



HP+ MADAGASCAR QUARTERLY REPORT

PERIOD COVERED: October- December 2016

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PRIMARY OBJECTIVES:

Through the HP + project, USAID is committed to supporting the Ministry of Public Health and the Ministry of Water, Sanitation and Hygiene (WASH) to improve enabling environment in the areas of policy, advocacy, finance and governance. It provides support for the review, development, dissemination and popularization of policies and strategies and health financing for health system strengthening and universal health coverage (UHC). The project contributes to the implementation of the Malagasy Government's Health Sector Development Plan for the reduction of maternal, neonatal and child mortality and morbidity through health policy and financing.

The HP+ Madagascar program concentrates around three components:

- Component 1: Strengthen Malagasy capacity to develop, implement, and monitor **health sector policies and strategies** to improve equity and sustainability of health services, supplies, and information
- Component 2: Support the planning for and development of **sustainable financing mechanisms** for health policy development and implementation, strategy execution, and program service delivery
- Component 3: Strengthen Malagasy **legal and regulatory environment** to support voluntary, equitable, rights-based health programs.

MAIN ACHIEVEMENTS:

- 1) Continued support to the development of the Costed Implementation Plan for Family Planning
 - a) The Ministry of Health (MOH), Department of Family Health (DSFa) and FP stakeholders have increased knowledge of the CIP process and evidence to advocate for FP resource allocation and better monitor family planning activities and partner collaboration.
- 2) Supported the revision of the National Community Health Policy
 - a) The DDS team has increased knowledge of the process needed to revise a national policy

- 3) Provided technical assistance to the Cellule d'appui pour la CSU (CACSU) and the MOH on a roadmap for the implementation of UHC in three regions of Madagascar.
 - a) The CACSU and UHC stakeholders have increased knowledge and capacity regarding UHC and components required for implementation
- 4) Supported the revision of and advocacy for the new RH/FP bill
 - a) New and strengthened multi-sectoral partnerships and improved collaboration for the purposes of achieving policy action, among CSOs, government agencies and nongovernmental organizations.

Component 1: Strengthen Malagasy capacity to develop, implement, and monitor health sector policies and strategies to improve equity and sustainability of health services, supplies, and information

Activity 1.1. Provide TA to the MOH to develop a national costed Implementation Plan (CIP) for family planning

Under the leadership of the focal point at the Department of Family Health (DSFA), Dr. Haingo, HP+ supported the development of the Costed Implementation Plan for Family Planning (CIP) (*Plan d'action national budgétisé de PF ou PANB*). Since presenting the draft CIP activity matrix and preliminary cost in September, the team continued to work on finalizing the plan. The DSFA, with HP+ support and TA, held a strategic advisory group on policy and financing to identify future activities in this area.

Afterwards, HP+ ensured that gaps in the activity matrix were completed. The members of the CIP technical working group validated a list of key indicators for monitoring the implementation of CIP and discussed the roles and responsibilities of each participating institution and the coordination structure at the different levels of the health system. These institutional arrangements aim to provide guidance and ensure successful implementation.

The next steps include finalizing the full document and organizing a validation workshop. The CIP financial gap analysis process will begin after the full CIP document is validated in February 2017.

Activity 1.2 Support development of National Community Health Approach Strategy and harmonize with the National Community Health Policy and Guidelines

HP+ financially and technically supported the Department of Community Health to lead a technical working group charged with updating the national community health policy (PNSC). The group includes: MOH, WHO, UNICEF, HP+, USAID Mikolo, and USAID Mahefa Miraka. The amended national community health policy was submitted to MOH decision makers and presented to the entire MOH staff (regional directors, medical inspectors and the central leadership) in Diego during the *Grand Staff* meeting last November. The revised policy contains more clarifications on the roles of CHWs as an extension of the health system in the community and, financial resources to fund community health are further explained. In addition, all technical details were removed from the annex and will instead be integrated in the national community health strategy. Institutional arrangements among MOH, PTF, Coordination committee, and CHWs are also described.

As of December 31st, the updated policy has not been validated. The SG recommended creating a committee of community health experts to officially validate the policy. The Department of Community Health has established a list of local experts in community health, two of whom are from HP+: the Project Director, Dr. Nirina Ranaivoson and the Senior Policy Advisor, Dr. Rivo Noelson.

HP+ Madagascar will continue its TA and financial support to push the validation of the policy in January/February 2017. Once the new PNSC is validated, under DDS leadership, the PNSC technical committee will develop a National Community Health Strategy to implement the new policy and also revise the 2014 implementation guide.

Activity 1.3 Assist in review, finalization, dissemination of revised National Health Policy

Under DEP leadership, HP+ participated in the review and validation of the National Health Policy. HP+ will contribute to the dissemination of a popularized version of the policy at different levels of the health system and government as soon as the policy is officially finalized.

Component 2: Support the planning for and development of sustainable financing mechanisms for health policy development and implementation, strategy execution, and program service delivery

Activity 2.1. Support GOM to determine, identify and cost key elements and mechanisms of a UHC roadmap with a focus on RMNCAH

- *Activity 2.1.1 Development of Action Plan for UHC*

HP+ Madagascar participates on the ad hoc committee. The project's Senior Health Economist, Mahefanirina Rakotomalala is also an active member of a select committee of experts in health economics including experts from WHO and P4H who provide guidance to the MOH on UHC. HP+ supported CA-CSU in designing the health insurance mechanism in three regions pre-determined by the MOH. To respond to the SG's call for action to operationalize the health insurance mechanism in the three regions by December 15th, HP+ funded and participated in a three-day workshop aimed at determining the health insurance mechanism, developing a communication strategy and defining norms and quality of care. One hundred participants attended the workshop and divided in 4 groups (governance, mechanism, quality of care and communication) to tackle the issues that need to be addressed for the health insurance scheme to be operational.

HP+ contributed in the development of various components necessary for the operationalization of health insurance funds at the district level. HP+ assisted CA-CSU in designing the preliminary studies to examine households' health-seeking behavior and willingness to pay in the three Regions. HP+ participated in the development of the UHC communication strategy which aims to increase the public as well as authorities (administrative, political, religious and traditional) knowledge of UHC and its financial protection mechanism, and establishing an enabling institutional and legal environment for a successful implementation. The main activities include social mobilization, media and community dialogue targeting primarily heads of households to become members and beneficiaries of the health insurance system, and advocacy targeting diverse decision-makers.

HP+ contributed in designing the mechanism for the national healthcare basket fund, drafting decrees establishing the system as a legal entity, and developing temporary provisions for implementing health insurance at the district level. The MOH recommended the national fund be an *EPA* (Établissement Public Administratif).

In FY 2017, HP+ will support the MOH to develop a harmonized action plan for UHC overall, according to the new recommendation from the presidency to ensure a strategic and organized approach to attaining UHC.

- *Activity 2.1.2 Health financing systems assessment for Madagascar*

HP+ completed data collection on the health financing system with close collaborations with CA-CSU, DEP, MFB and MOH. After completing information gaps and refining sections, the HP+ writing team is currently finalizing the document. It provides a status of health financing, mobilization and allocation of money to cover health needs of the population in the country and suggests evidence to shape health system reforms. The report will inform future reforms through a new health financing strategy to achieve UHC objectives.

The report will be ready for feed-back from stakeholders by the end of January and for presentation of results in February 2017.

- *Activity 2.1.3: Foster consultative dialogue among stakeholders on the Health Financing Strategy and generate specific related evidence*

As an active member of both the ad hoc committee and experts committee, HP+ continues to provide technical assistance and advisory support to the development of approach and tools for the operationalization of UHC. In FY2017, after a presentation of the results from the health financing system assessment, HP+ will use evidence to inform MOH and stakeholders about potential health financing system reforms and will support the development of a national health financing strategy.

- *Activity 2.1.4 RMNCAH Investment case*

HP+ and the World Bank co-facilitated a presentation to the SG regarding the Global Financing Facility and the benefits of a RMNCAH investment case. HP+ wrote and submitted a TOR for the RMNCAH investment case to the MOH. HP+ will provide technical and financial support for the development of the RMNCAH investment case in close collaboration with the Director of Partnerships (DP) at the MOH who will be the point person for this activity.

Under the leadership of the DP, HP+ technically and financially supported a workshop in December for the establishment of a technical working group and validation of the TOR. HP+ is an active member of the newly established TWG and represented by the senior economist, Mahefa Rakotomalala, as the leading representative and the policy advisor, Annick Ranirisoa, an additional member. Sub-committees will be formed to determine priorities in each RMNCAH topic area: maternal health, reproductive health, child health, nutrition, and adolescent health. The TWG will ensure the coordination of these sub-committees throughout the process for the development of the RMNCAH investment case.

Activity 2.2. Strengthen capacity of MOH for resource tracking and evidence-based budgeting and planning

*All of these activities are planned for FY2017

- *Activity 2.2.1 Update and Institutionalize National Health Accounts Analysis*
- *Activity 2.2.2 Comprehensive financial flows analysis for the public health sector*
- *Activity 2.2.3 Provide TA on translating OneHealth to program budget*

Activity 2.3. Analysis of financial flow and development of resource mobilization strategy for MoWASH

HP+ is working closely with the MoWASH and other stakeholders to provide TA to TrackFin as well as emphasizing the need to think strategically about the development of the WASH sector development plan, investment plan, and revision of the WASH sector policy. HP+ participated in a 3-day workshop for launching and framing the *Trackfin* initiatives. USAID Madagascar appointed HP+ to be the focal point for all USAID-funded projects intervening in the WASH sector as part of the national WASH stakeholders group.

According to the MoWASH, the WASH sector investment plan process will only start after the BPOR (Budget Programme par Objectif et par Région) is completed which is estimated to be done by the end of March/April 2017. HP+'s contribution toward the realization of one or two WASH activities this year, among the priorities of the minister; WASH sector development plan, investment plan, WASH national accounts, budget flow analysis, and fiscal space analysis; will be determined with USAID in early January in accordance with the positioning of the other key WASH partners.

Component 3: Strengthen Malagasy legal and regulatory environment to support voluntary, equitable, rights-based health programs

Activity 3.1. Conduct/update Legal and Environmental Assessment (LEA) for RH: laws, policies, structural, cultural barriers

The study aims at improving understanding of the legal and policy context for RH/FP to inform activities throughout the life of HP+ project and to support the MOH in the ongoing health sector reforms. The study uses a combination of a literature review, key informant interviews and group discussions with national FP/RH stakeholders.

HP+ recruited a local consultant, Dr. Olga Indriamihaja, to organize and conduct interviews and focus group discussions with diverse stakeholders. The LEA team has started a desk review of existing literature, laws, and policies, such as the previous FP/RH strategy, the commodity security strategy, and other relevant laws and policies. An orientation meeting was held with the director of the family health department (DSFA) to explain the purpose and methodology of the study, as well as the timeline and key persons/entities to be interviewed. HP+ also organized a meeting with FP stakeholders, including the FP law committee and CIP technical working group to validate the methodology, a list of key respondents and the timeline.

Dr. Derick Brinkerhoff, a Distinguished Fellow in International Public Management at RTI along with Dr. Olga Indriamihaja, a national consultant will conduct data collection from January 16th to 27th 2017.

Activity 3.2. Support revision and dissemination of FP law and other essential laws as indicated by the assessment

HP+ Madagascar is an active member of the RH/FP law committee led by the DSFA which includes UNFPA, USAID Mikolo and AFP, FISA, MSM, and PSI. HP+ participated in reviewing and commenting on the RH/FP bill integrating feedback from the SG/MOH and key actors. HP+ contributed to organizing an advocacy workshop targeting thirty members of parliament (including members from the Health Commission and Women parliamentarians). The workshop aimed to: 1) introduce the RH/FP bill to the parliamentarians, 2) convince them of the importance of revising the outdated FP law, and 3) convince them to persuade other parliamentarians to vote positively for the new law.

HP+ hired a consultant to translate the bill into Malagasy as recommended by the parliamentarians.

The new RH/FP bill has gone through the legislative process since early November. Below is the timeline.

- November 8th: submitted to the government council (Ministers and the Prime Minister)
- November 11th: council sent their feed-back. They recommended adding definitions of medical necessities to perform therapeutic abortion.
- November 18th: revised and resubmitted to the council,
- November 29th: adopted by the government council.
- December 7th: MOH introduced the bill to the council of ministers (Ministers and the President of the Republic). It was not confirmed if the bill was registered on the agenda or not.
- January 2nd: bill resubmitted to the council of ministers, the President of the Republic of Madagascar rejected the bill. He gave orders to remove the whole section concerning the therapeutic abortion.
- DSFA's team has revised the bill and will resubmit it to the next council of ministers.

The HP+ will continue its commitment as part of the FP law committee to advocate to the council of ministers for the bill to be passed and to ensure the law is registered on the agenda of the next extraordinary session of the parliament in February 2017.

INDICATOR TARGETS ACHIEVED:

#	Indicators	Target Achieved
1	1.1.1 Instances of national- and decentralized-level policies, operational strategies, and legal/ regulatory frameworks developed, revised, adopted, implemented, monitored, and/or evaluated	RH/FP law revised National Community Health policy revised
2	1.1.2 Instances of increased capacity of government agencies/institutions to develop, implement, monitor, and evaluate national and decentralized policies, operational strategies, and legal and regulatory frameworks	Increased capacity of the DDS to revise policy
3	1.2.1 Instances of policies, plans, or procedures that are gender-responsive and/or reflect principles of equity and/or human rights developed, revised, adopted, implemented, monitored, and/or evaluated	RH/FP bill developed that highlights access to RH/FP services as a fundamental right
4	1.3.2. Instances of new or strengthened partnerships and improved collaboration for the purposes of achieving policy action, particularly South-to-South, among CSOs, government agencies, nongovernmental organizations, and/or university partners	Increased engagement among the FP stakeholders surrounding the RH/FP law and the development of the CIP

		Increased stakeholder engagement, partnership and coordination in road to UHC
5	1.4.1 Instances of multisectoral structures, policies, and/or strategies that facilitate expansion of health services in support of broader development goals developed, adopted, implemented, monitored, and/or evaluated	RH/FP bill developed, National Community Health Policy developed
6	2.3.1 Instances of the development, adoption, implementation, and/or evaluation of innovative financing mechanisms	Continued evaluation of financing mechanisms through the Health Financing System Assessment
7	3.1.1 Number of health-related policy or regulatory frameworks developed, adopted, implemented, and/or monitored that promote accountability and transparency (subset of 1.1.1)	RH/FP bill developed, , National Community Health Policy developed

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