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STRENGTHENING MOH CAPACITY IN HEALTH FINANCIAL MANAGEMENT & ADMINISTRATION

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT:
"THE FLAGSHIP PROJECT"

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SECTION I: OVERVIEW

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestine Ministry of Health (MoH). The Project's main objective is to support the MoH, select nongovernment organizations, and select educational and professional institutions in strengthening their institutional capacities to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-base health, and (3) supporting procurement of health and humanitarian assistance commodities.

This report focuses on the first component, through which the Flagship Project supports the implementation of health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in health finance, the Ministry will strengthen its complex role as a regulator and main health service financier and provider.

Health finance capacity-strengthening was a key area identified by the MoH during its 2008 health sector needs assessment and its recent Leadership Development Workshop, conducted by the Flagship Project in July. To respond to the need, the Flagship Project met several times with the MoH to identify priority health finance skill areas and determine a course of action to strengthen the MoH's health finance capacity. Two ways identified by the MoH were to develop and incorporate a finance management training module for the Leadership Development Training Program, and to develop a health finance capacity-strengthening training program for senior, mid and junior level MoH from central, district and facility levels. The culmination of the Finance Capacity-Strengthening Program (FCSP) will be sector-wide understanding of MoH finance reform strategies and stronger finance management and administrative skills.

To achieve this, the Project with technical expertise from Health Systems International (HSI), one of its technical partners, will support the MoH in developing and implementing the FCSP. This includes providing tools, methods and technical support in partnership with key MoH staff who will act as "finance champions."

The purpose of this trip was to:

- Meet with MoH senior and middle managers and administrators to gain an understanding of MoH goals and objectives for the finance training module and FCSP;
- Identify financial planning and leadership competencies to inform the FCSP design;
- Provide materials to support the MoH costing training session in August;
- Review training content of previously held MoH /WHO training; and
- Develop a finance management training module and proposed outline for the FCSP.

SECTION II: ACTIVITIES CONDUCTED

A. Held preparatory meetings with MoH managers and administrators

Meetings were conducted with key MoH staff to gain information on current MoH finance competencies and input for the finance training plan. Held primarily in Nablus, the meetings included senior and middle managers, district and hospital managers, and administrators including:

- Central MoH
 - Dr. Anan Masri, Deputy Minister of Health
 - Saleh M. Thawabteh, Director General of Administration and Finance
 - Dr. Ghaleb Abu Bakr, Director General of Policy and Planning
 - Dr. Khaled Qadri, General Directorate of Primary Health Care (PHC) and Public Health
 - Dr. Said Hammauz, Director General of Higher and Continuing Health Education
 - Rezeq Othman, Director of Procurement Unit
 - Samer Fahmi Jabr, Director of Health Economics Department
 - Khaled Masri, Director of Human Resources Department
- District MoH
 - Dr. Khaled Qadri, General Directorate of PHC and Public Health, Nablus district
 - Amew Hamdallah, Administrative and Finance Director, Nablus district
 - Nazmeih Alm Samna, Deputy and Personnel Directors
 - Sameen Mohammad, Accountant
- Hospital Managers and Administrator
 - Samer Awartani, Administrative Director of Rafidia Hospital (MoH), Nablus
 - Rana-Saffarini, Director of Finance, Rafidia Hospital, Nablus

B. Provided support to the MoH for carrying out a costing training session

Several meetings were held with the MoH Director of Health Economics Department, Mr. Samer Jabr, who is responsible for carrying out MoH facility costing analysis. Mr. Jabr is implementing a scale-up of a previous study to 12 additional hospitals and PHC clinics. In August,¹ he will carry out a three-day training session to build basic accounting, costing and finance management skills for facility managers and finance directors. At the end of the session, trainees will be required to complete 2006-10 costing worksheets for their respective facilities. Mr. Jabr will carry out SPSS data analysis to provide the MoH with facility and department based costing estimates. The Flagship Project is providing resources for the training and requested HSI to provide materials support. The consultant reviewed draft training presentations and provided proposed PowerPoint slides, training materials, case studies and advice on training methods.

¹ Two three-day training sessions will be held between August 10 – 18 in Nablus and Ramallah and will include facility managers and finance directors from all West Bank MoH districts.

C. Developed a finance “launching” training module and FCSP

With information collected from MoH meetings (see II.A) and support from the Flagship Project team, a draft finance training module (see Appendix D) and a draft outline for the Finance Capacity-Strengthening Program (FCSP) (see Annex E) were developed. Several meetings were held with the MoH Department of Policy and Planning to discuss and receive feedback on draft training module plans. The draft plan will be presented at the next Technical Committee meeting for review, feedback, and finalization.

D. Developed a report on financial planning and leadership competencies

Meetings with senior and middle managers at all MoH levels provided a consistent perspective on key finance competencies and challenges, as well as MoH priorities for improving finance management capacity. From this information, a brief report has been developed that will be used to inform the FCSP (see Annex F).

E. Developed Flagship Project STTA projections for health finance

The Flagship Project staff are in the 2010 work planning process and requested HSI input regarding STTA projections. STTA projections were provided that are in line with the draft FMSP and other work plan items.

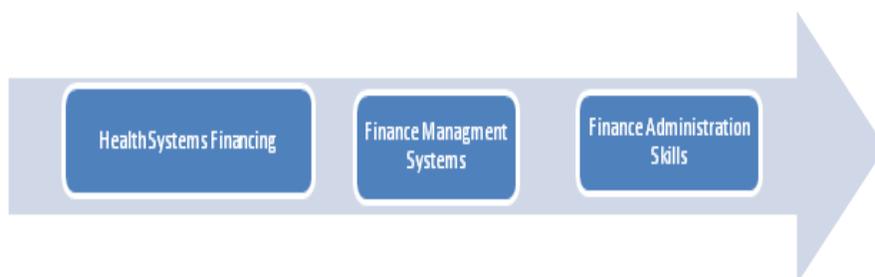
SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS/ACTION PLAN

A. Findings

1. MoH Priorities: A FCSP Framework

The MoH has many strengths and opportunities to achieve its priority goal to strengthen its capacity to mobilize and manage resources to ensure an equitable, efficient health system providing high quality services. It has developed a strong policy foundation with the Palestinian Reform and Development Plan (PRDP) and National Strategic Health Plan (NSHP) that set out a framework of goals, objectives, and performance targets. It has helped mobilized the donor community to support several critical finance initiatives and stopgap recurrent costs. The MoH is gaining the confidence of the Ministry of Finance (MOF) that is beginning a phased program of transferring financial authority to line ministries, including the MoH. Finally, the MoH employs talented leaders committed to effective finance reform.

A key finding of this consultancy is that the MoH is highly appreciative of the Flagship Project's support and is committed to targeting the complex set of finance challenges. During the weeklong consultancy and numerous MoH meetings, it became clear that the inter-dependent bottlenecks experienced by MoH would require a three-pronged integrated FCSP approach (illustrated below) that would culminate in the promotion of stronger health finance policy, systems and administrative skills.



The following summarizes this FCSP framework reflecting priority MoH capacity challenges:

MODULE 1: Health systems financing

This module focuses on health sector-wide issues targeting finance policy reform and the requirement to build a culture of MoH finance leadership and advocacy. It will aim to achieve the following outcomes:

- Common understanding of components and functions of the Palestinian health finance system;
- Common, realistic vision and commitment for finance system reforms and change;
- Improved knowledge and skills about finance leadership and advocacy;
- Practical strategies for promoting finance system change and reform.

The MoH faces undeniable challenges within a finance policy environment that has been centralized but is experiencing gradual reforms, including potential MOF plans to transfer

limited financial responsibility and control to the MoH. A MoH policy environment is required that positions the MoH to build stronger partnerships with the MOF and other sector decision-makers to enable increased MoH finance accountability. A recently published World Bank policy paper suggested that a “critical” area for MoH technical assistance was in finance management policy development, which will require strengthened leadership and advocacy skills.

A key function of a health sector finance system is to mobilize and manage resources to meet health service costs. MoH capacity to meet these functions are constrained by two key factors that, while not within MoH direct management control, can be influenced with strengthened leadership, negotiation and advocacy skills:

1. *Resource shortfall:* The current economic, political, and policy environment has led to significant resource shortfall in spite of a 65% increase in health sector spending between 2000 and 2005. The shortfall is a result of many complex factors, including reduced government capacity to finance health services, declining tax revenues to offset Government Health Insurance imbalances and other spending imbalances, and additional financial stress with increasing demand and cost of operating new facilities.

2. *Lack of finance management control:* MOF central control and unpredictable revenue outlays has severely hampered MoH's capacity to plan and monitor its resources and meet recurrent costs. The MOF and other ministries or sectors (i.e. Ministry of Interior, UNRWA, private companies, and NGOs) control much of health sector spending, with a lack of harmonized information about resources and expenditure patterns. The MoH budget does not appear to be based on needs assessment or true cost projections. The majority of the MoH budget is allocated to staff salaries (60%) paid by the MOF with delays up to nine months. Staffing costs along with the significant cost for special treatment referrals leaves critically limited resources left for essential operating, pharmaceutical and capital investment. Revenues collected out-of-pocket (40% of total health spending) is sent directly to the MOF. An exception to this is a monthly “petty cash” amount (2000NIS) sent to facilities to support approved operating costs.

Meeting these challenges and shaping change requires MoH capacity to assume the leadership in building true partnerships with the MOF and other sectors that instill confidence in the MoH's commitment and capacity to assume greater finance control and responsibility.

MODULE 2: Strengthening MoH finance management systems at all levels to build infra-structural capacity and external confidence

Building inter-sectoral confidence in MoH capacity will require accelerated renewal and modernization of its finance management system. This module will focus on providing participants with knowledge and tools required for finance management strengthening. It will target several MoH priority outcomes:

- Common understanding of current finance management infra-structures and the way forward;
- Common vision and motivation of priority finance management changes;
- Tools for improving the MoH budgeting to fit with program-based budgeting;
- Tools for improving finance information and knowledge management;
- Costing tools and methods to inform comprehensive financing;
- Tools for developing comprehensive chart of accounts and financial statements;
- Understanding requirements for developing comprehensive chart of accounts;

- Knowledge of costing concepts i.e., overhead costs, depreciation, etc.; and
- Tools to improve health sector efficiencies and cost containment.

MoH effectiveness in finance management control is constrained by outdated and inefficient infra-structures. As the MOF moves toward supporting incremental distribution of finance accountability and authority to the MoH, effective finance management systems with internal controls will need to be rapidly put into place. Also, capacity-strengthening is required to prepare decentralized levels for devolution of finances.

The MoH has identified priority areas for strengthening finance management capacity that will be an integral part of the financial management capacity strengthening program including:

- *Effective budgeting systems:* A focus of this module will include provision of tools and best practices to promote strengthened budgetary cycles. The current bottom-up MoH budgeting system is outdated and creates a general gap in top-down finance information and lack of lower level empowerment. Districts and hospitals are required to prepare annual budgets based on unreliable historic data, and there is reportedly little or no feedback regarding budget approvals and allocations. PHC clinics do not prepare budgets but send routine requests for in-kind support that are not based on standards, needs assessment, or evidence-based information.
- *Improved finance information and knowledge management:* The current finance management system is constrained by the lack of computers, inefficient manual procedures, and cumbersome reporting requirements from the MOF/MoH, donors, and NGOs with little feedback. The MoH is committed to developing a comprehensive finance information system and improving the use of National Health Accounts and other available data to support improved analysis, evidence-based planning, and increased accountability and control.
- *Finance and economic costing data collection and analysis:* A constraint in mobilizing and managing health sector resources has been the lack of information about the true cost of health sector services and programs. Out-of-pocket charges are standard and not based on true cost, and provider reimbursement is not reliably a reflection of cost. The cost-benefit of alternative services or potential cost savings from improved efficiencies cannot be measured. The MoH costing objectives include:
 - Revising its chart of accounts to integrate reliable cost information;
 - Establishing equitable user fees that reflect the cost of services;
 - Promoting budgets that reflect reliable costs;
 - Developing reliable data for forward estimates of resource needs;
 - Establishing and tracking program costs for budgets required in 2010;
 - Proactive planning for GHI premiums that reflect costs;
 - Support capacity to carry out cost-benefit and actuarial analysis; and
 - Provision of complete cost information for sustainability planning.
- *Comprehensive chart of accounts and financial statements:* The MoH requires the capacity to shift toward more comprehensive service and program-based accounting system. Sector-wide finance information will facilitate MoH capacity to produce and use reliable chart of accounts and finance statements to improve its management, control and accountability at all levels.

- *Harmonizing finance resources:* There is a current lack of finance harmonization between government departments (i.e., MOF, MOI) and procurement that weakens MoH capacity to comprehensively plan for needed resources and sustainability. Improving sector-wide transparency will be supported by the use of NHAs and increased MoH capacity to track resources and control over resource allocation in line with Palestinian public health priorities.
- *Building HR efficiency and cost savings:* Although staffing wages are currently paid directly out of the MOF, there is opportunity for the MoH to build its capacity to manage a more efficient workforce. This requires improved MoH capacity to target inefficiencies within its management control (i.e., staffing mix, productivity, retention, motivation, and training needs). The recent development of a MoH human resources department provides good opportunity to focus on these issues as the MoH moves toward increased human resource control.

MODULE 3: Strengthening finance administration skills

Supporting improved finance management systems will require updated, renewed administrative skills at all levels. This module will support basic skill development with the following participant outcomes:

- Strong finance and accounting basic knowledge and skills;
- Knowledge and tools for establishing accounting practices and skills in compliance with international public sector accounting standards

A central focus for the FCSP is to meet MoH objectives to proactively strengthen skills to keep pace with management system changes. The weeklong meetings with MoH leaders confirmed that finance management and accounting skills were required at all levels from senior management to facility level accountants. The following are target components:

- Establishing accounting systems and skills that meet international standards;
- Ensuring that all district and facility level accountants have strong skills;
- Instilling an appreciation and understanding of comprehensive charts of accounts, based on services and program.

2. FCSP Format and Methods

The meetings held with MoH senior managers and facility directors provided clear, consistent principles and guidelines for the FCSP format and methods, including:

- Create FCSP content that is realistic and innovative and applies change agent approaches that reach for future reforms including decentralization;
- Provide a long-term capacity-strengthening program rather than short-term training;
- Apply sequential learning building blocks that are repetitious with a consistent group of highly selective, motivated participants;
- Support MoH's selection of participants based on a standard set of criteria established by a FCSP working group;
- Apply a cascading training model with TOT training to MoH staff that will ensure the institutionalization of finance training;
- Supplement off -site training with on-site coaching and other innovative experiential teaching processes;

- Use finance “best practices” (i.e., social health insurance and finance management models and case studies);
- Conduct some training in English to encourage English-speaking, with interpretation from MoH staff members;
- Implement an initial knowledge/skill assessment and an evaluation every three months; and
- Include MoH central and district senior managers, finance and medical directors as participants.

B. Recommendations

See Appendix D and E as key recommendations for moving forward with a finance management “launching” training modules and longer-term FCSP. Additional recommendations include:

1. This report indicates the need to establish pilot hospital and PHC clinic facilities (levels 1-4) to rapidly provide a model for decentralization with service and program-based costing, budgeting, and payment schemes. The Flagship Project should explore opportunities with the MoH for such pilots.
2. NGO sustainability and scale-up requires technical assistance to build finance mobilization and management strategies, as well as commitment toward increased finance harmonization.
3. The Flagship Project should continue dialoguing and coordinating with other donors, especially the World Bank, on the Project’s finance technical assistance role with a focus on building MoH finance policy development and management capacity.

C. Next Steps

As stated above, the next step is to share the draft outlines with the MoH-Technical Committee, incorporate feedback, and seek approval of the draft Finance Training module and FCSP. (See also Annex E for illustrative timelines.) Following this, the Project and MoH will develop finalized timelines, plan, and implement the FCSP.

ANNEX A: TERMS OF REFERENCE

Palestinian Health Sector Reform and Development Project Scope of Work (SoW)

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT (Flagship Project) SCOPE OF WORK

Position Title: Health Sector Financial Management Expert
Job Classification: Short-Term US expatriate Consultant
Reporting To: Ziad Abdallah, Acting Director of Health Reform
Date of Assignment: July 27-31, 2009
Total Number of LOE: 6 days of LOE

Flagship Project Objective

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

Technical Background and Purpose/Need for ST Consultancy

A strong financial management system is a key determinant to the sustainability of a health facility and system. An effective and efficient financial management system requires clear policies and procedures for staff to follow to accurately record and report on financial information. In addition, financial management is critical for health care staff at the central, district, and facility levels to make sound and timely decisions about use of resources. Furthermore, financial management promotes accountability and transparency within the MoH.

Financial management was a skill area identified by the MoH during its recent Leadership Development Workshop. As such, the Flagship project will develop a financial management

training module as part of the Leadership Development Training Program, as well as identify and develop a long-term financial management training plan for various levels and audiences within the MoH.

Specific Tasks

Working with a MoH permanent staff member and the Flagship Project team, the consultant will complete the following deliverables:

- Review training content of previously held MoH/WHO training for accountants, administrative directors, and procurement staff
- Identify financial planning and leadership competencies that can inform the development of the Financial Management Module, as part of the Leadership Development Program for the MoH, in coordination with TRG.
- Collaborate with MoH counterparts, the Flagship team and the MoH staff member to develop a proposed outline for future refresher and other training course (with suggested timeline, session agendas and outlined topics, and descriptions of proposed tools and methodologies).
- Deliver a final report, including findings, lessons learned, recommendations, participant feedback, and follow-up steps.

Deliverables

- A training plan to improve capacity of accountants and financial managers to better perform their duties and support the services of MoH facilities.
- A report on financial planning and leadership competencies that can inform the development of the Financial Management Module, as part of the Leadership Development Program for the MoH, in coordination with TRG.

Education, Qualifications and/or Equivalent Experience

- Graduate degree in health finance, health economics, accounting, public administration or a related field.
- A minimum of 7 years experience working with public sector organizations on financial management issues.
- Experience in designing and delivering training workshops in collaboration with local partners using adult learning methodologies
- Knowledge and experience in health care financing/financial management services in the West Bank and Gaza.
- Excellent oral and written communication skills.
- Ability to work with and communicate with a wide variety of people.

ANNEX B: CONSULTANT CV

Anne L. Martin-Staple PhD

Contact: 919 688-0616 (Office) or 919 475-7462 (Cell)

Email: anne.staple@hsinternational.org or anne.staple@duke.edu

Address: 120 BriarCliff Road, Durham, North Carolina 27707

EDUCATION AND TRAINING

Ph. D. Health Economics, 1984, London School of Economics

MA, 1971 University of Chicago

BA, 1968, Florida State University

1980, Financial Management for Health Care Executives, Harvard University

Anne Martin-Staple, PhD is a health economist trained at the London School of Economics with over 25 year experience working in global health. She has provided technical analysis and support in health reform and strengthening health systems in over 20 countries in each region with a focus on health finance, policy and strategic planning. She has worked on numerous projects with USAID, World Bank, WHO as well as civil society and alliance organizations.. Dr. Martin-Staple has a strong track record of successfully collaborating with senior decision-makers within MoH, MOF and civil society at all levels. She has been a member of multiple international and national working groups. Dr. Martin-Staple currently holds a senior research scholar and teaching appointment at Duke University and continues to speak at international conferences and workshops. She has published and presented numerous papers on global health issues.

PROFESSIONAL EXPERIENCE

2003-Present: HEALTH STRATEGIES INTERNATIONAL LLC (HSI)

President and Chief Economist

Health Strategies International, LLC (HSI), is a small women-owned business that provides technical support in finance/economic, policy, human resource development, and monitoring and evaluation. Dr Martin-Staple leads HSI's technical assignments in finance reform, human resources and program management. She provides strategic and technical support to in-country project teams and serves on combined US AID/donor/host country working groups. She has carried out technical assignments in all HSI projects that include (past five years):

- With a four year USAID project, providing technical support to the Romanian MoH in implementing health sector reforms with a focus on finance and other policy priorities. Working with senior MoH officials, Dr. Martin-Staple supported developing the Romanian national health insurance secondary legislation and carried out a needs assessments and cost-effectiveness study to support the development of an essential health benefit packages. She participated

in advocacy and technical training programs at district health levels to support decentralized prioritization of health services interventions. She also led the development of a policy evaluation toolkit and training programs at centralized MoH and decentralized levels throughout Romania.

- In two countries, Dr. Martin-Staple supported development of secondary legislation, policies and option finance structures for national health insurance schemes;
- Carried out national program costing for optional benefit health packages and health program development in over ten countries;
- Developed and implemented finance tools and provided training to planning and management staff at all levels to apply practical finance tools for use in decision-making;
- In collaboration with senior MoH officials, carried out national and program specific human resource assessments and economic analysis that culminated in developing planning and financial models to address multiple workforce issues;
- Provided technical lead on best practice Global Fund health systems strengthening proposals;
- Developed a toolkit for Global Fund health systems strengthening proposals that has recently been published by WHO;
- Carried out economic analysis of disease specific programs to determine and mobilize required resources;
- Provided finance management and budget planning technical support at MoH and lower levels including developing practical tools and carrying out finance training;
- Carried out national assessments of TB laboratories including costing analysis of human resource requirements;
- Developed program monitoring and information systems including a notable best practice project management information system (PMIS) and PMP that provided routine dissemination of program impact indicators;
- Developed monitoring and evaluation tools and training workshops for MoH staff as well as civil society organizations;

2003-present: DUKE UNIVERSITY

Terry Sanford Institute of Public Policy and Center for International Development.

Research Scholar and Lecturer

Graduate and undergraduate level teaching responsibilities in global health policy, global health finance, and economics. Seminar topics include health sector reform, pharmaceutical pricing reform, national health insurance options, and comparative finance systems. Carry out executive courses targeted toward senior public sector leaders in developing countries and summer courses at Peking University, China. Faculty thesis advisor and committee member.

1997-2002 PRINCETON UNIVERSITY

Woodrow Wilson School of Public Policy and International Affairs

Lecturer

Graduate and undergraduate teaching and responsibilities including: “Health Care Policy in Developing Countries”. Task Force Faculty Director for undergraduate program.

1992- 2003 Self EMPLOYED INDEPENDENT CONTRACTOR

Consultant on numerous global health projects in strategic planning, health care finance/economics and health sector reform project planning. Illustrative examples of projects include:

GPA/WHO and UNAIDS: Developed prevention and care guidelines, costing projections, planning tools and providing technical support to countries implementing national HIV/AIDS programs.

World Bank:

- Mission leader for country national HIV/AIDS assessments including development of HIV/AIDS (LIL) projects and community based program strategies.
- Carried out training programs in strategic finance planning including one month at the University of Beijing.

Family Health International: Developing and implementing strategy plans for AIDS community care and hospice programs in two countries.

Abt Associates, Inc. – Carrying out cost-effective analysis to support improved transport and other logistics infra-structures for delivery of health services.

USAID – Senior participant on teams developing national HIV/AIDS prevention programs in four countries.

Duke University - Carried out training session on health sector reform for senior Chinese officials.

1987-1991 FAMILY HEALTH INTERNATIONAL

Senior Economist

Finance Specialist for AIDSTECH Project responsible for economic and finance component of the AIDSTECH Project, a \$28 million USAID contract to develop HIV/AIDS prevention and care programs in the developing world. Included developing and carrying out strategic and finance projects such as cost analysis, cost-effectiveness analysis and economic analysis of the impact of HIV/AIDS and alternative prevention and care strategies.

1984-1987 DUKE UNIVERSITY MEDICAL SCHOOL,

Department of Health Administration,

Assistant Professor

Faculty member responsible for graduate level teaching in the areas of health economics and finance, health management, strategic planning, human resources and organizational development. Research responsibilities included health finance/economics and managed care.

1981-1984 ST. THOMAS'S MEDICAL SCHOOL,
Department of Community Medicine, London, England

Research Fellow

Research related to examining alternative strategies for improving health care services efficiency in the area of elective surgical procedures.

1976-1981 REDWOOD COAST PROFESSIONAL REVIEW STANDARDS ORGANIZATION

Executive Director

Executive responsibility for private health organization with management responsible for 40+ employees and budget of \$1.5 million reporting to board of directors. Developed and implemented government and private contracts to carry out programs to monitor the utilization and quality of health care services provided in twenty hospitals and other health care facilities.

1971-1976 DHEW, NATIONAL INSTITUTE OF MENTAL HEALTH

Program Specialist

Responsible for development of quality of care standards for mental health facilities. Senior manager for Nursing Home Improvement Program responsible for developing programs in eight US States.

EXAMPLES OF PUBLICATIONS/PRESENTATIONS AND PAPERS

- Martin-Staple, Anne, 2009, "*Guidebook and Tools for Winning Global Fund Health Systems Strengthening Request*," Published by WHO, 2009
- Martin-Staple, Anne, 2008, "*Civil Society: Mobilizing Community Health Workers for Malaria Control*," Presented at the International Unite for Sight Conference, Yale University, April, 2008.
- Martin-Staple, Anne, 2008, "*Human Sector Human Resources Crisis and Integrated Solutions*" *Lessons From Malawi and Zambia*", Accepted for publication in "Human Resources for Health"
- Martin-Staple, Anne, 2008, "*Human Resources Shortfall and Solutions: Malaria Control in Zambia*", Presented at the Triangle Malaria Consortium Workshop", Duke University.
- Martin-Staple, Anne 2008, "*Solutions to Health Sector Human Resource Shortages in Sub-Saharan Africa*", Presented at Global Health Workshop, Duke University.
- Martin-Staple, Anne, 2008, "*Human Resource Shortfall and Solutions for Malaria Control Program Scale-up*", Presented at the Bill and Melinda Gates Malaria Forum, Seattle Washington, October, 2008.
- Martin-Staple, Anne, 2007, "*Winning Health Systems Strengthening Global Fund Proposals: Lessons from Malawi*", Presented at the Workshop on Health Systems Strengthening for the Asia-Pacific Action Alliance on Human Resources for Health, Bangkok, Thailand, May 2007.
- Martin-Staple, Anne, 2007, "Assessing Civil Society Capacity for Malaria Control in Zambia" and "*Assessing the Cost for Meeting Zambian Training Institution Targets*", Presented at the Fourth National Health Research Conference, Lusaka, Zambia, and January 2007.

Martin-Staple, Anne, 2006, ***“Winning Global Fund Proposals: Health Systems Strengthening”***, Presented at the UN Event: Using the Global Fund to Support Health Systems Strengthening, May 2006.

Martin, Anne, 2003 ***“Social Insurance Feasibility in Ghana”***, Presented to Presidential Cabinet, April, 2003.

Martin, Anne, 2002, ***“Assessment of Immunization Transport Systems”***, TRANSAID, Abt. Associates and WHO publication.

Martin, Anne, 2001, ***“HIV/AIDS Pharmaceutical Issues in Developing Countries”***, APHA presentation, Boston, Ma.

Martin, Anne et al., 1999, ***Cost-Impact of Home-Based Care for People Living With HIV/AIDS in Zambia***, World Health Organization publication.

Martin, A.L., 1996, ***“The Global Cost of HIV/AIDS Care”***, *AIDS In the World II*, Chapter 36, Oxford University Press.

Martin, A.L., 1995, ***“Cost and Impact of Home-Based Care”***, presented at the International Conference of Care of Persons With HIV/AIDS, Montreal, Canada.

Martin, A.L., 1994, ***“The Economic Costs of Caring for Persons with HIV/AIDS”***, International Conference on AIDS, Yokohama, Japan.

Martin, Anne and Tapia, R.,M.D., 1991, ***“The Direct Costs of AIDS in Mexico”***, *AIDS*.

Waverlay, Charles, Martin Anne L. et al., 1991, ***“Cost Recovery of Blood Transfusion Services in Trinidad”***, International Conference on AIDS, Florence, Italy.

Martin, A , Wong, R., 1991, ***“Estimating the Cost-Output Ratio of Peer Educator Projects for AIDS Prevention”***, International Conference on AIDS, Florence, Italy.

Dominguez, Cynthia, Martin, Anne L. et al., 1991, ***“An Interactive Model for Optimizing Cost-Effectiveness of HIV Screening and Testing Programs in Developing Countries”***, International Conference on AIDS, Florence, Italy.

Roach, Timothy M.D., Martin, Anne L. et al., 1991, ***“Hospice Planning for PWAs in Barbados”***, International Conference on AIDS, Florence, Italy.

Dominguez, Cynthia, Martin, Anne L. et al., 1991, ***“Estimating the Future Needs and Costs for HIV Blood Screening Services in Filipino Blood Banks”***, International Conference on AIDS, Florence, Italy.

Martin Anne L. et al., 1991, ***“An Interactive Model for Optimizing Cost-Effectiveness of HIV Screening and Testing Programs in Developing Countries”***, International Conference on AIDS, Florence, Italy.

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ANNEX C: BIBLIOGRAPHY OF DOCUMENTS COLLECTED/ REVIEWED

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ANNEX D: HEALTH SECTOR FINANCE CAPACITY STRENGTHENING PROGRAM (FCSP)

DRAFT

I. Long-term goals:

1. MoH finance managers and administrators at all levels well informed of current finance management and reform Palestinian health finance strategies and infra-structures;
2. Improved finance leadership and advocacy skills;
3. Highly motivated, informed, skilled finance management and administration at all levels;
4. Central and district MoH capacity and empowerment to regulate and control sector-wide health financing;
5. Sustained central capacity to provide technical and training support to build district and facility finance infra-structure and skills;
6. Implementation and use of an effective finance information system;

II. Launching the FCSP: Introduction to Finance Management Training

The first step of the long-term finance capacity strengthening program will be a four day training workshop to introduce basic concepts and tools that will be developed and reinforced throughout the FCSP. Participants will gain an understanding of: 1) The current Palestinian health system and envisioned finance reforms as well as best practices from other countries; 2) Finance management tools; 3) Practical finance and accounting skills including budgeting, expenditure tracking, financial statements and comprehensive charting of accounts. Specific objectives include:

1. To inform MoH finance decision-makers, managers and administrators at all levels about the current health finance system and reform vision and strategies;
2. To present best practice finance reform (i.e., social insurance) and management models
3. To introduce basic finance management and administrative/accounting tools;
4. Develop a 5-year comprehensive, costed MoH finance training strategic plan based on competency assessments.

Target location: Training will take place within two MoH regions: Northern West Bank and Central/Southern Region.

Target participants: (No. 80: 40 from each region)

- Central Level: Senior general directors, finance directors
- District Level: Regional directors
- Facility Level: Directors, administrative chiefs, finance managers

Training Approach: The FCSP is a long term course with building blocks to ensure sustained, skills for promoting effective finance reform and management skills at all levels. The course will apply a cascading model whereby central and regional MoH health finance champions will be identified at central and regional levels. A team of finance champions will be provided a preliminary training-of-trainers (TOT) program. MoH regional level trained staff or affiliated trainers will deliver finance training to lower level MoH and health facility staff. By following this approach, we are committed to leaving behind institutions that can work at regional levels to provide training to MoH district level staff, further supporting decentralization and eliminating the need for staff to travel long distances for refresher training. Teaching techniques applied include lecture, participatory exercises, and case studies.

DRAFT OUTLINE:

DAY 1: Introduction to FCSP and Health Reform: Sector wide Perspective Today and Tomorrow

1. The Palestine Health System: Finance Management Today and Reform in Perspective
 - a. Current health system financing
 - i. Financing streams: public, donor, civil society, private
 1. External funding and their role in health finance
 - ii. Current finance management systems (FMS) and processes
 - b. Finance Reform: Strategies and Status
 - i. Criteria: Efficiency; Equity; Quality; Sustainability
 - ii. Components: sector-wide and privatized financing, decentralization, etc.
 - iii. Reform paradigms: Changing roles and responsibilities of public/private sectors: financing, service provision, organizers/managers
 1. Central MoH role: policy, regulatory, control, M&E
 2. Decentralized regional and district level role
 3. Facility evolving roles
 4. HR required to meet reformed roles and responsibilities
 - iv. Models from other countries: Best practices
 - v. Finance reform in the Palestinian context
2. Building Finance Capacity for Reform: Introducing FCSP Framework
 - a. Module 1: Health Systems Financing
 - i. Building skills for leadership and advocacy for finance policy development
 - ii. Negotiating with MOF and other sectors: Best practices
 - iii. Building legislative and regulatory capacity
 - b. Module 2: Finance Management Systems (FMS)
 - i. Current Palestinian infra-structures and the way forward
 - ii. Tools for improved budgeting
 - iii. Improving finance information and knowledge management
 - iv. Comprehensive financing through costing
 - v. Improving management control and efficiencies: Lessons from HR
- c. Module 3: Finance Administrative Skills Components
 - i. International standards for accounting

- ii. Innovations in accounting systems and skills: Best practices and lessons learned
- iii. Improving basic accounting skills
- 3. Module 1: Introduction to Health Systems Finance
 - a. Finance Policy Development
 - i. MoH role in finance policy development
 - ii. Leadership, advocacy and negotiation skills for influencing finance policy change
 - b. Mobilizing and controlling multi-sectoral resources i.e., donor, NGO
 - c. Mobilizing private financing
 - d. Private finance models i.e., private/social insurance and cost recovery
 - i. Best Practices: A Case Study in Social Insurance (Costa Rica)
 - ii. Willingness/ability to pay studies: Impact of pricing on equity and access
 - iii. Establishing pricing schedules: best practices, strategies and methods
 - e. Provider payment
 - i. Alternative provider payment systems i.e. DRGs, capitation, outcome and performance-based
 - f. Decentralizing FMSs
 - i. Levels of decentralization: Best practices
 - ii. Roadmap to success
 - 1. Updated and comprehensive FMSs and control: Best Practices
 - 2. Components of Effective FMS
 - a. Comprehensive information and Knowledge Management: NHAs
 - b. Finance management capacity at all levels: Costing, planning, budgeting and tracking capacity

DAY 2: Strengthening Finance Management Systems (FMSs)

- 1. Introduction: Components of effective FMSs
- 2. Improved resource planning and budgeting: Best practices, models and tools
 - a. Concepts of budgeting
 - b. Evidence based and comprehensive:: public, donor, private, civil society
 - c. Applying finance tools to develop evidence-based budgets
- 3. Improved finance information and knowledge management
 - a. Applying data for evidence-based planning and decision making
 - b. Tools for applying information for improved tracking finances
 - c. Tracking allocative and technical efficiency/productivity
- 4. Finance and economic costing: tools and models
 - a. Costing concepts: i.e. depreciation, overhead
 - b. Costing analysis: Strategies and methods: Best practices
 - c. Cost-effectiveness analysis for assessing benefit packages, patient flow
 - d. Utilization analysis and cost impact i.e., admission, re-admission, length of stay
- 5. Building comprehensive charts of accounts and financial statements
- 6. Tools for improved sector-wide finance harmonization

7. Improving HR efficiency
 - a. Tools for determining labor market patterns
 - b. Tracking and managing HR costs and expenditure
 - c. Improving HR cost control i.e. productivity, staffing mix, brain drain, attrition

DAY 3: Strengthening Finance Administrative Skills

1. Introduction to international accounting standards and best practices
2. Designing and implementing comprehensive chart of accounts
3. Introduction to accounting principles models and concepts: i.e., depreciation
4. Developing evidence-based budgets
5. Introduction to innovative accounting skills

DAY 4: Strengthening Practical Finance Management and Administration

Skills:

1. Case studies and exercises to strengthening basic finance and accounting skills

ANNEX E: HEALTH FINANCE CAPACITY-STRENGTHENING

Draft

A Program for Strengthening Finance Systems, Management and Administration Capacity

Introduction:

This paper outlines a draft plan for carrying out the MoH Health Sector Finance Capacity Strengthening Program with USAID Flagship Project support. The program will be designed and implemented between August 2009- October 2010. It will focus on strengthening a finance reform culture and capacity at all levels of the MoH as well as institutionalizing a MoH system of health finance training and technical support. The program will reach all levels of the health system (i.e., central, district and facility) and integrate MoH partners including the private and civil society sector.

Two key goals of this finance capacity strengthening program are to:

1. Institutionalize a common MoH and stakeholder vision and vocabulary for finance reform at all levels;
2. Ensure that decision-makers, managers and administrators have finance knowledge, tools and skills to ensure effective implementation of current and future finance systems.

Three health financing areas will be targeted:

- **Module 1: Health systems financing:** This section includes a finance reform paradigm and defines current Palestinian reform status. It will introduce finance reform best practices and challenges from other countries. Topics will range from the current Palestinian finance system to MoH finance reform goals and strategies. Finance reform information will be presented applying a global health paradigm that will include the MoH vision and strategies for increasing resource mobilization and efficiency, improving allocation, and ensuring equitable access to basic health services. Participants will learn the competency and skill sets required to meet finance reform challenges at all MoH levels.
- **Module 2: Finance Management System:** This section will provide participants with a comprehensive toolkit to improve finance management and prepare for reform. Topics and best practices will range from methods and tools for monitoring financial expenditures and costs to building a culture of evidence based finance planning and decision making at all MoH levels. Graduates from the program will learn and practice skills for improving efficiency and productivity as well as accurately projecting resource requirements for staff and other costly inputs.
- **Module 3: Finance Administration:** This section will provide finance administrators with critical basic skills required to improve finance competency at all MoH levels with a focus on facility levels. Participants will learn basic principles and skills of accounting and how to develop and track budgets and the importance of evidence based planning. Graduates will be provided a basic toolkit of skills and opportunity to practice learned techniques through exercises and case studies.

Goals:

The goals for the finance capacity strengthening program include:

1. Ensure that government stakeholders (i.e. MOF, MOT, MOE) and other sectors (i.e., private, UNRWA, civil society) are informed and share a common MoH finance reform vision and strategy;
2. Inform and prepare MoH finance decision makers, managers and administrators at all levels about the finance reform vision and strategies;
3. Motivate and build finance management and administrative capacity at all levels;
4. Build MoH capacity to regulate, control and provide technical support to build lower level finance managers and administrators;
5. Build sustainable MoH capacity to provide long-term finance management/administration training at all levels;
6. Promote an effective finance information system and build a culture of knowledge management and evidence-based decision making;
7. Improve MoH capacity to monitor all finance streams i.e., MOF, international donors and decentralized i.e., donor resources going directly to lower levels, civil society, NGOs;
8. Improve MoH capacity and empowerment to regulate, control and support lower level finance management

Training Approach:

The “Health Sector Financing Program for Strengthening Finance Systems, Management and Administration Capacity” will be carried out between August 2009 – October 2010. The Program will apply a cascading model whereby central and regional MoH health finance champions will be identified at central and regional levels. A team of finance champions will be provided a preliminary training-of-trainers (TOT) program. MoH regional level trained staff or affiliated trainers will deliver finance capacity strengthening to lower level MoH and health facility staff that will include training, on-site coaching and technical assistance. By following this approach, the Flagship Project is committed to leaving behind institutions that can work at regional levels to provide training to MoH district level staff, further supporting decentralization and eliminating the need for staff to travel long distances for refresher training.

Innovative teaching techniques will be applied to ensure that the course material is practical, experiential and motivational including video, participatory exercises, case studies, presentation and role playing. Best practices from other countries will be continuously introduced throughout the program.

A pre- and post assessment will be carried out with each segment of the program to ensure that participants are gaining required knowledge and competency skills.

Participants: The participants of the program will be a consistent class of highly motivated and committed health sector decision makers, managers and administrators from all levels of the MoH, i.e. central, regional/district and facility. The MoH, in collaboration with the Flagship Project, will develop a set of criteria to apply in selecting a group of roughly 40 program participants. It is envisioned that this group will be consistent throughout the program implementation.

Program Phases:

I. FCSP Launching: Introduction to Finance Management Training (See Annex D)

II. Module 1: Finance Health Systems

1. Introduction to Cost Analysis and Finance Management (August 2009)

This 3-day training workshop will be carried out by the MoH to introduce hospital and PHC facility finance staff to basic costing and finance tools and concepts. A MoH designed costing tool will be applied to ensure that each participant collects data that will be sent to the MoH over three months. In addition, an assessment of participants will be carried out to inform the design and content of the follow-on finance program.

2. Introduction to Health systems finance (See Annex D)

This 4-day training workshop will be carried out by the MoH and Flagship Project finance experts in December 2009 to introduce the basic health finance concepts, tools and skills that will be developed during the program. The workshop will also:

- Formally launch the Finance Capacity Strengthening Program;
- Select program leaders that will make up the TOT training program;
- Finalize the program selection criteria and select program participants

The plan and timeline for this activity is: August – December 2009

- Home office technical support to MoH and field office in development of materials in collaboration with MoH and Flagship Project field staff - September – October 2009
- MoH and field office participant selection criteria finalized/approved and participants selected – November 2009
- Field office translation and production of materials – November 2009
- Field office logistics planning – October – November 2009
- MoH - Flagship Project (HSI) Implementation of workshop – December 2009
- MoH TOT training – December 2009
- Planning for follow-on program – December 2009

III. Module 2: Finance Management Systems

This training will be carried out in February 2010 for 4 days. It will include:

- Review of material presented in previous training including assessment exercises and case studies
- Present finance management tools and provide hands on exercises
- Present further best practices of finance management from other countries and within Palestine.
- TOT refresher training
- Development of MoH trainer work plan

The operational plan for this workshop includes;

November – December 2009

- Home office technical support in development of materials in collaboration with MoH and Flagship Project field staff
- MoH and field office confirmation of participant

January 2010

- Field office translation and production of materials
- Field office logistics planning

February 2010

- Implementation of workshop
- TOT training refresher
- Planning for follow-on program

IV. Module 3: Finance Management and Basic Administrative Tools

This training will be carried out in April 2010 for 4 days. It will include:

- Review of material presented in past training including assessment exercises and case studies
- Present finance management tools and provide hands on exercises
- Present finance administration tools with a focus on presenting models for accounting systems
- Practical and basic accounting skills preparation and skill development
- TOT refresher training
- Finalization of MoH trainer work plan and materials

The operational plan for this workshop includes;

February – March 2010

- Home office technical support in development of materials in collaboration with MoH and Flagship Project field staff
- MoH and field office confirmation of participants

March 2010

- Field office translation and production of materials including TOT materials
- Field office logistics planning

April 2010

- Implementation of workshop
- TOT training refresher
- Planning for follow-on program

V. Strengthening Finance Management and Basic Administrative Skills

This training will be carried out in July 2010 for 4 days. It will include:

- Review of material presented in past training including assessment exercises and case studies
- Development of finance management and administrative skills including hands on exercises
- Development of practical and basic accounting skills preparation and skill development
- TOT refresher training

The operational plan for this workshop includes;

April – June 2010

- Home office technical support in development of materials in collaboration with MoH and Flagship Project field staff
- MoH and field office confirmation of participants

June 2010

- Field office translation and production of materials including TOT materials
- Field office logistics planning

July 2010

- Implementation of workshop –
- TOT training refresher
- Planning for follow-on program – STTA: 1 days

VI. Strengthening Advance Finance Management and Basic Administrative Skills

This training will be carried out in September 2010 for 4 days. It will include:

- Review of material presented in past training including assessment exercises and case studies
- Development of advanced finance management and administrative skills including hands on exercises
- Development of practical and basic accounting skills preparation and skill development
- TOT refresher training

The operational plan for this workshop includes

June-August 2010

- Field office development of materials in collaboration with MoH
- MoH and field office confirmation of participants

August 2010

- Field office translation and production of materials including TOT materials
- Field office logistics planning

September 2010

- Implementation of workshop
- TOT training refresher
- Planning for follow-on program

ANNEX F: A REPORT ON MOH FINANCE COMPETENCIES

This brief report is based on weeklong meetings and discussions with MoH senior and middle managers and finance champions. It reflects the insights and priorities of the MoH, review of copious reports and documents as well as discussion with Flagship Project leadership and staff. The information for this report has been applied to inform the draft finance training model and FCSP that contain more detail reflecting MoH finance capacity-strengthening priorities. This report is a summary of these draft programs.

There are major constraints toward achieving MoH finance reform including weak MoH finance and administrative capacity at all levels. The MoH is strongly committed to achieving the building blocks toward reform including building highly effective finance competency at central, district and facility levels.

At central level, the MoH has a strong economic manager with leadership support. Moving several financial initiatives forward will be facilitated with this high level of staff. However, central MoH staff require strong leadership, negotiation and advocacy skills to strengthen the health sector voice and influence external confidence and finance policy. At central, district and facility levels, the MoH requires highly qualified finance staff and effective infra-structures to ensure that finance systems and information are reliable, and that infra-structures are in place to ensure their use in budgeting and management control. Competencies are required to develop and implement effective sector-wide finance management systems with comprehensive information that ensure reliable, timely budget planning and finance tracking and reporting. Building finance competency at lower levels where finance management is critically weak with a lack of information and skilled staff should be a priority target.

There are several inter-dependent challenges facing MoH finance reform that require an integrated approach to strengthening finance competency (see Annexes D and E). The following provides a brief list of capacity-strengthening priorities based on this integrated framework.

- *Policy Development:* Capacity-strengthening is required to strengthen competency to influence, develop and implement effective finance policy including senior leadership advocacy competencies and lower level district and facility competency to build advocacy skills.
- *Organizational Development:* The MoH finance system is challenged by a weak infra-structure that requires improved internal integration, information systems and human resource control. Skills at all levels are required to build healthy organizational environments that have clear, cohesive road maps to change and use infra-structures, people and data to reach mutual objectives. Capacity-strengthening is required particularly at management levels to develop stronger formal communication channels between central level finance departments and between central and lower district and facility levels
- *Finance Skills:* Capacity-strengthening is required to strengthen the skills that are currently lacking with the health sector (see Annexes D and E).