 14)
- Rossany Auceda, "Fortalezcamos todos los fondos comunales de medicamentos en Honduras," Universidad de Costa Rica, San José, Costa Rica (February 18)
- Gary Gaumer, "Strengthening Capacity for Policy Planning in Egypt," USAID, Washington, DC (February 22)
- Miloud Kaddar, "Macro Perspective of Economics of Vaccines and Vaccine Market," George Washington University, Washington, DC (February 22)

March

- Francisco Vallejo, "Visión y respuestas desde un organismo internacional frente a las macrotendencias y sus implicaciones en el campo de la salud pública," Universidad Nacional Autónoma de Honduras, Tegucigalpa, Honduras (March 1)
- Katherine Krasovec, HPN Clinic: "Costing Made Easy: Experience with New Costing Tools," World Bank Human Development Week 2000, Washington, DC (March 1)
- Tania Dmytraczenko and Patricia Hernandez, "Ecuador: National Health Accounts 1997," presentation to MOH, Quito, Ecuador (March 2)
- Patricio Murgueytio, "La reforma del sector salud y la salud de la mujer en la República Dominicana: Consideraciones prácticas," Decimoquinto Congreso Nacional de Ginecología y Obstetricia, Santo Domingo, Dominican Republic (March 9)
- Miloud Kaddar, "Immunization Costs and Financing in Developing Countries: Findings, Methodological Issues and Lessons," School of Public Health, Harvard University, Boston, Massachusetts (March 9)
- Ann Levin, "Methodological Review of Empirical Cost Studies," MOST/ISTI, Arlington, Virginia (March 14)
- Nancy Pielemeier, panel presentation on "System Reform or Incremental Change?" Data for Decision Making Symposium, Washington, DC (March 15)
- A.K. Nandakumar, "Developing an Evidence Base for Health Sector Reform in Egypt," Data for Decision Making Symposium, Washington DC (March 15)
- Sara Bennett, "A Dream to the Zambian People?: Health Sector Reform in Zambia 1989-99," Data for Decision Making Symposium, Washington DC (March 15)
- Sara Bennett and Lynne Franco "Health Worker Motivation," PHR Brown Bag, Bethesda, Maryland (March 16)
- Derick Brinkerhoff, "New NGO Partners for Health Sector Reform in Central Asia: Family Group Practice Associations in Kazakhstan and Kyrgyzstan," USAID, Washington, DC (March 28)
- Ann Levin, "Maternal Health Costs in Africa," PHR Seminar Series, Washington, DC (March 30)

Partnerships for Health Reform

PHR

quarterly highlights

July 2000

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PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Spotlight

NHA Regional Workshops Establish Foundation for Improving Health Systems in 27 Countries

How much does a country spend on health care? Who is paying and for what services? How much is allocated to priority health programs or populations? Who are the key players? The answers are revealed through National Health Accounts (NHA). NHA has been shown to be a highly useful method for understanding the health care financing issues facing low- and middle-income countries. NHA is a tool for gathering both public and private national health expenditure data in a given period that helps lay the foundation for effective and equitable health sector policies and programs.

NHA regional workshop in Amman, Jordan, May 20-24, 2000

PHR has taken the lead to establish NHA in 27 countries using a multi-donor, regional network approach. Multi-donor coordination has entailed rotating the hosting of the regional workshops, seeking agreement on technical approach and methodology, and standardizing terminology and reporting. At the workshops, country representatives compare notes and share experiences. Participants not only learn from their colleagues, but form professional alliances that reinforce and enhance the utilization of NHA. The workshops also act as milestones and create a healthy competitive atmosphere to maintain momentum on the work. The regional approach fosters the development of a technical consensus on data sources, definitions, and categories for analysis, making cross-country comparisons of results possible.

The first effort began in 1997. In collaboration with the Pan American Health Organization, PHR completed the Latin American and Caribbean (LAC) NHA initiative in eight countries: Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, and Peru. This was followed with regional initiatives in Africa and the Middle East, both of which held third and final regional NHA workshops this quarter.

The Middle East/North Africa Regional NHA Workshop culminated two years of successful collaboration among PHR (funded by USAID's ANE Bureau), the World Bank, and the WHO/Eastern Mediterranean Regional Office to develop NHA capacity in eight countries: Jordan, Morocco, Egypt, Lebanon, Tunisia, Djibouti, Iran, and Yemen. At the final workshop, hosted by PHR in Jordan from May 21 to 24, participants presented NHA data on health expenditures, sources of financing, and the policy implications of their findings. In most of the countries, high expenditures on pharmceuticals emerged as a key policy issue. Approximately 70 participants attended the workshop, including observers from Algeria, the Sultanate of Oman, and Palestine (West Bank/Gaza).

Sample Health Expenditures from Three Regions

Country	Health Expenditure per capita (US$)	Total Health Expenditure (% of GDP)	Public-Private Health Expenditures (% of GDP)		Donors as a Source of Health Care Funds (% of total expenditures)
			Public	Private	
Rwanda	7.8	1.7	0.7	1.0	58.5%
South Africa	247	8.5	3.4	5.1	0.2%
Jordan	136	9.1	5.2	3.8	8%
Lebanon	389	9.8	2.2	7.6	2.5%
Ecuador	71	4.6	1.6	3.0	9%
Mexico	168	5.5	2.3	3.2	0%
OECD	1,827	8.3	6.5	1.8	0%

Sources: OECD estimate (1994); Rwanda (Prelimiary NHA 1998 findings); South Africa (Preliminary NHA 1999 findings); Jordan (NHA 1998); Lebanon (NHA 1998); Ecuador (NHA 1995); Mexico (NHA 1995).

NHA results in Lebanon and Jordan (9.8 and 9.1 percent of GDP respectively) revealed relatively high health spending similar to the OECD average of 8.3 percent of GDP. Of all countries in the region, Yemen has been the most successful in promoting the NHA tool which has gained the ardent support of the Yemeni Prime Minister. Country teams discussed how they planned to institutionalize NHA. Also discussed were issues such as the lack of existing guidelines for NHA estimation procedures and innovative approaches to overcome data gaps.

Meanwhile in Africa, PHR convened NHA teams from eleven East and Southern African (ESA) countries in Cape Town, South Africa, April 9-14, for the final Africa regional workshop. Country teams presented preliminary NHA results on posters and discussed findings in plenary session.

The Kenya NHA revealed the major role the private sector plays in financing health care services, contrary to what the MOH had previously believed. In Malawi, there was evidence for the first time that services provided at public hospitals cost more than those provided at NGO hospitals—a finding that may impact hospital sector reform efforts underway. Initial NHA findings in South Africa indicated that despite changes made following the first health expenditure review in 1994/95, the gap in the allocation of funds among primary and secondary services and provincial distribution of funds has not narrowed as envisioned. Participants discussed strategies for institutionalizing NHA and linking NHA data to key policy concerns. Additional presentations addressed the latest WHO health expenditure estimates published in the *World Health Report*, the potential contribution of NHA to monitoring debt relief, and the use of NHA for projecting health finances.

The same successful three-workshop format was used in each region to establish the networks. During the first workshop, countries were introduced to the NHA framework and methodology. The second workshop was used to discuss specific methodological issues that may have arisen during data collection. The third and final workshop was used as a forum for presentation and discussion of NHA and its policy relevance at the national and regional level.

These initiatives will have a lasting impact. They have created solid capacity in 27 countries to develop and apply National Health Accounts. NHA data has been produced, allowing policymakers, in many cases for the first time, to accurately see how much is spent on health, who pays, and for what. This accurate picture of financial flows in the health system is critical to guiding improvements and formulating rational policies.
For more information, contact ibrahim_shehata@abtassoc.com. ⑩

PHR and USAID have jointly developed six Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance.

IMCI Costing Tool Successfully Field Tested in Nepal

Partnerships for Health Reform, together with WHO, the World Bank, UNICEF, USAID, and the USAID-funded BASICS II project, recently completed a successful field test of an Integrated Management of Childhood Illness (IMCI) costing tool in Katmandu, Nepal. This tool has been developed to facilitate the implementation of the IMCI strategy.

The IMCI approach, developed by WHO and UNICEF, aims to manage the treatment and prevention of five of the most common causes of childhood illness by emphasizing a broad child-centered approach rather than focusing on a single disease or condition. IMCI aspires to reduce death and the frequency and severity of illness and contribute to improved growth and development for children under five years of age.

By late 1997, several donor agencies determined that a costing tool was needed by health officials and program planners to estimate the costs associated with the implementation and expansion of the IMCI strategy. Early in 1998, an interagency group, composed of partners from the above-mentioned organizations, was formed to develop such a tool.

Nepal was chosen as the field test country as it had begun implementation of community IMCI activities and because the Nepali government had expressed interest in such a tool. The primary objective of the exercise in Nepal was to field test the four spreadsheet modules (start-up, expansion, recurrent, and community costs) of the costing tool by using country-specific cost and demographic data. Both in-country interagency participants and government representatives were trained in the use of the tool. Results of the Nepal field test will generate a cost study for IMCI implementation that will assist government officials plan and budget for the expansion of IMCI in Nepal. The tool will be disseminated in fall 2000.
For more information, contact sujata_ram@abtassoc.com. ⑩

Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

Community-Based Health Insurance Workshop Finetunes Toolkit

Among recent alternative health care financing proposals and pilot projects, Community-Based Health Insurance (CBHI) schemes have emerged as promising mechanisms for meeting critical health care needs while empowering local communities to gain access to quality health care. In general, CBHI emphasizes community ownership and mobilization of resources, shared risk in controlling health care costs, and improved access to health services and supplies. Many schemes are currently in operation in East and Southern Africa, with diverse results and success stories.

To share experiences and lessons learned from on-going insurance scheme operations, more than 30 representatives, including field-based CBHI practitioners, donors, Ministry of Health officials, and NGO representatives from Kenya, Tanzania, Uganda, and Rwanda met for a participatory workshop in Mombasa, Kenya, in late March. Likewise, participants conducted an in-depth review of draft chapters of the PHR CBHI "how to" manual and toolkit. The manual and toolkit are designed to assist local communities and organizations in East Africa design and implement broad-based, sustainable community financing projects.

The manual was drafted by PHR in cooperation with USAID/REDSO/ESA to describe the multi-step process involved in setting up and operating a community-based health financing scheme. The manual is based, in large part, on project and policy recommendations included in the 1999 PHR technical report #34, *Community-Based Health Insurance: Experiences and Lessons Learned for East and Southern Africa.*

To complement the manual, PHR has compiled an assortment of health information and financial management software packages to help communities efficiently manage CBHI scheme operations. Sample software, ranging from membership programs (ACCESS database) to accounting packages (QUICKEN and SUN) to specially adapted systems for CBHI, such as the HIMCIS at Chogoria Hospital in Kenya and the Uganda Health Information System in Kisiizi and Nsambya, were demonstrated at the workshop. This "toolkit" of software packages, allows CBHI practitioners to compare features of various software management tools and select systems based on the specific conditions and requirements of their particular scheme.

Participants provided detailed comments and specific revised language for the manual and agreed that the target audience should be technical staff who have had experience with health care financing concepts and operations. They suggested that a "train-the-trainers" manual be developed and used for broad-based field applications.

The manual and toolkit should provide valuable information and resources to East African communities interested in improving health care and implementing alternative financing mechanisms. PHR is in the process of incorporating feedback and suggestions from workshop participants and others and expects to publish a final version of the CBHI manual and toolkit in the summer of 2000. *For more information, contact janet_edmond@abtassoc.com.* ⑩

Visit PHR's website: www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.

Health and Democracy in Rwanda

UPDATE: One hour after prepayment scheme (PPS) elections took place in the PHR-sponsored pilot district of Byumba, results were announced on the national news and broadcast country-wide. In a live interview, the newly elected president of the 20 PPS in Byumba described the goals of the PPS and explained the benefits and importance of membership.

In addition to improving accessibility and quality of health care and strengthening management capability in health centers and districts, PPS are providing democratic opportunities in a society that experienced widespread genocide just six years ago and where trust in the community is slowly being rebuilt. The Rwandan government, in collaboration with PHR and community members, has established PPS in three pilot districts.

Under prepayment, individuals or households pay an annual premium into a health care fund. Payment of the premium entitles an individual or household to seek health services in a defined benefits package for one year, with a co-payment of $0.30 per curative visit. Contributions from persons who do not fall ill help to cross-subsidize the costs of care.

In June, the PPS of Buramba, in rural Rwanda, held its fourth general assembly, organized by the executive bureau, with more than 400 of the 1,200 scheme members meeting under a tent in a meadow adjacent to the health center. The meeting commenced at 10:00 in the morning and discussions continued until 2:00 in the afternoon. Female and male members were equally represented among the 400 attendees; however, men occupied the front seats, whereas women tended to group behind the third row.

In addition to organizing the general assembly, the executive bureau manages the scheme's administration and finances. Consisting of five elected members, the bureau's top three offices are held by women, representing a majority within the bureau. The president is a young woman who is a teacher at the local school, the vice-president is the head nurse of the Buramba health center, and responsibility for the

scheme's finances belongs to the treasurer, a local peasant woman. A man holds the office of secretary. To fill the remaining office, the meeting's agenda included the election of an account controller.

At the assembly, the president called for the election of the account controller. She read the by-law article describing the controller's tasks and responsibilities. Three young men, the president of the miners' association and two teachers, came forth as candidates. Each candidate introduced himself and explained his reason for running for the position. The vote was by hand-count with the results noted on a blackboard. Twenty-nine votes went to the miners' president, 38 to the first teacher and an overwhelming majority of some 350 votes to the second teacher. With the high illiteracy rate in Rwanda's rural population, it was not feasible to have secret elections.

Democracy is a new concept in Rwanda. In April 1999, for the first time, representatives on cell and sector levels (sub-divisions of communities) were elected. The government plans to have elections for community representative by the end of 2000. PPS offer two democratic opportunities. First, the population has a forum where democratic procedures can be executed. Second, community members who have served as PPS executive committee members and who have demonstrated good leadership and democratic practices, have a better chance to be elected for local, political positions.

Besides electing officers, PPS members use general assemblies increasingly as a consumer forum, asking practical questions about organizational and operational issues on PPS. At the Buramba meeting, members complained about the poor ambulance system in the health district and discussed the idea of purchasing a vehicle for the health center, once the prepayment scheme garners enough members. One member shared her positive experience at the district hospital to which she was referred by the health center for a Cesarean section and thanked the other members for their solidarity in covering her treatment costs with their premium.

PPS membership in Buramba has doubled from 657 members in February to 1,402 in May. Much of the recent increase in membership can be credited to the health center's new and very experienced head nurse. Since her arrival, the total number of deliveries at the health center increased from 8 per month in 1999 to 16 per month since January 2000. By the conclusion of the assembly, members had set a goal of doubling membership within the next few months, a rather difficult objective since this period of the year is not "cash-season" for this rural population.

Members also realized that some households within the community are not able to participate in the PPS. The assembly decided to collect funds from the members present to pay a premium for an indigent household. Three hats were passed around with everyone pitching in some coins, collecting about FRw. 3,000 (USD $8), enough to pay a one-year membership for one poor household with eight members. Afterwards, members stayed and discussed the needy family who would benefit from the assembly's collection. Selection criteria designated recipients as families with handicapped members or families headed by widows with many children. This kind of solidarity is encouraging in a country just recently recovering from widespread genocide.

Prepayment schemes in the three PHR pilot districts will celebrate their first anniversary on July 1. Currently, the schemes have more than 83,000 members in three districts, representing about 7.5 percent of the total district population. New members continue to sign up daily.
For more information, contact phara_georges@abtassoc.com. ⑩

photo: Phara Georges

Prepayment scheme representatives

Focus on Asia and the Near East

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

Improving Quality of Primary Care through Facility Accreditation

The Ministry of Health and Population (MOHP) in Egypt, with support from the PHR project, continues to make significant strides in implementing the primary care reform strategy in its pilot facilities. Over the past year, reform efforts focused on three main components: 1) implementing an integrated family practice care model, 2) developing a new social insurance financing mechanism through the establishment of a Family Health Fund, and 3) strengthening the role of the MOHP in regulation through a facility accreditation program.

Thus, for the first time in Egypt, a facility accreditation program has been designed and tested with the MOHP taking the lead in its development and implementation. The aim of the accreditation program under health sector reform is to improve quality of primary care and to use the accreditation status of a facility as the basis for contracting with the Family Health Fund. To this end, only facilities that meet optimal levels of quality and management performance will be allowed to contract with the Family Health Fund to deliver a basic benefits package of services. In its first phase, the program includes the public, private, and NGO facilities participating in the pilot reform program, and focuses only on health units and centers. The accreditation program prepares public facilities for their new role under the reform. It also offers a system for continuously improving the quality of care

and provides means for educating and involving facilities in the quality improvement process.

Over the past year, PHR staff completed several important steps to design the program and prepare it for implementation, including: 1) legal analysis to ensure that the proposed program lies within the boundaries of Egypt's health laws and legislation; 2) identification of key dimensions of quality that will set the focus of accreditation assessment; 3) development of accreditation standards, policies and procedures; 4) development and testing of the accreditation survey instrument; and 5) development and testing of a computerized database for analysis and reporting. Scores for each of the dimensions of quality are weighted to reflect the importance of each dimension relative to the total score. Consensus-building exercises conducted among MOHP officials at each step of the process ensured that the system was tailored to meet the needs of the health care system in Egypt.

The accreditation instrument was first tested in two primary health care centers. The purpose of the survey was to test the reliability and applicability of the accreditation instrument, to make refinements, and to provide newly trained surveyors and facilities with hands-on experience in the accreditation survey process and methods. The accreditation survey was then repeated after six months at one of the two pilot health centers in Alexandria. The survey helps identify gaps in facility performance and provides valuable insight on the quality of services. The process also stimulates the local health system to prepare and provide support and inputs to facilities seeking accreditation. The survey process also helped participants understand how the accreditation standards dovetail with proposed Family Health Fund performance measurement standards for contracting.

The first official accreditation pilot test was especially useful in actively involving all the facility personnel in assessing and improving their performance. Results of the second survey showed that the facility achieved significant improvements during the six-month period after the initial survey test. This demonstrates the value of using the accreditation survey as a means for improving the quality of care. It also shows how facilities can became equal partners with the MOHP in monitoring and improving performance. After reviewing the results of the survey, the facility—with the help of the surveyors—was able to identify areas of strengths and weaknesses, and develop a plan for improvement.

Institutionalization of the accreditation program continues to be an important next step, with emphasis on building the local capacity for accreditation. Once fully implemented, the accreditation program will provide the reform in Egypt with a framework for continuous quality improvement and performance-based contracting, two key components of the Egyptian reform agenda. *For more information, contact nadwa_rafeh@abtassoc.com.* ⑩

Regional Workshops and Website Promote Improved Health System Management

Over the past year, PHR has provided technical assistance designed to contribute to sustaining health policy reform in the Asia and Near East region by strengthening a regional network of professionals in health economics and health systems known as RESSMA (*Réseau d'économie et systèmes de santé au Maghreb)* with support of the ANE Bureau of USAID. With PHR's assistance, RESSMA has developed the website **RESSMA.org** to promote the activities of the organization. Since its launch in December 1999, the website has averaged 6,658 hits per month with visitors originating from Ethiopia, Morocco, Algeria, Tunisia, France, United Kingdom, Germany, Switzerland, New Zealand, Australia, Canada, and the U.S.

In April 1999 and 2000, PHR, in collaboration with WHO, John Snow, Inc., and RESSMA, delivered two two-week courses in Marrakech, Morocco, on costing and financing of health services and effective management of local health systems. The purpose was to equip regional and provincial health system managers from Algeria, Morocco, and Tunisia with the tools needed to manage public sector resources more efficiently and equitably. Participants confirmed that their new skills improved their ability to better manage health programs. Many participants are applying course concepts in budget development and the management of health sector resources.

For example, in Algeria, Dr. Abdelkrim Benarab, professor and researcher at the University of Constantine, has reported on successfully using course materials in his lectures and health seminars. In Morocco, Mr. Boubker Dadda, Director of Administration, El Razi Hospital, is working with his team to implement a new approach to managing the supply and cost of drugs. Dr. Moulay Mustapha Kacimi, from the Moroccan Ministry of Health, has initiated research activities to accurately diagnose health status at the provincial level and to carry out a needs assessment to identify ways to address health status issues and examine their budgetary implications. In Tunisia, Mr. Mongi Khemiri, Director of the Kairouan Regional Hospital, has initiated a study on consultation costs at health centers.

Both the RESSMA website and subsequent training workshops will be sustained by RESSMA in collaboration with local universities and WHO. *For more information, contact anthony_mensah@abtassoc.com.* ⑩

Photo: Mohammed Oubnichou

RESSMA members from Algeria, Morocco, and Tunisia

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in six countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in eight countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Forging Public-Private Alliances

Health sector reform creates new challenges to existing health system performance. For many NGOs, changes emanating from health sector reform open up opportunities to take on new roles within the health sector. Likewise, health reforms grant the public sector the opportunity to develop new partnerships with NGOs.

PHR and the Family Planning Management Development project, both partners in the Latin America and Caribbean Regional Health Sector Reform Initiative, co-hosted a regional conference entitled *Public-Private Alliances and Health Sector Reform: Perspectives and Reality* on April 3-7 in Managua. Participants in this Initiative-financed event included representatives from the public and non-governmental sectors from Bolivia, Brazil, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, and the Dominican Republic. The goal of the conference was to bring together policymakers, public officials, and NGO leaders to draw on emerging experiences and explore ways to foment public sector-NGO partnerships to most effectively achieve health sector reform goals.

At the onset of the conference, participants voiced an interest in forming not only national-level alliances between the public sector and NGOs, but regional-level dialogue and debate. Participants agreed to develop a webpage on public sector-NGO partnerships to be maintained by BEMFAM, the International Planned Parenthood Federation affiliate in Brazil. PHR will fund the design of the website and the first six months of operation, with BEMFAM financing the following six months.

To continue the public sector-NGO dialogue on a national level, Dominican participants from the Secretariat of Public Health and INSALUD, a consortium of Dominican NGOs, adapted and carried out a similar conference on public sector-NGO partnerships in Santo Domingo in May. *For more information, contact wendy_abramson@abtassoc.com.*

Photo: Josephine Gilman

NGO Workshop participants, Managua, Nicaragua

Political Parties Seek Consensus on Health Reform

One month before national elections were to be held, the National Institute of Health in the Dominican Republic (INSALUD), with support from PHR, organized a seminar entitled *Dialogue and Construction of Health Sector Reform Consensus*. The objective of this seminar was to foster dialogue and seek consensus on the principal tenets of the Dominican health sector reform process among the major political parties. High-level officials from the Dominican Congress, the Secretariat of Public Health and Social Welfare (SESPAS), the Technical Secretariat of the Presidency, the Executive Health Sector Reform Commission (CERSS), and representatives from nongovernmental organizations participated in the seminar.

Each political party presented its health program proposals. Then, a panel composed of the Secretary of Health, the Coordinator of the CERSS, and the President of the Senate Social Security Commission outlined the principal achievements accomplished and obstacles encountered to date in health and social security reform. Ensuing discussions revolved around the relationship of state reform with health sector reform; decentralization; financing; health service organization and delivery; and human resources. Working groups were formed to identify and analyze areas of agreement and divergence on these topics.

Donor agencies, including PAHO, the European Union, the World Bank, the IDB, and USAID made presentations on how their organizations support the health sector reform process. The need to closely coordinate donor activities with the Dominican government and other social sectors was strongly emphasized.

In the face of a government transition, PHR has partnered with Dominican counterparts to secure the political, technical, and financial sustainability of the Dominican health reform agenda with the goal of improving access, affordability, quality, and equity in the delivery of services, and, ultimately, improving health status. *For more information, contact wendy_abramson@abtassoc.com.*

Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country to evaluate a particular health policy or program and strengthen the country's or region's research capabilities.

Health Worker Motivation: Influencing National and International Policy

PHR has been conducting in-depth studies of health worker motivation (HWM) in the Republic of Georgia and the Kingdom of Jordan, the full findings of which will be published shortly. The studies aim to:

- analyze the determinants and consequences of HWM in selected hospitals;
- make recommendations for changes in hospital practices and workforce regulations; and
- contribute to the development of operational tools that could be used in other settings.

Conclusions emerging from the studies are remarkably similar between countries. For example, social relationships in the work place and pride in working at a particular facility are important determinants of motivation in both Georgia and Jordan. Significant differences in determinants between different types of workers (managers, supervisors, workers, and different cadres of workers) are also apparent in both countries. However, in Jordan, many options emerge for improving motivation (such as improving equipment and the physical work environment, as well as increasing teamwork), whereas in Georgia, low health worker incomes present a fundamental obstacle to improved motivation.

PHR's applied research work in Jordan responded specifically to a request by the MOH to help improve management and quality of care at the primary teaching hospital in Al Basheer, in Amman. Final results from the Jordan study were presented by PHR in Amman in June together with a discussion of policy options. Working groups have developed specific recommendations in the area of:

- civil service regulations (particularly technical staff recruitment and selection procedures);
- MOH procedures (new employee orientation, job descriptions, minimum staffing needs); and
- hospital practices (increased employee participation in decision-making, clearer communication of hospital mission, goals, and policies to ensure goal alignment between workers and the hospital, new activities to increase worker pride, satisfaction, and motivation).

PHR participated in a WHO informal consultation designed to map out a future HWM program for WHO. As a result of the meeting, WHO plans to pursue more in-depth country work on this topic in two to three countries. Their research design will build upon the tools already developed by PHR.
For more information, contact whitney_schott@abtassoc.com.

Jordanians Make Policy Recommendations on Health Worker Motivation

An in-depth analysis of determinants and outcomes of motivation in two Jordanian hospitals indicated that major factors for job satisfaction and organizational commitment include: perceptions of self-efficacy, work locus of control, pride, organizational citizenship behavior, and job characteristics. Influences on supervisory-assessed worker performance included: organizational citizenship behavior, job characteristics, and bureaucratic constraints. In addition, results indicate significant differences in motivational outcomes and perceptions of work context between nursing/allied health professional staff and medical/service-administrative staff. Few differences were seen between the two hospitals, with the exception of general job satisfaction.

These findings were presented together with PHR's in-depth major applied research on determinants and outcomes of motivation, to sixty researchers and policymakers at a workshop in Amman. Participants worked in groups to develop recommendations on changes in civil service regulations, MOH training programs, and hospital management practices. Working groups have continued after the workshop to refine recommendations before their presentation to the Minister of Health.

Health worker motivation research in Jordan has been conducted in conjunction with the PHR-Jordan scholars program that has trained seven Jordanian graduate students in research methodology. These scholars have undertaken small studies on HWM issues to complement those of the PHR applied research program. Study topics include physician satisfaction, the meaning of work, perceptions of leadership characteristics, employee development, assessing worker performance, justice perceptions, and organizational socialization. *For more information, contact milburnlm@aol.com.*

Improving Efficiency in Public Health Facilities in Sri Lanka

The Sri Lankan government is currently considering major health sector reforms encompassing decentralization and modernization of management. Research in Sri Lanka in 1991 showed that, compared to other countries, health care facilities had very low average costs. Substantial variation in costs was also apparent, suggesting there was scope to improve efficiency further, at least in certain facilities. The PHR Small Applied Research program supported a recently completed study of efficiency in public facilities in Sri Lanka to inform the reform process and provide data comparable to the previous study.

In an innovative study design the researchers from the Sri Lankan Institute of Policy Studies examined characteristics of managers and a variety of quality indicators, as well as several approaches to measuring efficiency including:

- ratio measures (such as bed occupancy rate, turnover);
- unit costs (using step-down analyses of accounts); and
- econometric analysis (estimation of production functions and cost functions).

Researchers were able to compare these measures both across different facility types and with the 1991 survey findings. Many interesting findings emerged. For example, the study showed that since 1991 outpatient unit costs decreased across all types of hospitals except at rural facilities. In contrast, most hospitals, with the exception of complex teaching hospitals, experienced increases in inpatient unit costs. The time trends observed are explained largely by occupancy and utilization rates. Funding constraints in the public sector have led to greater input shortages at lower level facilities than tertiary hospitals and as a consequence, patients are increasingly bypassing lower level hospitals.

The researchers recommend specific measures to improve hospital management and strengthen performance monitoring of hospitals. PHR is supporting researchers from Sri Lanka to present their findings at the Asia-Pacific Health Economics Network meeting in Dhaka in July. Copies of the report will be available in the late summer.
For more information, contact whitney_schott@abtassoc.com. ⑩

Inside PHR

Marguerite Sarr, accountant for the PHR Senegal office, handles all the financial aspects of the office. She oversees the logistical arrangements for the numerous workshops PHR carries out in the local districts as part of the Senegal health financing pilot activity. She has particularly enjoyed the opportunity to improve her English and learn new financial software programs.

Marguerite holds a degree in economics and business law. Prior to joining PHR, she worked as an accountant for the Senegalese consulting firm, SERDHA. She gained additional professional experience through internships with various accounting firms, an international telecommunications company, SITA, at the Senegalese electric and telephone companies, and with TOTAL, an oil company.

From working with PHR and through direct contact with health workers in the field and at project workshops, Marguerite has had the opportunity to observe problems within Senegal's health system firsthand. She is pleased to be making a contribution to efforts to improve health care delivery in her country. ⑩

Staff Highlights

Over the last three months, PHR welcomed the following new staff members:

Nermine Demian, Finance and Administration Assistant, Egypt
Joanne Jorissen, Program Assistant for Special Initiatives and ANE, Bethesda
Joanna Martin, Information Dissemination Specialist, Bethesda

Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

Nancy Pielemeier, DrPH, Project Director
Cheri Rassas, Deputy for Operations
Steve Mason, Deputy for Finance

The PHR *Quarterly Highlights* is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The July 2000 issue covers the period between April 1 and June 30, 2000. For additional copies or to be placed on the highlights mailing list, please contact the PHR Resource Center, *pub_order@PHRproject.com*.

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PHR Presentations

As part of its ongoing dissemination efforts, PHR gave or sponsored the following presentations and brown bags between April 1 and June 30, 2000 for a variety of local, regional, and international audiences interested in the project's work in health sector reform. In addition to reporting on PHR activities, a number of PHR staff were asked to provide their expertise or discuss the current state-of-the-art at a variety of fora in such areas as immunization financing and National Health Accounts. Presentations are listed below by the date they were given. Please contact the Resource Center via e-mail at *PHR-InfoCenter@abtassoc.com* to subscribe to the brown bag announcement mailing list.

April

Patricio Murgueytio, "Iniciativas de PHR en respaldo a la salud sexual y reproductiva en el contexto de la reforma sectorial," regional AVSC workshop, La Romana, Dominican Republic (April 10)

Wendy Abramson, "Alianzas Público-Privadas en la Región de ALC: Acuerdos y Contratos," Public-Private Alliances and Health Sector Reform: Perspectives and Reality Conference, Managua, Nicaragua (April 16)

A.K. Nandakumar, "Jordan National Health Accounts," MOH and other ministries and private sector representatives, Amman, Jordan (April 17)

Miloud Kaddar, "Provider Payment Mechanisms," RESSMA course, Marrakech, Morocco (April 21)

May

Francisco Vallejo,"La futura agenda de investigación en reforma," Foro Regional sobre el Uso de la Investigación en los Pocesos de Reforma del Sector Salud de Latinoamérica y el Caribe, Salvador, Bahía, Brazil (May 4)

Charlotte Leighton, "Creating an Enabling Environment for Reproductive Health Programs," USAID Population Leadership Program, Washington, DC (May 17)

Marty Makinen, "Immunization Financing and Sustainability," USAID Population Leadership Program, Washington, DC (May 17)

Nancy Pielemeier, "USAID's Involvement in Multi-donor Initiatives and Health Sector Reform Efforts," USAID Population Leadership Program, Washington, DC (May 17)

Ibrahim Shehata, A.K. Nandakumar, and Dwayne Banks, "ANE Regional National Health Accounts Workshop," Amman, Jordan (May 20-25)

Ibrahim Shehata and Tania Dmytraczenko, "Update on National Health Accounts Policy Study," NHA workshop, Amman, Jordan (May 22)

Dwayne Banks, "Designing Household Surveys for Health Expenditure Analysis," NHA workshop, Amman, Jordan (May 22)

Karen Van Roekel, "Monitoring and Evaluating Health Sector Reform in the Dominican Republic: Using Data for Decision Making at the National and Provincial Levels," USAID, Washington, DC (May 22)

June

Rossany Auceda, "La comunicación: Un instrumento para fortalecer el proceso de regulación," MOH, Tegucigalpa, Honduras (June 2)

Miloud Kaddar, "Health Financing Workshop for Regional and Provincial Managers," Assila, Morocco (June 5-10)

Miloud Kaddar, "Health Insurance Development: Key Challenges in Morocco," Annual Congress of National Society of Medical Sciences, Rabat, Morocco (June 8)

Francisco Vallejo, "Nuevos modelos de servicios farmacéuticos, evaluación de los fondos comunales de medicamentos en Honduras," MOH workshop, La Ceiba, Atlántida, Honduras (June 9)

Nancy Pielemeier, "Reproductive Health Programs: Continuity in an Era of Change," Commercial Market Strategies Retreat, Washington, DC (June 12)

Kathleen Novak with Francisco Vallejo, "Managing the Political Process in Health Sector Reform: Guidelines, Tools, and Experience from the Field in Honduras," Abt Associates, Washington, DC (June 13)

Miloud Kaddar, "Immunization Financing in Côte d'Ivoire: Findings and Recommendations," Preparing a Strategic Immunization Plan for Côte d'Ivoire meeting, Abidjan, Côte d'Ivoire (June 14)

Lonna Milburn and Lynne Miller-Franco, "Health Worker Motivation," Health Worker Motivation Conference, Amman, Jordan (June 19-21)

Tania Dmytraczenko, "Cuentas Nacionales de Salud: Usos, Impacto e Institucionalización," Ministry of Health, Guatemala (June 22)

Nadwa Rafeh, "Implementing an Accreditation Program for Primary Health Care Facilities in Egypt," USAID, Washington, DC (June 22)

Nancy Pielemeier, "Reproductive Health Services in Reforming Health Systems," International Planned Parenthood Federation/Western Hemisphere Regional Office, New York (June 26)

Barbara O'Hanlon and Kammi Schmeer, "Managing the Political Process in Health Sector Reform: Guidelines and Tools," World Bank Flagship Course, Santiago, Chile (June 29)

Nena Terrell, "Alexandria Primary Care Pilot Focus Group Results on Patient Satisfaction, Technical and Management Quality, Contracting and Willingness to Pay," Four presentations to central and governorate Egyptian Ministry of Health and Population Reform Teams, PHR and ECTAT, USAID Mission PHN (May-June)

The following presentations were made at the Global Health Council's 27th annual conference in Arlington, Virginia, June 13-16.

Nancy Pielemeier, "Vertical and Integrated Approaches in International Health"

Grace Chee, "Financing Insecticide-Treated Mosquito Nets in Zambia"

Ibrahim Shehata, "National Health Accounts: Policy Tool or Just Expenditure Data?"

Hanann Riad Sabri, "Factors Affecting Effective HSR and Health Expenditures: Constraints in Two Developing Countries"

Ann Levin, "Cost of Maternal Health Care in Public and Private Facilities"

Sujata Ram, "Financial Impact of the Polio Eradication Campaign on National Immunization Programs"

Susan Scribner, "Advocacy to Improve National Surveillance Systems in Infectious Disease Control"

Marty Makinen, "Measuring Health Sector Inequality in Developing Countries"

Courtney Barnett, "Nepal Safe Motherhood Network: A Model of Innovative Approaches"

Allison Kelley, "Improving Utilization of Priority Services: The Equity Initiative in Mali"

Catherine Connor, "Public Sector Contracting of NGOs to Fight HIV/AIDS in Brazil"

Nancy Pielemeier, "Health Sector Reform: Whose Interests Does it Serve?" Panelists: Wagida Anwar, Carlos Cuellar, Duff Gillespie, Ainura Ibramova, and Helen Saxenian

New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. PHR publications are available on the PHR website at **http://www.PHRproject.com**.

Technical Reports

Implementing Hospital Autonomy in Jordan: Changing MOH Operating Procedures (TE 44) by Dwayne A. Banks, Rasha Ghannoum, Ayoub, Sayyid Khalil As-Sayaideh, Abdel Razzac S.H. Shafei, and Hani Brosk

Special Initiative Reports

Cuentas Nacionales de Salud by PHR Honduras in cooperation with the Ministry of Health

Financing Assessment Tool for Immunization Services by Miloud Kaddar, Marty Makinen, and Mona Khan

Immunization Financing Resources by Miloud Kaddar, Jo Dickison, and Mona Khan

The Nepal Safe Motherhood Network by Pamela Putney

PHR Egypt 2000 Country Activity Plan, February 2000 by Mary Paterson, et al.

Case Study on the Costs and Financing of Immunization Services in Côte d'Ivoire (SIR 24) by Miloud Kaddar, Vito Tanzi, and Leanne Dougherty

Costs of Maternal Health Care Services in Three Anglophone African Countries (SIR 22) by Ann Levin, Mark McEuen, et al.

Cost and Financing of Immunization Programs: Findings of Four Case Studies (SIR 26) by Ann Levin

Major Applied Research Papers

Decentralization of Health Systems: Preliminary Review of Four Country Case Studies (MAR 6, Technical Report 1) by Thomas Bossert, Joel Beauvais, and Diana Bowser

Small Applied Research Papers

Priority Service under Decentralization: A Case Study of Maternal Child Care in Uganda (SAR 10) by Frederick Mwesigye

Cost of Integrated Management of Childhood Illnesses in Bangladesh: A Study Based on Matlab Data (SAR 11) by M Mahmoud Khan, Kuntal K. Saha, and Shakil Ahmed

In Briefs

Facility Accreditation and Health Sector Reform in Egypt

Special Initiative on Immunization Financing

Iniciativa especial sobre el financiamiento de las inmunizaciones

Initiative spécial sur le financement des vaccinations

A Costing Framework to Help HIV/AIDS Planning and Management

Brazil Public Sector Contracts to Fight HIV/AIDS

Prepayment Scheme in Rwanda Accepts Sero-Positive Members

Partnerships for Health Reform
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October 2000

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In collaboration with:
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Harvard School of Public Health
Howard University International Affairs Center
University Research Co., LLC

PHR is funded by the U.S. Agency for International Development (USAID), under Contract No. HRN-C-00-95-00024
Project No. 936-5974.13

Spotlight

Information Systems for Health Financing Reform Put into Place in Egypt

The Government of Egypt is committed to an ambitious health sector reform program designed to improve the health and well-being of its citizens by providing universal coverage for a set of basic health services. A basic package of priority services will be financed through a single social insurance entity, the Family Health Fund (FHF), combining public funds and user co-payments according to ability to pay. PHR assists with policy design and implementation, and with a pilot project that tests how best to turn the new primary care strategy into reality. This new strategy aims to use scarce resources efficiently and benefit people who are most in need: the underserved, the poor, and those at high risk, particularly women and children.

A key component of the reform strategy is a pilot test of a new primary care and financing system in the Governorate of Alexandria. Great advances have been made on the financing side to enable the FHF to establish performance-based contracts with the six pilot sites. Fund staff have developed position descriptions, a strategic and business plan, budgets, and a performance monitoring system. Most recently, two key information systems were completed and are now linked to serve the needs of both the facilities and the Fund.

The first is a new clinical information system that is used by the family practice clinics to gather and process patient encounter and cost data. This Arabic language system was adapted from software produced by a previous USAID-funded project which developed information systems for Egypt's health insurance organization. By building on the existing systems, the project has saved time and leveraged resources.

Source: JHU/CCP - M/MC Photoshare (www.jhuccp.org/mmc)

PHR is currently providing technical assistance in Egypt, Jordan, and Morocco in a wide range of health reform areas, including quality improvement, health information systems, National Health Accounts, primary care, health reform policies and processes, expansion of health coverage, sustaining family planning programs, and hospital autonomy. PHR is also working with the Asia and Near East (ANE) Bureau to establish a regional network of countries working on National Health Accounts and to support and expand regional networks of health economists.

The Oracle-platform software includes a component for beneficiary registration that establishes a unique patient identifier both to link families for treatment purposes, and to establish insurance eligibility by households. The system assists clinicians record detailed medical histories, track treatment by prompting for delivery of essential services including immunizations or chronic disease management, and capture routine patient encounter data. In addition, the system generates reports to track the use of specific services such as immunization, family planning, and communicable disease treatment that have traditionally been delivered by vertical programs and which are still monitored separately by the Ministry of Health and Population. Facility managers receive reports on primary care team efficiency, cost per patient per visit, and utilization of pharmaceuticals and laboratory and x-ray services.

A second new piece of software supports the FHF's administration of performance-based contracts with the facilities. This MS-Access performance monitoring system accepts patient encounter data from facility-based clinical systems and enables Fund staff to prepare comparative reports on twelve indicators of cost, efficiency, and quality. The system allows the Fund, and the facilities themselves, to compare performance in terms of visit volume, trends in volume over time, patients with multiple visits, plan-to-actual volume performance, and utilization by diagnosis. Reports can be generated to assist Fund managers by presenting comparisons of clinical practice between primary care teams within a facility and across facilities in terms of diagnosis, prescription, laboratory, x-ray, and referral patterns. Basic cost and accounting data enables Fund and clinic managers to examine the direct, intermediate (prescription and x-ray), and overhead costs associated with care delivery. Initial reactions to the comparative data have prompted analysis and discussion within facilities about strategies to improve efficiency.

These two linked MIS systems will be used as a basis for performance incentive payments in the first stage of Egypt's health financing reform. They are prototype systems that will provide experience in both insurance claims systems and clinical information systems. The National Technology Laboratory, financed by the World Bank, will then draw on these to design Egypt's national health insurance information systems. The experience gained through these rapidly deployed prototype systems will improve the likelihood that larger systems will perform well and will meet user requirements.

Efficient computer-based systems for registering and referring beneficiaries and tracking their care, for registering providers, for provider billing and payment, and for monitoring and evaluation of health outcomes and resource use will contribute to the ministry's strategy to provide all Egyptians with access to better quality primary care and preventive services.
For more information, contact kathleen_poer@abtassoc.com.

Promoting Evidence-Based Policymaking: A National Priority in Jordan

Can you take the politics out of policymaking in the health sector? Never. But you can and should balance politics with empirical data, and to do so requires a pro-active approach. Jordan has taken several pro-active steps to foster the production and use of research in health policy, the latest of which was the Health Research and Policy Forum jointly hosted by the Ministry of Health (MOH), PHR, and the Royal Hashemite Court. The Forum, held July 31, was widely attended by the major health sector players in Jordan including Prince Firas Ra'aed, Health Advisor to HM King Abdullah, and representatives from the MOH, Royal Medical Services, Jordan University Hospital, universities, the private health sector, and the regional WHO office.

The Jordanian health system faces a serious sustainability issue. While the country spends more on health as a percentage of GDP (9.1) than many OECD countries and basic health statistics are comparatively good, demographic, epidemiological, and economic trends threaten these achievements. A high total fertility rate (4.3), longer life expectancy, and the rise of chronic diseases are placing mounting demands on the health system. At the same time, economic growth has been slow, limiting the public and private resources available to meet rising demand. Health officials and donors need reliable data to assist them make decisions regarding different macro and micro health reform approaches to contain costs, maintain quality, and eliminate inefficiencies. Research is needed to monitor and evaluate the impact of reforms.

Fortunately, Jordan has many health research resources available in the public and academic sectors,

افتتاح مؤتمر رسم السياسات الصحية

الامير فراس : تحديات امام القطاع الصحي اهمها النمو السكاني

من الافتتاح

Jordanian newspaper reports on PHR, the Royal Palace, the Ministry of Health, and USAID-Jordan joining forces to advocate for evidence-based decision-making.

and from donor-funded sources. Examples include the MOH statistical yearbook, the Department of Statistics yearbook, National Health Accounts (NHA), household surveys, health facility surveys and registries, and issue-specific studies. But there is poor access to these resources and little demand for data among policymakers.

These access and demand issues were addressed at the Forum. At the Forum, current data sources and specific proposals for the improvement and standardization of key data sources were presented. NHA was used as a case study of evidence-based policymaking in practice. Then, specific proposals for creating a culture of evidence-based policymaking were outlined. Proposals included identifying and funding health research priorities, reactivating the Higher Health Council with a technical committee, holding an annual forum to present and discuss the latest research on national health issues, and establishing a national center for health research to serve policymakers.

The MOH and PHR are taking concrete steps to produce results. The access problem is being addressed by expanding the MOH website to include abstracts in English and Arabic of 500 publications related to the Jordanian health sector. Hardware upgrades will improve the speed and quality of the website. PHR has trained over 300 individuals from the public and private sectors in applied research methodology. PHR and the MOH will continue to work closely together to make the Forum proposals a reality. Health officials will have improved access to current health research and data to make informed decisions for an improved Jordanian health system.
For more information, contact catherine_connor@abtassoc.com.

Visit PHR's website: www.PHRproject.com for up-to-date information and to access the bibliographic health reform database.

Focus on Africa

PHR provides technical assistance in Kenya, Malawi, Rwanda, Senegal, Zambia, and Zimbabwe in the areas of social insurance, health reform policies and processes, mutual health organizations and community financing mechanisms, hospital management, decentralization of health services, and cost recovery. PHR collaborates with USAID regional bureaus in West and Central Africa (WCA) and East and Southern Africa (ESA) to implement cross-cutting sub-regional activities in several other countries.

PHR Strengthens District-Level Financial Management Systems

Over the past several months, PHR has worked with the Malawi Ministry of Health and Population (MOHP) to strengthen district-level systems for planning and financial management as the government takes steps to decentralize the delivery of primary health care services. As part of the decentralization process, management and oversight functions for the operation of district hospitals, health centers, and rural health posts will be eventually transferred to newly created local government structures called district assemblies. In preparation for this transition, the MOHP is taking steps to build the capacity of district health management teams to perform monthly expenditure tracking and reporting, manage their own bank accounts, and maintain computerized accounting and inventory control systems.

As a first step, PHR carried out an assessment of current district-level systems for financial management and proposed ways to strengthen these systems in one district, Chikwawa. Extensive discussions were held with senior staff of the MOHP, the Office of Local Government, the USAID/Malawi Community Health Partnerships (CHAPS) program, and the Quality Assurance Project to discuss:

- The decentralization process, with particular emphasis on the challenges of harmonization of financial management systems of the ministries and the local government;
- The feasibility of computerizing the accounts of the District Health Office (DHO); and
- Resource availability/constraints in the DHO.

PHR conducted an on-site observation and assessment of accounting systems currently used by the Chikwawa district health management team and proposed a series of recommendations that included:

- Arranging for staff computer training;
- Establishing ledgers to control the budget by line item so that expenditures can be more efficiently tracked against the annual budget;
- Identifying an appropriate software package to handle the chart of accounts required under the government of Malawi Medium-Term Expenditure Framework (MTEF) structure; and
- Setting up a quality assurance team to assist in resolving the difficulties encountered in the implementation process.

USAID/Malawi has requested that PHR take part in upcoming high-level discussions with the MOHP decentralization task force regarding the development of a national-level plan of action for improving district financial management over the next twelve months. *For more information, contact shirl_smith@abtassoc.com.*

Communities Validate Household and Provider Survey Findings

PHR's Equity Initiative Team (*L'Initiative pour l'équité au Mali—IPE*) held a series of community workshops in July and August to discuss and validate findings from household and provider surveys in Mali. Through the IPE, PHR surveyed more than 12,000 individuals and 500 health care providers to determine the root causes of strikingly low utilization of health care services.

PHR sponsored a series of community workshops in each of its two pilot sites—the rural district Bla and the city of Sikasso—in order to present the survey results and set local priorities for action. In each site, three days were devoted to validating the results of the household and provider surveys with

Photo: Ed Kelley

PHR's Allison Kelley and Bréma Ba meet with village leader, Ndoh Koné, in the Sikasso region.

a diverse group of participants. These participants included health staff from both public and private facilities, NGOs, and associations of women and youth, pharmacists, traditional healers, village chiefs, radio stations, and local and regional government representatives. PHR, in partnership with the Quality Assurance Project, invited public and private health care providers to spend two additional days taking an in-depth look at survey results related to quality from the client, facility, and provider perspectives.

While the data presented were complex—including income quintile analysis, statistical concepts, and rich information on supply and demand for health services—participants actively discussed and debated results until they were validated by consensus. Participants received copies of all the data analyses presented. PHR staff set up laptops at the workshops to answer queries, run additional analyses, and verify data. Some findings provoked disbelief or surprised many health staff. For example, one survey found that pharmacies had experienced a stockout of chloroquine, the main remedy for malaria, during a particularly dangerous period for malaria infection. While the workshop agenda allowed for in-depth discussion of these findings as they were presented, the last day was dedicated to using the data to identify priority problems and propose solutions. Participants also conducted local feasibility analyses to set priorities for action.

Participants reached consensus on both key problems and solutions in each site. For example, PHR surveys found that very few providers offer (and very few people say they have benefited from) protection mechanisms for those who cannot pay in full at the point of service. Both pilot sites want to develop prepayment schemes / mutual health organizations as a solidarity mechanism to improve the population's access to health services. Household surveys also showed that very few women (across income groups) use post-natal services, despite a relatively high use of prenatal services. Both communities want to initiate intensive information, education, and communication campaigns to improve women's use of post-natal care.

A local radio program broadcast findings from the workshops, including in-depth interviews with participants and organizers. PHR will hold follow-on workshops in October to refine proposed strategies, begin their implementation, and develop monitoring and evaluation plans. *For more information, contact allison_kelley@abtassoc.com.*

Hospitals Undergo Reform in Malawi

The concept of hospital autonomy originated in countries where central health authorities have primary responsibility for the provision of curative inpatient care in addition to their traditional responsibility for planning and regulating health programs. As the cost of inpatient care rapidly increases, the role of governments in providing these services is being seriously revisited.

In Malawi, the government has made a clear choice to move towards hospital reform starting with the two largest public referral hospitals. This decision was motivated by the increasingly limited financial resources available and by the current state of operational and structural decay of the hospitals. Privatization of the public hospitals is not an option, as it would be perceived by the general population as reneging on the government's past assurances to provide free and affordable inpatient care. A middle course has been chosen by which public ownership of the hospitals will be retained and organizational reforms to induce hospitals to operate more efficiently will be implemented. PHR, at the request of the MOH and USAID/Malawi, has assisted in assessing the present operational status of the two hospitals to devise a hospital autonomy implementation plan.

Malawi's hospital autonomy strategy is based on a phased approach that ensures systematic implementation. To be successful, many systems and individuals, internal and external to the hospitals, will have to be in place and functioning properly prior to completing the final transfer of authority. The implementation strategy includes three phases to be performed simultaneously, all to be completed in four years.

Phase I – Initiate strengthening of hospital systems and outpatient health centers.

- Reinforce the current capacity of the primary care system by implementing a specialist rotation system whereby hospital physicians see patients at outpatient and rural health centers versus at the central referral hospital and by introducing an inventory management system for drug supplies.
- Introduce a referral system at the primary care outpatient clinics and at district and rural hospitals.

- Implement full user fees at the hospital-based outpatient clinics to discourage primary care patients from using tertiary hospitals for routine illness treatment.
- Implement in-depth assessment of personnel qualifications and determine training requirements.
- Initiate administrative, financial, procurement, and personnel training.
- Develop bylaws for hospital boards of directors detailing powers and responsibilities.
- Appoint boards of directors.
- Conduct needs assessment of administrative, financial, procurement, and human resource systems.
- Initiate mobilization of political legislative support.
- Compile a list of all laws and regulations that impact the transfer of operational autonomy to the hospitals.

Phase II – Strengthen the hospitals' operational capacity.

- Complete training of administrative, financial, and human resources personnel.
- Implement detailed administrative, financial, purchasing, and human resource policies and procedures.
- Initiate the transfer of authority and responsibilities to the hospitals in areas that do not conflict with existing laws.
- Draft and present to relevant political stakeholders proposed changes in laws before full transfer of authority.

Phase III – Complete the transfer of operational autonomy to the hospitals.

- Finalize implementation of hospital administrative, financial, procurement, and human resource systems.
- Enact changes to laws that will formally create a legal entity for autonomous hospitals.
- Design a monitoring and evaluating system that measures progress made and that examines the health outcome impact of the hospital reform process.

Over the next three months, PHR will work with the MOHP on designing the referral system and facilitating agreement with specialists on a rotation plan to provide specialist care at the district hospitals. *For more information, contact ibrahim_shehata@abtassoc.com.*

Focus on Special Initiatives

PHR and USAID have jointly developed seven Special Initiatives, focusing on maternal and reproductive health, child survival (including activities in immunization financing, polio, vitamin A, integrated management of childhood illness [IMCI]), infectious diseases, the role of NGOs in health sector reform, National Health Accounts (NHA), and indicators for measuring results of health sector reform for system performance, and assessing the impact of health reform on HIV/AIDS service delivery.

National Immunization Programs Receive Financial Planning Training

In July 2000, immunization program representatives from over 30 countries participated in workshops focusing on key concepts in immunization financing. This was the first time immunization program representatives from these countries had a chance to focus on this increasingly more important aspect of immunization provision programs.

The work of the Global Alliance for Vaccines and Immunizations (GAVI) in the international arena has served as a catalyst for an increased emphasis on immunization program financial management and planning for countries preparing funding proposals to the Global Fund for Children's Vaccines. In response to requests from UNICEF regional offices in Africa, and the South-East Asia regional office of WHO, PHR facilitated sessions on immunization financing issues at UNICEF-sponsored training workshops in Douala, Cameroon, and New Delhi, India. The objectives of the PHR sessions were to:

- Introduce key concepts in costing, financing, and planning;
- Present illustrative findings of four immunization financing country case studies (Morocco, Côte d'Ivoire, Bangladesh, and Colombia)
- Present objectives, methodology, and applications of an immunization financing assessment tool; and
- Clarify how participants can use the tool to develop strategic plans and advocate for appropriate financing of immunization programs within their ministry of finance or other government entities and with partners such as GAVI.

The level of interest generated on these issues was significant. Several countries requested technical assistance in preparing their financial plans and others praised the relevance of the immunization financing assessment tool. Many country representatives commented that they had never received training in this aspect of their national immunization program. The response was positive, with many country representatives commenting that a better understanding of this information was essential to effectively manage their programs.

In addition to the presentations on the financial concepts, the workshop provided countries the opportunity to pose questions and concerns regarding GAVI and to offer suggestions on priorities, capacity-building, and sustainability issues.

Representatives from PHR will continue to provide technical assistance to countries as they prepare their financial plans for GAVI applications over the next five years. *For more information, contact joanne_jorissen@abtassoc.com.*

HIV/AIDS: Priorities and Challenges for the Health Sector

PHR presented key findings from studies focused on the organization, management, and financing of HIV/AIDS programs in July at the International AIDS Conference in Durban, South Africa. Presenters addressed how strengthening the health sector as a whole, through promoting efficient and cost-effective programming, can serve to enhance the sector's ability to curb the HIV/AIDS epidemic.

As HIV/AIDS threatens to undermine the overall development of many countries, decision makers must be strategic in their resource allocation decisions. The challenge is how to make the best use of available resources to expand coverage, access, and quality of services while at the same time continue to combat pervasive diseases such as malaria, diarrhea, and respiratory infections.

In Durban, conference presenters and participants brought to the table multiple issues, all of which will place demands on the budgets of governments and donors alike. Among the topics widely discussed were: how to provide anti-retroviral therapy to those infected in developing countries, the financing and developing of an AIDS vaccine, the needs of AIDS orphans, preventing mother-to-child-transmission, and the debate over allocation of resources to expand coverage, access, and quality of care.

PHR researchers are developing tools and conducting analyses on how resources for HIV/AIDS programs can be most effectively allocated. Dr. Alexander Telyukov presented a study that addresses a pressing need for a uniform and replicable methodology of HIV/AIDS program costing. The approach, known as activity-based costing (ABC), enables the separation of various programs into common structural units, each one defined by an activity and a process. The standardized activity-cost matrix is instrumental for comparing costs of different HIV/AIDS interventions. Furthermore, the proposed terminology of activities and costs will be used to design new and evaluate ongoing programs and technical and budget proposals. PHR worked with HIV/AIDS country program mangers in Cambodia, which has the most serious HIV/AIDS epidemic in Asia, to design the activity-cost matrix.

PHR also presented on alternative ways that donors and governments can provide HIV/AIDS services including contracting out to NGOs to deliver an array of services including palliative care, voluntary testing and counseling, and to conduct educational campaigns. Contracting to NGOs can be an efficient and effective use of resources, allowing governments to shift their role from service provider to service manager. Likewise, NGOs are often able to deliver services at a lower cost and typically have better access to vulnerable populations.

As the international community continues to focus attention and resources on this global epidemic, it is critical that lessons learned, tools developed, and data analyzed be brought to bear on policy decisions. PHR will continue to inform and add to the international dialogue on how to address the challenges and needs posed by HIV/AIDS. *For more information, contact courtney_barnett@abtassoc.com.*

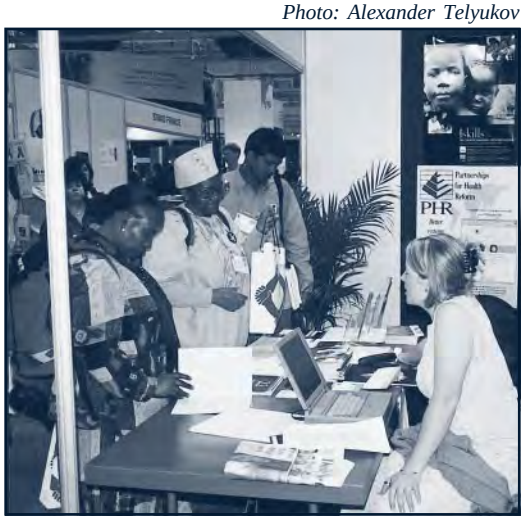
Focus on Applied Research

The PHR Applied Research Program prepares and implements an agenda of research that advances knowledge about health sector reform at the global and individual country levels. The program has two components: Major Applied Research (MAR) and Small Applied Research (SAR). The MARs are intended to be cross-country studies using sophisticated research methodology to produce new information on health reform which is of value to a broad group of policymakers, while the SARs are intended to be more narrowly focused studies performed in a single country to evaluate a particular health policy or program and strengthen the country's or region's research capabilities.

Costing HIV/AIDS Services and Determining Perceived Quality of Care

With HIV prevalence at 22 percent among women attending public antenatal clinics, intensified use of public health facilities increasingly strains public resources in South Africa. In an effort to contribute to the fight against the HIV/AIDS crisis and in support of research among developing country researchers, PHR funded a small applied research (SAR) study on the costs and perceived quality of care of HIV/AIDS services in the Western Cape Province in South Africa.

Photo: Alexander Telyukov



PHR staff member, Courtney Barnett, talks with International AIDS Conference participants at PHR exhibit booth in Durban.

Principal investigator Veloshnee Govender of the University of Cape Town and her team interviewed 350 HIV/AIDS patients to determine the costs of care at different stages of the illness and patients' satisfaction with health services and medical staff. Of the respondents, the majority were women and a quarter of them were between the ages of 16 and 26. Forty percent of them lived in an informal dwelling, less than one-third had reached the primary education level, and almost half were unemployed. The average length of hospital stay was about eight days.

The study found that the average cost per hospital admission was approximately $760 at Groote Schuur hospital and $590 at Conradie hospital. The cost per inpatient day was $97 and $92, respectively, with specific inpatient costs (excluding drugs, laboratory, and radiology) comprising 85 percent of costs. For transportation expenses, patients paid an average of $6.30, and, in many cases, patients sought care further away from home for the sake of anonymity.

Overall, patients indicated that they were satisfied with the health services received. However, reasons for dissatisfaction cited included inadequate or ineffective drugs, poor staff attitudes, and the fear of being discriminated against or loosing confidentiality.

The research suggests that a large number of terminal stage four inpatients could have been discharged sooner to hospice services and home-based care. Also, the study found that many patients presenting with tuberculosis (TB) as a co-infection with HIV were discharged and subsequently readmitted with re-activated TB, suggesting poor compliance with TB treatment at the primary level.

Ms. Govender's study recommends the development of standard treatment guidelines for the management of HIV-infected patients to ensure early diagnosis and appropriate treatment. Also, improved knowledge and awareness of the illness among the general population is essential in order to reduce or eliminate discrimination against HIV patients. Finally, the study recommends improved management of TB to reduce expensive secondary and tertiary inpatient costs. *For more information, contact whitney_schott@abtassoc.com.*

Focus on Latin America and the Caribbean

PHR provides technical assistance to USAID missions, ministries of health, and host-country counterparts in five countries in the Latin America and Caribbean (LAC) region: Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, and Peru. PHR also works with USAID's LAC Bureau on a region-wide initiative that has trained a network of country counterparts in National Health Accounts (NHA) in eight countries, participated in the development of region-specific indicators of health system performance, and conducted research on the role of local NGOs in health reform efforts.

Dominican NGOs Learn from Ecuador's Experiences

The Dominican Republic has been involved in an ambitious health reform program since 1996 led by the Ministry of Health and the Executive Health Sector Reform Commission (CERSS). Two large health reform projects, implemented by CERSS and funded through World Bank and Inter-American Development Bank (IDB) loans, are providing technical and financial assistance. In addition, USAID, PAHO, and the European Union provide support to the program. Despite broad cooperation, certain critical elements of the program such as decentralization, public-private partnerships, community participation, and service financing, among others, have presented a challenge. To facilitate conceptualization and implementation of these concepts, the CERSS-IDB project, with the assistance of PHR, organized a study tour to Ecuador to observe and learn from innovative health reform experiences there.

In July the Dominicans visited the APOLO/CARE project in Ecuador, a project sponsored by USAID since 1995 whose mission is to strengthen the organizational capacity of public and private entities. The purpose of the visit was to observe public-private partnerships in health reform, to examine NGO accreditation requirements and experience, and to learn about varied concepts and tools related to health reform implementation. Participants in the study tour included seven representatives of Dominican NGOs involved in the development of national guidelines for NGO accreditation, as well as two technical coordinators from CERSS.

The study tour began in Quito, with a general overview of the APOLO project and a description of health service delivery models developed. The group traveled to Cuenca to visit the *Fundación Humanitaria Pablo Jaramillo*, an NGO set up in the mid-1980s to provide affordable medical care to low-income neighborhood residents. With APOLO's support, this NGO has improved its physical infrastructure, introduced modern health care management systems, and moved towards sustainability. This process of institutional strengthening has contributed to improved access and quality of care, and ultimately, to improved health status.

In Chordeleg, a small community located 100 miles north of Cuenca, the group observed a "comprehensive community development" model supported by APOLO. In this model, health services are run by the MOH, but report to a local board, with key decisions on coverage, user fees, subsidies, etc., made at the local level. There is active participation by the mayor's office, the Catholic church, the MOH, and community groups, all of whom are involved, at some level, in priority setting, planning, pricing of services, and program implementation.

In Santa Elena, a site visit was made to *Fundación Cristo Redentor*, an NGO started with support of the Catholic church. With APOLO's support, *Cristo Redentor* improved its physical infrastructure and operations management, established working relations with the mayor's office, and expanded service mix and coverage. The NGO has become the sole provider in an area where MOH services have historically been scarce. The community now relies on the NGO for high quality and affordable services. Likewise, health status indicators have improved.

On the last day of the study tour, the group visited CEMOPLAF, a reproductive health clinic in Otavalo, an indigenous community north of Quito. CEMOPLAF is one of the largest providers of reproductive health services in Ecuador, with clinics operating primarily in the highlands. The CEMOPLAF model is of interest because of its focus on diversification and sustainability. In this model, service mix was expanded to include some "cash cows" such as adult medicine, imaging services, and dental care. Revenue generated by these services provides a cross subsidy for provision of reproductive health services.

Participants in the study tour were exposed to several private-public models of health care organization and delivery. Key lessons gleaned that are applicable to the Dominican health system include:

- It is possible to improve health services with focused technical assistance interventions.
- Remarkable improvement in the quality and financing of health service delivery is possible with limited resources.
- Community participation in health service delivery program planning and implementation is a plus.
- It is important to be flexible and take advantage of opportunities. This is a key lesson given that the health reform process requires not only technical competence, but also political savvy.

All participants agreed that the study tour was highly successful and that observations and lessons learned will contribute positively to the health reform process in the Dominican Republic. Participants were impressed by the innovative management systems, social insurance schemes, level of community participation, and innovative financing strategies observed. *For more information, contact kathleen_novak@abtassoc.com.*

LAC Policymakers Discuss Social Health Insurance

Health systems in Latin America and the Caribbean (LAC) differ widely in terms of coverage, access, equity, effectiveness, financing, organizational structures, and outcomes. A significant relationship exists between high levels of poverty and poor health outcome. The challenge for health sector leadership in the region is to construct health systems that offer access to quality health care while facing severe budgetary constraints. Social health insurance issues have emerged as a central focus of current reform discussions in the LAC region as countries struggle to use scarce resources efficiently.

Key policymakers from five LAC countries came together at a workshop, "Expanding Social Insurance," in

Montelimar, Nicaragua, on July 11-13 to share successes and challenges in implementing social insurance programs. Sponsored by the Latin America and Caribbean Regional Health Sector Reform Initiative (LACHSR) and implemented by PHR, Family Planning Management Development (FPMD), and PAHO, representatives from Nicaragua, El Salvador, Honduras, Ecuador, and Jamaica, explored possibilities for expanding social insurance programs in each country.

At the beginning of the workshop it was clear that participants did not share a common definition of "social health insurance." Social insurance systems within the region vary tremendously depending on the political, financial, and epidemiological characteristics of each country. To establish a common vocabulary, Dr. Matilde Pinto/PAHO gave an overview of social insurance describing basic characteristics, sources of funding, insurance mechanisms, and issues to consider during program design and implementation. The workshop was designed not to develop or propose a single model, but rather to provide country representatives with the necessary skills and tools to make informed decisions about expanding social insurance systems and to learn from mutual experiences.

Dr. Daniel Maceira/PHR presented a comparative study on the complexity and diversity of health care systems in the region providing participants with a basis to analyze and discuss common advantages and limitations. Dr. Rena Eichler/FPMD discussed the financing aspects of social insurance schemes and led participants through a role playing exercise in small groups to better understand the financial framework.

The workshop provided opportunities for participants to both formally and informally exchange information on experiences in implementing programs. Participants developed country-specific action plans for expanding social insurance in their respective countries. Follow-up interviews will be conducted in 3-4 months to check in with participants to learn what actions have been implemented as a result of the knowledge and experience gained in Montelimar. Copies of the publication, *Comparative Analysis of Social Health Insurance in the LAC Region* will be available from PHR in the fall. *For more information, contact kathleen_novak@abtassoc.com.*

Inside PHR

Vivian Aziz, the financial and administrative manager for the PHR Egypt office, is responsible for local finances, procurement, and administrative support for a team that included five expatriate advisors and a staff of nearly twenty Egyptians at the peak of the project's activities. Vivian plays a critical role as the problem-solver who assists the chief-of-party and operations officer in defining solutions for complex administrative, personnel, and governmental issues. Her knowledge of Egyptian social insurance, salary, income tax, and labor laws, as well as USAID rules, and her professional contacts within the government of Egypt and the private sector, are an invaluable asset to the PHR Egypt team.

Vivian was instrumental in setting up the PHR Egypt office, which opened in September 1997. She established a rigorous financial system and procedures for the office, which have been adapted and used in a number of other PHR field locations. She holds a degree in business administration, with a major in accounting, from the American University in Cairo. Vivian has worked with USAID projects since the Camp David Agreement brought USAID into Egypt more than twenty years ago.

Mary Paterson, PHR Egypt's chief of party, says of Vivian, "From my perspective, Viv is an indispensable member of the PHR team. She also handles the financial management for three other USAID projects in Egypt. Despite her busy schedule, she is always available to solve problems and assist team members. We couldn't achieve our results without her. Vivian is very dedicated to her job and has a strong work ethic. She is a wonderful addition to the office." Vivian replies, "It makes me very proud that people appreciate my work."

Partnerships for Health Reform

PHR seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact and promotes the exchange of information on critical health reform issues.

In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity to support:

- Policy decisions made on the basis of more effective policy processes in health sector reform;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and
- Enhanced organization and management of health care systems and institutions to support specific health sector reforms.

Nancy Pielemeier, DrPH, Project Director
Cheri Rassas, Deputy for Operations
Steve Mason, Deputy for Finance

The PHR *Quarterly Highlights* is produced for USAID and disseminated to PHR clients and individuals interested in health reform issues. The October 2000 issue covers the period between July 1 and September 30, 2000. For additional copies or to be placed on the highlights mailing list, please contact the PHR Resource Center, *pub_order@PHRproject.com*.

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PHR Presentations

As part of its ongoing dissemination efforts, PHR gave or sponsored the following presentations and brown bags between July 1 and September 30, 2000 for a variety of local, regional, and international audiences interested in the project's work in health sector reform. In addition to reporting on PHR activities, a number of PHR staff were asked to provide their expertise or discuss the current state-of-the-art at a variety of fora in such areas as immunization financing and National Health Accounts. Presentations are listed below by the date they were given.

July

- Patricio Murgueytio, "Gestión de calidad para equipos de salud familiar," Taller de Fortalecimiento Gerencial para Equipos de Salud Familiar, Bayahibe, Dominican Republic (July 1)
- José Durán, "Comunicación para la salud," Taller de Fortalecimiento Gerencial para Equipos de Salud Familiar, Bayahibe, Dominican Republic (July 1)
- José Durán, "Como hacer una comunicación efectiva," Taller de Fortalecimiento Gerencial para Equipos de Salud Familiar, Bayahibe, Dominican Republic (July 1)
- José Durán, "El uso efectivo del tiempo," Taller de Fortalecimiento Gerencial para Equipos de Salud Familiar, Bayahibe, Dominican Republic (July 1)
- Aparnaa Somanathan and Tamara Dorabawila, "Operating Efficiency in Public Sector Health Facilities in Sri Lanka: Measurement and Institutional Determinants of Performance," Dhaka, Bangladesh (July 4-6)

The following presentations were made in Durban, South Africa, at the IAEN International AIDS-Economics Symposium (July 7-8) and at the XIII International AIDS Conference (July 9-14)

- Pia Schneider, "Use and Expenditures on Outpatient Health Care by a Sample of HIV Positive Individuals in Rwanda"
- Sasha Telyukov in conjunction with Francesca Stuer from FHI/IMPACT, "Management Accounting for HIV/AIDS Program Planning and Implementation"
- Courtney Barnett, "The Relationship between Health Sector Reform and the Delivery of HIV/AIDS Services"
- Pam Putney and Courtney Barnett (in absentia), "Contracting NGOs in Guatemala: Greater Access, Expanded Coverage, and Improved Services"
- Catherine Connor, Pam Putney, Kathy Krasovec, and Courtney Barnett (in absentia), "Public Sector Contracting of NGOs to Deliver HIV/AIDS Services in Guatemala and Brazil"
- Miloud Kaddar, "PHR Immunization Financing Work," Immunization Financing and New Vaccines Workshop, Douala, Cameroon (three presentations, July 10-14)
- Daniel Maceira, "Dimensiones horizontal y vertical en el aseguramiento social en salud de América Latina," Workshop on Social Insurance in LAC, organized by LAC Initiative, Montelimar, Nicaragua (July 11-13)
- Shirl Smith, "Review of the District Implementation Planning Process," USAID/ Malawi Community Health Partnerships (CHAPS) Quarterly Meeting, Salima, Malawi (July 13)
- Ann Levin, "PHR Immunization Financing Work," Immunization Financing and New Vaccines Workshop, Delhi, India (five presentations, July 24-27)
- Francisco Vallejo, "La reforma del sector salud y sus implicaciones en los procesos educativos: enseñanza de la salud pública y la educación en salud," Postgrado Maestría en Salud Pública, Universidad Nacional Autónoma de Honduras, Tegucigalpa, Honduras (July 24)
- Lonna Milburn, "Promoting Evidence-based Policymaking in Healthcare: A National Priority," Amman, Jordan (July 31)
- Allison Gamble Kelley, "Results from Household and Provider Surveys: The Equity Initiative in Mali," Sikasso and Bla, Mali, (July 25-27 and August 1-3)

August

- Luisa Jorge and Cándida Gil, "La gerencia del cambio," Taller Gerencia del Cambio, Playa Caribe, Dominican Republic (August 3)
- Francisco Vallejo, "Aspectos sobre reforma del sector salud y su influencia en el país," Colegio de Enfermeras de Honduras, Proyecto "Desarrollo de liderazgo para participar en los procesos de reforma del sector salud en Honduras," Tegucigalpa, Honduras (August 11)
- Atter Hannoura, "Developing Clinical Information Systems to Support Health Reform in Egypt," Abt Associates, Bethesda, MD (August 16)
- Rossany Auceda, "Estudio de la situación de establecimientos públicos y privados de atención médica en Olancho," Región Sanitaria No. 7, Juticalpa, Olancho, Honduras (multiple presentations, August 21-29)

September

- Daniel Maceira, "Rwanda: Prepayment Mechanisms and Health Centers Organization," Centro de Estudios de Estado y Sociedad (CEDES) Workshop Series, Buenos Aires, Argentina (September 5)
- Francisco Vallejo, "Tendencias y modelos de planificación a nivel internacional," Postgrado Maestría en Salud Pública, Universidad Nacional Autónoma de Honduras, Tegucigalpa, Honduras (September 7)
- Nena Terrell, "Family Care Models in Central Asia, Egypt, and Jordan: Applications of Advocacy and Marketing," Morocco Study Tour, Commercial Marketing Strategies Project, Washington, DC (September 11)
- Nadwa Rafeh, "Family Care Models in Central Asia, Egypt, and Jordan: Quality Improvement and Health Sector Reform," Morocco Study Tour, Commercial Marketing Strategies Project, Washington, DC (September 11)
- Pia Schneider and Francois Diop, "Final Evaluation Workshop of Prepayment Schemes in Rwanda," Kigali, Rwanda (September 12-14)
- Malcolm Steinberg, "PHR Project's HIV/ AIDS Sectoral Impact Studies," USAID, Washington, DC (September 13)
- A.K. Nandakumar, D. Bloom, and M. Bhawalkar, "Global Aging: Trends and its Social and Economic Implications," Aging and Health: Environment, Work, and Behavior International Symposium, Cambridge, MA (September 14-15)

New Publications

To receive copies of these and other PHR publications, please e-mail the PHR Resource Center at pub_order@phrproject.com. PHR publications are available on the PHR website at **http://www.PHRproject.com**.

In Briefs

- Le régime conventionel de soins médicaux à paiement forfaitaire au Rwanda accepte les membres séropositifs
- Prepayment Scheme in Rwanda Accepts Sero-Positive Members
- Facility Accreditation and Health Sector Reform in Egypt
- Special Initiative on Immunization Financing
- Initiativa especial sobre el financiamento de las immunizaciones
- Initiative spéciale sur le financement des vaccinations
- Costing Framework to Help HIV/AIDS Planning, and Management
- Brazil Public Sector Contracts to Fight HIV/AIDS

Technical Reports

- Health Workforce Rationalization Plan for Egypt (TE 48) by Gary Gaumer, Wessam El Beih, and Samir Fouad
- Options for the Creation of a Monitoring and Evaluation Unit within the Ministry of Health and Population, Egypt (TE 47) by Alan Edmond and Erin Eckert
- Hospital Autonomy in Malawi: Assessment and Implementation Plan (TE 46) by Ibrahim Shehata and Gil Cripps
- Development and Implementation of Prepayment Schemes in Rwanda (TE 45) by Pia Schneider, François Diop, and Sosthène Bucyana

Special Initiatives Reports

- The Impact of the Polio Eradication Campaign on the Financing of Routine EPI: Finding of Three Case Studies (SIR 27) by Ann Levin, Sujata Ram, and Miloud Kaddar
- Costs and Financing of Immunization Programs: Findings of Four Case Studies (SIR 26) by Miloud Kaddar, Ann Levin, Leanne Dougherty, et al.
- A Prototype Health Financing Projection Tool Based on the National Health Accounts: The EgyptPro Model (SIR 25 Vol I) by Alan Fairbank, Peter Berman, Afsar Akal et al.
- National Health Accounts and Health Sector Finance Reform Model: Framework, Model Specification and Calibration Exercises (SIR 25 Vol II) by Roy Harvey
- Health Finance Reform Model for Egypt Based on National Health Accounts (SIR 25 Vol III) by Afsar Akal and Katherine Burchfield
- Case Study on the Costs and Financing of Immunization Services in Côte d'Ivoire (SIR 24) by Miloud Kaddar, Vito Tanzi, and Leanne Dougherty
- Cost of Maternal Health Care Services in Three Anglophone African Countries (SIR 22) by Ann Levin, Mark McEuen, Tania Dmytraczenko, et al.

Applied Research Reports

- Operating Efficiency in Public Sector Health Facilities in Sri Lanka: Measurement and Institutional Determinants of Performance (SAR 12) by Aparnaa Somanathan, Kara Hanson, Tamara Dorabawila, et al.
- Costing of the Integrated Management of Childhood Illnesses in Bangladesh: A Study Based on Matlab Data (SAR 11) by M. Mahmoud Khan, Kuntal K. Saha, and Shakil Ahmed
- The Use of Capitation Payment by the Social Security Institute and Provisional Medical Enterprises in Nicaragua (MAR 2/WP3) by Bitrán y Asociados and Instituto Nicaragüense de Seguridad Social
- A Methodology for Optimal Allocation of Government Budget to Maximize Health Coverage: The Case of Antenatal Care in Egypt (MAR 4/ TP 2) by Peter Berman and Mukesh Chawla
- Health Worker Motivation in Georgia: Contextual Analysis (MAR 5/WP 5) by Sara Bennett and David Gzirishvili
- Determinants of Health Worker Motivation in Tblisi, Georgia: A 360 Degree Assessment in Two Hospitals (MAR 5/WP6) by Sara Bennett, David Gzirishvili, and Ruth Kanfer
- Determinants of Health Worker Motivation in Jordan: A 360 Degree Assessment in Two Hospitals (MAR 5/WP7) by Lynne Miller Franco, Ruth Kanfer, Lonna Milburn, et al.

Special Products

- Herramienta para la evaluación del financiamiento de los servicios de immunización: Directrices para la evaluación a nivel de país by Miloud Kaddar, Mona Khan, and Marty Makinen
- Outil de financement des services des vaccinations: Guide d'orientation pour l'évaluation au niveau national by Miloud Kaddar, Mona Khan, and Marty Makinen
- Evaluación de los Fondos Comunales de Medicamentos de Honduras by PHR Honduras in cooperation with MOH