

PD-ARM-715
98927

DDM

Data for
Decision
Making

ANNUAL REPORT

Fiscal Year 1993

October 1, 1992 - September 30, 1993

HARVARD UNIVERSITY

in consortium with

RESEARCH TRIANGLE INSTITUTE

INTERCULTURAL COMMUNICATION, INC

supported by

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Cooperative Agreement No: DPE-5991-A-00-1052-00

ANNUAL REPORT FY '93
October 1, 1992 - September 30, 1993

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I. EXECUTIVE SUMMARY

In the second year of the Data for Decision Making Project, October 1, 1992 - September 30, 1993, the Harvard Consortium focussed its activities on managing health sector reform. This focus addresses an issue of growing interest in developing countries. Along with this new focus, the Project initiated projects in Egypt, Senegal, Ivory Coast and Burkina Faso.

Activities:

Highlights of these activities included:

- The initiation of a 3-year collaboration with the Directorate of Planning within the Egyptian Ministry of Health to develop a strategic framework for policy reform and strengthen planning capacity.
- Development of guidelines to assess the linkages between the private and public sectors in health and of a strategic framework for research on this topic for the Africa Bureau, and initial application of this method in Zambia and another African country.
- In Dakar, Abidjan, and Ouagadougou, the development of a system to forecast the progress of the AIDS epidemic and the health transition by using death certificate data.
- An International Conference on Health Sector Reform in Developing Countries: Issues for the 1990's in which 80 representatives from donor agencies, developing country decision makers, and researchers participated.
- Development of a manual in collaboration with the World Bank to identify priority public health interventions and essential clinical services as recommended in the World Development Report 1993. This manual will be used for DDM's country activities in Egypt.
- A Workshop on using the Demographic and Health Survey Data for Health Sector Reform attended by 20 representatives from Ministries of Health and donors.
- Examination of the interaction between democracy and health.
- Initiation of a Data for Decision Making Technical Report Series.
- Continuation of a seminar series dealing with issues in health sector reform and strengthening informed decision making.

Lessons Learned:

The major **lessons learned** this year include:

- 1) Internationally there is a great and growing interest in health sector reform.
- 2) Adequate time must be allowed for contracting with USAID field offices to avoid delaying and complicating the initiation of activities.
- 3) Internally within the project, communication among the many part-time faculty, professionals, and institutions interested and involved in the project has continued to be a daunting task, even though the project staff has spent much time and effort on this. This will continue to be an area for concentration in FY94.

Plans for FY 1994:

For 1994, DDM has planned the following activities:

- 1) In Egypt, a long term advisor will establish an office in the Directorate of Planning at the Ministry of Health in order to provide technical backup for the Budget Tracking System, National Health Accounts, Priority Setting Exercise, a major Household and Health Provider Survey, and other activities.
- 2) In Zambia and one other African country, studies will assess the size and role of the private sector.
- 3) In Bolivia, presentation of the national social sector reform and health reform to the Consultative Group of Donors in Washington by Research Triangle Institute and development of activities with the secretariat of health.
- 4) Initiation of activities in Burundi concerning human resource planning.
- 5) Continued communication and marketing to USAID country Missions to promote new activities.

II. PURPOSE/MISSION

In order to meet rising health demands with scarce resources, many developing countries are undertaking health sector reform. Three major issues have exacerbated this need for reform: sustaining the achievements in child survival and family planning; responding to the changing health needs and demands of the expanding and aging population; and, ensuring affordable services in the face of rapidly changing economic conditions.

Despite the importance of science in health system development, frequently little or inappropriate information enters the planning process. Therefore, planners and policy-makers often base decisions regarding problems, strategies, needs and consequences on incomplete or faulty data.

The mission of the Data for Decision Making Project (DDM) is to work with governments and their senior decision makers to develop national capacities and strategies to manage health sector reform. This requires that decision-makers use data and advanced analytical techniques in problem identification, policy development and strengthening management.

III. HISTORY OF THE PROJECT

The first year program of the DDM project, FY '92, had essentially four elements; 1) establishing project core office, operations, staff and communications functions; 2) marketing of the DDM concept and project to the U.S. Agency for International Development (USAID) Missions, potential host governments, and others; 3) responding to Mission invitations for exploratory discussions and assessments; and 4) developing low-cost, effective tools to facilitate data use in decision making. The first goal was achieved, and the remainder launched, but these activities did not yield many country projects.

Lessons Learned FY '92

By the end of the first year, DDM identified some problems which needed work in the second year, FY '93. The first was a lack of a clear issue to focus the project. It was unclear exactly how "data for decision making" could be realistically applied to health problems in AID-assisted countries. The second problem was the small number of concrete opportunities to improve health policy decision-making at the country level. The third issue was the narrow mandate of USAID's program strategies in many countries. In other words, because USAID divides its programs into separate and virtually independent components such as child survival, AIDS, and health financing, it was difficult to coordinate a DDM initiative that would support the national policy development underlying all these components. The most critical obstacle to progress and success was a failure to market the project successfully to USAID Missions.

IV. STRATEGY: FY '93

At the end of the first year, Dr. James Shepperd, the Cognizant Technical Officer (CTO) and Dr. Pamela Johnson, the Chief of Applied Research, Research & Development/Office of Health (R&D/H), met with the Harvard staff to develop a strategy to rectify the situation in cooperation with R&D/H staff. It was agreed that the Harvard Consortium of DDM would build upon the broad experience of Harvard faculty and collaborating organizations in analyzing strategies for health sector development, linking epidemiology, demography, economics, and political aspects. The theme Managing Health Sector Reform was promulgated as an integrating concept for these inputs, mandating a focus on broad health sector strategies. We all agreed that DDM would focus on this issue. The project would continue to support specific tool development as outlined in the original proposal and to respond to incoming requests from USAID Missions for assessment and development of DDM activities. This plan would support development of concrete products for policy development and specific country-based activities for Missions and national governments, and new policy strategies.

The overall project strategy for year 2 is described in Figure #1 on the next page.

V. GOALS: FY '93

To address the problems and lessons learned in FY '92, DDM proposed a much more realistic and focussed set of goals and activities for FY '93. The specific goals are as follows:

1. Develop new analysis, generate tools and methods, and disseminate/communicate these products in selected key areas related to health sector reform.
2. Assist USAID/Washington and Missions in defining better what data for decision-making for Health Sector Reform means.
3. Respond to USAID's country-level initiatives to develop new data for decision making activities.

FIGURE 1

DDM Project Strategy

Open channel to
USAIDS
Marketing



Country
Projects

Managing Health Sector
Reform in the 1990's

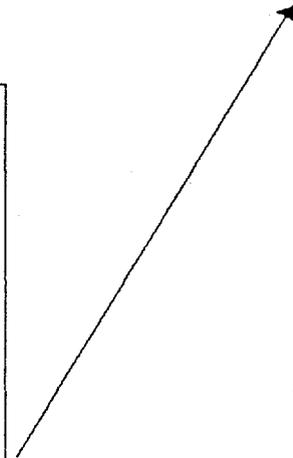
Assessing Health
Transitions
and Strategies

Managing Reform:
Public/Private
Finance and
Organization

Policy Explorations



Tool
Development



Seminars
Training
Analysis



VI. PROJECT ACTIVITIES: FY '93

As part of its new, more focussed approach, DDM's second year program was subdivided into three components: Assessing Health Transitions/Strategies for Response, Managing Reform in Health Finance and Organization in Public/Private Sectors, and Policy Explorations. DDM has also initiated country activities which apply the tools, methodologies, and training established in these first three components to a country-level program.

MANAGING HEALTH SECTOR REFORM

Health sector reform entails sustained, purposeful changes in the organization of health systems in order to improve their effectiveness, equity and efficiency. Reform usually involves one or more of the following changes: 1) financial, 2) organizational, 3) programmatic, and 4) informational. In financing reforms, the mechanism used for financing the costs of the health care system are addressed. These include changes in insurance coverage, involvement of the private sector, cost recovery or other types of cost sharing. For countries undertaking organizational reform, the major changes usually have entailed decentralization of authority, fiscal responsibility, and accountability to local institutions. Programmatic reforms involve consideration and concentration on the most cost-effective health interventions in order to maximize the effectiveness of the health system. Informational reforms require institutional capacity building to strengthen the information base for health system planning. Accessing and using data from existing information systems and research, communication of results to decision makers, and building systems for decision makers to obtain relevant, timely information are all necessary pieces.

The DDM activities under "Managing Health Sector Reform" are divided into three components as follows:

A. Assessing Health Transitions/Strategies for Response

This component focusses on documenting the changing demographic and epidemiologic patterns and the impact of major health programs and intervention strategies. It demonstrates and strengthens the use of DHS data as well as improves analysis of multi-country data and intervention strategies. It compares and forecasts impact from alternative programs and policies. This component makes data accessible to country level decision makers and is integral to managing health system reform.

B. Managing Reform in Health Finance and Organization in Public/Private Sectors

The second component addresses the improvement of revenue and expenditure data available to governments so that they can more effectively manage health system development in the public and private sectors. This includes development of tools for

national health accounting and analysis of the structure of public and private health care provision. It also develops tools and methods for innovation in managing health system reform.

C. Policy Explorations

DDM provides support for new areas of health reform policy development. Some of the primary activities are an international conference on health reform, and an exploration of the interaction between democracy and health.

VII. ACHIEVEMENTS: FY '93

MANAGING HEALTH SECTOR REFORM

A. Assessing Health Transitions/ Strategies for Response

Cost-Effectiveness Analysis/Priority Setting

Directed by Dr. Julia Walsh, DDM has worked to promote cost-effectiveness studies and its use in health planning and policy. In collaboration with the World Bank, DDM completed the guidelines for cost-effectiveness analysis/priority setting of health interventions. Logan Brenzel, a consultant wrote the manual entitled "Selecting an Essential Package of Health Services Using Cost-Effectiveness Analysis: A Manual for Professionals in Developing Countries". Field testing of this tool will begin in Egypt in FY '94.

This tool can be used to identify the essential clinical services and priority public health interventions for a country. It can identify the key cost-effective interventions that will have the greatest impact on health. It will also help identify those costly interventions which have little impact on the well-being of the people. When this set of priority interventions is compared with the current resource allocation within the public and private sector, strategies can then be developed to increase the effectiveness and efficiency of the current system.

Harvard presented its activities at the INCLIN international meetings in January, 1993, and initiated the International Research Group on Cost-Effectiveness Analysis. Harvard has worked closely with INCLIN in planning a small grants program for cost-effectiveness analysis, including drafting the request for preproposals, preproposal review, and sending a faculty member for the January 1994 INCLIN Health Economics Proposal Writing Workshop in Thailand.

Death Certificate Analysis

DDM implemented a method to track the trends in mortality due to AIDS and changes in the mortality pattern during the health transition through the analysis of death certificates over a 20 year period. Prof. Michel Garenne of Harvard is directing this effort. Three Sub-Saharan African cities were selected in collaboration with the USAID regional office in Abidjan (REDSO/WCA). The cities are Ouagadougou, Burkina Faso; Abidjan, Cote d'Ivoire; and Dakar, Senegal.

In January/February, Prof. Garenne travelled to the three cities to make arrangements for collection and transmission of data to Harvard. Computers and software were shipped by the project to each work-site prior to his arrival. At each site, Prof. Garenne worked with local MOH and USAID officials to identify technicians and supervisor teams to perform the data collection phase of the study.

The data collection phase of the study has been completed. Data has been sent from each

field team to Prof. Garenne in Cambridge where, together with a research assistant, he has merged the data and prepared the statistical files for analysis. This resulting data will provide information on the epidemiology of AIDS and can be used to analyze and forecast a wide range of epidemiological and demographic trends wherever good death records are kept.

A final analysis workshop is scheduled for June, 1994, and the project will be completed by September, 1994.

The initial work was supported through core funds and an add-on from REDSO/WCA. Because of the evident value of this analysis, REDSO/WCA has provided an additional grant directly to Prof Garenne to complete the workshop and for development of a model of the AIDS epidemic. The contracting for this activity has been extremely difficult and complex. These obstacles are described in "Lessons Learned".

Demographic and Health Survey (DHS) Analyses

Harvard and RTI worked on six analyses of DHS data each based on selected countries which provided models for how to make best use of DHS data for health decision making.

- Prof. Julia Walsh of Harvard and Dr. Oleh Wolowyna of RTI are currently working on a paper on intraurban differences in health status within cities entitled "**Impact of the Environment on Health Within Cities**".

- Prof. Carla Obermeyer of Harvard, in collaboration with Rosario Cardenas, a PhD candidate at Harvard, has submitted a draft of her paper entitled, "**Utilization of Health Care by Women in Three North African Countries**". The author has used DHS data to analyze women's health status in Egypt, Morocco and Tunisia.

- Prof. Allan Hill of Harvard is working closely with Susan Yazdgerdi and Nancy Pollack to produce two papers based on DHS data from Ghana. The papers are entitled "**The Demand and the Supply of Services Available to Mothers of Sick Children in Ghana**" and "**Mother-based versus Child-based Analyses of Morbidity and Health: Children in Ghana**".

- Prof. Karen Peterson is analyzing data from three countries in a paper entitled "**The Clustering of Morbidity: An Analysis of Anthropomorphic and Health Data**". This paper had a difficult start and used data from Pakistan, Indonesia and Thailand. The author is now analyzing data sets from three new countries.

- Laura Rose, a researcher at Harvard, collaborated with RTI and Prof. Peter Berman on an issues paper analyzing the role of private health care providers in giving family planning, maternal health, and child survival services using DHS data from 12 countries. They have written and submitted a draft of "**Role of Private Providers in Child Survival, Maternal Health and Family Planning**".

Workshop: "Using DHS Data for Health Sector Reform"

DDM planned and conducted a 3-week DHS analysis workshop for health professionals and medical statisticians entitled "Using Demographic and Health Survey Data for Health Sector Reform", which took place at Harvard on August 2-20, 1993. The workshop's goal was to show health professionals how DHS' population-based data can be integrated with information from other sources in order to provide a more balanced and informative perspective on health problems and needs of the population. The workshop was broken down into three components, "Measuring mortality, morbidity and health", "The determinants and consequences of health service use", and "Achieving health sector reform". The sessions emphasized the sequence of activities from data analysis to the use of these analyses to achieve reform and change in the health sector. The workshop covered use of computers and statistical methods to improve data analysis.

The 20 workshop participants, all health professionals, came from 16 countries worldwide including: Angola, Bangladesh, Botswana, Brazil, Central African Republic, Gambia, Italy, Jamaica, Jordan, Kenya, Pakistan, Russia, Sierra Leone, Somalia, South Africa, and Togo. Harvard faculty organized and ran the sessions. On the final day, Jim Shepperd, the project's CTO from AID/Washington gave a presentation along with Elizabeth Schoenecker of AID/Washington and Martin Vaessen of DHS.

The participants were asked to complete an evaluation form at the end of the workshop to rate the quality of the program. Overall, the participants agreed that the workshop was excellent and 78% felt that it would help them in their job. They gave high marks for the range of topics covered and for the depth in which they were handled. One participant stated, "I particularly appreciated the broad range of issues which were combined during the workshop." The participants enjoyed the link between classroom and computer laboratory; "I find the workshop extremely useful for me! SPSS classes (were) great..." Some of the participants' suggestions for the future were follow-up by sending out literature and information to the participants, technical support from Harvard for participants' country projects, and organization of more DHS workshops.

The workshop proceedings have been written up and are in the process of being finalized and prepared for distribution.

Burden of Disease Analysis

Prof. Chris Murray developed the Burden of Disease Analysis methodology for the World Development Report published in July. This ranking, together with cost-effectiveness of interventions for the diseases, provides a clear, data-based way to establish health priorities. Many countries and donors have requested assistance from Prof. Murray to use this method to rank the disease burden nationally.

DDM has proposed additional core support in FY '94 to refine the Global Burden of Disease method and to assist 6 countries, 2 each year, to carry out these exercises. The refinement will add the capability to measure the cost of illness and disability, to expand it to other diseases, to project future disease patterns so that future health resource needs

can best be planned, and to improve the methods for measuring disability.

Prof. Murray presented his Burden of Disease Analysis methodology to AID at a meeting in Washington on March 10, 1993.

We expect that this tool will be used in the Egypt country project (see "Egypt").

NPROJ

NPROJ, developed by RTI, is a population projection tool and includes a manual, software, and a demo diskette. NPROJ is a microcomputer program for making population projections using the classical cohort-component projection method. An important feature of NPROJ is that it can project up to 50 populations simultaneously. That is, it can be used to make national projections, or subnational projections for up to 50 regions. The fact that the projections are done simultaneously has several advantages: (a) instead of running the program 50 times, you can achieve the same results with one run; (b) having all the subnational projections in one data file allows you to make comparative analyses; and (c) adjusting the subnational projections to an independent national projection in order to make the subnational projections consistent with the national projection can be done automatically. In Bolivia, the Population Policy Unit of the Ministry of Human Development is using NPROJ. Also, the International Statistical Center of the Bureau of the Census in the U.S. is using NPROJ for training. It is being used in Honduras, Peru and Egypt as well.

HRP

RTI has also developed HRP, a "Health Resource Planning Model" which includes a manual, software, and a demo diskette. This model is designed to improve the planning, execution and evaluation activities in the health sector by providing projections of the resources required to reach the population coverage goals outlined by the sector policy. The model realizes these tasks at national and departmental levels simultaneously. HRP was presented at the INCLEN international conference in January, 1993 and at AID in Washington on March 10, 1993.

Human Resources Planning

Staffing needs are addressed by Riita-Liisa Kolehmainen-Aitken in "Human Resources Planning: Issues and Methods", publication #1 in the DDM Technical Report Series. The concept of Human Resources Planning, or coordinated health and human resources development, stipulates that planning, production, and management functions should be a unified process, that human resources must serve the needs of the health system, and that the health system must serve the needs of the people. Human Resources Planning will be the major focus for the Burundi activities planned for FY '94.

B. Managing Reform in Health Finance and Organization in Public/Private Sectors

National Health Accounts

DDM began development of tools for analyzing national health accounts. Dr. Ravi Rannan-Eliya and Prof. Berman wrote a paper entitled "National Health Accounts in Developing Countries: Improving the Foundation", publication #2 of the DDM Technical Report Series. Tool development included use of existing household survey data, and methods for estimating corporate and institutional spending. This tool is being applied in Egypt in FY '94.

This is a tool for describing "where the money is" in a country's health sector, including both the government and non-government parts. It combines information on the sources of funds for health care with data on how those funds are spent to provide services for specific programs. It can also be used to describe the flow of funds for health care to specific health service inputs, regions or provinces, or groups in society. If national health accounts are done for successive years over time, it can be a powerful tool for tracking changes in health care financing and for monitoring and evaluating policy interventions.

Ravi Rannan-Eliya and Peter Berman are also writing a paper on methodology entitled "The Use of Household Surveys in the Estimation of Private Health Expenditures".

Global Health Expenditures

Prof. Christopher Murray, Prof. Peter Berman, and Ramesh Govindaraj (a PhD candidate) are completing a monograph on Global Health Expenditures based on a revised version of the global database developed for the World Development Report. This monograph will provide the most up-to-date data on national health expenditures and analyze important factors explaining differences. It is important background material for future development of national health accounts.

In addition to these activities, DDM reviewed two related issues:

Health Sector Reform in Africa

Dayl Donaldson has submitted to DDM a final draft of her paper entitled "Health Sector Reform in Africa: Lessons Learned to Date", which is now ready for distribution as paper #3 in the DDM Technical Report Series. This paper was originally presented at the CCCD Conference, "Child Survival Forum in Africa" that took place in Dakar, Senegal on March 29 - April 2, 1993.

Poverty Measurement in Russia

Patricia Langan's paper, "Poverty Measurement in Russia" is paper #4 of the DDM Technical Report Series. Dr. Jack LeSar, the Health Officer for the USAID/Russia Mission, requested a review of methods for poverty measurement. DDM sent the paper to him on June 4, 1993.

C. Policy Explorations

International Conference: "Managing Health Sector Reform in Developing Countries: Issues for the 1990s"

DDM organized and conducted an international conference, "Managing Health Sector Reform in Developing Countries: Issues for the 1990s". The goal of this conference was to identify needs and achievement in health reform through data, analysis, and tools for health decision makers. This 3-day conference brought together 78 international participants, including government officials, non-governmental officials, technical experts, and representatives of international donor agencies.

The success of the conference is apparent in the positive feedback received from the participants. They emphasized the importance of meeting and working with other developing country professionals. One participant commented, "The meeting was very worthwhile, especially in terms of meeting and interacting with an impressive group of participants". Another participant added, "I met many people at the conference who work in the same research areas as I do; I had fruitful discussions with them about my own on-going work. I could not have met them in any other way." Many participants felt that now that the conference had started a discussion about health sector reform, DDM should continue on this track by following up; "Good way to establish DDM's role in the international arena/exchange; more institutional follow-up is appropriate."

DDM will publish 17 papers by the participants and summaries of key deliberations in FY '94.

A summary of the Conference report was circulated at a donors meeting on health policy reform in October, 1993 in Ottawa. See Attachment #1, Summary of Conference Report.

Democratization and Health

DDM explored issues in the area of democratization and health through a series of background papers under the theme "New Voices in Health Policy". This series provides background and historical perspective on trends, identifies actions that MOHs can take, and explores ways that non-governmental organizations (NGOs) can assist in the process of democratization for health. Prof. Michael Reich is coordinating the research and writing of the four papers: "An Overview of Democratization and Health" by Stanley Samarsinghe, Development Studies Program, American University; "PVOs and NGOs: Promotion of Democracy and Health" by Adrienne Allison, Center for Development and Population Activities, and James Macinko; "Ministry of Health Policies for Democratization" by Charlotte Gardner, UNFPA; and "Democracy, Communism and Health Status - A Cross-National Study" by Ramesh Govindaraj and Ravi Rannan-Eliya of Harvard. Prof. Reich will write an overview of the papers as well. When finalized, the papers will be submitted to AID and discussed at a brainstorming session in Washington with the goal of proposing a strategy for action.

Mapping of the Decision Making Process

Prof. Michael Reich's "Guidelines for Mapping of Decision Making Process" has been ready for field trials since last spring. It has been tested in Cambridge, Mass as well as in Ghana, and is proposed for use in Egypt. This tool assesses the actors and events in the political process to reach decisions in the health sectors. It also identifies points of influence and issues of concern for the agencies involved in health in the public and private sector.

The National Advisory Boards

The National Advisory Boards function as institutional, sustained links between government decision-makers within and outside of the Health Ministry, health professionals, and related experts. The Boards insure that relevant data analyses are undertaken and that the results are rapidly communicated to decision-makers. They provide stature, consensus, and credibility for the decisions that result from their efforts. DDM will assist the Rockefeller Foundation in the planning process for such a Board in Egypt.

Research Communication

Research Communication (RC) is a tool to enhance the use of research results by decision makers by identifying audiences who will use the results and planning optimal communication strategies for specific audiences. Development of this tool by ICI began before DDM began and continued into year 1 of the DDM project. In FY '93, ICI's Gary Gleason met with Dr. Julia Walsh, Prof. Michael Reich, and Prof. Peter Berman to discuss Research Communications.

Executive Health Information Interface

The Executive Health Information Interface is an electronic database management system developed by Oleh Wolowyna at RTI. Its objective is to bring to the desk of the senior decision maker an easy to use interface for accessing up-to-date health information. The two prototypes involve Bolivia data from the national health information system and from ProSalud, a non-governmental health system.

VIII COUNTRY ACHIEVEMENTS

DDM's country activities, in Egypt under an add-on and in Africa under the Health and Human Resources Analysis for Africa (HHRAA) project, incorporate elements from all three of the above project components by applying them to country-specific situations.

EGYPT

Egypt faces all of the main challenges identified by DDM in its project agenda. In addition, USAID/Cairo has a major project to assist with health sector reform.

The health system in Egypt faces a number of challenges:

- extending and consolidating the impressive achievements in child survival and family planning,
- an economic crisis with structural adjustment resulting in smaller government health budgets, and
- a growing and aging population with changing needs and demands for health services.

Effective July 15, 1993, USAID awarded the DDM project a three-year add-on for Egypt totalling \$2,333,127. In order to increase the capacity for planning and policy development and to establish a strategic framework for decision making, in 1993, DDM and the Directorate of Planning at the Ministry of Health (MOH) identified a number of key activities. The Director of Planning, Dr. Moushira el Shafa'i, is also the Undersecretary for Family Planning. This linkage provides an excellent opportunity to strengthen integration between health and family planning activities. The Directorate of Planning would carry out each of these activities supplemented by local Egyptian consultants and technical assistance from DDM. This set of activities will take place between 1993 and 1996:

- **Budget Tracking System:** This system will allow the MOH and the governorates to know how their own resources are spent. In successive years, the MOH can follow resource allocations as its policy and program priorities change. This computerized system will track the capital and recurrent expenditures for curative, preventive, and promotive services, both centrally and by the governorates. Within each of these main headings, expenditures will be subdivided for programs, hospitals, facilities, salaries, drugs, supplies, transport, and other categories. In the governorates, local planning officials will participate in workshops on using the budget tracking systems for planning. RTI will design software for the Budget Tracking System, monitor its implementation, and ensure that health officials receive appropriate training.
- **National Health Accounts:** As described above, a detailed national health accounts study will be done for Egypt, using existing data. MOH capacity to continue this

analysis in the future will also be developed.

- **Cost-Effectiveness/Priority Setting:** This tool will identify the essential clinical services and public health interventions for Egypt. It can be used to analyze the burden of disease for the population by age and gender and identify the key cost-effective interventions that will have the greatest impact on health. It will also help identify those costly interventions which have little impact on the well-being of the people. When this set of priority interventions is compared with the current resource allocation within the public and private sector, then strategies can be developed to increase the effectiveness and efficiency of the current system.
- **Burden of Disease Analysis:** Egypt has a rich array of demographic and epidemiological data collected at great expense and effort since the late 1970s. Burden of disease analysis is a method developed for the World Development Report, 1993 which combines the estimated mortality, morbidity, and disability effects of most major diseases into a single measure: Disability-adjusted Life Years (DALYs) lost due to disease. This analysis would provide for a recent year an estimate of the Burden of Disease for Egypt by age-sex groups and for more than 100 major disease conditions including communicable, non-communicable, and injuries. The setting will be an analytic exercise based on existing data and information supplemented by expert opinion where epidemiologic studies are not available. It will transfer to the Directorate of Planning/MOH and a local collaborating group the skills and technology needed to carry out such an analysis and to update it in the future.
- **Household Health Expenditure Survey linked to a Provider Survey:** This national survey will clarify the determinants of use of the private and public sector and the health expenditures by household. It will measure the prevalence of disability and the reasons for choosing private versus public sector care. The linked provider survey will estimate relative quality and prices for services among public and private providers in the areas surveyed.
- **Mapping of the Decision Process:** This tool will assess the actors and events in the political process to reach decisions in the health sectors. It will also identify points of influence and issues of concern for the agencies involved in health in the public and private sector. The tool will be applied in Egypt to either of the following recent decisions: the privatization of several public drug companies and the accompanying change in drug pricing and subsidies, or the extension of health insurance to all school children funded through a cigarette tax, family co-payment and direct government support from the general revenues.
- **National Board for Health Policy and Research:** The goal of this group of experts is to provide expert advice to health planners on controversial issues. The Board will serve as a forum to build alliances for action and will commission essential applied research. The Egyptian National Academy for Science and Technology has established a planning committee. DDM collaborates with The Rockefeller Foundation in assisting the planning process.

These activities will take place over a three year period. A long-term DDM advisor with an office in the Directorate of Planning in the MOH will provide day-to-day assistance. Faculty members from Harvard University and professionals from RTI will provide expertise for specific activities.

The results of these efforts and their implications for health planning and policy development will be discussed at two national workshops and at a number of less formal policy dialogue sessions. These will take place within Egypt at the midpoint and the end of the project.

A number of professionals from the Directorate of Planning and from other agencies will undertake short and long-term international training in planning and management. These include short courses in management and finance, M.P.H. degrees, and Fellowships for 6 to 12 months for in-depth study and analysis in particular focussed areas.

The add-on supports the Directorate of Planning for refurbishing offices, counterparts, local consultants for specific tasks, and local training workshops. The international training is supported through a separate fund.

HEALTH AND HUMAN RESOURCES ANALYSIS FOR AFRICA (HHRAA)

On August 18, 1993, USAID's Africa Bureau awarded the DDM project with a \$350,000 add-on. This add-on supports research in Zambia and a second African country (to be determined), to assess the role of private health care providers on national health systems and to recommend directions for policy and programs. An operational advantage of the HHRAA-sponsored research program is its region-wide focus and ability to link African researchers and decision-makers with external technical support and resources. It also has the advantage of being able to focus on issues which are of broader strategic relevance.

DDM has or is currently undertaking the following activities on behalf of the HHRAA project:

Regional Policy Paper

DDM drafted a regional policy paper on the state of public and private health sector financing and provision in Africa. Prof. Peter Berman is coordinating the study entitled "Regional Study: Private Health Care Provision in Africa" with DDM research staff.

Consultative Meeting

DDM and Support for Analysis and Research for Africa (SARA), in cooperation with the Health Financing and Sustainability Project (HFS) and the Africa Bureau, Office of Analysis, Research and Technical Support (AFR/ARTS), organized a consultative meeting to discuss and help develop strategy. On September 22-23, 1993, Prof. Walsh, Prof. Berman, Ravi Rannan-Eliya, Kara Hanson, and Laura Rose participated in a consultative meeting with AID and other Cooperating Agencies on Research and Analysis of the Private Health Sector in Africa in Washington. They discussed typology of private health care provision, assessing private health care provision, potential points of access for public sector intervention, and researching the private sector in Africa. ICI organized this meeting and acted as rapporteur.

Strategic Framework

DDM has drafted a revised strategic and analytic framework to guide subsequent policy, program, and research work in the region in collaboration with AFR/ARTS. This has been designed to help both AID and African policy makers choose appropriate and effective interventions for dealing with the private sector.

Country Case Studies

In FY '94, DDM will initiate the first country case study of the role of public and private provision in Zambia, including assessment of factors affecting growth and composition of the private sector. DDM will also begin a second case study in another African country to be identified later. The studies will be completed in FY '94. Upon completion of the case studies, DDM will sponsor a conference in Africa to discuss the results.

Methodological Tools

DDM is developing tools for national private sector assessments. A draft report, entitled "Assessing the Private Sector: Using non-government resources to strengthen public health goals" by Prof. Peter Berman and Kara Hanson, a PhD candidate, is available and being applied in the Africa case studies.

IX. COUNTRY ACTIVITIES

Country-level assessments and analyses of local decision making processes and problems constitute the major link between domestic tool development activity and the institutionalization of modern, data-based decision making procedures in a developing country. Harvard has conducted country activities all over the world as illustrated by the below table and Figure 2 on page 23.

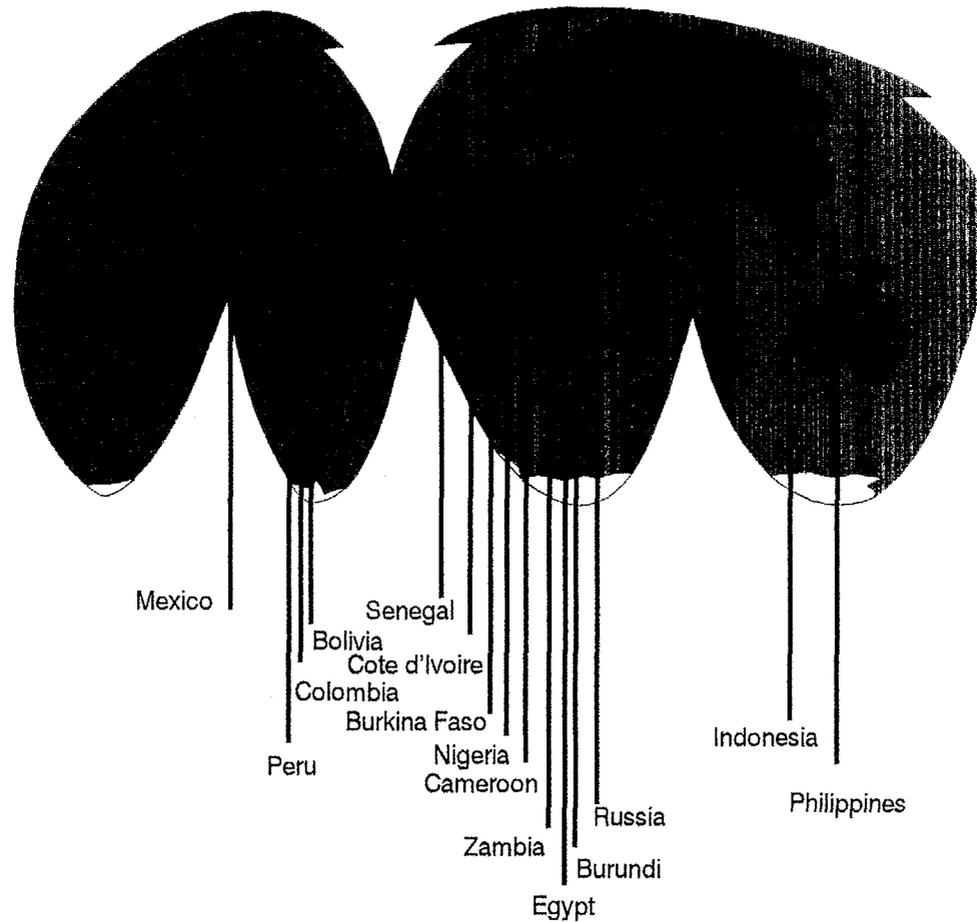
Country	Purpose/Activity	Dates	Team Members
Egypt	To develop an implementation plan for the DDM project to strengthen policy analysis capability within the MOH and to help undertake economic analyses which are essential to guide policy reform efforts by USAID's <u>Cost Recovery for Health Project</u> . Activities outlined in the implementation plan include national health accounting, development of a budget database, household health expenditure and health provider surveys, training for cost-effectiveness analysis, and mapping of the decision making process.	Nov 30- Dec 11, 1992 Dec 4-11, 1992	Julia Walsh Peter Berman
	To meet with USAID/Cairo. Dr. Walsh submitted revisions to the workplan and budget, and discussed plans for visit by Christopher Hale, DDM Deputy Director in February/March to work out details of the contract and implementation of activities.	Jan 24-28, 1993	Julia Walsh
	To refine the implementation plan for the proposed USAID/Egypt add-on and to discuss contractual and logistical arrangements with USAID and MOH staff. The resident advisor position was announced and advertised at this time.	Mar 1-19, 1993	Christopher Hale
	To set up the National Expert Advisory Board, discuss implementation of activities and hiring of long-term advisor.	May, 1993	Julia Walsh
Burkina Faso	To meet with USAID/Ouagadougou officials and collaborators at the Service d'Information Médical et de Statistiques Sanitaires to set up a data collection team for implementation of the death certificate analysis.	Jan 25-29, 1993	Michel Garenne

Country	Purpose/Activity	Dates	Team Members
Burkina Faso (con't)	To review progress with the field teams before the work is completed, assess the quality of the coding and data entry, make revisions, solve existing difficulties, and do a preliminary analysis of limited data sets.	June 21-27, 1993	Michel Garenne
Côte d'Ivoire	To meet with REDSO/WCA officials and collaborators at the Institut National de la Statistique to set up a data collection team for implementation of the death certificate analysis.	Feb 1-5, 1993	Michel Garenne
	To review progress with the field teams before the work is completed, assess the quality of the coding and data entry, make revisions, solve existing difficulties, and do a preliminary analysis of limited data sets.	June 7-12, 1993	Michel Garenne
Senegal	To present a paper entitled "Health Sector Reform in Africa: Lessons Learned" at the CCCD Conference, "Child Survival Forum for Africa", to participate in the conference, and to collect data on hospital discharges, procedures, and costs.	March 27-April 2, 1993	Dayl Donaldson (consultant)
	To meet with USAID/Dakar officials and collaborators at the Ministry of Public Health and Le Dantec Hospital to set up a data collection team for implementation of the death certificate analysis.	Feb 8-12, 1993	Michel Garenne
	To review progress with the field teams before the work is completed, assess the quality of the coding and data entry, make revisions, solve existing difficulties, and do a preliminary analysis of limited data sets.	June 29-July 3, 1993	Michel Garenne
Burundi	To assist the project design team to prepare the project paper for the Burundi Health System Support (BHSS). Activities which the project recommended include cost-effectiveness analysis, financing strategies, health resource planning models, mapping the decision making process, and human resource planning.	April, 1993	Maye Olivola
Bolivia	To discuss with the government potential opportunities to provide technical expertise to strengthen the planning and management of health sector reform.	July, 1993	Julia Walsh, [Jeffrey Sachs]

Country	Purpose/Activity	Dates	Team Members
Russia	At USAID/Washington's request, to review health care financing strategies under experimentation or consideration in Russia and make recommendations for short and medium-term interventions. As a follow-up, Prof. Berman attended a debriefing session at AID/Washington (10/26), and follow-up meetings at the World Bank (11/24 & 12/18).	Oct 10-18, 1992	Peter Berman
Mexico	To carry out an assessment of decision making for resource allocation and the need for priority setting/cost-effectiveness analysis. As a result of meetings with Dr. Tapia-Conyer at the Secretariat of Health, USAID/Mexico staff and other public health officials, plans were developed for a cost-effectiveness workshop and a national policy seminar in Mexico. However, despite initial enthusiasm while there, the Ministry of Health has not pursued the planning of the workshop.	Feb 9-17, 1993	Julia Walsh, Annette Bongiovanni (consultant)

FIGURE 2

DDM Country Activities



X. OTHER ACHIEVEMENTS

DDM Seminar Series

DDM initiated its Seminar Series in FY '93 for 3 major reasons; 1) to present examples of international health sector reform; 2) to gather from international experience knowledge about the role of information in decision making, the obstacles to its use, and methods to overcome these obstacles; and 3) to raise the consciousness of the University community, researchers and future decision-makers, about the gaps between research and information use in decision making.

DDM sponsored many speakers in FY '93 to the DDM Seminar Series. The speakers and subjects are as follows:

Adetokunbo Lucas	October 7, 1992	Obstacles to the Use of Data for Decision Making: The Nigerian Experience
Julio Frenk	November 4, 1992	Barriers Between Researchers and Decision Makers
Peter Berman	November 23, 1992	A Fear of Medicine: Beginnings of Health System Reform in Russia
Marguerite Pappaioanou, CDC	December 16, 1992	Use of Epidemiological Data in Managing Public Health Programs: an International Perspective
Thomas Bossert, LACHNS	April 7, 1993	Shall we dance? Policy Making and Donor Coordination among Myalandia and Aquarica
Michael Reich	April 21, 1993	The Politics of Worms & School Health in Ghana
Ciro de Quadros	May 20, 1993	The Decision to Eradicate Polio

The Series will continue in FY '94 with the following planned speakers and dates:

Tran Tan Tram	October 27, 1993	Primary Health Care Concepts and the Pediatric Hospital in Vietnam
Jim Trostle	December 1, 1993	Applying Research to Policy in Developing Countries: case studies from the ADDR project
Toomas Palu	February 16, 1994	Developing new health care policy: Estonia
Merrilee Grindle	March 2, 1994	The Political economy of policy reform: a framework for analysis
Alejandro MacLean	April 6, 1994	Dealing with the social costs of the economic crisis in Bolivia
William Bicknell	May 11, 1994	Population and Expenditures Based Health Sector Analyses: Uses in Planning

The faculty involved in DDM began meeting in the later part of FY '93 every 4-6 weeks to discuss research work-in-progress. The topics discussed to date include Christopher Murray's discussion of Global Health Expenditures.

XI. COLLABORATION

Subcontractors

DDM has worked closely with its two subcontractors, RTI and ICI, over the past fiscal year. Collaborative activities include the following:

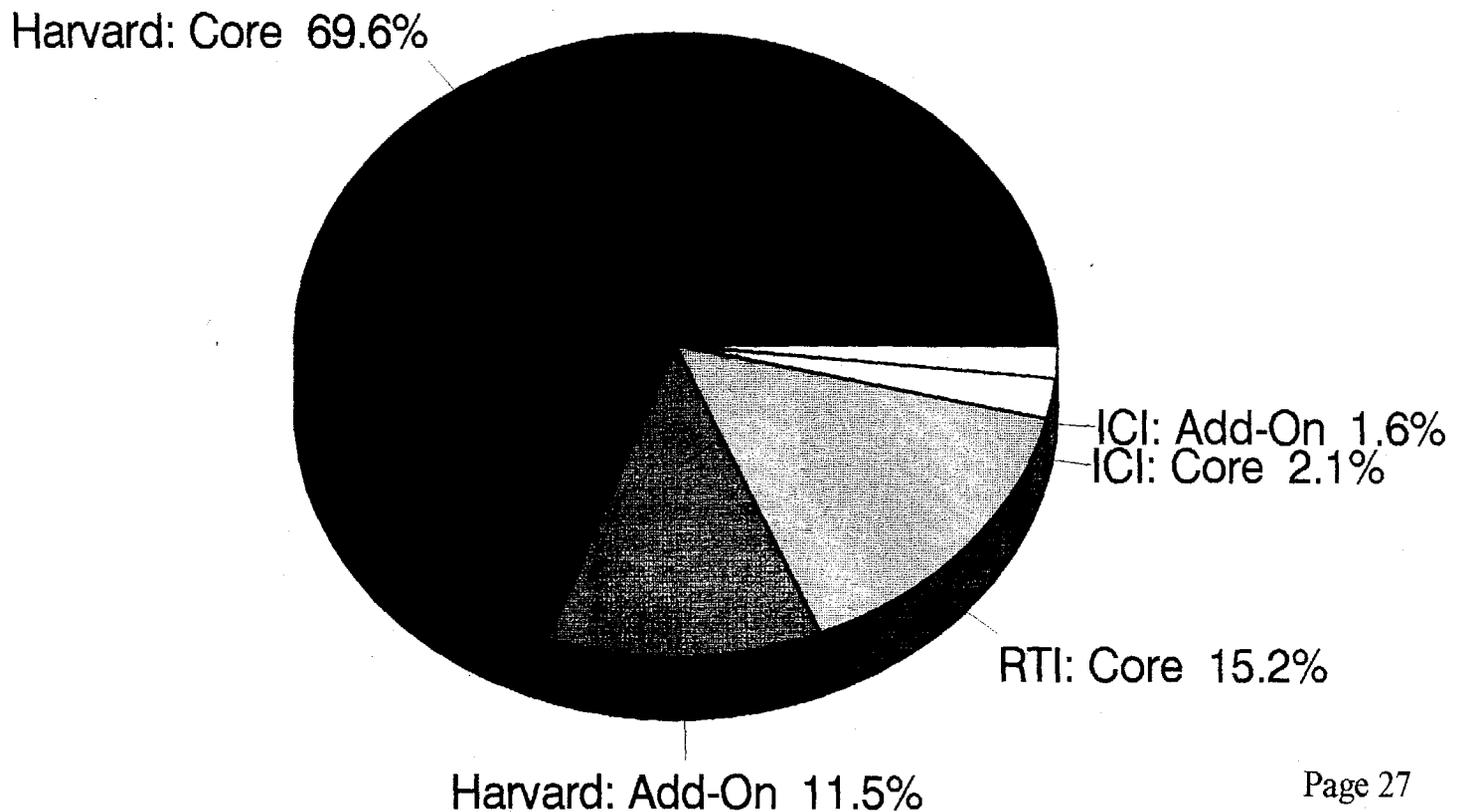
RTI:	<p>RTI and Prof. Julia Walsh are working on a paper on intraurban differences in health status within cities entitled "Impact of the Environment on Health Within Cities".</p> <p>RTI, Peter Berman and Laura Rose collaborated on an issues paper regarding public versus private health care provision.</p> <p>DDM collaborated with RTI to develop NPROJ.</p> <p>DDM collaborated with RTI to develop HRP.</p> <p>DDM and RTI will collaborate on the Budget Tracking System for Egypt.</p>
ICI:	<p>DDM held discussions with ICI on Research Communication.</p> <p>ICI organized the HHRAA meeting in Washington in September, 1993 and acted as rapporteur.</p>

The pie chart on the next page, Figure 3, illustrates FY '93 expenditures by subcontractor and funding source.

FIGURE 3

FY '93 Harvard and Subcontractors

Expenditures by partner and source



Collaboration with other DDM agencies

Harvard has collaborated closely with other DDM agencies as part of a unified and complementary effort to provide appropriate data and methodology to developing country policy-makers. Activities in FY '93 included the following:

<p>INCLLEN:</p>	<p>Harvard presented its activities at the INCLLEN international meetings in January, 1993, where the two organizations set up the International Research Group on Cost-Effectiveness Analysis.</p> <p>Harvard has worked closely with INCLLEN in planning a small grants program for cost-effectiveness analysis, including RFP draft, preproposal review, and faculty member for the January 1994 workshop.</p> <p>Harvard will work with INCLLEN in Egypt in collaboration with Suez Canal University Clinic Epidemiology Unit in cost-effectiveness/priority setting exercise.</p>
<p>DHS:</p>	<p>DHS representatives participated in the "Using DHS Data for Health Sector Reform" workshop in August, 1993.</p> <p>Harvard has conducted 6 cross-national analyses of DHS data on urban health, public/private sector role, women's health, maternal/child health, and morbidity.</p> <p>Harvard has provided consultation on the DHSIII questionnaire.</p>
<p>CDC:</p>	<p>Harvard will work in Egypt with CDC's Field Epidemiology Training Program in the cost-effectiveness/priority setting exercise.</p> <p>Harvard participated in the CCCD meeting organized by CDC in Senegal in March, 1993.</p> <p>Harvard and CDC made a joint presentation at the INCLLEN meeting in January, 1993.</p>
<p>NAS:</p>	<p>Prof. Michael Reich, Prof. Peter Berman, Prof. Julia Walsh, and Oleh Wolowyna (RTI) have participated in two NAS meetings.</p>
<p>BuCen:</p>	<p>Prof. Julia Walsh and Prof. Peter Berman participated in BuCen's meeting on the Economics of Aging.</p>
<p>CIHI:</p>	<p>Harvard has used CIHI information about AID projects for country assessments.</p>

Other AID agencies

Health Financing and Sustainability (HFS): DDM has collaborated with the HFS project on the HHRAA project concerning Africa's public versus private health sector. HFS sent two participants and contributed a paper and presentation to the DDM Conference "Managing Health Sector Reform in Developing Countries: Issues for the 1990s".

Latin America/Caribbean Health and Nutrition Sustainability Project (LACHNS): DDM hosted a talk at Harvard by Thomas Bossert, who was also a DDM Conference participant. LACHNS and DDM have held discussions for coordination of future activities in Bolivia.

In Egypt, DDM has collaborated with the other contractors for the Cost Recovery for Health Project which funds the Egypt add-on and with the CDC Field Epidemiology Training Program to coordinate activities.

Other international agencies

The Harvard International Health Leadership Forum: At this week-long training program sponsored by Harvard for Ministers of Health, DDM faculty made presentations and collaborated with other Harvard faculty on the program.

World Bank: The Cost-Effectiveness Analysis/Priority Setting guidelines by Logan Brenzel are a joint DDM-World Bank publication. The World Bank also participated in the DDM Conference.

Interamerican Development Bank: The Interamerican Development Bank participated in the DDM Conference.

The Rockefeller Foundation: Prof. Julia Walsh is establishing an Egyptian National Advisory Board with support from The Rockefeller Foundation.

Tool use outside of project

Prof. Uwe Brinkman travelled to Cameroon October 13-17, 1992 under The Rockefeller Foundation to work with the National Epidemiology Board of Cameroon (NEB) to identify obstacles and discuss potential solutions to facilitate its activities. He prepared a **Map of the Decision Making Process** for the NEB.

In Bolivia, the Population Policy Unit of the Ministry of Human Development is using **NPROJ**. Also, the International Statistical Center of the Bureau of the Census in the U.S. is using **NPROJ** for training. It is being used in Honduras, Peru and Egypt as well.

Prof. Michael Reich's "**Guidelines for Mapping of Decision Making Process**" has been ready for field trials since last spring. It has been tested in Cambridge, Massachusetts as well as in Ghana, and is proposed for use in Egypt.

XII. RESOURCES, MANAGEMENT, PROMOTION and EVALUATION

With the approval of DDM's FY 93 Workplan which proposed a wide range of new activities, it was necessary to identify additional personnel and other resources to enable the Project to meet those commitments. In particular, there was the need for promotional materials and activities that would communicate DDM's new focus on managing health sector reform.

Personnel

In January 1993, **Prof. Michel Garenne** joined the project on a part-time basis to head up the research under the West African Death Certificate Study funded by REDSO/WCA. Prof. Garenne is a member of the faculty of the Department of Population and International Health of the School of Public Health. In February, **Dr. Ravindra Rannan-Eliya** joined the project on a full-time basis to work closely with Peter Berman on national health accounts and, later in the year, the development of activities on behalf of AID's Bureau for Africa.

During the summer of 1993, planning and organizational arrangements for both the workshop on DHS materials and the international conference on managing health sector reform made exceptional demands upon DDM's small permanent staff. The pressure was partially alleviated by the temporary addition of **Patricia Langan**, who did an excellent job of managing the conference, and **Robert Gardner** who joined the project over the summer to coordinate curriculum development and program for the workshop. He worked closely with **Prof. Allan Hill**, who directed the workshop, and **Laura Nyhagen**, DDM's Administrative Assistant, who handled the logistical aspects.

The following faculty, consultants and graduate students assisted DDM with various research and development tasks:

Faculty/Staff

Peter Berman
Uwe Brinkmann
Lincoln Chen
Karin Dumbaugh
Michel Garenne
Allan Hill
Adetokunbo Lucas
Carla Obermeyer
Karen Peterson
Ravi Rannan-Eliya
Michael Reich
Julia Walsh

Administrative Staff

Christopher Hale
Patricia Langan
Catherine Haskell
Laura Nyhagen

Consultants

Adrienne Allison
Dayl Donaldson
Charlotte Gardner
Eckhard Kleinau
Maye Olivola
Stanley Samarsinghe

Graduate Students

David Anderson
Mercedes Becerra
Rosario Cardenas
Debra Efroymsen
Maria Fernandez-Tinoc
Ramesh Govindaraj
Kara Hanson
Marie-Laurence Lambert
Nancy Pollock
Laura Rose
Maryse Simonet
Ann Waits
Susan Yasdgerdi

In March, following the successful completion of negotiations with USAID/Egypt for a major sub-project, advertisements were placed in The Economist magazine, the International Herald Tribune, and other journals for a health economist to be resident in Cairo. In September, it became apparent that additional professional and administrative staff would be needed to meet the objectives outlined in DDM's workplan for FY 94. Consequently, searches were initiated for a **Program Manager** and an additional **Staff Assistant**.

Office Space

In September, in anticipation of further staff expansion, the project moved to new and larger quarters at the School of Public Health. In addition, the project acquired space for several research staff to work with Prof. Peter Berman adjacent to his office in Cambridge at the Center for Population and Development Studies.

Project Financing

The Harvard DDM Project is financed by a cooperative agreement between Harvard University and AID/Washington. The agreement calls for multi-source funding with core funds to be provided by AID's Office of Health and add-on funds to be provided by USAID Missions overseas as well as other AID Bureaus.

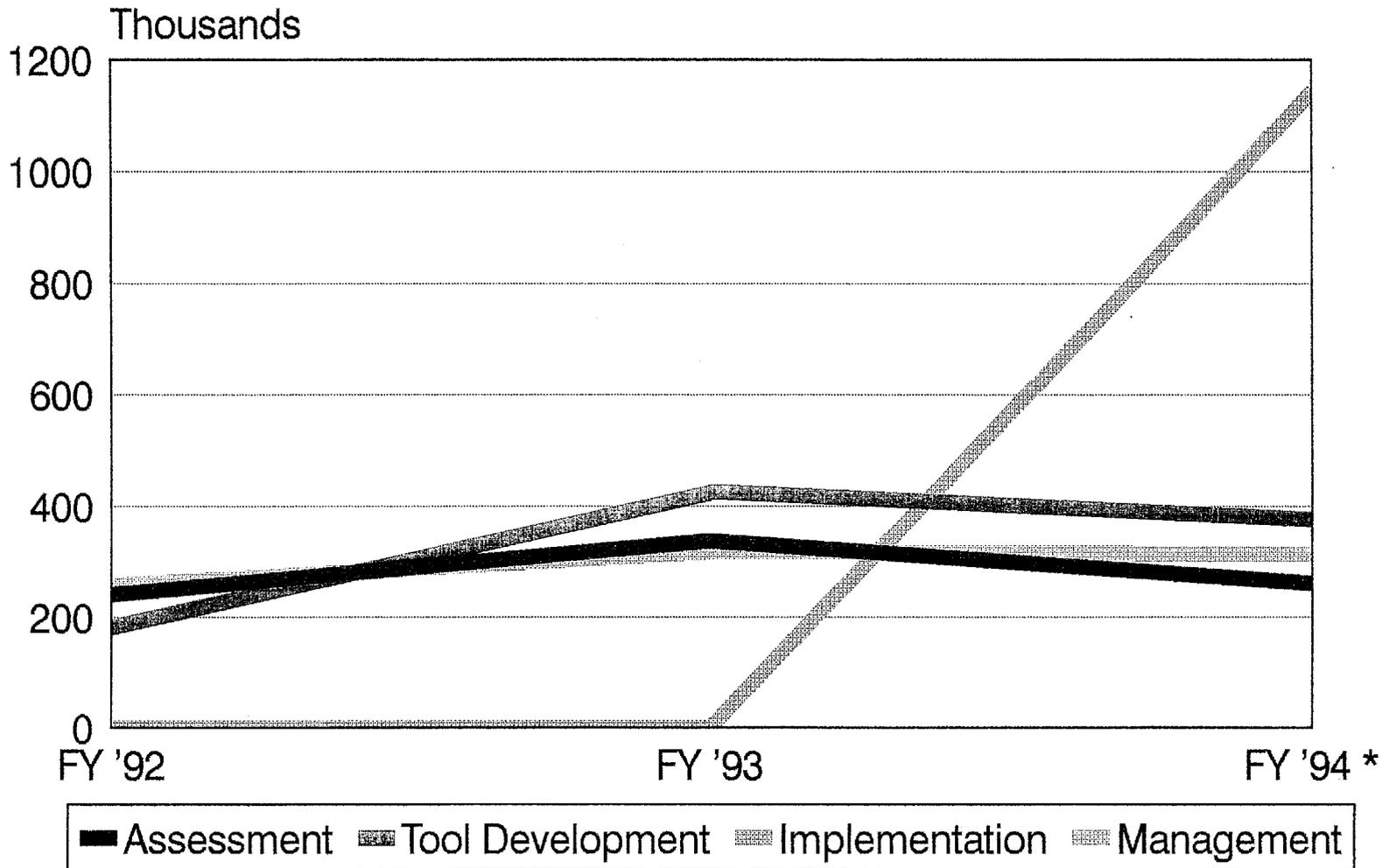
The Harvard DDM Project is a consortium effort, the other members being **Research Triangle Institute (RTI)** and **Intercultural Communication, Inc. (ICI)**. Figure 3 on page 27 illustrates the respective level of effort, by level of expenditure, for each consortium partner.

Core funds are earmarked for early tool development work, for marketing and assessment activities and for project management. Figure 4 on page 33 illustrates project expenditures in FY '93 by these types of activities.

Add-on funds finance selected research efforts, field trials of tools, and in-country implementation activities. During FY '93, the project initiated major add-on financed activities for REDSO/WCA and the Africa Bureau's HHRAA project. Figure 5 on page 34 illustrates FY '93 expenditures by funding source.

FY '94 shows a marked increase in percentage of funds for add-on activities, namely Egypt and HHRAA. Egypt and HHRAA accounts for over half of DDM's projected expenditures for the next fiscal year as Figure 6 shows on page 35.

FIGURE 4
Project Expenditures
 FY '92 - '94



* projected

FIGURE 5

FY '93 Expenditures by Funding Source

Source

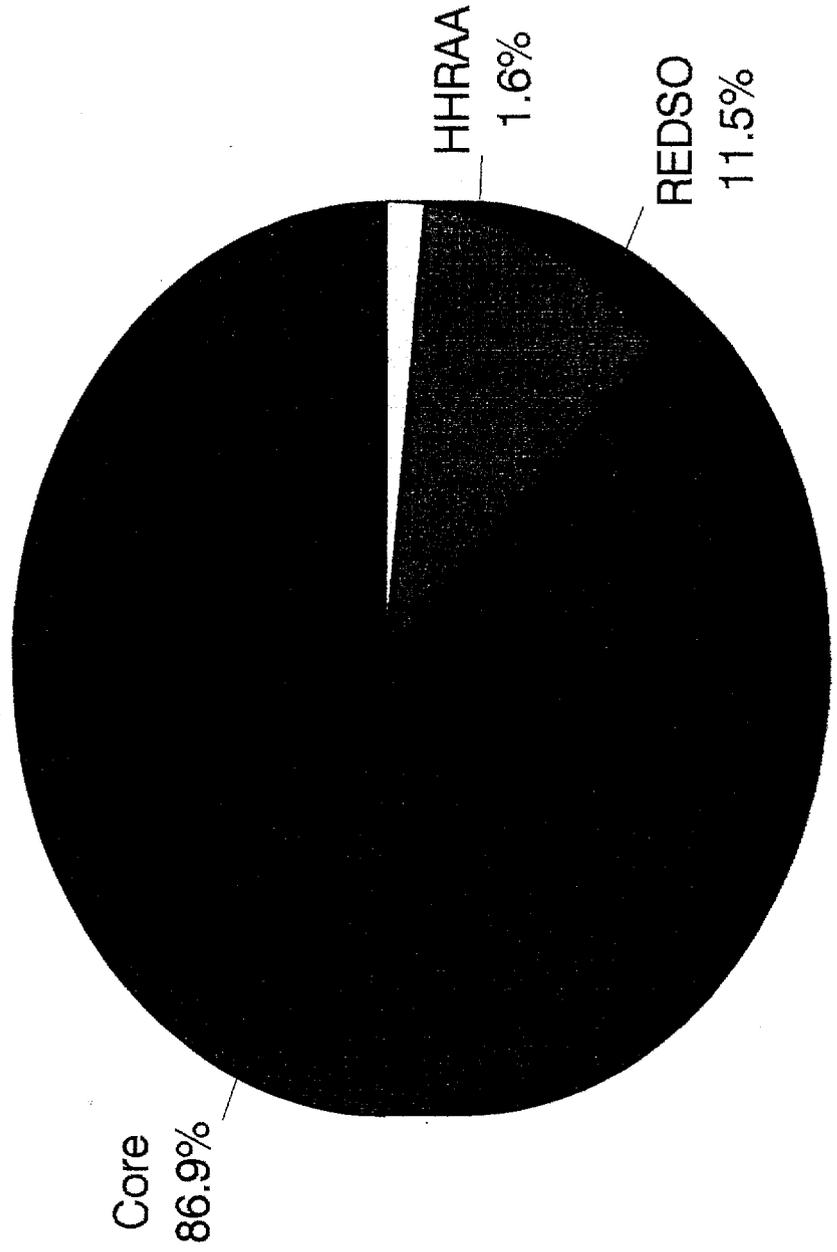
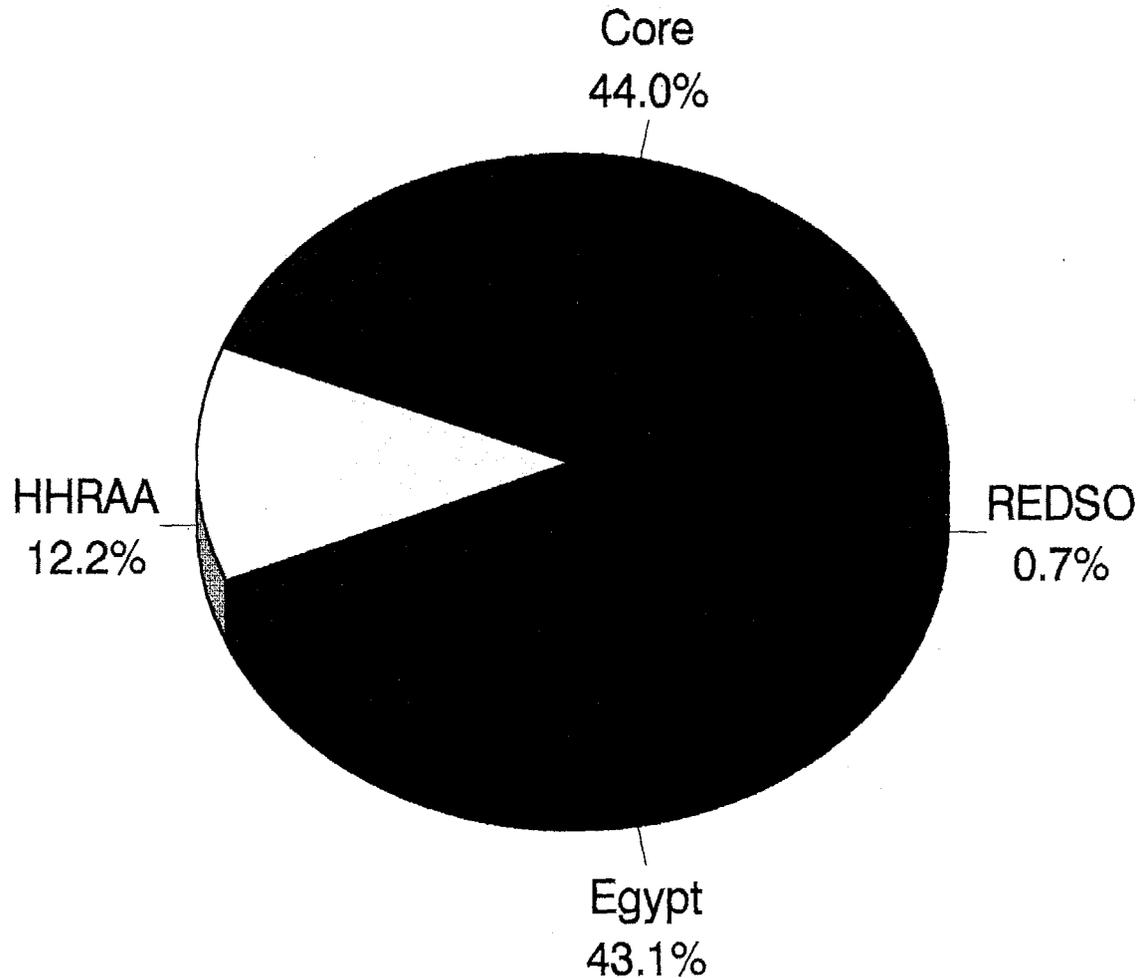


FIGURE 6

FY '94 Projected Expenditures by Funding Source



Consortium and Project Management Meetings

The consortium held business meetings several times during FY '93, with and without representatives from AID, as follows:

- November 12-13, 1992 at AID/W: Harvard with AID/CTO only, to finalize FY '93 workplan details and discuss possible assistance to AID's Bureau for Africa.
- January 7, 1993 at Harvard: Harvard with ICI only, to review past collaboration efforts and draw up plans for future collaboration.
- March 11, 1993 at RTI/Washington: Harvard, RTI and ICI with AID representatives: to review progress and assess financial needs for balance of FY '93 and coming year.
- June 7-8, 1993 at Harvard: Harvard with RTI and ICI to review planning for FY '94 Workplan.
- June 9, 1993 at Harvard: Harvard with AID's Assistant CTO, Subhi Mehdi, to introduce Ms. Mehdi to Harvard and to review progress of FY '93 Workplan.
- August 31-September 1, 1993 at Harvard: Harvard with AID representatives to review FY '94 Workplan.

Promotion

During FY '93 DDM developed several new promotional products design to give the project heightened identity. These include a **brochure** that briefly describes the project's mission, resources and personnel; an **application/information flier** for the summer workshop; an **announcement** sent to prospective participants at September's international conference on health sector reform; and distinctive **report cover design** for use with the technical report series.

The project **database** includes an extensive mailing list of individuals, organizations, and developing country Ministry of Health personnel. The new brochure was mailed out to many of those listed. Plans are underway for a periodic **information notice** to be sent to names included in the database.

Technical Report Series and other papers

DDM has produced and distributed papers and technical reports to health professionals in developing countries and in the US. In the past year, the project has completed work on a number of topics which are being published in a DDM Technical Report Series. Draft reports to be distributed for peer comment and review are being published a slightly more functional cover design that can be reproduced and bound in-house. Please see attachment #2 for a complete list of DDM's papers.

Evaluation

In late fall of 1992, following joint consultations with the CDC, Harvard submitted a draft evaluation plan to AID. The plan called for a external, mid-term evaluation in the spring of 1994 and an external final evaluation in the fall of 1996. We now understand that the mid-term evaluation will not be held until the fall of 1994.

XIII. LESSONS LEARNED: FY '93

1. DDM learned that there is a substantial and growing international interest in health sector reform. Therefore, the focus of reform that was chosen at the beginning of this year, is filling a need. The enthusiastic evaluation for the Health Sector Reform Conference and the numerous requests for the Conference Summary and proceedings attest to this interest.

2. DDM learned that there is a long lead time for add-ons. USAID/Burundi was the first USAID Mission requesting assistance from DDM. Because of delays within AID approving health project as well as a political coup in Burundi, activities there may never start or will be delayed until FY 1994.

3. The Project learned an important lesson regarding AID's add-on process when it began work on the Death Certificate Study on behalf of AID's Regional Office for West Africa (REDSO/WCA). Harvard began work in early 1993, and, by early fall 1993, had completed the basic data gathering activities in the field. Unfortunately, during that same period, AID was unable to make additional funds available. As a result, the study will end up having been partially funded out of core funds. The basic lesson learned from this experience is that AID's contracting procedures are lengthy and complex; contractors should not undertake work on behalf of AID Missions and Bureaus prior to the completion of formal contracting arrangements.

4. DDM has also learned that, no matter how well activities are planned, there will be delays and difficulties in achieving the set goals. DDM must contend with the time constraints, heavy workloads, and travel schedules of Harvard faculty members. DDM is continuing to improve its communication between the Boston and Cambridge offices. The addition of several staff members in FY '94 will help improve organization, communications, and follow-up with faculty and staff.

Due to unforeseen problems, a few of the activities proposed in the FY '93 Workplan were not achieved. For example, **executive presentations** on the reforms in public and private financing and provision were not done due to lack of interest on the part of AID/Washington. Also, some of the **publications** proposed for completion in FY '93 have not been finalized due to time constraints on faculty. (See Attachment #2 for status of papers.)

GLOSSARY

AID	Agency for International Development
AFR/ARTS	Africa Bureau/Office of Analysis, Research and Technical Support
BuCen	US Bureau of the Census
CDC	Center for Disease Control
CIHI	Center for International Health Information
CTO	Cognizant Technical Officer
DDM	Data for Decision Making
DHS	Demographic Health Survey
HHRAA	Health and Human Resources Analysis for Africa
ICI	Intercultural Communication, Inc.
INCLEN	International Clinical Epidemiologic Network
MOH	Ministry of Health
NAS	National Academy of Science
SARA	Support for Analysis and Research in Africa
R&D/H	Research and Development/Office of Health (USAID)
REDSO/WCA	Regional Economic Development Services Office/West and Central Africa (USAID)
RTI	Research Triangle Institute
USAID	See "AID"

ATTACHMENTS

CONFERENCE

**HEALTH SECTOR REFORM IN
DEVELOPING COUNTRIES:
ISSUES FOR THE 1990'S**

SEPTEMBER 10-13, 1993
NEW ENGLAND CENTER
DURHAM, NEW HAMPSHIRE USA

CONFERENCE REPORT

Sponsored by

Data for Decision Making Project
Department of Population and International Health
Harvard School of Public Health
Boston, Massachusetts USA

Supported by

US Agency for International Development
Cooperative Agreement No: DPE-5991-A-00-1052-00

CONFERENCE

HEALTH SECTOR REFORM IN DEVELOPING COUNTRIES:
ISSUES FOR THE 1990'S

SEPTEMBER 10-13, 1993

NEW ENGLAND CENTER

DURHAM, NEW HAMPSHIRE USA

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SEPTEMBER 10-13, 1993

NEW ENGLAND CENTER

DURHAM, NEW HAMPSHIRE USA

I. INTRODUCTION

Over 75 health professionals, policymakers, researchers and representatives of bi- and multi-lateral donor organizations participated in the **Conference on Health Sector Reform in Developing Countries: Issues for the 1990's** in Durham, New Hampshire, USA from September 10-13, 1993. Participants came from over 20 countries and represented a variety of disciplines, including economics, public health, medicine, and policy. (For a complete participant list, please see Appendix A.)

The Conference was sponsored by the Data for Decision Making Project (DDM) of the Department of Population and International Health at the Harvard School of Public Health. It was supported by the US Agency for International Development.

Health sector reform has attracted a broad constituency worldwide. Despite different levels of income, institutional structures, and historical experience, many countries are struggling to develop promising health sector reform strategies. The factors bringing countries to consider reform vary. They include rapidly changing demographic and epidemiologic conditions, economic changes, both positive and negative, and dramatic political transformations. There is great interest in learning how to define problems better, how to identify and choose strategies, and how to implement and evaluate the results. The experiences of innovators are closely observed.

The Conference provided an opportunity to exchange views and experiences on the theory and practice of reform. *The World Development Report 1993*, published in July 1993, provided a useful and provocative backdrop for the Conference deliberations. Participants discussed reform goals and strategies on panels, in working groups, and in the course of the presentation of papers. They reviewed new tools for analysis and discussed the challenges of their wider and more systematic application.

Reform was defined as sustained, purposeful change to improve the efficiency, equity and effectiveness of the health sector. "Sustained" means that the change provides for its own continuation and is not just a one-time effort or sudden windfall. "Purposeful" means that reforms have clearly defined objectives and strategies with monitoring of change and possibility of readjustment. The general goals of improving efficiency, equity, and effectiveness must be translated into specific objectives, such as health improvements, sustainable financing, or better distribution of benefits.

Innovations in vision, concept, and action have guided reform efforts. Reform should have a vision of the health sector as a whole, not just of its parts. Reform actions, however, are often properly targeted on health subsectors. Many governments in developing countries are in the process of redefining their role from being solely one of service provider to including new roles as financier and manager of change in the health sector. These new roles imply new action. Governments increasingly use fiscal tools--fees, taxes and subsidies--to bring about change. They need to improve their use of legal and administrative tools as well, such as regulation and other methods. Governments could also act as providers of information to help consumers use the health sector efficiently and effectively.

II. MAIN CONFERENCE THEMES

Summarized below are major themes highlighted over the course of the conference presentations and discussions:

- Reform is an iterative process that is complex. It may occur quickly or slowly. The environment surrounding reform efforts is crucial, for example the natural and political environments have an impact on health and the health sector. But often reform strategies define the environment too narrowly.
- Whether we can thoroughly identify a single best approach to reform is questionable. A method that works in one country cannot be expected to work automatically in another, but countries can benefit from sharing their experiences.
- The role of politics and institutions has been inadequately addressed in research and policy. Other factors, especially the political environment and the structure and function of institutions, affect the change that is part of reform. Research on the health sector must move beyond the traditional rational actor model of organizational analysis and recognize the complexity of actors involved, in order for reform efforts to be more appropriately targeted on the actors that matter. In recognition of the political nature of health and how factors other than health systems affect health, other voices should be included in the debates. Academics, policymakers, and donors should not just talk among themselves. The debate should include the press, health consumers, community groups, and professionals from other sectors of development.
- Donors are engaged in their own political battles. It is difficult to maintain funding for programs like institution building that have long lead times, without some interim measures of progress. This presents a challenge to both donors and their recipients to clarify goals and measure progress.
- The role of information is key in achieving such goals of reform as better health status. This includes information generated through research and exchange of ideas. Education is a powerful tool in the dissemination and utilization of information and can include the people whose health status is measured. At the higher levels, encouraging international dialogue, especially in terms of sharing country experiences, would be helpful. South-south communication needs to be given more attention, and mechanisms to build information and share information at the country level are needed.
- Political realities in the donor community, for example, smaller budgets for development aid, and the recognition of the global nature of health calls for more collaborative efforts. These entail not only collaboration between countries, bilateral and multilateral efforts, and the strengthening of existing multilateral institutions, but also encouragement of new multilateral alliances. Such alliances could be formed among NGO's, universities, and foundations.
- Reform of existing health care structures may not be the only means of improving the health status of the population. In some countries, it may be necessary to improve the size and status of the health sector. If, as many conference participants proposed, health is seen as a basic right rather than a commodity, then health may need to be given a higher priority. Tools used to analyze reform have tended to emphasize doing better with what we have, but this should not preclude advocating for more where resources for health are insufficient.

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- Each case we examined highlighted the important role of analysis and the demand for more work on health sector reform. *The World Development Report 1993* has contributed to the range of tools we have, including those that are better developed (burden of disease analysis, cost effectiveness analysis and national health accounts) and those that are less developed (tools to analyze provider responses to incentives and determinants of consumer demand, and to monitor and evaluate the impact of reform); this has allowed serious discussion of health sector reform strategies to take place. Tools should continue to be developed and, in addition, should be more practical and have a wider application. The results of their application need to be monitored and the linkages among them strengthened. For example, cost effectiveness analysis can help set priorities among programs, but can it tell you how to implement changes in a viable service program? Political analysis may guide in implementing a strategy, but can it be better used to inform the choice of reform strategy? While there is a need for more analysis, there is also the need to experiment in real field settings and to monitor and evaluate results.

III. RECOMMENDATIONS OF CONFERENCE

From the above themes, conference participants agreed on four recommendations for action on health sector reform:

Recommendation 1: International Consortium

Many actors, institutions and sectors are engaged and influential in the process of changing health systems. There is an urgent need for an independent, international forum that fosters cooperation and learning among professionals, institutions, organizations, and countries. Conference participants strongly recommended the establishment of an international, horizontal, independent consortium to support health sector reform efforts. "Horizontal" means that consortium members, from various countries and regions, would meet as co-equal partners. Members would include scholars, activists, government officials and donors with scope for both individual and institutional roles. "Independent" means that the agenda of the consortium would not be based on the policy agenda of a particular donor agency, although consortium members would include representatives of international agencies. A consortium is more than simply a network of groups that communicate with each other. It implies some shared agenda and aggregation of experiences leading to a synergy of benefits. The consortium would provide a vehicle for new analysis, experimentation, and documentation/evaluation of health sector change. It would help increase the returns on donor investments (such as *The World Development Report 1993*) and, in turn, benefit from new investments. Conferees recommend that an appeal for the support of such a consortium in the form of this Conference report be circulated at the upcoming meeting of donors at Ottawa, Canada in October, 1993.

Recommendation 2: Tool Development and Application

Much progress has been made in using data and country experiences to analyze reform strategies. The continued development of existing tools, the development of new tools, and the wider application of tools for analyzing reform efforts should be supported. Tools could include burden of disease analysis, cost effectiveness analysis, national health accounts, planning models for health care, application of economic analysis to understanding provider and consumer behavior, methods for analyzing service costs, quality and outcomes, and institutional and consensus building strategies for health sector reform. This can be a major focus for donor support and collaboration in the international consortium.

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Recommendation 3: Institution Building

Recognizing the role of institutions in health sector reform, more support should be given to institutional development and support, especially in developing countries, in the form of training and funding. In addition, donors need interim measures of progress toward the goal of institution building. Priority should be given to developing such interim measures.

Recommendation 4: Increased Resources for Reform

Recognizing that there is a demand for more work on health sector reform, and acknowledging the need to expand the resources available to health in general, the Conference recommends that more resources be made available on the national and international levels for the advancement of health and health sector reform in developing countries. Increased resources should be provided in the form of increased national budgets for health and budgets for research, especially at the country level, and increased donor support.

IV. CONFERENCE FOLLOW-UP

Based on the recommendations by the Conference participants for wider dissemination of the results of health sector reform experiences, DDM plans to document the conference with this report, the Conference proceedings, and in 1994, a published volume including revised versions of the papers presented. In addition, the participants will continue the discussions initiated at the Conference towards an International Consortium and country to country collaborations.

V. SESSIONS AND PRESENTATIONS

The Conference began with introductions by Adetokunbo Lucas (Harvard University), Robert Emrey (USAID), and Julia Walsh (DDM) followed by opening remarks from Julio Frenk (National Institute of Public Health, Mexico). Peter Berman (DDM) then provided a guide to the concepts underlying the conference.

The Conference proceeded in six sessions, each of which included paper presentations and/or panel discussions, as summarized below.

Health Sector Reform: Multilateral Perspectives

A panel of representatives of four international organizations kicked-off the Conference by discussing their interpretation of the goals and strategies of reform. The panel members included Dean Jamison (World Bank), Monica Sharma (UNICEF), Ernesto Castagnino (Inter-American Development Bank), and Katya Janowsky (WHO).

The Goals and Principles of Health Sector Reform

Four papers were presented discussing the underlying goals and principles of health sector reform. Underlying alternative approaches to reform and its analysis are different goals and principles, such as improving health status, achieving equity and redistributive goals, and enhancing individual welfare. These differences in goals, however, are often not made explicit, which confuses the debate about the best reform strategies. Reform can occur at different levels, each with its own objectives. Discussion revealed that reform actions are often not tightly related to reform goals.

Presentations included the following:

"Ends and Means in Public Health Policy in Developing Countries,"
Authors: Jeffrey Hammer (World Bank) and Peter Berman (Harvard University, USA)

"The Health Transition and the Dimensions of Health System Reform,"
Author: Julio Frenk (National Institute of Public Health, Mexico)

"Cost Effectiveness and the Socialization of Health Care"
Author: Philip Musgrove (World Bank)

"An Analytical Approach to Health Sector Reform"
Author: Christopher Murray (Harvard University, USA)

Factors Leading to Health Sector Reform

Two papers were presented and an additional presentation was made on factors leading to reform. Factors that initiate reform are declining resources for health sector reform, resources inefficiently or ineffectively employed, or negative changes in health status. Politics is often a force motivating progress towards or creating barriers to reform.

"The Politics of Health Sector Reforms in Developing Countries: Three Cases of Pharmaceutical Policy"

Author: Michael Reich (Harvard University, USA)

"Has Structural Adjustment Led to Health Sector Reform in Africa?"

Authors: David Sahn and Rene Bernier (Cornell Food and Nutrition Policy Program, USA)

"Health Status in Central and Eastern Europe" (Presentation)

Presenter: Richard Feachem (London School of Hygiene and Tropical Medicine)

Strategies and Tools for Health Sector Reform

Five papers identified strategies and tools for researching as well as implementing reforms in a market or mixed economy. A consensus has developed in the industrialized economies around key goals of reform and several key functions that can be performed by the private or public sector were identified: finance of care; management of publicly funded care; and provision of care. Reform efforts in industrialized countries have required significant institutional bases for information, analysis and regulation; these will also be needed in developing countries. We need to learn much more about the "abnormal" behavior of health systems and how to manage it. Many economic tools exist but need to be better applied. There is also a need to form policy information systems to manage the reform process more effectively.

"Abnormal Economics in the Health Sector"

Author: William Hsiao (Harvard University, USA)

"Preconditions for Health Reform: Experiences from the OECD Countries"

Author: George Schieber (US Health Care Financing Administration)

"Economic Analysis and Research Tools for Health Sector Reform"

Authors: Marty Makinen and Ricardo Bitran (Abt Associates, USA)

"Lessons in Health Financing and Provision from Middle and Upper Income Countries"

Author: Dov Chernichovsky (Ben Gurion University of the Negev, Israel)

"Data Analysis Needs for Health Sector Reform"

Author: Maryse Simonet and Julia Walsh (Harvard University, USA)

Country Experiences in Health Sector Reform

Examples of successful, partially successful, and unsuccessful reform processes are presented in the six papers listed below. Many of the analytical lenses and tools mentioned in the previous sessions were used in designing, implementing, and analyzing the reforms in these cases.

"Health Care Reform in Sweden--some reflections on the economical and political problems it may solve and create"

Authors: Goran Dahlgren (Swedish International Development Authority) and Finn Diderichsen (Karolinska Institute, Sweden)

"New Methods of Finance and Management of Health Care in the Russian Federation"

Author: Igor Sheiman (Russian Academy of Sciences, Russian Federation)

"Chile's Health Sector Reform"

Author: Jorge Jimenez (Centro de Estudios del Desarrollo, Chile)

"Reform of Chinese Health Care Financing System"

Author: Xing-yuan Gu (Shanghai Medical University, China)

"Health Sector Reform in Kenya, 1963-1993: Lessons for Policy Research"

Author: Germano Mwabu (Kenyatta University, Kenya)

"Health Sector Reforms in Lower Income Countries: Lessons of the Last Ten Years"

Authors: Lucy Gilson and Anne Mills (London School of Hygiene and Tropical Medicine)

Tools Sessions

Several tools for planning and evaluation were presented in five concurrent sessions, as follows:

Health Finance Simulation Models

Presenters: Abt Associates

Burden of Disease Analysis

Presenter: Christopher Murray

National Health Accounts

Presenter: Ravindra Rannan-Eliya

Political Mapping

Presenter: Michael Reich

Cost Effectiveness Analysis

Presenter: Julia Walsh

The Future Agenda for Health Sector Reform in Developing Countries

The final session, chaired by Lincoln Chen, was a working session in which all participants were asked to share what they had learned from the Conference, what they thought was missing, and suggestions for future action, either by their own or other institutions. Several panel discussants were asked to summarize the comments made and add their own remarks. Peter Berman then closed the Conference with his summary. This session formed the basis for the "Main Conference Themes" and "Recommendations of Conference" sections of this report.

Panel Discussants included:

A. Vaidyanathan, Madras Institute of Development Studies, India
Davidson Gwatkin, International Health Policy Programme
Anne Van Dusen, USAID
Aleya Hammad, WHO
Gaspar Munishi, University of Dar Es Salaam, Tanzania
Jorge Jimenez, Centro de Estudios del Desarrollo, Chile
Chitr Sitthi-amorn, Chulalongkorn University, Thailand

Panel Chair: Lincoln Chen, Harvard School of Public Health

Summary and Closing Statement: Peter Berman, Harvard School of Public Health

VI. CONTACT INFORMATION

For further information regarding the Conference or Conference-related publications, please contact

**Data for Decision Making Project
Department of Population and International Health
Harvard School of Public Health
665 Huntington Ave., 1-1108
Boston, Massachusetts 02115 USA
Telephone: (617) 432-4610, Fax: (617) 432-2181**

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- Each case we examined highlighted the important role of analysis and the demand for more work on health sector reform. *The World Development Report 1993* has contributed to the range of tools we have, including those that are better developed (burden of disease analysis, cost effectiveness analysis and national health accounts) and those that are less developed (tools to analyze provider responses to incentives and determinants of consumer demand, and to monitor and evaluate the impact of reform); this has allowed serious discussion of health sector reform strategies to take place. Tools should continue to be developed and, in addition, should be more practical and have a wider application. The results of their application need to be monitored and the linkages among them strengthened. For example, cost effectiveness analysis can help set priorities among programs, but can it tell you how to implement changes in a viable service program? Political analysis may guide in implementing a strategy, but can it be better used to inform the choice of reform strategy? While there is a need for more analysis, there is also the need to experiment in real field settings and to monitor and evaluate results.

III. RECOMMENDATIONS OF CONFERENCE

From the above themes, conference participants agreed on four recommendations for action on health sector reform:

Recommendation 1: International Consortium

Many actors, institutions and sectors are engaged and influential in the process of changing health systems. There is an urgent need for an independent, international forum that fosters cooperation and learning among professionals, institutions, organizations, and countries. Conference participants strongly recommended the establishment of an international, horizontal, independent consortium to support health sector reform efforts. "Horizontal" means that consortium members, from various countries and regions, would meet as co-equal partners. Members would include scholars, activists, government officials and donors with scope for both individual and institutional roles. "Independent" means that the agenda of the consortium would not be based on the policy agenda of a particular donor agency, although consortium members would include representatives of international agencies. A consortium is more than simply a network of groups that communicate with each other. It implies some shared agenda and aggregation of experiences leading to a synergy of benefits. The consortium would provide a vehicle for new analysis, experimentation, and documentation/evaluation of health sector change. It would help increase the returns on donor investments (such as *The World Development Report 1993*) and, in turn, benefit from new investments. Conferees recommend that an appeal for the support of such a consortium in the form of this Conference report be circulated at the upcoming meeting of donors at Ottawa, Canada in October, 1993.

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Appendix A List of Conference Participants

Name	Affiliation
Dr. Adrienne Allison	Center for Development & Population Activities, USA
Dr. Sudhir Anand	Harvard University, USA
Dr. Jose Ignacio Arbelaez	Ministry of Health, Colombia
Dr. Abraham Bekele	US Agency for International Development, USA
Dr. Richardo Bitran	Abt Associates, USA
Dr. Jose Luis Bobadilla	The World Bank, USA
Dr. Thomas Bossert	International Science and Technology Institute, USA
Dr. Ernesto Castagnino	Inter-American Development Bank
Mr. Indrajit Chaudhuri	Ministry of Health and Family Welfare, India
Dr. Lincoln Chen	Harvard University, USA
Dr. Dov Chernichovsky	Ben Gurion University of the Negev, Israel
Dr. Chitr Sitthi-amorn	Chulalongkorn University, Thailand
Dr. Goran Dahlgren	Swedish International Development Agency, Sweden
Dr. Finn Diderichsen	Karolinska Institute, Sweden
Ms. Dayl Donaldson	Harvard University, USA
Dr. Hamdy El-Sayed	Egyptian Medical Syndicate, Egypt
Mr. Robert Emrey	US Agency for International Development
Dr. Richard Feachem	London School of Hygiene and Tropical Medicine, UK
Dr. Zuzana Feachem	London School of Hygiene and Tropical Medicine, UK
Mr. Jaime Fernandez	Inter-American Development Bank, USA
Dr. Julio Frenk	National Institute of Public Health, Mexico
Dr. Charlotte Gardiner	UNFPA, USA
Dr. Lucy Gilson	London School of Hygiene and Tropical Medicine, UK
Dr. Ramesh Govindaraj	Harvard University, USA
Dr. Davidson Gwatkin	International Health Policy Program, USA
Dr. Xing-yuan Gu	Shanghai Medical University, China
Dr. Aleya Hammad	The World Health Organization, Switzerland
Ms. Kara Hanson	Harvard University, USA
Dr. William Hsiao	Harvard University, USA
Dr. Dean Jamison	University of California, Los Angeles, USA
Dr. Katja Janovsky	The World Health Organization
Dr. Jorge Jimenez de la Jara	Centro de Estudios del Desarrollo, Chile
Dr. Angwara Kiwara	University of Dar Es Salaam, Tanzania
Ms. Felicia Knaul	Departamento Nacional de Planeacion, Colombia
Dr. Maureen Law	IDRC, Canada
Dr. Adetokunbo Lucas	Harvard University, USA
Ms. Katie MacDonald	US Agency for International Development, USA
Dr. Deborah Macfarland	Centers for Disease Control, USA
Dr. Marty Makinen	Abt Associates, USA

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Appendix A List of Conference Participants, continued

Name	Affiliation
Dr. Michael Malison	Centers for Disease Control, USA
Dr. Daniel Mbiti	Ministry of Health, Kenya
Ms. Subhi Mehdi	US Agency for International Development, USA
Dr. Anne Mills	London School of Hygiene and Tropical Medicine
Dr. Dow Mongkolsmai	Thammasat University, Thailand
Dr. Jonathon Morduch	Harvard University, USA
Dr. Melinda Moree	US Agency for International Development, USA
Dr. Henry Mosley	Johns Hopkins University School of Hygiene and Public Health, USA
Dr. Gaspar Munishi	University of Dar Es Salaam, Tanzania
Dr. Christopher Murray	Harvard University, USA
Dr. Philip Musgrove	The World Bank, USA
Dr. Ibrahim Mustafa	Egyptian Medical Syndicate, Egypt
Dr. Germano Mwabu	Yale University, USA
Dr. James Mwanzia	National Primary Health Care Programme, Kenya
Dr. Renee Owona-Essomba	Ministry of Health, Cameroon
Dr. Marguerite Pappaioanou	Centers for Disease Control and Prevention, USA
Dr. David Parker	UNICEF, USA
Dr. Suzanne Pryor-Jones	Academy for Educational Development, USA
Dr. Michael Reich	Harvard University, USA
Ms. Laura Rose	Harvard University, USA
Dr. Stanley Samarasinghe	The Institute for International Research, USA
Dr. George Schieber	Health Care Financing Administration, USA
Dr. Monica Sharma	UNICEF, USA
Dr. Igor Sheiman	Russian Academy of Sciences, USA
Dr. Jim Shepperd	US Agency for International Development, USA
Dr. Mellen Duffy Tanamly	US Agency for International Development, Egypt
Dr. A. Vaidyanathan	Madras Institute of Development Studies, India
Dr. Ann Van Dusen	US Agency for International Development, USA
Dr. Oleh Wolowyna	Research Triangle Institute, USA
Ms. Tania Zaman	International Health Policy Programme, USA
Dr. Julia Walsh	Data for Decision Making Project
Dr. Peter Berman	Data for Decision Making Project
Mr. Chris Hale	Data for Decision Making Project
Dr. Ravi Rannan Eliya	Data for Decision Making Project
Ms. Alison Cave	Data for Decision Making Project
Dr. Mary Adams	Data for Decision Making Project
Ms. Catherine Haskell	Data for Decision Making Project
Mr. Bert Phillips	Data for Decision Making Project
Ms. Patricia Langan	Data for Decision Making Project

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Appendix B List of Authors and Titles of Papers Presented

Peter Berman

- *"Health Sector Reform in Developing Countries: Framing the Issues"*

Dov Chernichovsky

- *"Health System Reforms in Industrialized Democracies: An Emerging Paradigm"*

Goran Dahlgren and Finn Diderichsen

- *"Health Care Reform in Sweden--some reflections on the economical and political problems it may solve and create"*

Richard Feachem

- *"Health Status in Central and Eastern Europe" (Presentation)*

Julio Frenk

- *"The Health Transition and the Dimensions of Health System Reform"*

Lucy Gilson and Anne Mills

- *"Health Sector Reforms in Lower Income Countries: Lessons of the Last Ten Years"*

Xing-yuan Gu

- *"Reform of Chinese Health Care Financing System"*

Jeffery Hammer and Peter Berman

- *"Ends and Means in Public Health Policy in Developing Countries"*

William C. Hsiao

- *"Abnormal Economics in the Health Sector"*

Jorge Jimenez de la Jara

- *"Chile's Health Sector Reform"*

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Appendix B List of Authors and Titles of Papers Presented, continued

Marty Makinen and Ricardo Bitran

- *"Economic Analysis and Research Tools for Health Policy in Developing Countries"*

Christopher Murray

- *"An Analytical Approach to Health Sector Reform"*

Philip Musgrove

- *"Cost-Effectiveness and the Socialization of Health Care"*

Germano M. Mwabu

- *"Health Care Reform in Kenya, 1963-1993: Lessons for Policy Research"*

Michael R. Reich

- *"The Politics of Health Sector Reform in Developing Countries: Three Cases of Pharmaceutical Policy"*

David E.Sahn and Rene Bernier

- *"Has Structural Adjustment Led to Health Sector Reform in Africa?"*

George J. Schieber

- *"Preconditions for Health Reform: Experiences from the OECD Countries"*

Maryse Simonet and Julia A. Walsh

- *"Data Analysis Needs for Health Sector Reform"*

Igor Sheiman

- *"New Methods of Finance and Management of Health Care in the Russian Federation"*

Attachment 2

DDM Technical Report and Paper Series

Author(s)	Title	Draft Rec'd	Final Rec'd	Final Bound
Julia Walsh, RTI	Impact of Environment on Health Within Cities			
Allan Hill, Susan Yazdgerdi, Nancy Pollak	The Demand and Supply of Services Available to Mothers of Sick Children in Ghana			
Allan Hill, Susan Yazdgerdi, Nancy Pollak	Mother-Based vs. Child-Based Analysis of Morbidity & Health: A Statistical Exploration Using Ghana Data			
Karen Peterson	The Clustering of Morbidity: An Analysis of Anthropomorphic and Health Data			
Carla Obermeyer, Rosaria Cardenas	Utilization of health care by women in three North African countries	Y		
RTI	NPROJ: A Population Projection Tool (& software)		Y	1/13/94
RTI	HRP: A Health Resource Planning Model (& software)	Working Draft		1/13/94, Working Draft
Riita-Liisa Kolehmainen-Aitken	Human Resources Planning: Issues and Methods		Y	Y
Laura Rose, RTI	Issues Paper: Role of Private Providers in Child Survival, Maternal Health and Family Planning	Y		
Kara Hanson	Non-Government Financing and Provision of Health Services in Africa: A Background Paper	Y		
Avindra Rannan-Eliya	National Health Accounts in Developing Countries: Improving the Foundation		Y	Y
Avindra Rannan-Eliya	The Use of Household Surveys in the Estimation of Private Health Expenditures			
Peter Berman, Chris Murray, Ramesh Govindaraj	Global Health Expenditures (monograph)			
Michael Reich	Political Mapping of Health Policy: A Guide for Managing the Political Dimensions of Health Policy	Working Draft		
Shyly Samarsinghe	An Overview of Democratization and Health	Y		

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DDM Technical Report and Paper Series

Author(s)	Title	Draft Rec'd	Final Rec'd	Final Bound
Adrienne Allison, James Macinko	PVOs and NGOs Promotion of Democracy and Health	Working Draft		
Charlotte Gardner	MOH Policies for Democratization	Y		
Ramesh Govindaraj, Ravindra Rannan-Eliya	Capitalism, Communism and Health Status: A Cross-National Study	Y		
Dayl Donaldson	CCCD Conference in Africa: Proceedings		Y	ready
Patricia Langan	Poverty Measurement in Russia		Y	ready
Peter Berman and Julia Walsh, Editors	Conference Proceedings: "Managing Health Sector Reform in the 1990s" -- 18 papers	Y		
David Anderson, Allan Hill	DHS Workshop Proceedings	Y		
Kara Hanson	Assessing the Private Sector: Using Non-Government Resources to Strengthen Public Health Goals: Methodological Guidelines	Y		
Dayl Donaldson	Health Sector Reform in Africa: Lessons Learned	Y		
Logan Brenzel	Selecting an Essential Package of Health Services Using Cost-Effective Analysis: A Manual for Professionals in Developing Countries	Working Draft		
Dayl Donaldson	Egypt: Health Sector Assessment	Y		
Frances Kaynach	Health Finances and Planning Models	Y		
	HHRAA Conference Report September, 1993			

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