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**Health
Financing
and
Sustainability
Project**

Fifth and Final
TECHNICAL ADVISORY GROUP (TAG)
MEETING

A Summary Report

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ABSTRACT

A panel of five experts in health financing reform met to assess the lessons learned from the Health Financing and Sustainability (HFS) Project in its final year and advise USAID on future project design in the sector. The fifth HFS Technical Advisory Group (TAG) meeting was held over two days in Rosslyn, VA and at the State Department on March 17th and 18th, 1994. The TAG was composed of representatives from international donor agencies and one university. Presentations by HFS staff summarized the Project's accomplishments in technical assistance, applied research, training and dissemination along with lessons learned and suggestions for future directions. A special case study of HFS technical assistance highlighted the long-term policy reform process and experience gained in the Central African Republic. A session on applied research studies focused on findings from pilot tests in Niger. TAG discussions centered on definitions of sustainability and the characteristics of the policy reform process. The TAG recommended: broadening the scope of a new project to place more emphasis on institutional development and management issues related to health financing reform; expanding training activities in administrative, management and analytical skills; and increasing dissemination of methods and tools. A final reporting session included presentations by Task Force members from two related USAID projects: Private Sector Initiatives Project and the Rational Pharmaceutical Management Project.

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1.0 INTRODUCTION

Presenter: Robert Emrey, HFS Project CTO, USAID Office of Health and Nutrition

The Technical Advisory Group has met annually since the inception of the HFS project to provide guidance and feedback to USAID and the Project staff on technical and policy issues. Its members represent diverse institutions concerned with health sector reform and all have extensive expertise in various aspects of health finance policy development and implementation. The TAG Members provide critical technical support to the Project throughout the year by performing a technical or peer review of major technical reports and research papers to ensure their quality. Their feedback and their time is an invaluable contribution to the work of the HFS staff and USAID. In this final year of the HFS Project, the group met to reflect on the progress made and to offer suggestions for the design of a follow-on project.

This year the TAG was composed of:

Carl Stevens, Reed College, Oregon
Fred Golladay, The World Bank
David Gwatkin, International Health Policy Program (IHHP)
Andrew Creese, World Health Organization
Augusto Paganini, UNICEF

Objectives of the Meeting

Specifically, the TAG was asked by representatives of the Office of Health to:

- ▲ Consider the design of a follow-up project in the context of the four focal points of the USAID strategy for population, health, and nutrition: 1. Family Planning; 2. Child Survival; 3. Reproductive Health; and 4. HIV/AIDS Treatment and Prevention.
- ▲ Define what "sustainability" could and should be for the above four programs and how to address obstacles to sustainability.
- ▲ Suggest how to measure results from this type of sectoral policy reform project and the eventual impact on health indicators.
- ▲ Indicate impacts and lessons learned from the HFS Project (with a special focus on approaches to cost recovery and social financing), and next steps, including topics for further research using the following five-point evaluation paradigm:
 - ▲ Advancement of knowledge
 - ▲ Development of methodologies and tools
 - ▲ Building of institutional capability

- ▲ Development of human resources
- ▲ Advancement of the policy reform process

▲ Recommend how best to disseminate the knowledge and tools acquired from the HFS Project.

2.0 ROLE OF USAID IN HEALTH FINANCING AND SUSTAINABILITY

Presenter: Robert Wrin, Acting Director, Office of Health and Nutrition

USAID conceived the HFS Project within the context of its larger initiative to promote child survival in developing countries. The project was designed to search for responses to persistent problems that were prevalent in many countries and which presented obstacles to achieving the goals of programs to promote child survival, namely:

- ▲ Lack of funds for medicines and for personnel
- ▲ Waste and misuse of existing resources
- ▲ Poor quality services
- ▲ Inequity in financial and geographical access to care

USAID started concentrating on child survival around 1985 and the HFS Project was designed to address concerns about the sustainability of such field programs. USAID recognized that program sustainability would require wider interventions beyond the child survival programs and encompass the broader health sector context in which those programs operated. The Project had to search for ways to address the financial realities in developing countries where governments were finding that they had to either divest themselves of services or put those services on a sounder financial footing.

Presently, USAID must concentrate on four focal points due to a general cutback in funding and a shift in geopolitical priorities. The four focal points are:

- ▲ Family Planning
- ▲ Child Survival
- ▲ Reproductive Health
- ▲ HIV/AIDS

Therefore, the success of future projects will be measured in terms of their impact on improving the capacity of countries to respond to needs in these four areas.

3.0 OVERVIEW OF THE HFS PROJECT AND ACCOMPLISHMENTS TO DATE

Presenter: Gerald Wein, Project Director, HFS Project

The HFS Project seeks to improve the quality, efficiency, equity, access, and sustainability of healthcare through developing and evaluating alternative financing policies and mechanisms. The project works in low and middle income countries to facilitate the policy reform process and to assist in implementation of reforms. Its work spans five technical areas:

1. Cost recovery (links to quality improvements and sustainability)
2. Social financing (alternative risk-sharing mechanisms to extend coverage)
3. Public-private collaboration (delivery of health services)
4. Resource allocation and management
5. Costing, delivery and production of services

The HFS Project is mandated to operate over five years and apply its budget of \$19 million to four types of activities in the following proportions:

- ▲ Technical Assistance (61%)
- ▲ Applied Research (22%)
- ▲ Training (3%)
- ▲ Dissemination (14%)

To date, the Project has worked long term in 10 countries and extended short-term interventions to 18 countries. (*See the section on Technical Assistance for a description of these activities.*) Thanks to additional funds provided by the Africa Bureau, the project is completing major applied research on six topics. Twenty-five Smaller Applied Research projects will also be completed by Project end. (*See the section on Applied Research for a description of these activities.*) In addition to on-the-job training of counterparts in technical assistance and applied research work, Project staff have participated in training courses for public health officials at Boston University, Tulane University, and the International Children's Center in Paris and led regional and national policy workshops for key decisionmakers. The Project has produced and distributed over 100 technical reports and research papers and maintains a collection of nearly 3,000 documents on health financing. (*See the section on Information Dissemination for more information.*)

As the Project approaches its culmination, a series of special papers and briefs are being prepared to synthesize and compare lessons learned across countries and regions in terms of the Project's objectives and technical areas of concentration listed above. In addition, papers will cover non-project assistance, the policy reform process, the synergy of technical assistance and applied research, and a catalogue of more than 30 datasets the project has collected through the course of its operation on numerous aspects of healthcare supply and demand.

4.0 HFS PROJECT STRATEGY: OBJECTIVES, LESSONS LEARNED AND FUTURE DIRECTIONS

Presenter: Marty Makinen, Technical Director, HFS Project

4.1 GOALS

The stated purpose of the HFS Project has been and is "to improve the financial status and efficiency of developing country health sectors by addressing key financial policy and organizational constraints to provide access to quality health services to all citizens". Therefore, HFS work has focused on resource availability, efficiency, quality, and equity. To achieve sustainability the Project had to focus not only on financial policy but also on the organization of the health sector, that is, how all the public and private actors interact.

The Project has identified a set of weaknesses that prevent developing country governments to realize their stated public health goals:

- ▲ Over-reliance on government financing and provision
- ▲ Inability to plan and allocate resources efficiently
- ▲ Hindrances to private sector provision
- ▲ Institutional incapacity to devise and implement solutions to problems

A TAG member suggested that HFS investments in sustainability may increase the return on other health sector investments over a long period of time. Therefore, we should not put a fixed end date on the period of time in which we measure the benefits. Large benefits may come farther in the future and yet provide a discounted present value or return which is quite positive. On HFS relatively modest resources were used to tackle a very big problem.

Governments in developing countries are increasingly interested in tackling reforms. A challenge for donors is how to meet the demand for assistance in terms of funds and human resources.

4.2 TOOLS

An objective of the HFS Project had been to identify, develop, test, and disseminate tools to address problems. The Project's technical assistance and applied research have employed a wide array of tools in a continuous process of tool creation, adaptation, and dissemination:

- ▲ Quantitative and qualitative surveys, and rapid household surveys
- ▲ Statistical and econometric analyses
- ▲ Cost analyses
- ▲ Computer simulation models
- ▲ Focus groups
- ▲ Applied efficiency measures

- ▲ Literature and experience reviews
- ▲ Conceptual frameworks for applied research

These tools proved to be very powerful for informing the decision-making process and we have transferred these tools by applying them hand-in-hand with local counterparts.

4.3 APPROACH

The HFS Project was to give precedence to policy changes that would have long-term effects. A key assumption was that a combination of information from experiences outside a country combined with analytical work specific to a country would convince policy makers to act. The role of the HFS Project is best characterized as a *catalyst*. The Project's technical expertise allows governments to conduct policy debate on the basis of sound data and analysis, and get past incorrect notions based mainly on ideology or lack of information. Thus, the Project's field work encourages constructive change.

4.3.1. Policy Workshops

Workshops proved immensely useful at the beginning of the HFS work in any given long-term country to build consensus around problem definition, the work methods to be used, and potential uses for the results.

To facilitate and support decision-making, the Project also organized policy workshops to present findings and options to policymakers and key interest groups. This approach proved successful in moving countries ahead with reforms. The workshops included presentations by local counterparts, national analysts, as well as representatives of countries in a region who had experience with similar reform initiatives.

4.3.2 Applied Research Inputs to Technical Assistance

The HFS Project Strategy held that its applied research should be conducted in countries where the Project was providing technical assistance. HFS technical assistance is described as: problem identification; diagnosis; and analysis for policy formulation and implementation. HFS applied research aims to bridge knowledge gaps through the quantification of policy impacts in important areas such as quality, equity, and efficiency. Applied research also aimed to test the replicability of policies in different countries. Research findings would be applied in future technical assistance assignments.

Experience has borne out the assumption that technical assistance and applied research are mutually reinforcing. In fact, many of the analytical techniques used in both types of operations were the same. By conducting applied research in a country where technical assistance was ongoing, the Project's credibility and access to data were enhanced. On the other hand, it was difficult to perform data collection and analysis in countries where the Project had

not provided technical assistance. This experience suggests that future projects should not separate technical assistance from applied research.

4.4 FUTURE DIRECTIONS

In general, HFS technical staff recommended that future efforts in the area of sustainability recognize explicitly that re-organization of the health sector interlocks with financial reform.

Policy process: Many developing countries are now at the brink or have begun to implement reforms in the health sector. Given the nature of the policy reform process, it would seem advisable to involve a follow-on project in monitoring policy implementation, in order to encourage implementors and steady the focus on the policy objectives. While bilateral or country specific projects can accomplish much of the implementation, a separate analytical group can help monitor and evaluate the consequences of the policy reforms and assist with adjustments.

For planning implementation, the HFS demonstration project (pilot tests) in Niger proved a good way to advance policy change and indicate institutional weaknesses that will need to be addressed for successful implementation of the reforms. The presence of long-term advisors and special units in the Ministries assured continuity in the process and kept up momentum. Provisions for such mechanisms should be expanded in the technical assistance strategies of future policy projects.

More donor coordination is also desirable to advancing the policy reform process. Start-up and the impact of a policy-level project like HFS is fettered when donors do not have a country-level mechanism for sharing information and either duplicate efforts or work at cross-purposes. Conversely, in countries where donor communication was constant, ideas, resources and efforts could be leveraged to enhance impact in the country and advance reforms.

Applied Research: To build on the HFS applied research, it would be highly useful to replicate some of the settings and add sites to deepen knowledge, refine methods, and explore some still neglected research topics. As mentioned above, it is very effective to combine technical assistance and applied research operations, and they should not be separated. HFS experience has shown that it is unrealistic to expect or assume that mission buy-in funds will finance applied research activities. USAID missions' limited scope of interest in applied research prevented the Project from conducting as much cross-country and cross-regional research as would have been desirable.

Training: With only 3% allotted for training, a project like HFS can successfully do on-the-job training of counterparts and this was instrumental in helping to move the policy process ahead. HFS staff also conducted training sessions for courses organized by US and overseas institutions. The smaller applied research program proved to be a good training experience for developing country researchers, although it created a large management burden for the project. There was little interest in study tours and the fellows program for US graduate students. Future projects

could have a specific development component built into project design to allow project personnel to train on the job.

Country-specific projects and programs would be good vehicles for funding and conducting long-term and large-scale in-country training to complement work by global projects on institutional development, or for skills such as bookkeeping or accounting. Another suggestion for the future is that a centrally-funded project like HFS could build in mechanisms for on-going relationships with groups and institutions in developing countries for institution-building and to complement training programs like those managed by the IHPP and WHO. The TAG has stressed in previous years that the allotted 3% was woefully deficient for capability development in health finance and research or management skills.

Technical Assistance: In terms of criteria for selecting where to work, practical criteria (available USAID/Mission and Bureau funding) ended up outweighing substantive criteria (most likely potential for change, replicability to other countries, political commitment, maximum impact on the largest populations, geographical distribution). HFS did more work in the Africa region because of the relative strength of funding available.

Flexibility in terms of technical areas should be built in to future project designs, and as mentioned above, financial reform and organization of the sector should be interwoven. A question for debate entails whether a centrally-funded project like HFS should continue focusing on broad sector-wide issues or support specific disease intervention programs, or do both (as did the REACH project) since they are inter-related. USAID has indicated that there is an unmet need in the area-specific interventions and there needs to be a determination of which interventions are most cost-effective.

Dissemination: Quality control through peer review demanded more time and resources than anticipated and the TAG members were generous with their time in performing technical reviews. A well-thought out dissemination strategy proved to be important to support the mandate of each component of the Project. Future projects could benefit from adding resources to support quality review and the continuous dissemination efforts of technical staff.

5.0 TECHNICAL ASSISTANCE: PRODUCTS, LESSONS LEARNED AND FUTURE DIRECTIONS

*Presenters: Marty Makinen, Technical Director, HFS Project
Charlotte Leighton, Senior Health Economist and CAR Team Leader*

There is a great demand for technical assistance with health sector reform in financing and organization. Tackling specific problems has revealed broader and deeper problems. In West and Central Africa, for example, there has been great progress in implementing cost sharing or cost recovery programs. These programs have permitted quality improvements in the services that are offered and have created greater awareness of efficiency and equity objectives. As a result, there is greater interest in complementary interventions to cost recovery such as means testing and improved drug supply. There is also increased interest in learning about how and when to apply social financing mechanisms and when to make organizational changes such as granting hospitals autonomy to improve efficiency.

Developing country governments have shown a growing awareness of the need for systems reform as well as financial restructuring. They recognize the importance of incentives to consumers, providers, and insurers.

Additional options, such as expanding the role of private provision of services and fundamental reallocation of government budgets, generate much debate and controversy due to lack of understanding. The policy dialogue on these issues is just beginning.

The battle to convince governments of the need for reform is largely won. The task now is to help them conceive of appropriate and feasible responses to policy problems and then help to implement them.

Different countries are at different stages of the reform process. It is important to recognize that it is a continuous process which will not come to an end. Now there is a peak of activity in health reform. For several decades, especially in the developing parts of the world, the approach to health system organization was largely unquestioned.

To respond to the needs of different countries at different points in the reform process, HFS used and adapted the variety of analytical tools listed above (*See section 4.2*). There are seven elements that characterize HFS long-term technical assistance:

1. Request for assistance from a government
2. USAID funding and mission staff commitment
3. Consensus-building activities
4. Involvement of national counterparts in technical analyses
5. International exchange of information
6. Development and conduct of analytical work

7. Collaboration with other donor organizations working on the same or related problems.

A representative example of how HFS technical assistance operates is the work done in the Central African Republic (CAR). As mentioned above, the Project goes in to assist with one specific problem and through the course of that endeavor other, often deeper and broader, related problems surface. Working with the CAR government on cost recovery issues, key officials became aware of the weaknesses in the drug supply system. They also became aware of the importance of working with consumers: what features of the health system people are willing to pay for; how users perceive the quality of the services and which elements are more important to them. Then the government started to think about incentives. For example, in developing a program of cost recovery for hospital services they considered performance-based pay incentives for providers and doctors.

The CAR government has begun to branch out in many directions as a result of starting work on one point of the system. After eight years of USAID-funded technical assistance, in which HFS has been involved for four, the government is instituting nationwide cost recovery and adopting a fee structure for non-hospital services. The process has been supported by the presence of a special economics and financing unit in the Ministry of Health, long-term advisors, on-the-job training of national counterparts, and a series of consensus-building and policy planning workshops with all the interested parties from various government ministries, donors and key actors in the health sector. HFS Project work in the CAR exemplifies its work in other countries focusing on problem identification and analysis, the design of alternative strategies, policies, and implementation plans.

Experience indicates that *how* policy is put into practice can be more problematic than helping the government choose a policy. That is why in the discussion of the HFS Strategy and future directions it is suggested that advisors who assist with the formulation of the policy have a monitoring and continuing advisory role in the implementation stage. This points to the need for greater clarification by USAID of the relationship and means for cooperation and coordination between global projects and country-specific projects that are on the ground for five or even ten years.

A final point on HFS technical assistance is that its role has always been defined as one that supports and informs the policy process. In the CAR, and the other long-term countries, HFS technical assistance did not depart from preconceived notions about the appropriate policy changes. Recommendations were drawn from country-specific research and analysis. As noted earlier, the HFS Project approached technical assistance as an opportunity to inform and facilitate dialogue on health policy issues. Project activities may result in specific policy recommendations. However, project funding does not provide for the long-term advocacy role often required. USAID missions presumably assume advocacy responsibility as part of their mandate.

In sum, HFS field experience over the last five years has contributed to an emerging consensus on the tools, approaches, and ways to address the types of health sector problems resource-poor countries face.

6.0 APPLIED RESEARCH: PRODUCTS, LESSONS LEARNED AND NEW DIRECTIONS

Presenter: Ricardo Bitrán, Applied Research Director, HFS Project

HFS Applied Research falls into two categories: major applied research and smaller applied research. A research agenda for major applied research was developed around nine major topics:

- ▲ Quality of care
- ▲ Protecting the poor
- ▲ Efficiency in consumption
- ▲ Public sector reforms
- ▲ Reallocating public spending
- ▲ Expanding the role of social financing
- ▲ Development of private health care markets
- ▲ Public/private differences in efficiency
- ▲ Public/private interactions

A tenth topic was later added at the request of USAID on the economic impact of malaria.

The work on each topic was divided into three phases: First was a comprehensive literature and experience review and the development of a conceptual framework or hypothesis (Phase I). These studies have been completed. Second was the field work for data collection (Phase II), and third was the final analysis and dissemination of the results (Phase III). HFS will complete Phase II and III work on five of the agenda topics.

The purpose of the research, as stated earlier in the discussion of the strategy, is to:

- ▲ Fill knowledge gaps
- ▲ Quantify impacts on quality, equity, and efficiency
- ▲ Test replicability
- ▲ Evaluate initiatives to guide future technical assistance

Most studies were designed to feed directly into ongoing technical assistance and others were designed as independent projects. Due to funding constraints, field work was concentrated in five African countries.

The conduct of the applied research parallels the operational steps earlier described for technical assistance: involving national policymakers and analysts in identifying the issue to be investigated, conducting the analysis, presenting the findings, and determining the appropriate course of action. Where possible, HFS offers follow-on assistance with implementation once research has been completed.

Twenty-five smaller research projects were conducted primarily by developing country researchers on topics of relevance to their particular country. HFS staff helped researchers prepare the research proposals and plan the study; then staff performed technical reviews of the work and provided extensive input to researchers for their final reports.

HFS developed the following criteria for evaluating the applied research and its usefulness in relation to:

- ▲ Advancing knowledge
- ▲ Testing or improving methods
- ▲ Informing the policy reform process
- ▲ Strengthening institutional capacities and technical capabilities

Currently, fieldwork and analysis on six of the ten major applied research topics listed above has been or is being completed. Research on public-private interactions and reallocating public sector spending was not conducted due to unavailable funding. Work on efficiency in consumption and protecting the poor was mainly limited to Phase I work for the same reason. HFS will prepare a synthesis of applied research findings which will be published prior to the end of the project.

Some findings already indicate that people from diverse income strata are willing to share in the cost of health services, particularly when they perceive quality improvements, most often the availability of drugs. User fees can help improve quality which in turn leads to higher utilization of services and management improvements. Other research indicates that it is feasible to use a social financing mechanism, such as an earmarked head tax and a modest user co-payment, to fund services in poor and rural areas. Other research is showing some private not-for-profit providers to be more efficient than public providers. Efficiency studies also indicate strongly the need for decentralization of public health services to improve management and utilization. The findings also provide an impetus for exploring public-private collaboration in the delivery of services.

A number of new methods were applied to health finance reform through HFS applied research, for example, hedonic pricing, contingent valuation, and "rapid" surveys.

Through the conduct of major and smaller applied research, HFS has amassed over 30 datasets from household, provider, user and facility surveys in 18 countries. These data sets represent a wealth of information that can be used for further research analysis.

As mentioned above under the strategy, it proved unwise to depend on buy-in funds for research from missions whose primary concern was with work of a more immediate and specific in-country impact. HFS applied research in Niger and Senegal has shown, however, that the field research can inform and support the reform process and is an effective complement to technical assistance, but results take longer to obtain.

The conduct of applied research in tandem with technical assistance helped assure the relevance of the studies to the needs of the governments. Demonstration projects (pilot tests) proved to be a very potent and graphic way of convincing policymakers to institute reforms, as well as test for unforeseen consequences or unidentified constraints to successful implementation. Work effectiveness was greatly enhanced in places where HFS staff and consultants had long-term involvement and thus greater credibility.

Much of the HFS applied research will be completed during the final year of the Project. There will remain a need for follow-up policy implementation work and further research on topics already studied as well as those agenda topics for which HFS did not have funding to do field work (Phases II and III).

The smaller applied research program presented a large burden on management and technical staff time and basically served as a good training program for researchers. On a general level, some cumbersome USAID contractual mechanisms and administrative procedures slowed down the start-up of the research process and increased the management burden.

7.0 DISSEMINATION: PRODUCTS, LESSONS LEARNED AND FUTURE DIRECTIONS

Presenter: Nena Terrell, Information Dissemination Specialist, HFS Project

The Project's dissemination activities support the objectives of HFS technical assistance, applied research, and training by extending their outreach primarily through:

- ▲ Distributing technical reports, research studies, and policy papers by mail order
- ▲ Organizing presentations for seminars, conferences, and workshops
- ▲ Publishing in journals

These dissemination activities are important to:

- ▲ Contribute research findings to the general body of knowledge
- ▲ Frame issues
- ▲ Promote the use and exchange of ideas and information
- ▲ Build consensus for reform

For dissemination, the HFS Project produces:

- ▲ Data
- ▲ Conceptual frameworks, literature reviews, and research results
- ▲ Techniques and tools for analysis and policy formulation and evaluation and
- ▲ Practical options for better policies, systems, and institutions.

HFS has developed 8 series of reports geared to diverse audiences including policymakers, donors, researchers and technical specialists. To date, the Project has produced over 100 reports (including translations) for distribution and will almost double that by the end of the project. A database tracks roughly 1,000 key contacts around the world as well as the distribution of HFS reports. The HFS Project also keeps a collection of over 3,000 documents on health financing reform and a bibliographic database.

The Project plans to culminate its dissemination activities by sending out a publications list of the final project papers and mail order forms to all the contacts on the database. The Project's dissemination staff is also exploring distribution of the publications list via INTERNET to reach new audiences. Time and resources permitting, a CD-ROM will be produced to archive the Project's key reports, papers, and survey instruments, and possibly some datasets.

To indirectly gauge the impact of the project's publications, requests for HFS materials are tracked by the database and indicate which material is most requested, by whom, and where. Surveys of workshop participants, particularly in Africa, indicate the great usefulness of workshop discussions to enable users to absorb and adapt information whose relevance

may not be readily apparent from a reading of a technical report. Acceptance of publication in a peer review journal is not only a measure of successful dissemination but another indicator of the usefulness of HFS work for many engaged in health sector reform. The application of new methods and information, the ultimate goal of dissemination, is measured from insider accounts, case studies, or the actions of national policymakers and HFS counterparts following HFS interventions.

There is a hunger for information on health sector financing and organization reform, particularly in Africa. The usefulness of the workshop format for training and discussion of policy options and technical methods contained in written materials has already been mentioned above. Making information available in French and Spanish also greatly enhances the likelihood of its adoption.

HFS Project experience suggests that what is needed in the field is technical assistance and funding to build dissemination capacities and capabilities at the national and regional levels. Training is needed in: oral and written presentation skills; document production skills; and distribution systems.

For future designs of a project like HFS, it is recommended that:

- ▲ There be more flexibility given to the Project and technical staff to develop themes, topics, and formats for document production.
- ▲ More funding and personnel resources be allotted to rework information and findings, particularly technical concepts, on different levels and in diverse formats appropriate to the targeted user.
- ▲ Along the same line as above, there be more recognition and realistic assessment in the Project's organization, funding and work planning of the time required (and the necessary trade-offs) entailed in authoring, presenting, and mentoring by senior technical staff for the purposes of accurate and effective information dissemination.
- ▲ There be systematic scheduling of presentations and workshops for USAID personnel in Washington and in the Missions to allow Project staff to present ideas and findings.
- ▲ Finally, provisions be made for access to HFS materials beyond the life of the project itself, considering that major analyses and findings will just be completed at the time of the project's termination.

8.0 TAG CONCLUSIONS AND RECOMMENDATIONS

Presenters: Andrew Creese, Fred Golladay, David Gwatkin, Carl Stevens, HFS Technical Advisory Group (TAG)

Overall, the TAG members commended USAID and the HFS Project for fulfilling its objectives, for the objectivity and high quality of its work and products. They stated that the Project's work is an important contribution to work being done by other agencies and its usefulness will extend to countries where the Project did not operate.

They recommended USAID continue the HFS project as a model type, assuming it will influence policy reform. The alternative would be to implement country-specific projects and leave centrally-funded project to focus on training. Regardless, it is not such a project's role to drive reform but to inform and support the process, and this HFS has done.

The TAG urged the HFS Project to make every effort to submit cross-country or region comparative work to peer review publications to reach wider audiences and demonstrate the broad relevance of the Project's work. In terms of the future design of a project, the TAG urged USAID to allot much more than 3% to training and to increase the technical area emphases on institutional, management, and legal issues that relate to health financing reform.

Other observations and comments by TAG members entailed the long-term nature of health financing reform; it is a long process that requires reflection. US-funded projects also must consider that politics in any given country of the world often means reconciling interests without concern to outcome. Further, international projects must help create, across countries and cultures, institutional environments that value and support those with analytical skills. A project like HFS must also draw the connection between improved health status and economic growth.

9.0 SUMMARY AND NEXT STEPS

Presenter: Robert Emrey, HFS Project CTO, USAID Office of Health

The HFS Project had a tall mandate to work in areas where there were more questions than answers. USAID and the HFS Project staff have always approached health financing as one of several necessary means to an end: improved health status for all. There have been many lessons learned.

Technical assistance has demonstrated that it is often better to find ways to change an existing service, for example through incentives, rather than installing more mechanisms. Ten years ago the problems in this field of policy reform were ideological; now the problems deal more with how to get things changed. For example, cost recovery can be discussed without heated controversy. Now the challenge is how to involve the private sector to improve general public health. Their resources are still on the margin. By beginning to deal with cost recovery issues, it was learned that there are many other and complementary issues that also have to be dealt with in terms of the management of human and institutional resources; the availability of drugs; and the role of private providers. Therefore applied research and pilot tests proved useful to uncover all the variables that affect a policy change.

More training is needed to develop regional and country labor pools in health sector financing and organization. Greater support also should be given to people in the countries who do have analytical and management skills so that they are valued in their settings. More work must focus world-wide on social financing and on possibilities for collaboration between the public and private sectors. Dissemination activities must be stepped up to promote the adoption and use of tools and information by people in different systems and cultures.

Last but not least, HFS has demonstrated that policy reform can take a long time. It is not always useful to pressure officials into a decision because the results can be detrimental in the long term. A project like HFS may intervene at different stages in the process; it may inform discussions; it may help organize tests; it may be involved in the change. In its role to inform and support the policy process, the TAG has recognized that HFS has provided good ideas and shrewd advice. HFS has spent an important amount of effort in the negotiation process with governments to help them see things they might not have otherwise. Health financing reform and organization is complex work; inevitably tackling one task leads you to have to tackle a new set of problems. Building the capacities and capabilities of institutions and personnel to analyze problems and manage programs must parallel efforts to reform health financing.

APPENDIX: FIFTH TAG MEETING AGENDA

**HEALTH FINANCING & SUSTAINABILITY PROJECT (HFS)
TECHNICAL ADVISORY GROUP MEETING**

THURSDAY, MARCH 17, 1994 8:30 AM - 7:00 PM

The Ravensworth Center, Hyatt Arlington		
8:30-9:00	Coffee	
9:00-9:10	Welcome and Introductions	Mary Ann Anderson
9:10-9:20	USAID Role in Health Financing and Sustainability	Robert Wrin
9:20-9:30	TAG Meeting Objectives	Bob Emrey
9:30-10:30	Overview of HFS Activities	Mary Ann Anderson
	HFS Presentation	Jerry Wein
	Discussion	
10:30-10:45	Break	
10:45-12:30	HFS Strategy: Lessons Learned and Future Directions	Robert Clay
	HFS Presentation	Marty Makinen
	Discussion	

Tidal Basin Lounge	
12:30-1:30	Lunch

The Ravensworth Center		
1:30-3:30	HFS Technical Assistance: Lessons Learned and Future Directions	James Heiby
	HFS Presentation	Marty Makinen
	Discussion	
3:30-3:45	Break	
3:45-5:15	HFS Information Dissemination: Lessons Learned and Future Directions	Celeste Carr
	HFS Presentation	Nena Terrell
	Discussion	

Robert E. Lee Room	
5:30-7:00	Abt-sponsored Reception

**HEALTH FINANCING & SUSTAINABILITY PROJECT (HFS)
TECHNICAL ADVISORY GROUP MEETING**

FRIDAY, MARCH 18, 1994 8:30 AM - 4:30 PM

Department of State, Room 1107		
8:30-9:30	TAG Members' Meeting (Closed Session)	
9:00-9:30	Coffee	
9:30-11:30	HFS Applied Research: Lessons Learned and Future Directions	John Tomaro
	HFS Presentation	Ricardo Bitran
	Discussion	

11:30-1:00	Lunch (TAG Members to Hold Closed Session)

Room 1107			
1:00-4:00	Overall HFS Project Activities	Robert Clay	
	1:00-1:15	HFS Contract Overview	Marty Makinen
	1:15-1:45	HFS TAG Summary and Findings	TAG Members
	1:45-2:15	Discussion	
	2:15-2:30	Break	
	2:30-3:00	Presentation of Private Sector Initiatives Project	
	3:00-3:30	Presentation of Rational Pharmaceutical Management Project	
	3:30-4:00	Discussion	
4:00-4:15	Closing Comments	Robert Wrin	
4:15-4:30	Conclusions	Bob Emrey	