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# HEALTH SYSTEMS 20/20 YEAR 3 ANNUAL REPORT OCTOBER 1, 2008 – SEPTEMBER 30, 2009



November 2009

This publication was produced for review by the United States Agency for International Development. It was prepared by the Health Systems 20/20 project.



## **Mission**

The Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

## **November 2009**

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**Cooperative Agreement No.:** GHS-A-00-06-00010-00

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Office of Health, Infectious Disease and Nutrition  
Bureau for Global Health  
United States Agency for International Development

**Recommended Citation:** Health Systems 20/20. November 2009. *Health Systems 20/20 Year 3 Annual Report, October 1, 2008 – September 30, 2009*. Bethesda, MD: Abt Associates Inc.



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| Training Resources Group | Tulane University School of Public Health and Tropical Medicine

**HEALTH SYSTEM 20/20  
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**DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



*Gilbert Kombe, MD, MSPH, passed away on November 6, 2009. Gilbert joined Abt Associates Inc. in 2001 to develop and lead the health systems and HIV/AIDS practice. Much of his work was implemented under Health Systems 20/20 and its predecessor project Partners for Health Reformplus.*

*Gilbert pioneered work on effective approaches for delivering HIV/AIDS services, in particular in developing methodologies for assessing human resources in resource-constrained settings and designing policies and programs to overcome the limitations. As an eloquent speaker, Gilbert could enlighten the highest levels of Congress, ministries, parliaments, and international organizations; as a physician, he could engage health care professionals; as an all-around decent human being, he could relate to people in need of good and affordable health care. His insistent, patient, and factual repetition of the evidence documenting the need for investment in health systems contributed directly to U.S. legislation that will help improve and sustain host-country delivery of health services far into the future.*

*Those of us who were his USAID and Health Systems 20/20 colleagues and friends remember his irresistible smile, his sartorial elegance, and his athletic grace. We remember how he would give his busy time to guide us on personal issues. And we remember his skill in making complex technical topics understandable and daunting problems solvable. He demanded of us professional excellence and instilled in us the confidence that we could achieve it.*

*His example will continue to guide us.*





# CONTENTS

- Acronyms..... ix**
- Acknowledgments..... xi**
- 1. Introduction ..... 1**
- 2. Health Systems 20/20 Technical Approach ..... 3**
- 3. Project Progress Toward Intermediate Results..... 5**
  - 3.1 Capacity Building: Strengthening the Core Competencies of Essential Health Systems Institutions ..... 5
  - 3.2 Financial Risk Pooling..... 8
  - 3.3 Health Governance ..... 10
  - 3.4 Health System Assessment..... 12
  - 3.5 Human Resources for Health ..... 14
  - 3.6 Measuring Health System Performance..... 17
  - 3.7 Pay for Performance ..... 22
  - 3.8 Resource Tracking..... 25
- 4. Associate Awards ..... 31**
- 5. Project Management ..... 35**
- 6. Project Funding ..... 37**
- 7. Web Site Statistics..... 41**

## LIST OF TABLES

- Table 1: Health Systems 20/20 Results Framework..... 1
- Table 2: Relationship of the New Key Strategic Areas and the IRs ..... 3
- Table 3. Workforce Strengthening in Cote d’Ivoire ..... 15
- Table 4. Health Areas Targeted by P4P Schemes in Countries Included in Analysis..... 24
- Table 5. Health Systems 20/20 Non-US Sucontractors/Subrecipients/Grantees, Year 3 ..... 36

## LIST OF FIGURES

- Figure 1. Productivity of Health Care Workers, Zambia..... 16
- Figure 2. Illustrative Charting Option from Health Systems Database... 18
- Figure 3. Illustrative Screen from Guide to Costing Tools Related to Health MDGs ..... 30
- Figure 4. Funding of Health Systems 20/20 Project..... 37
- Figure 5. Health Systems 20/20 Field Support Funding ..... 38

Figure 6. Cost Share Achievement 64% of Goal for Project Years 1, 2, and 3 .....39

Figure 7. Health Systems 20/20 Web Site Pageviews, Sessions, and Downloads, Year 3 .....41

Figure 8. Health Systems 20/20 Web Site Pageviews, Years 2 and 3.....41

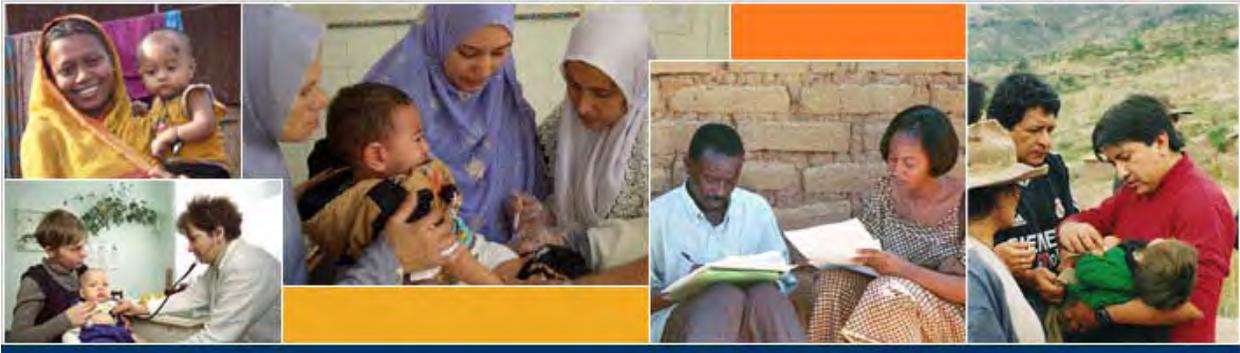
# ACRONYMS

<b>AFENET</b>	African Field Epidemiology Network
<b>ARI</b>	Acute Respiratory Infection
<b>CBHI</b>	Community-based Health Insurance
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CPG</b>	Clinical Practice Guidelines
<b>DHS</b>	Demographic and Health Survey
<b>EBM</b>	Evidence-based Medicine
<b>EMR</b>	Electronic Medical Record/s
<b>4SH</b>	4 <sup>th</sup> Sector Health
<b>GHB</b>	Global Health Bureau
<b>GIS</b>	Geographic Information System
<b>HAPSAT</b>	HIV/AIDS Program Sustainability Analysis Tool
<b>HCT</b>	HIV Counseling and Testing
<b>HIO</b>	Health Insurance Organization (Egypt)
<b>HIS</b>	Health Information System/s
<b>HMIS</b>	Health Management Information System
<b>HMN</b>	Health Metrics Network
<b>HRH</b>	Human Resources for Health
<b>HSA</b>	Health System Assessment
<b>HSPI</b>	Health Strategy and Policy Institute (Vietnam)
<b>HSS</b>	Health Systems Strengthening
<b>INFAS</b>	National Nursing and Auxiliary Health Worker Institute (Cote d'Ivoire)
<b>IR</b>	Intermediate Result
<b>KSPH</b>	Kinshasa School of Public Health
<b>LAC</b>	Latin America and the Caribbean
<b>LSE</b>	London School of Economics
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCH</b>	Maternal and Child Health
<b>MDG</b>	Millennium Development Goal/s
<b>MIS</b>	Management Information System

<b>MHO</b>	Mutual Health Organization
<b>MNCH</b>	Maternal, Neonatal, and Child Health
<b>MOH</b>	Ministry of Health
<b>MOHP</b>	Ministry of Health and Population (Egypt)
<b>MOHSW</b>	Ministry of Health and Social Welfare (Liberia)
<b>NAC</b>	National AIDS Commission (Liberia)
<b>NACA</b>	Nigerian Agency for the Control of AIDS (Nigeria)
<b>NASCOP</b>	National AIDS/STD Control Programme (Kenya)
<b>NGO</b>	Nongovernmental Organization
<b>NHA</b>	National Health Accounts
<b>NSF</b>	National Strategic Framework for HIV/AIDS (Nigeria)
<b>P4P</b>	Pay for Performance
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PER</b>	Public Expenditure Review
<b>PHCS</b>	Primary Health Care Strengthening
<b>PHN</b>	Population, Health and Nutrition
<b>PHR<i>plus</i></b>	Partners for Health Reform <i>plus</i>
<b>PMNCH</b>	Partnership for Maternal, Neonatal, and Child Health
<b>RBF</b>	Results-based Financing
<b>RH</b>	Reproductive Health
<b>SMT</b>	Senior Management Team
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>WHO</b>	World Health Organization

# ACKNOWLEDGMENTS

The progress and results of Health Systems 20/20 are the achievements of collaboration with our USAID clients, other USG partners, global health initiatives, other donors, and, in particular, the country stakeholders with whom we work. Health Systems 20/20 provides technical support and builds capacity in health financing, operations, and governance for health system leaders and health workers on the ground, who work to improve the health of their populations.





# I. INTRODUCTION

The Health Systems 20/20 project is a Leader with Associates Cooperative Agreement awarded by the U.S. Agency for International Development’s (USAID) Global Health Bureau (GHB) for the period September 30, 2006 to September 29, 2011, with a total potential value of \$125,000,000. The goal of Health Systems 20/20 is to increase the use of priority population, health, and nutrition (PHN) services, especially by the disadvantaged. The project’s results framework calls for improvements in health financing, governance, operations, and building local capacity in each of these areas (Table I).

**TABLE I: HEALTH SYSTEMS 20/20 RESULTS FRAMEWORK**

<b>Strategic Objective:</b> Increase utilization of PHN priority services through improvements in financing, governance, operations, and capacity	
<b>Intermediate Result</b>	<b>Sub-intermediate Result</b>
IR 1: Improved financing for PHN priority services	1.1. Reduced financial barriers to access PHN priority services
	1.2. Increased financing for health
	1.3. Ensure health resources are rationally allocated to maximize health impact
IR 2: Effective health governance	2.1. Policymakers effectively define and defend cost-effective strategies and investments to improve health
	2.2. Health system is transparent and accountable
	2.3. Stakeholders participate actively in shaping PHN priority services
IR 3: Health system budgets and implements priority programs more effectively	3.1. Health system uses effective financial management
	3.2. Health system uses effective human resource management
	3.3. Health system uses effective planning systems
IR 4: Skills, knowledge, and tools in health finance, governance, and operations support disease control efforts	4.1. Developing-country stakeholders solve health system constraints to achieve global health agenda
	4.2. Developing countries have local sources of ongoing support in health financing, governance, and operations

The project team brings together an exceptional pool of professionals with depth and experience in the project’s intermediate results (IRs) areas plus significant field presence and experience to link health system improvements to increased service access and use. Abt Associates Inc., the prime recipient, is joined by the Aga Khan Foundation USA, Deloitte Consulting, LLP, Bitrán y Asociados (Chile), BRAC University (Bangladesh), Broad Branch Associates, Forum One Communications, RTI International, Training Resources Group, Inc. (TRG), and Tulane University’s School of Public Health.



## 2. HEALTH SYSTEMS 20/20 TECHNICAL APPROACH

While Health Systems 20/20 operates under a results framework (see Table 1, in Section 1), it made sense in Year 3 to take stock of where the project has been and where we want to be by the end of the project. An extensive consultative process with all levels of project staff as well as with external stakeholders led to a strategic shift: the above IRs will continue to guide us, but they are now overlaid with eight strategic areas on which we will focus over the next two years. The eight strategic areas are as follows:

- Institutional capacity building
- Financial risk protection
- Governance
- Health systems assessment (HSA)
- Human resources for health (HRH)
- Measuring health systems performance
- Pay for performance (P4P)
- Resource tracking

Table 2 presents the relationship between each new strategic area and the project’s IR structure, with HSAs and measurements of health systems performance cutting across all of these.

**TABLE 2: RELATIONSHIP OF THE NEW KEY STRATEGIC AREAS AND THE IRS**

Intermediate Result	Key Strategic Areas
IR 1: Improved financing for PHN priority services	Institutionalizing National Health Accounts/Taking resource tracking to the next level
	Financial risk pooling
	Pay for performance
IR 2: Effective health governance	Health governance
IR 3: Health system budgets and implements priority programs more effectively	Strengthening HRH analysis and use of evidence for policy and program design
IR 4: Skills, knowledge, and tools in health finance, governance, and operations support disease control efforts	Institutional capacity building for health systems strengthening of organizations
HSA and country-level impact	
Measuring health system performance	

The strategies are defined, as much as possible, in terms of impacts, and not simply by the number of documents produced or analyses undertaken. In fact, the strategies can be understood as “a set of beneficial impacts that occur, and have long lasting effect, as a direct consequence of the project’s activity.” While the list does not preclude work outside the strategic areas, the strategies serve as a guide for project priorities throughout the life of the project. And while the project by itself cannot

achieve all the impacts targeted – collaboration with other entities is essential – Health Systems 20/20 will play a critical role in their achievement.

It is hoped that the development of the eight key project strategies will enable the project to be more deliberate in terms of the type of work that it cultivates, and in better communicating successes and lessons learned to external stakeholders. We framed the Year 4 workplan according to the strategies, and USAID, a partner in strategy development, has approved the plan. We therefore present this Year 3 annual report in the same format, following the eight strategic areas.

Health Systems 20/20 has now carried out over 75 activities, all of which fit both into the project's IR framework and within the above eight key strategic areas. Team members from each strategic area have identified which Health Systems 20/20 indicators each activity will address as well as targets for the next two years. The project will closely track and report progress to USAID in the annual reports. This new way of managing the project not only ensures that strategic bodies of work will be accomplished by the end of the project but also that the IRs are integrated more strategically. We have also taken internal management actions to ensure that the particular funding streams roll into the strategic areas, thus obviating a project "siloed" by funding sources. The hope is that by September 30, 2011, Health Systems 20/20 will have contributed in a significant and tangible way in the eight areas.

## 3. PROJECT PROGRESS TOWARD INTERMEDIATE RESULTS

### 3.1 CAPACITY BUILDING: STRENGTHENING THE CORE COMPETENCIES OF ESSENTIAL HEALTH SYSTEMS INSTITUTIONS

*Vision:* Health Systems 20/20's vision is to strengthen key regional and country-level organizations – NGOs, research institutions, networks, consulting firms, and others – that are essential to supporting health systems in their respective countries and regions. Health Systems 20/20 uses a “whole system” approach by developing capacity in the full range of organizational competencies in areas such as leadership and management, management systems, resource mobilization, organizational governance, and technical expertise. The approach draws from the best practices of organizational development, starting with an assessment to identify needs based on the core competencies and ending with an explicit plan to sustain the improvements. The improvements in the organizations with which we work will be measurable and sustainable.

*Strategy:* The strategy in Years 1-3 was to develop the project's approach to institutional capacity building, identify country and regional organizations that support health systems strengthening (HSS), and design and implement institutional strengthening activities. This approach resulted in 13 activities focused on institutional capacity building. In Year 4, Health Systems 20/20 will continue to implement existing activities as well as any new ones that arise. Also in Year 4, the project will begin a concerted effort to capture lessons learned and best practices in institutional capacity building in those activities that are nearing completion and disseminate these lessons to a broader audience both within the USAID community and outside.

#### **Building capacity of the Kinshasa School of Public Health**

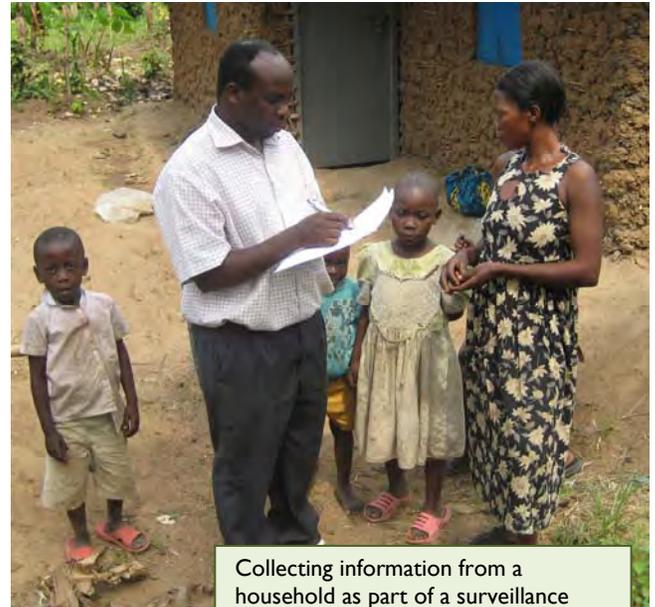
Health Systems 20/20 is implementing a three-year institutional strengthening program for the Kinshasa School of Public Health (KSPH) from 2009-2011. KSPH, part of the University of Kinshasa (UNIKIN), currently offers a one-year MPH program and a 15-month masters in health economics. The school also implements numerous studies for USAID and other donors. Health Systems 20/20's support to KSPH comprises an institutional strengthening component and a scholarship component.

Under the institutional component, Health Systems 20/20 has strengthened the KSPH five-person management committee so that it can carry out a greater leadership role. The committee is now actively engaged in and providing direction for other institutional strengthening activities. In addition, Health Systems 20/20 engaged a local audit firm to assess the KSPH financial management system, identify deficiencies, and make recommendations to address the gaps and is now implementing its recommendations. KSPH's information technology system has been upgraded to provide reliable Internet access, the infrastructure to establish a local area network with PCs acting as servers to provide back-up and security, and the architecture for a web site. Finally, KSPH has increased its capacity in resource mobilization by developing a draft resource mobilization plan, training faculty and staff in proposal writing, establishing linkages with research institutions in the U.S. and Europe, and submitting proposals for funding to several organizations.

In the scholarship program, Health Systems 20/20 supported 17 MPH students. It worked with KSPH to increase the number of female applicants, and as a result the number of female MPH students for the 2010-11 academic year will increase to 11 from six. USAID funds have also allowed four doctoral students to complete their degrees. One of the students has completed her degree and joined the faculty as a full-time staff member. Two others are expected to complete their degrees by the end of 2009, thus increasing the number of young faculty.

### **Strengthening the African Field Epidemiology Network**

Health Systems 20/20 completed the second year of institutional strengthening assistance for the African Field Epidemiology Network (AFENET). Established in 2005, AFENET has five institutional members that include four of the strongest schools of public health in Africa. As a newly established organization, AFENET, based in Kampala, Uganda, had a number of institutional needs to ensure its effectiveness and sustainability over the long term and to broaden its activities. In Project Year 3, Health Systems 20/20 built upon the progress made in Year 2 to lay a strong foundation for AFENET's continued growth and development: Health Systems 20/20 strengthened AFENET's financial management capacity so that the organization is now in a better position to receive funds directly from a range of donors. It hired a qualified audit firm to assess AFENET's financial management system against U.S. Government (USG) accounting standards for non-profit organizations. AFENET's financial procedures were then revised to address deficiencies identified in the audit. In addition, the audit firm prepared an indirect cost rate that AFENET can use on future proposals, enabling it to better compete for business. In addition, Health Systems 20/20 conducted an offsite management retreat to enhance the team effectiveness of the Secretariat. The retreat resulted in a common understanding of AFENET'S vision, mission, and organizational structure, definition of what each unit within the Secretariat needs from the other units to do its work well, and agreements as to what must be done to strengthen the Secretariat's functioning. Finally, in Year 3, Health Systems 20/20 assisted AFENET to develop a five-year strategic plan. The plan will be costed and then submitted to AFENET's board for review and approval in Year 4.



AFENET

Collecting information from a household as part of a surveillance program to ensure effective prevention and control of epidemics

### **Ensuring a functional National AIDS Commission Secretariat to better coordinate HIV/AIDS care in Liberia**

In Year 3, Health Systems 20/20 initiated assistance to the Government of Liberia to establish a Secretariat for the National AIDS Commission (NAC). The mandate developed for the Secretariat consists of the coordination of activities of stakeholders especially civil society, local governments, and other ministries, review of existing strategies of various stakeholders to ensure that they are aligned with the national strategic framework, advocacy with national and international organizations, recommendations for improving the legislative framework, and development of an management information system (MIS) to monitor and evaluate the response to HIV/AIDS. Currently, none of these functions is being carried out in a coordinated or effective manner because of the absence of a staffed

and functioning Secretariat; the members of the steering committee that currently runs the NAC all have other full-time jobs.

Health Systems 20/20 revised the proposed structure of the NAC Secretariat, clarified the structure and relationship of the NAC Executive Committee to the Secretariat, developed position descriptions for the Executive Director and proposed staff of the NAC, assisted in developing the Secretariat's operating budget, and developed a start-up work plan for the Secretariat. This assistance will continue in Year 4. Once established, the Secretariat is expected to engage civil-society and government stakeholders and effectively coordinate their activities, monitor the implementation of the national strategic framework, provide a forum to discuss critical issues with stakeholders that are central to a successful response to HIV/AIDS, advocate effectively with donors and line ministries, and provide direction to development partners to build national capacity for program development and implementation.

### **African Observatory for Health Policy and Health Systems to inform health reform**

Health Systems 20/20 is working closely with the London School of Economics (LSE) to establish an African Observatory for Health Policy and Health Systems. The observatory would carry out the analytical work needed to inform health policy and health systems reform. The first step in the process is to carry out a feasibility study. This consists of 1) preparing a concept paper that sets out the principles and values, objectives, and types of activities that a proposed African Observatory would engage in, elaborates several institutional options for the establishment of an observatory, and includes projected costs, 2) mapping African health policy and health economics research institutions to identify potential partners, 3) contacting donors and key stakeholders to determine interest in participating and supporting this effort, and 4) conducting a meeting to make a go/no-go decision. With funding from Health Systems 20/20, LSE completed data collection for the feasibility study by the end of Year 3. If the study determines that it is feasible to establish such an entity, then Health Systems 20/20 will organize a donor consultation with interested partners.

### **Developing the institutional capacity of Zambian organizations engaged in health systems strengthening**

A primary objective of the capacity-building component of Health Systems 20/20 is to strengthen local and regional institutions – nongovernmental organizations (NGOs), consulting firms, and university research institutes – so they can provide technical assistance and training in HSS. While many such organizations exist and are providing services, they are typically small, with full-time staff of 5-15 employees. Their staffs tend to be technically qualified, but the organizations are not well managed or financially strong. Their leaders often lack the skills to create sustainable organizations that can grow and evolve and provide quality professional services over time.

To make these entities more sustainable, in October 2008, Health Systems 20/20 conducted a workshop in Zambia to strengthen the institutional capacity of 15 senior staff of nine local organizations doing HSS. As a result of the workshop, the participants formed an informal network and each organization prepared a plan outlining actions to strengthen their own organizations. These actions included development of business policies manuals, strategic plans, investment development plans, and marketing plans. On a follow-up visit in February 2009, Health Systems 20/20 found that the participating organizations had already implemented a number of improvements. Examples are the re-orientation of a board of directors to focus on oversight and direction, capturing two new clients as a result of the resource mobilization skills learned, clarifying internal roles and responsibilities, and development of human resource management systems to retain and motivate staff.

## **Strengthening the core competencies of PROSALUD in Bolivia for improved service delivery**

PROSALUD has a network of primary and secondary health care facilities that serves a population of 600,000 in nine peri-urban areas. In Year 3, Health Systems 20/20 continued its assistance to develop the leadership and managerial skills of PROSALUD's national and regional teams. As a result, PROSALUD is better able to use management reports for decision making and has improved staff skills in areas such as communication, motivation, conflict resolution, and delegation of authority. In addition, managerial teams were trained in consulting skills so they are now able to provide technical assistance to other organizations in Bolivia as well as train other PROSALUD staff. PROSALUD has strengthened key management functions including its MIS, human resources management, and contract management. Also with Health Systems 20/20 technical assistance, PROSALUD has strengthened some key operational areas in quality including the operation of laboratory services, infection control, and the auditing of medical care. Health Systems 20/20 initiated assistance in preparing a new strategic plan for social marketing. With funding from Health Systems 20/20, PROSALUD is benefiting from south-to-south assistance from the USAID/DR REDSALUD project. This activity will be completed in Year 4.

## **Scaling up community-based health insurance in Mali and Niger**

In Year 3, Health Systems 20/20 initiated two activities aimed at strengthening the institutional infrastructure to expand community-based health insurance (CBHI) coverage. In Mali, this work began with the development of a national strategy for CBHI, an effort being carried out in collaboration with Results for Development under the Ministerial Leadership Initiative and the World Bank. A steering committee has been formed and an initial workshop held to agree on the current status and constraints of CBHI, and to present and discuss specific strategies to address the constraints. In Year 4, a technical committee will draft the strategic plan and present it for discussion and adoption at a second national workshop. As a result of the work so far, the Malian government has committed \$5 million to support 50 mutual health organizations (MHOs); the money, intended to subsidize premiums for MHO enrollment, is only the third time a national government in Africa has provided direct support to MHOs. In addition to the strategic planning process, Health Systems 20/20 is collaborating with UTM, a Malian NGO that specializes in MHO development and support, to develop and implement an approach to strengthen three existing MHOs in Sikasso.

In Niger, Health Systems 20/20 assessed the capacity of the National Network of Organizations for MHOs. This included a look at why the national CBHI strategy developed in 2008 had not been adopted and implemented. Health Systems 20/20 then conducted a workshop for 20 network members to strengthen their skills in advocacy at the national level. This activity will continue in Year 4 with a workshop to develop the capacity of field staff who can support MHO development and assistance to put the strategic plan into action.

## **3.2 FINANCIAL RISK POOLING**

*Vision:* Health Systems 20/20's vision for financial risk protection in health is to move countries along a transparent and responsible path toward universal health insurance coverage/financial risk protection in a sustainable manner.

*Strategy:* Building on the solid foundation of experience and information from the previous years in areas such as insurance, vouchers, and other financial risk-protection activities, Health Systems 20/20 will focus on increasing dissemination and knowledge-sharing and building global leadership in an effort to help countries develop more effective financial risk protection mechanisms. Health insurance has been identified as a key health financing mechanism for improving access to health services and providing risk protection to populations in need. Many developing countries are in the process of designing and

implementing health financing reform that put into place social insurance programs. While the countries that Health Systems 20/20 has been engaged with are at different stages of developing their risk pooling mechanisms – some like Liberia are just beginning to design their social health insurance schemes while others like Ghana have several years of implementation experience to offer – the design and implementation challenges that they face are similar. Issues related to increasing in-country financing capacity to support social insurance, extending coverage, expanding benefits packages, and improving the performance of existing health insurance schemes are, indeed, common to them all.

In Year 3, Health Systems 20/20 continued to provide technical assistance to individual countries working on developing and improving their health insurance programs, as well as to build the knowledge base about risk pooling and to disseminate information about “best practices” so that lessons learned from past experiences can be leveraged to guide policies in the future. Key results from Year 3 are summarized below.

### **Strengthening health insurance programs in Africa**

In collaboration with the World Bank and World Health Organization (WHO), Health Systems 20/20 organized an Africa regional workshop on health insurance that will be held in Accra, Ghana, in October 2009. The purpose of the event is to help countries share knowledge and experiences, and chart informed and responsible paths toward reforming health insurance programs in their respective countries. Country teams from Kenya, Nigeria, Tanzania, Uganda, and Zambia will develop “health insurance blueprints” for their countries using a common framework developed by Health Systems 20/20. Teams from several other African nations, including relative newcomers to health insurance implementation like Liberia and Ethiopia and countries with advanced health insurance programs like Ghana, also will participate in the workshop. The workshop will provide country teams a venue for discussions with their peers and experts in the field on common themes and critical issues related to the successful implementation and scale-up of health insurance programs. Also on the agenda are field visits to observe and learn from Ghana’s National Health Insurance Program that was enacted in 2003.

### **Building capacity at Egypt's Health Insurance Organization**

Egypt’s Ministry of Health and Population (MOHP) has initiated major reforms to strengthen the financial sustainability of the health care system and improve health outcomes. A key component of these reforms is the separation of health financing from provision of care. The mission of the country’s Health Insurance Organization (HIO) is to become an effective health care services enterprise that is able to design, price, negotiate, contract, and pay for services covered under Egypt’s social health insurance scheme, and ultimately to ensure high-quality health care services for all Egyptians.

Health Systems 20/20 is supporting the HIO as it transitions to a “pure” insurance company. The project provides technical assistance on functions such as utilization and case management, and health facility auditing. In Year 3, Health Systems 20/20 trained 25 HIO auditors to evaluate facilities’ compliance with contract requirements and

Health Systems 20/20 Egypt



Conducting a mock audit with workshop participants from Egypt's HIO

accreditation standards. Trainings were conducted at four HIO hospitals and included classroom courses, observation of a “mock” audit, and practical training under the observation of an experienced international auditing expert. After completing the training, participants took a written exam to be certified as auditors. Sixteen were awarded a certificate.

Health Systems 20/20 also conducted trainings for 30 HIO staff in the principles and practices of utilization and case management. The project provided practical “hands-on” training in reviewing medical records to evaluate whether the documented medical record supports the diagnosis, justifies treatment, and supports continued care for the HIO beneficiary. Effectively performing these functions will be critical to ensure the HIO’s long-term financial stability and sustainability.

### **Development of a new health financing policy in Liberia**

The Liberian Ministry of Health and Social Welfare (MOHSW) has developed a National Health Policy that pledges to improve the health status of an increasing number of citizens through expanded access to effective basic health care, backed by adequate referral services and resources. To accomplish this goal, Liberia urgently needs to develop an adequate, sustainable, equitable, efficient, and effective health financing strategy. Since 2008, a series of health financing-related studies have been conducted in Liberia to shed light on the current status of health financing in the country and to generate evidence for guiding the development of a new health financing strategy. In Year 3, Health Systems 20/20 undertook a study to synthesize the findings from this body of literature and, based on the evidence, recommend a concrete health financing alternatives to the MOHSW for achieving its stated goals. The team reviewed evidence on 1) the envelope of available financial resources; 2) sources of funding; 3) the management of health funds; 4) the kinds of health services that are purchased; 5) provider payment methods; and 6) current beneficiaries of health spending. Based on the findings from the systematic review and drawing from experiences in other developing countries engaged in similar reform efforts, the team proposed three alternatives for health financing. The resulting report was presented and discussed at a health financing workshop held in Liberia in July 2009.

### **Asians share successes and challenges of health reform with African delegation**

The Africa Region team of the World Bank organized a health insurance study tour for 14 senior health officials from three African countries (Ethiopia, Tanzania, and Uganda) to three East Asian countries (Thailand, Vietnam, and China). The study tour, which took place June 29–July 15, 2009, allowed the African health officials to learn about the successes and challenges of health insurance reform in Asia and deepen south-to-south cooperation in areas of common interest. The officials included country ministers, directors general, parliament representatives, and technical experts.

Four participants first attended a workshop in Thailand at the National Health Security Office (NHSO); next, they were hosted by Vietnam’s Ministry of Health (MOH). Health Systems 20/20 helped arrange the China segment of the study tour, which consisted of workshops and field visits organized by the China Health Economics Institute (CHEI). During the workshop, in Beijing, delegates interacted with MOH staff and with local academics to learn about social health insurance schemes in China. Subsequent days consisted of on-site workshops and field trips in Yunnan Province, which allowed the delegates to observe first-hand different models of health insurance reform and implementation in the local context.

## **3.3 HEALTH GOVERNANCE**

*Vision:* Health Systems 20/20’s vision for health governance is that, in the countries where the project has provided HSS efforts, health ministries exercise their stewardship role more effectively; employ transparent policy and resource allocation processes; engage in dialogue and consultation with elected

officials and communities on plans and performance; and establish systems that minimize corruption and increase accountability. Civil society and the private sector will participate to a greater degree than before in service delivery, oversight, and advocacy regarding policy, planning, and resource allocation to increase the effectiveness, transparency, accountability, and equity of health systems.

*Strategy:* Health Systems 20/20 recognizes that achieving this vision is ambitious. The project strategy is based on the GHB's pathway for health governance, which targets, first, building knowledge and understanding of health governance concepts, approaches, and tools among health system actors and the international health community; and, second, carrying out demonstration activities in at least two selected countries. Once these two foundation elements are in place, Health Systems 20/20 hopes to have created sufficient awareness of the benefits of addressing health governance issues so that USAID, and other members of the international health community, will make investments in health governance as a key component of HSS.

In Year 3, Health Systems 20/20 continued to enhance understanding and awareness of health governance through the project's policy papers, presentations, and consultations with USAID and country officials. This dissemination and outreach supported several results in the field.

### **Taking stock of community perspectives in Vietnam for improved health services**

As part of the HSA in Vietnam, health ministry representatives conducted focus groups at 16 commune health centers in eight provinces. As a result, community perspectives on issues such as quality of service delivered and access to health services were incorporated into the assessment and brought to the attention of decision makers, thereby contributing to improved responsiveness and accountability. Further dissemination of the assessment findings among country stakeholders and donors is planned for Year 4.

### **Engaging civil society for greater utilization of NHA data**

In Kenya, Health Systems 20/20 has been engaging in a series of activities geared toward institutionalizing National Health Accounts (NHA), the process of strengthening the production and use of NHA data. A key component is to work with local NGOs to increase their understanding of and engagement with NHA and its findings. In July 2009, Health Systems 20/20 helped the Ministry of Medical Services to organize a workshop for members of Kenya's Health NGOs Network (HENNET) to introduce them to NHA, present findings from the recently concluded NHA exercise, seek their input on the NGO questionnaire, and identify ways in which NGOs can use NHA data to monitor how health resources are being spent in Kenya, and advocate for new health policies and reform.

### **Creating joint citizen-facility staff quality assurance committees for increased accountability**

Health Systems 20/20, in cooperation with USAID/Philippines, launched a pilot demonstration of a health governance activity focused on improving maternal and child health (MCH) outcomes. In three sites in Mindanao, Health Systems 20/20 is supporting the establishment of facility-based governance committees that focus on improving quality of health services. Quality Assurance Partnership Committees bring together local leaders and government officials, health service providers, civil society, and community representatives to address issues related to access, availability, and quality of MCH-related services in local facilities. The three committees have been formed, and already they have led to enthusiastic support from elected decision makers, health facility managers, and local officials.

### 3.4 HEALTH SYSTEM ASSESSMENT

*Vision:* The Health Systems Assessment Approach provides a standardized methodology by which to assess the strengths and weaknesses of a country's health system and guide where investments in health systems can best be made. The *Health Systems Assessment Approach: A How-To Manual* was developed in response to international interest in strengthening health systems' performance to improve service delivery. The HSA approach is organized into six technical modules that correspond to WHO's health system building blocks, or functions – governance, health financing, health service delivery, human resources, pharmaceutical management, and health information systems (HIS).

*Strategy:* The strategy in Years 1–3 was to apply and improve the project's HSA approach through performing country-wide HSAs and implementing recommendations. In Year 3, the project focused on working more closely with MOH directors and program managers, as well as with key policymakers, donors, and other stakeholders, to adapt the approach to local contexts, prioritize recommendations, and implement system strengthening activities based on HSA findings.

For example, in Vietnam, the HSA analysis methodology was changed to include non-parametric scoring of results, for ease of use by local Vietnamese counterparts. Results from the Vietnam HSA conducted in Ninh Binh province provided insights into the district health system shortfalls, pointing to a weakness in the HIS system at the district levels. Improvements were subsequently implemented to strengthen the patient information systems at the district hospital level (see below, and HIS section).

For each of the health system building blocks, the corresponding module of the HSA Manual outlines what action(s) to take, who will be responsible for each action, and when the actions should be complete. In Year 4, Health Systems 20/20 will incorporate lessons learned from HSAs (e.g., Vietnam and Nigeria) into the manual, while at the same time continuing to pilot test each update to the approach. Pilot tests will be completed in 4-6 countries. HSA findings will build USAID's knowledge of health systems generally and at local country levels. Lessons learned from the assessments will continue to enhance the health systems assessment approach. And Health Systems 20/20 will continue working with local counterparts to implement well-informed targeted health system improvements based on HSA findings.

#### **Disseminating and adapting the *Health Systems Assessment Approach: A How-To Manual***

Health Systems 20/20 continues to expand awareness and use of its HSA Approach through presentations, workshops, and applications in new countries – in Year 3, Health Systems 20/20 applied the approach in Nigeria and Vietnam, completed an assessment report for South Sudan, and assisted Namibia to adapt the approach for their health sector review. The *Health Systems Assessment Approach: A How-To Manual*, developed for USAID/GHB during the Partners for Health Reform<sup>plus</sup> (PHR<sup>plus</sup>) project, has now been applied in 11 countries. The tool assesses health systems according to the six WHO-defined key health functions: governance, health financing, health service delivery, human resources, pharmaceutical management, and health information systems. As of the end of Year 3, more than 700 CDs and nearly 150 hard copies of the manual have been distributed, and many more have been accessed through the Health Systems 20/20 web site. In Year 4, the project will continue to consolidate lessons learned from the applications of the HSA tool and help countries institutionalize the HSA approach.

## **Expanding health systems assessments to diagnose system constraints at the provincial level in Vietnam**

Starting in Year 1, the project used core funds to collaborate with the Government of Vietnam through the Health Strategy and Policy Institute (HSPI) to adapt the *Health Systems Assessment Approach: A How-To Manual* – the adapted tool is unique in that it focuses on the district level and has added definitions for scoring each indicator – and conduct HSAs in the two pilot provinces of Ninh Binh and Can Tho. The assessments showed that the lowest HSA scores in both provinces related to the HIS; in Year 3, Health Systems 20/20 and HSPI hired a local software developer to create a district-level hospital software patient and facility management information package, which have been installed. (See details below, in the Measuring Health Systems Performance section of this chapter.) Also in Year 3, field funding has allowed Health Systems 20/20 to further institutionalize HSA capacity, demonstrate the HSA in six additional provinces (Hanoi, Hai Phong, HCMC, An Giang, Nghe An, and Quang Ninh), and obtain MOH buy-in for future health systems assessments. In addition to the value of the assessments themselves, the activity has built HSPI's capacity to carry out the steps of an HSA, including data analysis, interpretation of findings, report writing, and sharing results with local stakeholders.

## **Health systems assessment findings inform health policy in Nigeria**

In Year 3, the Health Systems 20/20-led HSA in Nigeria was completed and disseminated with field funding. Its findings and recommendations, endorsed by the Minister of Health, became an important input for development of the country operational plan (COP), the mission operating plan (USG-wide plan for Nigeria), and the development of the PEPFAR strategy. The HSA, which began in Year 2, was conducted by Health Systems 20/20 supported by expert national consultants. The team collected data on the WHO health systems building blocks enumerated on the previous page through health management information system (HMIS) focal points from all 36 states plus the Federal Capital Territory and interviews with national-level key informants representing government, donors, and NGOs.

## **Leveraging World Bank support for health system assessment in Cote d'Ivoire**

In Year 3, Health Systems 20/20 received field funds to conduct a HSA in collaboration with the Government of Cote d'Ivoire and the World Bank. The participation of this key development partner made the HSA unique. The government through the MOH convened a 30-member national technical working group to work on the HSA. The working group was trained on the HSA approach and divided into six smaller groups, one for each health system area and tasked with data collection, analysis, interpretation, and report writing. A draft of the assessment is forthcoming in October 2009; Health Systems 20/20 will consult with the government to decide future steps based on HSA findings and recommendations.

## **New National Health Strategy in Senegal incorporates health system assessment recommendations**

Findings and recommendations of the Health Systems 20/20-led HSA in Senegal have gained MOH endorsement and been integrated into the new 10-year National Health Strategy (2009–18). In addition, the HSA results will be used by the MOH and its partners as a basis from which to develop a HSS plan. The system strengths and weakness and recommended reforms, measures, and initiatives, also will contribute to Senegal's efforts to achieve its Millennium Development Goals (MDGs). In implementing the HSA, the team did secondary data review, and interviewed stakeholders at the central level and in three regions. After analyzing the data, the team presented preliminary findings at a meeting attended by MOH officials and the main stakeholders, and at which the MOH endorsed the key findings. For the

future, the MOH has requested that Health Systems 20/20 train MOH staff on the use of the HSA tool, and emphasized the need of getting a French version of the document.

### 3.5 HUMAN RESOURCES FOR HEALTH

*Vision:* The Health Systems 20/20 strategic vision for health operations and specifically for HRH is to support ministries of health, local health authorities, and national programs to develop feasible and efficient HRH strategies, provide a costing methodology for existing HRH strategies, test financial and non-financial interventions to improve health workforce retention, performance, and productivity, and unplug other operational bottlenecks with the aim of supporting the delivery of health care services. As one of the six health system building blocks, HRH is a critical component of our Operations IR, which allows in-country counterparts to effectively implement programs. The Health Systems 20/20 approach relies on strong linkages to the work of other organizations such as the WHO Global Health Workforce Alliance, the World Bank results-based financing work, the USAID Human Resources for Health and Quality Services (HRHQS) project, and other bilateral projects conducting HRH research.

*Strategy:* The project has continued to work beyond assessments and workshops to test the effectiveness and feasibility of HRH planning, financing, and management interventions. These efforts reflect strong linkages to the work of the organizations named above. Health Systems 20/20 will leverage its relative strength in health financing and health systems data collection and analysis to move forward the knowledge base in HRH areas where complementary partners are not working.

HRH efforts have benefited from strong linkages and partnerships with other parts of the project, including HSAs and HSS, P4P, and capacity building.

#### Building workforce planning capacity in Egypt

Health Systems 20/20 Egypt



Adequate workforce planning is needed to help identify gaps that exist between the current workforce and the demand for future staffing in Egypt

One of the key challenges facing the Egyptian MOHP in its reform efforts is ensuring that the country has the right workforce in place to roll out and sustain reforms. On several occasions, the Minister of Health and Population has reiterated that improvements in human capacity are key strategic priorities. Challenges facing the MOHP include excess workforce capacity in some facilities, imbalances in the geographic and specialty distributions of health workers, and sub-optimal quality of the graduating workforce and MOHP staff. Health Systems 20/20 is working with the MOHP to address many of these challenges through the implementation of a workforce planning process and strengthening MOHP capacity to manage the process.

To ensure continuity, buy-in, and accountability for this initiative, Health Systems 20/20 assisted the MOHP to set criteria for selecting members of a workforce planning task force. The project is building the task force's capacity to conduct workforce planning over the long term.

In Year 3, the project conducted several skills development and capacity-building activities in the governorates of Gharbia and Assiut. Approximately 175 staff were trained to use a workforce planning data entry tool, validate the data, and produce data consistency reports. The workshops will help MOHP staff conduct robust workforce planning exercises in the future and integrate workforce strategic planning into the MOHP system. Trainees included directors of health facilities, statisticians from health units and centers, and other information specialists. The MOHP task force took the lead as trainers during several of the workshops. Health Systems 20/20 also identified talented staff from the Gharbia Information Center (the MOHP entity responsible for managing and updating governorate information related to the health sector) and encouraged their participation as workshop trainers. The Gharbia team, with guidance and close follow-up by the MOHP task force, became responsible for managing and processing workforce data collection and entry in Gharbia.

Health Systems 20/20 also trained MOHP staff in Gharbia and Assiut to collect workforce data from primary health care facilities and hospitals. The project convened panels of local expert practitioners who developed and verified workforce standards for four staff categories across 10 clinical departments. Using the data collected from all MOHP health facilities in the two governorates, the project developed and populated a workforce planning model and began finalizing the associated software. The planning tool helps identify gaps that exist between the current workforce and the demand for future staffing to accomplish MOHP objectives. Once this workforce analysis is completed, a strategic plan to close the gap between future workforce supply and demand will be developed.

### **Expanding and redeploying the health workforce in Cote d'Ivoire**

Prolonged conflict has weakened HRH management in Cote d'Ivoire. Additionally, geographic imbalances in workforce distribution were exacerbated by massive displacements of health workers due to the civil war. Health Systems 20/20 is helping the government of Cote d'Ivoire to rebuild HRH management systems and training infrastructure. Specifically, the project is working on strengthening leadership and management skills, improving human resource information systems, and designing innovative incentive schemes to improve retention and performance in underserved regions. Table 3 illustrates the HRH strengthening activities that Health Systems 20/20 supported in Year 3.

**TABLE 3. WORKFORCE STRENGTHENING IN COTE D'IVOIRE**

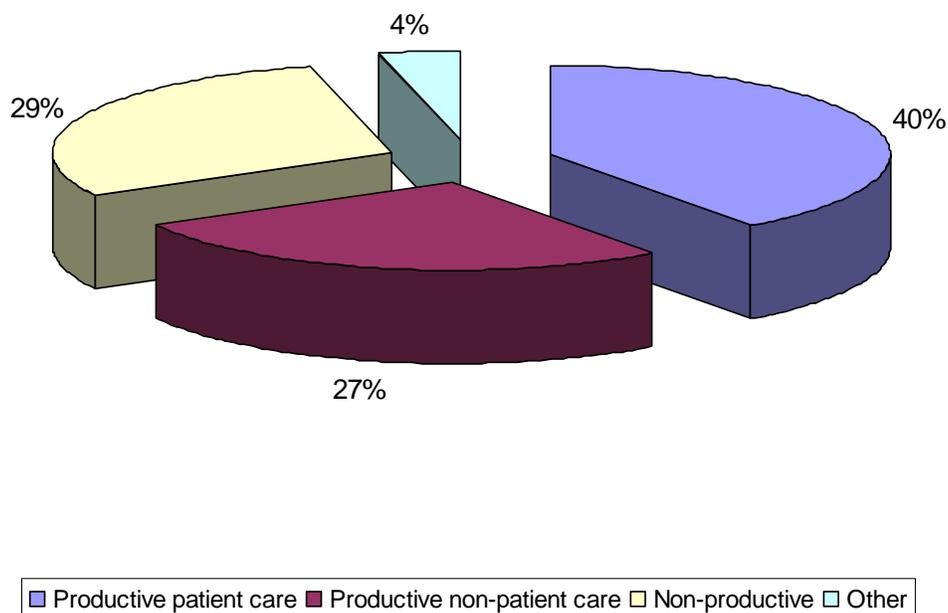
<b>Item</b>	<b>Description</b>	<b>Results</b>
Develop human resource information system (HRIS)	Support MOH with implementation and roll-out of a Human Resource Information System (GESPERS). Activities include planning, providing infrastructure, training, and reporting.	Pilot activity in five districts is complete. Next step is to train MOH staff in software and roll out to 30 more districts.
Rehabilitate library of the National Nursing and Auxilliary Health Worker Institute (INFAS)	Assist with acquisition and cataloging of up-to-date online and hard copy reference materials. Rehabilitate library including ICT infrastructure.	Internet connection and all necessary configurations for a documentation center have been installed. Librarians trained on software use and management. Reference materials being acquired.
Address the shortage of trained instructors at INFAS	Do emergency hiring of 35 new and additional instructors for INFAS.	Instructors in place, submitting quarterly reports. Now planning training of trainers for refresher training courses.
Build capacity of district health institutions to delivery HIV/AIDS services	Build leadership and management capacity of district management teams. Do curriculum development, planning, pilot testing, roll-out of training.	Training completed for 187 staff members. Training modules currently being updated.

Item	Description	Results
Develop incentive scheme for providers in hard-to-fill posts	Provide financial incentives to individual providers for retention at hard-to-fill posts, and to these facilities for performance in terms of output and quality.	Retention incentives are being paid to 50 providers. Quarterly payments are being made to facilities upon attainment of targets.
Matching pre-service training with real-world needs	Reverse/adapt the pre-service and in-service training curricula with real-world skills needed by doctors and nurses.	Data collection instruments and methodology have been finalized. Waiting for final MOH approval to start data collection.

### Assessing HRH productivity in Zambia

HRH shortages are a major constraint to sustaining and expanding provision of HIV/AIDS services in Zambia. Along with ongoing efforts to help retain health care workers, helping existing workers to be as productive as possible is a promising practice, an effective addition to HRH-strengthening strategies. In Year 3, Health Systems 20/20 assessed productivity using a thorough time-and-motion methodology. For the purposes of this activity, productivity is defined and measured as portions of staff time spent on 1) direct patient care, 2) non-direct care (e.g., administrative work), and 3) other (tea breaks, unexplained absences, etc.). As baseline data summarized in Figure 1 show, nearly 30 percent of time was “non-productive.” In Year 4, the Health Systems 20/20 team will facilitate a stakeholder-driven process to identify and remove barriers to optimal productivity.

**FIGURE 1. PRODUCTIVITY OF HEALTH CARE WORKERS, ZAMBIA**



## **Using non-financial incentives to improve provider performance and retention in Swaziland**

Swaziland is experiencing an acute HRH shortage. According to a recent study, 44 percent of posts for physicians, 19 percent of posts for nurses, and 17 percent of nursing assistant posts in the public health sector in Swaziland were unfilled in 2004 due to emigration and attrition due to HIV/AIDS. In addition, Swaziland has one of the highest HIV/AIDS prevalence rates in the world, an estimated 26 percent for adults. HIV counseling and testing (HCT) is a cornerstone of the MOH's prevention strategy. It is thought that providers in clinics are not conducting HCT with sufficient frequency. The current activity will test a system of non-financial incentives to 1) improve HCT performance, and 2) improve productivity. During Year 3, Health Systems 20/20, partnering with the MOH, designed a menu of non-financial incentives designed specifically to appeal to clinic-based HCT providers in Swaziland. Health Systems 20/20 also measured the baseline level of turnover and HCT performance. The HCT performance data are a cause for concern to the MOH: while national guidelines call for all patients to receive HCT, actual counseling rates average between 1 percent and 4 percent of total patient load. The MOH is also concerned about high turnover rates at the clinic level. During Year 4, Health Systems 20/20 will apply the menu of incentives, and measure the changes in performance and productivity.

### **3.6 MEASURING HEALTH SYSTEM PERFORMANCE**

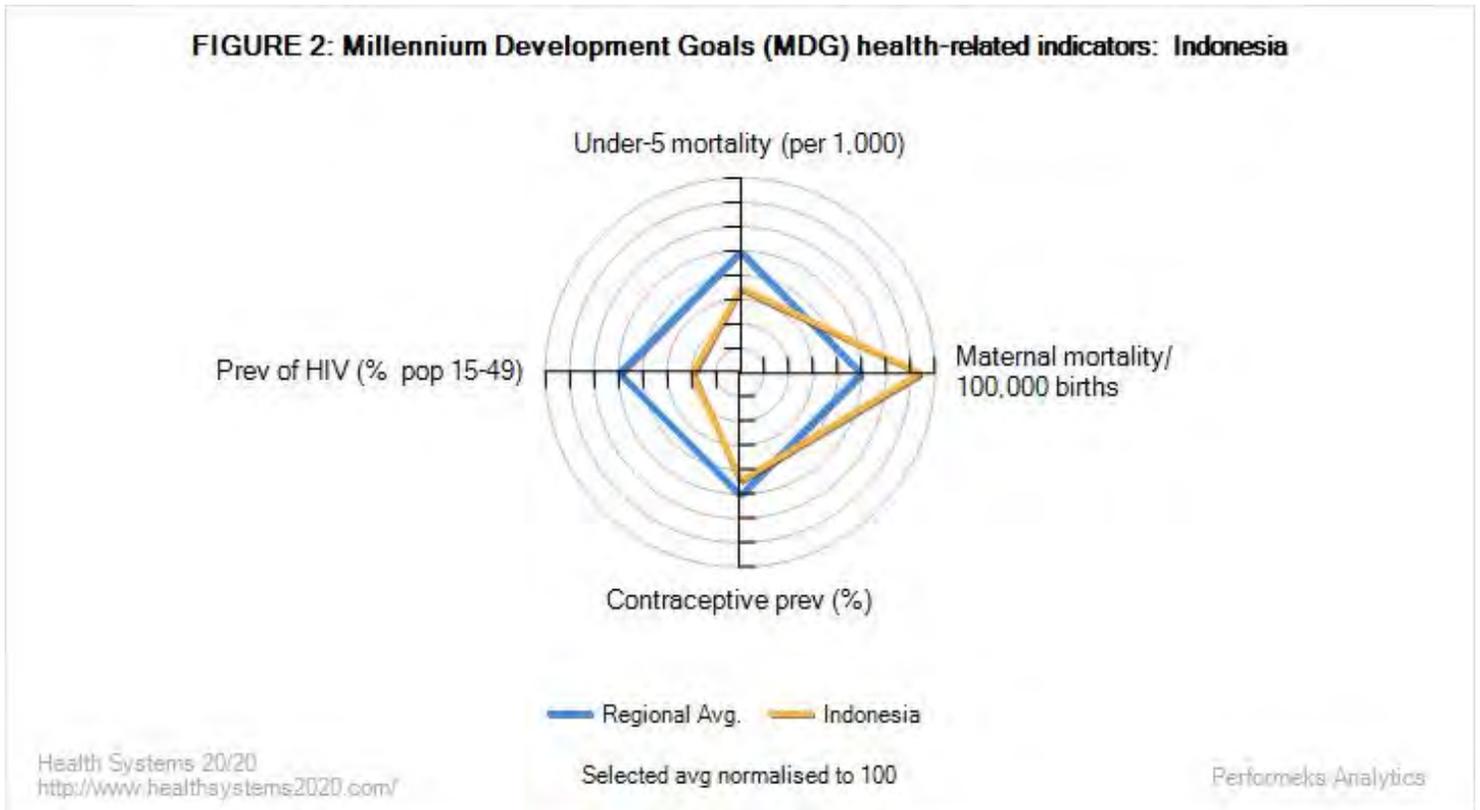
*Vision:* Health Systems 20/20 will provide a set of widely used, innovative tools to measure health systems performance in a standardized fashion.

*Strategy:* The Health Systems 20/20 strategy for measuring health systems is to provide and maximize the use of a set of widely used, innovative tools to measure health system performance in a standardized fashion, and to help existing information systems operate in an effective way. For example, the project has updated tools such as the Health Systems Database and is working on the forthcoming Health Systems Dashboard. It is strengthening the capacity of HIS at the country level, such as Kenya's National AIDS/STD Control Program (NASCOP), where it is working to use HIS data to improve patient care and program management, as well as more accurately measure the health situation. Health Systems 20/20 is improving linkages between health care entities at the local, regional, and central levels, to increase the flow of accurate, complete data in a timely manner, and it is promoting the use of mapping and analysis tools, such as Geographic Information System (GIS) technology, to identify geographic trends that inform program planning and decision making.

#### **Launch of improved online Health Systems Database**

After ongoing collection of user recommendations and several months of work, in September 2009, Health Systems 20/20 launched multiple substantial updates to its Health Systems Database (<http://healthsystems2020.healthsystemsdatabase.org/>) that bring significant value added for users. These upgrades include addition of new data sources and new indicators, and source updates for existing indicators. The database maintains the existing WHO, World Bank, and UNICEF data sources, and Demographic and Health Survey (DHS), a notable priority source for users, has been added to the database. The database provides options for choosing different sources of data as needed. Nineteen key health outcomes or health systems indicators also were added. The charting function was improved, including the ability to highlight multiple countries on a XY scatter plot, show time series data for multiple indicators in a single country, and generate diamond charts to show multiple indicators and compare with the benchmarks (Figure 2). Yet another new feature is Google mapping. With this function, users can display data on Google maps and show the statistics for selected indicators. Finally, the country health system fact sheet has been improved to incorporate new data and charts.

**FIGURE 2. ILLUSTRATIVE CHARTING OPTION FROM HEALTH SYSTEMS DATABASE**



During Year 3, the database received 6,148 visits from 154 countries/territories. The average daily traffic was around 20 visits. On the day the 2009 version of the database was launched, over 300 people visited the site. In just its first month, users have offered a number of positive comments such as the following:

*“I want to thank you for making the on-line HSS data base available. It is absolutely terrific. I downloaded some country information yesterday and found it very user friendly and speedy. It will be a terrific resource for many.”*

*“This database tool is amazing.”*

An integrated Health System Dashboard will be launched in Year 4. The dashboard, based upon the Health System Database, is a visual and efficient way to demonstrate key health systems indicators and will enable program managers and country policymakers to get a quick and comprehensive assessment of country health systems. In Year 3, Health Systems 20/20 developed two demo versions of the dashboard: the HIV dashboard and MCH dashboard. Both were presented to clients and received positive feedback.

## Creating a national, integrated HIV/AIDS information system in Kenya

In Year 3, Health Systems 20/20 continued to provide significant technical and financial support to Government of Kenya efforts to improve the quality, availability, and utilization of information on HIV/AIDS services in the country. The project continued to focus most efforts through its primary counterpart agency, NASCOP (responsible for the implementation of all HIV/AIDS programs and services in Kenya) and its M&E unit. As part of Health Systems 20/20 efforts to break down barriers between parallel information systems, a strong working relationship was also established with the MOH's Division of HMIS to facilitate the assimilation of current stand-alone NASCOP information systems into a single, national, integrated HMIS for all services.

NASCOP Kenya



Stakeholder consultative group meeting in Naivasha, Kenya to plan for development and installation of electronic medical records systems for ART patients

Key activities/areas of progress during the year included:

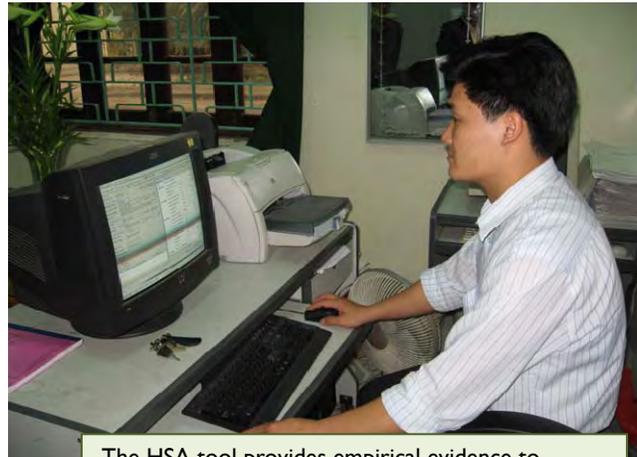
- Organization of several workshops to advance efforts to develop standards and guidelines for the creation of electronic medical records systems (EMRs) for patients on antiretroviral treatment (ART). Discussions have resulted in an expansion of the scope of this effort to define the relevant standards and guidelines governing all EMR systems for all services within Kenya, an important aspect of integrating NASCOP and MOH data/HIS.
- Creation and testing of a database system to facilitate the entry, aggregation, and reporting of NASCOP monitoring and evaluation (M&E) data at health care facilities. The system was installed (including staff training) in a large facility (Mbgathi Hospital) in Nairobi. The system was also installed within the central M&E unit at NASCOP to integrate data from all services into a single database to improve analysis and reporting.

Development of training materials and methods to support efforts in the recapture of existing patient data into newly developed and adopted formats (patient card and accompanying clinic records). Training of trainers workshops were organized and supported to build the capacity of the provincial and district teams to undertake this activity. The recapture of existing patient data is necessary to ensure the correct application of clinical and programmatic standards and guidelines as well as required patient outcome and cohort analyses.

## Addressing health information systems strengthening constraints in Vietnam

As discussed above in the Health Systems Assessment section, Health Systems 20/20 and Vietnam's HSPI have collaborated on subnational HSAs in two provinces, Ninh Binh and Can Tho. In both cases, HIS received the lowest score of any area of the health system. Nearly every HIS component received a score of less than adequate. This is due primarily to limited HIS investment and lack of support equipment. Statistical and computer staff are few and their qualifications are limited, especially at the local level. Health Systems 20/20 proposed and has received \$200,000 of core funding to implement a targeted pilot project to address provincial-level HIS constraints.

Health Systems 20/20 Egypt



The HSA tool provides empirical evidence to policymakers regarding the strengths and weaknesses of the health system to deliver services

In response to the findings issued in Year 2, the Health Systems 20/20 team and HSPI identified a local software developer, VIMES, to create a district-level hospital software patient and facility management information package. In Year 3, Health Systems 20/20 hired VIMES to purchase hardware and create software to improve the flow of HIS from the district to the province level with feedback from the province down to the district level. Both hardware and software systems have been installed in Tam Diep and Yen Mo District hospitals.

The next phase of this activity will include: 1) conducting training and capacity building of district HIS staff and hospital managers, 2) pilot testing and implementing a new software system at the facility level, and 3) evaluating the impact of the improved HIS system.

## East Africa Leadership Forum on health information systems

In Year 3, Health Systems 20/20 facilitated a Leadership Forum on HIS in East Africa to share experiences and skills in developing country ownership and coordination of HIS. The forum, held in Addis Ababa, Ethiopia, on August 10-12, 2009, brought together 47 delegates from six East African countries (Ethiopia, Kenya, Malawi, Rwanda, Tanzania, and Uganda) and aimed at fostering multi-sectoral collaboration among health, finance, information systems, telecommunications, statistics, and related sectors to develop country-owned strategies for HIS. The forum built upon the HIS country assessments that the Health Metrics Network (HMN), USAID, and others had already carried out and was co-sponsored by HMN, WHO, UN-International Telecommunications Union (UN-ITU), World Bank, and East, Central, and Southern Africa Health Community.

Participants at the forum included senior-level leaders and policymakers who can play critical roles in promoting the improvement of national HIS. Delegations from the participant countries included decision maker-level representation from the ministries of health and finance, ministries responsible for telecommunications, the national HIV/AIDS commission (or equivalent) and/or coordinating council mechanism, and institutions responsible for national vital statistics or census information. Other forum partners and representatives included development partners such as WHO, HMN, the Centers for Disease Control and Prevention (CDC), PEPFAR, the World Bank, USAID, and other bilateral agencies.

At the conclusion of the Leadership Forum, country teams committed to lead and champion the execution of multi-sectoral action plans for better, more integrated HIS. In Year 4, Health Systems 20/20 will hold two workshops in Kenya and Uganda to follow up at the country level. The workshops will be facilitated by Health Systems 20/20 but led and organized by HIS leaders within their respective ministries.

### **Health Systems 20/20 resumes support for reproductive health information system and routine immunization information system strengthening in Yemen**

USAID/Sana'a and Yemen's Ministry of Public Health and Population (MoPHP) has asked Health Systems 20/20 to resume support for two key technical activities previously implemented through the PHR*plus* and Health Systems 20/20 (Yemen PHR) projects: HIS strengthening and routine immunization strengthening. These activities, led in the past by a local team of technical experts supported by home-office technical advisors, contributed to: 1) the establishment of a national- and governorate-level health information database; 2) increased understanding of issues of access and gaps in services, leading to more efficient planning and allocation of resources; 3) increased demand for accurate information; and 4) improved data collection on routine immunizations, leading to decreased wastage and improved coverage.

Activities resumed in June 2009, led by the same local team that will build upon the foundation they laid under PHR*plus*. Thus far, the team has accomplished the following: 1) development and refinement of a reliable Reproductive Health Management Information System (RH MIS) that produces accurate and timely data used to identify gaps in access to health care and make evidence-based decisions on investments in priority services; and 2) improved outreach and coverage for routine vaccinations. These activities will improve financing and operations of health services and contribute to improving allocative efficiency of resources by using evidence-based HIS/GIS decision aids to identify gaps in services. Activities will also build local capacity in data collection and analysis, advocacy for health resources, financial analysis, and policy advocacy.

### **Using GIS in Cote d'Ivoire for improved planning and better allocation of resources**

The MOH in Cote d'Ivoire has a long-standing interest in GIS. The first health thematic map was published in Cote d'Ivoire in 1921 by the French colonial administration. Since 1990, several unsuccessful attempts have been made at strengthening GIS capacity to improve MOH planning and management. Prior to the Health Systems 20/20 intervention, the MOH had a mapping unit (four staff) using obsolete technology (hand-drawn maps).

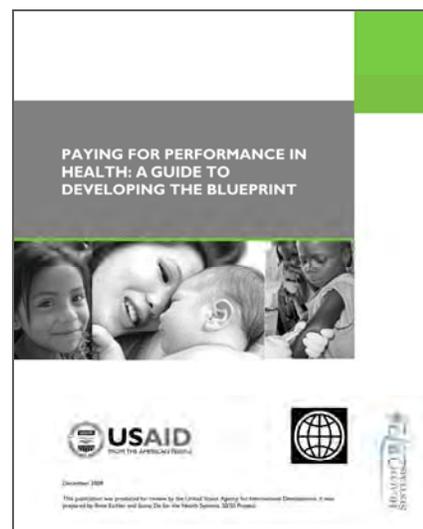
Health Systems 20/20 is assisting the MOH Department of Planning to use GIS technology to better utilize routine health data in planning and management at central and decentralized levels. A basic GIS infrastructure at the MOH will be able to conduct spatial analysis and produce thematic maps and atlases. In Year 3, Health Systems 20/20 did a comprehensive assessment of GIS in Cote d'Ivoire. It assessed the demand for GIS products as well as capacity within and outside the MOH, and proposed a three-step implementation plan to support GIS activities. The first step was to rehabilitate and equip a GIS lab. The MOH faced severe space constraints and the health mapping division did not have adequate office space or equipment. The second step consisted of developing training modules on GIS for key staff in the planning unit, and the third step was to produce a health atlas.

The lab has been rehabilitated and the training modules are expected to be delivered in November 2009. A health atlas will be published by December 2009. The field mission has indicated its strong interest in maintaining and extending the activity into fiscal 2011.

### 3.7 PAY FOR PERFORMANCE

*Vision:* Health System 20/20's vision for P4P<sup>1</sup> is to help countries move along a transparent and responsible path toward P4P in a sustainable manner. The project provides global leadership that stimulates donors, technical assistance providers, and country policy leaders to support effective P4P approaches, increasing global access to information, tools, and evidence; enhancing global capacity to support P4P programs; and providing direct country technical assistance.

*Strategy:* Health Systems 20/20 will continue to expand the P4P legacy it has established by building and sharing knowledge about P4P, enhancing global capacity to design and implement P4P programs, and providing technical assistance to such programs. It will synthesize and share what is happening in P4P globally, filling a knowledge gap that will contribute to building appreciation of P4P as a strategy to strengthen health systems and improve key public health outcomes. We will seek to share lessons in global fora with a variety of audiences (e.g., maternal health, HIV/AIDS, malaria, and child health) so they understand the importance of addressing dysfunctional incentives, how P4P works, and the existing evidence that it works. To address the shortage of P4P practitioners who can provide assistance or directly implement P4P programs, we will build access to tools and learning opportunities.



P4P was selected as one of the cross-cutting strategies for Health Systems 20/20 because of its potential to reduce needless deaths of mothers and children in the developing world, increase accountability for results, and strengthen health systems. 2009 saw a surge in interest in this promising strategy as seen by momentum in many country governments to introduce financial incentives for providers and consumers linked to results and increased funding from donors. In September 2009, Norway and the UK announced that they will provide \$420 million to support results-based financing (RBF)<sup>2</sup> programs that will be managed by the World Bank. The Government of Australia announced an additional AUD336 million for performance-linked aid in Asia and the Pacific over the coming four years. USAID supports programs in a number of countries (e.g., Afghanistan, Haiti, Liberia, and Rwanda) that incorporate P4P. Health Systems 20/20 provided global leadership on P4P in 2009 to these many global and country-level decision makers and continues to contribute to this rapidly evolving global agenda.

While the concept of linking funding to health actions or results is straightforward, design must be carefully considered and implemented in order to avoid pitfalls and enhance impact. The Health Systems 20/20 strategy is to contribute to this mounting country and donor interest by helping countries move along a transparent and responsible path toward P4P in a sustainable manner through: 1) global leadership; 2) developing a resource center for online information on P4P; 3) training practitioners to develop and strengthen P4P activities; and 4) direct country support.

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<sup>1</sup> P4P initiatives transfer money or material goods to either providers or recipients of health services if they take actions to improve health or increase utilization or quality of health services.

<sup>2</sup> RBF is the term used by the World Bank and appears to be increasing in use. Other similar but not always synonymous terms are the aforementioned pay for performance (P4P), performance-based financing (PBF), conditional cash transfers (CCT), output-based aid (OBA), and conditional cash payments (CCPs).

## Pay for Performance Asia Regional Workshop

Health Systems 20/20 brought together many of the same donors that have now announced explicit support for RBF to join USAID to sponsor a P4P regional workshop. AusAID, NORAD, the World Bank, and the Center for Global Development came together to fund and deliver the first Asia Regional Workshop on Pay for Performance in Cebu, Philippines, in January 2009. There were more than 80 participants including donor representatives, expert presenters from around the world, and 14 country teams from nine countries: Afghanistan, Bangladesh, Cambodia, India, Indonesia, Nepal, Pakistan, Philippines, and Vietnam. By the end of the workshop, all 14 teams completed draft designs (called “blueprints”) to introduce or scale up a P4P scheme in their country to improve MCH outcomes. Through a competitive process, teams from Bangladesh, Cambodia, Pakistan, and the Philippines were awarded seed grants funded by AusAID to continue the process of design, planning, and stakeholder consultation, and India was awarded a seed grant from the World Bank to hold a stakeholder workshop. In Pakistan, UNICEF will pilot a maternal health voucher program combined with provider payment to increase deliveries, and Population Services International (PSI) is pilot testing a voucher scheme to enable access to maternal care from the GreenStar Social Franchise network. Afghanistan has ongoing funding from USAID, the GAVI Alliance, and the World Bank to continue performance-based contracting of NGOs to deliver services, and they are pilot testing demand-side incentives to increase use of safe motherhood and child health services. Health Systems 20/20 contributed to strengthening the capacity to design and implement RBF programs by training 10 consultants who work in Asia and by strengthening the capacity of the country team members who participated.

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Participants at the first Asia Regional Workshop on Pay for Performance learned about P4P approaches that have achieved remarkable results in countries as diverse as India, Afghanistan, Bangladesh, Haiti, Nicaragua, Pakistan, Rwanda, and the U.S.

### Technical Materials, Studies, and Tools

*Blueprint Guide:* To facilitate the P4P design process, a guide has been developed to provide countries, donors, and P4P program designers a systematic framework for creating a “P4P blueprint” that moves through a series of key steps and tasks that guide decisions about the design of a P4P intervention either at the national or subnational level. (The guide is available for download at <http://www.healthsystems2020.org/content/resource/detail/2088/>.) This guide has been refined in three previous workshops in Africa and for the January 2009 workshop in Asia, and has been adopted by the World Bank for use in regional training programs.

*Online P4P survey:* In April-May 2009, Health Systems 20/20 implemented an online survey to capture developing-country experience with P4P. This survey’s purpose is to begin to fill an important gap by addressing a number of questions, namely: What health concerns are developing-country P4P schemes primarily targeting? Where are these schemes being planned, introduced, and scaled-up? How are they being designed and implemented? Who is managing them? And what, if any, evidence is there on critical factors to ensure their desired impact?

Of 90 electronic responses received, 20 were from a developing country and were relatively complete. The geographic distribution was as follows: 11 in Africa, four in Asia, three in Latin America and the Caribbean (LAC), and one each in the Europe and Eurasia and the Middle East regions. Of the 20 responses, 13 are in USAID priority MCH countries. Eighteen of the 20 P4P schemes included target maternal health problems and 13 target child health problems (see Table 4).

**TABLE 4. HEALTH AREAS TARGETED BY P4P SCHEMES IN COUNTRIES INCLUDED IN ANALYSIS**

Country	Scheme implementer*	Maternal health (including RH and FP)	Child health	Infectious diseases	Non-communicable diseases
Total no. of schemes	20	18	13	8	8
Armenia	MOH (in conjunction with the State Health Agency)	X	X		X
Bangladesh	NGO network	"Essential service package"			
Belize	MOH (with National Insurance Program)	X			X
Benin	MOH	X			
Brazil	HMO-style private cooperative	X	X		X
Burundi	MOH	Not clear – TBD			
Burundi	NGO	X	X	X	X
Cambodia	NGO	X	X		
Cambodia	MOH	X		X	
Democratic Republic of Congo	MOH	X	X	X	X
Democratic Republic of Congo	NGO	X	X	X	
Egypt	MOH	X	X	X	X
Ghana	Ghana Health Service**	X	X		
Honduras	MOH ?	X	X		
Kenya	MOH in conjunction with NCAPD and NGO	X			
Kenya	MOH	X	X	X	
Kenya	NGO	X	X	X	X
Philippines	Department of Health (via PhilHealth)	X			
Rwanda	NGO	X	X	X	X (planned)
Zambia	MOH	X	X		

Source: <http://www.healthsystems2020.org/content/resource/detail/2344/>

Note: RH=reproductive health, FP=family planning, NCAPD=National Coordinating Agency for Population and Development

\* "?" indicates best guess from survey response.

\*\* The GHS is an autonomous executive agency responsible for implementation of national policies under the control of the Minister for Health through its governing council - the Ghana Health Service Council (see <http://www.ghanahhealthservice.org>).

*P4P Case Studies:* In Year 3, the Health Systems 20/20 P4P team began developing full case studies with authors of the most promising eight survey responses. In addition, case studies have been developed for voucher programs in Kenya and Uganda and for the public sector approach that has been considered in

Ethiopia. These cases will provide details about design and implementation and will include implementation tools when appropriate.

*Country-specific technical assistance:* In Liberia, Health Systems 20/20 provided technical assistance to the government on their performance-based contracting approach and to the USAID-funded bilateral implemented by John Snow International (JSI) on the approach they are using to contract NGOs and pay based on results. Please refer to the Human Resources for Health section of this report for a discussion of the application of incentives to improve retention of health workers in Cote d’Ivoire and Ethiopia.

### 3.8 RESOURCE TRACKING

*Vision:* Health Systems 20/20’s vision for NHA and other, project-developed resource-tracking tools is that countries institutionalize the methodology, i.e., make it a routine and normal function of government. The vision includes continued project support for the production of NHA estimations (including the introduction of subaccounts) as well as institutionalization of the NHA process through a number of project innovations.

*Strategy:* Health Systems 20/20 will continue to build on its substantive NHA work. While its predecessor projects focused on estimation production and methodology refinement, Health Systems 20/20 seeks to help institutionalize NHA within country governments by working on the following areas: sustained policy use of expenditure data by all stakeholders; sustained efficient systems for resource tracking; continued estimation production; subaccount development that addresses policy needs; and policy use by government, donors, and civil society. By the end of the project, Health Systems 20/20 should have at least one country where the NHA has been institutionalized. The lessons learned will be documented and a streamlined process for country institutionalization will be shared. The cost of conducting NHA will be reduced by including household health expenditure questions into other routine surveys. It also is expanding its application of the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) to additional countries and helping countries, USG in-country teams, and international partners to apply their findings to plan HIV programs.

#### Strengthening the production and use of NHA data

Health Systems 20/20 continued to assist countries with their NHA estimations (Table 5). In contrast to earlier estimations, which focused on building country capacity to collect, analyze, and present health expenditure data and encouraged use of the data and regular estimations, in Year 3 Health Systems 20/20 made NHA institutionalization part of the NHA production process.

**TABLE 5. HEALTH SYSTEMS 20/20-ASSISTED NHA ESTIMATIONS IN YEAR 3**

Country	Fiscal Year/s Covered	Status	Child Health	Reproductive Health	HIV/AIDS	Malaria
Kenya	2005/06	Est. completed	X	X	X	
Uganda	2006/07	Est. completed		X		
Liberia	2007/08	Est. completed	X	X		X
DR Congo	2007/08	Data collected	X	X	X	
Cote d’Ivoire	2007/08	Data collected			X	
Rwanda	2008/09	Stakeholder meetings/training	X	X	X	X
Afghanistan	2007/08	Data collected				
Egypt	2007/08	Data collected				
Mozambique	2005-07	Est. completed				

Institutionalization of NHA refers to the process of strengthening the production and use of health expenditure data. Individual countries have developed institutionalization strategies that use both supply- and demand-side activities. For example, on the supply side, activities have focused on harmonizing different resource-tracking exercises, enhancing domestic capacity to produce estimates, integrating health expenditure data into the routine data collection, and securing guaranteed domestic funding for health resource tracking. In Year 3, Health Systems 20/20 helped Kenya (see next section), Rwanda, and Democratic Republic of Congo to initiate NHA institutionalization activities. The project will frame future NHA technical assistance within this context so that countries can be weaned off reliance on external technical assistance for the NHA exercise.

### **Using demand-side activities with policymakers, educators, civil society, and media to institutionalize NHA in Kenya**

With Health Systems 20/20 assistance, Kenya is institutionalizing NHA by adopting demand-side activities that increase the use of health expenditure data for policy planning by government officials, disseminating findings through effective media outreach, and fostering civil society participation in health resource tracking. These have successfully created a demand for health expenditure data.

To maintain a steady supply of resource-tracking experts in the country, the MOH is collaborating with a local public university (University of Nairobi) to develop a resource-tracking course. The government also is reaching out to civil society organizations to both solicit their input for refining resource-tracking tools and train them in the use of health expenditure data. The media also have been actively engaged, and this has led to increased coverage and public dissemination of the findings of resource-tracking studies.

### **Piggybacking on routine household surveys to reduce the cost of conducting NHAs**

Household health expenditure information is essential for creating effective health policy. Despite recent improvements in the collection and use of health information in the developing world, policymakers often have little data on household health expenditures, particularly out-of-pocket costs.

As a result, governments, donors, and implementing partners conduct costly (in terms of financial and human resources) and time-consuming household surveys to obtain this information. Health Systems 20/20 produced a document that proposes health expenditure questions (with a focus on out-of-pocket spending) that can be incorporated into major routine household surveys in order to regularly inform health policy tools, such as NHA, in developing countries. The Health Systems 20/20 document proposes health expenditure modules for the DHS, AIDS Indicator Survey, Malaria Indicator Survey, Living Standards Measurement Study, and World Health Survey. Rwanda is preparing to conduct another NHA and has already expressed interest in incorporating the proposed questions into an upcoming DHS.

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## **Harmonizing NHA and public expenditure review data to better understand health system performance**

Health Systems 20/20 provided leadership in clarifying confusion in the implementation of NHA within the context of existing Public Expenditure Reviews (PERs), instruments commonly used by the World Bank. A document produced jointly by Health Systems 20/20, the World Bank, and WHO demonstrated clearly that NHA can inform PERs and vice versa. In addition to NHA being an important source of data for a PER, it helps to frame the PER health sector analysis according to country-specific contexts and priorities. As such, NHA could be an important pre-condition for conducting general or health sector-specific PERs.

NHA's comprehensive picture of expenditures from all actors in the health sector provides the data and framework needed to understand the operation of health systems. PER assessments provide an analysis of government policies, the effectiveness of government budgeting and expenditure in realizing the policies, and the efficiency and equity aspects of government spending in the health sector. These are aspects that the NHA does not directly address. In summary, the NHA and PER methodologies are complementary yet clearly unique tools.

## **Making NHA data more publicly accessible for increased accountability**

Rwanda is one of the countries in Africa that has embraced the use of NHA, and the government sees the data as key to its planning processes. The Rwanda MOH, through Health Systems 20/20, has created a web-based NHA tool allowing broad access to NHA and RH subaccounts data, including the capacity to create charts to improve management and use of data for policy, planning, and programming. The tool will be migrated into the MOH web site, fostering country ownership and use of the NHA data. Once the tool has been integrated into the MOH web site, it will serve as proof of concept of how NHA data can be transparently and interactively presented by countries as part of the NHA reporting process. Looking forward, the same tools and methodologies can be used to create other country NHA web sites.

To access the site please use the following log-in information: <http://nationalhealthaccounts.org>, user name: nhauser, password: Rwanda.

## **Carrying out a successful NHA in post-conflict Liberia**

Health Systems 20/20 worked with the Liberian MOHSW to produce NHA estimations for 2007. Prior to that year, no government ministry had produced a financial statement; doing an NHA estimation in such a data/capacity deprived context was particularly challenging. A health financing consultative workshop hosted by the MOH used NHA findings report in their discussions. About 100 people attended from various government ministries, international donors, and international NGOs. The meeting produced a consensus that health financing reform is needed and there is considerable political momentum to move it forward. The NHA data will inform the development of the health financing strategic policy and plan, and they also were used for a presentation that Liberia made to a UN General Assembly sidebar meeting on health financing reform.

## **Building capacity to institutionalize NHA in Egypt**

In preparation for Egypt's fourth estimation of NHA in Year 4, Health Systems 20/20 has successfully created a pool of NHA experts in the country. The MOHP has formed a 20-member NHA task force representing the main health spending entities in Egypt (including the Ministry of Finance, the Egyptian Medical Syndicate, the HIO, and the MOHP's Departments of Planning, Finance, and Free Medication) that will be responsible for health expenditure data collection and analysis. The variety of participants

provide access to different data sources perhaps unknown or unavailable to any single entity, and will facilitate a critical appraisal of team results.

Health Systems 20/20 Egypt



Holly Dempsey, USAID, and Minister of Health, Prof. Dr. Hatem El-Gabaly, participate in NHA launch with officials from MOH and other sectors

In cooperation with the MOHP Department of Planning and WHO, Health Systems 20/20 organized a training of trainers for the task force in March 2009. The objective was to build local capacity in data collection methods, data processing and analysis, construction of NHA tables, and interpretation of the findings in the Egyptian policy context. Health Systems 20/20 worked with the task force to ensure that they will use internationally established methods and boundaries for estimating health care expenditures.

Health Systems 20/20 also conducted a costing workshop in August 2009. Forty-five staff from the Department of Planning and seven hospital staff

from five pilot governorates (Alexandria, Cairo, Giza, Sohag, and Suez) participated. Participants learned to estimate the costs of resources utilized in the production of health services and to use these data for decision making in a way that maximizes health benefits from scarce resources. Field work to collect costing data from 70 primary health care facilities and seven hospitals in the pilot governorates will be completed by January 2010.

Finally, Health Systems 20/20 has enhanced capacity for resource tracking. In September 2009, it trained 50 representatives from the MOHP Department of Planning in the Expenditure Tracking System (ETS), a tool that tracks health expenditures from the provider level. Expenditure information collected from primary health care facilities will be compared to budgeted performance expectations in order to identify problem areas that require immediate attention. These data are essential to the NHA estimation, and will allow policymakers to make more informed decisions concerning health care expenditures.

### **Increasing use of the HAPSAT to support HIV program planning**

Health Systems 20/20 developed the HAPSAT for use in HIV program planning by partners implementing a country's HIV policies. The project supports countries by conducting an initial in-country financial and human resources sustainability analysis that provides the country with baseline data and five-year projections of the program resources required for all HIV services: treatment, care and support, prevention, and care of orphans and vulnerable children. Having provided these deliverables, the HAPSAT team conducts training for both the country government's relevant planning and policy teams and the USG in-country team. By the end of these training sessions, the in-country staff is able to adjust their own country-calibrated HAPSAT model to estimate resources for future scenarios, for example, estimating the cost of increasing the coverage of pregnant women with prevention of mother-to-child transmission treatment. The HAPSAT was used by three countries in Year 3 and a further six countries are planned for Year 4.

## **Using HAPSAT to inform HIV program scale-up policy in Cote d'Ivoire, Nigeria, and Ethiopia**

In Cote d'Ivoire, the HAPSAT was used to estimate both the current program cost as well as the cost of scaling up the program. Anticipated changes to the program were also modeled such as changes in drug regimens. Following this activity the USG in-country team used the model to develop a Country Operating Plan by determining the level of scale-up that PEPFAR alone can support, the options that PEPFAR has for redistribution among the HIV programs that the USG supports, and for assisting the government in determining where financial gaps remain.

In Nigeria, the HAPSAT has been used as part of the policy process to develop a five-year National Strategic Framework for HIV/AIDS (NSF). The Nigerian Agency for the Control of AIDS (NACA) supported the process by estimating the resource needs for scale-up according to draft versions of the NSF policy. Using the HAPSAT, NACA was able to rapidly simulate a range of policy options for the NSF and respond to iterative requests by the NSF committee.

In Ethiopia, the draft HAPSAT report was shared with the USG team and WHO in September 2009. The methodology and discussion were received positively. The findings on sustainability of various scale-up scenarios were found useful for discussions regarding the PEPFAR Partnership Framework in Ethiopia. The HAPSAT team incorporated suggested edits and will do a joint dissemination of the report alongside the GOALS model in early 2010, to best inform the government's HIV/AIDS program scale-up plans.

## **Development of online costing guidance tool for maternal, neonatal, and child health services**

While some progress has been made in achieving the MDGs for maternal, neonatal, and child health (MNCH), a critical challenge continues to be the lack of adequate funding. Often countries struggle to advocate for increased funding to achieve the MDGs because they either lack knowledge of how much it would cost to achieve specific targets or they have difficulty presenting a convincing and articulate case to donors and governments about the level of resources they need to achieve targets. The appropriate use of costing tools can strengthen advocacy efforts for increased funding in the health sector and assist in planning and budgeting processes at the national and sub-national level. However, given the large number of costing tools available, it is difficult for countries to know the difference between these tools and which tool would be most appropriate for them.

To alleviate this problem, several development partners through the Partnership for Maternal, Newborn and Child Health (PMNCH) conducted a review in 2008 of costing tools relevant to the health MDGs and hosted an international technical consultation in Senegal to discuss experiences with using the tools and to recommend actions to assist countries in understanding, accessing, and using costing tools.

Following up on these recommendations, Health Systems 20/20 worked with partners to develop an online costing guidance tool hosted on the PMNCH web site. It guides users through a short series of questions to help select an appropriate costing tool (Figure 3). Video tutorials on the use of the guide are provided along with information about each tool, such as potential users, contact information, inputs, and outputs. The content of the costing tool guide including the questions and tools can be easily modified and updated by the PMNCH administrator. The guide helps countries understand the different parameters to consider before undertaking a costing exercise.

**FIGURE 3. ILLUSTRATIVE SCREEN FROM GUIDE TO COSTING TOOLS RELATED TO HEALTH MDGS**

On the left there is a series of questions for you to answer related to your costing needs. On the right there is a list of available costing tools. Before any questions are answered you will see the entire list of available tools on the right. The costing tools displayed on the right will change depending on your responses to the questions. You can select more than one answer. Once completed click the “next” button and more information on the remaining costing tools will be provided.

**Results**

What type of costing results would you like from the tool?

- Intervention cost and total cost
- Scale up cost
- Funding gap
- Cost presented in budget format

**Costing Tools**

- Child Health Cost Estimation Tool
- Comprehensive Multi-Year Plan Costing and Financing Tool (cMYP)
- Cost Revenue Analysis Tool Plus (CORE Plus)
- Goals Model
- Integrated Health Model (IHM)
- Integrated Healthcare Technology Package (iHTP) Simulation Tool
- Malaria Cost Estimation Tool
- Marginal Budgeting for Bottlenecks Toolkit (MBB)
- Planning & Budgeting for TB Control
- Planning, Costing and Budgeting Framework (PCBF)
- RH Costing Tool
- Resource Needs Model HIV/AIDS
- Spectrum: PMTCT Cost Effectiveness

## 4. ASSOCIATE AWARDS

Health Systems 20/20 is a leader-with-associates cooperative agreement, which allows USAID missions or bureaus to negotiate separate associate awards under the Health Systems 20/20 umbrella. Two new associate awards were made late in Year 3:

- Ethiopia Private Sector Health Program, in the amount of \$21 million, which will run September 2009 to September 2014.
- El Salvador Health Sector, for nearly \$1.9 million, which will run from September 2009 to December 2010, for nearly \$1.9 million, for assistance to the Government of El Salvador to develop a long-term health sector strategic plan.

The two associate awards that were awarded in Year 1 continued in Year 3 and are discussed below.

### 4<sup>th</sup> Sector Health

The 4<sup>th</sup> Sector Health (4SH) project is a five-year cooperative agreement (2007-2011) awarded by USAID's LAC Regional Bureau to Abt Associates Inc., in partnership with RTI International and Forum One Communications. The term "4<sup>th</sup> sector" refers to the public, private, and NGO sectors working together on social benefit activities.

The project features two components: health alliances and south-to-south exchanges. Through the alliances component, the project supports LAC USAID missions by identifying and building regional public-private partnerships to mobilize non-traditional funding in support of MCH, RH, HIV/AIDS, TB, and malaria activities. The



exchanges component supports efforts to transfer information, knowledge, and best practices across borders and through virtual communities using technology.

In its second year, 4SH built on its first-year work and has developed six alliances between USAID and corporate partners. The project signed memoranda of understanding for these alliances and received and funded grant proposals for three of the alliance activities. The partners and alliances convened on behalf of USAID so far include:

- Procter & Gamble's Children's Safe Drinking Water Initiative and Catholic Relief Services: Prepositioning Safe Drinking Water in Emergencies in Guatemala and Nicaragua
- Johnson & Johnson, Janssen Cilag/Mexico, and MexFam: Expanding Youth Reproductive Health in Michoacan, Mexico
- RedEAmérica: Strengthening Corporate Foundations' Response to Community Health
- Puerto Quetzal Power/Jaguar Energy: Improving Life and Energy for Women and Children in San Miguel las Flores, Guatemala
- Bristol Myers Squibb and Project HOPE: Improving Reproductive and Maternal Health for Women with Diabetes in Mexico and Nicaragua

To date, the project has leveraged \$805,000 in corporate and partners resources to match USAID's financial contribution. Additionally, 4SH has identified five opportunities for new alliances in the region. Opportunities assessments were done in Brazil and Peru as well.

The Exchanges component of 4SH carries out both real and virtual exchanges and south-to-south exchanges. This year, the virtual exchange *Red Latinoamericana Sobre Encuestas de Demografía y Salud* (Latin American Network on Demographic and Health Surveys) ([www.redencuestas.org](http://www.redencuestas.org)) was launched. Referred to as *Redencuestas*, the virtual community links health research professionals in a networking site to share personal and professional ideas. The initiative is designed to support capacity-building efforts and investments by USAID through its RH Surveys and DHS in the region. To support the *Redencuestas* effort, 4SH obtained the support of the CDC, Measure DHS, and the Association of Latin American Demographers (ALAP). Launched in May 2009, the site had 114 users from 22 countries by the end of September 2009, and had hosted a forum on lessons learned in Latin American RH surveys.

In addition, 23 candidates were funded through three south-to-south learning exchanges:

- Strengthening the sustainability of voluntary surgical contraception services in Paraguay and Guatemala
- Implementing universal health insurance schemes in Peru and Colombia
- *La Trata de Personas y el VIH-SIDA en un Contexto Migratorio, Multicultural y de Fronteras* (Treatment of People and HIV/AIDS in a Migration, Multicultural and Border Context), with participants from Mexico, Honduras, and Guatemala

Please see the project web site ([www.4sectorhealth.org](http://www.4sectorhealth.org)) for more information on all activities.

### **Azerbaijan Primary Health Care Strengthening Project**

The USAID Primary Health Care Strengthening (PHCS) project provides technical assistance to the Government of Azerbaijan to strengthen Azerbaijan's health policies and primary health care system. PHCS began in September 2007 and ends in August 2010. In 2009, USAID allocated additional funding to PHCS to provide technical assistance to improve TB and MNCH policies and services. In Year 2 of the project (Health Systems 20/20 Year 3), PHCS continued to cultivate effective working relationships with the MOH and other national-level stakeholders and build capacity among counterparts in both designing and implementing health reform activities.

PHCS provided in-depth technical assistance to the government, along with other development partners including the World Bank and WHO, to develop a new health care financing system. The project helped the MOH take initial steps to implement the Action Plan of the Concept for National Health Financing Reform 2008-2012, design new payment systems for hospitals and primary care facilities, and prepare to pilot new provider payment systems. PHCS also helped to refine a computerized database to capture patient discharge information to better inform design of case-based hospital payment systems and develop a concept for a unified HIS.

PHCS also helped to establish a supportive policy framework for health reform and primary health care strengthening, by: 1) conducting a number of joint assessments or studies to improve the evidence base for policies and strategies; 2) facilitating the establishment of working groups to improve policy dialogue and coordination among stakeholders and development partners, and 3) helping to draft or improve a number of policies, strategies, and documents. PHCS helped to develop or reviewed an implementation plan for health financing systems, the concept for a unified HIS, the National TB Strategy, the Essential Drug List, and National Drug Formulary. The project also built capacity for health sector stakeholders to empower them to design and implement health reform interventions, on topics including health financing and HSS, primary health care, evidence-based medicine (EBM) and clinical practice guideline (CPG) development, and health communication.

To improve the content of clinical practice at the primary health care level, PHCS supported the continued introduction of EBM, development of CPGs, and rational drug use. The project provided support to facilitate the CPG development process and contributed to the development of seven CPGs. In pilot sites, PHCS helped to establish and train district monitoring teams in five pilot districts and trained more than 250 primary health care providers in approved CPGs for acute respiratory infection (ARI), hypertension, peptic ulcer, and iron-deficient anemia. The project also helped to develop and disseminate patient education materials for anemia and ARI. Through the introduction of quality improvement approaches and monitoring indicators, PHCS helped district monitoring teams and primary care facilities to achieve documented improvements in quality of care in pilot primary care facilities in line with approved CPGs. Achievements included increased routine screening for hypertension, reductions in unnecessary antibiotic prescribing for ARI, and improved drug prescribing for adults diagnosed with asthma.



## 5. PROJECT MANAGEMENT

In Year 3, the Health Systems 20/20 Senior Management Team (SMT) held two leadership retreats to discuss how to be more effective and streamline processes. As a result of the discussions, project management will continue to include the designation of country focal persons, an approach developed in cooperation with the USAID mission and other critical stakeholders, for each country in which Health Systems 20/20 works. The focal person will be responsible for articulating a comprehensive and integrated approach for that country. This will ensure that activities take advantage of all possible HSS synergies. Another step will be to reorganize management of our I I 5 activities so that expertise from the other IRs integrates our efforts more effectively. For example, our HSA activities will include teams from governance, operations, and financing, and the institutionalization of NHA activities will include a governance component as well. To more accurately track workforce planning and management, the project will introduce a level of effort (LOE) tracking system. This system will also ensure better project financial management by strengthening our budgeting and budgeting tracking systems. With a 50 percent growth in Year 4, these systems will help the SMT to successfully manage the project.

### **Monitoring and Evaluation**

To ensure full documentation of the project's progress, we continue to focus on M&E efforts. The project's M&E system was integrated into the project workspace at the end of Year 1 as an online database for recording significant results (or progress toward results). Strategy leaders in coordination with team leaders will help project staff to track evaluation indicators and document the results to ensure that by the end of Year 5, Health Systems 20/20 has met its goal that health systems in the assisted countries are stronger and more responsive to their populations than they are today.

### **Partners**

Health Systems 20/20 uses subcontracts and subgrants to build capacity of local organizations to conduct project activities in recognition of existing capacity and as a way to transfer skills and knowledge in HSS. This is another way to develop local capacity to solve health system constraints. Likewise, we collaborate and learn with a number of other international partners. Table 6 lists Year 3 non-US subcontractor/subrecipient/grantee partners.

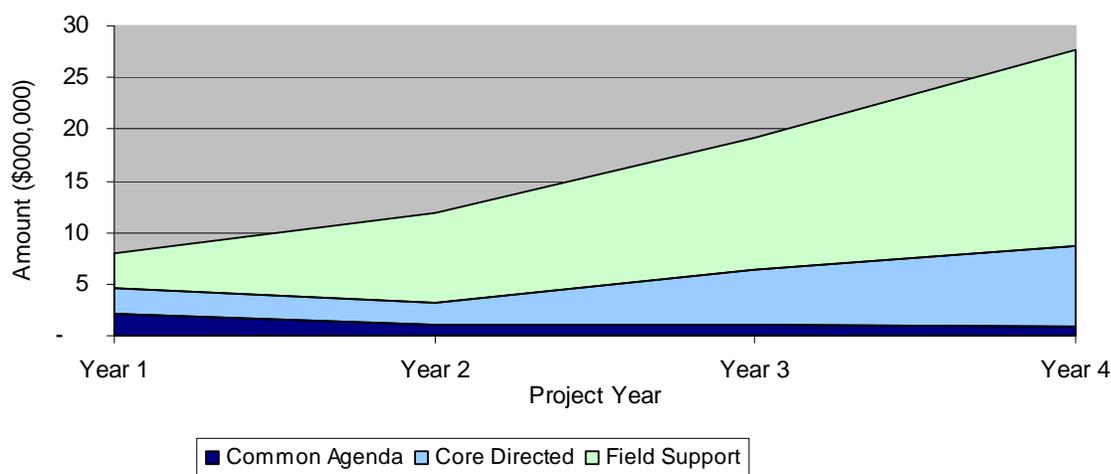
**TABLE 6. HEALTH SYSTEMS 20/20 NON-US SUCONTRACTORS/SUBRECIPIENTS/GRANTEES, YEAR 3**

<b>Name</b>	<b>Country</b>
Coordinating Assembly of Non-Governmental Organisations (CANGO)	Swaziland
Central Agency for Public Mobilization and Statistics (CAPMAS)	Egypt
Centre d'Appui de la Reserche et a la Formation (CARE-F)	Mali
Reproductive Health & Training & Research Center (CEFOREP)	Senegal
China Health Economics Institute	China
Gerry Roxas Foundation	Philippines
Health Strategy and Policy Institute	Vietnam
KPMG/DRC	DRC
Kinshasa School of Public Health	DRC
London School of Economics	United Kingdom
Maer Associates	Kenya
Stratec-Arc	Cote d'Ivoire
Strong NKV	DRC
Vietnam Medical Software, JSC	Vietnam
Zaria Institute	Nigeria
African Health Project	Nigeria
Alliance Group	Malawi
AMS Consulting, Research, and Training	India
Center for African Family Studies	Kenya
CPI, Compañía Peruana de Estudios de Mercados y Opinión Pública S.A.C	Peru
Ernst & Young/Uganda	Uganda
Health Research Unit, Ghana Health Service	Ghana
Miz-Hasab Research Center	Ethiopia
PS Consulting	Uganda
Swedish Institute for Health	Sweden
Yemeni Midwives Association	Yemen

## 6. PROJECT FUNDING

Health Systems 20/20 can receive funding from all U.S. government foreign assistance programs – all USAID operating units, PEPFAR, and President’s Malaria Initiative (PMI). Project funds include field support funds from USAID’s missions and bureaus, plus core funds from USAID/Washington. Core funds consist of “core-directed” funding to address specific constraints to the focus of the USAID Global “element” teams, and “common agenda” funding to address cross-cutting issues (Figure 4). During Year 3, the project received a total of \$19,242,557, of which 33.1 percent was core funding and 66.9 percent was field support.

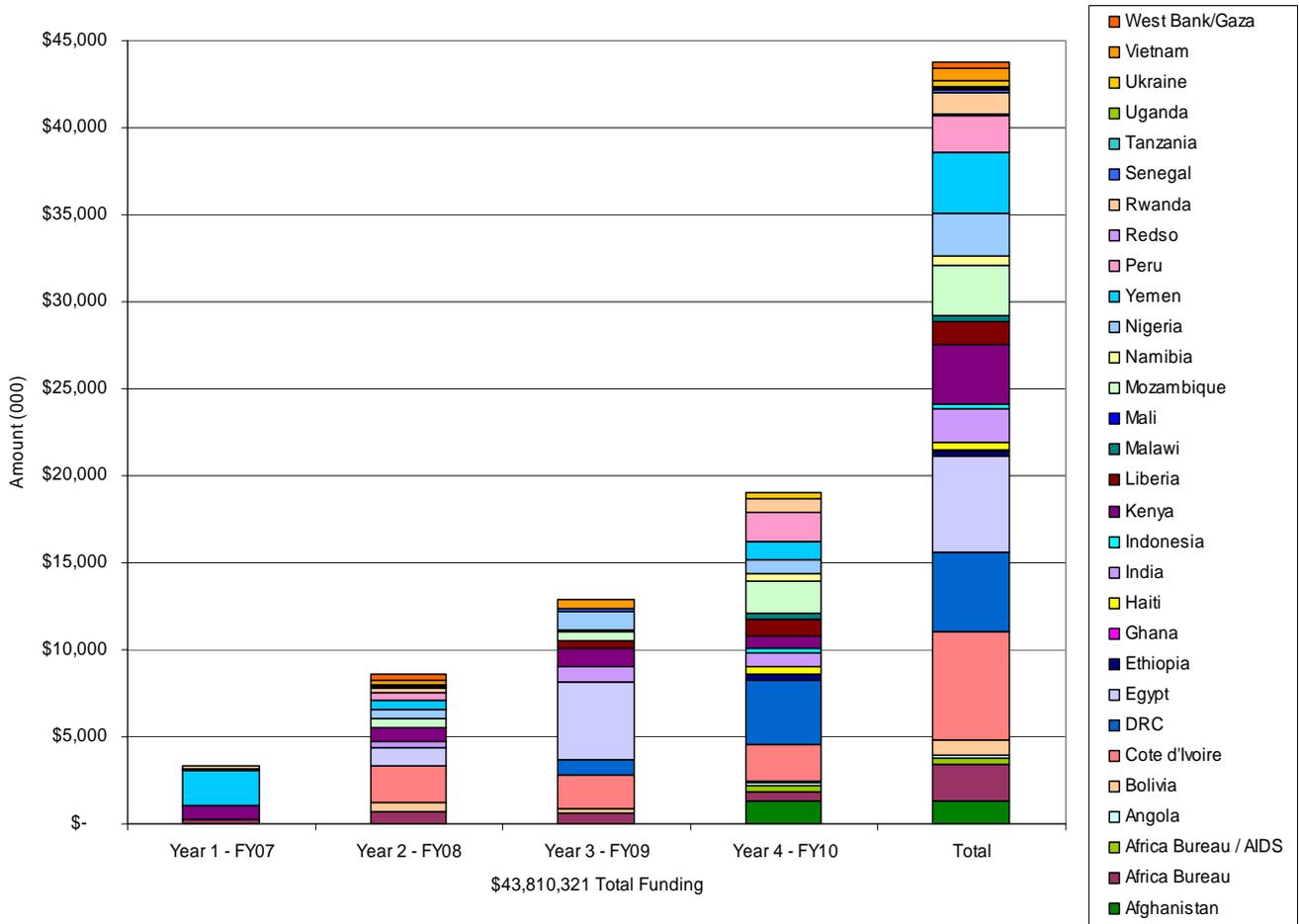
**FIGURE 4. FUNDING OF HEALTH SYSTEMS 20/20 PROJECT**



Technical assistance in the field is a major Health Systems 20/20 task, with a focus on capacity building through collaboration/coaching, subgrants and agreements, and formal training approaches. It is anticipated that over the life of the project, funding will be approximately 75 percent field support and 25 percent core funding. As of the end of Year 3, field support funds accounted for 65.6 percent of project funding.

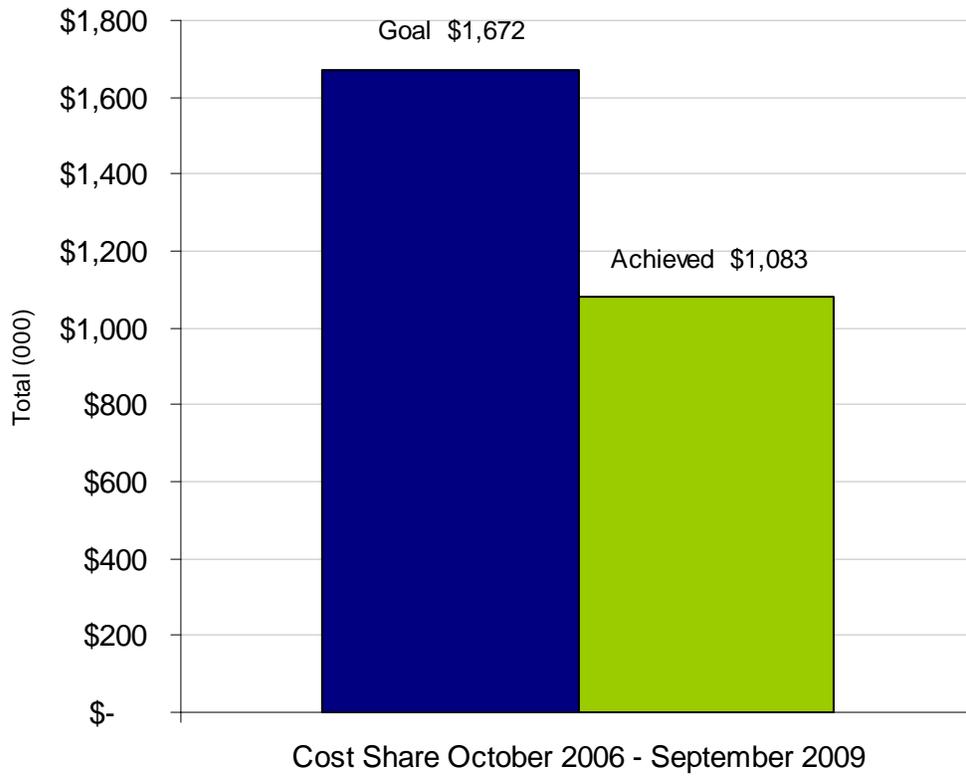
The number of countries where Health Systems 20/20 has activities increased dramatically from five in Year 1, to 21 in Year 2, and to 29 in Year 3, with continued expansion expected in the coming year. Figure 5 breaks down funding by project year and country.

**FIGURE 5. HEALTH SYSTEMS 20/20 FIELD SUPPORT FUNDING**



The Health Systems 20/20 cooperative agreement includes a 5 percent cost share requirement for the recipient team to contribute through direct and third-party contributions. In Year 1, the project established rigorous cost share guidelines and reporting forms. As of the end of Year 3, the project had successfully achieved 64 percent of cost share goal (Figure 6). We expect to revise the Year 3 cost share upward once final documentation of contributions that have accrued in several field activities is received, including activities in HSS under the U.K. Department for International Development (DFID)-funded Paths II project in Nigeria.

**FIGURE 6. COST SHARE ACHIEVEMENT 64% OF GOAL FOR PROJECT YEARS 1, 2, AND 3**

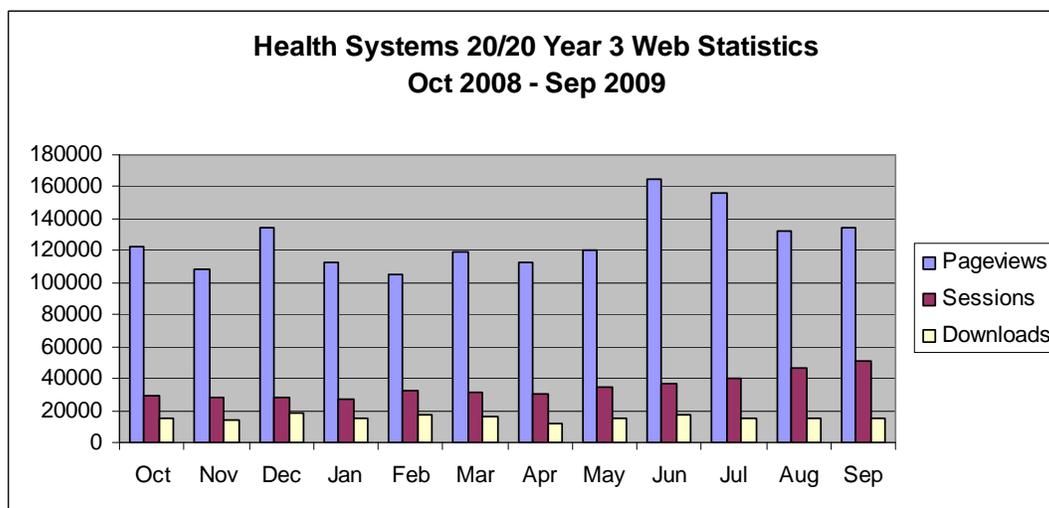




## 7. WEB SITE STATISTICS

Year 3 dissemination activities increased significantly with an average 146 percent increase in web page views per month from Year 2 (Figure 8). Users from 217 countries accessed the site, an increase of 77 countries from Year 2. Fueling this growth was the relaunch of the Health Systems 20/20 online database, the continued promotion of the project on Facebook and Twitter, and dissemination of 11 project e-announcements to some 2,500 contacts.

**FIGURE 7. HEALTH SYSTEMS 20/20 WEB SITE PAGEVIEWS, SESSIONS, AND DOWNLOADS, YEAR 3**



Note: Pageviews: Requests from a visitor's browser for a displayable web page, a single user can rack up many page views.  
Sessions: A series of clicks on the site by an individual visitor during a specific period of time.  
Downloads: The number of times files on the web site are requested for download.

**FIGURE 8. HEALTH SYSTEMS 20/20 WEB SITE PAGEVIEWS, YEARS 2 AND 3**

