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HEALTH SYSTEMS 20/20 YEAR 2 ANNUAL REPORT OCTOBER 1, 2007 – SEPTEMBER 30, 2008



December 2008

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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.

December 2008

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

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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.

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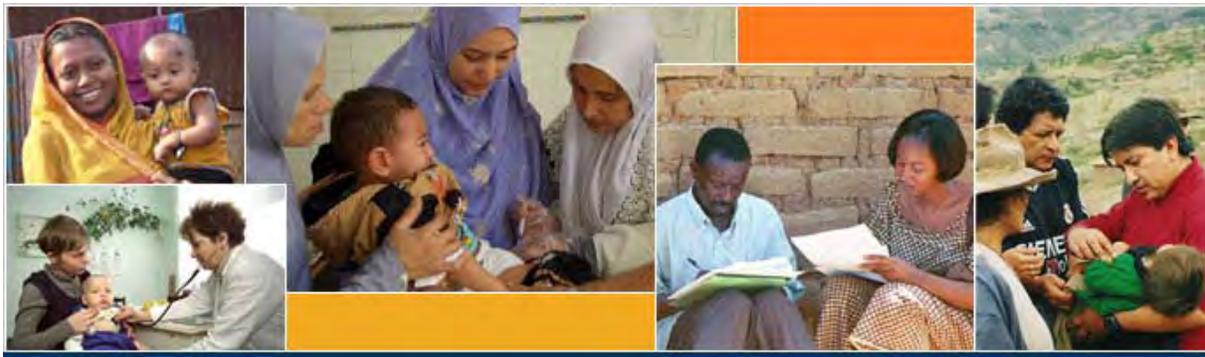
ACRONYMS

4SH	Fourth Sector Health
AFENET	African Field Epidemiology Network
ART	Antiretroviral Treatment
ARTIS	Antiretroviral Treatment Information System
CNCS	National AIDS Council
COP	Country Activity Plan
CPG	Clinical Practice Guidelines
FP	Family Planning
FY	Fiscal Year
FTE	Full-time Equivalents
GIS	Geographic Information Systems
GPS	Global Positioning System
HAPSAT	HIV/AIDS Program Sustainability Analysis Tool
HIS	Health Information Systems
HR	Human Resources
HRH	Human Resources for Health
HSAN	Health Systems Action Network
HSPI	Health Strategy and Policy Institute
HSS	Health Systems Strengthening
LAC	Latin America and the Caribbean
MDR	Multiple Drug Resistant
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MOU	Memorandum of Understanding
MSHP	Ministry of Health and Public Hygiene
NGO	Nongovernmental Organization
NHA	National Health Accounts
NMCP	National Malaria Control Program
OGAC	Office of the U.S. Global AIDS Coordinator

PBF	Performance-based Financing
PEP	Post Exposure Prophylactics
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PHCS	Primary Health Care Strengthening
PHN	Population, Health, and Nutrition
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
PPS	Provider Payment Systems
RDU	Rational Drug Use
RH	Reproductive Health
SPA	Service Provision Assessment
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
VPN	Virtual Private Network
WHO	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

Health Systems 20/20 is a Leader with Associates Cooperative Agreement awarded by the U.S. Agency for International Development (USAID)'s Global Health Bureau for the period September 30, 2006 to September 29, 2011. The team of organizations that implements Health Systems 20/20 is led by Abt Associates and includes: the Aga Khan Foundation USA, BearingPoint, Bitrán y Asociados (Chile), BRAC University (Bangladesh), Broad Branch Associates, Forum One Communications, RTI International, Training Resources Group, and Tulane University's School of Public Health. Health Systems 20/20 also works with 16 developing country organizations. The project's total funding ceiling is \$125,000,000. As of the end of Year 2, Health Systems 20/20 had core and field obligations totaling \$19,707,976.

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, and operations, and for building local capacity in each of these areas (see table below). By working on these four dimensions of strengthening health systems, Health Systems 20/20 solves health system constraints and enables people in developing countries to gain access to and use priority PHN services.

HEALTH SYSTEMS 20/20 RESULTS FRAMEWORK

Strategic Objective: Increase utilization of PHN priority services through improvements in financing, governance, operations, and capacity building	
Intermediate Result	Sub-Intermediate Result
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

2. HEALTH SYSTEMS 20/20 TECHNICAL APPROACH

Over these first two years Health Systems 20/20 has begun to build a foundation in 18 countries and is now in position to move toward full implementation of the four project Intermediate Results. Examples of project work in the first two years include:

- Carrying out seven National Health Account (NHA) assessments, two system-wide effects assessments, one HIV/AIDS sustainability assessment, five health system assessments, three human resource assessments, two service provision assessments (SPA), and two infrastructure assessments
- Increasing awareness of performance-based financing (PBF) in 10 countries through a regional workshop
- Strengthening health management information systems in two countries
- Building institutional capacity including strengthening a regional organization in Africa, strengthening a large national non-governmental organization (NGO) that provides health care services, developing the capacity of 10 local organizations that support health systems strengthening (HSS) in two countries, and initiating the establishment of a leadership and management training institute.

Reaching beyond this solid, if not completely integrated experience, will require a shift in technical approach. Specifically, with results from the assessments serving as a knowledge base, an *evidence-based approach* to strengthening the health system can be developed and rolled out. In Year 3, the project will seek to increase local ownership of these tools and assessments through the identification of local and regional organizations to lead future efforts. The project will make a focused effort to strengthen local capacity of these groups to carry out and assist country-specific efforts, ensuring the sustainability of the efforts once the project ends. In addition to transferring ownership and building local capacity, the project will seek the pathways between and among project IRs to ensure an integrated approach to HSS.

For example, the Health Systems 20/20-supported health system assessment recently carried out in Namibia provides a clear set of national-level recommendations agreed to by the government of Namibia in governance, human resources, finance, infrastructure, and service delivery. Building on that foundation, the project has an exciting opportunity in Namibia to facilitate a stakeholder-driven process to strengthen the health system through the development of a prioritized action plan. Using the plan, the government of Namibia can coordinate the activities of the many donors and partners active in the country to fit into the action plan in a coordinated manner, addressing workplan components in governance, human resources (HR), infrastructure, and finance. The resulting coordination will bring about a more holistic and sustainable approach to addressing access, equity, and quality-of-care issues in delivery of health care.

A second example of this holistic policy-to-practice approach has been launched in Côte d'Ivoire. In Years 1 and 2, Health Systems 20/20 conducted a SPA, a costing of HIV/AIDS services in public health facilities, and an assessment of human resources for health (HRH) in the private sector. Based on these assessments, Côte d'Ivoire's Ministry of Health and Public Hygiene (MSHP), in collaboration with Health Systems 20/20, developed a costed five-year strategy for HRH that stresses the need for: a cohesive information system, adequate supply of trained workers, reinforced management systems, and assuring

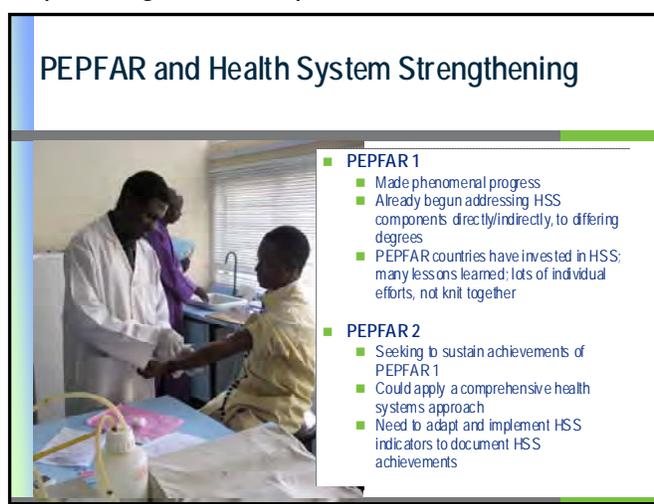
adequacy between HRH production and health system. Health Systems 20/20 has consistency provided assistance to the MSHP to address these needs. Activities include: the emergency hiring of 35 new and retired instructors at Côte d'Ivoire's leading nursing institute, the development of an incentive scheme to attract workers to hard-to-fill posts, technical assistance to roll out a national human resource information system; and the training of 193 district managers on leadership and management in a decentralized environment. Health Systems 20/20 is also working closely with the leading medical university to restructure the curriculum to match pre-service training with actual needs.

3. HEALTH SYSTEM RESULTS

As USAID’s flagship project for health system strengthening, Health Systems 20/20 exercises technical leadership through articulating conceptual frameworks and implementation of integrated, cross-cutting activities in the field.

Health systems and HIV/AIDS

The new U.S. President's Emergency Plan for AIDS Relief (PEPFAR) reauthorization explicitly calls for attention to health systems. Health Systems 20/20 is providing technical input for the Office of the U.S. Global AIDS Coordinator’s (OGAC) vision of how to approach health system strengthening under the new PEPFAR program. The project presented an analysis of how to operationalize health system strengthening within the context of PEPFAR, drafted the technical guidance for health system strengthening for the 2009 Country Activity Plans (COPS), and represented USAID at two expert consultations of the World Health Organization’s (WHO) Positive Synergies Initiative¹. The project is preparing a toolkit of resources for countries interested in applying for health system strengthening grants for Round 9 of the Global Fund.



PEPFAR and Health System Strengthening

- **PEPFAR 1**
 - Made phenomenal progress
 - Already begun addressing HSS components directly/indirectly, to differing degrees
 - PEPFAR countries have invested in HSS; many lessons learned; lots of individual efforts, not knit together
- **PEPFAR 2**
 - Seeking to sustain achievements of PEPFAR 1
 - Could apply a comprehensive health systems approach
 - Need to adapt and implement HSS indicators to document HSS achievements

Measuring health system performance

The Health Systems Database² is an easy-to-use web-based tool that compiles and analyzes country data from multiple sources, provides charting options, and generates automated country fact sheets, helping users to assess the performance of a country’s health system. The database draws data from publicly available and internationally comparable databases from the WHO, the World Bank, and the United Nations Children’s Fund (UNICEF). The user contribution section is designed to capture and share more recent data that may be available from other sources.

The database tool offers a user-friendly interface with several types of graphing and mapping features as well as a flexible data download option that provides key health systems information for more than 100 countries. It provides comparisons with peer countries in the region and by income group to benchmark performance, especially when international standards for benchmarking are not available. *Country Health Systems Fact Sheets* provide automated profiles, covering multiple health systems functions, for any low-income or lower-middle-income country.

¹ <http://www.who.int/healthsystems/GHIsynergies/en/index.html>

² <http://healthsystems2020.healthsystemsdatabase.org/>

Health Systems Assessment Approach: A How-To Manual

Under the Partners for Health Reform*plus* (PHR*plus*) project, USAID developed a systematic, indicator approach to rapidly assess a country's health system. Health Systems 20/20 has strived to expand awareness and use of this assessment approach through presentations, workshops, and applications in new countries. Over 700 CD and 146 hard copies of the manual were distributed, and many more have been accessed through the project website. In Year 2, Health Systems 20/20 applied the approach in Nigeria and Vietnam, completed an assessment report for South Sudan, and assisted Namibia adapt the approach for their health sector review.

The application of the assessment approach in Vietnam was unique because it was focused on districts and added definitions for scoring each indicator. Health Systems 20/20 collaborated with the government of Vietnam through the Health Strategy and Policy Institute (HSPI) to conduct health systems assessments in two provinces, Ninh Binh and Can Tho. The activity built HSPI's capacity to carry out health system assessments, including data analysis, interpretation of findings, and report writing. Two provincial health systems assessments were completed and results shared with local stakeholders. Building on the newly developed institutional capacity of HSPI, and using the health systems assessment tool already adapted for the Vietnamese context, Health Systems 20/20 will use field funding to: further institutionalize health system assessment capacity, demonstrate the health system assessment 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. The results of the six additional assessments will guide health system strengthening efforts as PEPFAR/Vietnam prepares to expand HIV/AIDS related services across the country. Experience from the first two provinces showed that the instrument still needed to be improved in order to make it more relevant to Vietnam and all levels of the health care system. HSPI will involve MOH experts to revise the instrument.

4. PROJECT PROGRESS TOWARDS INTERMEDIATE RESULTS

During Year 2, Health Systems 20/20 provided tailored assistance in more than 20 countries, as well as delivered practical assistance and products at the regional and global levels.

Regional-level activities include building the institutional capacity of the African Field Epidemiology Network (AFENET), supporting the participation of Anglophone countries at the West African regional *La Concertation* conference of mutual health organizations, collaborating with the World Bank to deliver a regional training in performance-based financing (PBF) in Africa, participating in the Latin American and Caribbean regional National Health Accounts (REDLACS) initiative, and delivering presentations on health governance at USAID's state-of-the-art events in the Latin America and Asia Near East regions.

These accomplishments and many others are presented below, organized within the project's Results Framework.

4.1 IR 1: IMPROVED FINANCING FOR PHN PRIORITY SERVICES

Health insurance and risk pooling to address financial barriers to access

In collaboration with the Health Research Unit of the Ghana Health Service, Health Systems 20/20 completed a follow-on study to assess the impact of Ghana's national health insurance (NHI), using a 2004 baseline as a comparison. The national insurance program covered 48 percent of the population as of January 2008. The team found that Ghana's NHI program resulted in a significant decrease in household expenditures. For example, per capita expenditures for curative care declined from \$2.95 to \$1.46. Insured women are 1.4 times more likely to receive maternity care (antenatal care visits), and 14 percent more likely to deliver in a facility. The findings will be of interest to other countries contemplating social health insurance.



Processing payments at a maternal health clinic

Expanding access of essential services to the poor in Peru

Peru's Integral Health Insurance program (SIS) currently serves 6.2 million people with 67 percent of participants from the two lowest income quintiles. In order to expand access of poor families to maternal, child, and other essential health services, SIS now has a tested methodology to estimate the cost of health services so SIS can set tariffs to pay health care providers.

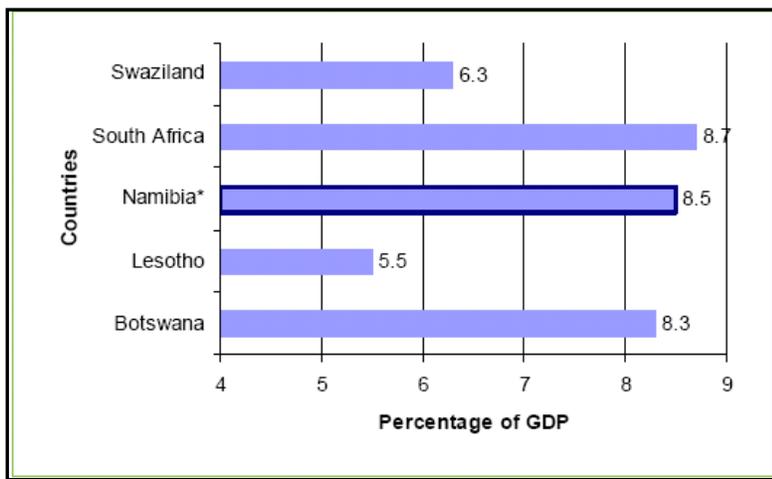
Performance-based financing for improved maternal and child health

Ten African country teams (42 participants) learned PBF at the World Bank PBF workshop in Rwanda in July 2008. Participants visited health facilities in Rwanda to see PBF in action. The teams developed their own action plans for implementation using the *Guide to Developing the Blueprint* manual that was jointly produced by Health Systems 20/20 and the World Bank. All of the country PBF action plans aim to improve maternal and child health outcomes.

Tanzania will receive a grant from Norway to implement PBF. Health Systems 20/20 assisted Tanzania design the implementation of a PBF initiative to increase utilization of maternal and child health services, and achieves the health millennium development goals.

Using data to ensure health resources are allocated to maximize impact

NHA in Namibia was directly used to inform the financing component of the government's health sector reform strategy. Namibia compares well with other countries in the sub-region in terms of the proportion of the national GDP devoted to health (see figure). Namibia has the second highest percentage of GDP (8.5 percent) going to health after South Africa (8.7 percent). Reforms include financial expenditure autonomy for district level health centers, a more equitable resource allocation formula for all 13 regions, and possible elimination of user fees. Reforms of this magnitude have not been proposed since Namibia's independence in 1989.



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Utilizing data to scale up HIV/AIDS services at the national level in Côte d'Ivoire

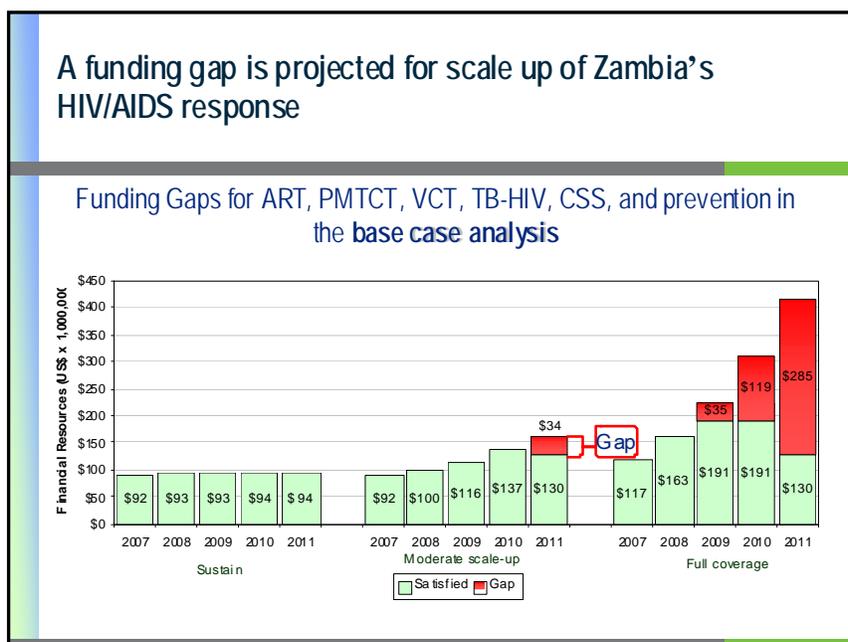
The Côte d'Ivoire MOH and key Ivorian stakeholders are using actual service cost data from public health facilities to inform the scale-up of HIV/AIDS services nationally. Data on the cost of HIV counseling and testing, prevention of mother-to-child transmission, antiretroviral therapy, related laboratory services, diagnosis and treatment for tuberculosis, and care and support services revealed that antiretroviral treatment (ART) and tuberculosis (TB) services had the highest unit costs due to drug prices, but labor costs associated with ART and care and support services were substantial as well. Health Systems 20/20, in collaboration with the Côte d'Ivoire MOH and the National Institute of Statistics and Applied Economics, collected the data in October and November 2007 and disseminated the results in 2008.

Calculating costs of TB and MDR-TB treatment costs in Nigeria

The direct costs of treatment for TB and multiple drug resistant (MDR)-TB in Nigeria over 2008-2013 were estimated using an innovative software model. The results will be used by donor partners, WHO/Nigeria, and the national program for planning TB services.

Using HAPSAT to identify HIV/AIDS resource gaps in Zambia

Health Systems 20/20 worked with Zambia's Central Board of Health, MOH, National AIDS Council, University of Zambia, and University Teaching Hospital to analyze the financial sustainability of Zambia's



HIV/AIDS response. The analysis found that the total cost of sustaining services from 2007-2011 is estimated at \$93 million annually. PEPFAR and the Global Fund accounted for 78 percent of the funding with domestic resources contributing six percent of the total cost. The National AIDS Council is using the information generated by the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) to inform policymakers of upcoming deficits and the need for additional resources. The HAPSAT findings were used to request additional funding from Global Fund round 8. The National AIDS

Commission is also using the Zambia HAPSAT model to project costs for the next three to five years and are including the information in their medium-term expenditure framework.

Determining cost to scale up Côte d'Ivoire's HIV/AIDS response

Knowing the cost of programs and services can inform the efficient use of available resources in relation to overwhelming need, and orient program planning. Côte d'Ivoire has an adult HIV prevalence of 4.7 percent which is one of the highest in the region. According to UNAIDS, 750,000 people are living with HIV/AIDS with women and young people the most affected. TB/HIV co-infection rates are high – estimated to reach 45 percent in urban areas. In November 2007, Health Systems 20/20 assisted local counterparts estimate the costs of providing Voluntary Counseling and Testing

Service	Denominator	Unit cost (\$)	Unit cost (CFA)
CT	Per client counseled and tested	\$6.35	3,196
ART	Per patient receiving ART per year	\$384.30	192,148
PMTCT	Per pregnant woman counseled and tested	\$6.12	3,059
LAB	Per HIV+ patient receiving monitoring test	\$37.39	18,694
TB	Per patient receiving TB services per year	\$120.98	60,391
CSS	Per patient receiving CSS per year	\$135.93	67,964

(VCT), prevention of mother-to-child transmission (PMTCT), ART, TB care and support services in the public sector based on data from 16 public health and non-profit providers. The facilities were chosen based on a stratified, reasoned sample covering the range of available facilities and rural and urban areas. The facility data was complemented by information gathered from line ministries, international agencies, and other stakeholders.

In 2007, there were 50,000 people on ART in the public and non profit sectors. The total cost of providing comprehensive ART treatment is around \$384 per patient per year. If Côte d'Ivoire provides ART to all eligible patients, the total cost is projected to rise to \$95 million per year. Antiretroviral drugs make up 82 percent of the total costs. Monitoring tests account for the second largest component (\$136 per patient). The cost of VCT (\$6.35) and treatment of opportunistic infection such as TB, (\$120.98) was low compared to ART drugs. Twenty-one percent of women who received counseling during prenatal visits did not accept the HIV test. A third of pregnant women who tested positive did not come back for ART prophylaxis. The unit cost per pregnant woman for PMTCT was \$6.12 per patient at this low rate of uptake (two thirds of eligible patients). To scale up HIV/AIDS services, the National AIDS Program should budget \$1,468,800 to expand PMTCT services to the entire country to test at least 240,000 women in 2009. It should also plan to budget at least \$26,516,700 to expand ART to 69,000 HIV positive patients.

4.2 IR 2: EFFECTIVE HEALTH GOVERNANCE

Resources to support governance as integral component of health systems strengthening

Health Systems 20/20 finalized and disseminated three resource papers on health governance: *Health Governance: Concepts, Experience, and Programming Options*; *Results of an Online Survey* (survey conducted in cooperation with the Health Systems Action Network); and *Decentralization and Governance in Health*. The project presented several of these papers at various seminars, conferences, and workshops, including USAID's Global Health mini-university, the USAID Latin America and Caribbean and Asia and Near East health officer state-of-the-art (SOTA) meetings, the Global Health Council conference, and the American Public Health Association conference. The resources support the project's conceptual, analytical, and technical work in the field.

Laying the groundwork for increased transparency in resource allocation and greater accountability

Health Systems 20/20 worked with several countries to conduct surveys and assessments to increase the utilization of data for decision-making. For example in Egypt, the project supported a workforce survey in three pilot governorates as input to improved human resources policy. The Namibia and Côte d'Ivoire financing studies noted above also contributed to stronger evidence-based decision-making and increased transparency in resource allocation decisions. These activities lay the groundwork for increased accountability as well. To better steward Peru's Integral Health Insurance program, Health Systems 20/20 assisted with the establishment of an economic and financial analysis unit in the Ministry of Health to institutionalize the technical capacity to carry out analytical work needed to expand insurance coverage to households without insurance, especially the poor.

Guidance for transitioning to sustainable service delivery in fragile states

Health Systems 20/20 developed guidance on how to subcontract with NGOs in fragile states in ways that promote longer-term health system strengthening. The document will be disseminated as a policy brief early in 2009.

4.3 IR 3: HEALTH SYSTEM BUDGETS AND IMPLEMENTS PRIORITY PROGRAMS MORE EFFECTIVELY

FINANCIAL MANAGEMENT

Improving financial management systems in Mozambique

In Mozambique, Health Systems 20/20 initiated basic financial management and acquisition training for all financial staff on the standard operating procedures documented in the various operating manuals developed by the National AIDS Council (CNCS) and previous consultants. The training is based on standard policies and operating procedures as described in CNCS' operations, financial management, and procurements manuals. Health Systems 20/20 also initiated work with the Ministry of Finance and CNCS on customizing the government mandated financial management system, E-SISTAFE, in order to eliminate duplication in accounting data entry.

Using National Health Account data to allocate resources

Rwanda NHA was used by the government and health partners to advocate and select family planning (FP) and reproductive health (RH) as one of the four priority areas in the government's 2008 joint annual health workplan. This decision to elevate FP and RH as a top priority was due in part to NHA which showed that RH spending only accounts for six percent of total health spending (in 2002 this number was well over 15 percent). This data, complemented by a recent poverty study showing that the current economic growth rate is insufficient to support current population growth, is concerning given that Rwanda is the most densely populated country in Sub-Saharan Africa.

Health Systems 20/20 developed a guide on how to routinely map government budget and expenditure line items to NHA codes and classifications and link NHA to public expenditure reform efforts in a more strategic manner. The guide provides a common methodology for African countries to map their executed health budgets to the NHA classification. Mapping the government's executed health budget involves creating a crosswalk table between the budget line items and the corresponding NHA classification codes to link the budget to the NHA framework. Mapping the government's executed health budget to the NHA classification is a way of linking NHA with the government's budget management system. It enables a NHA team to complete the NHA activity with more ease and to ensure consistency in the NHA tables from year to year.

The guide was used at a West African Health Organization/WHO regional NHA meeting held in September 2008 in Dakar, Senegal, to train 53 MOH representatives on methods to systematically map budget line items to the NHA classification. Participants learned methods to develop interim estimates for the years that NHA are not conducted in order to have timely data on total health expenditures.

HUMAN RESOURCE MANAGEMENT

Improving human resource management for better service delivery in Mozambique

Health Systems 20/20 conducted a survey of CNCS staff at the central and provincial offices in Maputo, Nampula, and Cabo Delgado in Mozambique to help determine the reasons for high staff turnover. The survey highlighted lack of benefits as an important reason for high staff turnover and low morale. To address some of the key issues that were highlighted in the survey, Health Systems 20/20 and CNCS launched a cooperative effort with the Ministry of Public Service to constitute CNCS as a full governmental agency. This effort, which is expected to be completed by mid-2009, will allow CNCS to provide health benefits and, potentially, retirement benefits to its staff for the first time in its history. The move toward full status, called 'legalization' at CNCS, also has important implications for career definition and development. As part of the legalization process, Health Systems 20/20 is assisting CNCS to clarify job titles and descriptions throughout the organization.

Assessing public and private sector human resources for expanded service delivery in Côte d'Ivoire

In Côte d'Ivoire, Health Systems 20/20 supported the development of a new national human resource policy finalized by the MOH in May 2008 through an assessment of public and private sector human resources and broad stakeholder review in the policymaking process. The new policy calls for introduction of health worker incentives to expand coverage in districts that have the worst health worker deficits. Health Systems 20/20 then costed the new human resource policy so the MOH Human Resource Department can move to implementation of the policies.

Strengthening the National Training Institute in Côte d'Ivoire

Côte d'Ivoire is confronted with insufficient HRH, an issue which has been worsened by HIV/AIDS and the recent socio-political crisis. The lack of HRH is further exacerbated by an insufficient number of skilled trainers at the National Training Institute (INFAS) who are capable of building capacity of health care workers to provide HIV/AIDS and other priority services. In 2006, for example, 88 instructors were responsible for providing instruction to 2,200 future nurses, lab technicians, and physicians. In the 2007-2008 academic year, student enrollment increased to 3,418. Without immediate action, this influx in enrollment would have resulted in a student-to-teacher ratio of 1:39. Disparities of this magnitude would make it nearly impossible to ensure that students receive adequate supervision during on-site training and would hinder the Institute's capacity to sufficiently prepare students for the workforce. To address this critical shortage, Health Systems 20/20 collaborated with INFAS to turn evidence into action by financially supporting the emergency hiring of 35 instructors at three INFAS locations. Fifteen retired instructors were tasked with providing constant supervision



during on-site training while twenty newly hired instructors reinforced the capacity of INFAS instructors to deliver pre-service training.

The first year of the activity culminated with a preliminary review involving INFAS administrators, program directors, and the 35 project instructors. Instructors received verbal congratulations from the midwives of the antenatal unit of the general hospital of Abobo-North because of the competency of their students. Mr. Boni, a previously retired instructor, stated that “students are happy to have some guidance at last; they are always excited to see me and are eager to learn.” He also indicated that students were previously discouraged by a lack of guidance “at the hospital because the staff are too busy with the overload of patients and did not see students’ practical training as a priority.” The addition of skilled instructors played a major role in ameliorating these problems. Their presence was instrumental in relieving the burden on medical personnel of monitoring students that they agree to mentor; introducing best-practices through regular oversight; assessing areas of need for improved student development; and providing a combination of theory and practice for optimal capacity development.

Carrying out a financial sustainability analysis of Zambia’s HIV/AIDS response

Information generated by the HAPSAT tool (see page 9) allowed for a detailed estimation of the human resource requirements for multiple coverage scenarios. For example, HR requirements for the ‘sustain’ scenario are 41 medical doctor full-time equivalents (FTEs), 73 clinical officer FTEs, 369 nursing FTEs, 334 laboratory FTEs, 182 pharmacy FTEs, and 1,090 peer counselors and community outreach workers. By 2011, the gap in pharmacy workers is reduced due to projected increases in available pharmacy FTEs through training. Under the “moderate scale-up,” the gap in laboratory and pharmacy workers is more substantial. By 2011, the policy would require almost double the number of these workers expected to be available. In the ‘full coverage’ scenario, 201 doctors FTEs, 255 clinical officer FTEs, 1,348 nursing FTEs, 1,828 laboratory FTEs, and 624 pharmacy FTEs would be needed in 2011, the year full coverage is attained.

PLANNING SYSTEMS

Service provision assessment to address service gaps in Nigeria

Health Systems 20/20, in collaboration with the Nigerian National AIDS and STIs Control Programme (NASCO) of the federal MOH and the National Agency for the Control of AIDS (NACA), completed an HIV/AIDS SPA in a sample of 280 public and faith-based health facilities in Nigeria. The assessment indicated that there were substantial disparities in service provision according to the level of facility, location, and sector. Counseling and testing services were relatively widely available, while antiretroviral therapy, PMTCT, and post-exposure prophylaxis (PEP) services were very limited. The findings were shared with all 37 state health commissioners at a national workshop on July 14, 2008. Health Systems 20/20 led a consensus-building session with the health commissioners in collaboration with USAID's Enhance project which agreed on actions to address service gaps and strengthen health information systems at the state level.

Voluntary counseling and testing toolkit

In collaboration with UNAIDS, OGAC (PEPFAR), and WHO, Health Systems 20/20 developed *Voluntary Counseling and Testing Events: A Toolkit for Implementers* as a resource countries can draw upon for planning, implementing, and evaluating their VCT events. Intended users of this toolkit include national policymakers; program planners; donor representatives; non-governmental, faith-based, and community-based organizations; people living with HIV; technical working groups; and others who plan and participate in national VCT events. The toolkit draws heavily from the actual experiences and lessons from ministries of health and other stakeholders in Brazil, Ethiopia, Kenya, and Malawi. The toolkit has been used in Namibia and Kenya.

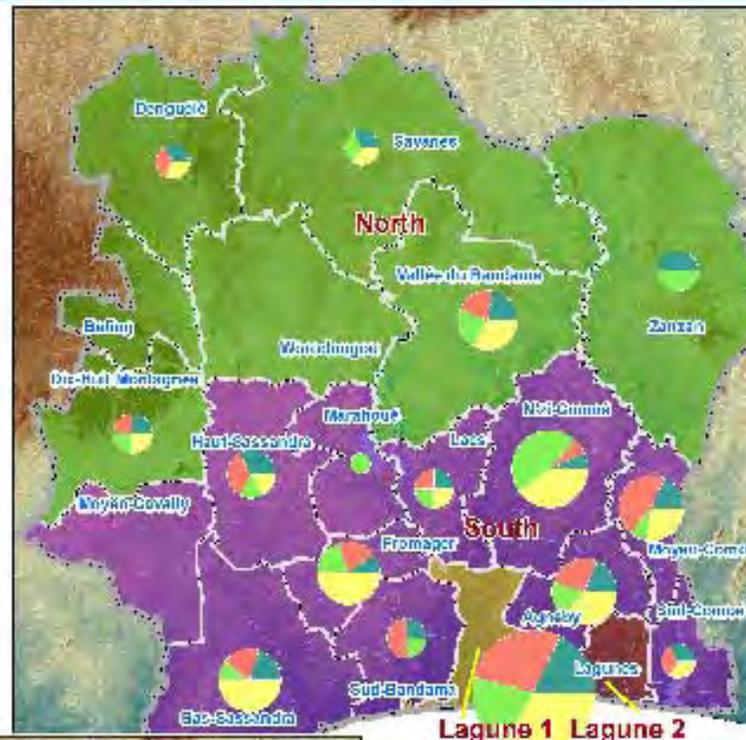


Program planners can use the VCT toolkit for VCT events such as this one in Malawi

Public and private HIV/AIDS-related service provision assessment in Côte d'Ivoire

Côte d'Ivoire is one of the countries most affected by the HIV/AIDS epidemic in West Africa, with an adult HIV/AIDS prevalence rate estimated at 4.7 percent in the general population. Health Systems 20/20 assisted the MOH complete a HIV/AIDS SPA, including Global Positioning System (GPS) coordinates, in April 2007, to assess HIV/AIDS-related service provision capacity in the public and private health sectors. The GPS data enables users to accurately map the facility data with other information such as demographic, epidemiological, and economic data. A total of 282 randomly selected public and private health facilities throughout the country were surveyed to assess the current levels of HIV/AIDS service provision. HIV/AIDS services examined include ART, counseling and training (CT), PMTCT, TB, laboratory services, PEP, and care and support services at all levels of the health care system. In addition, the survey examined the availability of equipment, drugs and supplies, national protocols, record keeping, and waste disposal methods.

Access to HIV/AIDS Services and Human Resources – Côte d'Ivoire



HIV/AIDS Service Provision and Human Resources Index A Lower Score Reflects Greater Access to Priority Services and Health Workers

The distribution of four priority HIV/AIDS and related services taken from the SPA results (at right)—ART, PMCT, TB, and VCT—were spatially integrated across the 19 Côte d'Ivoire Regions with the distribution of four key HIV/AIDS human resources—doctors, midwives, nurses, and laboratory technicians (PHRplus Project, 2005). The relative availability of HIV/AIDS services (weighted by cost per person) and human resources (weighted by years required to obtain skills) were compared to the HIV/AIDS population, which was determined by multiplying HIV prevalence (at right) by the 2007 estimated population by Region. The HIV/AIDS index shows that despite larger HIV infected populations in the capital city of Abidjan (Lagunes Region) and southern Côte d'Ivoire, the HIV infected populations in the north do not have equal opportunity to access HIV/AIDS services and health workers.

Service Provision Assessment (SPA) Results

Source: Health Systems 20/20 Project, 2007

HIV/AIDS Prevalence

Source: AIS, 2005

HEALTH SYSTEMS 20/20

USAID
HEALTH FOR IMPROVEMENT

In Year 2, Health Systems 20/20 worked with local stakeholders to use the findings of the SPA to identify actions to strengthen HIV/AIDS service provision in both the public and private sectors to: 1) expand provision of PMTCT and ART strategically to facilities located in high prevalence areas and to lower-level facilities that can partner with a hospital or health center already providing ART for quality assurance, 2) decentralize PMTCT services to clinics and dispensaries to increase accessibility in rural areas, 3) integrate ART and TB treatment to improve both services' availability and case management of comorbidity, 4) increase the counseling component of CT and monitor to verify that counseling emphasizes prevention, 5) expand the availability of PEP kits and instruction to protect the well being of health workers, and 6) coordinate with the private sector to provide a broader range of services.

Using GIS in Yemen to better allocate resources

Health Systems 20/20 expanded the capacity of national and governorate health officials to use the Geographical Information Systems (GIS) enhanced health information system for better assessment and planning of local resource allocation, targeting, prioritization, and management decisions. Based on USAID's success in five governorates, the GIS-Health Information System (HIS) was expanded across the entire country by the World Bank, EU, and other donors. The GIS-HIS supports the decentralization strategy for the Yemen health system by building analytical capacity within the Ministry of Public Health and Population and throughout the governorates and districts served by USAID.

4.4 IR 4: SKILLS, KNOWLEDGE, AND TOOLS IN HEALTH FINANCE, GOVERNANCE, AND OPERATIONS SUPPORT DISEASE CONTROL EFFORTS

Strengthening the African Field Epidemiology Network

Health Systems 20/20 has completed the first year of institutional strengthening assistance for 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 had a number of institutional needs to ensure its effectiveness and sustainability over the long term and to broaden its activities. Health Systems 20/20 carried out a rapid organizational assessment and, based on the findings, developed an intervention plan that has produced several results so far: an accounting and administrative procedures manual that clarifies roles and responsibilities, accounting policies and procedures, operational or administrative procedures, procurement, asset management, and human resource management; a revised constitution to clarify membership, organizational structure, composition of the board of directors, and the roles, responsibilities, and authorities of the executive director and secretariat; an upgraded communication infrastructure (and more broadly the IT infrastructure) at the secretariat in Uganda including a new server, establishing a local area network and a virtual private network (VPN), installing Skype and video conferencing, and converting the database of network resources to an accessible format and making it available to AFENET's members via the VPN; and a resource mobilization plan.

Building the Leadership Academy for the MOHP in Egypt

Health Systems 20/20 is assisting the Ministry of Health and Population (MOHP) in building a sustainable organization to provide leadership and management training to senior and mid-level managers in the MOHP including its hospitals. In the first year of this activity, the concept for the academy was developed, a sustainability plan was developed, a comprehensive needs assessment carried out, an overall program for the academy developed, and the development of the first of five courses initiated.

Building the core competencies of PROSALUD in Bolivia

Carlos Cuellar

PROSALUD has a network of primary and secondary health care facilities that serves a population of 600,000 in nine peri-urban areas. In FY 09, PROSALUD developed a strategic plan that identifies its priorities, developed a computer model for projecting the financial impact of different scenarios and developed the capacity of PROSALUD to use the model for key financial decisions, strengthened its administrative and financial information system, built a senior management team, and reviewed the norms and procedures for quality of care.



PROSALUD's network of health care facilities serves about 600,000 people, approximately 13 percent of the urban population

Building capacity of the Health Policy and Strategy Institute in Vietnam

Health Systems 20/20 conducted health systems assessments in two provinces in Vietnam in collaboration with the Health Policy and Strategy Institute. Health Systems 20/20 provided oversight and guidance, but the Institute provided input into the adaptation of the health systems assessment model to subnational levels and was fully responsible for data collection, analysis, and report writing. As a result of this assistance, the Institute's capacity in health systems strengthening has been significantly increased and the Institute will continue to play a lead role in assessments in six additional provinces in FY 09.

Assisting the Health Systems Action Network (HSAN)

HSAN is a grassroots organization of health systems strengthening stakeholders with over 140 members and has represented the developing country perspective in global international health forums such as the Global Alliance for Vaccines and Immunizations' HSS civil society task force and the Global Health Council's Health Systems Initiative. Health Systems 20/20 has supported the creation of this entity which now manages its own finances and systems and is transitioning to become an independent nonprofit organization in 2009.

Institutionalizing National Health Accounts

NHA has been done by over 100 developing countries, but few have institutionalized NHA as a routine analysis tool. To promote and guide NHA institutionalization, an assessment tool was developed based on the Health Metrics Network framework. At no cost to USAID, the Inter-American Development Bank translated the tool into Spanish and tested it in two countries (Nicaragua and El Salvador). The tool was presented to the World Bank and the Gates Foundation. The World Bank will use the tool for case studies to inform the Global Strategic Action Plan for institutionalizing NHA. Candidate countries for the case studies include: Philippines, Thailand, Egypt, Rwanda, Ethiopia, and Madagascar.

Building the organizational capacity of national malaria control programs

Malaria control programs throughout Africa, including the 15 Presidential Malaria Initiative (PMI) focus countries, have seen a tremendous increase in funding and activities over the past few years. Well-functioning national malaria control programs (NMCP) are key to the success and sustainability of the global effort against malaria. NMCP skills and organizational capacity to efficiently manage operations are critical factors in meeting the shared vision of reducing malaria. A review of the literature and discussions with other international partners indicated that a systematic method to assess the management and organizational capacity of NMCPs to perform their functions did not exist. Health Systems 20/20 developed and field tested a tool to address that gap. The tool, *Guidelines for Assessing the Management and Organizational Capacity of National Malaria Control Programs*, was developed and then applied in Malawi. The application resulted in a clear picture of the strengths and weaknesses of the NMCP and recommendations to address gaps in performance. The report was formally presented by Admiral Ziemer, PMI Coordinator, and accepted by the principal secretary in the MOH. The recommendations are supported in the FY 09 Malaria Operation Plan (MOP). The application of the tool will also likely increase the attention of donors to support capacity-building efforts aimed at strengthening the performance of NMCPs.

Allison Goldberg



One of the keys to success of a NMCP is the organizational management capacity of the program

5. 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.³ The two associate awards that were awarded in Year 1 continued through Year 2. There were no new associate awards during Year 2.

4th Sector Health

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



During Year 1, 4SH defined a process to build and develop alliances and developed materials to articulate and formalize alliance relationships. The project conducted significant background research and staff travelled to the region and met with more than 95 groups including USAID missions, private companies, civil society organizations, and ministries of health. By year's end, one memorandum of understanding (MOU) had been signed with additional alliances close to the MOU stage. Numerous meetings with the private sector were held to explain the health needs in LAC and USAID's contribution to these needs through its global and mission programs. 4SH received a request to conduct a country-based assessment in Honduras, funded by both field and core funding, which was completed during Year 1.

For south-to-south exchanges, 4SH embarked on a collaborative process to define and understand what participants and stakeholders would like to share and learn through a virtual community for health researchers. One interpersonal south-to-south exchange took place in the final quarter of Year 1 between participants from Paraguay and Guatemala. Managerial activities necessary to launch and introduce the project, such as hiring, preparing project workplans, developing project communication materials, and awarding sub-agreements were carried out.

Year 1 has been successful and the project is off to a strong start. There is significant interest in the project from LAC missions, and from the private sector. Fundamental tasks to build a strong foundation for the project have been set in motion that will set the stage for significant development and success in Year 2 and beyond.

³ Please see the project web site for more information on associate awards:
<http://www.healthsystems2020.org/section/about/missions/awards>

Azerbaijan Primary Health Care Strengthening (PHCS)

The Azerbaijan Primary Health Care Strengthening (PHCS) project is a three-year cooperative agreement (2007-2009) awarded by USAID/Caucasus/Azerbaijan to continue the health system strengthening elements of a previous bilateral health project of the same name. The project provides technical assistance to the government of Azerbaijan to strengthen the country's primary health care (PHC) system through the development of major national-level health policy and financing changes, while simultaneously supporting the government's efforts to test new approaches to the organization, financing, delivery, and quality assurance of PHC services in selected districts. The project's scope also includes a comprehensive public outreach campaign to increase awareness and "market" new and remodeled health care services, promote personal responsibility for health of individuals and families, and increase emergency preparedness for avian influenza.

In Year 1, PHCS was successful in establishing effective working relationships with the MOH and other national-level stakeholders, building capacity among counterparts at national, regional, and facility levels in both designing and implementing health reform activities, and actively coordinating project technical assistance and support with other development partners including other USAID projects, the World Bank, and WHO. The following strategic goals and specific objectives were achieved during the reporting period:

- I. Provided technical assistance to the government, along with other development partners, to help design a new health care financing system which resulted in:
 - Approval of a government decree to establish a state agency for mandatory health insurance as a health purchaser/single payer for health services in Azerbaijan
 - Development and endorsement by presidential decree of a health financing concept 2008-2012, including new provider payment systems
 - Development and endorsement by the cabinet of ministries an action plan to implement the health financing concept
 - Strengthening the capacity of pilot districts and MOH to design and introduce health financing changes such as new provider payment and health information systems
2. Initiated policy dialogue with the MOH and supported development of: an evidence-based medicine (EBM) process, clinical practice guidelines (CPG), and a rational drug use (RDU) process in Azerbaijan resulting in:
 - Institutionalization of EBM process at the National Center for Public Health and Reform
 - Standardization/development and approval of a CPG format and a process of development and implementation of new CPGs (Statute of CPG in the Azerbaijan Republic)
 - High-level acceptance of the need to update clinical practices using EBM approaches, starting at the PHC level (MOH decree on 32 prioritized conditions selected for the development of new CPGs)
 - Strengthening the capacity of national-level counterparts and PHC physicians in pilot sites (906 were trained in EBM, CPG, and RDU)

3. Developed functions and new terms of reference for the MOH's Center for Reforms Department of Public Relations in such a way that it has officially become the final authority for all health communication activities conducted in the country by local and international organizations.

6. PROJECT MANAGEMENT

As discussed in Section 2 *Technical Approach*, Health Systems 20/20 looks to build on the project's first two years experience and accomplishments in research, assessments, and capacity building to shift to more implementation of interventions. This will require a shift in the project's management structures.

A refined project management structure to support this shift includes the designation of country focal persons for each country in which Health Systems 20/20 works. The focal person will be responsible for articulating a comprehensive and integrated approach for each country. This approach, developed in cooperation with the USAID mission and other critical stakeholders, will ensure that activities take advantage of all possible system strengthening synergies.

A second management response to ensure that the complete health system is addressed is the identification of technical advisors for each activity to provide input at the design and implementation phase verifying that synergies between and among the project IRs (governance, financing, operations, and capacity building) are mined. For example, where we continue to carry out NHA activities, a governance or capacity-building advisor will ascertain that these areas are addressed to full advantage. A country example of this integration can be found in Kenya, where NHA will transition from technical assistance to a complete annual NHA exercise to implementing systems to institutionalize NHA within the MOH and engaging civil society groups to use NHA findings. These investments will strengthen Kenya's capacity to carry out future rounds of NHA with minimal outside technical support as well as include the voice and advocacy of civil society groups in the process.

Monitoring and Evaluation

To ensure full documentation of the project's progress, in Year 3 we plan to ramp up 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 towards results). IR leaders will help project staff 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.

Local Partners

Health Systems 20/20 uses subcontracts and subgrants with local organizations to conduct project activities in recognition of existing capacity and as a way to transfer skills and knowledge in health system strengthening. The table below lists Year 2 local partners. This is another way to develop local capacity to solve health system constraints (Sub IR 4.1).

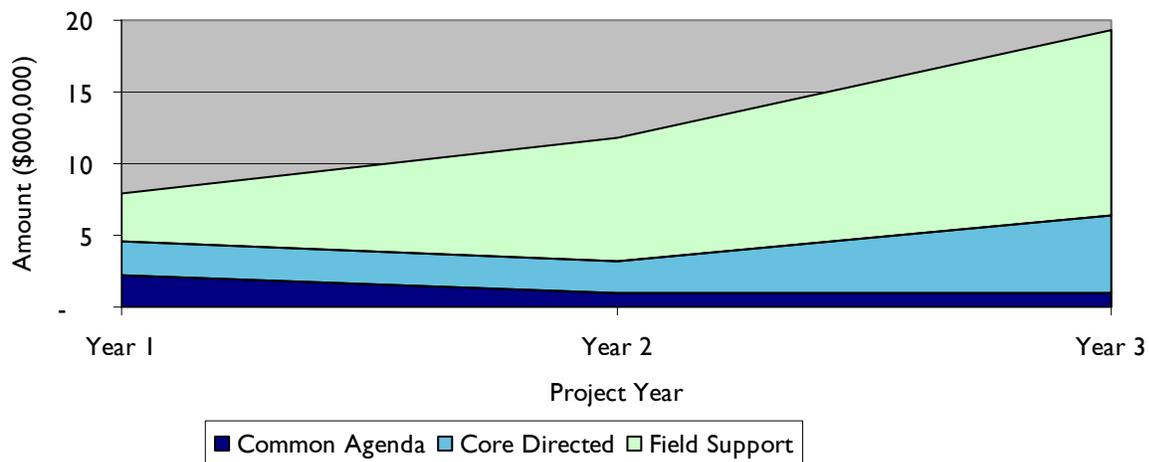
Non-US Subcontractors/Subrecipients/Grantees

Name	Country
AHP	Nigeria
Alliance Group	Malawi
Bitran y Asociados	Chile
CAFS	Kenya
CEFOREP	Senegal
CPI	Peru
Deloitte	Cote d'Ivoire
Health Research Unit	Ghana
HSPI	Vietnam
Maer Associates	Kenya
Miz-Hasab	Ethiopia
PS Consulting	Uganda
Swedish Institute for Health Economics	Sweden
National Association of Yemen Midwives	Yemen

7. PROJECT FUNDING

Health Systems 20/20 can receive funding from all U.S. government foreign assistance programs – all USAID operating units, PEPFAR, and 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. During Year 2 the project received a total of \$11,773,772, of which 27.7 percent was core funding and 72.3 percent was field support.

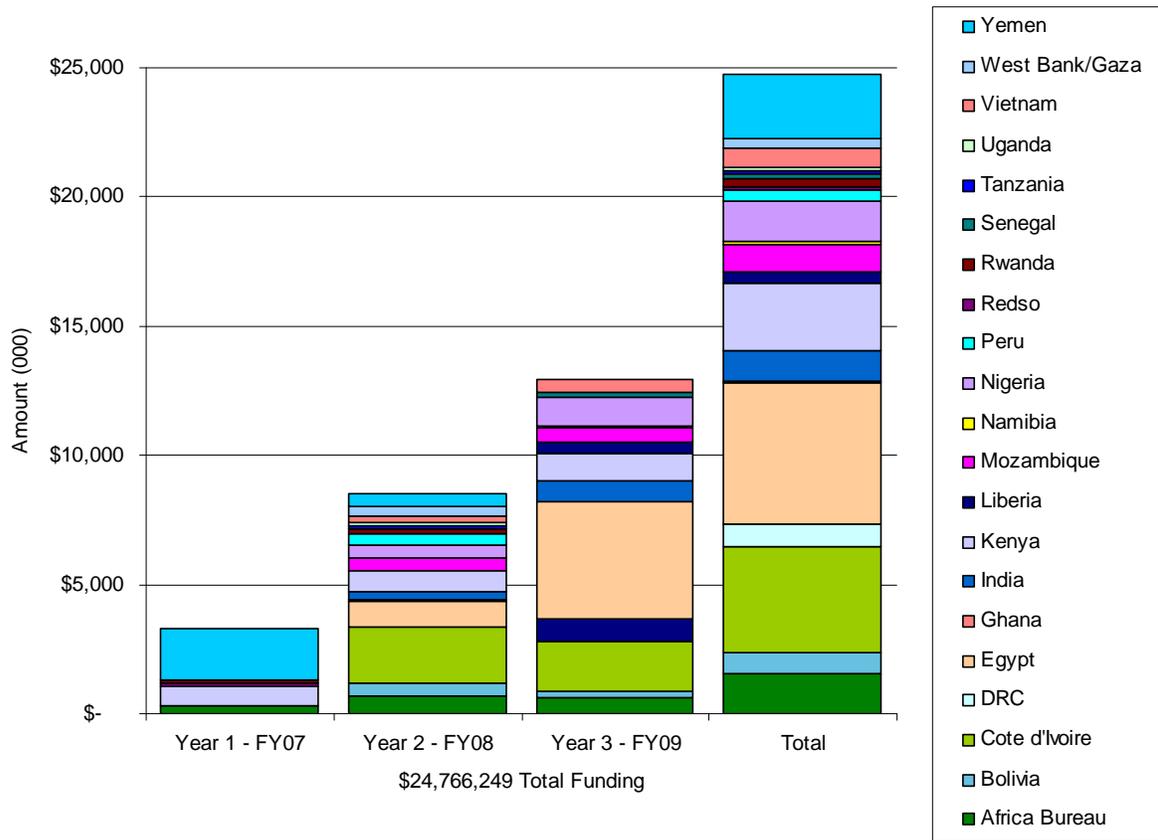
USAID FUNDING



Technical assistance in the field is a major task of Health Systems 20/20, 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. Field support funds accounted for 72 percent of funding in Year 2.

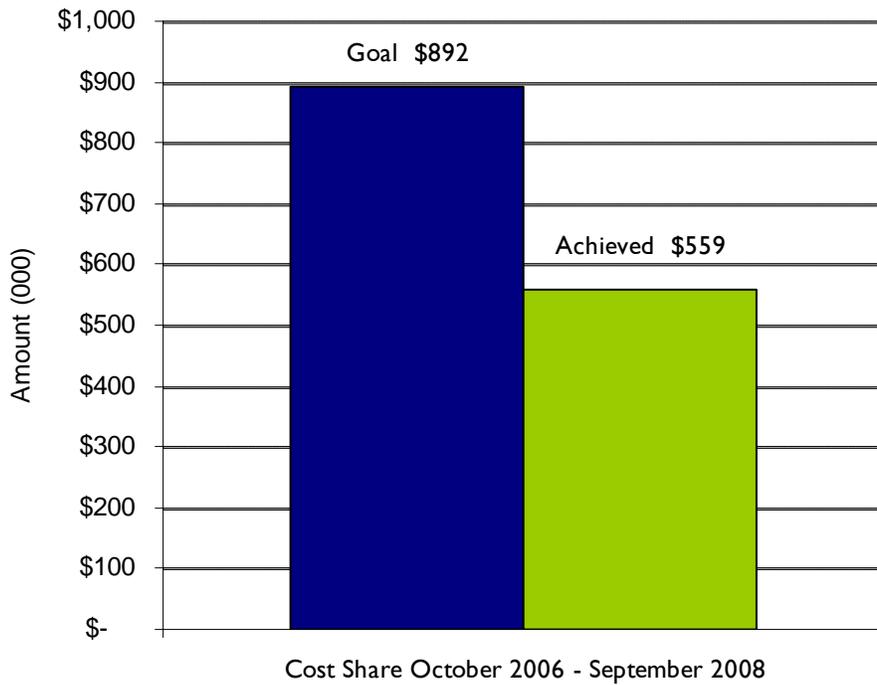
The number of countries where Health Systems 20/20 has activities increased dramatically from five in Year 1 to 21 in Year 2, with continued expansion expected in the coming year.

HEALTH SYSTEMS 20/20 FIELD SUPPORT FUNDING



The Health Systems 20/20 cooperative agreement includes a five 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 2, the project had successfully achieved 63 percent. We expect to revise the Year 2 cost share upwards once final documentation of contributions that have accrued in several field activities is received.

**COST SHARE ACHIEVEMENT
63% OF GOAL FOR PROJECT YEARS I AND 2**



8. WEBSITE RESULTS

Year 2 dissemination activities continue on an upward trend in growth with a 277 percent increase in web page views per month from Year 1. Users from 140 countries accessed the site. Fueling this growth were enhancements to the site including the launch of the online health systems database tool, a HIV/AIDS and health systems strengthening blog, an interactive map, a number of NHA slideshows, as well as the promotion of the project on Facebook and Twitter and dissemination of two project e-newsletters to nearly 3,000 people.

