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# HEALTH SYSTEMS 20/20 YEAR I ANNUAL REPORT

OCTOBER 1, 2006 – SEPTEMBER 30, 2007



November 2007

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



## **Mission**

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

## **November 2007**

For additional copies of this report, please email [info@healthsystems2020.org](mailto:info@healthsystems2020.org) or visit our website at [www.healthsystems2020.org](http://www.healthsystems2020.org)

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| Broad Branch Associates | Forum One Communications | RTI International  
| Training Resources Group | Tulane University School of Public Health and Tropical Medicine

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## **DISCLAIMER**

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



# CONTENTS

<b>Acronyms</b> .....	<b>vii</b>
<b>Acknowledgments</b> .....	<b>ix</b>
<b>1. Introduction</b> .....	<b>1</b>
<b>2. Health Systems 20/20 Integrated Approach</b> .....	<b>3</b>
<b>3. Selected Project Highlights</b> .....	<b>5</b>
3.1 Africa.....	6
3.2 Asia/Near East.....	11
3.3 Global .....	12
<b>4. Associate Awards</b> .....	<b>19</b>
<b>5. Project Funding</b> .....	<b>21</b>
<b>Annex: Matrix of Project Programs and Intermediate Results</b> .....	<b>25</b>

## LIST OF TABLES

Table I. Illustrative Linkages Between Financing, Operations, Governance, and Capacity-building.....	4
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# ACRONYMS

<b>AFENET</b>	African Field Epidemiology Network
<b>ART</b>	Antiretroviral Treatment
<b>CIDA</b>	Canadian International Development Agency
<b>CBHF</b>	Community-based Health Financing
<b>CSO</b>	Civil Society Organization
<b>DCHA</b>	Democracy, Conflict and Humanitarian Assistance
<b>ECSA</b>	Eastern, Central and Southern Africa
<b>FSN</b>	National Solidarity Fund
<b>FY</b>	Fiscal Year
<b>GHS/HRU</b>	Ghana Health Service/Health Research Unit
<b>GB</b>	Global Bureau
<b>GF</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HFPP</b>	Health Financing and Policy Project
<b>HSAN</b>	Health Systems Action Network
<b>INFAS</b>	Institute National de Formation des Agents de Santé
<b>ITN</b>	Insecticide-treated Net
<b>LAC</b>	Latin America and the Caribbean
<b>MHO</b>	Mutual Health Organization
<b>MOH</b>	Ministry of Health
<b>NACA</b>	Action Committee on AIDS
<b>NASCP</b>	National AIDS/STD Control Program
<b>NGO</b>	Nongovernmental Organization
<b>NHA</b>	National Health Accounts
<b>NMCP</b>	National Malaria Control Program
<b>PHN</b>	Population, Health and Nutrition
<b>PMI</b>	President's Malaria Initiative
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PPH</b>	Post-partum Hemorrhage
<b>POU</b>	Point of Use
<b>POUZN</b>	Point-of-service Water Disinfection and Zinc Treatment
<b>REDSO</b>	Regional Economic Development Services Office
<b>STD</b>	Sexually Transmitted Disease
<b>USAID</b>	United States Agency for International Development



# ACKNOWLEDGMENTS

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





# I. INTRODUCTION

Health Systems 20/20 is a Leader with Associates Cooperative Agreement awarded by the U.S. Agency for International Development (USAID)'s Global Health Bureau for the period September 30, 2006 to September 29, 2011. Health Systems 20/20 helps USAID-supported countries solve problems in health governance, finance, operations, and capacity building. By working on these dimensions of strengthening health systems, Health Systems 20/20 solves health system constraints and enables people in developing countries to gain access to and use priority population, health, and nutrition (PHN) services. The team of organizations that implements Health Systems 20/20 is led by Abt Associates and includes: the Aga Khan Foundation USA, BearingPoint, Bitrán y Asociados (Chile), BRAC University (Bangladesh), Broad Branch Associates, Forum One Communications, RTI International, Training Resources Group, and Tulane University's School of Public Health. Health Systems 20/20 also works with eight developing country organizations.

This Annual Report is submitted in accordance with the terms of the Cooperative Agreement. Selected project results and progress highlights are presented to demonstrate:

- The linkages between health system strengthening interventions and impact on the availability and use of quality priority services<sup>1</sup>;
- The breadth and variety of technical work that the project is called upon to provide; and
- The integration of the project's four dimensions of financing, governance, operations, and capacity building.

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<sup>1</sup> Most of the results cited were submitted to respond to indicators and targets under the USAID/GHB/HIDN Results Pathways, the U.S. Government Operating Plan FACTS (Foreign Assistance Coordination and Tracking System), and the PEPFAR (President's Emergency Plan for AIDS Relief) reporting system.



## **2. HEALTH SYSTEMS 20/20 INTEGRATED APPROACH**

The concept of the Health Systems 20/20 project is that the four results areas (health financing, governance, operations, and capacity building) that constitute system strengthening are complementary, such that their application in combination can produce more and faster results than a unique focus on any one area. Table I illustrates this approach by showing the linkages among the four results areas. The project made an effort to promote and explain this concept by organizing an interactive satellite session focused on this approach at the 2007 Global Health Council Annual Meeting (attracting 140 participants) and producing a brief that showed in practical terms how an integrated approach could achieve greater impact.

**TABLE I. ILLUSTRATIVE LINKAGES BETWEEN FINANCING, OPERATIONS, GOVERNANCE, AND CAPACITY-BUILDING**

**Increased Access to and Utilization of Priority Health Services**

Policies and programs are operationalized to increase financing for priority health services	Public and private health providers are more responsive to consumers, especially underserved populations	Health financing is more responsive to the needs and priorities of consumers, especially underserved populations
Finance x Operations	Governance x Operations	Finance x Governance
<p>Development of financial management systems for community-based health financing (CBHF) and other health insurance initiatives</p> <p>Mechanisms to operationalize financing policies, e.g., Ministry of Health (MOH) capacity to implement medium-term expenditure framework and link to National Health Accounts</p> <p>Payment systems – operational mechanisms for payers and providers</p> <p>Decentralization – budgeting, spending, and accounting for health funds</p> <p>Contracting systems, e.g., setting up a contract management unit and systems</p>	<p>Transparency and accountability in budgeting and procurement</p> <p>Civil society participation in developing operational systems</p> <p>Websites that post health systems information routinely</p> <p>Developing systems that improve the responsiveness of providers to clients</p>	<p>Oversight capacity of civil society organizations (CSOs), media, and opinion leaders of health financing topics</p> <p>Public hearings about MOHs’ and other decentralized units’ resource allocation</p> <p>Anti-corruption campaigns, e.g., procurement</p> <p>Training elected officials to identify and respond to health systems issues</p> <p>Accountability and participation mechanisms for CBHF, social security/social health insurance, Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and GAVI Alliance</p> <p>Foster home-grown reforms of health financing</p>
Capacity-building x Finance	Capacity-building x Operations	Capacity-building x Governance
<p>Development of capacity of MOH and other government agencies in oversight and use of health financing systems</p> <p>Development of capacity of local and regional institutions (consulting firms, nongovernmental organizations, universities) to support health financing activities</p>	<p>Development of capacity of MOH and other government agencies in use of operational systems</p> <p>Development of capacity of local and regional institutions to support operations, e.g., skills training, institutionalization of systems, workshops to plan and roll out new systems, and policy implementation</p>	<p>Development of capacity of MOH to exercise stewardship and foster participation.</p> <p>Setting up or strengthening country coordination mechanisms such as the GF’s country coordinating mechanisms</p> <p>Development of capacity of local and regional institutions to support health governance, e.g., training CSOs to exercise voice, oversight, and advocacy</p>

### 3. SELECTED PROJECT HIGHLIGHTS

In this section, we highlight a selection of Health Systems 20/20 achievements, especially in terms of how system strengthening work contributes to increased use of priority services by the poor and vulnerable. The highlights are grouped geographically into the Africa and Asia/Near East regions, and globally.

The project's integrated approach to system strengthening is beginning to be promoted and played out in several of the early programs of the project. In Senegal, a subsidy rationalization activity that focused initially on financing, later integrated governance by adding citizen accountability mechanisms for the subsidy initiatives. An activity that will start in year 2 in Bolivia to strengthen the national nongovernmental organization (NGO) Prosalud includes operations, capacity building, and financing aspects by building the organization's capacity to improve its service delivery operations and by introducing measures to achieve full financial sustainability. In the project's multi-faceted Yemen program, capacity building, operations, and financing all are included, but they are not necessarily integrated. The many National Health Accounts (NHA) activities of the project focus mainly on the use and development of this financing tool, but the project is promoting to USAID clients expanding NHA assistance to include: (1) a greater focus on institutional capacity building related to the national entities that conduct NHA, (2) a broadening of the use of NHA data by stakeholders outside of governments (e.g., to the media, civil society groups, and academics) for accountability and advocacy purposes, and (3) a regularization of data collection for NHA by making it a part of operational financial management systems. These efforts are still at the preliminary stage.

Mapping Health Systems 20/20's programs to intermediate results<sup>2</sup> shows that the project's initial assignments focus more on financing than its other results areas. To build awareness and support the development of frameworks and knowledge in the other three results areas, Health Systems 20/20 conducted specific programs on governance, operations, and capacity building under the project's common agenda work.

Nearly all project activities involve the transfer of skills and knowledge to in-country counterparts. However, the objective of the project to help build more stable and durable institutions for health systems work in developing countries takes more time and a different kind of effort. In this regard, Health Systems 20/20 conducted specific activities to strengthen the African Field Epidemiology Network (AFENET) and 11 NGOs involved in providing technical assistance and training in health systems in Senegal. This capacity-building work involved increasing organizational effectiveness and sustainability to capitalize on technical skills already present in the assisted organizations.

The project contributes inputs into planning systems, e.g., through assisting with the estimation of NHA or NHA subaccounts in several countries, developing the antiretroviral therapy (ART) information system in Kenya, or conducting analysis of the human resource situation in Cote d'Ivoire. These are valuable contributions to health operations, but they do not represent the integration of operations with other systems activities.

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<sup>2</sup> See Annex for the matrix that maps programs to intermediate results.

Finally, Health Systems 20/20 has set the stage for an integrated approach with plans to expand assistance in performance-based financing. The workshop conducted for REDSO helped ten country delegations to develop “road maps” for the implementation of performance-based systems. If any of the countries eventually come to Health Systems 20/20 for assistance with implementation, it will require an approach where the inherently financing initiative of performance-based financing must be supported by operations (e.g., new performance-based contracting or demand-side incentive systems), and also accountability mechanisms to validate performance.

The following subsections provide specific examples of how Health Systems 20/20’s system strengthening interventions: (1) assist with increasing the use of maternal, child, and reproductive health services, (2) address needs of HIV/AIDS, immunization, and malaria programs, (3) help to reach and target specific disadvantaged groups, (4) strengthen the capacity of institutions in developing countries, and (5) contribute to global efforts to strengthen health systems.

### **3.1 AFRICA**

#### **Helping countries tap global health funds to strengthen their health systems and expand vaccination coverage**

Health Systems 20/20 assisted the Ministry of Health of Madagascar develop its application for a health system strengthening grant from the GAVI Alliance. The application was conditionally accepted and Madagascar is set to receive up to US\$11 million. This grant will contribute to addressing the health system obstacles that will contribute to increasing the country’s DTP3 coverage to 95% by 2010.

In Southern Sudan, Health Systems 20/20 assisted the Ministry of Health set up the GAVI health system strengthening proposal development process and participated in the conduct of an assessment of the Southern Sudanese health care system using USAID’s *Health System Assessment Manual*, positioning Southern Sudan to submit their application in 2008. If awarded, Southern Sudan could receive approximately US\$7 million for four years, which would help the country transition from relief efforts and achieve expansion of quality immunization programs and services to increase routine immunization coverage.

#### **National Health Accounts data spur advocacy and action for child health in Malawi**

The Malawi NHA study of 2007, which analyzed FY03-05 data, revealed huge annual increases in household spending despite free public health care services and increased donor expenditures for health. In addition, the large increases in spending by donors and the government produced no corresponding improvement in the quality of care and access to and utilization of public health care services. Further, Malawi’s child health subaccounts showed that the country spends comparable levels on child health as other countries at a similar socioeconomic level, such as Sri Lanka. However, Malawi’s under-five child mortality is much higher. While health care financing is not the only determinant of health, the NHA findings generated debate on the need for the government to review current health financing policies and practices. Malawi is considering alternative financing mechanisms such as performance/output-based financing for providers (public and mission facilities) and conditional cash transfers to beneficiaries for specific outputs, building on their experience with public hospital contracting of private faith-based primary care providers through service-level agreements. The child health findings in particular buttressed the advocacy of the Ministry of Health planning department and other researchers for performance-based financing, to hold providers accountable for key child health output indicators, such as immunization coverage.

Another major finding of the Malawi NHA study was that the Ministry of Health resource allocation to regions tended to follow infrastructure rather than health needs of the population; thus, the formula was failing to address geographic inequities in health financing. Malawi used the NHA findings to begin revising its resource allocation formula for the public sector health funds to improve equity.

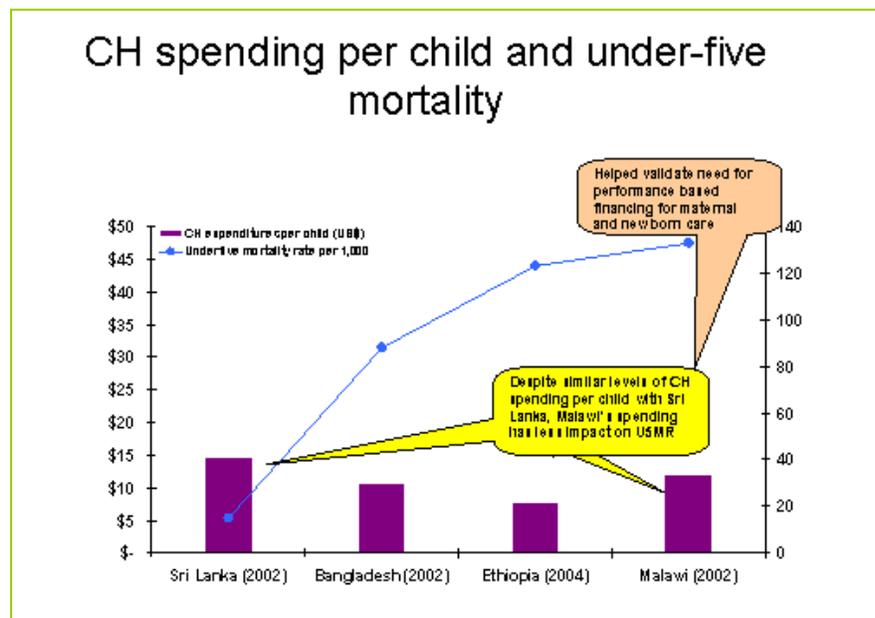
### Initiating another round of National Health Accounts in Rwanda

In FY07, Health Systems 20/20

supported the planning and data collection for a second round of the NHA reproductive health subaccount in Rwanda, where the Ministry of Health has used NHA findings for advocacy. For example, in 2006, the Ministry used the first-round (FY02) finding that donors finance 80% of reproductive health expenditures to advocate for greater domestic policy and financial support to family planning. It also used the findings to advocate for better donor coordination and increased funding for reproductive health. The 2006 NHA, to be completed in FY08, will include subaccounts for reproductive health, HIV/AIDS, and malaria, and will leverage more than one-third of the cost through other donors.

### Demonstrating the potential of mutuelles to improve child health

Health Systems 20/20 designed a demonstration of promoting and distributing a point-of-use (POU) water product (Sûr'Eau) in Rwanda through mutuelles de santé (community mutual health insurance organizations, or MHOs) to expand product use, reduce diarrheal disease, and consequently reduce morbidity and mortality due to diarrheal disease in children under five. Through a rigorous evaluation methodology, this demonstration will generate measurable results to be shared with POU suppliers, policymakers, and MHO leaders throughout Africa who might consider replicating this approach. Rwanda was selected to evaluate the approach because MHOs cover 70% of the population and diarrheal disease is the second leading cause of death in children. Unsafe or inadequate supplies of water, and poor hygiene and sanitation are major contributors to diarrheal disease in Rwanda. Only 40% of rural populations and 60% of urban populations have access to safe water sources, and a mere 2.5% of the population has access to piped water in their homes; 27% obtain drinking water from unsafe sources. Jointly with the Point-of-Service Water Disinfection and Zinc Treatment (POUZN) project, Health Systems 20/20 is working with MHOs in two districts (total population 590,000) to (1) promote use of Sûr'Eau among MHO members and (2) promote use of and offer a discount for Sûr'Eau to MHO members. The demonstration will be implemented in 2008.



## **Studying expanded distribution of Misoprostol to prevent post-partum hemorrhage in Senegal**

With a high maternal mortality rate of 401 per 100,000 live births and only 32% of women in rural areas delivering with skilled birth attendants (compared to the national average of 52%), Senegal is looking to develop strategies that increase the safety and health of mothers giving birth in rural areas. Knowing that post-partum hemorrhage (PPH) accounts for 25% of maternal mortality in developing countries and that Misoprostol is an effective mechanism to prevent PPH, Health Systems 20/20 coordinated local partners to design an evaluation of Misoprostol provision by community midwives in rural areas. The activity will demonstrate and evaluate the efficacy of using community midwives to safely provide Misoprostol and its effect on the reduction of referral for PPH.

## **Building capacity among 10 African countries in performance-based financing to improve maternal and child health**

In May 2007, Health Systems 20/20 conducted a workshop on Performance-Based Financing with the Africa 2010 project and the regional East, Central and Southern Africa Health Community; the workshop effectively introduced a new approach to key stakeholders from ten African countries as evidenced by their preparation of detailed “road maps” to design and implement performance-based financing in their countries. Each team prioritized health performance problems and defined up to ten priority indicators they would propose to link payment to evidence of improved results. Virtually all teams chose indicators of performance that relate to child and maternal health. Maternal health indicators were related to care during pregnancy and childbirth such as prenatal care (percentage of pregnant women with recommended number of prenatal care visits), assisted deliveries, and postnatal care. Maternal health indicators also related to prevention of malaria (percentage of pregnant women sleeping under insecticide-treated net [ITNs]), counseling and testing for HIV and prevention of mother-to-child transmission (PMTCT) (percentage of pregnant women with PMTCT services), and availability and use of contraceptives (number new registered contraceptive uses up, percentage of facilities with no stock-outs of contraceptives for three months). Child health indicators focused on immunizations (both DPT3 and measles), malaria prevention and early treatment (percentage of under fives sleeping under ITN or in sprayed home, percentage of under fives having access to and receiving appropriate management for febrile illness within 24 hours), and malnutrition (percentage of underweight satisfaction), and broad health systems performance were also included (percentage of drug facilities without drug stock-outs in the past three months, 50% reduction in ambulance waiting time, increase in score on user satisfaction survey). Teams are in the process of building support to implement performance-based financing in their respective countries. An immediate result is that the team from Tanzania was contracted by the Government of Norway to develop a feasibility study to implement performance-based financing; in September 2007, the Government of Tanzania approved their approach. Rather than beginning with a pilot, the Government of Tanzania decided to implement the approach nationwide. If effective, it will contribute to improved maternal and child health by expanding access to maternal and child health services.

## **Broad system strengthening program in Cote d'Ivoire to improve HIV/AIDS service delivery and sustainability**

In Cote d'Ivoire, Health Systems 20/20 completed a Service Provision Assessment (SPA), shared findings at a national stakeholder meeting to inform a new human resource strategy, and launched multiple interventions to support decentralized, sustainable, quality HIV services. Interventions include strengthening managerial and leadership capacity of health managers and administrators at central, district, and community levels; a pilot incentive scheme to attract and retain health workers in hard-to-

fill posts; estimating the cost of providing HIV/AIDS medical services and conducting a sustainability analysis on current interventions; conducting a feasibility study for the development of a health insurance scheme for HIV/AIDS; and addressing the critical shortage of trained instructors at the INFAS Training Institute to expand the number of trained nurses. Health Systems 20/20 also opened a field office staffed with host-country nationals to manage the Cote d'Ivoire program.

### **Measuring the impact of Ghana's national health insurance program**

In collaboration with the Health Research Unit of the Ghana Health Service (GHS/HRU), Health Systems 20/20 initiated a follow-on study to assess the impact of Ghana's national health insurance on social inclusion, utilization of health services, and household income protection, using 2004 baseline data as a comparison. The national insurance program currently covers an estimated 9.8 million people (48% of the population), albeit the majority are subsidized.<sup>3</sup>

Findings from this study will provide critical information to the Government of Ghana on the socioeconomic profile of insured individuals (to assess equity); changes in health care utilization as a result of insurance enrollment; and operational challenges experienced by residents in six districts. The findings will also be of interest to many African countries that are currently contemplating introduction of social health insurance. Data collection began in September 2007, to coincide with the timing of the baseline, and thus reduce the potential for bias resulting from fielding the survey at different time intervals. To prepare for the September launch, Health Systems 20/20 developed an agreement with GHS/HRU regarding the field work for this study, and together with GHS/HRU planned and conducted the training and pre-testing of survey instruments. Data collection will conclude by November 2007, and that a draft report will be prepared by February 2008.



The government of Ghana enacted the National Health Insurance Act to assure equitable and universal access to care.

### **Rationalizing health subsidies in Senegal to benefit poor women**

Health Systems 20/20, in collaboration with the Health Financing and Policy Project (HFPP) in Senegal assisted the Senegal Ministry of Health to rationalize subsidies for maternal and child health and other services to improve targeting. The project helped develop the overall approach to analyzing and formulating recommendations for the many (at least 12) health services subsidy initiatives in Senegal. The HFPP applied the approach to three of the subsidy initiatives and produced specific recommendations concerning how to: (1) reach more of those in need, (2) better target resources to those in need, (3) ensure the financial sustainability of the initiatives, and (4) ensure that subsidy program needs could be met by untapped sources of funding. The three subsidy initiatives analyzed were: (1) no-charge deliveries and cesarean sections, (2) no-charge services for the elderly (SESAME), and (3) the National Solidarity Fund (FSN). Recommendations from the analysis showed how: (1) the deliveries and cesareans initiative could reach twice as many poor women (more than 200,000 additional) by better targeting and could be sustained using existing funding sources for the program complemented by those

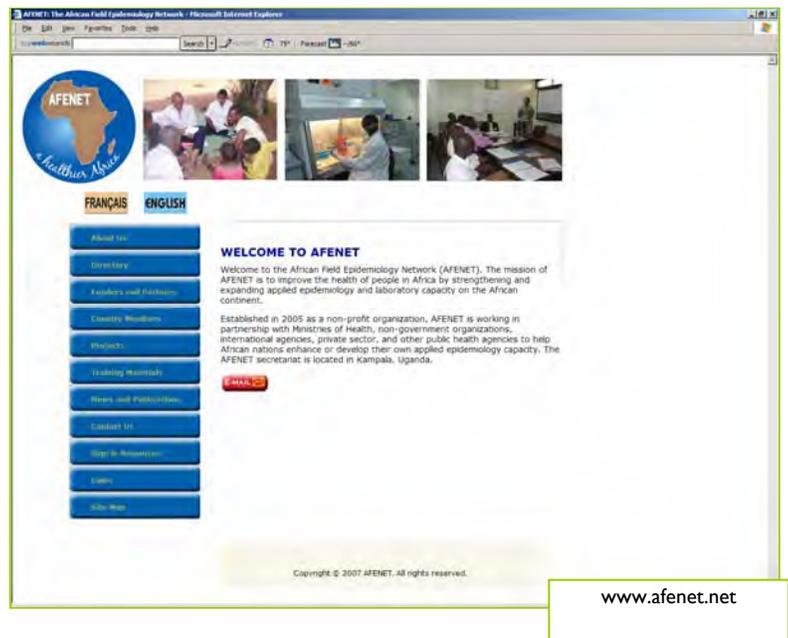
<sup>3</sup> Approximately 38% of the population, or 8.2 million, had either fully paid their premiums or belonged to the exempt group (and were therefore eligible to hold health insurance cards). Source: National Health Insurance Scheme, Operational Statistics, 8/31/2007.

allocated to health districts as a part of a decentralization initiative; (2) spiraling SESAME costs could be brought under control to keep the program from bankrupting the health sector while serving truly needy elderly; and (3) the health sector could begin to benefit from the FSN initiative (where the health sector has not had a role) and use health sector-specific social safety net funds (about \$1 million per year) more effectively to ensure access to priority services for the poor.

## Strengthening the African Field Epidemiology Network

Health Systems 20/20 is building the technical, financial, and managerial capacity of AFENET, a regional organization whose members are five of the best schools of public health in Africa from Ghana, Kenya, Uganda, South Africa, and Zimbabwe.

Strengthening AFENET improves the capacity of its members to carry out field epidemiology activities in PHN priority areas such as malaria, avian influenza, tuberculosis, and diarrheal diseases. This intervention will greatly enhance the long-term impact of USAID's direct investment in AFENET in supporting field epidemiology and avian influenza surveillance. This activity also served as a demonstration of the Health Systems 20/20 approach to capacity building. The project conducted an assessment based on the Health Systems 20/20 conceptual framework for capacity building, and based on the findings, developed an intervention plan. Institutional strengthening activities focused on the non-technical aspects and consist of such practical interventions as improving AFENET's communication infrastructure, revising its governance structure, developing financial and administrative procedures, and developing a resource mobilization plan.



## Building the institutional capacity of local health system strengthening organizations in West Africa

Health Systems 20/20 strengthened the institutional capacity of 11 local organizations based in Senegal that provide health systems strengthening expertise nationally and regionally. The project conducted a five-day workshop for the organizations' leaders and strengthened their skills to develop sustainable organizations that can grow and evolve over time. Eight of these organizations work directly in areas related to PHN priority services and as a result of the workshop will be better equipped to face the challenges of HIV/AIDS, other public health threats, maternal and child health, and reproductive health/family planning services. Strengthening these organizations will, over the long term, contribute to strengthening health systems and to reducing mortality in PHN priority areas. Health Systems 20/20 is available to replicate the training program for other organizations, and the materials are available in English and French.

## Preparing for the Service Provision Assessment in Nigeria

Health Systems 20/20 is collaborating with both the Federal Ministry of Health through the National AIDS/STD Control Program (NASCAP) and the National Action Committee on AIDS (NACA) in Nigeria, to carry out an HIV/AIDS SPA of both public and private sector facilities. The SPA data will allow policymakers to accurately project the infrastructure and human resources required to scale up HIV/AIDS service delivery. The SPA will assess the numbers and capacity of facility health workers to provide HIV/AIDS services including testing and providing HIV results; pre- and post-test counseling; treatment, and diagnosis of ancillary diseases and opportunistic infections related to HIV; ART; post-exposure prophylaxis (PEP) for health workers; youth-friendly services; and PMTCT with and without pediatric ART. NACA and NASCAP support the SPA activities as a mutually beneficial collaborative exercise with Health Systems 20/20. Both agencies identified focal persons as representatives who will act as liaisons throughout the SPA exercise to be conducted in 2008.

## 3.2 ASIA/NEAR EAST

### National Health Accounts used to advocate for health reforms in Egypt

The Egyptian Minister of Health and Population used National Health Accounts (NHA) findings, completed with USAID assistance, to advocate for better targeting of public health resources and expansion of social health insurance. Minister Hatam El Gabaly used NHA data in presentations to the Egyptian Parliament to advocate for the need for reforms. In response to a joint request from the Ministries of Health and Population, Finance, and Planning, Health Systems 20/20 will support the implementation of another round of NHA to inform the implementation of these reforms.



Catherine Connor

His Excellency,  
Professor Hatam El  
Gabaly, Minister of  
Health and Population  
for Egypt, opening the  
MOHP Conference  
"Health Service  
Development 3,"  
September 2007

### Building capacity in India to address financial barriers to priority services

In FY07, Health Systems 20/20 provided technical assistance to expand social health insurance scheme(s) in India to reduce financial barriers to health care and to improve access to priority PHN services. Health Systems 20/20 worked closely with USAID/India Mission health staff (the newly formed health insurance team) to define the operational and capacity requirements for a successful health insurance scheme at the state level including market research; requirements for managing a social health insurance scheme; design and pricing of benefit packages; requirements for product distribution, enrollment and claims processing; and contracting and service quality. Health Systems 20/20 also provided information on different state-financed health insurance experiences to date in India and helped gain the interest of state officials and donors, such as the World Bank, in cooperating with USAID on technical assistance for social health insurance in the state of Uttar Pradesh. Uttar Pradesh has a total population of approximately 166 million, over 30% of whom fall below the poverty line. Its total fertility rate is 4.4 per woman, and the maternal mortality rate is 517/100,000 live births; it is estimated that only 22% of women benefit from skilled assistance with deliveries. Health insurance can improve access to health services such as skilled assistance for poor women and children, thereby improving health outcomes. In

FY08, Health Systems 20/20 will complement the efforts of the government and other donors to introduce or expand social health insurance activities in India, likely in Uttar Pradesh.

### **Supporting the Yemen Midwives Association to improve maternal health**

Yemen has the least favorable health indicators in the Middle East with a maternal mortality rate of 365/100,000 live births, an infant mortality rate of 76/1,000, and a fertility rate of 6.2 children per woman. Combating these indicators is compounded by women's preference to be seen by a female provider, of which there are very few, especially in rural areas. Given the acute need for more trained female health providers of maternal and child health and reproductive health/family planning services, Health Systems 20/20 provided a training grant to the Yemen Midwives Association to conduct training of trainers of ten midwives who will in turn train 70 midwives in best practices in USAID target areas. Health Systems 20/20 also provided support to the association to conduct supervision training for midwives working in remote areas.

### **Governorate Health Accounts in Yemen**

Health Systems 20/20 assisted Yemen to pioneer governorate-level health accounts in Marib, one of the most high-risk governorates in the country. While total health expenditure in Marib for 2005 reached approximately US\$35 per capita, 58% is private expenditure, mostly household spending, and 47% of expenditures were found to be made outside of Marib. Health officials are now looking at the implications of these findings for improvement of service provision in Marib. It will be important to assess the reason why the population is seeking treatment elsewhere. If it is because services are not available in Marib, a possible consequence would be to strengthen service provision to include those services. If it is because the quality of the available services is perceived as poor, the level of responsiveness and quality of health services in Marib should be strengthened.

## **3.3 GLOBAL**

### **Building the capacity of national malaria control programs**

The tremendous increase in funding for malaria over the past few years from the President's Malaria Initiative (PMI), Global Fund, World Bank, and others has put a strain on the organizational and management capacity of national malaria control programs (NMCPs). Without well-functioning NMCPs, the sustainability of the programs may be jeopardized. In consultation with PMI partners, Health Systems 20/20 developed a tool and approach to rapidly assess the management and organizational capacity of NMCPs in PMI countries and identify critical capacity-building interventions that can be readily implemented by PMI and others. The tool identifies seven critical areas of performance for an NMCP to carry out its functions. In FY08 the tool will be tested in one PMI country, probably Malawi, and if successful, rolled out to other PMI countries. The tool has the potential to benefit 15 countries in PMI and more through PMI partners.

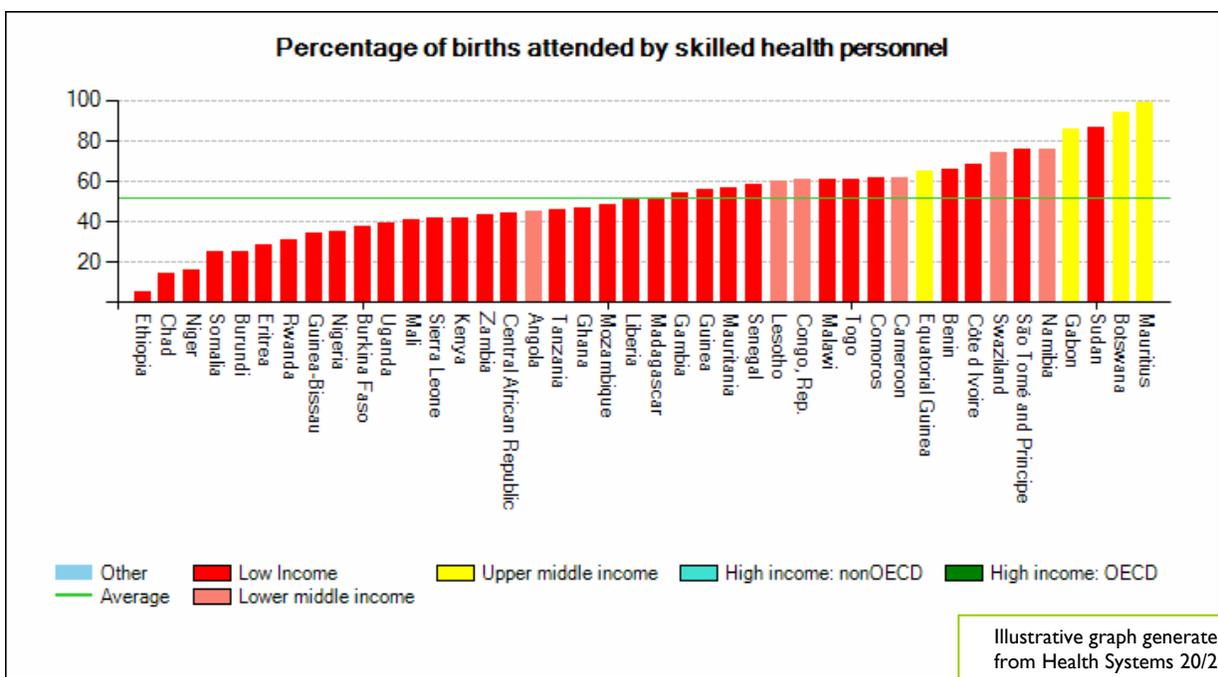
## Institutionalizing National Health Accounts

Approximately 100 countries around the world have produced NHA at least once, benefiting not only the country stakeholders, but also the global health community through the availability of complete and reliable health expenditure data. However, institutionalization of NHA in many developing countries is incomplete, despite significant donor investment in training and technical assistance. In FY07, Health Systems 20/20 led the development of a framework for assessing levels of institutionalization. The framework for institutionalization of country health accounts adapts the concepts and standards of the Health Metrics Network framework to the context of health accounts. Additionally, it places emphasis on the demand for health expenditure data as a driving force that leads to institutionalization. A tool has been drafted to assess each of the institutionalization components explained in the framework. The assessment allows countries to identify strengths and weaknesses and develop a strategic plan for strengthening the health information systems accordingly. This allows actions and funds to be directed systematically toward institutionalizing NHA.



## Benchmarking health systems performance

In FY07, Health Systems 20/20 designed and applied a new tool for benchmarking health system performance using a database that consolidates economic, governance, and health indicators for 192 countries with comparisons (benchmarking) to two peer groups – one socioeconomic and one geographic. The tool was used in Southern Sudan as part of the rapid health system assessment, and to prepare health systems country briefs for Mozambique, Rwanda, South Africa, Southern Sudan, Tanzania, and Zambia. Also in FY07, Health Systems 20/20 began development of an application that will make the benchmarking tool available on the project web site and enable anyone with Internet access to do exploratory data analysis and generate visual displays of trend and comparative charts and X-Y plots. As such, it is a tool that can synthesize a country's health system strengths and weaknesses as a first step towards identifying best buys for strengthening health systems.



Illustrative graph generated from Health Systems 20/20 tool for benchmarking health system performance

## Assisting the Health Systems Action Network

The Health Systems Action Network (HSAN) is a new approach in global health that links developing country health systems experts through a network to give them a voice at the global level, share lessons and evidence, and support the development of sound health systems strengthening approaches at the local, national, regional, and global levels. HSAN is committed to strengthening health systems through effective involvement of diverse stakeholders, dissemination of actionable knowledge, and better management of resources guided by evidence. Health Systems 20/20 provided assistance to HSAN that contributed to the following accomplishments in FY07:

- Core membership increased from 31 original members (in August 2006) to 58 current members (people apply to become members and are accepted based on the depth of their health systems expertise).

- The HSAN mailing list doubled to 792 subscribers and the web site receives frequent hits.

- The HSAN-hosted session attended by 234 people at the Global Health Council meeting in May, moderated by Laurie Garrett and with financial support from the Canadian International Development Agency (CIDA) as well as Health Systems 20/20, served to generate interest and mobilize support for HSAN.

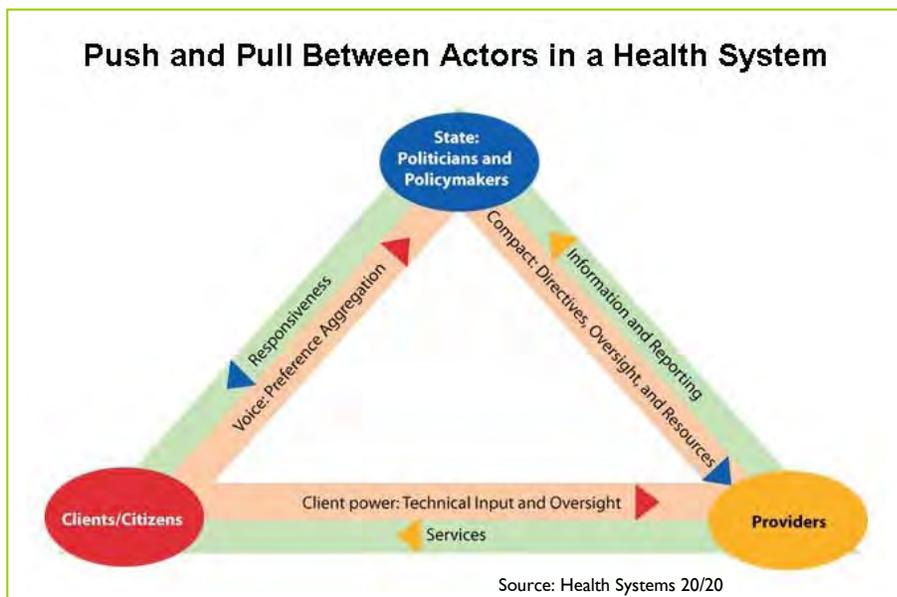
- Two online “Ask the Expert” series were produced, featuring members with expertise in “community health workers” and “making known, affordable intervention widely available.” Both series received questions from countries across the globe and have generated excitement among members and interest among others in becoming members.



- A first electronic newsletter was disseminated to all subscribers on the HSAN list to increase interest and engagement in HSAN.
- A draft proposal for an institutional development grant through a collaborative effort between HSAN co-chairs and the membership was sent to the Doris Duke Foundation, which has indicated interest in providing \$100,000 per year for four years, if matched by two other organizations. In addition to USAID support provided through Health Systems 20/20, HSAN is exploring the potential to obtain matching grants from both the UK Department for International Development and CIDA.

**Health governance workshop explores how governance can contribute to increased utilization of priority services**

Resources allocated to health will not achieve all of their intended results without attention to governance. Particularly as global programs inject huge amounts of funding targeting specific diseases, health system governance weaknesses threaten to undermine the effective utilization of the funds. Corruption is perhaps the most dramatic governance-related threat, but, in



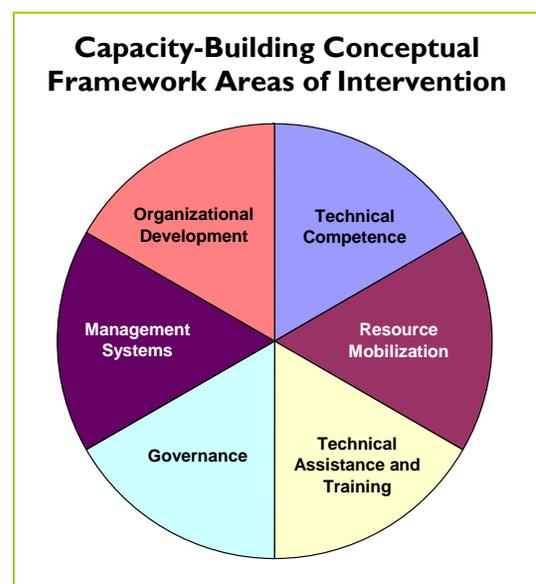
addition, poor accountability and transparency, weak incentives for responsiveness and performance, and limited engagement of citizens in health affairs contribute to low levels of system effectiveness as well. Health Systems 20/20 organized a workshop on health governance that presented a new framework for governance in the health sector and demonstrated how improved governance can contribute to increased utilization of priority services. The meeting assembled about 30 experts in health and governance from USAID’s Global Health (GH) and Democracy, Conflict and Humanitarian Assistance Bureaus, nonprofit organizations, and cooperating agencies; together they generated ideas for GH and Mission programming to include health governance in field activities. The results achieved were: increased understanding of health governance concepts, issues, and programming options; shared perspectives between the health and democratic governance communities; and recognition of the importance of integrating governance into efforts to strengthen health systems and improve the delivery of essential health services.

### Promising approaches in health operations

While there have been efforts to develop and implement health operations interventions separately for such areas as human resources for health and financial management, a framework for collectively considering health operational challenges and approaches to address such challenges has been lacking. Health Systems 20/20 developed a conceptual framework for health operations that outlines the financial, human resources management, and planning systems and processes needed for strengthening health institutions for sustainable health systems. In addition to the development of the framework, Health Systems 20/20 surveyed 180 international and country actors for their insight on promising approaches in financial, human resources management, and planning to address operational bottlenecks that weaken health systems. Respondents pointed out a need for the following: (1) expand and/or improve financial management systems in a way that makes them more efficient and suitable for the country context, and foster better coordination between central and local governments on implementation; (2) offer continuing education activities, as well as incentives and skill enhancement in technical operational areas to build human resource capacity; and (3) develop better-integrated information systems, monitoring and evaluation systems, systematic planning, capacity building and technical assistance, and human resources management to improve planning, program management, and supply chain management. The survey results and health operations framework complement the project’s field experience in developing and implementing practical operational tools and approaches to plan and implement future health operations activities.

### Building institutional capacity through core competencies

Health Systems 20/20 developed a conceptual framework for institutional capacity building that consists of six core competencies – organizational development, resource mobilization, management systems, governance, consulting and training skills, and keeping up-to-date technically – that organizations need to be effective. This framework was applied in a capacity-building workshop in Senegal for 11 local organizations and for the on-going activity to strengthen AFENET (see above). In FY08, the framework will be used to plan and implement Health Systems 20/20’s capacity-building activities. In addition to direct technical assistance and formal training,



Health Systems uses sub-agreements and grants to support the development of local organizations. In Year I, the project awarded five sub-agreements to:

- Alliance Group in Malawi and Miz-Hasab in Ethiopia to do research and dissemination of findings related to measuring the system-wide effects of disease-specific global health initiatives
- Health Research Unit of the Ghana Health Service to implement a national survey that will evaluate the impact of Ghana's national health insurance law
- National Yemen Midwives Association to improve and expand training and supervision of midwives in USAID's three target governorates
- Maer Associates in Kenya to provide operational support to the Ministry of Health's national survey of household health expenditures to complete NHA and to evaluate the impact of new health financing policies that were enacted to improve equity in response to previous NHA findings



## 4. ASSOCIATE AWARDS

Health Systems 20/20 is a leader-with-associates (LWA) cooperative agreement which allows USAID missions or bureaus to negotiate separate Associate Awards under the Health Systems 20/20 umbrella.<sup>4</sup> The project had two Associate Awards during Year I and is coordinating with both in the areas of monitoring, evaluation, and dissemination.

The project 4<sup>th</sup> Sector Health: Alliances and Exchanges in Latin America is a five-year cooperative agreement awarded by USAID's Latin America and Caribbean (LAC) Regional Bureau to Abt Associates Inc., in partnership with RTI International and Forum One Communications. The project features two components: health alliances and south-to-south exchanges. Through the alliances component, the project will support LAC USAID Missions by identifying and building regional public-private partnerships to mobilize non-traditional funding in support of maternal and child health, reproductive health, HIV/AIDS, tuberculosis, and malaria activities. The exchanges component will support efforts to transfer information, knowledge, and best practices across borders and through virtual communities using technology. The term "4<sup>th</sup> sector" refers to the public, private, and NGO sectors working together on social benefit activities. Using the Global Development Alliance Model to achieve these relationships, 4<sup>th</sup> Sector Health will create partnerships that benefit health and development and build capacity in the LAC region.

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

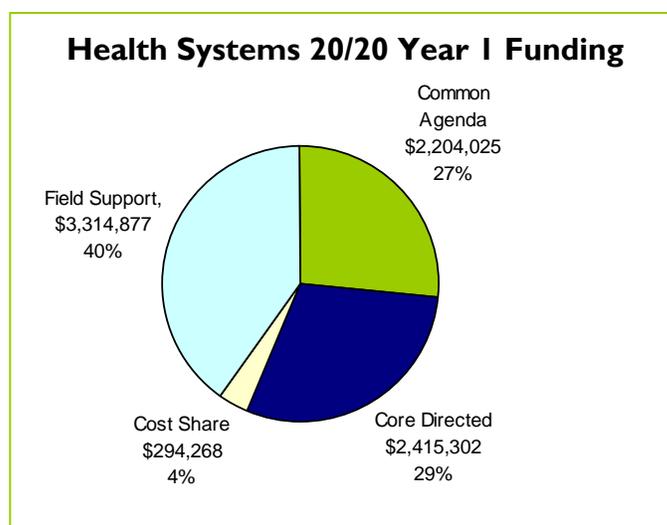
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<sup>4</sup> Please see the project web site for more information on Associate Awards:  
<http://www.healthsystems2020.org/section/about/missions/awards>

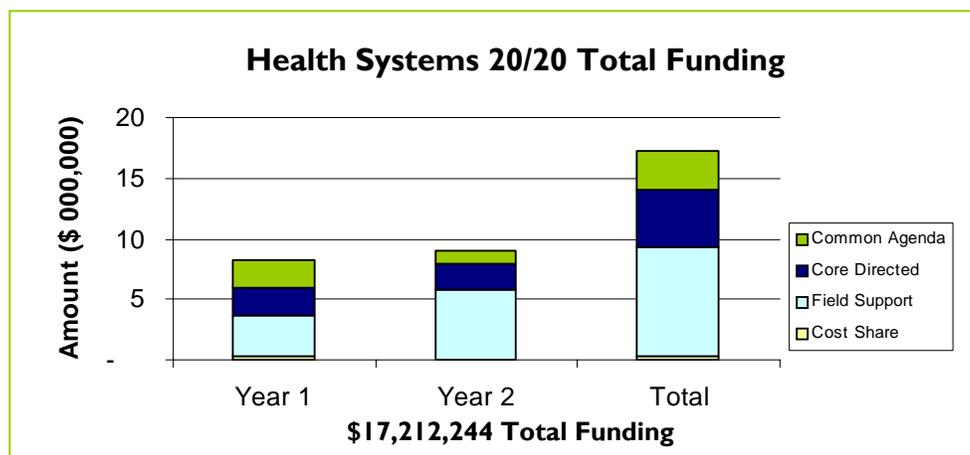


## 5. PROJECT FUNDING

Health Systems 20/20 can receive funding from all U.S. government foreign assistance programs – all USAID operating units, the President’s Emergency Plan for AIDS Relief (PEPFAR), and the President’s Malaria Initiative (PMI). Project funds include field support funds from USAID’s Missions and Bureaus, plus core funds from USAID/Washington. Core funds consist of “core-directed” funding to address specific constraints to the focus of the USAID Global “element” teams, and “common agenda” funding to address cross-cutting issues. During Year 1 the project received a total of \$7.9 million, of which 59% was core funding and 41% was field support.

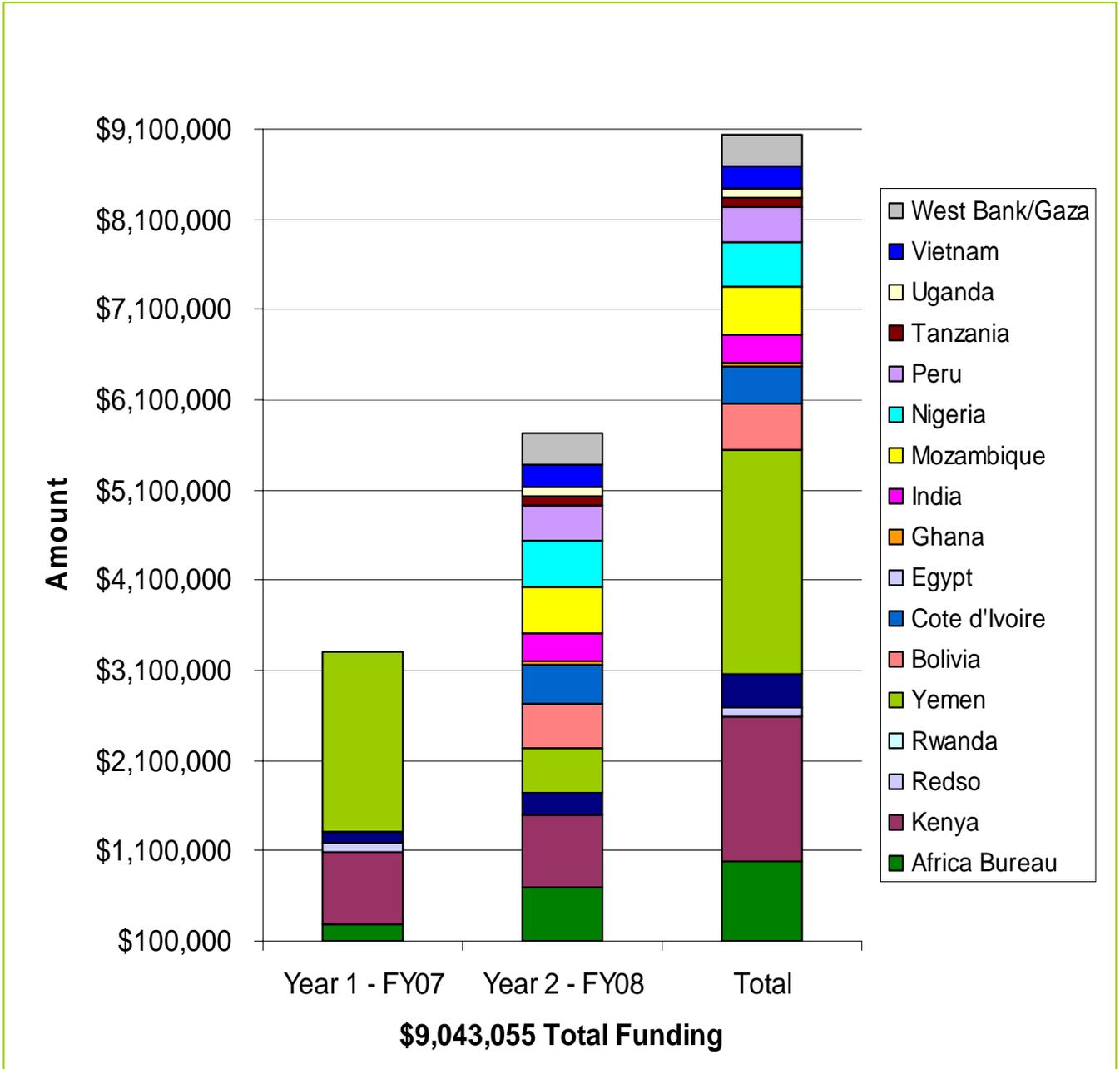


Technical assistance in the field will be a major task of Health Systems 20/20, with a focus on capacity building through collaboration/coaching, sub-grants and agreements, and formal training approaches. It is anticipated that over the life of the project, funding will be approximately 75% field support and 25% core funding. A preview of Year 2 compared to Year 1 is consistent with this expectation, as field support will increase by 70% to represent more than half of all Year 2 funding.



The number of countries where Health Systems 20/20 has activities increased dramatically from five in Year 1 to 16 in Year 2, with continued expansion expected over the course of the year.

### Health Systems 20/20 Field Support Funding



The Health Systems 20/20 cooperative agreement includes a 5% cost share requirement for the recipient team to contribute through direct and third-parties contributions. In Year 1, the project implemented rigorous cost share guidelines and reporting forms, and successfully achieved 93% of the cost share goal as of September 30, 2007. We expect to revise the Year 1 cost share upwards once final documentation of contributions that have accrued in several field activities is received.





# ANNEX: MATRIX OF PROJECT PROGRAMS AND INTERMEDIATE RESULTS

	Health Systems 20/20 Programs Mapped against the Project's Intermediate Results	Health Financing		Health Operations			Health Governance		Capacity Building		
		Reduced financial barriers	Increased financing	Resources rationally allocated	Policymakers define/defend health strategies	Transparency and accountability	Stakeholder participate actively	Effective financial management	Effective human resource management	Effective planning systems	Developing country stakeholders solve HS constraints
Common Agenda	National Health Accounts	✓	✓	✓	✓			✓			✓
	Health Systems Action Network										
	Global HIV/AIDS Initiatives Network			✓							✓
	Health governance					✓	✓				✓
	Health operations						✓	✓	✓		
	Capacity building										✓
	Health System Assessment Tool (Mainstreaming Initiative)			✓				✓			✓
RH	Reproductive health resource tracking (NHA subaccounts)	✓	✓	✓	✓			✓			✓
Maternal Child Health	Community-based distribution of Misoprostol to prevent PPH			✓	✓						
	Child health resource tracking ( NHA subaccounts)	✓	✓	✓				✓			
	Child health costing methods			✓	✓						✓
	Improving child health through CBHF (Sur Eau POU water treatment)	✓					✓				✓
	GAVI health system strengthening grants		✓	✓							✓
	Capacity building in CBHF	✓									✓
HIV/AIDS	Human capacity development assessment for HIV/AIDS			✓			✓	✓	✓		✓
	HIV/AIDS service sustainability analysis			✓			✓	✓	✓		✓
	HIV/AIDS resource tracking (NHA subaccounts)	✓	✓	✓					✓		✓
Infectious Disease	Institutional capacity of AFENET									✓	✓
	Institutional capacity of national malaria control programs									✓	✓
Africa	Africa Bureau: RH subaccounts, Lessons for Contraceptive Security	✓	✓	✓					✓		
	Cote d'Ivoire: HIV/AIDS human resource and financial sustainability			✓	✓			✓	✓	✓	✓
	DR Congo (cost share): Hospital planning							✓	✓	✓	
	Ghana: Health insurance	✓			✓	✓		✓	✓	✓	
	Kenya: NHA and HIV/AIDS patient information system										
	Madagascar (core funds): GAVI HSS grant		✓	✓							✓
	Mozambique: NHA and National AIDS Council			✓		✓			✓	✓	
	Nigeria: Service provision assessment			✓				✓	✓		✓
	REDSO/East Southern Africa: Performance-based financing							✓			✓
	Rwanda: NHA			✓	✓						✓
	Senegal (core funds): Rationalize health subsidies	✓		✓		✓		✓			
	South Sudan (core funds): GAVI HSS grant		✓	✓							✓
	Tanzania: NHA			✓	✓	✓					✓
Uganda: NHA			✓	✓	✓					✓	
Middle East	Egypt: NHA, management training					✓					✓
	West Bank/Gaza: Hospital planning						✓	✓	✓		✓
	Yemen: Stewardship, HIS, immunization, midwives, community health awareness			✓			✓	✓	✓		✓
Asia	Azerbaijan (AA)	✓	✓	✓	✓	✓	✓	✓	✓		
	India: Health insurance	✓			✓	✓		✓	✓		
	Vietnam: Evaluate integrated HIV and drug abuse pilot								✓		✓
LAC	LAC Regional Bureau (AA): Alliances and Exchanges		✓				✓	✓	✓		✓
	Bolivia: ProSalud						✓	✓	✓		✓
	Peru: Health insurance	✓			✓	✓		✓	✓		✓



