



Improving Health Finance and Governance Expands Access to Life-Saving Health Care

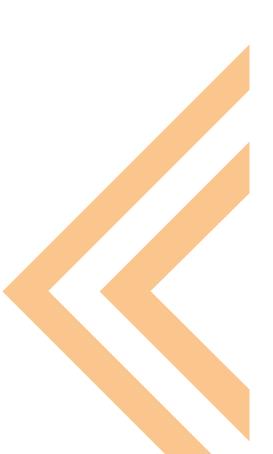


A working health system delivers the quality health care people need, where they need it, at prices they can afford. USAID's Health Finance and Governance (HFG) Project helps expand access to life-saving health care by strengthening the health finance and health governance systems in partner countries. At the same time, the HFG Project supports its partners to advance their health priorities, including ending preventable child deaths and progressing toward an AIDS-Free Generation.

HFG works with partners in low- and middle-income countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The HFG team believes effective health finance is closely linked to robust health governance. When governance of the health sector is weak, then investments in technical areas are far less likely to achieve their intended results. Strong health governance ensures that health sector resources and funds achieve their goals, such as providing quality HIV/AIDS, maternal and child health, reproductive health, and malaria services.

The HFG project team, led by Abt Associates, works with ministries of health, national HIV/AIDs commissions, and other partners to:

- Improve financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Strengthen governance for better health system management and greater accountability and transparency;
- Improve country-owned health management and operations systems to improve the delivery and effectiveness of health care – for example, through mobile money and public financial management; and
- Advance techniques to measure progress in health systems performance, especially around universal health coverage.







About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in lowand middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Broad Branch Associates, Development Alternatives Inc., Futures Institute, Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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In its second year, the HFG Project is at work in 19 countries and regions–Angola, Bangladesh, Benin, Botswana, Burundi, the Caribbean, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Lesotho, Namibia, Nigeria, Swaziland, Tanzania, Ukraine, and Vietnam. HFG country offices are open in Cote d'Ivoire, Haiti, India, and Nigeria.

As more countries pursue universal health coverage, the HFG team recognizes that building country ownership of the health systems strengthening process will be essential to sustaining health gains and building resiliency.

In **Angola**, the HFG project worked closely with the Ministry of Health to complete the costing of its National Plan for Health Development 2012–2025 or PNDS. To mobilize more domestic resources for health, countries need to accurately estimate the cost of their national health strategies and health sector plans. HFG partnered with the ministry's technical team to collect data, produce a validated budget, train staff how to use the One Health Tool, and present the final health budget to the Multi-Sector Commission. To improve accountability, the Ministry posted the entire PNDS on its website, produced explanatory brochures, and created a television spot to promote the PNDS nationally.

In **Haiti**, the HFG project is supporting the Ministry of Health (Ministère de la Santé Publique et de la Population or MSPP) as it leads its second National Health Accounts resource-tracking exercise. The results will offer the MSPP valuable information about how and where to allocate Haiti's health resources as it rebuilds the health system, and whether enough resources are allocated to programs given the current disease prevalence and the priorities in the National Health Strategic Plan.

In **Nigeria**, the HFG project is supporting the scale up of smartphones to accurately diagnose and treat tuberculosis (TB). Health workers at more than 500 facilities are now using smartphones and androids as a result of a successful pilot program that integrates these phones into the TB supervision process. By using smartphones on their facility visits to collect TB data, supervisors no longer need paper forms, minimize human error in data entry, reduce the lag time for getting data to policymakers and managers, and help pinpoint ways to improve the quality of care. There has also been considerable clinical impact. In Abia, for instance, the percent of TB- and HIV-positive (co-infected) patients on cotrimoxazol preventive treatment jumped from 34 percent to 100 percent in only one year.