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ANNUAL PERFORMANCE MONITORING REPORT

OCTOBER 01, 2016 - SEPTEMBER 30, 2017

November 2017

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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HEALTH FINANCE AND GOVERNANCE PROJECT ANNUAL PERFORMANCE MONITORING REPORT

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DISCLAIMER

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ACRONYMS

AFD	*Agence Française de Développement* (French Development Agency)
AfHEA	African Health Economics Association
AFR/SD	Africa Bureau Office of Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANAM	*Agence National d'Assurance Maladie* (National Agency for Health Insurance)
ANCRE	Advancing Newborn, Child and Reproductive Health
ANHSS	Asia Network for Capacity Building in Health Systems Strengthening
AO	Agreement Officer
AOR	Agreement Officer Representative
APPF	Asia Public Policy Forum
APTS	Auditable Pharmacy Transaction and Services
ARC	Advocating Reproductive Health Choices
ARC	African Health Profession Regulatory Collaborative
ARCH	*Assurance pour le renforcement du Capital Humain* Insurance for Strengthening Human Capital
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASH	African Strategies for Health
ASHA	Accredited Social Health Activist
ASSIST	Applying Science to Strengthen and Improve Systems
ASTMH	American Society of Tropical Medicine and Hygiene
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BHSP	Basic Health Services Package
BNHA	Bangladesh National Health Account
BoFED	Bureau of Finance and Economic Development
BPR	Business Process Reengineering
BSC	Balanced Score Card
CAN	*Centre Ambulancier National* National Ambulance Center
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CASH	Clean and Safe Hospitals
CASN	Canadian Association of Schools of Nursing
CBHI	Community-based Health Insurance
CCM	Country Coordination Mechanism
CCSS	*Comité de coordination du secteur santé* (Health Sector Coordination Committee)
CCT-SS	Technical Coordination Committee for the Health Sector
CDC	Centers for Disease Control and Prevention

CDC-CRED	Competencies Development Centers for Children's Growth and Development Control
CDD	Center for Democratic Development
CFC	Child-Friendly Court
CGAP	Consultative Group to Assist the Poor
CGAT	Country GeneXpert Advisory Team
CGD	Center for Global Development
CHAG	Christian Health Association of Ghana
CHAI	Clinton Health Access Initiative
CHF	Community Health Fund
CHP	Country Health Partnership
CHPM	Center for Health Policy and Management
CHPS	Community-based Health Planning and Services Initiative
CHR	Centres Hospitaliers Regionaux
CHU	*Centres Hospitaliers Universitaires*
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease Research in Zambia
CIH	Commission on Investing in Health
CMAM	*Central de Medicamentos e Artigos Médicos* (Central Medical Store, Mozambique)
CMP	*Comité Multisectoriel de Pilotage* (Multisectoral Steering Committee)
CNP-SS	*Comité National de Pilotage, Secteur de la Santé* (National Steering Committee for the Health Sector
COHSOD	Committee on Health and Social Development
CONSAMUS	*Le Conseil National des Structures d'Appui aux Mutuelles de Santé*
COP	Chief of Party
COP	Country Operational Plan
COP	Country Operational Plan
CPH	Center of Public Health
CPHL	Central Public Health Laboratory
CPP	Provincial Steering Committee
CPR	Contraceptive Prevalence Rate
CPU	Central Procurement Unit
CPWA	Child Protection and Welfare Act
CSI-FBP	Interdepartmental Scientific Committee for the Implementation of the National Performance-Based Financing Strategy
CSO	Civil Society Organization
CWFD	Concerned Women for Family Development
DAB	*Direction de l'Administration et du Budget* (Department of Administration and Budget)
DAF	*Direction des Affaires Financieres* (Directorate of Financial Affairs)
DAI	Development Alternatives, Inc.
DALY	Disability-Adjusted Life Year
DCE	Discrete Choice Experiment
DEC	Development Experience Clearinghouse
DEP	Directorate of Economy and Planning
DEP	*Direction des Etudes et Planification* (Studies and Planning Directorate)

DFID	Department for International Development
DFPSS	*Direction de la Formation et de Perfectionnement en Sciences de la Santé*
DFS	Digital Financial Services
DG	*Directeur Generale* (Director General)
DGFP	Directorate General of Family Planning
DGHS	Directorate General Health Services
DGS	*Directeur Générale de la Santé*
DHI	Department of Health Insurance
DHO	District Health Office
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DOGSS	*Direction de l'Organisation et de Gestion des Services des Soins de Santé* **(**Directorate of the Organization and Management of Health Services)
DOH	Department of Health
DOSS	*Direction d'Organization des Services de Santé* (Directorate of the Organization of Health Services)
DPF	Department of Planning and Finance
DPHI	Department of Planning and Health Information
DPS	Provincial Health Division
DPPEIS	*Direction de la Prospective, de la Planification et des Stratégies* (Department of Planning and Statistics)
DQA	Data Quality Assessment
DR-TB	Drug-Resistant Tuberculosis
DRC	Democratic Republic of Congo
DRG	Center of Excellence on Democracy, Rights and Governance
DRG	Diagnosis-Related Group
DRH	*Direction des Ressources Humaines* (Department of Human Resources)
DRM	Domestic Resource Mobilization
DSCMP	*Direction de la Santé Communautaire et de la Médecine de Proximité*
DSGRH	*Direction des Ressources Humaines* (Directorate of General Services and Human Resources)
DSIM	*Direction des Soins Infirmiers et Maternels*
DSO	*Department de Santé de l'Ouest*
DSW	Department of Social Welfare
E&E	Eastern Europe and Eurasia
E2Pi	Evidence to Policy Initiative
EADS	Economic Analysis and Data Services
EAHF	East Africa Health Federation
eCMS	Electronic Case Management System
EFY	Ethiopian Fiscal Year
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EHAC	Ethiopian Hospital Alliance for Quality
EHIA	Ethiopian Health Insurance Agency
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
ENAP	Every Newborn Action Plan

EOI	Expression of Interest
EPCMD	Ending Preventable Child and Maternal Deaths
EPHS	Essential Package of Health Services
EPM	Entry Point Mapping
EQUIST	EQUitable Impact Sensitive Tool
ESP	Essential Services Package
EVD	Ebola Viral Disease
F&A	Finance and Administration
FARA	Fixed Amount Reimbursement Agreement
FENAMUS	*Federation National des Mutuelles de Santé* National Federation of Health Mutuelles
FMOF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FP2020	Family Planning 2020
FP/RH	Family Planning/Reproductive Health
G-DRG	Ghana Diagnosis-Related Group
GAR	Results-Focused Management
GDP	Gross Domestic Product
GEPE	*Gabinete de Estudios, Planeamiento e Estatística* Department of Research, Planning and Statistics
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
GHB	Global Health Bureau
GHI	Global Health Initiative
GHS	Ghana Health Service
GHSA	Global Health Security Agenda
GoDRC	Government of DRC
GIS	Geographic Information System
GOP	Government of Peru
GRN	Government of the Republic of Namibia
GTT	*Groupe Technique de Travail* (Technical Working Group)
GVN	Government of Vietnam
HA	Health Accounts
HAAT	Health Accounts Analysis Tool
HAPT	Health Accounts Production Tool
HBP	Health Benefit Plans
HC	Health Center
HCF	Health Care Financing
HCFRTF	Health Care Financing Resource Task Force
HCFS	Health Care Financing Strategy
HCM-II	Healthy Communities and Municipalities II
HCMC	Ho Chi Minh City
HEU	Health Economics Unit
HF	Health Facility
HFA	Health Financing Assessment
HFG	Health Finance and Governance
HFS	Health Financing Strategy
HFS-IP	Health Financing Strategy Implementation Plan

HFTWG	Health Financing Technical Working Group
HHA	Harmonizing Health in Africa
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIS	Health Information Systems
HIV	Human Immunodeficiency Syndrome
HIWG	Health Insurance Working Group
HMIS	Health Management Information Systems
HP	Health Policy Reform
HPMI	Hospital Performance Monitoring and Improvement
HPNSDP	Health, Population, and Nutrition Sector Development Program
HPP	Health Policy Project
HRAA	Human Resources Alliance for Africa
HRH	Human Resources for Health
HRHMC	Human Resources Management Committee
HRHTWG	Human Resources for Health Technical Working Group
HRIS	Human Resources Information System
HRU	Human Resources Unit
HSA	Health Services Assessment
HSAA	Health Systems Assessment Approach
HSB	Health Systems Benchmarking
HSCM	Sacré Coeur Hospital of Milot
HSDA	Health Services Delivery and Administration
HSDP	Health Sector Development Program
HSFR	Health Sector Finance Reform
HSG	Health Systems Global
HSHRC	Haryana State Health Resource Center
HSPI	Health Strategy and Policy Institute
HSR	Health System Research
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HTC	HIV testing and counseling
HUM	Hôpital Universitaire de Mirebalais
IAS	International AIDS Society
ICAP	International Center for AIDS Care and Treatment
ICB	Institutional Capacity Building
icddr, b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communication Technology
IDI	Infectious Disease Institute
IDU	Injecting Drug Users
IG	Inspector General
IGSLS	Inspector General for Health and the Fight Against AIDS
iHEA	International Health Economics Association
IHME	Institute of Health Metrics and Evaluation
IHP	Institute for Health Policy
IMCI	Integrated Management of Childhood Illness
INFAS	*Institute National de Formation des Agents de Santé* (National Institute of Health Worker Training)
INFS	*Institut National de Formation Sociale* I(National Institute of Social Worker Training)

IP	Implementing Partner
IPPF	International Planned Parenthood Federation
IPS	Provincial Health Inspectorate
IR	Intermediate Result
IR	Implementation Research
IRB	Institutional Review Board
IRS	Indoor Residual Spraying
ISS	Integrated Supportive Supervision
IT	Information Technology
JHPN	*Journal of Health, Population and Nutrition*
JHSPH	Johns Hopkins School of Public Health
JICA	Japan International Cooperation Agency
JKN	*Jaminan Kesehatan Nasional*
JLN	Joint Learning Network
JPGSPH	James P Grant School of Public Health, BRAC University
JSI	John Snow, Inc.
KEMRI	Kenya Medical Research Institute
KM	Knowledge Management
KPI	Key Performance Indicator
KSPH	Kinshasa School of Public Health
L3M	Level 3 Monitoring
LAC	Latin America and the Caribbean
LCMS	Living Conditions Monitoring Survey
LGA	Local Government Authority
LLIN	Long-Lasting Insecticide-Treated Net
LMD	License, Master, Doctorate
LMG	Leadership, Management and Governance Project
LMIC	Low-and Middle-Income Countries
LOA	Letter of Agreement
LOE	Level of Effort
LSMS	Living Standards Measurement Survey
MA	Management Assessment
M&E	Monitoring and Evaluation
MaHTAS	Malaysian Health Technology Assessment Section
MARP	Most At-Risk Population
MASH	Management Accounting System for Hospitals
MCDMCH	Ministry of Community Development, Maternal and Child Health
MCH	Maternal and Child Health
MCPR	Modern Contraceptive Prevalence Rate
MCSP	Maternal and Child Survival Program
MCTS	Mother and Child Tracking System
MDA	Ministries, Departments, and Strategies
MDG	Millennium Development Goal
MDR	Multidrug Resistant
MDSR	Maternal Death Surveillance and Response
MDTF	Multi-Donor Trust Fund
MEF	*Ministère de l'économie et des Finances* (Ministry of Economics and Finance)
MeLSAT	Medical Laboratory Scientists Association of Tanzania

MFI	Microfinance Institution
MHE	Ministry of Higher Education
MHIF	Mandatory Health Insurance Fund
MINSA	*Ministerio da Saûde* (Ministry of Health)
MIS	Malaria Indicator Survey
MIS	Management Information Systems
MMT	Methadone Maintenance Treatment
MNCH	Maternal, Neonatal, and Child Health
MOE	Ministry of Education
MOEF	Ministry of Economy and Finance
MOF	Ministry of Finance
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOHSS	Ministry of Health and Social Services
MOHSW	Ministry of Health and Social Welfare
MOJ	Ministry of Justice
MOPS	Ministry of Public Service
MoWCA	Ministry of Women's and Children's Affairs
MOU	Memorandum of Understanding
MPCE	Ministry of Planning and Donor Coordination
MPH	Masters in Public Health
MSA	Medical Services Administration
MSD	Medical Services Directorate
MSF	*Médecins Sans Frontières* (Doctors Without Borders)
MSH	Management Sciences for Health
MSHP	*Ministère de la Santé et de l'Hygiene Publique*
MSLS	*Ministère de la Santé et de la Lutte contre le SIDA* (Ministry of Health and Fight Against AIDS)
MSM	Men Who Have Sex with Men
MSP	*Ministère de la Santé Publique* (Ministry of Public Health)
MSPLS	Ministry of Health and Fight Against HIV/AIDS
MSPP	*Ministère de la Santé Publique et de la Population* (Ministry of Public Health and Population)
MTR	Mid-Term Review
NAA	National AIDS Authority
NACA	National Agency for the Control of AIDS
NAMS	National Academy of Medical Science
NAP	National AIDS Program
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NDOH	National Department of Health
NGO	Nongovernmental Organization
NHA	National Health Accounts
NHIA	National Health Insurance Authority
NHIA	National Health Insurance Administration
NHIS	National Health Insurance Scheme

NHM	National Health Mission (formerly National Rural Health Mission (NRHM))
NHSDP	NGO Health Services Delivery Project
NHSSPII	National Health Sector Strategic Plan II
NICE	National Institute for Health and Clinical Excellence
NMCC	National Malaria Control Centre
NRM	National Health Mission
NURM	National Urban Health Mission
NT	National Treasury
NTBLCP	National Tuberculosis and Leprosy Control Program
OHD	Oblast Health Department
OECD	Organization for Economic Co-operation and Development
OECS	Organization of Eastern Caribbean States
OGAC	Office of the Global AIDS Coordinator
OGEI	Office of Statistics and Informatics
OHA	Office of HIV/AIDS
OHS	Office of Health Systems
OHT	OneHealth Tool
OMRH	*Office de Management et des Ressources Humaines* (Office of Management and Human Resources)
OOP	Out-of-Pocket
OP	Operational Plan
OPC	Outpatient Clinics
OR	Operations Research
ORAS	*Organismo Regional Andino de Salud* (Andean Health Agency)
ORT	Other Recurrent Transactions
OSM	Office of Strategic Management
P4H	Providing for Health
PAC	Provincial AIDS Center
PANCAP	Pan Caribbean Partnership Against HIV-AIDS
PATHS2	Partnership for Transforming Health Systems, Phase Two
PBF	Performance-Based Financing
PBI	Performance-Based Incentives
PCRP	President's 2013 Comprehensive Response Plan
PDS	*Plan Directeur de Santé*
PE	Personnel Emoluments
PEPFAR	President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PF	Partnership Framework
PFIP	Partnership Framework Implementation Plan
PFM	Public Financial Management
PFPA	Procurement, Finance, and Property Administration
PGI	Post Graduate Institute of Medical Education and Research
PHC	Primary Health Care
PHC CTT	Primary Health Care Costing Task Team
PHER	Public Health Expenditure Review
PHFI	Public Health Foundation of India
PHR	Partners for Health Reform
PIO	Public International Organization

PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNDS	*Plan National de Développement Sanitaire* (National Plan for Health Development)
PNDS	*Plano Nacional de Desenvolvimento Sanitário* (National Health Development Plan)
PNLS	*Programme National de Lutte contre le SIDA* (National Program for the Fight Against AIDS)
PNS	*Politique Nationale de Sante* (National Health Policy)
POC	Point-of-care
PPJK	Center for Health Financing and Insurance
PPP	Public-Private Partnership
PPPN	Preferred Primary Care Provider Network
PRB	Population Reference Bureau
PRH	Population and Reproductive Health
PRODESS	Procedures Manual for the Health Sector Development Plan
PROMESE/CAL	Program for Essential Medicine and Logistical Support Center
PS	Permanent Secretary
PS3	Public Sector Systems Strengthening Project
PSI	Population Services International
PSS	Provincial Social Security
PSSP	*Plateforme du Secteur Sanitaire Privé* **(**Private Health Sector Platform)
QA	Quality Advisor
QA	Quality Assurance
QHC	Quality Healthcare
R4D	Results for Development
RAMU	*Régime d'Assurance Maladie Universelle* (Universal Health Insurance Scheme)
RBF	Results-based Financing
RBM	Results-Based Management
RCM	Regional Coordinating Mechanism
RDQA	Routine Data Quality Audit
RFA	Request for Applications
RGA	Request for Application
RHB	Regional Health Bureau
RHSA	Rapid Health Systems Assessment
RMD	Resource Mobilization Department
RMG	Ready-made Garment
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RMS	Resource Mobilization Strategy
RPME	Research, Policy, Monitoring, and Evaluation
RRU	Revenue Retention and Utilization
S4H	Systems for Health
SACA	State Agency for the Control of AIDS
SADC	Southern African Development Community

SAMBA	Simple Amplification-based Assay
SASCP	State AIDS and STD Control Program
SCTF	Single Donor Trust Fund
SDG	Sustainable Development Goal
SEARO	South East Asia Regional Office
SEGAL	Secretary General's Office
SFI	Sustainable Financing Initiative
SG	Secretary General
SGBP	State Guaranteed Benefit Package
SHA	System of Health Accounts
SHI	Social Health Insurance
SHOPS	Strengthening Health Outcomes through the Private Sector
SHP	Strategic Health Purchasing
SIAPS	Systems for Improving Access to Pharmaceuticals and Services
SIFPO	Support for International Family Planning Organizations
SIGRH	*Systeme d'Information et de Gestion des Ressources Humaines* (Human Resource Information Management System)
SIHFW	State Institute of Health and Family Welfare
SIMPA	Swaziland Institute of Management and Public Administration
SIS	*Sistema Integral de Salud* (Integrated Health System)
SLA	Service-Level Agreement
SLHA	State-Level Health Accounts
SME	Small and Medium Enterprises
SMC	Seasonal Malaria Chemoprevention
SMOH	State Ministry of Health
SMT	Senior Management Team
SMT-RHD	Regional Health Directorate in San Martin
SNC	Swaziland Nursing Council
SOCHEMA	Sokoto State Health Care Contributory Management Agency
SOP	Standard Operating Procedures
SOTA	State of the Art
SOW	Scope of Work
SQA	Service Quality Assessment
SSC	Social Security Commission
SNNP	Southern Nations, Nationalities, and Peoples Region
SRI	Sustainable Financing Initiative
SRM	Sustainability Road Map
SSA	Sub-Saharan Africa
SSNIT	Social Security and National Insurance Trust
SVG	St. Vincent and the Grenadines
SW	Social Welfare
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TAG	Technical Advisory Group
TASC	Technical Assistance and Support Contract
TB	Tuberculosis
TBSS	Tuberculosis Supportive Supervision
TDY	Temporary Duty Yonder
TFR	Total Fertility Rate

TMS	Tibetan Medicare Scheme
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UADS	*Unité d'Appui à la Décentralization Sanitaire* (Decentralization Unit)
UCP	*Unité de Coordination du Projet* (Project Coordinating Unit)
UEMOA	*Union Economique de Monitaire Ouest Africaine* **(**West African Economic and Monetary Union)
UEP	*Unité d'Evaluation* et *de Programmation* (Evaluation and Planning Unit)
UFR-SM	*Unité de Formation et de Recherches des Sciences Médicales* (Training and Research Unit/School of Medicine)
UHC	Universal Health Coverage
UHCAN	Universal Health Care Advisory Committee for Namibia
UN	United Nations
UNAG	United Nations Association of Georgia
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UNMSM	University of San Marcos
UoPH	Yangon University of Public Health
UPE	*Unité de Programmation et d'Evaluation* (Planning and Evaluation Unit)
US	Under Secretary
USAID	United States Agency for International Development
USG	United States Government
UWI	University of the West Indies
VAAC	Vietnam Administration of HIV/AIDS Control
VCT	Voluntary Counseling and Testing
VL	Viral Load
VSS	Vietnam Social Security
WAHO	West Africa Health Organization
WA/RHO	USAID West African Regional Health Office
WB	World Bank
WBI	World Bank Institute
WHO	World Health Organization
WoFED	Woreda Office of Finance and Economic Development
WorHO	Woreda Health Office
WRAI	White Ribbon Alliance
ZHD	Zone Health Department
ZISSP	Zambia Integrated Systems Strengthening Project
ZPCT-II	Zambia Prevention, Care, and Treatment Project

1. INTRODUCTION

Countries need strong health systems that are well managed and country financed if they are to increase the use of life-saving health services, especially by women and children, or by poor and/or rural populations. USAID's Global Health Bureau (GHB) launched the Health Finance and Governance (HFG) project to support countries in their quest for stronger health systems that deliver the life-saving services their citizens need, when and where they can access them, and at affordable prices.

To achieve this goal, domestic financing for health will need to increase in many countries. At the same time, and as policymakers and donors know, strong governance at all levels of the health system is necessary to ensure that the resources indeed go to the health sector and achieve their intended results. HFG integrates governance into country programs to improve government stewardship, civil society voice, transparency, and accountability.

HFG's strategy is to deliver country-responsive technical assistance and interventions that reduce system bottlenecks in order to increase the use of priority health services, including for tuberculosis (TB), HIV/AIDS, malaria, maternal and child health (MCH), and reproductive health. HFG collaborates with other USAID projects and other donors to ensure harmonized and efficient progress. HFG partners with local institutions and builds their capacity to sustain the impact of project interventions.

HFG's four Intermediate Results (IRs) (Figure 1) work in concert to move countries toward self-sufficient health system financing and governance, and to advance global learning and consensus:

IR1: Improved financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems

IR2: Strengthened governance for better health system management and greater accountability and transparency

IR3: Improved 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

IR4: Improved techniques to measure progress in health systems performance, especially around universal health coverage (UHC)

The project's monitoring and evaluation (M&E) framework (Figure 2) maps the causal pathway from project inputs to outcomes. This report summarizes the inputs, processes, outputs, and outcomes of more than 200 activities implemented across all project programs: 24 countries, four regional bureaus, five health offices (directed core), and the cross-bureau program of the Office of Health Systems (OHS)

FIGURE 1: HFG RESULTS FRAMEWORK

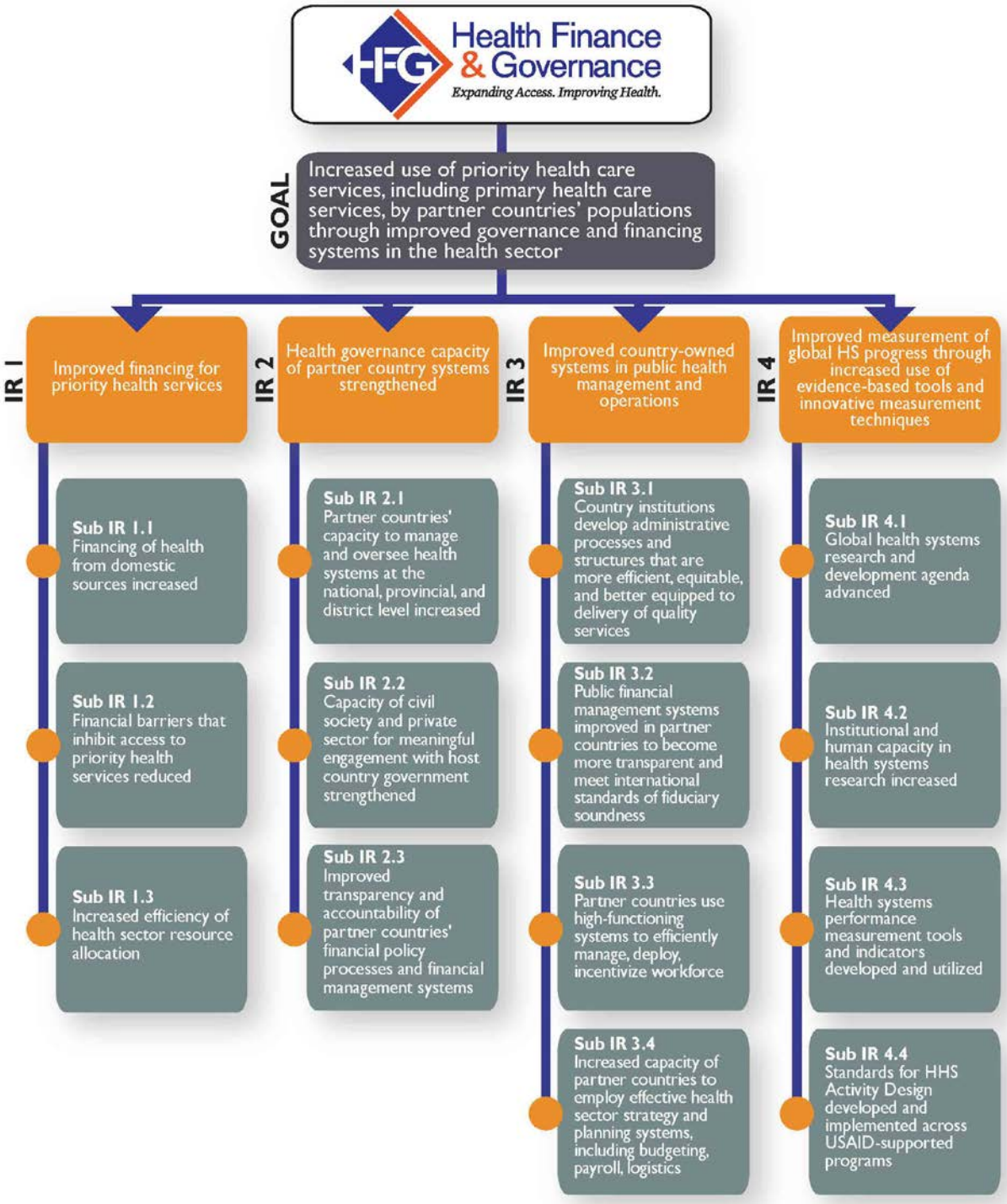
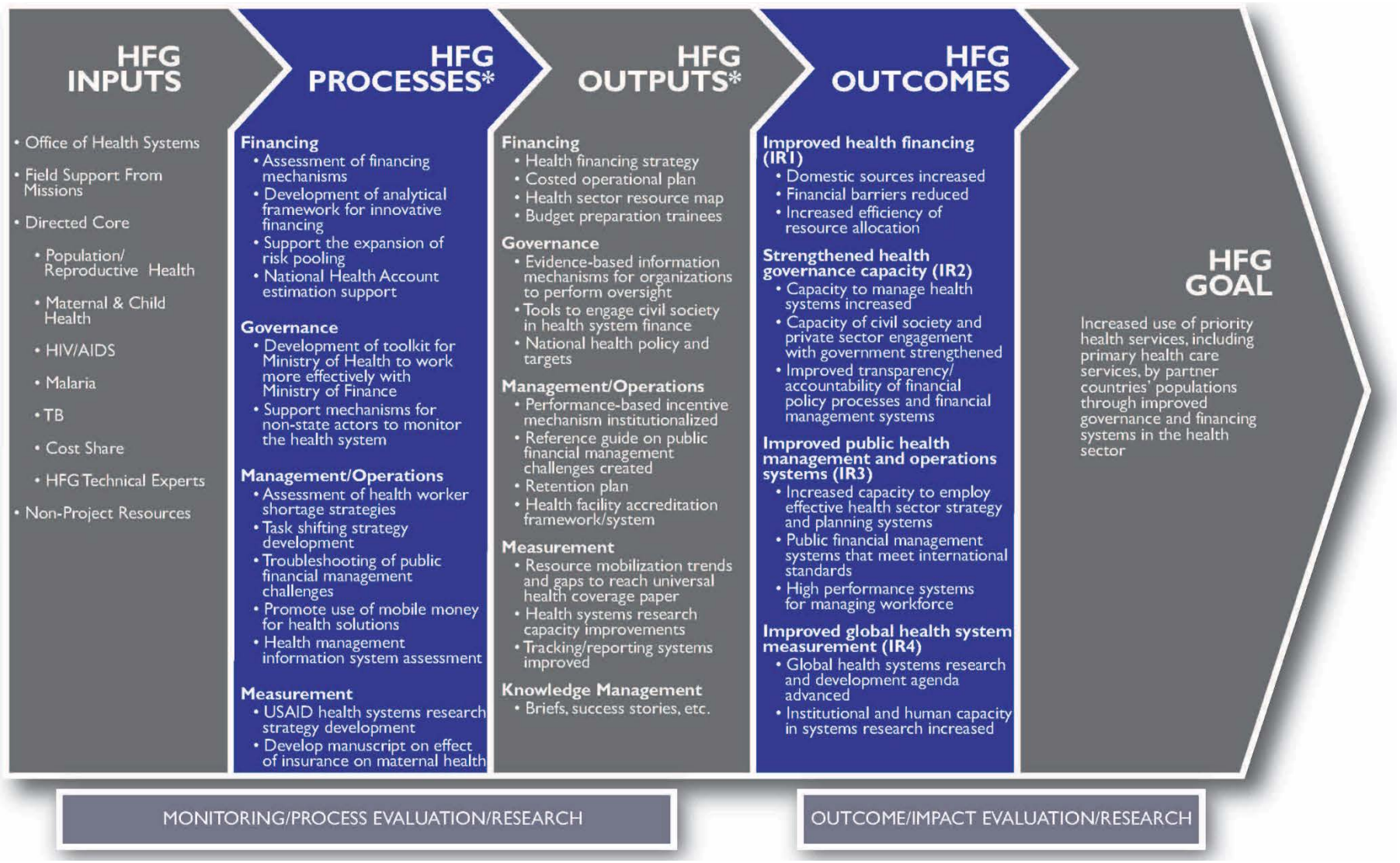


FIGURE 2: HFG M&E FRAMEWORK



2. HIGHLIGHTS

Strengthening the Guinea Health Sector Post-Ebola

HFG Guinea supported the Ministry of Health (MOH) in Guinea to update its 15-year-old research guidelines during an August 16 workshop. This new National Health Research Policy lays groundwork for improved coordination at the central level and mobilization of financial resources. Validation of the document will establish an effective system for managing research requests and improve capacity in policy and decision making, critical needs in the post-Ebola era.

Bringing Health insurance to India's Urban Poor

Consideration of health insurance options for India's urban poor was the theme of an HFG India-Partnerships for Affordable Health Access and Longevity (PAHAL) project consultation meeting in New Delhi on August 22. The meeting brought together key stakeholders to deliberate on issues and opportunities to increase health care access for India's large population of low-income urban households. An interactive workshop format allowed participants to jointly tackle key design issues in formulating such an insurance product. By bringing multiple stakeholders to one table, the meeting laid the foundations for a collaborative, robust response to India's growing health insurance market.

Governing to Improve Quality of Health Care Services in Indonesia

In early August, HFG Indonesia gathered Indonesian policymakers and practitioners in Jakarta to discuss quality in health care and health care governance strategies. Participants drafted a consensus statement on the institutional roles for governing quality in the context of UHC, shared their experiences to inform and co-develop a guide that addresses the governance challenges in linking finance to quality health care, and identified unanswered questions in governing for quality to establish a research agenda to inform future work and continuous improvement.

Lagos State Government Honor HFG Nigeria

In late August, HFG Nigeria supported the 2017 annual State Council on Health meeting in Ikeja Lagos. During the meeting, the State Government recognized HFG Nigeria for its extensive contribution to health financing reforms in the state and its support in implementing the Lagos State Health Scheme. In commending HFG's persistent efforts to convince health care leaders of the need for good governance and multisectoral collaboration, the Honorable Commissioner for Health, Lagos State, Dr. Jide Idris said:

> *"I thought governance was unnecessary, but now I know that good governance is needed to move the Lagos State Health Scheme forward."*

HFG Support Recognized on Bangladeshi TV

Panelists discused UHC, the cost burden of health care, and the role of civil society in ensuring access to quality health care services on the popular Bangladeshi TV talk show Tritiyo Matra on August 23. Academic economist Dr. Hossain Zillur Rahman emphasized the importance of affordable, quality health care, as every year approximately 4 million Bangladeshis risk becoming impoverished due to the cost of health services. In concluding remarks, Dr. Rahman said:

> *"We have conducted dialogues and activities at two places with support from USAID-HFG and we have a long way to go. Dialogue has been eye opening for us, and we believe civil society participation is very important for further improvement in the health sector."*

HFG Presents at iHEA World Congress

HFG was invited to present at the 2017 International Health Economics Association (iHEA) World Congress held in Boston in July. HFG had six oral presentations, on measuring technical efficiency of the provision of antiretroviral therapy (ART); developing a health financing strategy in Botswana; costing the scale-up of viral load testing in Kenya; costing the integration of family planning-HIV services in Tanzania; the political economy of health reform in Central America; and fiscal space analysis in Nigeria. All presentations were well attended and generated rich discussion.

Health Journalists in Bangladesh Learn More about UHC

Journalists from leading news sources attended an HFG Bangladesh-organized participatory workshop for health journalists on August 1–3 in Savar, Bangladesh. The journalists first explored and discussed the financial protection aspects of UHC. Then, they visited a community health service center that provides health care and health insurance programs to underserved populations, and talked with its clients to learn about their experiences with the programs. The conversations also provided ideas for future feature stories on health insurance. HFG will continue to partner with health journalists on raising awareness and advocating for UHC.

Expert HFG Commentary Published in The Lancet

Expert commentary by HFG Director Robert Fryatt and project Health Economist Karishmah Bhuwanee on *Financing health systems to achieve the health Sustainable Development Goals (SDGs)* appeared in The Lancet global health journal. As the global health community questions the feasibility and affordability of the SDGs, Fryatt and Bhuwanee assure readers that, with financial investment and political commitment, "health SDGs are ambitious, but...within reach." Read the entire commentary at http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30294-2/fulltext

Working toward UHC: Leveraging the Authority of Nigerian Legislators

HFG Nigeria supported the Joint Learning Network for Universal Health Coverage (JLN)'s two-day (July 24-25) subnational 'summit' of legislators aimed at helping Nigerian states implement health care financing reform. The workshop was well attended by over 300 participants – federal- and state-level legislators, representatives of donor agencies, and USAID Deputy Mission Director Erin Holleran. JLN seeks to increase appropriations to the health sector and ensure their prompt and adequate release, and to enhance sustained learning among at the federal- and state-level lawmakers in order to leverage their functions of legislation, appropriation, oversight, and accountability to promote UHC. The workshop defined JLN objectives and identified priority technical topics around which to develop learning activities and mechanisms for ongoing engagement.

3. CROSS-BUREAU ACTIVITIES

ACTIVITY 1 *Moving toward Universal Health Coverage: State of the Art and Lessons Learned*

Activity Objectives - In Year 5, HFG worked on a series of briefs that synthesize lessons learned from the project's multiple engagements with the UHC agenda across the world. The final topics for the briefs were agreed on with the Agreement Officer Representative (AOR) team after an initial review; topics considered included strategies for extending health insurance coverage to the poor and informal sector, institutional requirements to support UHC, and managing stakeholder relationships through the development of strategies to achieve UHC.

Year 5 Progress - Drawing primarily upon HFG's internal M&E system, MandE, and the project website, the HFG team identified all completed and ongoing learning- and knowledge-related activities across the project. The team compiled this information into a database, analyzed the content of the database, and together with Technical Management Team and Country Management Team, decided on three priority knowledge themes for the UHC synthesis technical briefs:

- Developing and reforming health financing strategies for UHC: HFG has supported Bangladesh, Botswana, Haiti, Nigeria, and Tanzania to draft health financing strategies. The brief will explore lessons learned in the strategy development process, including an overview of typical financing indicators chosen by countries, and highlight the role of Health Accounts in producing these indicators.
- Extending health insurance coverage: This brief will showcase HFG's lessons learned in supporting seven diverse countries (Botswana, Ethiopia, Ghana, India, South Africa, and Vietnam) to expand coverage of financial protection schemes, including health insurance.
- Building understanding for UHC: This brief will include lessons around effective strategic communications for UHC as well as more didactic knowledge-sharing workshops.

After conducting an initial rapid review of existing documentation for these activities and extracting information on key messages, technical writing teams began drafting outlines for the briefs. The final products (of approximately 4-8 pages) will have a standard format that comprises:

- A short summary of key messages
- An introduction that elaborates the problem or challenge that the brief addresses, and situates the brief in the context of the broader evidence
- A description of HFG's approach to addressing the problem
- Key lessons from HFG work and their relevance to different audiences (policymakers, USAID, etc.)
- Recommendations or next steps, for example, identifying required changes in policy or practice at country, regional, or global level (depending on the nature of the work done by the project), and/or remaining gaps in our knowledge, etc.

In Q4, the teams received extensive feedback on both outlines and initial drafts of the briefs, and began addressing reviewer comments. The three briefs are expected to be completed in Year 6 Q1.

Table 1 provides additional activity-specific updates.

TABLE 1. CROSS-BUREAU ACTIVITY 1 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct key informant interviews and additional desk research as needed to inform state-of-the-art briefs	• ***Developing and reforming health financing strategies for UHC:*** The authors prepared an initial draft of the brief, but received feedback from reviewers suggesting that the draft needed to be significantly overhauled to address the paper's stated objectives. The team began addressing reviewer comments. • ***Extending health insurance coverage:*** The team revised the outline of the brief, prepared a revised draft, and submitted it to reviewers for feedback. • ***Building understanding for UHC:*** The authors conducted key informant interviews with HFG staff, reviewed key documents, prepared a draft outline, and circulated the outline with reviewers.	
Draft series of briefs and disseminate through webinar and other fora	Writing is underway for each brief. Internal HFG presentations will begin in October. A webinar on strategic communications for UHC is planned for December, and external presentations on health insurance and health financing strategies are planned for Q2.	

ACTIVITY 2 *A Country Guide for Assessing System-level Technical Efficiency*

Activity Objectives - In response to a direct request from WHO's Health Systems Governance and Finance Division (April 2016), and building on the HFG project's the MOH-MOF toolkit: Indicators of technical efficiency, HFG will develop a country self-diagnostic guide for prioritizing potential improvements in technical efficiency at the system level. HFG will collaborate with the World Health Organization (WHO) to develop a user-friendly and clear self-assessment protocol. The goal is to produce a guide that country stakeholders can apply independently, with minimal external support. HFG will then pilot-test the guide with HFG program staff in one or more countries where HFG works to ensure that the guide is clear and relevant. Input and feedback will be solicited from country counterparts in one or more HFG countries to revise and refine the guide. The guide will be produced in an electronic format that can be available publicly for downloading and use, possibly on WHO's website. The target audience for this guide is ministries of health in low- and middle-income countries that are interested in improving the efficiency of their health systems as a way to free up scarce resources.

Year 5 Progress - In Y5Q1, HFG initiated work on this activity by conducting a review of existing frameworks on the concept of technical efficiency. HFG then held an internal meeting to discuss the activity and how to adapt frameworks identified to serve as the foundation for the activity. HFG also compiled a set of technical efficiency indicators, including inputs, outputs and outcomes, and modifying factors affecting how inputs are converted into outputs. Additionally, HFG liaised with WHO counterparts to discuss the activity and move the collaboration forward.

In Q2, HFG held a series of internal consultations and reviewed existing literature with a focus on key sources of inefficiency, measurement and definitions, and potential mechanisms to realize efficiency gains. Based on these inputs, HFG organized and held the first external consultation with USAID's OHS and OHS partners. A total of 18 participants drawn from USAID, HRH2030, USP, SIAPS, Measure Evaluation, and HFG participated in the half-day consultation. The meeting enabled HFG to describe the purpose and status of the work, gather information on OHS projects' work on measuring and improving technical efficiency, and discuss and gather inputs around the common sources of health system-level technical inefficiency.

In Q3, based on inputs from the meeting with OHS partners, HFG identified and grouped 16 top sources of inefficiency into four broad technical clusters (service delivery, health workforce, medicines, and governance, management and administration). Health financing, health information systems (HIS), and the private sector were included as cross-cutting dimensions. HFG prepared a general outline for the guide, drafted the first two governance modules, and circulated them with quality advisors for feedback. The internal quality assurance reviews helped the team further refine the scope of the product. HFG also shared the outline of the guide, along with the list of the key areas of inefficiency, with WHO counterparts and held subsequent consultation calls. These discussions will further inform the technical approach and functionality of the guide as a rapid diagnostic tool.

During Q4, HFG further worked on solidifying the framework and scope of the guide. HFG revised the list of key sources of inefficiencies to focus only on efficiency gains linked with systems-level changes and decision making. HFG also started working on the process chapter of the guide, a front section of the tool that is intended to set the stage for the user by discussing its conceptual focus, intended functionality, and process for prioritizing actions in response to findings of the diagnostic assessment.

Furthermore, HFG identified technical experts to draft modules under each of the five technical clusters. The literature review and writing process of the guide is currently underway, and annotated outlines have been completed for three of the clusters.

Table 2 provides additional activity-specific updates.

TABLE 2. CROSS-BUREAU ACTIVITY 2 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Develop draft guide	Ongoing: HFG is developing draft modules under the Service Delivery, Health Workforce, Health Finance, and Medicines technical clusters.	
Circulate the draft guide, gather and incorporate feedback from stakeholders	Not yet started	Exploring how to get input from the end-users (government officials) on the process chapter and on how to package and disseminate the guide to maximize use.
Pilot the guide in one country	On hold	

ACTIVITY 3 *Cost-effectiveness and Equity Analysis of Sin Taxes for Domestic Resource Mobilization*

Activity Objectives - The objective of this activity is to undertake an extended cost-effectiveness analysis (ECEA) of a proposed sugar-sweetened beverage tax in the Philippines to better understand the potential for generating revenue in support of health promotion and prevention efforts and the equity implications of such a tax.

This work will enable HFG to make evidence-informed policy recommendations for using sin taxes as a means of financing UHC in low- and middle-income countries. To the best of our knowledge, this will be the first ECEA conducted on sugar-sweetened beverage taxation and will thus contribute substantially to global knowledge. Furthermore, in countries with available household and consumer data, this approach could potentially be replicated to aid ministries of finance and health in making decisions about how to allocate resources more effectively.

Year 5 Progress - In Q1, HFG refined the scope of the activity. The team interviewed and hired two consultants (a Philippines-based Senior Research Advisor, and a US-based Disease Modeling Specialist); received permission to begin data collection from the AOR team, the USAID Mission in the Philippines, and the Philippines Department of Health; and began defining the cost-effectiveness and disease modeling parameters.

In Q2, HFG defined the cost-effectiveness and disease modeling parameters, and began obtaining secondary data. The activity's Philippines-based Senior Research Advisor began liaising with responsible government authorities in-country to obtain the needed data sets from government authorities. Census and Demographic and Health Survey (DHS) datasets were obtained. Partial data has been received from the National Nutrition Survey and PhilHealth. Access has been granted for the Family Income and Expenditure Survey.

In Q3, the disease modeling specialist began developing the disease model using the available data. HFG also began coordinating with the Food and Nutrition Research Institute (FNRI), through the activity's Philippines-based Senior Research Advisor, to enter into a memorandum of agreement (MOA) in order to access the remaining data needed for the activity. In addition to this, HFG hosted a workshop on May 3, 2017, on ECEA at USAID/Washington. The workshop was conducted by Professor Stephane Verguet, a pioneer of this new approach. It was positively received by the 20-plus people in attendance, who were interested to hear that USAID is engaged in cutting-edge research.

In Q4, HFG met in person with the USAID Mission in the Philippines, the Philippines Department of Health, and FNRI in order to clarify the study's objectives for stakeholders. HFG received support and cautious optimism from these partners, some of whom are engaged in the sugar-sweetened beverage tax's congressional deliberations. FNRI agreed to the terms of the MOA, which FNRI has requested as a prerequisite to granting HFG access the 2008-2013 National Nutritional Survey data, and the variables selected for analysis. HFG initiated a wire transfer to secure data from FNRI and are awaiting access to the database. Once these data (from the 2008 and 2013 National Nutrition Survey) have been obtained, analysis will promptly proceed and HFG will be in a position to draft the full manuscript for publication and dissemination. In the meantime, stakeholders in the Philippines have requested monthly status updates to ensure they are kept abreast of any new developments and can assist should the need arise.

Q4 Challenges - We have had challenges in securing access to the National Nutrition Survey data. We anticipate that this has been addressed through an in-person meeting with the Director of the Institute that owns that data on September 15.

Table 3 provides additional activity-specific updates.

TABLE 3. CROSS-BUREAU ACTIVITY 3 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Obtain datasets	HFG has secured data from the Philippines National Census, DHS, the Family Income and Expenditure Survey, and summary claims data from PhilHealth. We are awaiting data from the National Nutrition Survey.	The Director of FNRI, which oversees the National Nutrition Survey, has given verbal assent to the terms of the MOA. We assume that this will transfer into written consent to the terms of the MOA shortly.
Do data analysis	Not yet started	
Draft manuscript	Not yet started	

ACTIVITY 4 *Developing Guidance for Strategic Communications and Stakeholder Engagement to Achieve Strong Universal Health Coverage*

Activity Objectives - Strategic communications that effectively engage health systems stakeholders are essential for UHC implementation plans to meet their stated objectives. Practitioners and policymakers participating in the Joint Learning Network for Universal Health Coverage (JLN), for example, have repeatedly identified strategic communications as a key challenge for the implementation of major health systems reforms: Ghanaian policymakers have cited the importance of strategic communications in the roll-out and scale-up of a new provider payment model, and the Philippines recently invested significantly in an engagement strategy to roll out their expanded primary care benefit. As several countries embark upon a path to attain UHC and related health financing reforms, a practical understanding of how to communicate effectively to engage stakeholders has become increasingly necessary. With the help of systematic, inclusive communications and feedback loops to share change management strategies with relevant stakeholders (i.e., providers, consumers, funders, suppliers, community groups, political leaders, and the media), all actors will be better positioned to understand their rights, responsibilities, and opportunities to maximize the benefits of these reforms.

In this activity, HFG is supporting country participants from government agencies to develop and co-produce a practical guide on lessons learned in countries that have developed and implemented strategic communications plans in support of health reforms. The guide will enable countries to understand how to identify and analyze stakeholders, determine strategic communication objectives, and choose forms of engagement such as messaging, consultative processes, champions, and change management.

Year 5 Progress - In Y5Q2, HFG identified country participants by circulating a Call for Expressions of Interest through the JLN's Member Portal and conducting targeted outreach to select countries. The team contacted all country participants for preliminary outreach, and conducted key informant interviews with all participants prior to the first virtual engagement session. The first virtual learning exchange (webinar) event took place on April 12, 2017. This was the first opportunity to engage all participants in cross-country learning and in conversation about priorities and expectations for this activity.

In Y5Q3, the HFG facilitation team drafted an outline of the practical guide to stakeholder communications for UHC, conducted a comprehensive literature review, and led consultations with communicators, policymakers, academics, and implementers with expertise in this field. Based on findings from those efforts, HFG created an annotated bibliography of key tools and resources and disseminated that to countries prior to the second virtual engagement session. The HFG facilitation team also conducted a short survey with participating countries to validate their communications priorities and needs.

The second virtual learning exchange took place on June 29, 2017. During this engagement, HFG presented an overview of the annotated bibliography and invited a communications strategy firm, Spitfire Strategies, to present a communications planning tool. Participating countries engaged in conversation and debate about these resources, and heard a preview of the upcoming in-person workshop in Accra, Ghana.

In Y5Q4, HFG, in partnership with the Ghana National Health Insurance Authority (NHIA), hosted a two-day workshop on July 20-21 in Accra, Ghana. The workshop brought together 25 delegates from the eight participating countries (Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan) to engage in peer learning. Participating countries agreed on general principles and a framework for strategic communications for UHC that will be incorporated into the practical guide. Additionally, participants engaged in joint learning on techniques, tools, and best practices in strategic communications

for UHC from literature and country experiences. Participants adapted and applied tools and techniques to begin developing individual country communications plan outlines for specific strategic communications objectives. Finally, participants agreed on a timeline and actionable next steps for both the individual country communication plan outlines and the global practical guide. Following the workshop, an editorial calendar was developed and circulated to participating countries, outlining next steps for the co-development of content for the practical guide. In addition to the editorial calendar, HFG revised the working outline of the practical guide based on participant feedback and discussions during the workshop. HFG is currently engaging with representatives from seven participating country delegations to write content.

During Y6Q1, HFG will continue to work closely with all eight participating country delegations to co-develop, review, and produce the practical guide to strategic communications for UHC. HFG is currently working on the first draft and has received initial country inputs. HFG will engage country delegations and external reviewers (primarily communications experts, academics, and practitioners) to review the first complete draft of the practical guide and provide quality assurance. HFG will develop a dissemination plan for the practical guide that will focus on creative outlets to share global knowledge. In addition to the practical guide, countries are completing individual communications plan outlines and have the option to share those with the joint learning exchange group for review and feedback. By the end of Y6Q1, HFG aims to produce a complete draft of the practical guide.

Table 4 provides additional activity-specific updates.

TABLE 4. CROSS-BUREAU ACTIVITY 4 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop dissemination plan	In process. HFG will begin to formulate dissemination plan for the practical guide in Y6Q1.	
Finalize Practical Guide to Strategic Communications for UHC	In progress. HFG team followed-up with all participants shortly after the Accra workshop. 15 delegates from 7 countries are presently engaged in content development process. HFG is awaiting inputs from country delegations, due by September 29.	Engaging country delegations in the co-development process can be challenging because of their already busy schedules and many work commitments. HFG identified active, interested individuals for more dedicated inputs and feedback on the practical guide.
Host two-day workshop in Accra, Ghana	Workshop held with 8 participating countries in attendance.	Concerns about timeline were expressed during the workshop. HFG is extending the activity through Y6Q1 to allow the completion of the practical guide.
Draft annotated outline of Practical Guide to Strategic Communications for UHC	Annotated outline drafted with feedback incorporated from two-day workshop in Accra. The outline has been circulated to all participants for feedback and inputs. The first draft of the guide is now in development.	

ACTIVITY 5 *Understanding the Operational Factors behind Sustainable Health Systems Strengthening*

Activity Objectives - While the USAID-supported health system reforms in Central Asia are widely acclaimed by development practitioners who are familiar with the region, the process and the reasons behind the success have not been fully documented for a development practitioner audience, and therefore the lessons learned from the experience may not be applied to other development contexts.

The 2015 report Anatomy of Health Care Transformation: USAID's 20-Year Legacy of Health Systems Strengthening in Central Asia synthesizes the results of 20 years of USAID investment in Health Systems Strengthening (HSS) in Central Asia for a general audience. Building further on the themes addressed in this document, HFG will further investigate and draw from existing statistics and research on HSS and service delivery outcomes in the region. The result will be an article on lessons learned from long-term investment in HSS in Central Asia.

Year 5 Progress - In Q1, HFG carried out discussions with HFG HSS and research experts to determine the best approach to this activity. Additionally, HFG met with potential writers and researchers for this work.

In Q2, with a writer identified for this work, HFG reviewed relevant literature and created an annotated outline for the article. The article will look at the impact of our Central Asia HSS work over a 20-year period, using the USAID HSS Vision framework with a focus on progress toward UHC outcomes.

In Q4, summaries of the literature were completed and draft outlines were developed and reviewed by the Economics Advisor for HFG.

A survey of 10 Central Asia experts was conducted to address two questions: (i) what are the outstanding successes and (ii) what are the key replicable factors for success in the region. The findings of the survey were summarized in the draft paper/article.

Q4 Challenges - The writer went on maternity leave so a senior technical expert who was providing quality assurance for the written product took over the work and completed a draft article for submission.

Table 5 provides additional activity-specific updates.

TABLE 5. CROSS-BUREAU ACTIVITY 5 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Conduct desk review of program documentation and previous research reports from World Bank and other partners on the health reforms in Central Asia	Completed.	
Conduct stakeholder interviews with key partners	A survey was conducted instead of interviews and the results have been summarized.	A survey was seen as a faster way to capture a larger set of inputs.
Produce /submit final article to journal	A draft was completed and will be submitted in November 2017 to the Journal of Health Systems and Reform.	

ACTIVITY 6 *Domestic Resource Mobilization for Health: Getting Health's Slice of the Pie*

Activity Objectives - Many countries are seeing improvements in domestic resource mobilization (DRM) for health due to tax administration reforms, substantial economic growth, and low energy prices. However, the work performed by HFG on tax administration reform and allocations to health shows that greater allocations to health are not automatic and cannot be assumed when general government resources increase. To ensure that adequate domestic resources are allocated to the health sector, dedicated analytic, policy, and advocacy efforts are required.

The objective of this activity is to assist selected countries in developing strategies for mobilizing additional domestic resources for health, through a joint learning approach. The activity aims to engage countries that are benefitting from either strong economic growth, falling energy prices, or both, and where government resources devoted to health are relatively low compared with their peers.

In Year 4, HFG held the first of two DRM for health workshops, in Abidjan on September 1–2, 2016. The workshop convened 25 health and finance experts from Bangladesh, Côte d'Ivoire, Ghana, Peru, Tanzania, and the United States. Over the course of the workshop, participants from ministries of health and of finance discovered common priorities, including poverty reduction, reduced costs, efficient and effective use of resources, investing in healthy, productive workers and students, and eliminating corruption. In addition, participants actively engaged in joint learning across country teams. Each country team presented a thorough and ambitious plan that they are committed to implementing, incorporating one or more of the practical resources presented at the workshop.

Year 5 Progress - In Q1, HFG hosted a webinar to sustain momentum from its Y4Q4 DRM for Health workshop in Côte d'Ivoire. During the webinar, representatives from all four participant countries (Bangladesh, Côte d'Ivoire, Ghana, Tanzania) shared progress and challenges implementing their DRM for Health action plans developed in Côte d'Ivoire. For example, several countries had validated their draft action plans with a wider group of stakeholders, and several had continued to develop their discussion dossiers. The webinar also yielded a list of priority topics that will inform the agenda for the second workshop.

In Q2, planning began for the second workshop, in Accra, Ghana, on May 11-12, 2017.

In Q3, HFG hosted the second workshop. The workshop convened 39 health and finance experts from Bangladesh, Cote d'Ivoire, Ghana, Peru, Togo, and the United States. Over the course of the workshop, participants provided progress updates on implementation of the action plans they drafted in September 2016, including development of robust discussion dossiers, and institutionalizing processes for regular inter-ministerial dialogue. They also engaged in joint learning on topics such as earmarking for health, and the role that financial management plays in DRM for health. Participants further benefitted from the guidance and insights of Ms. Midori de Habich, former Minister of Health of Peru, who provided specific tips for mobilizing more public resources for health. Finally, each country delegation incorporated learnings into phase two action plans to implement over the next six months.

In Q4, the workshop report was finalized and posted along with workshop materials on the HFG website.

Q4 Additional Information - The first workshop was attended by a delegation from Tanzania, which was not able to participate in the second workshop due to involvement in implementing the country's new Health Financing Strategy. To ensure productive joint learning, HFG sought out an additional participant country. Representatives from Togo expressed interest, and with the support of the West Africa Regional Health Office sent four representatives from the Ministry of Health and Ministry of Finance to the workshop.

ACTIVITY 7 *Understanding the Dynamics of Successful Health Systems Strengthening Reforms: Case Studies and Cross-Case Analysis*

Activity Objectives - The goal of this activity was to implement a set of comparative case studies of global HSS interventions to bring into better balance our focus on "what works" in HSS with "how and why HSS works," to improve the performance of future HSS efforts. Case studies were based on a sample of six HSS initiatives perceived as successful, and analysis focused on teasing out some of the policy-setting, adoption, and implementation factors and processes that drove the initiative. To ensure a wide global dimension to the analysis, the set of cases examined were diverse, drawing from HSS initiatives implemented in different places under different conditions and with different features.

Here "successful" was defined as an initiative that has done at least one of the following: achieved process objectives (initiative was implemented as planned); generated expected outputs; or positively impacted service use, and (in some cases) health outcomes.

In Year 4, HFG designed and began implementing the study. HFG drafted the study design and instruments, selected projects to investigate for the case studies, and vetted the design and case selection with a Technical Advisory Group (TAG) of 14 USAID staff recruited from across the GHB. Then, for each case, we completed document review, conducted interviews, coded the data using a common codebook we developed, and analyzed the data. We were unable to complete one case study due to insufficient response rates from previous project staff. We drafted case study narratives for each completed case study and presented the results to the TAG at USAID. We initiated review of the case study narratives by the Chief of Party (COP) of each project studied and a member of the TAG.

Year 5 Progress - In Y5Q1, the drafting of the case study narratives using interview and document review data collected in Y4 was completed. The case study narratives were submitted to the respective projects' COPs and to TAG members for review and comment. Final revisions of the narratives based on the COP and TAG members' feedback began. The outline for the cross-case report was drafted and the analysis plan for the cross-case analysis was completed. In addition, the data from each case in NVivo to enable cross-case analysis was merged and initial text analysis of the data across cases was begun.

In Y5Q2, the cross-case analysis was conducted. To do this, data across cases in NVivo were analyzed along each factor of the guiding implementation framework and matrices were used to look for patterns. Based on the analysis, the cross-case analysis report was drafted. The report included results organized by the implementation framework, reflections on the implications of the findings for HSS projects, and recommendations for donors and future HSS projects. The third and final meeting was held with the TAG at USAID to share findings, solicit feedback, and discuss next steps for the dissemination of the study. An abstract was submitted to the American Public Health Association annual meeting to disseminate the findings.

In Y5Q3, the cross-case analysis report was revised based on feedback from the last TAG meeting. The team developed a two-page document for dissemination summarizing the study and findings, which was later shared with USAID. The team completed two full drafts of a manuscript on the cross-case findings for submission to Implementation Science. The supplementary materials were also compiled to submit along with the article. The abstract on this study was accepted for an oral presentation at the American Public Health Association annual meeting, which will allow for further dissemination of findings.

In Y5Q4, the cross-case analysis report was completed based on final feedback from USAID. The two-page dissemination document was updated with the finalized set of recommendations based on the research. The team completed a manuscript and supplementary material based on the cross-case findings for submission to the journal Implementation Science.

Table 6 provides additional activity-specific updates.

TABLE 6. CROSS-BUREAU ACTIVITY 7 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Compose, validate, and revise draft case study narratives	Completed	
Convene a panel of experts and develop a 2-page policy brief with recommendations	Completed	
Prepare journal article for publication	Completed	
Submit journal article manuscript to a relevant peer-reviewed journal	Completed	

ACTIVITY 8 *Revision of USAID's Health Systems Assessment Approach*

Activity Objectives - USAID's Health Systems Assessment Approach (HSAA) will be revised through a collaborative effort among USAID health system projects (HFG, ASSIST, SIAPS, PQM, and other Global Health implementing partners (IPs)) to address the following:

- Promote UHC and systems thinking, a holistic perspective and interactions among the health system functions
- Identify ways to conduct the health systems assessment (HSA) with fewer resources.
- Incorporate new knowledge and new global and country priorities.
- Better inform policy and program decision making at the country level.

By the end of 2016, a draft version of the HSAA manual will be produced. In 2017, the revised HSAA manual will be pilot-tested in one or two countries and finalized. OHS proposes that HFG coordinate and facilitate this collaborative effort.

Further, USAID/OHS has asked HFG to explore possibilities for engagement with WHO and the World Bank, two global entities also in the midst of addressing the need for comprehensive, current, and feasible approaches to HSAs. As such, HFG developed potential scopes of work and budgets for USAID's consideration and laid the groundwork for a mid-April in-person discussion with key stakeholders from USAID, WHO, and the World Bank to discuss ways to collaborate on HSAs. Following this, WHO conducted a light-touch review of the HSAA modules in Year 4; USAID's IPs also made revisions.

Year 5 Progress - In Q1, HFG reviewed edits to the technical modules of the HSAA manual by IPs (ASSIST, SIAPS, PQM, HRH2030, MEASURE Evaluation) as well as comments from WHO with the goal of addressing, harmonizing, and cross-referencing inputs across the Manual. Furthermore, HFG included a low-budget assessment option, for clients that would like the option to conduct a rapid assessment focusing on select components of a health system. HFG also conducted an overall technical review of both the technical and non-technical modules to integrate a UHC and holistic systems thinking lens in the overall approach of the assessment.

Following this, a completed draft of the Manual was posted for public comments to obtain feedback on the revised content from a wider array of development partners, including United Kingdom's Department for International Development (DFID). After two weeks of public posting, HFG consolidated submitted comments and held a briefing session with USAID to discuss the comments and identify next steps. Based on this, HFG is currently in the process of incorporating these feedbacks into the final version of HSAA Manual Version 3.0

During Q2, the HSAA Manual Version 3.0 was edited further based on comments from the public posting period. HFG communicated with IPs about comments specific to their technical modules and facilitated additional revisions. Furthermore, HFG held multiple calls with USAID to discuss final technical revisions to the manual as well as strategies to increase buy-in and uptake of the manual by country partners and make its contents more suitable for non-HSS audiences. As a result of these conversations, HFG expanded the systems-thinking dimension of the manual in an effort to make to make it a more prominent structure of the manual.

Professional copyediting is also underway in preparation for the posting of the final HSAA Manual Versions 3.0.

In Q3, HFG completed copyediting for all sections except one, and finalized the seven technical modules of the manual. HFG is also working closely with USAID to determine an accessible and user-friendly presentation of the final product to be implemented in Year 6 pending budget approval.

In Q4, HFG continued discussions with USAID on how to package the HSAA Manual Version 3.0 in an accessible format for a wide range of end users. HFG engaged internal human-centered design experts to scope out how human-centered design principles could be applied to the HSAA manual and methodology in order to promote the utility of the tool, increase country-driven demand, and facilitate better use of assessment findings among decision-makers. Additional budget has been approved to continue this work in Y6, which will primarily target dissemination of the final product to a larger audience through a user-centered and interactive platform.

Table 7 provides additional activity-specific updates.

TABLE 7. CROSS-BUREAU ACTIVITY 8 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Finalize draft of revised HSAA manual (Version 3)	All revised sections and technical modules have been copyedited.	

ACTIVITY 9 *EQUIST: Modeling the Link Between Health Systems Strengthening and Lives Saved*

Activity Objectives - OHS sought a tool that could be used to build evidence linking HSS and impact on lives saved. In Year 3, using evidence from a literature review and feedback from a virtual advisory group, HFG produced an Excel-based tool that converts HSS intervention/strategy data into an impact matrix. HFG also participated in meetings with USAID and the United Nations Children's Fund (UNICEF) about the relationship between this draft tool and UNICEF's EQUitable Impact Sensitivity Tool (EQUIST). Through these meetings, participants realized that both EQUIST and the HSS Impact Tool had incorporated elements of the "Marginal Budgeting for Bottlenecks" methodology and the Lives Saved Tool. Given these similarities, USAID and UNICEF agreed to merge the separate modeling efforts into one work stream, using EQUIST as a platform.

The limitations of the existing HSS research base (including weak evidence, lack of evidence, variations in interventions and observed effects, context dependence, and unmeasured interaction effects) are well known. In order for EQUIST to generate robust, defensible impact projections associated with different health system investments, researchers at both HFG and UNICEF agree that the model's underlying effect measures and assumptions should be vetted by experts.

USAID thus tasked HFG to collaborate with UNICEF to convene a Health Systems Strengthening Expert Review Panel (ERP) of health system academics and expert practitioners. In Year 4, HFG conducted a literature review, and compiled evidence on the effects of identified HSS strategies on reducing health systems performance and coverage bottlenecks. The ERP was convened in Y4Q4 at UNICEF headquarters in New York City to review and vet these effect size estimates. The consensus impact estimates will be incorporated into EQUIST, and will also be useful to other HSS practitioners.

In Year 5, HFG sought to collaborate with UNICEF to finalize the HSS impact matrix that incorporates effect size estimates vetted by the ERP. HFG and UNICEF planned to meet to determine a protocol for incorporating the consensus values from the ERP meeting and finalize the structure of the impact matrix. The teams would collaborate on the development of this impact matrix to calculate the impact of investing in HSS activities. The matrix would then be incorporated into the EQUIST platform to inform health system planning, priority-setting, and resource allocation.

Year 5 Progress - In Q1, HFG organized a two-day meeting with UNICEF and USAID to review outputs of the HSS ERP that took place late in Year 4. The goal of this meeting was to determine the format of the impact matrix.

Based on the technical decisions and next steps identified during this meeting, HFG converted the expert-vetted impact estimates into a format that could be incorporated into EQUIST. The impact matrix captured range of effect sizes of HSS strategies on coverage outcomes in form of relative risks (RR) and included pertinent context and credibility information. HFG finalized this matrix and submitted it to USAID as the final deliverable of the activity on November 30, 2016. Based on this, UNICEF is currently modifying EQUIST and incorporating the data from the impact matrix. The revised modeling tool will have evidence metrics for HSS strategies and will be able to estimate potential lives saved through investments in HSS strategies.

Furthermore, HFG shared with USAID and UNICEF the notes and results worksheets for each of the 22 HSS strategies that were reviewed during the meeting. These reflect consensus values, additional relevant studies, and other expert feedback. These working documents were also shared with experts who attended the ERP meeting.

The activity was completed in Y5Q1.

ACTIVITY 10 *Marshalling the Evidence for Governance Contributions to Health Outcomes*

Activity Objectives - In Year 4, HFG launched a major initiative focused on generating evidence of governance contribution to health system performance. Thematic working groups (TWGs) were formed to compile evidence, both scientific research and tacit knowledge. HFG participated in a WHO technical consultation meeting on health systems governance for UHC. This meeting led to detailed discussions on HFG collaboration with WHO on Year 5 HFG events to support the marshalling the evidence agenda. The marshalling the evidence activity will unfold over three phases:

Phase 1 was the launch event at the end of Year 4, supporting the USAID OHS and WHO to launch this major initiative. This event established the TWGs and set next steps. The following are the TWGs:

- ***Public Financial Management***: Planning, budget allocations and execution, internal controls and audit, and DRM all play a role, from facility to national level, in the quantity of resources available to the health sector and the efficiency and effectiveness with which those resources are spent.
- ***Policy and Regulation***: The process of developing, implementing, and overseeing policies in accreditation, quality control, equity, and access to services all guide efforts to achieve UHC and access to priority services.
- ***Uses of Knowledge in Health Systems***: Strategies for achieving improvements in health system performance including those that allow for timely feedback about service quality; the transparent generation and use of data and evidence; quick and accurate responsiveness to the needs of beneficiaries; and aligning incentives with improved performance.
- ***Health System Accountability***: Accountability mechanisms for health system performance help to ensure the delivery of priority services and the efficient use of health resources. A range of systems, structures, and procedures can promote vertical and horizontal, and internal and external accountability, including the role for citizen voice in promoting greater accountability.

In Phase 2, the TWGs produced synthesis papers. The groups consolidated the inputs to the high-level meeting. Each group had an assigned lead responsible for guiding the group to organize and package the research and field practice on their theme. HFG provided substantial analytic and secretarial support to the groups.

Phase 3 is the planning and conducting of a one- or two-day high-profile event to highlight USAID's leadership in the area of health governance. The event will include plenary sessions, panel discussions, and breakout sessions around the four TWGs. These working groups will represent a broad spectrum of ongoing health governance activities, both field based and research. The event might also include a marketplace of governance interventions, including tools, approaches, and methodologies, that have had a demonstrated impact on strengthening health programming.

Year 5 Progress - In Q1, following the HFG workshop at the end of Year 4, each group drafted a conceptual framework document. The Marshalling the Evidence Secretariat, composed of USAID, HFG, and WHO representatives, coordinated on the design of a final event to disseminate findings. A call with all TWG co-chairs was conducted on December 1, 2016.

In Q2, the four TWGs (Public Financial Management, Policy and Regulations, Uses of Knowledge in Health Systems, and Accountability) worked on the literature reviews guided by their respective frameworks and conceptual frameworks developed in Q1. The groups identified key informants for each area, and planned and began conducting the interviews. The Secretariat conducted a brief review of the scopes of work for the four TWGs to look for areas of synergy across the groups, and any major gaps in the work. The review summary made recommendations for the TWGs. A second quarterly call with the

co-chairs was held on March 16, 2017, to discuss the progress on the literature reviews and the key informant interviews. Communication materials were developed to support the key informant interviews process.

In Q3, the TWGs continued to conduct key informant interviews and started drafting the TWGs reports, which were submitted to the Secretariat by June 30 for review.

In Q4, the TWGs received extensive feedback from the Secretariat, and they began finalizing their reports. The Secretariat started a second analysis of cross-cutting themes, including gaps not covered by the TWGs that will be incorporated into the final report. The methodology of this paper was developed and the team began working on the narrative. The first draft of this report is expected in October.

The event on health governance will be held on November 14-15, 2017, in Washington DC. A concept note for the event was developed and a venue identified. A formal invitation was sent to all TWG members and to other participants in the launching event in September 2016. The co-chairs met on September 19 to brainstorm the event program.

In Y6Q1, the event program will be finalized and confirmed, the TWG reports and the cross-cutting synthesis paper will be finalized, and the event will be held.

Table 8 provides additional activity-specific updates.

TABLE 8. CROSS-BUREAU ACTIVITY 10 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Lead planning for large Fall 2017 event on health governance	In Q4, the fall 2017 event will be held on November 14-15 in Washington DC. The planning team is working on the event program and logistics. The TWG reports are being finalized. The Secretariat is working on a second analysis on cross-cutting themes that will highlight gaps and main implications for policy and practice.	The next steps include: • Finalize the program of the main event • Finalize the TWG reports and cross-cutting paper • Hold the event

ACTIVITY 11 *Governance and Quality: Institutional Roles and Relationships to Ensure Service Delivery*

Activity Objectives - In Year 3, HFG teamed up with the ASSIST Project (University Research Co., WHO, and the Institute for Healthcare Improvement) and the Joint Learning Network (JLN) to identify different ways that countries promote quality of care through governance structures and functions such as: institutional roles and relationships of governing quality stakeholders; use of provider payment mechanisms; and policy, regulatory, and other levers. In Year 4, HFG engaged in a literature review and development of country case studies looking across multiple countries at the institutional architecture needed to govern for quality, including the roles, responsibilities, and partnerships needed. HFG brought this learning to the field so countries could learn from each other's experiences in improving the quality of health care through more effective institutional arrangements and policy instruments. HFG, ASSIST, and JLN hosted a roundtable workshop with "learn-from" countries including select Ending Preventable Child and Maternal Deaths (EPCMD)/JLN member countries to present and use the research from the literature review and country tacit knowledge to explore strengthening the governance of quality.

In Year 5, HFG together with JLN and ASSIST, continued the learning exchange among "learn from" and EPCMD and JLN nations, implementing the activities proposed by the countries themselves at the Tanzania Product Development Meeting in March 2016 and building from the findings of the literature review. To this end, HFG will:

- ***Contribute to a consensus statement on institutional roles for governing quality in context of UHC***. Consensus statement will be co-authored with participating countries and endorsed by USAID, WHO, JLN, and the member countries of the Community of Practice (COP). Discussions for WHO and JLN endorsement are ongoing.
- ***Support a Governance of Quality Community of Practice***. This COP, which was led by the ASSIST project for the first three quarters of Year 5, will be a platform for virtual meetings and webinars. HFG will provide technical inputs and develop several webinars on topics chosen by members. The COP will eventually dissolve, and members will be encouraged to join the WHO Learning Lab and continue contributing to the topic of governance of quality for UHC.
- ***Establish and pilot a guide for structuring roles and responsibilities of payers vis-a-vis other actors in governing quality, e.g., where quality functions are housed, how stakeholders share information and interact, and how to incentivize quality throughout the system***. This will build on the Year 4 work of documenting current global experiences around the world. In Year 6, HFG will provide technical assistance to one EPCMD country as it applies the guide. NB: The guide will also be informed by qualitative research that a parallel Asia Bureau Activity is collecting, looking at how the Philippines, Indonesia, and Thailand are linking health financing mechanisms with quality.
- ***Develop a Research Agenda on institutional roles and relationships for governing quality in context of UHC***. Research topics will be prioritized based on JLN/EPCMD country interest. Issues that seemed to generate a great deal of interest are 1) governing to develop a culture of quality; 2) using accreditation and other regulatory techniques to improve quality; 3) linking quality to finance; 4) garnering political will for quality improvement; and 5) how governments can determine and monitor whether a population is receiving quality services. The COP above will be a vehicle through which communications on this agenda will be launched and gathered.

Year 5 Progress –

Literature review: In Y5Q1, HFG finalized the Governance of Quality literature review of the experiences of 25 countries on this issue. Along with the ASSIST project, HFG finalized and disseminated the final report of the Governance of Quality research and held an in-person product development meeting co-chaired by ASSIST. HFG participated in one COP meeting and introduced a series of activities that will benefit community members. All activities are member driven and participatory in nature including webinars on demand-driven topics, a consensus statement, and a guide for institutional roles and relationships in governing quality. HFG solicited interest from COP members on participation and leadership of the above-listed products, and formed a team to implement the activities.

The Governing to Improve Quality workshop hosted by HFG, in partnership with JLN, WHO, and ASSIST: In Q2, HFG established the teams that would work on each of the products, e.g., research agenda, checklist, and consensus statement. In Q3, active brainstorming began on how to create products that would be useful to countries, based on their experiences and lessons learned. Teams began developing one-day working sessions to generate the content for each product, including pre-meeting semi-structured interviews with country stakeholders. These sessions formed the backbone of the second Governing for Quality Collaborative workshop. In Q3, HFG developed the agenda and engagement strategy, developed the participant list, and invited participants. We also engaged in a number of pre-planning activities for the Jakarta workshop, including a webinar on the guide, and an online survey for all participants to provide feedback for sessions on each product.

In Q4 (August 9-11), 35 policymakers and practitioners from 10 countries gathered in Jakarta, Indonesia, to discuss these questions and share their experiences at a workshop focusing on governance strategies for improving the quality of health care services.

"Quality is an integral part of universal health coverage," Pak Donald Pardede, Senior Advisor for Health Economics and Evaluation at the Ministry of Health Indonesia, stated in his opening remarks. However, he noted, "each country must find its own formula" in the path to quality health services and UHC.

The ingredients to this formula were shared over the course of the workshop. Participants from Ethiopia, Ghana, India, Indonesia, Malawi, Malaysia, Mexico, Philippines, Tanzania, and Uganda presented strategies and policies implemented in their home countries, discussed their successes and challenges, and developed a vision for the future of governing for quality health care. Participants drafted the consensus statement, prioritized research questions to elevate for a global research agenda, and worked collaboratively on the guide linking health financing to quality health care. Drafts for each product have been further refined, and the consensus statement was shared in September for feedback from participants. We expect to share the Research Agenda for review early in Y6Q1, and a draft of the guide in Q1 as well. These final products will share the combined knowledge of 10 countries and international expertise on effective governance strategies for quality care with the global health community.

Community of Practice: In Year 5, the COP, with quality stakeholders from over 13 countries, continued to meet, first in Q2 and then in Q3. The COP, led by ASSIST with HFG support until Q4, when it was taken over by HFG, created a venue for continued country engagement, and in each COP session country participants took the lead in sharing their country experiences across a range of issues prioritized in a survey for COP topics, including: creating a culture of quality improvement, working collaboratively within the Global Learning Lab for Quality UHC (new WHO platform), promoting quality improvement in country health systems, etc. As with any COP, to keep participants interested, we had to continually engage one on one to ensure their participation, and whenever possible, we supported country leadership in presenting updates and or best practices in their journeys for governing for quality.

Webinars: In Year 5, we were expected to complete two webinars. We completed one in Year 5, and expect to complete the second one in Y6Q1. In lieu of one COP meeting, in Q3 we executed a webinar on the topic of engaging non-state actors in governing the quality of health care. We brought together a panel of five speakers on the topic from the Philippines, Ghana, and Mexico. With over 75 people participating worldwide, and extensive engagement through online and post-webinar Q&A sessions, the webinar was highly successful. As mentioned, we will have a second webinar in Y6Q1 with our COP members to review and provide feedback on the three products and dissemination strategies for each.

Q4 Challenges - Collaboratively developing products with country stakeholders takes time, and given the review process, our timeline for finalizing Year 5 products has moved forward to Y6Q1.

Q4 Additional Information - Leizel Lagrada and Samantha Ferguson of R4D joined our team in Q3 and Q4 to successfully plan and execute the Jakarta workshop.

Table 9 provides additional activity-specific updates.

TABLE 9. CROSS-BUREAU ACTIVITY 11 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide technical assistance to one EPCMD country (TBD) to implement learnings from the guide to improve quality through changes/ enhancements to the roles and responsibilities of institutions governing quality	We are determining which country to pilot the guide in. Ghana and Tanzania expressed interest in this at the Jakarta workshop. We will create the decision criteria for country selection and finalize a recommendation for AOR team approval in early Q1.	Moved to Y6Q2.
Facilitate Governance of Quality Consensus Statement	Drafted in Jakarta, refined and circulated for feedback with participants. We will submit the final consensus statement to the COP in early Oct and disseminate it by end of Oct to ensure we continue the momentum of the meeting.	None encountered. Will be completed in Y6Q1.
Support a Governance of Quality COP	ASSIST led the COP coordination mostly in Y5. The January 2017 meeting brought together many members. In Q3, another COP was held, facilitated by IHI. HFG supported both by continual outreach to participants to engage them and encourage participation. The final COP meeting was scheduled for Q4, but will be hosted by HFG in Y6Q1. We will share the final products the members developed and discuss strategies for using the products.	COP meeting for Y5Q4 moved to Y6Q1 due to timing of final drafts of products.
Develop Research Agenda on Governing Quality	Prioritization of questions happened at the Jakarta workshop. Research agenda draft based on country inputs is being finalized for circulation in early Y6Q1.	Will be completed in Y6Q1
Develop guide linking financing mechanisms to quality	Currently the guide is being developed. Will be shared for review by participants in early Y6Q1.	Will be completed in Y6Q1
Hold Governing Quality Collaborative Workshop	35 policymakers and practitioners from 10 countries gathered in Jakarta to move forward on the priority products to be developed. This event was co-sponsored with the JLN, and we had active cost share and participation by 6 JLN countries.	None encountered.

ACTIVITY 12

Promoting Effective Oversight of the Response to Priority Health Challenges through Standing Committees on Health: Increasing Parliamentary Oversight of EPCMD Programming

Activity Objectives – HFG's work to develop an entry point mapping tool to aid civil society focus advocacy efforts to the right audience at the right time identified parliamentary committees as a key stakeholder. In many of the EPCMD priority countries, standing committees for health play a significant role in reviewing health budgets and overseeing implementation of health priorities. More effective civil society engagement with standing committees can lead to more evidence-based decision making and targeted oversight. However, civil society organizations (CSOs) often lack the understanding of how standing committees operate including monitoring committee performance and contributing to their review of budgets and policy. In Year 4, HFG developed a set of guidelines for how standing committees of parliament can better oversee programs for EPCMD.

In Year 5, with the Year 4 pipeline, HFG 1) completed the Year 4 step of piloting the guidelines in one EPCMD priority country, and introduced and expanded use of the parliamentary EPCMD guidelines by several more standing committees in EPCMD countries by partnering with existing multi-country health governance platforms. Potential multi-country partner platforms include: the Southern and Eastern African Parliamentary Alliance of Committees of Health annual conference, and/or the International Parliamentary Union planned regional meeting on maternal and child health; and 2) finalize a parallel guide for CSOs so they can hold their parliamentary standing committees accountable for EPCMD funding.

Year 5 Progress - In Q2, HFG met with the AOR team to review the draft the EPCMD Guidelines and potential countries for piloting. Based on the AOR suggestions, HFG refined the guidelines to serve as a "User's Guide" and created two additional products: a condensed version of the guide oriented to Members of Parliament; and a PowerPoint presentation to guide a workshop. It also used the Standing Committee oversight plan framework in its Guinea activity to guide the Standing Commission on Health's development of an annual oversight plan.

In Q4, the guidelines and accompanying policy brief were professionally formatted; both are ready for dissemination. HFG continues work on the CSO guide.

Table 10 provides additional activity-specific updates.

TABLE 10. CROSS-BUREAU ACTIVITY 12 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Complete formatting of Guide and associated policy brief	Completed	
Conduct assessment of pilot country options	Completed	Review options with AOR team to select pilot. Complete pilot by end of Q2.
Draft civil society guide	In progress	To be completed and formatted in Q1.

ACTIVITY 13 *Stimulate USAID Field Research into Advancing Universal Health Coverage and Results-based Financing*

Activity Objectives - This activity aimed to give USAID missions and country counterparts a deeper understanding of the value of research to advance UHC and results-based financing (RBF) and of how to integrate research in this context. This was done by producing three technical briefs to share lessons from Asia Regional Bureau-funded implementation research on UHC initiatives in Myanmar and Indonesia. The briefs document the experiences in these two countries to test implementation research methodologies. HFG will disseminate lessons globally through publication of the briefs on the HFG website and through other channels.

Year 5 Progress - In Year 4, the first of three technical briefs, Implementation Research for UHC in Practice: A Series of Technical Briefs Based on Lessons Learned from the Field in Myanmar and Indonesia, was finalized; it is currently featured on the HFG website. In consultation with USAID's OHS and Asia Bureau it was decided to pursue a wider dissemination strategy upon completion of all three briefs.

In Year 5, the second brief, Defining and Designing the IR, was drafted in Q2; local partners participated as reviewers or co-authors. In Q3, the second brief was reviewed and completed, and in Q4, it was disseminated via the HFG website.

Table 11 provides additional activity-specific updates.

TABLE 11. CROSS-BUREAU ACTIVITY 12 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Produce second brief	The second brief was finalized and disseminated on the HFG website.	

ACTIVITY 14 *Use of Mobile Money for Health*

Activity Objectives - Cash payments in the health system are susceptible to security risks, fraud, and leakage. Processes for paying health worker salaries, and paying out incentives in a timely and safe manner, are cumbersome, and can carry expensive administrative burdens. Moreover, those without access to bank accounts (75 percent of the world's poor) are burdened by the inability to securely save money, access credit, or pay for health insurance. Mobile money services are emerging throughout the developing world as a banking alternative, and offer promising benefits for health systems.

Mobile money can strengthen health financial systems with improved efficiency, accountability, and transparency, but there is limited information about its potential benefits, barriers, and opportunities within health programs.

In Year 4, HFG's mobile money team promoted knowledge and learning through publication and dissemination of 1) a landscape report analyzing mobile money options to strengthen RBF program in Senegal; 2) a compendium of case studies featuring 14 use cases highlighting benefits and challenges implementing mobile money in health programs; and 3) e-newsletters highlighting applications trends, and events relevant to mobile money in health. Efforts were also undertaken to plan, convene, and execute a global meeting of digital finance experts, which ultimately did not take place due to shifting USAID priorities.

Year 5 Progress - In Year 5, HFG used its limited carryover funds for mobile money activities to consolidate lessons learned in years 1-4 and present them in a brief and on additional knowledge dissemination activities. To support the latter, in Q1, Pam Riley represented HFG at the second annual Financial Inclusion Forum on December 1-2 sponsored by USAID and the US Department of Treasury. This invitation-only event brought together donors, governments, and implementing and corporate partners to share growing evidence of benefits attributed to uptake of digital financial services (DFS) by the "unbanked" including access to savings, credit, insurance, payments, and money transfers. The Forum contributed to the HFG objective to advance understanding of mobile money in health through opportunities to discuss common (e.g., salary payments) and unique (e.g., risk protection) needs of the health sector, which lags other sectors including energy, agriculture, and education in use of DFS. A side meeting with USAID's Center for Digital Development's new lead on digital finance, Brian Duzsa, was an opportunity to highlight HFG's lessons learned and success factors for achieving broader agency objectives for digital financial inclusion.

DFS in health were also a topic at the 8th annual Global Digital Health Forum (previously called the mHealth Summit). Pam Riley moderated a panel on DFS that highlighted two promising use cases: a digital savings card in Uganda that helps women cover the costs of facility-based deliveries, and expedited health worker payments during the Ebola crisis in Liberia. Findings from use cases such as these suggest that DFS can contribute to USAID goals by lowering program management costs, expanding the reach of health services, and improved health worker productivity.

In Q2, HFG continued to network with DFS stakeholders to inform the drafting of the brief on lesson learned integrating mobile money in health. On March 8, Pamela Riley representing HFG was the featured speaker at an internal USAID brown bag on DFS in health. At the request of the GHB Center for Accelerating Innovation and Impact (CII) and the Global Development Lab, Ms. Riley helped to shape the agenda, and identify key themes and speakers from the field. More than 50 participants from Missions, GHB offices, and Lab colleagues attended the event in person or on line. HFG's presentation highlighted the ways in which digital finance intersects with each of the six pillars of strong health systems and provides benefits to both supply- and demand-side initiatives. The feedback was very positive, with appreciation for the breadth of the detailed case studies presented, culled from the HFG Mobile Money for Health Compendium. There is more Mission interest in learning how mobile money can provide programmatic benefits, with increased awareness of the Procurement Executive Bulletin 2014-06 requiring all contract and agreement officers to make e-payments the default payment mechanism for all organizations receiving funds from USAID. CII and the Lab have expressed interest in HFG continuing its involvement, such as contributing to training tools and helping to raise awareness through conferences, webinars, and workshops. Currently HFG is collaborating with the Lab in planning a mobile money for health workshop in May under the sponsorship of the Global Digital Health Network.

In Q3, HFG mobile money team began drafting its synthesis of lessons learned in promoting the use of DFS for health. The DFS team in USAID's Global Development Lab helped to shape the paper and ensure its relevance for Missions and other agency staff. Inputs included a summary of the growth of mobile money in the past five years, reflections on the lessons captured through HFG's other knowledge products including its enewsletters, case compendium, workshops, and panel presentations, and interviews with thought leaders about the current challenges and opportunities. Topics addressed included the most promising use cases, bottlenecks, success factors, and a resource list.

To further inform the synthesis, HFG helped to plan and moderate a USAID-hosted workshop on mobile money in health, held on May 4 by the Global Digital Health Network. The half-day session focused on why mobile money integration is an important opportunity for global health, and on practical information on how to integrate mobile money in health programs. It included expert presentations by Global Development Lab staff on training resources available to help Missions digitize payments in their programs, by the Consultative Group to Assist the Poor (CGAP) on expanding access to services using mobile payments, and by Nethope on analysis and assessment tools to help programs transition from cash to digital payments. More than 30 participants attended in person, and dozens joined by phone.

In Q4, HFG completed the brief on lessons learned from interviews and literature on DFS in health, and it was reviewed by the AOR team. The brief highlights how DFS can achieve health objectives through more transparent, efficient, and secure payment channels. Key lessons regarding barriers and enablers include the importance of targeting DFS investments in environments where the DFS infrastructure is well established, collaborating more actively with DFS initiatives in other sectors such as agriculture to maximize efficiencies, and the opportunity for health financing initiatives to deliver targeted subsidies through emerging mobile-enabled insurance platforms. To maximize knowledge sharing of DFS benefits for health, HFG will promote these lessons through blogs co-authored with DFS experts at the World Bank-hosted CGAP, a large partnership seeking to advance digital inclusion and improve lives. In addition, HFG has been advising the USAID Global Development Lab's DFS team in shaping a theory of change for use of DFS to improve health outcomes.

ACTIVITY 15 *Following the Money: Resource Tracking for Improved Resource Allocation to Priority Services*

Activity Objectives - A standardized methodology for tracking health expenditures is key to keeping countries and donors accountable for their financial commitments. USAID has been a leader in health resource tracking in collaboration with the WHO, World Bank, and Organization for Economic Cooperation and Development. This mutual accountability is a key element of USAID's initiatives, including both the EPCMD and AIDS-Free Generation initiatives.

The Year 5 objectives of the Resource Tracking portfolio were as follows:

- Continue to share the lessons learned (through field-supported countries) about rolling out the System of Health Accounts (SHA) 2011, to support WHO's further refinement of guidance materials and tools, such as the Health Accounts Production Tool (HAPT), thus enabling countries to better track spending on EPCMD services.
- Support routine country-led resource tracking, including continued updates to the HAPT and development of in-country capacity to apply the SHA framework.
- Track global progress towards routine annual Health Accounts production and identify gaps for institutionalizing Health Accounts by expanding and applying the WHO's key indicators to monitor progress.

- Increase use of health expenditure data through an enhanced Health Accounts Analysis Tool (HAAT) dashboard that responds to countries' data needs.
- Raise awareness about the value of resource tracking, including the role of different resource tracking methodologies for different policy questions, by preparing a brief comparing different resource tracking options.
- Enhance in-country technical capacity for resource tracking by creating an online training course on the SHA 2011 methodology.
- Institutionalize mechanisms for tracking pharmaceutical expenditures using the SHA 2011 framework through collaboration with the SIAPS Project.

Year 5 Progress - ***Q1/2:*** HFG discussed with WHO and the Pan American Health Organization (PAHO) how best to contribute to an SHA e-learning course developed by PAHO. The Resource Tracking comparison brief entered the advanced research stage, and a summary of the key methodologies and an outline of the guidance was shared with WHO for feedback. HFG supported WHO's review of country feedback on the HAPT to determine how the tool can be improved to streamline production. HFG also contributed to a workshop in Geneva in March that discussed how to improve the quality of data on disease spending.

Q3: HFG continued developing the brief, comparing different resource tracking methods by conducting additional research (desk reviews, key informant interviews, etc.) and developing an initial outline of the final guide. It also continued providing significant support to WHO in their efforts to review and improve their portfolio of resource tracking tools, including analysis of feedback on the HAPT; it analyzed survey responses and hundreds of pieces of feedback from country teams and Health Accounts experts to inform which improvements should be finalized. HFG was a key contributor in regular meetings to discuss which improvements the new IT contractor should incorporate into the HAPT.

Q4: HFG made progress on three key activities. It drafted the resource tracking brief, putting a great deal of effort into a method for comparing and evaluating diverse methodologies. It conducted key informant interviews with stakeholders who own/ manage these frameworks and incorporated their responses into the draft. And it continued to support WHO's HAPT update, including developing a framework to transparently prioritize country feedback. This included a two-day meeting in Geneva to finalize the key requirements for the procurement that will find a new vendor to carry out the next phase of HAPT updates. Finally, we identified and compiled data for indicators that will help to measure the use of resource tracking data for decision making.

Q4 Challenges - In Year 5, the following resource tracking activities were re-programmed: WHO's resource tracking team has been heavily focussed on updating and improving its tools this year, especially the HAPT and the Global Health Expenditure database. Our planned support to develop the HAAT further was reprogrammed to support WHO's urgent need to identify the key requirements for the procurement for the next HAPT iteration. In addition, funds programmed for the e-learning course were also transferred to support the HAPT work.

Given WHO's limited resources and small resource tracking team, HFG is getting increased requests from their resource tracking team to lead certain activities. HFG has informed WHO of the timeline for the project and has been supporting WHO as much as possible within this constraint.

Table 12 provides additional activity-specific updates.

TABLE 12. CROSS-BUREAU ACTIVITY 15 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Collaborate with SIAPS to produce guidance for tracking pharmaceutical expenditures with SHA 2011		It has been challenging to obtain pharmaceutical spending data from the pilot country that was discussed (Ethiopia). In addition, given WHO's priority to complete its disease guidance this year, this activity has been put on hold until we obtain further feedback from WHO about the way forward.
Draft WHO key indicators	HFG has compiled data on how countries have used Health Accounts results to inform policy through the Health Accounts online "EZCollab" community, the peer-learning workshop, and HFG technical assistance. It used the data to draft indicators of the production and use of Health Accounts data. These indicators will be tested against HFG country data before they are finalized.	The indicators will be finalized in Y6Q1.
Draft a resource tracking brief	In Q4, HFG began drafting the Resource Tracking brief. The product is targeted at in-country practitioners who often need to decide or prioritize the resource tracking frameworks / methodologies that will be most useful for informing policy. This brief will provide information on the scope and purpose of nine resource tracking frameworks including Joint Reporting Form for Immunization, National AIDS Spending Assessment, Public Expenditure Review, Public Expenditure Tracking Survey, Quantitative Service Delivery Surveys, and SHA 2011. The brief emphasizes user-friendly features such as tables and figures that will help practitioners compare and evaluate the framework that best fits their countries' needs. HFG is refining the draft using internal quality reviewer comments and information from key informants who own or manage the frameworks.	It is expected that the product will be finished during Y6Q1.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Health Accounts Production Tool support to WHO		
Improve the HAPT software	In Q4, HFG provided remote support to prioritize the requirements for the HAPT update, using country and expert feedback. To provide more structure and transparency to the process, HFG developed a work flow that describes the key steps for producing Health Accounts in order to identify where the HAPT would be most useful. In September, 3 HFG members who are experienced users of HAPT travelled to Geneva to work with WHO's resource tracking and IT teams to develop the minimum requirements for the HAPT update.	A work plan was developed after the September meeting, that includes work for the new procurement for the HAPT update and also work that will need to be done concurrently to the procurement / HAPT update. This includes additional guidance materials for HAPT users, text for help bubbles, and error messages in HAPT. HFG is discussing with WHO which of these activities it can support until project end. HFG is proposing that any guidance materials it produces to be available as stand-alone documents so they are not constrained by the timeline of the HAPT update.

ACTIVITY 16 *Pathways to UHC: Cross-country Analysis of Strategies for Covering the Informal Sector*

Activity Objectives - In this third in HFG's series of cross-country analyses on "UHC Pathways," HFG explored why and how three different countries that finance health through national health insurance chose to integrate or not integrate an existing, large-scale vertical program under the insurance initiative. Research questions were:

- Why did policymakers decide to integrate or not integrate an existing, large-scale vertical program into the national social insurance scheme?
- How, operationally, was the vertical program integrated; what were the resulting intended and unintended effects?

HFG selected case study countries whose experiences are relevant to EPCMD countries: Philippines (family planning integrated under PhilHealth), Kyrgyz Republic (TB integrated into national Health Insurance Funds), and Peru (de jure integration of disease programs, but de facto verticality and fragmentation). In each country, HFG completed a comprehensive desk review and conducted qualitative research through key informant interviews using an interview guide tailored to the informant while also designed to obtain similar information across informants and country cases. Key informants were high-level policymakers and program managers from governmental and non-governmental organizations. Interviews were conducted remotely (via phone/internet), through opportunistic leveraging of existing staff travel, or through field-based staff. HFG also analyzed utilization data reported over time for the vertical services studies in each case study country to view changes in performance before and after social insurance was implemented.

Year 5 Progress - In Q1, HFG drafted the full report, synthesizing findings from the qualitative study of 10 EPCMD countries, the quantitative compilation of data on the labor force for all EPCMD countries, and the review of seminal documents in the literature on expanding coverage to informal workers into a draft report. This report was circulated internally for review and comments were addressed.

In Q2, HFG finalized the report and disseminated it through multiple online channels. In addition, HFG presented its key findings and policy implications at the Prince Mahidol Award Conference 2017, which focused on assessing the health of vulnerable populations for an inclusive society. Finally, HFG drafted a manuscript for peer-reviewed publication.

In Q3, HFG revised the draft manuscript and in Q4 submitted it for publication. HFG also hosted a webinar on April 5 on expanding coverage for informal workers, with panelists including one of the report's authors as well as external speakers from the International Labor Organization and Oxfam.

Table 13 provides additional activity-specific updates.

TABLE 13. CROSS-BUREAU ACTIVITY 16 DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Prepare and finalize a product and online material that summarize the information gathered along with analysis and recommendations.	Manuscript for publication was submitted for peer review in Q4.	
Disseminate results	Hosted webinar on expanding coverage for informal workers on April 5, 2017.	This task is now complete.

ACTIVITY 17 *Support for Essential Packages of Health Services for Universal Health Coverage*

Activity Objectives - Priority setting is critical for governments that seek to promote equitable access to health care. An essential package of health services (EPHS) is a policy mechanism for a government to legally prioritize certain health services. An EPHS comprises those health care services that a government is providing or is aspiring to provide to its citizens in an equitable manner. Another way that governments prioritize certain health services is through a health benefit plan (HBP). A HBP is financed, at least partially, with public resources and provides financial protection to the covered population for an explicit list of services.

In Year 3, HFG completed a series of country snapshots and a cross-country analysis on the extent to which the EPHS in EPCMD countries includes priority reproductive, maternal, neonatal and child health (RMNCH) services. In Year 4, HFG built on this work by 1) mapping EPHSs to HBPs, such as those found in a government-sponsored health insurance scheme, and 2) conducting in-depth qualitative research in Ethiopia and Tanzania on how an EPHS is used to develop and update a HBP. The analysis showed that while some governments appear to align certain HBPs with the EPHS, this does not happen all the time. There may be other ways the government is working to strengthen implementation of the EPHS.

In Year 5, HFG proposed to select up to three EPCMD countries that have defined UHC roadmaps and assist their ministries of health to map health systems initiatives to the country's EPHS. HFG planned to help these ministries assess the extent to which services listed in their EPHS are covered (population-wise, service-wise, and financially) by existing and any known future public health initiatives (including initiatives in the UHC roadmap). This mapping and assessment was intended to generate lessons for other governments to use for a similar exercise as they prepare and update UHC strategies.

HFG planned to produce a synthesis report of the mapping exercise from the three countries, with a section on lessons learned for a global audience. This did not occur for the reasons listed below. HFG is using Year 5 remaining funds to disseminate the outputs mentioned above from Years 3 and 4.

In addition, HFG has received Year 6 funding to compare various vehicles (such as the EPHS or HBPs) for covering HIV/AIDS services in EPCMD and AIDS-Free Generation countries.

Year 5 Progress - In Q1, HFG continued to work on the suite of outputs from this comprehensive activity. We finalized 17 country briefs that compare EPHS and HBPs in each country. We also completed a cross-country synthesis report that summarizes our findings across EPCMD countries. Finally, we did an extensive revision of the Ethiopian Country Case Study and had it copyedited. In addition to refining Year 4 deliverables, we continue to develop the scope of our Year 5 activity.

In Q2, we finalized all country briefs, the cross-county synthesis report, and the case study. We consulted our colleagues in Bangladesh, Democratic Republic of Congo (DRC), and Haiti about conducting the EPHS mapping activity in their countries. DRC's work does not align with HFG's portfolio of work there; it remains unclear if this assistance would add value, and it was seen to be logistically complicated to execute. In Bangladesh, this work is being conducted by an entrenched stakeholder in country. Haiti initially seemed interested in conducting this work, but then determined that it would be complicated to execute in Year 5 given priorities to execute HFG's existing work there. For these reasons, we proposed to use remaining Year 5 funds to further disseminate our large portfolio of outputs from the previous years.

In Q3, HFG presented findings on how essential packages of health services in 24 EPCMD countries and HBPs have evolved and the degree of alignment they have with one another. HFG's Jenna Wright (Broad Branch), Adam Koon, and Jeanna Holtz presented to an in-person audience of 35 at USAID's Global Health offices and more online. In addition to the technical briefing, HFG began work to clarify the scope and plan for planned Year 6 activity on comparing approaches for covering HIV/AIDS services.

In Q4, HFG developed a concept note for the Year 6 activity on integration of HIV/AIDS services with other types of essential services. HFG proposed to conduct this desk-based research on the experiences of Ghana, Guatemala, Namibia, and Vietnam, subject to approval of USAID. The AOR team approved the revised concept note in September. We are scheduled to begin the literature review in Y6Q1.

ACTIVITY 18 *Support Universal Health Coverage Measurement at Country Level*

Activity Objectives - UHC as a goal of health policy has gained wide acceptance at country and global levels since the publication of the World Health Report 2010, and it has been included in the Sustainable Development Goals as a part of the post-2015 development agenda. For this to be feasible, however, policymakers must first be able to define, measure, and monitor UHC.

This activity flexibly supports strategic steps in building and testing affordable data collection processes, guidance, and tools for UHC measurement. The project will continue efforts to find feasible indicators that EPCMD and AIDS-Free Generation priority countries can adapt and use for country-led UHC progress measurement. Technical assistance will be provided to Ghana and Ethiopia ministries of health in the area of UHC measurement, including the measurement of service coverage, financial protection, and equity.

In Year 4, HFG prepared a UHC kit designed to assist OHS in engaging and educating USAID Mission staff on the topic of UHC and its measurement. The project also initiated discussions with country stakeholders in Ethiopia and Ghana for technical assistance in the area of UHC measurement and developed a scope of work for each country. In Ethiopia, the assistance will focus on developing a roadmap to enhance measurement of financial protection. In Ghana, the assistance will include a baseline assessment of UHC measurement that identifies gaps that can be prioritized and addressed in the future.

Year 5 Progress - In Q1, in Ethiopia, the HFG consultant met with the Resource Mobilization Director at the Ministry of Health (the MOH) to validate the scope of work for this technical assistance on UHC measurement. The MOH requested that the scope be broadened to include assessment of health service and population coverage indicators to complement the initial focus on proxy indicators for financial protection. A literature review of international and Ethiopian indicators to measure progress toward UHC was conducted after which a draft report was prepared. The report identifies indicators, establishes data sources, defines the roles and responsibilities of the responsible organizations, and recommends a roadmap for measuring progress toward UHC in Ethiopia. A stakeholder workshop in Addis Ababa to vet the draft report, initially planned for late 2016, was deferred until February 2017. The 20 stakeholders in attendance offered inputs for the final version.

In Ghana, HFG's local consultant held key informant interviews with directors of the National Health Insurance Authority, the Ghana Health Service, and the MOH as well as other development partners. Meetings with the Technical Working Group were held in September and November to discuss potential indicators for measurement of progress toward UHC and to confirm the groups responsible for data compilation and reporting. The consultant prepared a draft report outlining an action plan detailing steps and persons responsible to advance national efforts to achieve UHC. The report is currently under quality review and will be finalized and disseminated in Q2.

In Q2, the consultant in Ethiopia finalized his report after presentation to 15 stakeholders at a two-day workshop in Bishoftu, on February 16-17, 2017. Stakeholders from the MOH, USAID, Clinton Health Access Initiative, WHO, and the Ethiopian Health Insurance Agency provided input on the indicators that Ethiopia could use to track progress toward UHC. During the workshop, after discussions by the stakeholders, a set of 15 proxy indicators was proposed to measure health service coverage and nine proxy indicators to measure financial protection. They designated the M&E case team located at the MOH Policy and Planning Directorate to be responsible for overall monitoring of UHC. A roadmap for the implementation of UHC measurement was more specifically outlined by the consultant in the report.

Also in Q2, Ghana's report was finalized by the consultant. Forty to 50 sector-wide indicators were identified to measure progress toward UHC, most of which are routinely available in Ghana, minimizing the burden required to collect them. The consultant proposed that the Directorate of Policy, Planning, Monitoring and Evaluation at the MOH along with the Ghana Health Service harmonize the indicators and identify 20 tracer indicators to follow. The majority of the indicators that were identified in the report and validated at the workshop are reported through health facility data collection; they are already disaggregated by age, sex, and district/region, allowing measurement of equity. A short-term and longer-term action plan to advance UHC measurement in Ghana was presented in the report.

Both reports are ready for dissemination to country stakeholders. This activity is now complete.

ACTIVITY 19 *Co-Sponsor Health Systems Global*

Activity Objectives - Health Systems Global is a professional society established in 2012 to strengthen the field of health systems research and thereby contribute to improving the evidence base needed for health system strengthening. Since 2014, HFG has been participating in the Translating Evidence into Action Thematic Working Group (TWG). HFG's objective in Year 5 was to continue to support the overall coordination of the TWG and finalize the inventory of the evidence to policy and knowledge translation initiatives worldwide.

Year 5 Progress - HFG's assistance to the Translating Evidence into Action TWG ended in Year 5.

On October 26, 2016, the TWG hosted a webinar to introduce the completed Inventory of Knowledge Translation Resources to the TWG members. Over 50 participants joined the discussion. The TWG formally launched the inventory during a panel session at the Fourth Global Symposium on Health Systems Research at which the global inventory of knowledge translation initiatives was shared and discussed by a panel of research producers and users. The inventory and a form allowing individuals to continue to contribute initiatives to the inventory are now available online on the Health Systems Global website.

The TWG hosted a leadership election and successfully transitioned its leadership from HFG to a newly elected Chair, two Vice-chairs, and Secretary. All TWG members had the opportunity to participate in the election by nominating and voting for candidates. There was strong participation in the election, with nine candidates nominated and strong voting participation.

The election results were announced leading up to the HSR Symposium so that the new leadership could actively participate in and run the TWG's business meeting at the Symposium. TWG leadership has been formally transitioned to the new team.

ACTIVITY 20 *Dissemination of Health Systems Strengthening Impact Report*

Activity Objectives - In July2015, the OHS released a major new report prepared by HFG – Impact of Health Systems Strengthening on Health – which, for the first time, presents a significant body of evidence linking HSS interventions to measurable impacts on health outcomes. The report identifies 13 types of HSS interventions with quantifiable effects.

The goal of this activity is to reach a wider audience – preferably in EPCMD and OHS priority countries – who can use the report's findings to improve health outcomes in their countries. OHS and HFG prepared several dissemination activities during Year 4 and in Year 5 they prepared a manuscript and submitted it to a peer-reviewed journal.

Year 5 Progress - In Y5Q1, the report was presented at the Health Systems Research symposium held in November in Vancouver. The manuscript was submitted to the *Journal of Health Systems & Reform*.

In Q2, HFG re-submitted the manuscript, to the journal *Globalization and Health*.

This activity was completed in Y5Q2.

4. DIRECTED CORE ACTIVITIES

This section presents a summary of progress made in the five directed core areas – Global Health Security, HIV and AIDS, Malaria, Maternal and Child Health (MCH), Population and Reproductive Health (PRH), and TB.

4.1 Global Health Security

Program Objectives - On February 13, 2014, the White House launched the Global Health Security Agenda (GHSA) with partners around the world. The GHSA takes a multi-sectoral approach to strengthening both the global and nations' capacity to prevent, detect, and respond to infectious disease threats whether naturally occurring, deliberate, or accidental and to achieving the core capacities required by the International Health Regulations (IHR). The United States has committed to work with more than 31 countries and one region to complete a self-assessment of GHSA capabilities using the WHO's Joint External Evaluation tool (JEE) and develop a five-year roadmap based on the assessment to achieve each of the GHSA targets.

Most countries in the Caribbean region are small and have limited resources to implement the IHRs. Significant economies of scale could be realized through a regional effort to integrate GHSA/IHR capacities across the region and thereby support economic growth and tourism.

The Caribbean Community (CARICOM) is the political framework for the Caribbean and rests on four pillars: economic integration, human and social development, foreign policy coordination, and security. The Caribbean Public Health Agency (CARPHA) supports 26 countries. It rationalizes public health arrangements in the region by combining the functions of the previously existing five Caribbean Regional Health Institutes into a single agency to address regional responses. PAHO also plays a vital role in supporting CARICOM and CARPHA in the implementation of the IHRs.

HFG's objectives under the GHSA directed core supported and facilitated USAID/Barbados and USAID GHSA headquarters staff in convening GHSA stakeholders in the region to do a Caribbean regional GHSA self-assessment, led by CARICOM and CARPHA, and develop a regional GHSA Five-Year Roadmap to strengthen capacity across 29 technical areas.CARPHA, and develop the Five-Year Roadmap to achieve GHSA targets across the 11 Action Packages.

Year 5 Activities - HFG planned and facilitated a five-day regional GHSA Roadmap workshop-style conference held November 14-18 in Miami, FL. Over 70 participants came from 13 Caribbean nations. They included:

- Representatives of regional bodies: CARICOM, CARPHA, the Secretariat of the Organization of Eastern Caribbean States, the Caribbean Disaster Management Agency, trade and tourism agencies, regional representatives of the private sector, and others.
- Development partners such as the Caribbean Development Bank, the World Bank, and PAHO.
- Country representatives including representatives from ministries of health, finance, and agriculture.
- Other regional and national stakeholders such as CSOs and trade associations.

To ensure that conference discussions would be valuable and informed, HFG worked beforehand to gather relevant data from countries and regional bodies, and conducted a desk review that was used as reference material during the conference. HFG also hosted a one-day preparatory meeting with U.S. Government (USG) agency representatives to provide facilitation training, and to gather information on technical and other support planned for the region. Other development partners completed a rapid assessment survey during the first days of the conference, which HFG used to build a comprehensive mapping of donor activity in the Caribbean region. This mapping was incorporated into the draft roadmap.

During the first two days of the November meeting, speakers – including Ambassador Bonnie Jenkins and Rear Admiral Jordan Tappero – introduced the participants to the concept of the GHSA and in discussions allowed participants to review and reach consensus on the Caribbean region's internal self-assessment. The last three days of the meeting were spent drafting the regional roadmap. For this process, participants were grouped by technical expertise to encourage in-depth evaluation of key milestones and activities. Each group wrote sections of the roadmap germane to their areas of expertise, but they rotated briefly through all technical areas to encourage cross-sector participation.

Conference outcomes were a completed internal self-assessment, a completed first draft of the regional GHSA roadmap, a stronger understanding of global health security by Caribbean stakeholders, and stronger cross-sector ties among Caribbean stakeholders (e.g., strengthened relationship between CaribVET, CDEMA, and CARPHA). The multi-country, multi-sectoral nature of the GHSA in the Caribbean was a unique feature of this exercise and the HFG team received overwhelmingly positive feedback from both USAID and from Caribbean stakeholders on these fronts.

HFG had a final version of the roadmap ready in time for endorsement at the CARICOM Heads of State meeting in July 2017.

Year 5 Progress Against Objectives - In Q1, the HFG team successfully executed the workshop and all major deliverables expected in the quarter. Within the first weeks of the activity, HFG developed an implementation plan and timeline, stakeholder mapping, and stakeholder engagement strategy. The activity team hosted weekly meetings with regional stakeholders and USG representatives. HFG conducted an extensive literature review of relevant strategies and plans in the region, and organized the findings along the 19 capacities of the GHSA. The team conducted one-on-one interviews, both remotely and in person during a field visit, with key stakeholders. We used the literature review and these interviews as inputs and supporting evidence for the baseline internal self-assessment.

HFG developed an online platform to implement the self-assessment based on the JEE tool, with one portal for the regional assessment and a second portal for individual countries to complete the tool. This tool was successfully completed by the key stakeholders in the region and three countries.

The HFG team also surveyed key development partners in the region to collect data on ongoing initiatives and planned support for the GHSA's 19 capacities. It incorporated the information into the draft GHSA roadmap.

Lastly, the team customized the GHSA Roadmap template for ease of use on a regional basis. This template was completed at the Roadmap Development Workshop using the baseline information gathered via the above activities, and with inputs and validation of workshop participants.

For the roadmap development workshop, HFG sent out over 155 invitations and set up an event website that detailed logistics such as venue location, workshop objectives, background information on the GHSA, sample roadmaps, and additional reading material that could be used to prepare for the workshop.

During the workshop, HFG facilitated each session from 9AM to 5PM, took notes on roadmap template discussions and decisions, updated the internal self-assessment and roadmap technical area information after each discussion, and assisted with participants' logistical needs. Three days after the completion of the workshop, HFG distributed the initial draft for rapid participant feedback focused on accuracy. A second draft was distributed two weeks later, which gave participants a longer timeframe within which they could provide more substantial comments that drew from a wider group of stakeholders.

In Q2, HFG reviewed comments and edits from key stakeholders on the draft roadmap, and facilitated several remote meetings to discuss feedback, including an essential conversation on prioritization of activities over the next five years. After these comments were incorporated into a third draft, several USG agencies provided a final review.

Also in Q2, HFG developed at the request of CARICOM and CARPHA, and with USAID approval, a briefing document that was shared at the high-level meetings to summarize the roadmap.

In Q3, the final draft Caribbean regional GHSA Roadmap was submitted to USAID, CARICOM, and CARPHA. HFG participated in an April 2017 regional meeting of Chief Medical Officers, at which the Roadmap was presented, reviewed for its alignment with the Caribbean Cooperation for Health IV Strategy (CCH4) and informally endorsed by the group. This was an important step toward the goal of heads of state endorsement as the Chief Medical Officers took this information back to their ministers of health for review and proposed endorsement. In May, HFG presented the roadmap at a meeting of the Regional Coordinating Mechanism for Health Security (RCMHS). During the meeting, HFG facilitated RCMHS members and observers (development partners) in reviewing the roadmap, agreeing on priority technical areas identified by roadmap authors, and identifying challenges, opportunities, and some next steps for strengthening health security more broadly in the region. The RCMHS revised its Terms of Reference at the meeting, one revision being the incorporation of the GHSA Roadmap as a guiding document and adding to its tasks the oversight of progress against roadmap milestones.

This activity was completed in Q3.

4.2 HIV and AIDS

Program Objectives –

- ***Activity 1: Assessing Resource Allocation of HIV Services and Improving Efficiency of Antiretroviral Therapy (ART) Provision at the District Level in Botswana.*** HFG conducted an analysis to determine the efficiency of HIV treatment programs in Botswana, by comparing actual health expenditure data with normative data (as defined in national guidelines/protocols). The objective was to identify opportunities to improve efficiency in ART provision. The final report did that and also addressed cost variation, data envelopment analysis, lessons learned, and challenges.
- ***Activity 2: Costing and Planning Tools to Support Rational Strategies to Scale Up Viral Load (VL) Monitoring within ART Programs***. This activity contributes directly to the current President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 mandate, as described under the Impact Action Agenda, on ensuring effective monitoring of treatment though VL testing. The study explores costing, budgeting, and planning for the scale-up of point of care (POC) VL monitoring to sustain ART programs. The objective is to determine the characteristics of POC VL technologies and factors that influence the feasibility of their adoption in low-income or middle-income settings on a sustainable basis.
- ***Activity 3: Evaluating Efficiency of Integrated HIV and AIDS and Family Planning (FP) Services***. PEPFAR supports the integration of FP and HIV/AIDS services to improve the efficiencies and maximize impact of programs in meeting the comprehensive needs of women living with HIV.

  This activity aims to measure the efficiency gains in integrated FP/HIV service delivery, exploring factors at both the system and facility level. Expected results include 1) Improved understanding of potential efficiency gains in integrated FP-HIV programs as well as documentation of missed opportunities; and 2) Key recommendations for FP-HIV service integration on the production process, including where efficiency gains are fully realized, and improvements that could be implemented in order to maximize those gains.
- ***Activity 4: Financial Management and Costing Support to Global Fund Applicants and Recipients***. Grant applications to the Global Fund under the new funding model will require a different level of capacity from country coordination mechanisms (CCMs) and principal recipients (PRs). HFG has been asked to assist with costing, development of transition plans, and expenditure analyses.

  Expected results include increased availability of quality financial data to guide decision making for ministry of health leaders in selected countries, improved HIV/AIDS resources alignment with the strategic objectives of the national strategic plan, strategies for transition from donor dependence to domestically generated resources, and applications for Global Fund grants.
- ***Activity 5: Lessons learned from Partnership Frameworks (PF) and Related Implementation Plans (PFIP) for HIV Sustainability Planning***. The purpose of this activity was to understand the lessons learned from the PFs and PFIPs and to show their implications for country ownership and program sustainability.
- ***Activity 6: Sustainable Financing Initiative (SFI)***. Quarterly report for SFI activities can be found under the Nigeria, Vietnam, and Dominican Republic country programs later in this report.

- ***Activity 7: Hormonal Contraception and HIV Modeling in sub-Saharan Africa***. Recent studies have linked the use of DMPA (progestin-only, injectable method of contraception) with higher risk levels of spreading HIV. This activity furthers modeling work to refine existing mathematical models of the HIV epidemic and contraceptive method mix in South Africa, through modeling analysis conducted for South Africa, Kenya, and Malawi. The objective of the modeling is to use the most up-to-date estimates to model the potential association with HIV acquisition for women using DMPA, to ultimately assist countries in determining how best to maximize health and reduce the risk of new HIV infection among women who use DMPA.

Year 5 Activities –

- ***Activity 1***: A majority of this activity was completed in Year 4. A technical brief that addressed the costing analysis was developed and disseminated at the health financing TWG in October 2016. The report, *Measuring Technical Efficiency of the Provision of Antiretroviral Therapy Among Public Facilities in Botswana*, was finalized. HFG disseminated the report at a meeting with PEPFAR and the Ministry of Health and Wellness in December 2016.
- ***Activity 2:*** This activity encompasses three main sub-activities
  - ***Costing***: This activity seeks to determine the characteristics of POC VL technologies and factors that influence the feasibility of adoption of these technologies in low-income or middle-income settings on a sustainable basis.
  - ***Cost-effectiveness analysis***: Through examination of inappropriate antiretroviral (ARV) drug switches, development of resistance, and different monitoring protocols, the cost-effectiveness model will assess the price at which the POC VL technology would save money. The model compares (1) current monitoring methods (given values for other parameters) and (2) specific thresholds (e.g., gross domestic product per life-year). Data from Kenya will be used to complete modeling for the work that was initiated for Uganda.
  - ***Planning and budgeting***: HFG will develop an Excel-based forecasting tool to support pilot country teams in planning the transition toward virologic monitoring so they can implement the monitoring in a deliberate and phased manner over the next several years. It is anticipated that the forecasting tool will be able to be shared across countries to further catalyze VL transition even after the conclusion of this activity.
- ***Activity 3***: Through this activity, HFG will measure the efficiency gains in integrated FP-HIV service delivery, exploring factors at both the system and facility level. In Years 2 and 3, Tanzania and Zambia were selected as the two countries for the Integration Efficiencies study. The Zambia study was completed in Year 4. In Tanzania, HFG is working with EngenderHealth, a recipient of PEPFAR FP/HIV Acceleration Funds, to conduct an operations research activity. The main objective is to compare different models of integration (service-based integration vs. unit-based integration) and describe strengths and weaknesses of each approach in the delivery of quality integrated services within typical health center settings in Tanzania.
- ***Activity 4***: HFG's technical assistance is underway in Vietnam and Botswana. HFG is working with USAID to confirm new countries for its technical assistance including Laos or Zambia.
- ***Activity 5***: No Year 5 tasks are planned as this activity has been completed.
- ***Activity 6***: Quarterly report for the SFI can be found under the Nigeria, Vietnam, and Dominican Republic program sections of this report.

- ***Activity 7***: This activity furthers modeling work to refine existing mathematical models of the HIV epidemic and contraceptive method mix in South Africa, through modeling analysis conducted for South Africa, Kenya, and Malawi. The objective of the modeling is to use the most up-to-date estimates to model the potential association with HIV acquisition for women using DMPA, to ultimately assist countries in determining how best to maximize health, and to mitigate any potential impact of DMPA on HIV acquisition in those countries most affected by HIV.

  Key outputs will be estimated for 2018-2030 and will include estimates of the following: HIV infections, HIV-related deaths, unintended pregnancies, unsafe abortions, maternal deaths, and DALYs.

- ***Activity 8***: HFG submitted a work plan to USAID's SFI team who decided not to proceed with the scope of activities proposed. No further activity is anticipated.

Year 5 Progress Against Objectives -

- ***Activity 1:*** In Q1, the report, *Measuring Technical Efficiency of the Provision of Antiretroviral Therapy Among Public Facilities in Botswana*, was finalized. HFG disseminated the report at a meeting with PEPFAR and the Ministry of Health and Wellness in December 2016. The activity was completed in Q2.

- ***Activity 2:*** In Q1, working in consultation with Kenya Medical Research Institute (KEMRI), critical costing data gaps were mostly filled and resolved. HFG began drafting the Cost Analysis Report, and completed the draft report in Q2. The cost-effectiveness analysis parameter inputs were revised based on more recent data and reports. The model was run and reviewers provided feedback. HFG reviewed the Excel-based forecasting tool with Avenir Health and provided additional pieces of information. The tool was being finalized. A short accompanying manual was also being prepared.

  In Q2, HFG completed a draft of the Cost Analysis Report. For the cost-effectiveness analysis, parameter inputs for the model were revised based on more recent data and reports. The model was run preliminarily and reviewers provided feedback. HFG used final costs from the costing analysis to update figures and ensure that the model aligns realistically with policy guidelines. HFG reviewed the Excel-based forecasting tool with Avenir and provided additional pieces of information. The project began preparing a short accompanying manual.

  In Q3, HFG completed the report *Costs of Viral Load and Early Infant Diagnosis Testing in Kenya*. The report covers the costs of HIV VL testing and HIV Early Infant Diagnosis (EID) testing in central laboratories in Kenya, as well as the costs of both types of testing using POC. An abstract for the report was submitted and accepted to both the International Health Economics Association's (iHEA) 2017 Congress, *Revolutions in the Economics of Health Systems*, and the 9th International AIDS Society Conference on HIV Science 2017. For the cost-effectiveness model, after structural/policy challenges were uncovered in the model (length of cycle/delay) during a preliminary review in Y5Q2, HFG sought some of the delay data in Kenya. It was not able to retrieve the data from the National AIDS and STI Control Programme (NASCOP), but it continued to seek the data from other sources, as the data will influence an underpinning and differentiating assumption in the model. Finally, for the costing tool, HFG and Avenir filled all data gaps with publicly available costs. The tool was finalized.

  In Q4, HFG finalized the cost forecasting tool and accompanying manual and made them publicly available on the HFG website. HFG attended the iHEA 2017 Congress and presented on the findings of the *Costs of Viral Load and Early Infant Diagnosis Testing in Kenya* report. HFG did not attend the IAS 2017 Conference, but the accepted abstract was published in the conference program. A manuscript based on the VL costing research was drafted for submission to a peer-reviewed journal and is undergoing internal review. A protocol and tool was finalized for collecting the turnaround time / delay data needed to complete the cost-effectiveness model, and data collection by KEMRI consultants is underway. The final database should be available for HFG use by the start of Year 6.

- ***Activity 3:*** In Years 2 and 3, Tanzania and Zambia were selected as the two countries for the Integration Efficiencies study. The Zambia study was completed in Year 4. In Tanzania, the study was jointly conducted by EngenderHealth's RTP program in Tanzania, the Population Council, and HFG, with HFG responsible for the costing component of a broader evaluation of the Accelerated FP-HIV integration initiative. In Y5Q1, HFG began endline data collection at the 12 sites, and finished in early Q2. The team also presented the preliminary baseline findings at USAID's FP/HIV Integration Taskforce meeting. After verifying the data in Q2, the team completed data analysis in Q3. In close collaboration with Engender Health, HFG finalized the study report early in Q4, and presented findings at the iHEA Congress in Boston. In addition to a standalone report, HFG's results are featured as a chapter in the broader evaluation report. The team received positive feedback from the USAID Tanzania mission, who noted HFG's chapter was one of the strongest. Findings indicated increases in HIV counselling and testing services in FP clinics and of FP services in the HIV care and treatment centers as a result of integration; integrated service provision was much less consistent and much lower at other service delivery points, despite high volumes of patient visits (such as at the outpatient or child health and immunization clinics).

  At the beginning of Year 6, in-country dissemination at USAID, and with regional and national level stakeholders, will take place in Tanzania. The HFG team is preparing for a virtual discussion of the findings, with discussants from USAID and Engender Health in early November.

- ***Activity 4:***

  - *Ethiopia (closed):* After several conversations with the Health Accounts Team, the Ministry of Health, and the Global Fund FCM (common fund for drugs), HFG decided it would be more prudent to reallocate funding from Ethiopia to Vietnam and to another country, such as Laos.
  - *Vietnam:* A scope of work (SOW) with four activities was written in Q2. In Q3, HFG successfully completed drafting the financing landscape section of the Global Fund funding request and costed the HIV/AIDS strategy of Vietnam through 2020. The Government of Vietnam decided to execute the remaining two activities themselves (a poor/near-poor assessment and catalytic fund request), and in Q4 an additional activity was added to examine the cost impacts of the integration of outpatient HIV services into the national Social Health Insurance. The HFG team will conduct a scoping trip early on in Y6Q1 to refine the study protocol, with data collection beginning shortly afterward.
  - *Ghana:* Government of Ghana and Mission support achieved in Q2. In Q3, elections resulted in a new administration and new Minister of Health. HFG completed the first set of deliverables that did not need to occur in country, e.g., a desk review, however after several attempts to meet with the new administration, HFG was not able to secure commitment from the Chief Director. HFG and USAID are finalizing discussions for reallocating funding to Laos.
  - *Botswana (new country):* In Q2, UNAIDS and HFG met and discussed potential areas for USAID/Global Fund technical assistance work in Botswana. In Q3, the SOW was finalized, and a scoping trip occurred in Q4. In Q4, it was decided the gap analysis was not needed, and instead the work will be focused on an efficiency study for the National Strategic Framework.
  - *Laos (new country):* In Q4, USAID began discussions with Laotian counterparts. Meetings will occur in Y6Q1 to determine potential areas beneficial to Laos.

- ***Activity 5:*** No Year 5 tasks are planned as this activity has been completed.
- ***Activity 6:*** Quarterly report for the SFI can be found under the Nigeria, Vietnam, and Dominican Republic programs discussed later in this report.

- ***Activity 7:*** A scoping mission and subsequent consultation with USAID Washington and Uganda occurred in Q1, after which HFG identified priority activities and submitted them for approval of the client. In Q2, HFG worked with the subawardee (Imperial College) to draft the subaward, corresponding budget, and SOW. These were finalized and submitted to USAID in Q3. Contract negotiations occurred in Q4 and will be finalized early in Y6Q1.

Q4 Challenges - Data collection efforts in Activity 2 were delayed in Kenya due to nationwide disruptions surrounding the general election. Once normalcy resumed, data collection began; however, not all necessary information was available in facilities and additional time was requested to access archived data from previous years.

For Activity 4, the election in Ghana resulted in a new administration that did not share in the interest the former administration had for HFG's work that was secured in Q2, and efforts during Q3 and Q4 were unsuccessful in regaining government commitment.

Activity 7 experienced delays in securing a subaward agreement due to contractual disagreements, but in negotiations with the subawardee and USAID it was determined that the majority of work will be able to continue as planned.

TABLE 14. HIV AND AIDS ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Costing and planning tools to support rational strategies to scale up viral load monitoring within ART programs		
Input data into cost-effectiveness model and revise model as needed	After structural/policy challenges were uncovered in the model (length of cycle/delay) during a preliminary review in Y5Q2, HFG has been seeking some of the delay data in Kenya. A data collection protocol and tool were drafted and approved by HFG and KEMRI, and data collection is now underway.	Data collection on VL and EID test results and turnaround times is expected by the start of Year 6. HFG will use the data to complete the cost-effectiveness model, including sensitivity analyses.
Perform analysis and modeling scenarios	HFG is collecting the requisite data to complete the cost-effectiveness model and analysis.	Data analysis and cost-effectiveness modeling will occur once the data is received. Data are expected in October 2017.
Publish a policy brief on scaling-up VL monitoring in ART resource-limited settings	A manuscript on costs of VL monitoring and implications for scaling up coverage has been drafted and is undergoing internal review.	HFG will submit the manuscript for publication in a peer-reviewed journal.
Write up cost-effectiveness analysis report	HFG has drafted the front matter for the report.	Pending finalization of the cost-effectiveness model with the new result and turnaround time data, HFG will complete the report.
Develop a planning tool	HFG and Avenir completed the HIV VL and EID cost planning tool and accompanying user manual. Both products are now available on the HFG website.	HFG will respond to user feedback on the tool and update the tool as needed.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Create costing report to disseminate results	HFG presented on the *Costs of Viral Load and Early Infant Diagnosis Testing in Kenya* report at the iHEA 2017 Congress in July. An abstract on the report was also published in the IAS 2017 Conference materials.	Pending completion of the cost-effectiveness analysis, HFG will hold a dissemination event for stakeholders.
Activity: Public Financial Management Support to Global Fund/PEPFAR Collaboration		
Identify countries requiring support for Global Fund proposals and develop SOWs	In Q4, the SOW for Vietnam was finalized, and Botswana's SOW was developed. Both are underway.	Work in Ghana was put on hold due to a change in commitment from the government after the election changed the administration and Minister of Health. Discussions with USAID are taking place to assess the feasibility of reallocating this and other additional funding to Laos.
Provide support to countries in public financial management of Global Fund grants	The design of a costing impacts study on the effect of integrating HIV services into national Social Health Insurance began in Q4 and will be implemented in full in Y6Q1 in Vietnam. In Botswana, work on the efficiency study began in earnest in Q4 and will continue into Y6.	All country support will be identified by Y6Q1.
Activity: Hormonal Contraception (HC) and HIV Modeling in sub-Saharan Africa		
Refine existing model of the contraceptive method mix in South Africa	Contract negotiations and slight SOW revisions occurred in Q4.	Delays in finalizing the agreement hindered start of the work, but deliverables are still planned to be completed on schedule.
Recalibrate South Africa model to represent (i) Kenya and (ii) Malawi	Will begin in Y6.	

4.3 Malaria

Program Objectives - The USAID/President's Malaria Initiative (PMI) recognizes the critical importance of operations research and other types of studies to respond to the changing epidemiology of malaria. These studies help identify cost-efficient ways to improve uptake and scale-up of interventions, measure the impact of interventions on reducing malaria, and improve the broader health system. In Year 5, HFG is working with PMI on three continuing activities, including two studies. Through these activities, HFG expects to generate evidence and improve collaboration, which will in turn:

- Help garner increased domestic and international resources for malaria prevention and treatment and;
- Support the more effective and efficient use of existing resources.

Expected results:

- More effective, evidence-based advocacy for domestic and international funding of malaria control based on HFG's impact study from Zambia, cost-effectiveness study from Senegal, and field research guide for malaria programmers.
- Greater coordination and collaboration among researchers, implementing partners, and donors interested in economic research through a Community of Practice (COP) that will organize and review recent malaria economic research (MER), identify gaps, and contribute to the evidence base on the economic impact of malaria control and elimination.

Year 5 Activities - The following three activities support the above objectives:

- Evaluation of the microeconomic impact of malaria prevention, diagnosis, and treatment interventions at the household level (completed in Q2 of Year 5);
- Assessment of the cost-effectiveness of different malaria prevention, diagnosis, and treatment strategies implemented in areas with seasonal malaria transmission (ongoing). The analysis examines which packages of malaria control strategies have the highest value for money, in order to determine whether the current allocation of funding for malaria is efficient given the distribution of strategies. The results of the analysis will help inform policymakers and malaria program officials on how the level and allocation of resources should be adjusted to maximize impact. The results of this analysis will also supplement the literature: currently no formal concurrent empirical evaluation of "packages of interventions" exist (ongoing, will be completed in Year 5).
- Facilitation of a COP around the economics of malaria, and continued dissemination of MER (ongoing).

Year 5 Progress Against Objectives - In Y5Q1, HFG was notified that the manuscript developed on the Zambia microeconomic study assessing the association between malaria control and microeconomic outcomes had been accepted for publication in the Malaria Journal. The study places malaria control strategies within the broader context of poverty alleviation, serving to inform decision making for donors and policymakers. At the beginning of Q2 (January 5, 2017), the study was published online; the link was shared with USAID/PMI and posted to the HFG website, marking the completion of the activity.

Also in Q1, HFG successfully facilitated a symposium on MER at the American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting in November 2016. The panel brought together different stakeholders in a debate-style discussion on how to prioritize different approaches to MER required for financing malaria program scale-up. One of the feature presentations showcased preliminary results from the cost-effectiveness analysis of targeted malaria prevention, diagnosis, and treatment intervention packages in Senegal, where, in certain parts of the country, the opportunity to attain elimination or pre-elimination exists.

Following the panel, HFG focused on drafting the journal manuscript. After substantive quality assurance review and revisions, the team finalized the manuscript and submitted it to HFG's client, Martin Alilio, for a final review. The team plans to submit to a peer-reviewed journal by the end of Y6Q1 to inform future studies of a similar nature as well as the elimination planning efforts of the National Malaria Control Program in Senegal. The team will also hold a virtual webinar to discuss the study's findings in the context of elimination, building off the discussion of WHO's new framework for malaria elimination which HFG facilitated with the COP in Q3.

Also in Q4, the team was notified that the Senegal study had been accepted as a poster presentation at the 2017 ASTMH Annual Meeting in Baltimore in November. At the end of Year 5, HFG was preparing several platforms to engage the COP, through both virtual and in-person meetings (such as ASTMH and the Multilateral Initiative on Malaria conference in April 2018 in Dakar, Senegal). At ASTMH, the team will hold a side meeting that will feature 4-5 interactive sessions. One will focus on presenting the progress of the malaria economic literature scan, one of the three key COP deliverables. Another session will include a panel discussion on aligning economic research incentives and priorities with malaria elimination policies and goals.

TABLE 15. MALARIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Cost-Effectiveness of Seasonal Malaria Interventions		
Finalize manuscript for journal submission	Ongoing. HFG sent manuscript to PMI counterpart Martin Alilio for a final review; HFG is waiting for feedback.	The team expects to submit to the Malaria Journal in Y6Q1.
Disseminate	The team was accepted to present the study findings via a poster at the 2017 ASTMH meeting. The team also submitted an abstract to present at the Multilateral Initiative on Malaria (MIM) conference in Senegal in 2018.	
Activity: Community of Practice for Malaria Economics Research		
Facilitate COP	The team planned a side meeting for COP members during the ASTMH conference. A literature scan of MER is ongoing. To date, of the 3,000 peer-reviewed articles returned by the search, the team has reviewed 1,100 articles and tagged them accordingly for inclusion or exclusion based on a review of the abstract. Approximately 300 articles were tagged for inclusion, and the team has conducted full data abstraction on about 60 of those included. HFG engaged a consultant to support the completion of the scan and the guidance document to support the production and/or utilization of available data for context-specific research.	At the ASTMH side meeting, HFG will present the results of the literature scan and a draft outline of the guidance document to obtain initial feedback from COP members and country program representatives. We will also identify COP members interested in contributing to the development of the guide and agree on a timeline for receiving the inputs.

4.4 Maternal and Child Health

Program Objectives - Across its priority countries, USAID focuses on key evidence-based interventions to address the primary causes of newborn and child mortality (oral rehydration treatment and zinc supplementation, immunization, micronutrient supplementation, malaria prevention and treatment) as well as to increase uptake of safe motherhood interventions (birth spacing, antenatal care, skilled birth attendance, clean deliveries, and postpartum counseling).

The HFG project links its technical assistance and analytic activities directly to these key initiatives and projects, identifying opportunities to leverage health financing and governance strategies to enhance demand for, quality and effectiveness of, and access to priority MCH interventions. HFG's Year 5 MCH portfolio supported the following specific objectives:

- Generate stronger evidence on the full costs of saving a woman's and newborn's life
- Increase the capacity of country decision makers to use costing and planning tools to increase coverage of MCH services;
- Generate stronger evidence on the role of provider payment systems in improving MCH service quality; and
- Generate evidence on the impact of HSS interventions on health outcomes

Year 5 Activities -

1. ***Costing packages of interventions to mitigate the "three delays" in accessing maternal and newborn health (MNH) care:*** Improving maternal health outcomes has focused on reducing the three delays: (1) delays in deciding to seek care, (2) delays in reaching needed maternal care at a facility, and (3) delays in receiving high-quality, respectful, and timely maternal health care. The objectives of this activity are to 1) retrospectively estimate the unit costs of selected interventions designed to mitigate the three delays; and 2) estimate the cost per death averted (maternal deaths and newborn deaths within first two days) using secondary data. The results of this study are expected to inform global partners, ministries of health, and other stakeholders' planning and budgeting processes for MNH interventions that address the three delays and avert maternal and newborn deaths.
2. ***Building capacity for OneHealth Tool (OHT) to Support Cost Analysis in an EPCMD Country:*** The OHT for costing and strategic planning can be used to analyze health systems investments needed to achieve maternal, newborn, and child health (MNCH) goals in countries that are working to bring priority interventions to scale. In Bangladesh, the Ministry of Health and Family Welfare requested assistance with costing the newly revised Essential Service Package (ESP), an integrated package of services including MNCH services. This activity aims to improve the capacity of country officials in Bangladesh to adequately cost the ESP and use the estimates for policy and planning. This activity is co-funded with Bangladesh field support. For more details, see Section 5.2.2.
3. ***Using provider payment to improve quality of maternal health services:*** Countries are increasingly recognizing the importance of good quality care for achieving health targets, and several are exploring ways in which financial payments and incentives to health care providers can not only improve access to services, but also improve the quality of those services. Under this activity, HFG will review and document country examples of privately or publicly sponsored arrangements that link financial payments to providers with the quality of maternal health care, and analyze the mechanisms through which these incentives influence provider behavior. The aim is to derive practical lessons that would guide other countries to design and implement similar schemes.

4. ***Marshalling the evidence:*** Documenting the HSS expert review panel for EQUIST: In the past few years, USAID's "Marshalling the Evidence for HSS" initiative has aimed to compile and synthesize available evidence on the effects of HSS strategies on coverage of priority health interventions and on health status. Relatedly, UNICEF has developed "EQUIST," a health system modeling tool designed for planning, priority setting, and resource allocation in low- and middle-income countries. EQUIST helps planners and policymakers select strategies to reduce mortality and morbidity and links automatically with the Lives Saved Tool (LiST) to calculate the effects of various strategies on maternal and child deaths averted. In 2015 and 2016, the HFG project collaborated with UNICEF to convene an expert panel, aiming to review and incorporate the available HSS evidence into the EQUIST tool (see activity 9 under Cross-Bureau Activities for more information). The expert review process, and the preparations for the expert meeting, generated a wealth of supporting information. Under this activity, HFG will prepare the supporting documentation for circulation and use by the global HSS community, including country practitioners. The information will also greatly facilitate any future efforts to update and refine the consensus estimates around HSS.
5. ***Resource tracking for MCH:*** Accurately tracking resources for MCH is critical to ensure sufficient and effective allocation of health resources. With the roll-out of WHO's updated System of Health Accounts (SHA) 2011 framework, countries conducting Health Accounts estimations are seeking guidance on tracking health sector resources - particularly within a specific priority health area, such as MCH - using this new framework. In collaboration with the WHO, HFG is (a) developing practical guidance materials on MCH resource tracking for countries applying the SHA 2011 methodology, and (b) piloting the MCH guidance in a USAID-identified priority country that is conducting a SHA 2011 estimation.

Year 5 Progress Against Objectives - At the end of Q1, HFG submitted a revised Year 5 work plan for review and approval, which included two new activities, the EQUIST panel documentation review and the "Three Delays" costing analysis (described above). Upon receiving approval from the core client counterparts, all funds for MCH were successfully programmed by Q2.

The team has continued to make steady progress on all activities throughout Year 5. As part of Activity 1, the team collaborated closely with the USAID mission in Zambia to develop a study protocol, which was submitted to the Abt and Zambian Institutional Review Boards (IRB) and received exemption from full review due to the nature of data being collected. At the end of Year 5, the team had completed data collection from health facilities and district health offices, and was in the process of collecting data from implementing partners. The team also had adapted the study for implementation in Uganda, received buy-in from the Uganda mission, and is currently engaging a local coordinator to lead the study in-country. Continued collaboration with country mission officials and other local stakeholders will be essential to ensuring that the costing results are useful for country-level decision-makers aiming to improve the quality of MNH services.

As part of Activity 3, HFG finalized two reports that document country examples of mechanisms that link financial payments to providers with the quality of maternal health care, and analyze the mechanisms through which these incentives influence provider behavior. The team disseminated the reports widely in Q2 and, in Q4, prepared a journal manuscript which will be included for submission to the special HFG issue of Health Systems & Reform. As part of Activity 5, HFG also finalized a brief on maternal health spending in Zambia in Q2.

Table 16 provides additional activity-specific updates.

TABLE 16. MATERNAL AND CHILD HEALTH ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Costing Packages of Interventions to Mitigate the Three Delays in Accessing Maternal and Newborn Health Care		
Uganda		
Develop protocol, data collection instruments	Following an initial call with the USAID Uganda and CDC contacts, who confirmed their interest in taking part in this study, the HFG team adapted the study protocol to the Ugandan context and shared it. The team held a call with USAID Uganda in August to re-establish communication and developed a draft itinerary for a scoping visit. After interviewing several qualified candidates, the team identified a local research coordinator and is currently working to bring them on board. HFG also is collaborating with the Abt projects in Uganda on logistics and administrative support for the study.	A scoping trip is tentatively planned for late October/early November. Further tailoring of the protocol is expected after the scoping visit and once the local research coordinator is on board. A final protocol is expected by the middle of Y6Q1.
Zambia		
Train data collectors	Activity lead Ben Johns and technical support Christopher Cintron travelled to Zambia in late July to launch the study. In coordination with HFG's local research, training was held for the data collection team (2 supervisors and 4 enumerators). The data collection tools were also piloted.	This task is complete.
Submit protocol for IRB approval	The team received exemption from full review by Abt/Zambia IRBs and secured letters of authority from the Zambia the MOH.	This task is complete.
Collect data	As of the end of September, the team had completed data collection from the 12 health facilities and 4 district health offices, and were in the process of collecting data from implementing partners.	Preliminary data from the health facilities has been received. Verification of all data is ongoing and will be completed in Y6Q1. Analysis will begin shortly thereafter.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Marshalling the Evidence/ Documenting the HSS Expert Review Panel for EQUIST		
Document process and lessons learned	The team completed their review of the expert results, and developed an outline for the brief, which describes the expert panel review process.	The draft brief is expected by the end of Y6Q1.
Finalize evidence summary hand-outs and expert panel outputs	The hand-outs summarizing the evidence and results/outputs worksheets are complete and have been reviewed by partners.	The final, formatted versions should be complete by the end of October.
Activity 3: Using Provider Payment to Improve the Quality of Maternal Health Services		
Prepare and submit manuscript to peer reviewed journal	The team has drafted a manuscript for publication based on the literature review and framework.	The team submitted the manuscript for inclusion in the special dedicated issue of *Health Systems & Reform* that will solely feature HFG work. The paper was assigned to an internal HFG reviewer. At the end of the quarter, the team was awaiting confirmation that the paper will be included in HFG's submission. The selected papers will then go through the peer-review process at *Health Systems & Reform* before being published (expected: April 2018).

4.5 Population and Reproductive Health

Program Objectives - HFG supports USAID's contribution to meet the global goal of 120 million additional family planning (FP) users by 2020 that was established during the London Summit on Promise Renewed, and resulted in the global initiative Family Planning 2020. HFG focuses on strengthening health systems, with a particular focus on resource tracking for policy and programmatic decisions and strengthening USAID partner international nongovernmental organizations (NGOs) to deliver FP services through implementation of performance-based incentives. The Global Financing Facility (GFF) presents a potentially strategic opportunity to embed reproductive health priorities into the strategies that countries and development partners will jointly commit to achieving and HFG will provide assistance to help countries incorporate FP into GFF investment cases.

Year 5 Activities - HFG will achieve the program objectives by:

- Assessing International Planned parenthood Federation's (IPPF's) performance based funding initiative and recommendations for how to strengthen it. For performance-based financing (PBF) to achieve its full potential, leadership, guidance, and vision for PBF needs to emanate from the IPPF Senior Management Team; be owned by IPPF regional management teams; and be effectively communicated as a federation-wide strategy. This activity will provide evidence of the performance impact of its payment system on its Member Associations and provide recommendations on how to revise and strengthen its impact on the performance of those associations.
- Supporting the organizing committee for a Community of Practice meeting on revising the PBF rewarded metrics to incentivize quality FP services. HFG supported two technical working groups, one on the theory of change and another on donor policies related to PBF and FP and participated in a meeting in the PBF Community of Practice Incentives for Quality Family Planning event in Antwerp, Belgium, in September 2017, where an agenda for developing measures to reward quality was defined.
- Providing technical assistance in applying the System of Health Accounts 2011 framework to track FP and use these results to improve FP programming. A policy brief that outlines how Health Accounts data can be used for evidence-based decision making in FP programs was developed with the Ministry of Health.s and to USAID on how provider payments can improve the quality of maternal health services.

Year 5 Progress Against Objectives - In Q1, the final assessment and recommendation report, "Strengthening Performance with the IPPF Performance Based funding Model: Evidence and Recommendations," was completed and shared with the senior management team of IPPF and with USAID. HFG presented the findings and recommendations to the IPPF Senior Management Team through the SIFPO project titled "Sustainable Networks" and to USAID in November 2016. Evidence from this assessment indicates that PBF is having an impact. IPPF is considering the recommendations and may appreciate further support from HFG.

In Q4, HFG participated in the organizing committee for a global meeting of a community of practice that aimed to improve the indicators that are rewarded in PBF initiatives that relate to quality and FP. The standard model of PBF rewards quantity measures, such as "new FP users," and measures of quality such as whether essential FP commodities are in stock. The global FP community had converged on a common Rights Based Family Planning framework, which offered a useful framework to consider measures of quality in FP. While the two-day meeting was not adequate for agreeing on new indicators, a process was started that will contribute to this important revision. In addition, HFG is exploring producing an update of the Health Systems 20/20 project's 2010 document, "Performance-Based Incentives; Ensuring Voluntarism in Family Planning Initiatives" that will draw on lessons from countries that participated in this global meeting and on the Rights Based Family Planning framework.

HFG continued to support Burkina Faso with analyzing its FP spending to facilitate decision making for FP policymakers. A brief was produced that provides insights into how the System of Health Accounts 2011 framework can be used to inform policy and planning around spending on FP. This brief will be translated into French as well as English.

Table 17 provides additional activity-specific updates.

TABLE 17. POPULATION AND REPRODUCTIVE HEALTH ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Technical Assistance to FP2020 Working Groups on Expenditure Tracking		
Provide technical assistance to understand expenditure tracking of international financial commitments	In Quarter 4, HFG finalized the FP policy brief developed with the Ministry of Health in Burkina Faso. The brief highlights some of the key policy implications of the findings and will help FP decision makers to identify resource mobilization or resource allocation decisions that may needed.	HFG will post the brief on the website and is exploring opportunities for dissemination, including a brown bag at USAID.
Activity 2: Ensuring quality in RBF initiatives for FP		
Hold PBF Community of Practice meeting	Reprogrammed. The PRH office determined a change in scope to focus on incentives for quality when including FP in RBF initiatives. In Q4, HFG participated in the two-day global PBF Community of Practice Incentives for Quality Family Planning event in Belgium. HFG developed conference materials, contributed to presentations, and served as a facilitator in this event.	

4.6 Tuberculosis

Program Objectives - The objective of HFG's Core TB activity is to improve the relationship between health financing and TB service delivery through strategic health purchasing: better targeting of general revenue health budget funds to priority TB services and populations. Scale-up and sustainability will be increased by ensuring that service delivery interventions are designed, developed, and implemented in a way that is directly linked to and consistent with health financing and governance improvements.

Year 5 Activities -

- ***Activity 1: Country-level interventions:*** In Year 5, country implementation support will focus on regional workshops and in-country technical assistance to selected USAID TB priority countries, to (a) increase understanding of the importance of TB strategic purchasing among decision-makers in USAID TB priority countries; (b) foster implementation of small changes in provider payment or public financial management to improve efficiency and effectiveness of TB services, building on the purchasing continuum and lessons learned to date including improving TB provider payment systems in Kyrgyzstan and better matching TB plans and budgets in Malawi (including introduction of the planning and budgeting approach or tool developed by HFG, as applicable).
- ***Activity 2: Global indictor activity:*** By definition, all USAID TB priority countries are included in the TB global indicator activity. During Year 4, HFG collected data on 27 indicators for all 23 USAID TB priority countries and developed a user interface to allow for easy comparison of indicator data across countries. During Year 5, HFG will undertake a quality assurance (QA) process to verify country indicator data and will finalize data presentation through a report and continued work on the user interface. HFG will also disseminate country indicator data (see Activity 3, below).
- ***Activity 3: Dissemination:*** In Year 5, HFG will disseminate information aimed at fostering understanding of the link between provider payment and TB service provisio.

Year 5 Progress Against Objectives - To ensure high-quality implementation of the Year 5 activities, in Q1 HFG's TB strategic purchasing team established an advisory group to support indicator analysis and regional workshop development. This team includes Laurel Hatt (Abt), Rena Eichler (Broadbranch), Chelsea Taylor (R4D), Sheila O'Dougherty (Abt/Activity Quality Advisor), and Barton Smith (practicing MD / independent consultant with extensive service delivery and health systems experience connected to TB). Additionally, health insurance expert Jeanna Holtz (Abt HFG and SHOPS Plus projects) is being consulted on relevant issues.

During Q1, HFG advanced the global indicator activity. It submitted to USAID a formal draft of indicators that included not only data on 27 indicators for the 23 high burden TB countries, but also data sources, functions, definitions, and measurements (methodology) for each indicator. It discussed the indicators and how to use the data collected with USAID; initiated a quality assessment of the data collected; and discussed indicators and analysis with the advisory group and with WHO's TB M&E team in Geneva.

To develop the regional workshop model, HFG drafted a list of country selection criteria and reached agreement with USAID on workshop objectives, namely, to help national TB programs be heard in country's provider payment reforms, and ensure that strategic purchasing mechanisms developed for the country address TB in a way that makes sense. HFG's strategic purchasing team has been discussing the workshop approach with the team of advisors and will present a detailed concept to USAID for comment later in the year.

In Q2, HFG disseminated the cost-accounting and discharged patient database approach developed for Kyrgyzstan and Ukraine. Through leading a session and co-facilitation of the six-day WHO/Euro-TB REP Project TB and HSS course in Barcelona in October, HFG was able to gain interest and understanding of the model and of shifting TB hospitals in the former Soviet Union (FSU) to output-based financing. The course was attended by 44 participants representing 12 former Soviet and East European countries. Based on the technical quality of the work presented by HFG, the Global Fund, WHO/Euro, and the TB-REP project leadership have expressed interest in further collaboration and are eager to leverage HFG technical capacity for future collaboration in the FSU region.

HFG chaired a satellite session on strategic purchasing at the Union Conference of Lung Health (Liverpool, UK) in October. This session was one of the few times strategic purchasing was mentioned at the world's largest meeting of the TB community in 2016. The talk show-style session presented the Kyrgyzstan and Ukraine TB hospital payment reform models as a case study, and addressed the broader issues of provider payment.

Also in Q1, at the Health Systems Research conference in Vancouver in November, HFG presented a poster on the cost-accounting and discharged patient database analysis conducted in Kyrgyzstan.

During Q2, HFG presented USAID with specific concept notes for the Asia and FSU workshops. Based on the discussion, it was decided to hold a single, shorter Asia-Africa combined workshop in June 2017, immediately after the STAG meeting. An FSU workshop is tentatively planned for September 2017. HFG began working on the agenda and approach for the Asia-Africa workshop.

HFG finalized the strategic purchasing indicator database data, conducted QA, presented the product to USAID, and made the updated online interactive interface/database available to USAID for further review. HFG also developed and refined a country-focused indicator dashboard, and presented it to the USAID TB team for discussion.

In Q3, USAID and HFG revised the plan for three separate regional workshops and instead held a combined African and Asian workshop after the June 2017 STAG meeting in Geneva. The Provider Payments for Improved Tuberculosis Services global workshop was held at Annecy, France. Participants at the workshop included TB and health finances experts from Cambodia, Indonesia, Philippines, Nigeria, Tanzania and Uganda. They were joined by staff from USAID, WHO, The Global Fund and HFG. 3, At the workshop, participants worked to identify emerging opportunities for improving TB services by strengthening or adjusting provider payments methods as part of major national health financing and system reforms.

In Q4, HFG began planning a workshop for FSU countries to focus on unique regional issues (excess TB hospital capacity, overuse of inpatient care), and learn from the successful hospital payment reforms in Ukraine. The HFG TB team is working with local HFG staff in Nigeria, Tanzania and Indonesia to plan follow-up activities. HFG drafted a description of how the Global TB Indicator data and visualization tool could be handed over to USAID or another organization to be available on a website and be updated

Table 18 provides activity-specific updates.

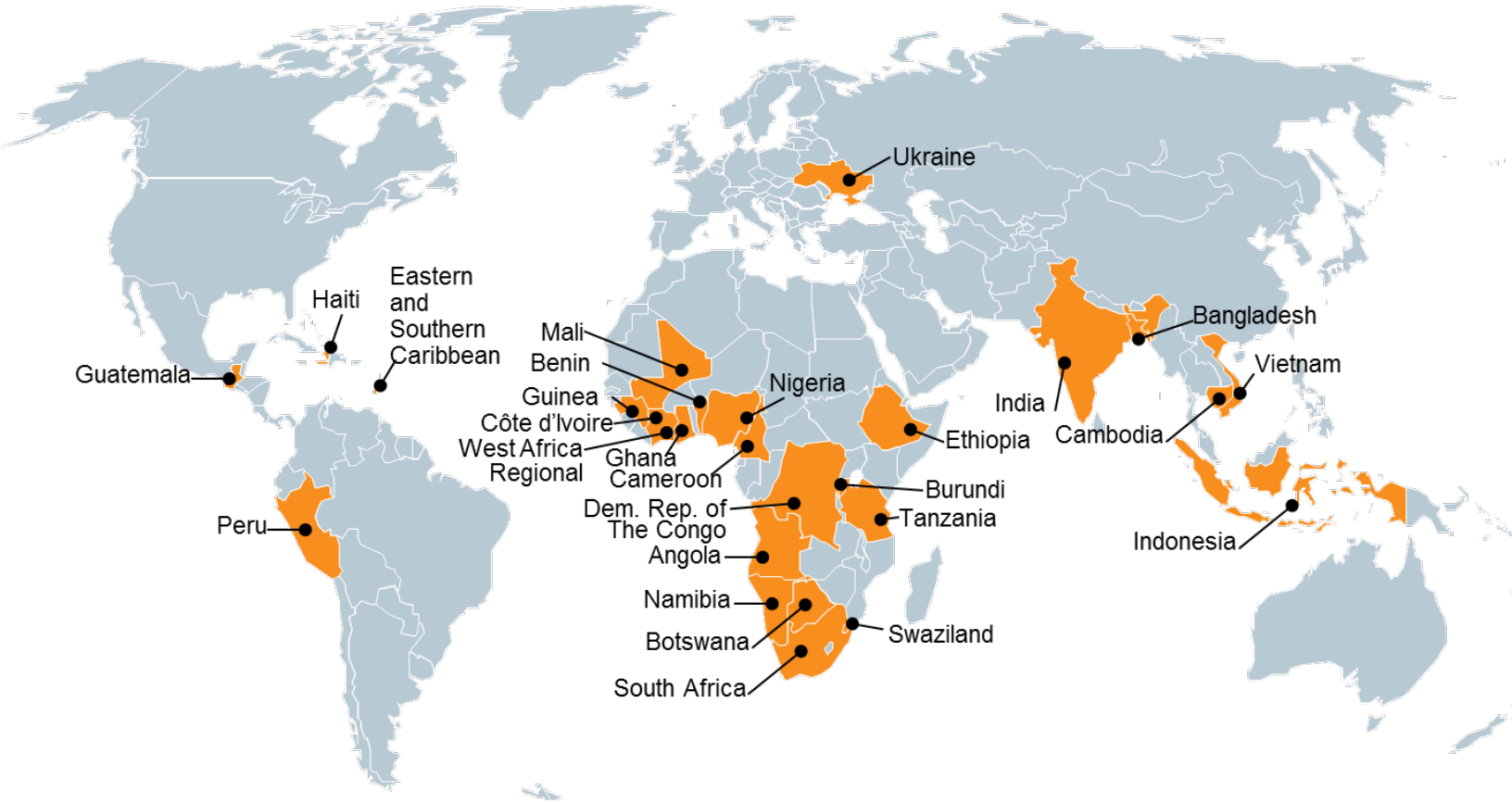
TABLE 18. TUBERCULOSIS ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Country Interventions: Workshops and Follow-up Technical Assistance on Provider Payment for Improved TB Services		
Design workshops	Completed for the Asia and Africa workshop in Q3. The technical FSU workshop is being planned; Ukraine was proposed as a location, but uncertainty at the Ministry of Health leaves that open to consideration. A second option is Kyrgyzstan, but there, timing is an issue, with elections in October, followed by the WHO/Euro Ministerial TB meeting in Moscow in November, it is likely that the workshop would take place in Y6Q2.	
Conduct three regional workshops	Thirty-one people attended the workshop including 15 country participants, staff from WHO, USAID, the Global Fund, and HFG presenters.	The time frame for planning was short and not all proposed participants were able to obtain visas before travel. Despite the logistics challenges, a sizeable group was able to participate and this allowed for intense focus and interaction among the attendees. Participants were keen to learn the potential role of strategic purchasing in improving TB outcomes. HFG plans to follow up with a series of webinars on the health finance issues for TB programs, as well as with 3 country-level collaborations with ongoing USAID health finance activities.
Provide in-country technical assistance to support implementation of specific provider payment or public financial management interventions, to allow for improved resource allocation toward improved TB outcomes	Countries selected for follow-up assistance include Nigeria, Tanzania, and Indonesia. HFG is working with local HFG staff in each country to plan additional follow-up activities. HFG staff and consultants are also currently working on multiple activities: Advocacy pieces for high-level decision makers, technical reports, a series of webinars, and several blogs. The goal is to provide further support to encourage the Annecy countries to move forward with the plans that they initiated during the workshop.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Global Indictor Presentation and Analysis		
Update country indicator data based on new information made available from in-country assessments (carried out previously)	The indicator data and visualization tool were reviewed by USAID staff in Y5Q3. In Y5Q4, HFG drafted a description of how the data and visualization tool could be handed over to USAID or another organization to be available on a website and be updated. HFG also incorporated USAID feedback on the global financing indicators and Philippines indicator document.	HFG will re-submit the global financing indicators and Philippines indicator document to USAID for review. This will be followed by a meeting with USAID to discuss the revised documents.
Activity 3: Dissemination of TB Strategic Purchasing Work		
Document and disseminate methodology and lessons learned	During Year 5, HFG completed all of its planned presentations. HFG staff presented a course entitled, *Relationship between TB Strategic Purchasing and Desired TB Service Delivery Improvements* during the WHO Barcelona in October 2016. HFG TB staff also presented a talk show-style session during the Union Conference on Lung Health in Liverpool in October 2016 and presented a poster at the HSR Conference in Vancouver in November 2016.	HFG will present the abstract, *Clinical and Cost Data for Effective Use of Domestic Resources for TB: the Case of Ukraine,* at the Union Conference on Lung Health to be held in Mexico during Y6Q1.
Disseminate Indicator Data	In Y5Q4, HFG drafted a description of how the data and visualization tool could be handed over to USAID or another organization to be available on a website and be updated.	USAID resources required to maintain the global indicators and data visualization tool to USAID include: 1. Health Economist, to update data and provide technical expertise 2. Data Visualization Developer, to upload data to the web page

5. FIELD SUPPORT ACTIVITIES

The section provides a summary of progress made on activities in the 24 countries and with the three regional USAID bureaus (Africa, Asia, and Eastern Europe and Eurasia) with which HFG works.



5.1 Africa

5.1.1 Africa Bureau

Program Objectives - Overall Objective: Improve the capacity and country commitment to implement health financing reforms within the African region.

Specifics YR5 objectives include:

- Increased capacity for health financing reforms in the African region
- Greater understanding of the funding of the social sectors from domestic sources and opportunities for more efficient resource utilization at different administrative levels to improve value for money.
- Increased availability of demographic and family planning information, leading to improved strategic planning in those areas.

Year 5 Activities -

- Continued work on improving efficiency in allocation and utilization of resources in selected countries in order to generate policy and program options for USAID to implement, and to improve efficiency of resource allocation and utilization at different administrative levels in order to improve value for money
- Analytical support to the Africa Bureau Office of Sustainable Development (AFR/SD) for assessment and strategic project planning
- World Bank/WHO Flagship course partnership(s)
- Support to Family Planning Financing Meeting for sub-Saharan Africa (SSA)

Year 5 Progress Against Objectives –

Allocation of Domestic Resources Study: In early September 2016, USAID and HFG agreed that the project would continue to work with the Ghana Center for Democratic Development (CDD) to build their capacity to do political economy analysis (PEA) of the data collected for the study on the allocation of domestic financial resources across social sectors and to complete the study report. A new sub-award was approved to allow the CDD to revise the initial draft of the report to include a comprehensive PEA section and make any necessary edits in to the overall resource allocation report, backstopped by HFG.

In October 2016, HFG worked to build CDD capacity by giving three days of training on basic PEA knowledge and skills. HFG also conducted a second round of key informant interviews to inform the revision of the PEA section of the resource allocation report and structure the analytical process to lay the groundwork for a revised report.

By March 2017, the macro/political economy section of the report was thoroughly revised. It became evident that the CDD did not have the capacity to complete the section revisions and editing; instead, the USAID Africa Bureau and HFG made extensive revisions to the health, education, and comparative sections, and they assumed responsibility for finalizing the report.

The preliminary PEA results of domestic allocation include:

- Democratic competition and the fight for swing voters creates strong pressure to improve and extend programs. The consolidation into a de facto two-party system and programmatic efforts by NPP to distinguish itself from NDC in the 2000 election set in motion a positive dynamic. Although the fiscal planning for health insurance was poor, no one is considering retreating to cash and carry. Understanding how this two-party dynamic unfolds has wider relevance to USAID work in other countries.
- The national health insurance grew from this pressure but voters do not have the information to influence or know what to do technically to fix it. Experts say NHIS is facing a fiscal emergency. But the new government announced a cabinet with 110 ministers, casting doubt on whether it grasps the extent of the fiscal crunch, which the International Monetary Fund says will remain difficult for 10-15 years.
- Raising VAT and diverting a fraction of oil money are partial solutions and would be outstripped if the country reached the goal of 60 percent of people on the NHIS. Oil production has under-performed and leaders have begun to splash the money around among many small projects. It is unclear how curtailing that practice in favor of funding health or education would fly politically. And oil was meant to fund long-term infrastructure, not recurring costs.
- The new government has vowed to implement universal secondary education but it is unclear how they can pay for this amid austerity and still unresolved energy production/electricity problems.

In April 2017, HFG reviewed and identified information gaps and formulated a list of priority interview questions for the Ghana CDD to use to get information to fill in these gaps. The CDD carried out the interviews in May and June 2017, and then worked with HFG on re-writing the report, which it shared with USAID in July 2017. In September 2017, HFG completed a fully revised version of the report and submitted it to USAID.

The main findings of the revised report include:

Health Sector:

- Ghana's health financing landscape is complex, which has made it difficult to track the flow funds and estimate the true magnitude of the resource gap.
- Ghana faces structural and economic challenges in mobilizing additional domestic revenue for health.
- Opportunities do exist to spend resources more effectively and efficiently, which would improve the fiscal space for health.
- Health reform has historically been inextricably linked to politics in Ghana.
- New government could have a window of opportunity for meaningful health reform as there may be an appetite for change given the health sector's recent performance.
- Health policy reform and governmental action to address the challenge of sustainable financing in the sector is underway, but success is by no means assured.

Education Sector:

- The budget has significant rigidities within the budget.
- Recent shifts raise questions about certain types of future funding.
- Additional resource needs are on the horizon.
- Aggregate expenditure levels compare well.

- Financing arrangements are complex.
- There is a bias toward visible projects even in the use of quasi discretionary funding.
- Progress toward a fully devolved education sector has been slow.
- Unfinished projects are an issue.

Analytical support to AFR/SD: Avenir Health started work on a new round of analysis and projections of quintile age-structure differentials for five new SSA countries (Ghana, Senegal, Malawi, Madagascar, and Ethiopia) selected by the Africa Bureau. The first country analysis is Ghana, with quintile projections using DemProj and FamPlan expected to be available for review in early January 2017, followed by application of the Lives Saved Tool (LiST) model to compare the poorest and the richest, to develop the argument that investing in FP helps reduce MCH costs to the health sector. In addition, Avenir Health updated the paper on Inequity and Fertility by expanding the literature review, preparing new projections using newly available DHS data, and focusing the analysis on a comparison of the four focus countries (Kenya, Nigeria, Rwanda, and Uganda) instead of having separate sections analyzing each country's results.

In March 2017, Avenir Health completed draft policy briefs for Kenya, Rwanda, and Tanzania. These briefs develop the argument that investing in FP helps reduce MCH costs to the health sector, as well as potential education-work participation linkages with age at marriage, fertility and FP linkages. Avenir also completed FP and fertility projections for six new SSA countries selected by the Bureau (Ghana, Senegal, Malawi, Madagascar, Ethiopia, and Tanzania) for a new round of analysis and projections of quintile age-structure differentials.

By June 2017, Avenir Health had revised the Inequity and Fertility paper focusing the analysis on the four focus countries and explored publishing it in implementation-oriented journals. Avenir completed five additional policy briefs, for all of the first four focus countries as well as three of the six new SSA countries. It continued exploratory analysis of data on age at marriage, education, and employment by quintiles for all six new countries to examine linkages with fertility and FP use. Additionally, Avenir staff began work on using the LiST costing model to develop the argument that investing in FP helps reduce overall costs to the health sector by reducing MCH costs.

As of September 2017, Avenir Health has revised and finalized all 10 policy briefs on Inequity and Fertility. At the request of the Africa Bureau, it began drafting a report to integrate the findings.

World Bank/ WHO Flagship Course Partnership: In Q2, the World Bank and Africa Bureau agreed to support the initial implementation of an Africa Flagship Training Program. The proposed Flagship Program will help in establishing a long-term partnership for the African region for capacity building and policy dialogue. It is expected that the program will help build a consensus among stakeholders on how to proceed with design of health system reforms and implementation. For this purpose, both USAID and the Bank, together with WHO and other partners, aim to support in-country policy dialogue, contribute to building capacity for policy making and implementation, and strengthen partnerships through tailored courses. USAID asked HFG to support the courses.

As of June 2017, two regional flagship courses were identified. The first was an *Anglophone West Africa focused sub-regional course on Health Sector Reforms and Sustainable Financing in Ghana*. The five-day course was held in late August 2017. Its goal is to improve the capacity and ownership of country participants to understand and apply a set of concepts, tools, and methods necessary to improve their health systems' UHC activities.

The second course was a *Francophone West Africa focused course on Health Financing and UHC*, which will be held in November 2017 in partnership with the WHO and World Bank. The course offers practical lessons on how to effectively implement health financing strategies. HFG will support the refinement of the technical content of the course and also finance some course participants. USAID country officers will be part of the joint learning and discussions. This contributes to better understanding and alignment of messages and technical contributions of partners on the overall health financing and UHC agenda at the country level.

In August 2017, HFG and the World Bank co-hosted the *Flagship Course on Health Systems Strengthening and Sustainable Financing in Accra, Ghana*. The course brought together over 100 participants from four Anglophone West Africa countries (Sierra Leone, Liberia, Nigeria, and Ghana). It improved policy dialogue and policy-making capacity and created partnerships for reform. Each country delegation included a mix of government representatives from ministries of health and of finance, and national health financing agencies, as well as USAID mission staff, World Bank representatives, and various NGO and private sector participants. Other participating partners included The Global Fund and GAVI.

Country participants were pleased with the breath of information presented and the opportunity it provided them to learn about other elements of the health sector and how they relate to their own field. An overwhelming majority of participants found the course useful and 63 percent expect to use the knowledge they had gained to improve their work or enact reforms. The country participants proposed to brief their respective offices on the usefulness of the course and advocate for such training for other staff. Demand for more focused and advanced training emerged from the evaluation and discussions. The course concluded with a presentation from each country team on how they would move a priority health financing reform to the next level, an articulation of the needed partner support, and the markers of progress and timeline that they will follow to track implementation. Country presentations were documented during the report-outs and are included in the trip report.

As of September 2017, planning for the Francophone West Africa course was fully underway. The agenda and country participant teams were being finalized. HFG agreed to send group-work facilitators with expertise in public financial management to support the course. HFG also will sponsor the travel of the Togo country team.

Support to 2018 Family Planning Financing Meeting for SSA: In September 2017, HFG attended the technical planning kick-off meeting for the FP financing meeting scheduled for January 2018. Meeting objectives are to: (1) increase understanding of FP financing concepts and approaches to address sustainability challenges and improve the efficiency of FP service delivery, and (2) develop country-specific solutions for improving FP financing and efficiency. Areas of HFG technical support are to be confirmed.

Table 19 provides activity-specific updates.

TABLE 19. AFRICA BUREAU ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Study on Allocation and Utilization of Domestic Financial Resources Across Sectors in Selected Countries		
Prepare first country draft assessment report	In September 2017, HFG completed a fully revised assessment report and shared it with USAID. The revised report highlights the constraints and opportunities for mobilizing domestic resources for health and education within the macro-political and economic context in Ghana. It contains detailed chapters (3, 4) on Ghana's political system and economy to provide the macro-level context in which resource allocation decisions for the health and education sectors are made. This is followed by sections (5, 6) on the health and education sectors, which explore the political economy of sector-specific allocation and expenditure. The report concludes with reflections on the similarities and differences between the political economy dynamics observed in the two sectors (Section 7) and closes with key lessons that emerge from this analysis. While study findings pertain to Ghana, lessons about the types of political and economic considerations that affect decision making in the health and education sectors may be applicable to other countries.	Overall, USAID was pleased with the revised product and suggested a few edits to the structure of the executive summary and findings sections. These edits will be incorporated into a final report that is to be submitted to USAID in October 2017. HFG is also discussing with USAID possible ways to strategically disseminate the study findings and possible follow-on activities that can build on the findings.
Activity 2: Analytical Support to the AFR/SD for Assessment And Strategic Planning		
Provide analytical support to the AFR/SD for assessment and project planning (funding for Avenir)	As of September 2017, Avenir Health had revised and finalized policy briefs on all 10 countries included in the analysis on Inequity and Fertility. At Africa Bureau request, Avenir had begun drafting a report to consolidate the findings.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: World Bank Flagship Course Partnership		
Support the Anglophone West Africa Course on Health Sector Reforms and Sustainable Financing in Ghana	With over 100 participants, the course drew many more participants than expected, evidence that the course framework was of great interest and very timely for the four participating countries. It also attracted a great deal of partner interest and support, including strong partnership with Ghana's NHIA and Ministry of Health, participation from World Bank at the global, regional, and country levels, and collaboration with the Global Fund and GAVI.	Based on experience with this course, USAID and the World Bank are committed to continuing and improving their partnership in flagship training. They have begun discussing future country training needs and priorities.
Support the Francophone West Africa focused course on Health Financing and UHC	The agenda and country participant teams are being finalized. HFG has agreed to send group work facilitators with expertise in public financial management to support the course. HFG is also sponsoring the travel of the Togo country team.	
Activity 4: Family Planning Financing Meeting for SSA		
Support the Family Planning Financing Meeting for SSA	The technical planning committee agreed that this meeting is necessary and will have the following objectives: • To provide background information and tools on health financing concepts that involve FP. • To share in-country experiences (successes and challenges) in financing FP programs. • To explore together ways to increase domestic resource mobilization and plan for financing FP programs among participating countries. • To identify and address in Year 6 advocacy needs related to financing FP.	As planning continues, immediate next steps include confirmation of country participant teams, the final agenda, and specific technical roles and products for contributing organizations/ participants.

5.1.2 Angola

Program Objectives -

- ***Activity 1: National Plan for Health Development (PNDS) Monitoring and Evaluation (M&E) Plan:*** The Ministry of Health (Ministerio de Saúde, MINSA) must be able to demonstrate the effectiveness of the PNDS to a variety of stakeholders, many of whom are outside the health sector, in order to secure government financing for the PNDS. A strong operational plan for M&E of both the programmatic and financial implementation of the plan is critical to ensuring that MINSA can manage PNDS implementation and make the case for continued public investments in the health sector.

  Expected Results: The output of this technical assistance is a plan to monitor and evaluate the PNDS, both programmatically and financially. The plan will be practical, with clearly outlined steps for how it can be operationalized. The M&E plan will strengthen accountability for program performance and budget execution for PNDS at the central, provincial, and district levels.

- ***Activity 2: Support Implementation of Health Accounts:*** There is an urgent need to increase MINSA's capacity to monitor government financing of the PNDS and make informed decisions based on reliable information on the quantity of financial resources used for health, their sources, and the way they are used. Health expenditure tracking is internationally recognized as critical information for developing countries such as Angola to improve efficiency, equity, and financial sustainability in the health sector as well as understanding resource allocation across priority health programs.

  Angola has so far undertaken resource tracking exercises such as: a public expenditure review (2007), assessing the magnitude and flow of public spending, and household surveys to provide insight into household health seeking behavior and spending on health (living conditions and household survey, 1995; survey of households' income and expenditure, 2000/01; and multiple indicators and cluster sampling surveys, 2000–01). While these resource tracking exercises provided policymakers with critical information about the respective resource flows, they have not provided a full picture for understanding the full magnitude and flow of resources in the health sector. Additionally, the available data are not current and do not serve as a baseline for the country's strategic plan, the PNS 2012–2025.

Year 5 Activities -

- ***Activity 1: PNDS M&E Plan:*** By the end of Year 4, HFG had produced a full draft of the M&E plan, including a list of Key Performance Indicators (KPIs) to measure the progress achieved through the PNDS. In addition, HFG conducted a rapid assessment of public financial management (PFM) processes and systems affecting financial monitoring of the PNDS. In Year 5, HFG will finalize the PNDS M&E Plan and build capacity of MINSA staff to implement the plan. Further, HFG will provide targeted institutional reform support to either a new MINSA department created to conduct M&E or to an existing MINSA unit expanded to take responsibility for M&E requirements. Throughout the process, HFG will continue to collaborate closely with the PNDS M&E Working Group, which includes representatives from across MINSA, especially GEPE and Finance Departments.

  Specific Year 5 activities under Activity 1:

  - Finalize M&E plan: Based on feedback from the PNDS M&E Working Group on the current draft, HFG will review and finalize the M&E plan. The plan will include clear recommendations and next steps to enable effective implementation of the plan.
  - Build MINSA capacity to implement the M&E plan: Based on the final recommendations and next steps from the M&E plan and MINSA capacity-building needs, and in consultation with USAID, HFG may provide targeted training to MINSA staff to build their M&E skills.

- M&E institutional reform: The PNDS M&E plan will outline the MINSA institutional structures necessary to manage the PNDS M&E plan. HFG will provide targeted institutional reform support to either a new MINSA department created to conduct M&E or to an existing MINSA unit expanded to take responsibility for M&E requirements.

- ***Activity 2: Support Implementation of Health Accounts:*** HFG will continue to provide technical assistance and guidance to the MINSA Health Accounts team to undertake its first Health Accounts exercise using the SHA 2011. The exercise will be adapted to the Angolan context (through the classifications and the distribution keys) and use the (existing) Portuguese version of the Health Accounts Production Tool (HAPT) and the Health Accounts Analysis Tool (HAAT).

  In Year 3, HFG provided strategic support to start laying the groundwork for Angola's first Health Accounts exercise. HFG supported the MINSA to develop and update the Health Accounts work plan and the data collection work plan, as well as to develop and validate a list of Health Accounts indicators. In addition, HFG held policy discussions with stakeholders including the minister of health, to advocate for the use of the latest Health Accounts framework (SHA 2011) in doing the Health Accounts exercise. In preparation for data collection, HFG developed a household expenditure questionnaire to be included in the upcoming DHS led by Angola's National Institute of Statistics (INE). However, in July 2015, the process for preparing for the Health Accounts stalled, due to competing priorities at MINSA and the uncertainty that the household expenditure survey would take place. In July 2016, USAID attended a meeting of the new Health Finance Working Group responsible for developing a national health financing strategy and for conducting Health Accounts. HFG will liaise with WHO, which will also provide technical assistance for Health Accounts, and with the new MINSA point-of-contact in the Health Financing Working Group in order to resume this activity.

  Through this activity, the HFG technical assistance will help develop the capacity of the Health Accounts team to gradually institutionalize the exercise and use the data to monitor the progress of the PNDS. The project will work on building the Health Accounts technical team capacity on the updated framework and the use of the HAPT, a software application developed by WHO and HFG to streamline the Health Accounts data collection and analysis. HFG will also provide technical guidance and backstopping to the country Health Accounts team during the key stages of the exercise, specifically during the analysis and generation of key expenditure tables. Finally, the project will backstop the team in interpreting the results, developing a brief report to inform the country's policy and plan and disseminate the key results to stakeholders. To facilitate the institutionalization of Health Accounts, the project will work with the Health Accounts team to identify and, where relevant, recommend implementation mechanisms to enable routine (regular) data collection from the different data sources for health spending data (i.e., government, donors, NGOs, private and public insurance).

Year 5 Progress Against Objectives -

- ***Activity 1: Finalize PNDS M&E Plan:*** During Q2, HFG finalized the third draft of the PNDS M&E plan based on the feedback and discussions held during the October-November 2016 visit to Angola.

  During Q3, HFG travelled to Angola to discuss the latest draft of the PNDS M&E plan with GEPE and MINSA and determine next steps in this activity. During the trip, GEPE and MINSA approved the draft M&E plan, which is now considered final and completed. HFG met with several stakeholders, including MINSA, USAID, and other implementing partners, to discuss areas where the project could provide additional support for the implementation of the PNDS M&E plan. HFG presented different options for support in the areas of M&E and PFM to the MINSA and USAID.

Ultimately, USAID expressed its preference that HFG devotes its remaining resources to the Health Accounts activity and considers this activity completed. While the MINSA will require a lot of support to implement the plan, there are already many partners working in this area in Angola, especially focused on rolling out DHIS2, and USAID would like to consolidate its own support through its existing bilateral projects.

- ***Activity 2: Support Implementation of Health Accounts:*** During Q2, in March 2017, the HFG consultant providing technical assistance to MINSA on Health Accounts travelled to Angola to launch the Health Accounts exercise. During the trip, the consultant led a three-day workshop for the MINSA Health Accounts team on the Health Accounts process, and worked with MINSA to begin data collection.

  In Q3, the HFG consultant leading this activity returned to Angola to continue to assist the Health Accounts team to carry out the exercise. The consultant verified some delays in progress since his last visit, most notably, that most of the data collection planned had not happened. The main reason for this delay is staff turnover at the MINSA Health Accounts team, which created a lack of local leadership and coordination. MINSA also requested financial support to cover costs such as cell phone calls and transportation for data collection, by presenting a budget. HFG worked closely with the WHO consultant collaborating with the project in this effort to train the members of the revised Health Accounts team on the HAPT using a learning-by-doing approach (as opposed to workshop-based). The teams used 2015 data for the training, with the expectation that the Health Accounts team would then carry out the analysis of the 2016 data on their own. HFG and WHO also facilitated further progress in data collection, and assessed potential local consultants who can help coordinate the completion of Health Accounts by ensuring that all team members carry out their expected tasks. HFG and WHO discussed the budget submitted by MINSA to assess which costs can be covered by which partner. The next step was to complete the data collection and begin data analysis, with continued support from HFG and WHO.

  In Q4, MINSA identified a local consultant, Alvaro Andre, to be the Health Accounts coordinator in Luanda. HFG finalized his contract in August and he began working with the international consultant to support the data collection process. The local consultant collaborated with the Health Accounts team at MINSA to make a determination of the organizations to finalize survey instruments and collect data from the various stakeholders. Data collection is currently ongoing, and is expected to be complete in time for a data mapping workshop to be held in early October. At the workshop, which will be led by HFG and the WHO, the MINSA team will code all the data collected using the HAPT and the SHA 2011 codes.

  In consultation with USAID/Angola, HFG identified equipment in the budget submitted by MINSA that the project will purchase and transfer to MINSA. It includes four laptops and one printer, and will be purchased in early October for use during the workshop. The equipment was deemed essential for the successful and timely conclusion of the Health Accounts exercise, as well as its sustainability.

Q4 Challenges - The slow pace of data collection during Q3 and Q4 affected the timing of the data mapping workshop which is now scheduled for early next quarter. Continued delays will impact the completion of the Health Accounts exercise in the next quarter.

Table 20 provides activity-specific updates.

TABLE 20. ANGOLA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Support implementation of Health Accounts		
1. Preparation activities		
Train HA team on the updated SHA 2011 framework and use of the HAPT, use this opportunity to develop a detailed work plan, data collection plan, and customize the production tool	In progress	
Work with key persons to develop a distribution key document	Planned for Y6Q1	
Distribute document validation by the steering committee or the HA technical team	Planned for Y6Q1	
2. Data collection process		
Collect secondary data, from government, social security, donors, private insurance (if available)	In progress	
Collect primary data, from NGOs, employers, community health insurance, private insurance, municipalities	In progress	
Data cleaning and formatting	Planned for Y6Q1	
3. Data mapping		
Data mapping workshop with the HA technical team	The workshop is scheduled for early October.	

5.1.3 Benin

Program Objectives - HFG seeks to support the government of Benin to appropriately and effectively plan and finance their health strategy in order to achieve universal access to health coverage.

Year 5 Activities - HFG Benin provided strategic support to the completion of the 2012 National Health Accounts (NHA) exercise, using the SHA 2011 methodology. In Year 2, the HFG team supported the timely collection of expenditure data, provided technical assistance for appropriate data mapping, and assisted the Beninese Ministry of Health in disseminating the results of the 2012 NHA exercise at the annual *Journée de la Santé* held on April 29, 2014. Last year, HFG supported the MOH in the second round of Health Accounts, for 2013 and 2011. A new tool (Health Accounts Analysis Tool, HAAT) was introduced to the MOH. This tool will assist the Health Accounts team to do a time series analysis and data analysis to support the use of evidence for policymaking within the Beninese health system.

While the MOH NHA team's capacity has improved, a series of actions to further enhance sustainability and country ownership was documented and shared with USAID/Benin. HFG Benin continued to work with the MOH to provide targeted support including exploring mechanisms for routine health expenditure data collection to improve the development of allocation formulas for target and non-targeted spending and the mapping of all activities. To support this, HFG proposed to develop a monitoring and evaluation classification (M&E) tool that the MOH can use to institutionalize the Health Accounts mechanism and facilitate the annual review of the National Health Strategic Plan (PNDS). HFG supported Benin in developing the health system activities classification (PNDS classification) based on the previous PNDS. The classifications will be updated when the new version of the PNDS is released. As a next step for the M&E tool, an operational plan document will be collected from each unit in the health system and coded following the PNDS classifications to build a database. Thus, at the end of each year, the database will be used to track the activities implemented and spending, in order to update the database. The Health Accounts team will then use the spending database and import it in the Health Accounts Production Tool (HAPT).

During Year 3, HFG also supported the MOH team to introduce the OneHealth Tool (OHT). The OHT is a costing tool. It is used for supporting planning processes at country level, specifically to strengthen aspects of costing, budgeting, financing and strategy development of the health sector in developing countries. As a first step, HFG conducted a training to build capacity in the use of the tool for the new PNDS development.

During Year 5, HFG planned to continue assisting the MOH to develop the PNDS M&E tool and to use the OHT in preparation for costing Benin's next PNDS. As the new PNDS is being completed, HFG aims to cost it using the OHT in Q3.

In July 2017, USAID Benin approached HFG to discuss a new scope of work relating to "ARCH" (*Assurance pour le renforcement du Capital Humain*/Insurance for Strengthening Human Capital). ARCH is a package of four social welfare services (health insurance, education, micro-credit and retirement insurance) to be offered in a single window, with health insurance as the main component. ARCH is one of a series of presidential initiatives. Launched in 2016 by the newly elected government, ARCH is ambitious and complex. Concerned about the lack of progress, the World Bank approached USAID to seek assistance in implementing key studies for the design of ARCH. HFG received the terms of reference of three studies and responded positively to two: An actuarial study of the health insurance benefit package and a study to develop a set of performance indicators for ARCH.

Activities:

- PNDS costing with the OHT when the final draft of the PNDS becomes available.
- PNDS M&E tool development (PNDS classification and database development). Four essential steps are required to build the M&E tool:
  - Use new PNDS and new operational plans for coding using the PNDS classification and build a database for planned activities;
  - Develop a database and classification system for all the PNDS activities;
  - Assign a tracking code to planned activities;
  - Populate the database with data throughout the year, and use the data to monitor and evaluate the PNDS implementation.
- ARCH activities clarification and work plan development mission

Year 5 Progress Against Objectives - During Y5Q1, the new PNDS became available, and has been going through the validation process within the Beninese government. The HFG team undertook the planned activities that were contingent on the finalization of the PNDS in Q3.

- An OHT training took place on April 19-24, 2017.
- PNDS costing using the OHT started in Q3. The costing was partial as not all data were available. HFG will provide remote support to Benin team for quality assurance (QA) in Q4.
- The PNDS M&E classification tool was built.
- The PNDS M&E classification tool was presented to development partner stakeholders and to the MOH HMIS staff and stakeholders. The World Bank has expressed interest in supporting both the M&E classification tool and the linking of the tool to the DHIS2.
- Mapping was completed, enabling tracking of PNDS activities through the DHIS2 tool.
- An HFG team travelled to Cotonou to work with the ARCH Project Coordinating Unit (*Unité de Coordination du Projet*, UCP-ARCH), USAID, the Global Fund's CCM, World Bank, WHO, and Belgium Cooperation to develop a set of ARCH support activities to carry out in Year 6.
- The HFG design team learned that the two studies chosen for support had been given to other implementers; a local firm for the actuarial study and a UNICEF-funded framework partner for the indicator development study. The UCP asked HFG to provide QA on the studies and technical analysis support with the results of the studies. Also the UCP expressed the need for support in setting up and implementing a program of inclusive dialogue for ARCH.

Q4 Challenges - Costing of the PNDS using the OHT was partial because various departments did not provide the needed data in a timely manner, availability and responsiveness of the MOH staff was inconsistent, and HFG was not assigned direct counterparts. Completion of the PNDS costing will depend on data being available.

The continued development and use of the M&E tool linking the PNDS to the routine HMIS system (DHIS2) will require a champion at the MOH.

Because of the high priority nature of the ARCH project the UCP-ARCH works closely with the Bureau of Analysis and Investigation (*Bureau d'Analyse et Investigation*). The bureau works directly with the President. The UCP is understaffed but seems reluctant to accept assistance - the Beninese want to keep control of the project. This makes HFG's work challenging.

Also challenging is providing a QA function without full-time on-the-ground technical staff. HQ staff will have to coordinate with the implementers of the studies to be effective. Finally, although a potential consultant has been identified to support the inclusive dialogue, HFG has not yet finalized her SOW. All of the HFG activities are still in the design phase and will evolve over timeTable 28 provides activity-specific updates.

Table 21 provides activity-specific updates.

TABLE 21. BENIN ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Resource tracking		
Provide technical assistance to the Beninese the MOH team	Expert André Zida travel to Benin April 9-28, 2017.	
Do OHT costing training and application	The training took place at Grand Popo on April 17-19. Partial costing of the PNDS was executed after the training.	Benin team will collect missing data; HFG provides remote support to complete costing.
Develop PNDS M&E Classification Tool	The first draft of the tool, to which HFG contributed in Y3Q3, has been updated based on the new PNDS and is available. The the MOH has validated the tool and designated a team to incorporate the PNDS classification into the DHIS2 platform.	Benin plans to use the M&E classification tool to guide new PNDS development without HFG support. Developing and using an M&E tool is a long process and requires high-level commitment. There is interest from the World Bank to support the M&E tool and the linking of the PNDS with the DHIS2.
Support the NHA production for 2014 and 2015	The NHA report was completed and is available. Final results were disseminated in August 2017.	The Beninese team finalizes and shares the report.
Support the MOH with their costing of the 2017-2021 PNDS using the OHT	The PNDS costing workshop was held on April 9-28 at Grand Popo. The draft results were presented to stakeholder on September 14 at the the MOH.	Additional data from new program need to be added to the study. Some program coordinators have asked the costing team to update some target population and coverage.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: ARCH		
Design ARCH and Year 6 work plan	September mission by André Zida and Yann Derriennic	Yann Derriennic will travel to Cotonou in early November to participate in a World Bank mission. HFG overall assistance clarified and codified in a FY6 work plan.
Do ARCH QA	Two studies identified, HFG staff available. Preliminary contact established with UCP.	Christine Potts will travel to Cotonou in early October to participate in initial meeting (*reunion de cadrage*) with UCP and UNICEF. André Zida will travel to Cotonou for the *reunion de cadrage* on the actuarial studies. HFG collaboration captured in a QA work plan.
ARCH inclusive dialogue	Consultant identified.	UCP will provide HFG with inclusive dialogue concept paper. Consultant will discuss and propose activities. Consultant will accept assignment.

5.1.4 Botswana

Program Objectives - HFG's field program in Botswana is contributing to the Government of Botswana's goal to strengthen health systems and increase the efficiency of national health programs to address the health needs of the population, in particular, to protect and sustain gains made in HIV care and treatment.

The Government of Botswana and the Botswana USG team are working together to achieve a broad set of intermediate results to improve the efficiency of national health programs through activities including revising the Universal Health Services Package (UHSP), conducting an actuarial analysis, and developing a blueprint and implementation plan for public health insurance. HFG support of the Ministry of Health and Wellness (MoHW) has two components. The first is technical assistance in the development of Botswana's health financing activities. The second, and perhaps more important, is facilitating the process of developing health financing products, including consensus building and establishing local ownership in order to ensure uptake, full ownership, and long-term sustainability of the results.

Year 5 Activities - The Government of Botswana and Botswana USG team are working together to achieve a broad set of intermediate results to improve the efficiency of national health programs. HFG is continuing work from Year 4 and introducing two new activities in Year 5.

- ***Activity 5: Support the development of a comprehensive health financing strategy.*** USAID asked HFG to provide technical assistance to analyze and develop plausible scenarios and the most equitable, affordable, and sustainable mechanisms to finance health insurance based on an efficient public-private mix of financing, management, and provision of health services. The health financing strategy makes the case for efficiency gains and their potential to increase value for money and reduce waste. For this activity, HFG not only provided focused technical assistance and strategic analysis, but also built full ownership; it also showed how to build consensus and incorporate input from stakeholders at every step.
- ***Activity 6: Support implementation and institutionalization of Health Accounts using the updated SHA 2011 framework.*** HFG provided technical assistance to the Botswana Health Accounts team to build capacity for regular production and use of the SHA 2011 framework in the future, including all the HIV expenditure categories.
- ***Activity 7: Support the development of an actuarial model to effectively finance the essential health services package that is sustainable.*** HFG's technical assistance built MoHW capacity to analyze health financing information so that it could develop an actuarial model to effectively finance a UHSP making sure that it is affordable as well as sustainable. The sustainability analysis explored health financing in Botswana including accumulation of resources to cover the health needs of the population, especially costs of treating chronic conditions like HIV.
- ***Activity 8: Facilitate an iterative process for prioritizing a revised UHSP including HIV services (UHSP+HIV).*** HFG provided technical assistance to the MoHW to facilitate an iterative process to develop a framework for selecting a narrower set of cost-effective interventions, including HIV services. HFG helped the MoHW to link the package of services to a per capita/premium and to the level of government subsidies needed to provide these services based on an expansion of the ongoing actuarial analysis exercise. This revised UHSP includes HIV services (UHSP+HIV) and was developed in a way that ensures it is affordable as well as sustainable.

- ***Activity 9: Develop a blueprint and implementation plan for National Health Insurance.*** HFG provided technical assistance to the MoHW and the Health Financing Technical Working Group (HFTWG) to develop a blueprint for a health insurance financial platform including insured HIV services. The main objective was to provide comprehensive information and a base to determine the key design parameters such as target population, benefit package, risk mitigation measures, financing options, institutional arrangements, options of provider payment mechanism, and contributions from different segments of the population.

Year 5 Progress Against Objectives – Early in Year 5 (October 2016), HFG presented the Health Financing Strategy document to the HFTWG, which provided comments and suggestions. After incorporation of their comments, the document was presented to the MoHW Senior Management Team and to the Minister of Health at a meeting in December. HFG will prepare additional briefs to support the minister as she plans to present the strategy to Parliament. Future meetings of the HFTWG will focus on the Botswana Health Insurance blueprint. A preliminary meeting held in December focused on health insurance operations, and this information will be used to prepare an outline for the blueprint.

To support a revised UHSP, HFG held a two-day workshop in December with MoHW, medical aid scheme, and private sector clinicians to develop a framework for selecting a narrower set of cost-effective interventions in the Essential Health Services Package (EHSP) by using multi-criteria decision analysis. There was also an opportunity to apply the framework developed to a modified list of EHSP interventions. Discussions with stakeholders about establishing a process for routinely updating the package of services is ongoing.

Also, in December, the Botswana 2013/14 Health Accounts report was disseminated to 40 key stakeholders. A separate statistical note was finalized for Health Accounts practitioners and researchers who desire additional detailed results and a brief was developed providing a high-level summary of the Health Accounts results.

During Q2, a governance chapter for the health insurance blueprint was drafted. It describes governance and accountability systems and outlines a proposed institutional architecture required to govern the health insurance system in Botswana. The draft report was presented to HFTWG members during a workshop held on March 22, 2017, and discussions were held to develop and reach consensus on the governance arrangements for the health insurance. Member feedback was incorporated enabling the chapter to be finalized in Q3.

Also during Q2, an actuarial model was built to cost a draft UHSP. The methodology and the model were presented to members of the HFTWG on March 23, 2017. After input assumptions for the model are received from the MoHW, the costing analysis will be finalized.

In Q3, the chapter on health financing was drafted for the health insurance blueprint. The document was presented at a HFTWG meeting in Gaborone on June 6, at which members discussed health financing questions surrounding revenue collection, risk pooling, purchasing, and provider payment mechanisms. Discussions on alternative risk-pooling arrangements and on different sources of financing will provide input to refine the chapter for the blueprint. At the meeting, a new Core Committee of the HFTWG was proposed so that members can provide rapid and timely feedback as the health insurance blueprint is finalized in Q4. HFG presented an update of the HFTWG's work on the health financing strategy and the health insurance blueprint to the Permanent Secretary and the Minister of Health. HFG will provide supporting information to them as they plan to present the blueprint to the Cabinet.

The actuarial analysis to cost the UHSP was completed and the report is currently under review.

In Q4, the components of the health insurance blueprint, which include the actuarial analysis and the UHSP+HIV reports, were completed. The blueprint will be presented to the HFTWG at a final meeting currently scheduled for October 31, 2017. At that time, the blueprint will also be presented to the Permanent Secretary and the Minister of Health.

Q4 Challenges - MoHW-wide support for the health insurance blueprint is crucial for the success of its implementation. An internal and external communication plan would be useful to complement health financing themes.

Table 22 provides activity-specific updates.

TABLE 22. BOTSWANA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 7: Develop an actuarial model to assess the sustainability of two packages of health services_ the EHSP and the UHSP+HIV		
Prepare the actuarial analysis report and a policy brief and hold a dissemination event	The actuarial analysis report is being finalized and will be presented to the HFTWG at their next meeting in late October.	
Activity 8: Prioritizing a revised Universal Health Services Package including HIV services (UHSP+HIV)		
Prepare a final report and a policy brief, and hold a dissemination event	Following incorporation of suggested changes by the HFTWG, the final UHSP+HIV report was completed. Additions to the report include background on health benefits packages, clarified priority health benefits, updated ICD10 coding for all benefits, and comparison costs from available literature.	
Activity 9: Develop a blueprint for a health insurance financial platform		
Guide the development of a health insurance blueprint	HFG is finalizing the blueprint report and will present it to the HFTWG at their next meeting in late October.	

5.1.5 Côte d'Ivoire

Program Objectives –

PEPFAR

USAID/Côte d'Ivoire asked HFG to address two major areas in Year 4 (FY 2016): (i) human resources for health (HRH), including an assessment of the pre-service training institutions for health personnel, and (ii) health financing. Côte d'Ivoire activities are entirely funded by PEPFAR; as such they contribute to achieving AIDS-Free Generation goals, and are in line with the PEPFAR Blueprint, which includes HSS under the pillar "Smart Investment."

In Year 5 (FY17), HFG continued to support the implementation of the performance-based financing (PBF) strategy in Côte d'Ivoire in collaboration with several cooperating agencies, including the World Bank, the Global Fund, various U.N. agencies, and PEPFAR implementing partners (IPs). HFG has focused on improving the capacity of the Ministry of Health and Public Hygiene (Ministère de la Santé et de l'Hygiène Publique, MSHP) to advocate for increased domestic financial resources for HIV/AIDS.

Additionally, through the assistance provided to the MSHP in the development of tools through the activities related to HRH performance management, HFG has collaborated with the Leadership, Management and Governance (LMG) project to deploy tools throughout the country. Other agencies with which HFG collaborates on HRH are the following: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Agency for Preventive Medicine (Agence de Médecine Préventive, AMP), Japan International Cooperation Agency (JICA), Jhpiego, International Center for AIDS Care and Treatment Programs (ICAP), WHO, UNICEF, and Conseil Santé (a French company).

Ebola (Ebola Virus Disease, EVD)

In the wake of the 2014-2015 Ebola outbreak in neighboring countries, USAID/Cote d'Ivoire asked HFG to support the National Institute of Public Health (Institute National de Hygiène Publique, INHP), MSHP, and related ministries in preparedness activities to respond to Ebola and other health emergencies. The Government of Cote d'Ivoire (GOCI) then officially expanded its approach to encompass the Global Health Security Agenda (GHSA) in April 2016. Other collaborators in this effort include: Preparedness and Response (P&R), LMG, Supply Chain Management System (SCMS), Centers for Disease Control and Prevention (CDC), Defense Threat Reduction Agency (DTRA), World Bank, JICA, UNICEF, UNFPA, and WHO.

Year 5 Activities -

PEPFAR

- Support MSHP Department of Human Resources (Direction des Ressources Humaines, DRH) in the development of the national of 2016-2020 HRH Strategic Plan.
- Support MSHP by advocating for an increase in the number of adequately trained HIV services providers at clinical and community levels.
- Support the national PBF model implementation.
- Improve MSHP capacity to advocate for increasing domestic financial resources for HIV/AIDS.
- Provide assistance to MSHP to conduct the System of Health Accounts (SHA) 2015 exercise (with a focus on the HIV subaccount).

Ebola (EVD)

- Assist MSHP to develop an updated/costed national EVD Preparedness and Response Plan (including a template for a subnational plan for selected health regions).

- Assist MSHP to develop a resource mobilization mechanism for funding outbreak response activities at national and subnational levels of health system.
- Assist MSHP to improve transparency and accountability in the use of emergency funds.
- Assist the GOCI with institutionalization of emergency response capacities in pre-service education.
- Support MSHP in the development of incentive schemes for EVD and other health emergencies.

Year 5 Progress Against Objectives -

1. ***2016-2020 HRH Strategic Plan:*** In Q1, HFG continued to support the MSHP/DRH in the development of the 2016-2020 HRH Strategic Plan. A consultant was hired to inform the 2016-2020 HRH Strategic Plan.

   In Q2, the consultant developed the methodology of the evaluation, the tools for the data collection, completed the literature reviews, and conducted field missions to collect data in nursing and midwifery pre-service schools (INFAS) in Korhogo, Bouaké, and Daloa. During the first field mission, 20 people (15 men and 5 women) from the INFAS site management team, Health Districts, and Regional Health Department were interviewed, as were 11 students (5 men and 6 women). In Abidjan, 13 teachers (10 women and 3 men) and in Aboisso, three teachers (men only) and three students (2 men and 1 woman) were interviewed. A data analysis was completed and a progress report drafted. In addition, HFG participated in a workshop related to the presentation of the Côte d'Ivoire Health Workers Labor Market Study at the WHO office.

   In Q3, the draft report of the HRH Interim Plan (2014-2015) assessment was completed with missing information on the funding of HRH, which is necessary for understanding how much each partner has spent including GOCI to implement the Interim Plan. As a strategic partner in Cote d'Ivoire's HRH policies, HFG was selected by the DRH and WHO to be a member of the HRH TWG to assist in the HRH workload analysis, and it provided technical assistance for developing the study protocol and tools to evaluate HRH workload in Côte d'Ivoire and participated in the validation session of these documents on June 6 at the MOH offices.

   In Q4, from August 21-25, 2017, HFG participated in a workshop at the Hôtel Prestige Agboville. The workshop had two objectives: (1) to validate the HRH Interim Plan (2014-2015) assessment report; and (2) to reflect on the strategic axes and propose main interventions for the next HRH Plan 2018-2021. Workshop participants agreed that the next plan should align with the WHO Global Strategy on Human Resources for Health to 2030, whose vision is to "accelerate progress towards universal health coverage and sustainable development goals by ensuring access to health workers within strengthened health systems."

   HFG supported the DRH to recruit 18 facilitators from all HRH partners with various HRH expertise to support the development of the content areas for the HRH 2018-2021 Plan. From August 28 to September 9, 2017, the facilitators delivered 18 key documents that will be used for the new HRH Plan 2018-2021. A workshop was held on September 11-15, 2017, to discuss the new HRH Plan at the PRUNELLE Hôtel /Jacquevelle.

2. ***Support MSHP by advocating for increasing the number of adequately trained HIV service providers at clinical and community levels.*** In Q1, HFG participated in the development of the National Strategic Plan for the implementation of community-based interventions for community health workers (CHWs) through a workshop held November 2-5, 2016. The draft plan seeks to address the country's lack of progress in maternal and child health outcomes and improve access to primary health care, HIV/AIDS care and treatment, and other priority services. Key objectives include strengthening the national framework for community health, improving coverage and quality of community health services, increasing community participation in health issues and governance, and ensuring the sustainability of community health activities.

In Q2, from January 30 to February 3, 2017, HFG supported a workshop related to the validation of the National Community Health Policy in Yamoussoukro. This policy will contribute significantly to organizing and extending access to HIV/AIDS services at the community level. Forty-five participants (15 women and 30 men) from AMP, UNICEF, CARITAS-CI, ACF, ASAPSU, HKI, ICAP, and ANADER attended the workshop. In addition, on February 28, 2017, HFG took part in a workshop related to the dissemination of the final results of the ICAP Project on a CHW approach at Hotel NOVOTEL in Abidjan.

In Q3, HFG supported the Department of Community Health (Direction de la Santé Communautaire, DSC) of the MSHP in the finalization of National Community Health Workers Strategic Plan. The project attended a meeting on this plan on April 4 at INFAS/Abidjan that was organized by the school's new chief. The main objective of this meeting was to discuss with INFAS key partners the new orientation and the expectation of the institution related to this plan. HFG also participated in the Regional Workshop on Health Community, which was held in Yamoussoukro from May 30 to June 2 with the participation of experts from Ghana, Rwanda, and Burkina Faso to share their experiences with CHWs before Côte d'Ivoire validated its CHW concept. The key outcomes of this workshop were the definition of CHW legal status, a CHW financing system, and the management of community-based institutions.

In Q4, HFG supported the DSC to organize a technical workshop to develop a protocol and data collection tools for a CHW mapping exercise. The workshop was held from August 4-8, 2017 at the Hotel Parlementaire. Eighteen participants attended, including two women, from DSC, DGS, DIIS, DSIM, DRH, PEV, PNN, and PNLP, as well as UNICEF, IRC, and the Global Fund CCM.

HFG also supported the DSC to organize a training session on the use of new technology such as mobile devices (smartphones and tablets) to collect data on CHWs on September 12-14, 2017, at the HFG site office. The best users were selected to conduct five workshops to collect, integrate and compile data using mobile technology on CHWs from September 18-22, 2017 in the following regions:

- Daloa: 20 participants, including 5 women, from Abengourou, Agnibilehro, Bettié, Bondoukou, Bouna, Nisian, Tanda, Adzope, Agboville, Akoupé, Alépé, Sikensi, Tiasalé, Abobo-Ouest, Cocody-Bingerville, Treichville-Marcory, Koumassi-Port-Bouet-Vridi, Abobo-Est, Anyama and 3 resource persons including from DSC, DIIS, and a statistician.
- Agboville: 27 people, including 2 women, from Bouaflé, Sinfra, Zuenoula, Gagnoa, Oumé, Bangolo, Bloléquin, Douekoué, Guiglo, Koudbly, Toulepleu, Mankono, Seguela, Biankouma, Danané, Man, Zouann Hounein Odiénné, Minignan, Touba, Daloa, Issia, Vavoua, and 3 resource persons including from DSC, DIIS, and a statistician.
- Yamousssoukro: 27 people, including 1 woman, from Tengrela, Ferké, Boundiali, Korhogo, Ouangolodoudou, Béoumi, Bouake-Est, Bouake-Nord Ouest, Bouaké-Sud, Sakassou, Dabahala, Katiola, Niakarramadougou, Didiévie, Tiébisou, Toumodi, Yamoussoukro, Bokanda, Bongouanou, Daoukro, Dimbokro, M'Bahiakro, Prikro, and 3 resources persons including from DSC, DIIS, and a statistician.
- Jacqueville: 18 people, including 4 women, from Grand-Lahou, Dabou, Jacqueville, Adjama-Plateau_Attecoubé, Yopougon-Ouest-Songon, Yopougon-Est, San-Pedro, Sassandra,, Soubré, Tabou, Gueyo, Lakota, Divo, Fresco, Guitry, Aboissso, Grand-Basam, Adiaké, and 3 resources persons including from DSC, DIIS, and a statistician.

- Grand-Basam: 7 people (only men) participated in the workshop. Bassam was the center of coordination to aggregate and compile all data and information from the other 4 workshops. All the participants of Basam came from the DIIS and DSC in order to monitor quality and verify information from the field.

At the beginning of Year 6, HFG plans to organize a technical workshop in partnership with the DSC and ICAP to finalize the CHW mapping study report. Because CHWs are a strategic focus for reducing morbidity and mortality, this document is a critical piece in discussions around UHC in Cote d'Ivoire. Ultimately it will be used to help advocate for sustainable financing of CHWs in the country.

In addition, on August 16-18, 2017, HFG supported the DSC to organize a three-day TWG meeting to revise national CHW training tools and materials at the DSC. The meeting was attended by 18 participants including three women from DSC, DSIM, EPI, PNN, PNLP, and PNLS. Two days (August 22-24, 2017) were added to the meeting to complete reviews of the produced documents. Fifteen participants including three women attended the meeting.

In addition, on September 29, HFG supported a meeting at the DRH to complete the SIMS PEPFAR evaluation. Seven participants (2 from the local USAID office and 5 from the DRH) attended.

3. ***Supporting the national PBF model implementation.*** In Q1, HFG completed a report on PBF implementation costs in five health districts.

   HFG also supported a PBF training program for MSHP central-level officers to orient them on the program. Four training sessions were held for 149 trainees (October 23-29, November 13-18, November 27-December 3, December 11-17, 2016). The trainees included 52 men and 97 women.

   In Q2, HFG participated in three work sessions on PBF model implementation with the following:

   - World Bank Principal Economist on February 14, 2017;
   - USAID Mission and the World Bank on February 29;
   - PEPFAR team (including USAID) and the Ariel Glaser Foundation on March 21

   The purpose was to discuss the partners' roles and responsibilities in PBF implementation. It was agreed that the Ariel Glaser Foundation will provide technical assistance to three health districts (Grand-Bassam, San Pedro, Soubré) to implement PBF, and the HFG project will continue to assist the MSHP in developing the PBF institutional framework, particularly in regard to health facility governance and financial management. In addition, HFG participated in two workshops: PBF tools revision on January 3-6, 2017 and PBF indicators pricing revision on January 24-27, 2017. The workshop on pricing was an important step in PBF implementation and in establishing the indicator values for purchasing agreements.

   In Q3, HFG participated in a meeting for the PBF steering committee. This meeting, chaired by the Minister of Health, provided an opportunity to present the status of PBF implementation and current roadblocks.

   In Q4, HFG supported the national PBF technical unit to organize two workshops on August 14-18, 2017. The first workshop focused on health facilities under PBF empowerment; 26 participants, including five women, attended the workshop. The second was related to the review of composition and responsibilities for the health facilities management committees; 24 participants, including eight women, attended. After the two workshops, a small governmental team was assigned to continue the work. The results of their work will be endorsed by the PBF steering committee and implemented by the National PBF Committee.

4. ***Improve the capacity of MSHP to advocate for increased domestic financial resources for HIV/AIDS.*** In Q1, HFG supported the Domestic Resource Mobilization (DRM) TWG by organizing a workshop to finalize the country plan for DRM. In preparation for this workshop, held on October 19-21, 2016, HFG worked with the TWG to provide to the plan inputs related to the optimization of the use of financial resources allocated to health.

   HFG also participated in the Health Sector-Based Committee meeting on November 30, 2016. At the request of the USAID mission, HFG presented achievements of the supported DRM activities such as: (i) technical assistance to the cross-ministerial TWG on DRM, (ii) organization of the DRM international workshop on September 1-2, 2016, and (iii) support to the TWG for the development of a 2017-2018 work plan for the optimization of the use of the financial resources allocated to health. In addition, HFG presented DRM activities planned for 2017 such as (i) the organization of a second DRM international workshop (through HFG USAID/W cross-bureau funding) and (ii) assistance to implement the country plan for optimizing the use of financial resources for the health sector.

   In Q2, HFG provided support to national counterparts through technical and financial assistance for two additional workshops. The first, held on January 22-28 in Yamoussoukro, was to develop the aforementioned 2017-2018 work plan for DRM; 37 participants attended this workshop including nine women from the MSHP, Ministry of Finance (Cabinet), Ministry of Planning (Cabinet), Réseau des Parlementaires pour la Santé, and the Community of Practice/HUB Côte d'Ivoire. The second workshop, to finalize the work plan, was held February 21-25, 2017 with 14 participants, including four women. The work plan aims to: (i) set up an integrated planning and budgeting system within the MSHP, (ii) link the budget to the Ministry operational plan, and (iii) improve the financial management of public health facilities.

   The MSHP also asked HFG to develop a scope of work (SOW) for the provision of technical assistance on financial issues including DRM through an embedded advisor within the Finance Division (DAF). This advisor's scope is to assist the MSHP in the development and implementation of a strategic plan to increase domestic resources for health including HIV/AIDS. HFG developed the SOW, which the USAID mission transmitted to the MSHP in January for review and feedback.

   In Q3, HFG supported a workshop on planning and budgeting. The objective of the workshop was to contribute to the development of an integrated planning system aligned with the MSHP budget process. Thirty-two participants, including four women, attended this workshop from the MSHP, Ministry of Budget, and Ministry of Planning. In addition, the project released a request for proposal (RFP) to select an institution to carry out a modeling study on financing of the fight against HIV/AIDS, and received three proposals. The project selected a finalist in Q4 and anticipates that the study will be completed in Year 6.

   In Q4, HFG health financing expert Yann Derriennic travelled to Côte d'Ivoire to work with the local health financing advisor on the finalization of the DRM 2017-2018 plan and the updating of the Arreté (decree) formalizing the DRM interministerial committee. HFG met with key stakeholders in the Ministry of Economy and Finance, Ministry of Budget, and MSHP to advocate for the DRM committee. HFG facilitated a two-day workshop on September 28-29 where participants from the three ministries reviewed the terms of reference (TOR) of the interministerial DRM committee and finalized the DRM plan. Further, during the advocacy meeting on DRM, the MSHP renewed its request for an embedded technical advisor to assist the Minister with DRM and health financing issues. HFG also supported the National AIDS Program (Programme National pour la Lutte contre le SIDA, PNLS) to review the budget of the 2016-2020 HIV/AIDS National Strategic Plan, taking into account the policy of "test and treat." This activity was conducted with the support of HFG expert André Zida who carried out a mission in Côte d'Ivoire from August 20 to September 9, 2017. Additionally, HFG supported a training workshop on the OneHealth Tool (OHT). This training

aimed to strengthen the capacity of the actors in responsible for planning and budgeting. Thirty-four participants, including four women, from MSHP and Ministry of Planning attended the workshop.

5. ***Provide assistance to MSHP to develop a system of health accounts (with a focus on HIV subaccount). I***n Q1, HFG determined that support to the DAF for finalizing the 2015 Health Accounts report would begin in Q2.

   In Q2, HFG provided support to MSHP's Financial Division for a workshop on National Accounts 2015 and 2016 and brief policy notes. The workshop took place March 8-10, 2017, with 21 participants, including two women, from the MSHP, Ministry of Budget, and the Social Security Department in charge of medical insurance (Caisse Nationale d'Assurance Maladie).

   In Q3, HFG supported the MSHP to hold a workshop to finalize the 2015 health accounts report and to produce a policy brief on maternal and child health funding. The key findings of this health accounts report included:

   - Out-of-pocket payments remains the main funding source for health, 36 percent of Total Health Expenditure;
   - Total Health Expenditure for HIV (nominal funding) increased from 70.51 billion CFA in 2014 to 113.3 in 2015;
   - Total Health Expenditure for emergency obstetric and newborn care is primarily funded out of pocket (58.95 percent).

   In Q4, HFG supported the MSHP to organize a workshop to revise the 2016 health accounts data collecting tools. The workshop was held on July 17-21, 2017 with 20 attendees, including two women. Five data collecting tools from the government, partners, NGOs, national health programs and other structures were revised. From August 21 to 25, 2017, HFG supported a workshop to update expenditure allocation keys for the 2016 health accounts. Twenty-six participants, including four women, from DAF, DIIS, DSC, PEV, PNSME, PNLS, PNLP, PNLT, PNLMM-MNT, PN-OEV, and INS attended the workshop.

Ebola (EVD)

1. ***Assist MSHP to develop an updated/costed national EVD Preparedness and Response Plan (including a template for subnational plan for selected health regions).*** In Q1, HFG participated in the monthly GHSA Coordination meeting on October 5, 2016. The GHSA IPs presented their results for September and their planned activities for October. At this meeting the IPs requested the national counterpart to update the national directives regarding the lifting of restrictions, such as the prohibition on hunting and eating wild game, previously recommended by the MSHP when the Ebola epidemic occurred. HFG also participated in a workshop related to the evaluation of the implementation of the IHRs, held at the WHO office on October 10-14, and in the writing of the evaluation report on October 17-21. In addition, HFG had a work session with INHP and WHO regarding the National GHSA Preparedness and Response planning process and confirmed its availability to support the development of this plan following the IHR implementation evaluation.

   Also in Q1 (November 2), HFG participated in the monthly GHSA Coordination meeting. The GHSA IPs presented their annual results, and shared best practices and their work plan for the next year. In addition, HFG took part in the IHR report validation workshop on November 17-18, organized by WHO in Abidjan. The MSHP, with the support of the IPs, finalized levels of national capacities for each IHR item. The HFG project also attended a high-level meeting on strengthening public health security in Africa with the Ministry of Finance and the MSHP on November 7. The meeting was organized by the African Development Bank. Finally HFG took part in the first "One

Health Day" conducted by the MSHP with the support of partners such as USAID, CDC, FAO, WHO, PREDICT, INHP, and P&R. This event was held on November 23 to make students, populations, and civil society aware of the concept of the One Health.

On December 5-9, HFG participated in the validation workshop of the external evaluation of IHR in Cote d'Ivoire. Financing issues were discussed. WHO experts highlighted the need of a better understanding of health emergencies financing mechanisms and the need of a common fund for all ministries involved in order to have a better national response during a health crisis. In addition, HFG staff had a work session with USAID team for the review of the HFG Cote d'Ivoire Ebola work plan for Year 5, on December 8. Following this work session, the USAID team approved the work plan.

In Q2, HFG held a joint work session with P&R on February 2, 2017, and several phone conversations and emails to develop TOR for a joint, shared-cost workshop on the national GHSA coordination mechanism and the national OneHealth strategic planning process.

On February 28, HFG team took part in a GHSA coordination meeting held at the INHP office; at this meeting, the key findings of the Joint External Evaluation (JEE) were shared. On March 2, HFG, P&R, and the GHSA Secretariat held a meeting on GHSA/OneHealth coordination and planning framework; on this occasion, they identified several plans to be developed including a Post-JEE national capacities-building plan. Following that, HFG and P&R organized a joint, cost-shared workshop on the GHSA coordination mechanism and Post-JEE Planning process on March 13-17. The workshop objectives included: strengthening the multisectoral collaboration between the focal points of the key ministries involved in GHSA implementation, validating an integrated work plan for GHSA IPs, and discussing an approach to develop a national multisectoral strategic plan and budget to ensure health security. Workshop participants identified key actors to be involved in this process and developed a roadmap for this agenda.

In Q3, HFG participated in the following activities:

- The consultative workshop on the multi-sectoral coordination mechanism of the GHSA/OneHealth (April 4-5, 2017); this workshop was funded by P&R and the main objectives were (1) to build a national coordinating framework for GHSA/OneHealth; and (2) to validate a roadmap for GHSA/OneHealth framework institutionalization.
- The GHSA Coordination Meeting (April 12, 2017) held at INHP.
- The USAID EPT2/GHSA Partners Meeting (April 13, 2017) held at P&R office.
- The workshop on development of the OneHealth Institutional Framework (June 12-13, 2017) held at the P&R office. During this workshop, HFG team contributed to the platform's funding framework development.

The Ebola activities were suspended for some time during Q3 and Q4 while reassessing the budget and activities. As a result, the work plan was changed to focus more on the GHSA/OneHealth.

In Q4, HFG supported five-day work sessions for four TWGs related to the development of the National Health Security Plan. Work sessions have been planned from September 12 to October 12. At the end of work sessions, a workshop will be organized by the secretariat of GHSA to put together the work of the TWG and draft the first version of the plan.

2. ***Assist the MSHP's Finance Division and General Inspection (IGS) to develop a resource mobilization mechanism for funding outbreak response activities at national and subnational levels of health system is operational.*** In Q1, the HFG consultant finalized the financial flows analysis report, which found that financing for health emergencies depends on outside donor funding to a great extent, and that it is difficult to track the utilization of resources. The HFG team and the consultant had a one-day work session with the MSHP financial directorate and a Ministry of Budget representative on November 8. During this meeting, they reviewed and analyzed public funding mechanisms for a better understanding of financial flows. In addition, HFG supported a workshop related to the validation of the financial flows analysis report from November 28 to December 2. The 19 attendees, including four women, were from MSHP, Ministry of Environment, Ministry of Water and Forests, and Ministry of Animal and Fishing Resources. The main recommendations included establishing a budget line related to health emergencies and creating a technical working group dedicated to cash flow mobilization.

   In Q2, the Financial Flows Analysis Report underwent an internal review process. The report was revised to account for reviewer recommendations.

   In Q3, HFG planned to support the MSHP in organizing a workshop with key actors from various ministries as well as donors and IPs to formulate an effective funding mechanism for health emergencies management. The workshop intended to examine strategies for domestic and international resource mobilization as well as procedures to track and account for public expenditures. For various reasons, this activity was cancelled. The GHSA Secretariat will continue the discussion on the formulation of an effective funding mechanism.

3. ***Assist MSHP IGS to improve transparency and accountability in the use of emergency funds. In Q1,*** The project supported two training workshops on internal audits. The first introduced inspectors at the national level to audit approaches and requirements and the second trained inspectors and finance managers to perform financial audits and prepare for field audit missions. The first workshop was held on November 21-25, 2016 and the second on December 19-24, 2016.

   In Q2, HFG supported IGS audit missions on February 12-25 in four health regions bordering neighboring countries that were affected by Ebola: Gbokle Nawa San Pedro, Tokpi, Worodougou Bafing Folon, and Cavally Guemon. The audit missions were conducted by 16 health inspectors including two women.

   In Q3, HFG supported a three-day work session to finalize and consolidate the audit reports with 16 attendees including two women.

   In Q4, from September 11 to 15, 2017, HFG supported a workshop related to the restitution, consolidation, and capitalization of accounting audits. Twenty-two participants, including three women, attended the workshop. Audit reports have been consolidated and audit tools have been validated and delivered to the MSHP. The ministry and the Director of Cabinet of the MSHP recognized HFG for successfully supporting the development of the audit tools.

4. ***Assist the GOCI with institutionalization of emergency response capacities in pre-service education.*** In Q1, HFG identified a consultant to incorporate the topic of responding to health emergencies in pre-service training modules.

   In Q2 (March 15), the HFG team had a work session with the consultant on i) clarification of TOR, ii) review of practical arrangements for gathering information, iii) presentation of the detailed work plan, and iv) identification of stakeholders. The consultant then conducted a desk review on HFG work in LMD system implementation at INFAS, the Faculty of Medicine (UFR-SM), and INFS in order to plan how best to incorporate health emergencies into the schools' existing programs.

In Q3, HFG organized meetings with the training institutes' management teams to introduce responding to health emergencies into training curricula:

- On April 4, the INFAS management team including INFAS's chief to discuss the Ebola issue. A total of six persons (3 men, 3 women) were involved in the discussion. A field mission to INFAS sites in Korhogo, Bouaké, and Daloa was also planned.
- On April 5, the INFS management team, including five teachers (4 men, 1 woman).
- On April 19, Abidjan's UFR-SM management team (3 teachers, all women)
- On April 24-29, HFG supported a field mission to INFAS and UFR branches outside of Abidjan (in Korhogo, Bouake, and Dalao) to better understand opportunities and challenges in introducing health emergencies in the curricula from the faculty perspective.
    - April 24-25, INFAS/Korhogo, 12 teachers (9 men, 3 women).
    - April 26-27, INFAS/Bouaké (2 persons, men only) and UFR (2 persons, men only).
    - April 28-29, INFAS/Daloa, five teachers (4 men, 1 woman).

5. ***Support MSPH in the development of incentive schemes for responding to EVD and other health emergencies.*** In Q1, HFG sent a draft report on HRH motivation coming from results of the survey during health emergencies to the DRH/MSHP. The DRH conducted an internal validation of the HRH motivation report and requested the consultant to propose strategies for motivating HRH.

   In Q2, HFG held a work session with the DRH team to establish a TWG to further develop strategies recommended by the consultant and incentive mechanisms for HRH motivation. HFG also supported two work sessions on February 16-17 with the DRH Management Team and the TWG key actors (from IGLS, DEPS, and union representatives) to discuss the HRH motivation survey report. The report found that 70 percent of those interviewed were mostly satisfied with their quality of work, well-being at work, and the quality their social relationships. The TWG then asked for HFG's assistance in analyzing the motivation mechanisms implemented in Guinea, Sierra Leone, and the DRC during the Ebola outbreak to possibly adapt them for Cote d'Ivoire.

   In Q3, HFG's HRH specialist completed the report on HRH motivation and incentives schemes for health emergencies, with additional information from the WHO. The report was shared with the DRH management team.

Q4 Challenges - The project encountered some delays in Q2 and Q3 due to political instability and the office was broken into and computer equipment was stolen. This delayed implementation of some activities, but interim solutions are being used until the new equipment can arrive. To reduce the risk of robbery in the future, a new security company was hired and the security system in the office enhanced.

Q4 Additional Information - The GOCI adopted the GHSA and initiated a shift from the Ebola Virus strategy to the prevention and preparedness GHSA strategy, also referred to as the OneHealth strategy, which is occurring globally. The OneHealth strategy has resulted in a large expansion of partners and a scope well beyond the original Ebola framework of 2015. HFG paused activities during Q3 while seeking approval from the USAID Global Health Ebola Team (GHET) for a revised work plan and SOW based on this change; some of the activities resumed in Q4.

Table 23 provides activity-specific updates.

TABLE 23. CÔTE D'IVOIRE ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support MSHP/DRH in the development of the 2016-2020 HRH Strategic Plan		
Support MSHP/DRH to cost Strategic Plan and develop a M&E plan	Supported the development of the HRH plan. The first draft of the plan is available.	Next steps: • Support DRH to finalize the plan. • Support DRH to cost the HRH plan
Participate in meetings, exchanges, and fora related to HRH issues	July 11 after Dakar meeting in HRH National Account context, HFG supported the DRH to organize a meeting to discuss IRIS and how to integrate DHSII and GESPERS into a single HRH tool. On July 13, regarding the forecasting of the mapping, HFG supported the DSC in drafting a TOR and organizing a retreat to finalize the CHW mapping protocol data collecting tool. In developing the 2018-2021 HRH Strategic Plan, HFG supported the DSC in holding a technical meeting with the DRH to write a TOR for 2 workshops. On August 16, HFG participated in a TWG meeting to plan the first draft of CHW training manual.	Next step: Continue to support HRH meetings and other exchanges as requested.
Evaluate HRH 2014-2015 interim plan	HFG supported DRH to organize a workshop on August 21-25, 2017 to validate the HRH 2014-2015 Evaluation Report.	
Activity 2: Support MSHP to improve and increase the number of adequately trained HIV service providers at clinical and community levels		
Support DSC/MSPH DRH to institutionalize CHW training system including HIV/AIDS care and treatment aspects	HFG supported DSC to organize 2 TWG meetings and 1 workshop to elaborate CHW training tools and materials.	Next step Develop (1) Reference Manual, (2) Trainer's Guide and (3) Participant's Workbook

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Promote the integration of HIV/AIDS services in PBF implementation to improve the effectiveness of HIV care and treatment		
Develop tools and standards of practice for PBF implementation	HFG supported the national PBF technical unit to organize 2 workshops. The workshops were held on August 14-18, 2017. The first focused on the health facilities under PBF empowerment. The second was related to the review of the composition and responsibilities of the health facility management committees.	
Activity 4: Improve the capacity of MSHP to advocate for increasing domestic financial resources for HIV/AIDS		
Conduct a modeling study to assess health and economic benefits (including future savings) expected from increased GOCI HIV funding (in collaboration with university or research institute)	A university was selected to conduct the study.	Next step Finalize the contract with the university.
Assist MSHP in the creation and the functioning of the HIV financing TWG related to increasing HIV domestic financing	Ongoing	Next step The DRM Interministerial Committee will hold a workshop on the HIV DRM Plan.
Support MSHP to develop an advocacy Plan related to DRM for HIV/AIDS	Ongoing	Next step Assist the TWG to develop the advocacy plan.
Support PNLS in costing HIV/AIDS strategy for the future through the OneHealth tool	HFG will support PNLS to review the 2016-2020 HIV/AID NSP budget, taking into account the policy of "testing and treating."	Completed
Activity 5: System of Health Account (with a focus on HIV sub account)		
Collect and analyze institutional and household data	Ongoing	Next step Assist DAF to develop preliminary results for 2016 Health Accounts
GHSA - Ebola Preparedness Activities		
Support MSHP in organizing two workshops related to the review of the National EVD Preparedness and Response Strategic Plan	This activity was changed to: "Support MSHP to elaborate the National Health Security Plan (NHSP)."	Ebola activities resumed in August upon approval of the revised work plan. The work plan and budget were revised to reflect the expanded GHSA focus.
Support MSHP to elaborate the National Health Security Plan	HFG supported the secretariat of GHSA to organize work sessions related to plan development	Next step Assist the GHSA Secretariat to finalize the plan and budget.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support INFAS to organize one workshop to consolidate and validate the review/development of training modules on EVD and other health emergencies in their curriculum	Ongoing	Next step Workshop related to the integration of EVD and other health emergencies in training curriculum will be held on October 4-6, 2017.
Support DRH and DAF through the consultant to organize 2 TWG meetings to validate the report of incentive schemes for EVD and other health emergencies	Ongoing	Next step Validation workshop will take place October 4-6, 2017.
Validate audit report and tools for MSHP's General Inspectorate to improve transparency and accountability in the use of emergency funds	HFG supported a workshop related to the restitution, consolidation and capitalization of accounting audits	

5.1.6 Democratic Republic of the Congo

Program Objectives – In Year 5, the HFG project has worked on six distinct activities. The first was assisting the Ministry of Public Health (*Ministère de la Santé Publique*, or MSP) to implement the reform process. HFG assistance to MSP is divided into three broad streams of work: support to the Office of the Secretary General for Health in the overall reform process, institutional strengthening of two key central directorates, and establishment of two new provincial health divisions. The second activity is to conduct a second training (similar to the one conducted in Year 4) for MSP staff on the basic concepts and principles underlying decentralization.

The third activity was to prepare the Kinshasa School of Public Health (KSPH) to qualify for direct USAID funding. The fourth activity is to support the thirtieth anniversary of KSPH. The fifth and sixth activities provide limited institutional strengthening to the Faculty of Medicine in the University of Kinshasa and the National Reproductive Health Program.

These activities are expected to have the following results.

- Constituency built within the MSP that supports and facilitates the MSP reform process; this will facilitate MSP efforts to improve coordination of stakeholders within the ministry.
- Key central MSP directorates with improved capacity to function under the decentralized system.
- Two provincial health divisions (*Divisions Provinciales de la Santé*, DPS) assume new roles under the reform process.
- KSPH with a financial management system that qualifies for direct USAID funding.
- 30 MPH and 3 doctoral students funded for one academic program
- Increased understanding of core concepts and principles of decentralization by senior MSP and other Government of DRC (GoDRC) officials

Year 5 Activities - The summaries of these activities are as follows:

- **Support to MSP Reform.** The Secretary General is responsible for the overall coordination of the reform process within the health sector including the development of regulations and norms, development of roadmaps and action plans, building of support for the reform process, and implementation of new organizational structures at all levels. With technical support from the Directorate of Studies and Planning (DEP), the SG is responsible for coordinating and monitoring the implementation of the overall reform process. HFG provides targeted support to the SG's office in carrying out these key functions. This consists of support to the Technical Secretariat of the MSP Steering Committee, production of two issues of a newsletter, training of a second group of 14 national DPS coaches, and coaching assistance to the central MSP.
- ***Institutional Strengthening of Central Directorates***. USAID had initially identified three key central directorates to support in the reform process and proposed that technical assistance be provided to establish and operationalize these offices. The three directorates are the Directorate of General Services and Human Resources (*Direction des Services Generaux et des Ressources Humaines*, DSGRH), Directorate of Financial Affairs (*Direction Administrative et Financiere*, DAF), and the Directorate of the Organization and Management of Health Services (*Direction de l'Organisation et de Gestion des Services des Soins de Santé*, DOGSS). Although the basic attributes of these offices have been established in the "Cadre Organique," the operationalization of these selected offices (as well as others within the MSP) and the details of their interactions with the provincial structures have not yet been fully defined. However, as reported in Y4 Q4, due to the DAF's legal framework not being in place (planned for FY17), it was decided that HFG will not provide technical assistance to the directorate due to lack of time.

- ***Establishing Provincial Health Divisions***. HFG has been providing assistance to two DPS, in Haut-Katanga and Lualaba, at USAID's request. The focus of HFG's assistance is to ensure effective and efficient functioning of the DPS with the development of operational plans, a roadmap for the integration of specialized programs and capacity strengthening (using the PICAL tool as the basis for the capacity strengthening plans) for both DPS. HFG has led the delivery of trainings in team building, leadership and management, and financial management, thus strengthening accountability and management capacities, and installed IT equipment and office furniture in both DPS.

  In Y5, HFG has continued providing assistance to (1) strengthen the DPS through additional trainings in coaching, supervision, and performance management, to name a few, (2) establish the provincial health inspectorates (IPS) and (3) revive the provincial steering committees for the health sector (CPP-SS).

- ***Decentralization Training for MSP officials***. In FY16, at the request of USAID, HFG helped support the development and delivery of a decentralization course for senior leadership at the MSP and DPS. The objective of the course was to train the MSP on basic concepts and the application of decentralization (following the MSP reform). Led by KSPH, with the guidance of Dr. Thomas Bossert (Harvard University, School of Public Health), the course successfully trained a pool of over 80 participants including the MSP, DPS, and other key stakeholders involved in the reform.

  In Year 5, USAID requested that HFG support the replication of the course directed at the provincial level and the specialized programs. The objective was to ensure increased understanding of decentralization of senior leadership for improved decision making at the central and provincial levels.

- **Strengthening KSPH's Financial Management.** KSPH is the premier institution in the DRC for training of public health professionals, many of whom become managers at different levels of the health system and some who become the public health leaders in the country. The core of the school is its master's-level programs in public health. A wide range of donors and implementing partners seek to work with KSPH in their activities, often engaging KSPH as a sub-awardee on specific projects. In addition, for many years, USAID has provided funding for scholarships to KSPH through a variety of contractual mechanisms including Health Systems 20/20, the predecessor project to HFG, and African Strategies for Health (ASH). Consistent with the objectives of USAID Forward, USAID/DRC would like to strengthen KSPH financial management capacity so that USAID can provide direct funding for scholarships to KSPH and potentially for other activities in the future. This will require strengthening KSPH's grants and financial management systems so that they meet generally accepted accounting standards and ensuring the organizational commitment by the Management Committee to strengthen its financial management systems. Health Systems 20/20 provided assistance in the area of financial management, but concluded at the end of its activity that more remained to be done in this area for KSPH to become a direct recipient of USAID funding.

- ***KSPH 30th Anniversary.*** KSPH was founded in 1986 with USG help as the very first school of public health in the DRC. Since its inception, KSPH has provided graduate-level trainings in public health, health economics, bioethics, and nutritional epidemiology. To date, over 1,000 students have graduated from KSPH. To celebrate their achievements over the last 30 years, KSPH is planning a commemorative event, for which, at USAID's request, HFG will provide financial and planning support. During this event, KSPH will present their work and their impact on public health in DRC.

- ***Institutional Strengthening of Faculty of Medicine and National Reproductive Health Program***. The Faculty of Medicine, located in Kinshasa, is one of a kind in the country, providing medical training and social services to communities in DRC. It includes KSPH, University Clinics, and the Center of Neuro Psycho Pathology. However, in the last couple of years, the Faculty of Medicine has seen its performance decrease (compared to medical schools in neighboring countries) and its relationship with its three institutions suffer. In order to rebuild these relationships and improve its performance, HFG will conduct an institutional assessment and assist in developing a strategic plan.

  Maternal and child health in the DRC has proven to be extremely challenging with some of the highest maternal mortality ratios in sub-Saharan Africa. The mandate of the National Reproductive Health Program (PNSR) is to advance the MCH agenda. To begin strengthening PNSR, USAID requested that HFG provide limited organizational strengthening to PNSR, by conducting an institutional assessment and helping them develop a strategic plan.

Year 5 Progress Against Objectives -

1. Central Level

Overall reform process. In Q1, HFG participated in the National Steering Committee for the Health Sector (CNP-SS) on September 29-30 and in the Technical Coordination Committee for the Health Sector (CCT-SS) on October 12 in a workshop to validate the CNP-SS Solutions and Recommendations Implementation plan. HFG helped plan and implement one of the recommendations, the CPP-SS meeting in Haut-Katanga on December 13- 14. HFG also disseminated the first edition of the Magazine, which provides information about the reform process. Coaching support remained on hold until funding from other partners materialized for recruitment of the second group of coaches.

In Q2, HFG participated in two meetings with the Governance Commission, on January 27 and February 24, focusing on the operational planning guidelines, the CPP-SS organizational guidelines, and the reform implementation roadmap. HFG also provided logistical support and actively participated in a meeting held on February 27 with the Human Resources Commission for the validation (please see below under 'DSGRH') of the draft Human Resources Management Procedures Manual before transmitting it to the CCT-SS for approval.

In Q3, a meeting of the CCT-SS was organized on April 27 with several agenda items including the validation of the National Plan for the Development of Human Resources for Health (PNDRHS) 2016-2010 and the Procedures Manual for Human Resources Management. Given the time limit for the meeting, the CCT-SS was unable to validate the two documents. However, a meeting was held on June 21, 2017.

In Q4, HFG was invited by the Secretary General for Health to participate in a few technical validation meetings: the CCT and the CNP-SS held on July 13 and July 18-19, respectively. During these meetings, the discussions centered around (1) the adoption of the PNDRHS 2016-2020, (2) the adoption of the Manual of Human Resources Management Procedures in the DRC, (3) progress in the preparation of the 2016 annual review and the meeting of the CNP-SS, and (4) the PNDS Monitoring and Evaluation Framework 2016-2020.

HFG also participated in in the Governance commission meeting on September 1. This meeting was an opportunity to review and validate the terms of reference (TORs) for the finalization of the CSE PNDS2, TORs for the standardization of periodic reporting tools (at all levels) and the establishment of the annual operational plan (PAO) quality control criteria and activity reports. Another main point focused on the updated guidelines for the development of the PAO 2018.

Additionally, HFG organized trainings in Coaching, Team Building, and Leadership for central directors and MSP senior executives from August 13 to 18. A total of 21 participants attended the training, including the Secretary General, the Inspector General, 13 MSP central directors, and four national inspectors (including three women).

Central Directorates

- ***DSGRH.*** During Q1, HFG participated in and co-financed with JICA and WHO a workshop led by the CNP-SS Human Ressources Commission to develop the PNDRHS. HFG's Organizational Development consultant was an integral part of this workshop.

  In Q2, HFG organized a restitution workshop, which aimed to review all DSGRH activities implemented in 2015 and 2016 to ensure that targets were achieved and expected results were met. The workshop had 64 participants (51 men and 13 women) with 57 from different MSP directorates, four from the Ministry of Public Function, and two from USAID/DRC and HFG. During the quarter, HFG also provided support for the development of the Human Resources Management Procedures Manual referred to above. This manual will serve as a job aid for human resources managers at all levels of the health pyramid. The manual, validated by the CCR-SS, is currently in the course of adoption by the Committee.

  In Q3, HFG organized a training on Results-Based Management for managers of the Human Resources Directorate (DRH). This training was attended by 27 participants, 18 from the DRH and nine from the Directorate of Training, including five women.

  In Q4, HFG organized a National MSP Training of Trainers Course from July 8 to 20, which brought together 20 participants from different MSP divisions (including 3 women). In addition, in July as part of the implementation of the DRH Strategic and Operational Plan, HFG supported the development of the 2017-2020 Provincial Human Resources for Health Development Plan for Lualaba, with the participation of two national-level experts. HFG also supported the implementation of the Lualaba DPS Human Resources for Health (HRH) database, the third phase of which was completed for the Lualaba DPS. Four DRH computer science experts led the process, which took place from August 19 to September 2. Finally, a workshop on the development of the manual of administrative procedures and performance evaluation tools for the MSP staff was held from September 4-11 and brought together 20 MSP experts including the Head of the KSPH Department of Management, a representative from the Ministry of Public Function, a union delegate, and 17 other participants from the DRH.

- ***DOGSS.*** In Q1, HFG worked on finalizing the DOGSS "referentiel des emplois" (employment reference document) by incorporating the Medical Imagery and Radiotherapy Division. A workshop on the results of HFG's interventions in the establishment of the DOGSS was also organized on November 1, 2016, with the participation of the Secretary General for Health and the Director of Cabinet of the Minister of Health. Forty-two people from the various MSP directorates and three experts from the Ministry of Public Function also participated in this restitution.

  In Q2, a restitution workshop for the restructuring activities and the development of the DOGSS employment benchmarks was organized on February 13, presided by the Minister of Health. The aim of the workshop was to facilitate the decision-making process leading to the establishment of the directorate. The USAID Deputy Director, the USAID Health Team Leader, and the HFG team participated in the restitution workshop, which resulted in recommendations for the political endorsement of the process of establishing the DOGSS and a formal decision by the Minister of Health.

In Q3, no activity took place because the Ministry of Public Function had not yet signed the decree. The decree focuses on the organizational framework of the DOGSS and more generally the organizational structure of the MSP.

In Q4, at the request of the MSP and USAID, HFG provided support for the institutional analysis of the General Hospital of Reference of Kinshasa that took place over a three-week period (September 1-21). A capacity-strengthening plan was reviewed at the end of the exercise during a feedback session.

- ***DEP.*** At the request of the Secretary General for Health to support the effective functioning of the DEP, HFG is providing support for a study on the issue of increasing the government's domestic health resources in order to improve the allocation of resources for greater efficiency. The DEP is finalizing the TOR before recruiting a consultant who will conduct the study. This activity will therefore be effectively implemented in Y6.

2. Provincial Level

In Q1, HFG continued the implementation of the capacity-strengthening plans in the two DPS by conducting training on the fundamentals of coaching and institutional systems and performance monitoring (supervision) in the health zones. The ultimate goal of these two trainings was to build the capacity of DPS staff to better support the health zones and, as a result, contribute to their development.

In Q2, HFG provided support to the Lualaba DPS from February 26 to March 8, 2017, for the development of the PAO. The report was disseminated in Q3. The development of the PAO for the DPS Haut-Katanga took place March 27-April 7.

At the initiative of USAID, from February 28 to March 8, a joint USAID (Dr. Mayala) / World Bank (Dr. Michel Muvudi) / UNICEF (Dr. Dominique Baabo) mission visited the two DPS, Haut Katanga and Lualaba. The goal of the mission was to present the platform and synergies between the different donors (presentation of the different projects for support to the MSP reform) and to follow up on operational planning for 2017. The challenges encountered were a lack of leadership and management capacities of the zonal Chief Medical Officers and the need for support to the DPS district management teams accompanying the health zones.

In Q3, from May 23- 25, HFG supported the organization of the Lualaba CPP-SS for the validation of the PAO in view of the signature of the *Contrat Unique* aimed at providing a common set of expectations for all DPS. HFG was a signatory of this contract as one of the technical and financial partners of the DPS. To date, the draft *contrat unique* is being finalized at the GIBS level.

From June 20-26, HFG organized a training course in Management of Health Services for 30 DPS cadres from Haut Katanga (17) and Lualaba (13).

In Q4, HFG supported the meeting of CPP-SS of Haut-Katanga on July 12-14. The CPP-SS is the coordinating body of the health sector at the provincial level. The participants discussed and agreed on the monitoring framework for PNDS implementation.

Having implemented the original Capacity-Building Plan for the Haut Katanga and Lualaba DPS, both structures are committed to being fully engaged in the process of institutional (organizational) transformation. More specifically, as measured in PICAL 2, their engagement is evidenced in:

- Improvements in several dimensions including administrative capacity, organizational learning, and continuous performance.
- Increased awareness of their strengths and weaknesses.

Thus, the following overall improvements have occurred:

- The heavy bureaucracy and / or the spirit of the civil servant and the culture of control, which predominated before HFG's institutional support, are gradually moving toward a management and feedback culture.
- Partitioning office spaces has improved interpersonal exchanges, which allows for more cooperation and collaboration between staff members.
- There is now more recognition of the importance of staff members' roles and the importance of team work.

3. Decentralization Training for GoDRC Officials

In Q1, HFG drafted the TOR and initiated the conversations with KSPH to prepare the documentation necessary for the subaward for KSPH. In addition, Professor Tom Bossert was engaged as an international consultant to assist in the planning and delivery of the course. Intensive planning and preparation of the course took place in Q2.

In Q3, the second International Course on Decentralization in the Health Sector took place from the week of May 15. This course was designed to inform the decentralization process that has been ongoing since the Constitution of 2006 established decentralization as an objective and defined different roles for the national and provincial governments. While the first course in 2016 targeted the central directors, heads of the DPS, and provincial medical inspectors, the second course targeted the 26 provincial ministers of health, the 18 provincial medical inspectors who did not participate in the first course, 13 directors of the specialized programs, four from the General Inspectorate, and 13 participants from international partners.

The high level of interest in the course was demonstrated by the participation of three ministers in the course opening; Minister of State and Minister of Decentralization and Institutional Reform, Mr. Azarias Ruberwa; Minister of Public Health, Dr. Oly Ilunga; and the Minister of Higher Education, Mr. Steve Mbikay. The Deputy Director of USAID also participated.

4. KSPH Financial Management

In Y5Q1, HFG worked with KSPH to:

- Procure software licenses for the following: Director of School, Deputy Director, Server 1, Internal Auditor 1 and Charge des finances.
- Capacity building of KSPH's financial staff: 16 staff members including the HFG Financial Management Advisor attended a refresher training in QuickBooks. The training took place November 28 to December 2.
- Monthly reports: Monthly reports are produced regularly, albeit behind schedule and not without numerous reminders from the HFG Financial Management Advisor. The issue lies within the management committee leadership, which must remind the financial team to comply with the procedures manual.
- Production of the 2015 and 2016 consolidated reports: the 2015 report is available. For 2016, a similar process has been followed. The report is 89 percent completed: projects such as the OHCEA and PMI only provided their reports for 2015 at the end of August 2016. Despite many reminders, the project accountants have not yet provided the remaining information needed to finalize the consolidated report for 2016.

- 2017 budget development: The committee for the 2017 budget has been formed. According to memorandum 005/ESP/2016, the committee is composed of the following members: the coordinator, finance manager, KSPH accountant, and the internal auditor. The team is planning to finalize this work by the end of December.

In Q2, HFG provided support for the following activities in financial management:

- Monthly reports: HFG observed a notable improvement in the QuickBooks financial reporting. However, the reports are still being submitted late.
- Calculating the Indirect Cost Rate: the data to calculate the indirect cost required are available. Mr. Alioune Wade, who provides the technical expertise for these calculations, was not granted a visa; as a result, Mr. Wade provided remote support to the local team.

Also in Q2, an institutional analysis of KSPH was conducted on January 23-February 14 and the restitution workshop took place on February 16. USAID's Health team and the CDCS Objective 1 (Institutions effectively implementing their mandates) Team Lead were among the participants.

In Q3, HFG provided the following support:

- Monthly Financial Reports: Monthly reports are developed and submitted on a regular basis. However, completion and submission delays are still an issue. At the end of Q3, the overall average completion rate of the monthly financial reporting was 48.45 percent.
- External audit: TOR were developed and approved by the KSPH Director and advertised for the procurement.
- Determination of the indirect cost rate: with the support of Alioune Wade, the indirect cost rate was determined.
- Financial review of KSPH projects: The review took place April 11-14. The restitution took place with the principal investigators and their representatives. During this review, the next steps of the strengthening KSPH financial management process were determined.
- Monthly follow-up meeting: A meeting was held on June 14 at the HFG offices, with the participation of the Management Committee and USAID, and provided an opportunity to discuss bottlenecks and to make recommendations on the KSPH's financial management capacity building process.

In Q4, HFG worked with KSPH on the following:

- Monthly follow-up meeting: The recommendations for improved financial management capacity that were agreed upon in the previous quarter were evaluated by HFG's Financial Adviser to KSPH. The following recommendations were highlighted: a requirement for weekly meetings, the signing of a formal circular giving the internal auditor access to all the services and projects, the need to enter all transactions into the QB software, the organization of an external audit of administrative costs, the preparation of the 2018 budget, and determining the indirect cost rate for 2018.
- Financial review of KSPH projects: On August 16, a follow-up meeting on the KSPH capacity building process took place. The recommendations agreed upon during this meeting were discussed during the financial review meeting on September 19-22 for internal validation.
- Indirect cost: The indirect cost rate was calculated at 12.5 percent and is awaiting validation using the results from the external audit. The results of the audit will be available in early Y6Q1

5. **KSPH 30th Anniversary**

   In Q3, the focus was on organizational and logistic planning for the event.

   In Q4, the commemorative anniversary of the Kinshasa School of Public Health took place on July 26-27. Dr. Bill Bertrand from Tulane University (New Orleans, USA), a co-founder of the school, attended. The event attracted 250 people including current and former KSPH students, alumni, faculty, and ministry officials.

6. **Faculty of Medicine**.

   In Year 4, HFG provided support to the School of Medicine at the University of Kinshasa in the design process of its strategic plan. One of HFG's consultants held meetings with faculty members and participated in a two-day workshop on strategic planning. The school had asked one of the professors to develop a strategic plan, but without adequate involvement of other faculty members. HFG suggested that an institutional assessment using the PICAL tool be conducted for the School of Medicine and its other components, namely KSPH, University Clinics, and the National Center of Psycho-Pathology, and that the results be used to develop an institutional strengthening plan. HFG would then provide assistance in developing a strategic plan and in providing training in team building and leadership and management.

   In Q2, HFG carried out the institutional analysis for the Faculty of Medicine on January 9-20, using the PICAL tool. The restitution of the analysis results and the capacity-building plan resulting from this exercise took place in two phases (with 35 and 67 participants in Phase I and Phase II, respectively) emphasizing broad internal and external accountability to the entire Faculty Council.

   In Q3, HFG organized a workshop to develop the strategic plan for the Faculty of Medicine and a corresponding operational plan. The workshop was attended by 20 participants, including the Dean, two vice-deans, 12 professors, two division chiefs, one administrator, one assistant, and one student. In addition, on May 26, HFG supported the presentation of the strategic plan and the operational action plan mainly for the benefit of the faculty council for approval, but also for the entire faculty of the University of Kinshasa. More than 90 people participated.

7. **National Program for Reproductive Health**.

   This institutional assessment was scheduled to take place in April, but was postponed by PNSR until July. The TOR were finalized. This activity will help identify synergies with the Directorate of Family Health.

   In Q4, the institutional analysis of the PNSR using USAID's PICAL tool was launched on September 6 and was completed on September 20. Next steps were discussed and the HFG team will work on finalizing the report while developing synergies with the Directorate of Family Health and Specific Groups (D10) and carry out the restitution of the analysis results in collaboration with the two structures and the General Secretariat. This will be done in the first month of next quarter.

Q4 Challenges -

- At the central management level:

  1. Lack of strong political endorsement for the formal restructuring of the two directorates that HFG supports. This hindered the implementation of HFG's capacity building activities.
  2. A culture of per diem subsists. This is mainly due to low wages in the public sector and lack of motivation of government employees. Reinforcement of per diem policies has been challenging: certain MSP staff decline participation in certain activities due to what they consider low per diem rates.

3. The slow response from the editors of the newsletter and magazine on the health sector reforms due to a lack of financial motivation has delayed publication,

- At the provincial level:

4. Similar to the central management challenge, the same culture of per diem creates issues in the implementation of HFG's activities.
5. Although all of the capacity-building activities in the DPS have been implemented, the DPS do not have adequate funding to accompany the health zones (ZS).

Table 24 provides activity-specific updates.

TABLE 24. DEMOCRATIC REPUBLIC OF CONGO ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Support MSP reform		
1: Support to Secretary General's Office		
Participate in three technical commissions operating under the National Steering Committee	Initially scheduled for June 21, the technical meeting of the CCT and the CNP-SS was postponed to July 13. Its purpose was to validate the procedures manual for human resources for health management (HRM).	
Support the national workshop to validate the draft guidelines for IPS	Ongoing	The General Inspectorate of Health has been in place since May 19, 2017. Staff appointments are being finalized.
Train national coaches in coaching skills	HFG led Coaching, Team-Building and Management training for central directors on August 13-18 with 21 participants including the Secretary General, Inspector General, central directors, and national inspectors.	
2: Institutional capacity building of DSGRH		
Put in place the new organizational structure	Awaiting official Ministry of Public Function approval.	
Conduct training of trainers to build a core group of DSGRH trainers	The training took place July 8-20 in Kisantu. 20 participants from different MSP directorates attended.	
Support implementation of new organizational structure	Awaiting official Ministry of Public Function approval.	
Provide ICT training	Ongoing	This activity was initiated in early August 2017 and will last for four months for a total of 50 DRH staff. An update will be provided in the Y6Q1 report.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Assist DSGRH in implementation of selected activities in its Strategic Plan	HFG helped support the computerized management of HRH through the development of a database in the Lualaba DPS. Additionally, HFG supported the DPS for the three-phased capacity-building approach of data managers from June 19 to September 2. HFG also organized a workshop to validate the manual of administrative procedures.	
3. Institutional capacity building of DOGSS		
Conduct second organizational assessment (DOGSS)	On hold until Year 6	Awaiting formal adoption of the new structure.
Conduct an institutional analysis in a General Referral Hospital	The assessment was carried out in Q4.	The review of the results will be finalized in Y6Q1.
Support implementation of new DOGSS organizational structure	On hold until Year 6	Awaiting formal adoption of the new structure.
Conduct workshop on lessons learned to take first step to becoming a learning organization	On hold until Year 6	Awaiting formal adoption of the new structure.
Do training in change management and conflict management	On hold until Year 6	Awaiting formal adoption of the new structure
Do training in results-based management	On hold until Year 6	Awaiting formal adoption of the new structure.
4. DEP		
Do study on increasing domestic resources	Discussions are underway on the scope of this activity.	Develop SOW and identify consultant. This activity will begin in Y6Q1.
Activity: Establishing of Provincial Health Divisions (DPS)		
1. DPS		
Validate the financial management procedures manual being developed by MSP	This activity is dependent on the finalization of the MSP's financial procedures manual, which is pending at the DEP, particularly at the NPP / SS Financing Committee	Postponed to Y6Q1.
Support the dissemination of the PNDS 2016-2020, and the guidelines for its implementation	This activity is ongoing. The ToRs for this activity are being finalized.	Scheduled for Y6Q2.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
2. IPS		
Hold consensus-building workshop on IPS reorganization	Awaiting formal establishment of the new IPS team.	Scheduled for Y6Q1.
Conduct organizational assessment and develop capacity strengthening plan	Awaiting the new IPS team.	
3. CPP-SS		
Organize meeting to validate PAO	Completed. A second meeting took place earlier in the quarter, July 12 to the 14 in Haut-Katanga.	
Activity: Strengthening Kinshasa School of Public Health (KSPH) financial management		
Initiate regular monthly financial reporting	Monthly reports are now being done on time	Accountants submit their QuickBooks reports to the Head of Finance on a monthly basis.
Meet monthly with Management Committee	Only one of three meetings took place in August. The September meeting has been postponed for early October.	
Conduct external audit	The external audit firm was notified that it had been selected on August 11. The audit began on August 27 and has been completed. Reports will be forthcoming in the next quarter and will be validated by the management committee.	
Do quarterly financial reviews	Ongoing. A quarterly financial review took place September 19-22 during which recommendations for improvements of KSPH financial management procedures were reviewed and agreed upon.	
Write an internal audit report	Two reports were developed. However, due to insufficient data, the reports have not been validated.	
Do indirect cost determination and tracking	The indirect cost rate has been fixed at 12.5%.	This rate has been determined based on calculation done in Excel. This rate is currently being reviewed for validation as part of the external audit.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: KSPH Scholarship Program		
Produce audit report	Ongoing	Will be finalized in Y6Q1.
Activity: KSPH 30th Anniversary Celebration		
Produce summary report	The meeting took place July 26-27 for 250 participants. The report is currently in the process of being finalized. The team estimates that the report will be available for dissemination in Y6Q1.	
Activity: Institutional Strengthening of the National Program for Reproductive Health		
Conduct institutional assessment	The assessment took place from September 6- 20. The analysis is currently ongoing and a report will be available in Y6Q1.	
Present results and capacity strengthening plan		Scheduled for Y6Q1.
Write assessment report	Planned for Q1	Scheduled for Y6Q1.
Assist in developing a strategic plan for PNSR	This has been delayed since the assessment only took place in September. HFG has learned that PNSR has arranged for another consultant to develop the strategic plan.	

5.1.7 Ethiopia

Program Objectives - The overall goal of HSFR/HFG support in Ethiopia is "increased utilization of health services." Program objectives are to:

- Improved quality health services;
- Improved access to health services;
- Improved governance of health insurance and health services; and
- Improved program learning.

Year 5 Activities - HSFR/HFG Ethiopia's scope of work focuses on supporting the government of Ethiopia to increase utilization of health services through technical assistance to HCF interventions and reforms that improve the governance and quality of health services. In the current project year, HSFR/HFG will continue strengthening supply-side interventions to improve access to health care services at all levels, while also enhancing utilization through demand-side interventions such as community-based health insurance (CBHI) and social health insurance (SHI), the fee waiver system, and exemption of selected services from fees.

In Year 5, technical support for HCF reforms in all regions of Ethiopia will continue, with a greater focus on the two late starter regions (Afar and Somali), new health facilities in all other regions, and weak performing facilities. HSFR/HFG will continue readying for "graduation" those health facilities that have been implementing HCF reforms for a reforms longer period of time and are better able to continue doing so with minimal or no support. The project will also strengthen regional, zonal, and woreda capacity so that health facilities will have the required technical support from governmental bodies. Greater responsibility and cost sharing will be transitioned to regional health boards (RHBs) and the Ethiopia Health Insurance Agency (EHIA) in particular as part of the project's capacity building and sustainability strategies. HSFR/HFG will also work with health facilities and government health authorities at all levels to enhance use of additional resources for interventions that would contribute to EPCMD and AFG efforts.

Technical support to health insurance, protection mechanisms for the poor through the fee-waiver system and targeted subsidy in CBHI implementing woredas, as well as strengthening provision of selected public health services free of charge through the exemption system will continue. These interventions provide financial risk protection and enable increasing utilization of health services including services related to MNCH as well as to HIV prevention and treatment. HSFR/HFG will continue supporting the gradual scale-up of CBHI in all regions of the country and targets supporting the launch of an additional 176 CBHI schemes (in 176 woredas) in Year 5, for a total of 357 CBHI schemes/implementing woredas at different stages of development receiving HSFR/HFG support during the year.[1] A concept note on an approach to implement CBHI in pastoralist areas will also be developed this year to explore expanding CBHI to these populations. HSFR/HFG will continue supporting EHIA with preparatory work for its anticipated launch and implementation of SHI.

[1] The number of CBHI schemes/woredas that were functional (i.e., officially launched and providing services to beneficiaries) at the end of Year 4 totaled 181, disaggregated as follows: Amhara 76, Oromia 69, SNNP 30, and Tigray 6. In Year 5, HSFR/HFG will support the launch of 176 additional CBHI schemes as follows, by region: Amhara 24, Oromia 65, SNNP 44, Tigray 30, Addis Ababa 10, and Benishangul-Gumuz 3.

Governance is critical to ensure the health system provides priority health services efficiently and as citizens need. It is also important for health insurance schemes to make strategic purchasing choices and to ensure the schemes' benefit package covers priority health care services. HSFR/HFG will continue supporting the establishment of and capacity building for health facility governing boards, and improve networking and experience sharing among board members. Establishment and operationalization of effective health facility and health insurance governance systems is critical to enhance transparency, which in turn develops trust and confidence as well as efficiencies in these systems. In Year 5, HSFR/HFG targets providing technical assistance to establish governing boards in 15 hospitals and 17 health centers (HCs), and provide training in health facility governance to 721 hospital and HC governing board members.

Program learning through routine project M&E, the conduct of Health Accounts, and targeted studies including people living with HIV (PLHIV) surveys, have been important activities providing information to the project as well as Government of Ethiopia (GoE), USAID and development partners. In Year 5, HSFR/HFG will continue reporting on project performance. The project will also continue helping the Federal Ministry of Health (FMOH) to institutionalize the Health Accounts methodology within the Federal Resource Mobilization Directorate (FRMD) for the conduct of future Health Accounts and related studies. The PLHIV survey started in Year 4 will be completed in Year 5, as will production and dissemination of the final Health Accounts report. HSFR/HFG will also continue generating evidence from CBHI schemes to articulate the lessons learned through design, implementation, and ongoing performance of the insurance schemes. In addition, regular supportive supervision of CBHI schemes and their units will be conducted jointly with EHIA and RHBs. Supportive supervision has been an important tool allowing the project (and government counterparts) to identify valuable information on scheme performance, provide on-the-spot technical support to health facilities, CBHI schemes, and local authorities, and generate valuable data on progress and challenges related to different components of the reforms.

The GoE will play an even greater role this year, as an increasing number of HSFR/HFG activities are transitioned to government. For example, kebele-level training for executive staff will be transitioned to EHIA and RHBs to conduct independently, cascading CBHI scale up directive orientation trainings will be conducted by EHIA branch offices for woreda and kebele cabinet members, and EHIA and RHBs will cover some CBHI training costs for health providers and the cost of broadcasting public service announcements (PSAs) and documentaries. HSFR/HFG will also work to further institutionalize HA within the FMOH.

Year 5 Progress Against Objectives - Data collected from CBHI implementing regions indicates that:

- At different stages of development, 359 woredas are implementing the CBHI program in Amhara, Oromia, SNNP, Tigray, Benishangul-Gumuz, and Harari regions, and in Addis Ababa and Dire Dawa city administrations. Of these, 290 woredas have officially established CBHI schemes (in Amhara, Oromia, SNNP and Tigray) and are providing health insurance coverage for beneficiaries. The remaining schemes are engaged in preparatory activities.
- Of the 7,694,586 eligible households in the CBHI implementing woredas (in Amhara, Oromia, SNNP, and Tigray), over 3.9 million have joined CBHI schemes. Currently, the household enrollment rate is 51 percent of eligible households.
- A total of 18 million beneficiaries in Ethiopia had CBHI coverage as of September 2017.
- Since January 2013, over 10 million visits have been made by CBHI beneficiaries to health facilities.
- CBHI schemes have collected 672,539,889 Birr (US$ 28.2 million) from member enrollment and renewal contributions from January 2013 through September 2017, excluding general and targeted subsidies.

Q4 Challenges - At the beginning of the project year, implementation was hampered by security problems in some parts of the country as well as the state of emergency issued by the GoE. In addition, the GoE's shuffling of political leaders at federal, regional, zonal, and woreda levels also affected the project's ability to carry out numerous planned activities that are conducted in collaboration with government stakeholders. The state of emergency was lifted during the fourth quarter of the project year.

The Ethiopian Health Insurance Agency (EHIA) is working to institutionalize CBHI data management and to obtain data routinely from its branch offices. However, not all CBHI implementing woredas are submitting data on a regular basis to EHIA branch offices. Turnover of scheme executive staff, capacity issues, and non-compliance with the data request are amongst the reasons cited. Absence of data affects HSFR/HFG project reporting and, more broadly, evidence-based decision making and planning by the project and EHIA.

Q4 Additional Information - HSFR/HFG conducted the following activities that were not included in the work plan: (1) Facilitate the USAID/Ethiopia health team visit to Adea woreda, Oromia region on August 28–31, 2017. The regional project team provided technical assistance to the woreda's CBHI scheme in the selection of achievements to showcase and in the preparation of graphs and a PowerPoint presentation on the CBHI implementation process, and major achievements and implementation challenges. (2) In collaboration with the EHIA Adama branch office, organized a two-day (June 27-28, 2017) training on CBHI financial management. Training contents focused on: sources of scheme revenue, financial source documents, accounting cycle of CBHI finance, chart of CBHI accounts, recording and posting of CBHI transactions, reimbursements to health facilities, preparation of financial reports, bank reconciliation, and closing of accounts at the end of the fiscal year. A total of 17 accountants (15 men and 2 women) from the schemes in West Hararghie and East Shoa zones (clustered under Adama EHIA branch office) received the training. (3) Provided technical support to the RHB in Oromia in conducting performance validation at zonal and woreda health offices and HCs from August 27, 2017 to September 10, 2017. The team assessed the performance of the Ilu Aba Bora zone zonal health department (ZHD), Bure and Bilo Nopha woreda health offices (WorHOs), and Sibo and Bilo Nopha HCs using a performance validation tool developed by the RHB.

Table 25 provides activity-specific updates.

TABLE 25. ETHIOPIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Improve quality of health services		
Support a two-day auditors review meeting	**Oromia**: HSFR/HFG in collaboration with the RHB conducted a two-day auditors review meeting (August 6-7, 2017). The focus of the meeting was to discuss findings of HC and hospital financial audits carried out by Zonal Finance and Economic Cooperation (ZoFEC) and Woreda Finance and Economic Development (WoFED) offices, and propose solutions on how to strengthen financial management of health facilities in line with the government financial regulations. Using this forum, the project provided CBHI orientation for heads of Bureau of Finance and Economic Cooperation (BoFEC) and ZoFEC to create awareness on CBHI program implementation and to create common understanding regarding their roles and responsibilities in ensuring effective financial management of CBHI schemes.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	The presentation included: basic concepts of health insurance; CBHI design parameters; status of CBHI implementation in the region; CBHI as a core agenda of the Health Sector Transformation Plan; the magnitude of contribution, benefit packages, and organizational structure of schemes; management and leadership of schemes; and the roles of BoFEC in CBHI implementation. Discussants agreed that the role of the BoFEC and WoFED in implementing CBHI includes leadership (i.e., serve as member of CBHI steering committee at regional and zonal level and as a member of CBHI board at the woreda level), facilitating the allocation of the targeted subsidy budget and printing receipt vouchers, and providing technical support to the financial management and audit of CBHI schemes. A total of 65 persons (61 men and 4 women), heads of BoFEC, ZoFEC, and ZHDs and a ZoFEC auditor, participated in the meeting.	
Provide training on HCF reform implementation	**Gambella**: Provided a two-day refresher training (June 30–July 1, 2017) on HCF reform implementation to enhance trainees' knowledge on HCF reform and review reform implementation performance. Trainees identified HCF reform implementation challenges including their root causes, and proposed corrective actions to help resolve the problems. A total of 34 persons (30 men and 4 women) from 11 woredas, Gambella town administration, and Itang special woreda attended the training. Trainees were heads of WorHOs, WorHO Curative and Rehabilitative Core Process coordinators, and heads and/or representatives of health facilities.	During his closing remarks at the training event, Mr. Poll Bell, Vice The Head of the Gambella RHB committed to writing a letter to the chairperson of each health facility governing board to take action and resolve problems associated with boards. He also stated that the RHB will follow up on the implementation of HCF reforms. Particular emphasis will be given to the recruitment and deployment of Procurement, Finance and Property Administration (PFPA) officers, revenue retention and utilization (RRU), the new fee waiver system, and facility governing boards.
Advocated and provided technical support for auditing of health facilities	**Benishangul-Gumuz**: Advocated (by telephone) to WoFED offices and heads of those offices who also serve as board members for the newly functioning hospitals, on the need to undertake financial auditing in HCs and newly functioning hospitals. WoFED offices agreed to incorporate financial auditing of health facilities in their annual work plan and carry out financial audits in health facilities situated in their respective woredas. **Gambella**: There is a shortage of skilled internal auditors at the Dimma WoFED office. This will aggravate problems of misappropriation and non-procedural financial transactions in health facilities. HSFR/HFG advocated to the Dimma woreda	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	administration on the need to: recruit and deploy auditors as per approved job structure and start financial auditing in health facilities (i.e., regularly by WoFED auditors and on annual basis by external auditors).	
Technical support to health facilities in implementing HCF reforms, including the operation of private wings, RRU, and outsourcing non-clinical services	**Amhara**: Provided technical support in outsourcing of non-clinical services to 18 regional hospitals. Technical assistance was provided to facilities in identifying the service(s) to be outsourced, advertising/ competing the work, selecting the winning bid, and managing outsourcing. **Benishangul-Gumuz**: Provided orientation to the governing board members of newly functioning hospitals on the advantages of outsourcing and the types of services that can be outsourced. These topics were incorporated into the hospitals' governing board training. Two hospitals in the region outsourced food catering during the reporting quarter.	
Compile health facility RRU plans and facilitate appropriation by MoFEC/BoFED/Regional Council	**Amhara**: HSFR/HFG in collaboration with the RHB and BoFEC gathered health facility RRU plans from 66 hospitals and 825 HCs in the region. HSFR/HFG played a key role in compiling and submitting planned RRU figures to BoFEC through the RHB. BoFEC presented the draft RRU budget to the Amhara Regional Council for appropriation. The regional council appropriated 322,612,600 Birr for hospitals and 516,122,346 Birr for HCs for the Ethiopian fiscal year starting July 2017. **Benishangul-Gumuz**: Facilitated the appropriation of health facility RRU plans for the same Ethiopian fiscal year. The regional council appropriated 48,268,666 Birr for 56 health facilities.	
Advocate to new/existing HCs implementing HCF reforms to approve a facility structure that includes critical finance staff and recruit for those positions	**Gambella**: Findings of regular quarterly supportive supervision indicate that Dima HC has at least two PFPA staff, while Koy has none. HSFR/HFG advocated to the RHB, Agnuwa ZHD, and Dima WorHO to approve the job grading and salary scale for PFPA staff, and to recruit and deploy required key finance officers for Dima and Koy HCs so as to effectively implement HCF reforms. A HC is required to have at least four PFPA staff (PFPA head, accountant, cashier, and at least one daily cash collector).	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Improve access to health services		
CBHI schemes established	At different stages of development, 359 woredas are implementing CBHI in Amhara, Oromia, SNNP, Tigray, Benishangul-Gumuz, and Harari regions, and in Addis Ababa and Dire Dawa city administrations. Of these, 290 woredas have officially established CBHI schemes (in Amhara, Oromia, SNNP and Tigray) and are providing health insurance coverage for beneficiaries. The remaining schemes are engaged in preparatory activities. **Addis Ababa**: HSFR/HFG in collaboration with the Addis Ababa City Administration (AACA) Health Bureau and the Addis Ababa EHIA branch office conducted Integrated Supportive Supervision (ISS) in 10 woredas selected to implement CBHI. ISS was aimed at: assessing the status of CBHI preparatory activities in order to provide findings to higher officials for evidence-based planning and decision making. The team assessed: the recruitment and deployment of executive staff, CBHI community mobilization activities, household enrollment and data management, distribution of financial vouchers and contribution collection, preparation and distribution of CBHI ID cards, and financial record keeping and accounting. **Oromia:** HSFR/HFG in collaboration with ZHDs and EHIA branch offices facilitated/ participated in the establishment of CBHI schemes in seven woredas. Technical support was provided to the schemes in conducting data validation, financial management, ID card distribution, preparation of the CBHI bylaw and performance report, and organizing/facilitating general assembly meetings. **Tigray**: HSFR/HFG in collaboration with EHIA branch offices visited 14 newly selected CBHI woredas on July 14-23, 2017, to assess the status of CBHI program implementation including recruitment and deployment of executive staff, availability of office space and furniture, community sensitization and mobilization, member enrollment, contribution collection, selection of indigent households and allocation of a budget for the targeted subsidy, opening of an appropriate type of bank account for schemes, and printing and distribution of ID cards and forms.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Households enrolled in CBHI schemes	Available data indicate that over 3.9 million households comprising 18 million beneficiaries were enrolled in CBHI schemes as of September 2017.	
Beneficiaries utilizing health care through CBHI schemes	Of the 290 woredas that have established fully functioning CBHI schemes, 217 schemes reported the number of visits made to health facilities and the amount reimbursed to the facilities during the reporting quarter. Over 2.3 million visits were made from April to June 2017. Aggregated figures indicate that more than 10.5 million visits have been made to health facilities since January 2013.	
Provide training to CBHI implementing staff, cabinet members, executive organs, others	**Tigray**: HSFR/HFG in collaboration with the EHIA Mekelle branch office organized a four-day training (July 4-7, 2017) to enhance knowledge and skills of newly recruited CBHI scheme executive staff from 18 newly selected woredas and nine existing woredas, Mekelle EHIA branch office personnel, and the USAID-funded Transform: Primary Health Care project staff. Contents of the training included: concepts, principles, and features of the CBHI program; and when and how to establish CBHI schemes, including CBHI ID card preparation and distribution, signing contract agreements with health facilities, and CBHI financial and data management. Practical exercises were conducted, especially for data managers, on data encoding, organizing, aggregating, and reporting (membership, health services utilization, and reimbursement data). A total of 47 persons (23 men and 24 women) – 21 scheme accountants, 21 scheme data managers, 2 accountants, and 2 CBHI coordinators from EHIA Mekelle branch office and 1 Transform: Primary Health Care project staff – attended the training.	
Revise or finalize piloted CBHI implementaiton manuals (FAMS, Audits, M&E database)	**Amhara**: Developed two CBHI implementation manuals adapted for the region, the CBHI Financial Manual and CBHI Financial Audit Manual, based on the revised CBHI directive.	The manuals are pending finalization and endorsement by the RHB.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Follow-up with EHIA and EHIA branch offices on the allocation and transfer of federal government subsidy to CBHI schemes and implementing woredas	**Amhara**: In continuation of last quarter's efforts, the EHIA head office released 26,271,781 Birr as the general federal subsidy for 102 CBHI schemes. Of all woredas implementing CBHI in Amhara, nine woredas did not receive general subsidy due to their belated commencement of health care service provision to beneficiaries. SNNP: Provided technical assistance to the RHB and EHIA branch offices to facilitate the release of the general subsidy for the fiscal year from the FMOH (through the EHIA head office) by providing the required data. **Tigray**: Provided continuous follow-up on the allocation and transfer of the general subsidy to CBHI schemes. The EHIA head office approved 4,306,589 Birr as the general subsidy for 18 CBHI implementing woredas that started providing health care services to the CBHI beneficiaries.	**Amhara**: EHIA's allocated amount was less than the expected amount because EHIA did not follow the prototype CBHI directive when computing the general subsidy. Efforts have been made to correct the computation. **SNNP**: The RHB and EHIA branch offices are awaiting the release of these funds from the FMOH.
Advocate to and support woreda administrations and WoFED to undertake financial audits of CBHI schemes and Provide TA to CBHI schemes to close their annual accounts and prepare for being audited	**Amhara**: Provided technical support to 38 CBHI schemes to close their fiscal year financial accounts. This included technical assistance in: proper documentation of financial transactions, registration of revenues and expenses, and production of a financial report. A financial audit of the scheme was conducted after the accounts were closed. HSFR/HFG provided an orientation to WoFED auditors on auditing procedures, and overseeing auditing tasks. During the reporting quarter, two schemes were audited.	
Advocate to and follow-up with regional/zonal/woreda level officials regarding indigent and fee-waiver beneficiary selection, allocation and transfer of targeted subsidy to woredas	**SNNP:** Advocated and followed-up (by telephone) on the allocation and transfer of targeted subsidy to 55 woreda administrations. In addition, the CBHI schemes in the 55 woredas communicated with their respective woreda administration and resolved implementation challenges associated with indigent selection and budget allocation for targeted subsidy. During the reporting quarter, eight woreda administrations in SNNP allocated 803,374 Birr as a targeted subsidy to the schemes. **Tigray:** Advocated for and facilitated indigent selection and allocation of the targeted subsidy by the regional government and woreda administration. As a result, the regional government allocated 16,896,765 Birr to 18 schemes as the targeted subsidy budget for the fiscal year. The BoFEC will transfer the allocated budget to respective schemes through the RHB.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Advocate to government on need to allocate budget for exempted health services and follow-up on the implementation of exempted services in health facilities	**Amhara:** HSFR/HFG advocacy efforts were fruitful in Amhara, where the regional government allocated 152 million Birr for facilities to cover costs incurred in procuring drugs and medical supplies for the Ethiopian fiscal year. The RHB will distribute the budget to district hospitals and HCs. Also, HSFR/HFG followed-up on the implementation of exempted health services through regular supportive supervision and review meetings. Accordingly, all health facilities in the region have been providing exempted health services free of charge to the public as per the regional HCF legal frameworks. **Benishangul-Gumuz**: The regional government through the RHB distributed a letter to all woreda administrations and WoFED and WorHO offices to allocate an adequate budget to support health facilities providing fee waiver and exempted health services. HSFR/HFG also followed-up (by telephone) and provided technical support to the health facilities (during regular supportive supervision and review meetings) on the implementation of exempted health services. In addition, HSFR/HFG informed facilities to properly document and report the amount they incurred to provide these services to the respective health office. Currently, all health facilities have been providing exempted health services free of charge to the public at large. **Gambella**: Findings of supportive supervision indicate that regional government did not allocate a budget for exempted health services. Health facilities are using retained revenue and some donations allocated for the needy to cover the costs of these services. Using these findings, HSFR/HFG advocated to the RHB special support team, responsible for supporting all programs in the health sector, and the Dimma WorHO on the need to allocate budget for exempted health services for Dimma and Koy HCs.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct consultative workshop with key stakeholders to resolve major challenges associated with the HCF program	**SNNP**: HSFR/HFG in collaboration with the regional BoFEC, RHB, ZoFEC, and ZHD offices organized a two-day consultative workshop, August 28–29, 2017. Participants discussed HCF implementation challenges and the way forward. Agenda items included: insufficiency of Procurement Finance and Logistics (PFL) staff in health facilities; need to find alternative budget sources to pay for exempted health services, as these services currently are consuming facility retained revenue intended to pay for improvements in the quality of service delivery; improve leadership effectiveness and accountability of facility governing boards; review the new direction of the BoFEC regarding bank accounts for facilities retained revenue; and the need to strengthen financial auditing in health facilities. Leadership, governance, and resource mobilization were cross-cutting agenda items also discussed. A total of 77 persons (67 men and 10 women) from BoFEC, RHB, ZoFED, and ZHD offices attended the workshop.	In his closing remarks, the head of the RHB concluded that workshop by stating that the RHB will take the identified challenges up with the regional government for direction on how to solve them as per the HCF regulation and directive, and will support and monitor HCF reforms, and zones' and woredas' need to implement planned activities as per legal frameworks. He also assured the participants that the RHB will collaborate with parallel sector bureaus to solve structural problems such as recruitment of PFL officers, budget allocation, and monitoring implementation gaps in HCF reform implementation.
Activity 3: Improve governance of health services and health insurance		
Conduct health facility governing board or body training	**Central**: HSFR/HFG in collaboration with the Clinical Service Directorate of FMOH organized three four-day training sessions in Jigjiga (August 29–September 4, 2017), Nekemte (September 20–24, 2017), and Ambo (September 25–29, 2017). The training aimed at enhancing trainee knowledge of the concepts, standards, and implementation guidelines of the EHSTG, on HCF reforms and on operational standards of hospitals, and to narrow the knowledge gap between hospitals governing boards and senior management. Trainees were drawn from federal and newly constructed. Hospital governing boards and senior management team both in the clinical and non-clinical departments participated in the training. A total of 117 persons (9 men and 2 women from the hospitals' governing boards, and 96 men and 10 women from their senior management teams) attended the training. **Benishangul-Gumuz**: Conducted training for hospital governing board members of newly functioning district hospitals on August 3 - 4, 2017. HSFR/HFG staff presentations highlighted HCF reform and its progress to date including health insurance; the RRU directive; organization, management, and duties of the hospital board; the fee waiver directive; outsourcing of non-clinical	**Central**: It is expected that senior management team trainees will use the knowledge acquired during the training to orient and continuously educate their respective governing board members and influence board members to discharge their responsibilities.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	services; and the private wining implementation directive. The RHB representative gave directions on HCF reform implementation. Nineteen hospital board members (17 men and 2 women) attended the training.	
Support/organize experience-sharing, networking visits/ meetings/workshops (in HCF reform implementation, health insurance, inter-regional, thematic, etc.)	**Amhara**: Organized a regional-level experience-sharing and networking workshop on HCF reform on September 23-24, 2017. The objective of the workshop was to assess the status of HCF reform implementation and discuss the observed challenges. HSFR/HFG made a presentation on the progress of HCF reform components, findings of supportive supervision held during last Ethiopian fiscal year, and the amount of appropriated RRU budget for the current year. A consensus was reached to: monitor whether RRU proceeds as per appropriation, undertake financial auditing in health facilities, oversee the utilization of the government-allocated budget, strengthen health facility governing bodies, conduct joint supportive supervision in health facilities, and strengthen the implementation of all HCF reform components. HSFR/HFG also presented RRU and HC governing board directives to the workshop participants, and gathered feedback that will serve as input in revising the directives in the future. Twenty-eight persons (23 men and 5 women) from the RHB, regional BoFED, ZHD, zonal BoFEC, and selected WoFED and WorHO staff attended. **Benishangul-Gumuz**: Organized an inter-regional experience-sharing visit to CBHI programs in Amhara on September 18-20, 2017. Twenty-four persons (23 men and 1 woman), one from the regional president office, three from the RHB, two from the Assosa EHIA office, one each from the Assosa and Kemashi ZHDs, six from Kemashi woreda, and five each from Dangur and Bambasi woredas, participated in the visit. SNNP: Organized a one-day (September 21, 2017) experience-sharing visit for CBHI executive staff drawn from Center of Excellence (CoE) woredas in the region. Participants visited a CBHI scheme in Damot Gale woreda, two best performing kebeles, and HCs and health posts.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support CBHI performance review meetings (including federal, regional, zonal, steering committee)	**Central**: HSFR/HFG in collaboration with the RHBs and EHIA organized regional-level CBHI conferences in Amhara, Oromia, and SNNP regions. The objective was to review performance of CBHI schemes in the regions; recognize the best performing zones, woredas, schemes, and sections; and give direction on the issues and challenges related to CBHI implementation. In total, 4,859 persons attended these workshops. HSFR/HFG provided both technical and financial support to RHBs in organizing these conferences. HSFR/HFG also provided both technical and financial support to EHIA in conducting the annual health insurance performance review meeting August 23–25, 2017. The objective of the meeting was to review the last Ethiopian fiscal year performance and discuss and agree on the agency's next annual work plan. Presentations included the annual performance report of the agency including CBHI coverage, ID card preparation and distribution, financial auditing of schemes, clinical auditing of health facilities, health service provision and management of beneficiaries complaints, the Ethiopian government work plan, which incorporates the EHIA's new initiatives intended. Presentations on good governance, prevention of corruption, and the need for work plan alignment with partners were made. A total of 98 persons (81 men and 17 women) from the FMOH, EHIA head and branch offices, RHBs, and from partners participated in the meeting. **Addis Ababa**: The AACA health bureau in collaboration with the EHIA and HSFR/HFG organized a two-day (September 18-19, 2017) CBHI performance review meeting. The meeting aimed to assess the performance of CBHI schemes in Addis Ababa, and discuss the readiness of health facilities to provide services and implementation challenges. There was discussion on the status of implementation of HCF reform in the city, CBHI concepts and experiences of other countries, the status of CBHI implementation in Ethiopia, roles and responsibilities of health care providers, the CBHI legal frameworks prepared for the city administration, and the status of CBHI implementation. Health providers pointed out that the shortage of drugs and medical supplies in their facility might be discouraging eligible households from enrolling. The health bureau promised to closely follow up and ensure drug availability in health facilities. About 300	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	participants from the AACA health bureau, sub-city health offices, WorHOs, HCs, general and referral hospitals, schemes, and implementing partners participated in the meeting. Oromia, SNNP, and Tigray: HSFR/HFG in collaboration with zonal administrations, ZHDs, and EHIA branch offices organized zonal-level CBHI biannual review meetings/networking in Oromia, SNNP, and Tigray. A total of 792 participated. **SNNP:** Provided technical and financial support for a CBHI CoE woredas' review meeting held on September 22, 2017 to assess progress in CBHI program implementation. A total of 71 persons (60 men and 11 women) from the RHB, Hawassa, Hossana, and Arba Minch EHIA branch offices, and zonal- and woreda-level stakeholders participated in the meeting. They assessed the performance of the CoE woredas and agreed to strengthen implementation in a holistic, integrated, and coordinated manner. **SNNP:** Provided technical and financial support to the CBHI Regional Steering Committee (RSC) review meeting held on June 24, 2017. The agenda items were to review CBHI performance in the last nine months and set future directions; discuss the new CBHI directive to scale up CBHI program; and discuss issues that need the decision of the RSC and its declared decisions for action. A total of 37 persons (36 men and 1 woman) participated in the meeting. **Tigray:** HSFR/HFG in collaboration with Axum EHIA branch office organized a review meeting for the Tahitay Adiabo CBHI CoE woreda on June 30, 2017. The objective of the meeting was to assess the status of CBHI enrollment and membership renewal in the woreda, identify implementation gaps, and make this woreda a role model and experience-sharing center for newly selected CBHI implementing woredas in the area. Woreda administration and WorHO officials promised to integrate CBHI program activities into the woreda work plan as a way to resolve implementation gaps. In total, 71 persons (37 men and 34 women) from the woreda administration, the WorHO, HC heads, executive staff of schemes, health extension workers, kebele administrators, and managers participated in the meeting.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support EHIA with training on health insurance related topics, and CBHI program implementation (refresher)	**Central:** HSFR/HFG in collaboration with the EHIA Customer Service Directorate organized a three-day (June 29–July 1, 2017) training for EHIA Customer Service Experts. The training was aimed to familiarize the experts with: CBHI concepts and implementation strategies; how to conduct a customer satisfaction survey; and management of beneficiaries' complaints in health facilities (on health care service provision) and CBHI schemes (settlement of reimbursements). In total, 38 participants (32 men and 6 women), Customer Service Experts from the EHIA head office and branch offices, attended the training. HSFR/HFG also supported the EHIA in organizing a three-day training (June 30–July 2, 2017) for its staff drawn from Members' Affairs Directorate. The training was aimed at enhancing trainees' knowledge and skill in areas of monitoring and evaluation, and communication skills. Training topics covered: basic concepts of health insurance, frameworks, CBHI indicators and data sources, and communication skills. A total of 63 persons (41 men and 22 women) from the EHIA head office and branch offices attended the training. **Tigray**: HSFR/HFG in collaboration with EHIA branches organized a three-day CBHI refresher training (July 31–August 2, 2017) for new and existing EHIA staff in the central zone. The training aimed to enhance staff knowledge and skills on the revised CBHI directive and CBHI implementation. The training topics included rationale and basic contents of the CBHI directive, best practices, and health care service provision in one primary hospital situated in the woreda. A total of 33 persons (21 men and 12 women) from two EHIA branch offices attended the training.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support EHIA in conducting supportive supervision of health insurance programs, preparing program budget /work plan/ reports, and conducting rapid assessments on research topics	Through seconded staff, HSFR/HFG supported EHIA in the preparation of an action plan for the Ethiopian fiscal year program budget as per Ministry of Finance and Economic Cooperation (MoFEC) guidelines. It also supported EHIA in reviewing the budget allocation formula for its branch offices and production of the three-year program budget report. Lastly, EHIA was supported in HSFR/HFG supported the preparation of routine reports to be submitted to the Parliament, FMOH, and MoFEC, and the fourth quarter Sustainable Development Goals fund performance report to be submitted to the FMOH.	
Activity 4: Improve program learning		
Conduct supportive supervision at health facilities and select CBHI schemes, and kebele/sections	Conducted regular quarterly supportive supervision in 134 HCs in Addis Ababa, Amhara, Benishangul-Gumuz, Harari, Gambella, and Oromia. CBHI regular quarterly supportive supervision was conducted at 75 schemes in Amhara, Oromia, and Tigray).	
Produce and disseminate project quarterly newsletter	Produced 750 copies of the project's health financing newsletter volume 4, number 2, which was distributed to stakeholders, implementing partners, and selected universities. The HSFR/HFG Communication Advisor traveled to Shashemene town and held interviews with the Shashemene hospital acting CEO, manager, medical director, and head of pharmacy. He also accompanied USAID/Ethiopia staff in their visit to Adea woreda, Oromia region, and participated in the CBHI regional conference held in SNNP. The information generated through these activities will be used as input for project health financing newsletter volume 5, number 1.	
Provide support for and participate in FMOH, RHB, ZHD, EHIA review meetings	**Amhara**: The RHB, EHIA, and HSFR/HFG jointly organized a "purchaser-provider" meeting with health providers from four referral hospitals, two zonal/general hospitals, one teaching hospital, and four zonal hospitals situated in zonal capitals. The objective of the meeting was to discuss issues related to contract agreements, registration of beneficiaries, claim submission, clinical auditing and settlement of reimbursements, and management of complaints. Schemes and EHIA branch offices presented issues and concerns. Hospitals presented their service delivery	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	procedures, problems encountered while providing services, and measure taken to address the problems. The RHB gave directions on the overall service provision and settlement of reimbursements that should be put into action in the upcoming fiscal year. A total of 53 persons (28 men and 25 women), compliance officers, heads of purchasing and procurement, accountants, and card room workers, participated in the meeting. **Oromia**: HSFR/HFG in collaboration with the Harari and Dire Dawa City Administration (DDCA) health bureaus organized one-day stakeholders review meetings, on September 2, 2017, and September 4-5, 2017, respectively. The objective of the meetings was to: discuss the progress of HCF reform, implementation challenges, and the roles of key stakeholders and collaboration among them to strengthen and facilitate institutionalization of HCF reform. RHB experts in Harari and DDCA made presentations focused on the overall progress of the HCF reform implementation. Selected heads of health facilities shared their experiences as well as the challenges in their facilities. Discussants agreed that: HCF reform has a positive impact on quality and equity of health care service provision and builds leadership capacity in the facilities; RRU is progressing well though there are irregularities in monthly financial reporting (in both Harari and Dire Dawa) and poor financial record keeping (Harari); all health facilities have functional governing boards but some boards do not meet on a regular basis; the new fee waiver system is being implemented in all health facilities though there are gaps in updating the list of waiver beneficiaries on an annual basis and lack of budget to reimburse facilities for the costs they incur in providing services; exempted health services are provided well in all facilities; and user fee revision is in progress in both regions. A total of 92 persons (74 men and 18 women: 29 men and 6 women in Harari and 45 men and 12 women from Dire Dawa), attended the stakeholders meeting. They were heads of RHBs and health facilities, experts from RHBs, health facility finance officers/accountants, heads of woreda/cluster health office, heads of woreda/cluster administration office, and representative of the BoFECs and audit bureaus.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
For Health Accounts VI, provide technical assistance to FMOH to conduct data analysis and validation, report writing, and dissemination	Finalized the Health Accounts VI (2013/14) main report by incorporating the foreword and acknowledgements sections; submitted the final version of the report to the FMOH for clearance and endorsement by the Minister of Health before printing; facilitated the printing of 500 copies; identified and sent an invitation letter to relevant institutions (federal, regional, public, private) to participate in the dissemination workshop; and reviewed the PowerPoint presentations summarizing the Health Accounts VI 2013/14 main report and findings of the household survey, PLHIV survey, and tracking of nutrition funding. HSFR/HFG in collaboration with the FRMD prepared the dissemination workshop agenda and assigned presenters to present findings related to each survey. HSFR/HFG also prepared press releases in both English and Amharic. The dissemination workshop was held on August 22, 2017 in Addis Ababa. HSFR/HFG prepared and distributed dissemination materials (in hard and soft copies) to 145 participants (112 men and 33 women). It also provided 125 copies of the Health Accounts VI main report to the FRMD. As part of the effort to institutionalize Health Accounts within the FMOH, HSFR/HFG organized training on the System of Health Accounts 2011 for relevant FRMD personnel. Experts from Abt Associates, HSFR/HFG, and FRMD served as resource persons for the training which was held on August 24–27, 2017, in Addis Ababa. Twelve FRMD personnel (8 men and 4 women) attended. HSFR/HFG produced a training manual which was distributed to the trainees.	
Produce and disseminate HCF promotional materials including success stories, video clips, media information packs for journalists	Developed and finalized a HCF media information pack for journalists.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support CBHI data management at the scheme level	**Addis Ababa**: Provided technical support on August 9–21, 2017 to CBHI schemes in AACA to resolve gaps in data management identified during ISS, and enable schemes to handle data management by themselves on a sustainable basis. Schemes were supported on how to: organize receipt vouchers, issue summary receipt vouchers, record and post financial transactions to ledgers, and prepare financial reports. **Amhara**: Provided technical support to CBHI CoE woredas on data management to enable them to be models and learning centers for other CBHI implementing woredas. The project covered the fees for data encoders recruited in four woredas and the costs of paper and toner for one woreda. Currently, membership data from all CoE woredas are encoded into a computer and HSFR/HFG performed a back-up of the CBHI data in these woredas. **SNNP:** Provided on-site mentoring to the Sodo CBHI scheme on June 27–July 2, 2017, on how to properly use the CBHI finance manual. The mentoring covered areas such as maintaining a proper record of financial transactions and documents, and preparing financial reports.	

5.1.8 Ghana

Program Objectives - In alignment with USAID's Global Health Initiative HFG will continue to support a combination of activities aimed to improve the health behaviors of families and communities, the quality of health services and the overall health system in Ghana. Focused technical assistance and implementation support will be provided to the National Health Insurance Authority (NHIA) in its efforts to ensure financial sustainability of the National Health Insurance Scheme (NHIS), while also increasing enrollment and improving effective coverage of health services.

- **Strategic Health Purchasing Workstream:** Strengthen implementation of capitation, improve claims processing, generate data for the early warning system, support dialogue between NHIA and providers, and provide analytical support and sensitization to eventually move toward a budget neutral payment system with Ghana Diagnosis Related Groups (G-DRGs).
- **Evidence Based Workstream:** Strengthen the NHIA's ability to detect (dashboard, M&E policy) and investigate (operations research) operational issues that have implications for strategic purchasing and the long-term sustainability of the NHIS, using evidence-based approaches. HFG's main priority in Year 5 is to institutionalize the evidence-based processes and tools that HFG developed and implemented with the NHIA in Years 2-4. In particular, HFG will work closely with the Research, Policy, Monitoring and Evaluation (RPME) directorate to build its capacity to manage and take ownership over the dashboard, OR, and M&E policy activities, while also fostering collaborations between the RPME and other NHIA directorates to undertake these activities. HFG will also seek to make malaria a central focus of all these sub-activities to help address the large financial and health burden that malaria poses in Ghana.
- **NHIS Review Follow-on Technical Support:** Provide technical support to the NHIS and the health sector by supporting reforms aimed at defining norms or removing bottlenecks that impede the performance of the NHIS and the sector. The health system currently lacks a definition of what constitutes primary health care (PHC) and the work of the Ministerial sub-committee on this will help to set the parameters for the NHIA to define its benefit package for primary care. Similarly, a lack of harmonization of data systems has led to duplication in data collection at facility levels by both the NHIA and the Ghana Health Service (GHS), while a lack of deployment of the NHIS' strategic purchasing potential limit efficiency and raise costs of the NHIS.

Year 5 Activities -

1. **Strategic Health Purchasing:**
   - Institutionalizing PHC capitation scale-up and formation of preferred PHC provider networks
   - Ongoing analysis, development, and simulations to support process of refining G-DRGs
   - Institutionalizing improvements in NHIS/NHIA claims management and information systems
   - Ongoing strategy and policy dialogue and collaborations
2. **NHIA as Evidence-Based Health Purchaser:**
   - Replicating/scaling up dashboards development and use
   - Support the finalization and roll-out of an organization-wide M&E policy
   - Systematize and institutionalize NHIA operations research (OR) for strategic purchasing and improved service delivery

3. NHIS Review Follow-on Support

- The MOH Stakeholder Forum on Restructuring of the NHIS

Year 5 Progress Against Objectives - Since the project's inception, HFG has collaborated closely with NHIA partners at both the central level and in regions to design and implement activities, and as a way to institutionalize HFG's technical assistance in the NHIA's ongoing work. In Year 5, HFG has remained focused on institutionalization of its activities.

1. Strategic Health Purchasing (SHP)

Institutionalizing PHC capitation scale-up and formation of preferred PHC provider networks- By the end of Year 4 the SHP team left the capitation scale-up and enrollment in preferred primary care provider networks (PPPNs) fully underway, with enrollment reaching all NHIS members in Upper East, Upper West, and Volta regions. Capitation sensitization had also started in Brong-Ahafo, Central, Northern, and Western regions, meaning that with the pilot region and three scale-up regions, eight out of 10 regions were currently actively participating in capitation scale-up.

In Y5Q1, HFG worked together with the NHIA Provider Payment Directorate and finalized a Capitation Payment Implementation Resource binder that includes materials for two modules of capitation training of trainers (TOT) entitled, "Overview of Capitation and How it Works in the NHIS" and "Communications Related to Capitation," as well as related reports and background literature on capitation. Thirty-four binders were printed out and distributed to all regions of the country. Additionally, the SHP team supported the printing of the report "*Mapping of Health Service Providers: Ashanti Region"* which will be distributed to the regions next quarter.

In Q2, HFG conducted a series of meetings with NHIA Provider Payment, Claims, and Quality Assurance Directorates and agreed on pillars of institutionalizing *Health Service Provider Mapping*. HFG and NHIA reviewed the original data collection instrument and identified areas for further refinement including aligning capacity criteria with the new PHC package, provider types with categories in the HMIS, and staff categories with GHS human resources policy. The NHIA also proposed to include minimum stocks of consumables and medicine, and diagnostic services offered as additional criteria for capitation capacity definition. Consensus was reached on the data virtual housing at NHIA level in the interim period, so the NHIA will take responsibility for the provider mapping institutionalization until co-ownership is established with GHS.

In Q3, HFG followed up with the NHIA to further support the institutionalization of Health Service Provider Mapping. The NHIA proposed to conduct a dissemination workshop for health authorities to present findings from four regions where the mapping was implemented with HFG support. It also proposed HFG to support Health Service Provider Mapping in one additional region in Q4, to be confirmed following the July 2017 stakeholder forum.

In Q4, Chris Atim from HFG met with Dr. Lydia Selby (Deputy CEO) of the NHIA to determine priority areas for NHIA in which HFG could provide continued technical support in Year 6. The main topics they discussed were the provider mapping survey and the shift by the NHIA away from capitation. Specifically, Dr. Selby emphasized that the distribution of health facilities is still an issue particularly in areas saturated with providers. This issue is compounded by the fact that the minimum criteria for credentialing currently applied by the NHIS seem to promote over-saturation. Accordingly, the NHIA board is interested in using provider mapping to adapt the credentialing criteria in ways that will reduce over-saturation of providers in a given geographic area. First, the board would like to disseminate the results of the mapping activity to highlight problems that can be addressed by fine-tuning the credentialing process. The NHIA and HFG have put forth a budget and

concept note in support of a dissemination workshop and HFG is identifying possible methods of institutionalizing provider mapping should additional resources become available.

Two other activities that also emerged as priorities from this conversation focused on a benefit package and an actuarial study.

HFG continued working with the NHIA on the development of Provider Payment Early Warning systems. Using the Excel-based claims data from providers in the Volta and Greater Accra regions (30,000 records from 54 providers), HFG prepared options for the data analysis, report structure, and operational dashboards to support the Provider Payment Early Warning System at different levels (NHIA, regional, district, and provider). The NHIA Provider Payment, Claims, and Quality Assurance directorates supported the proposed structure of a routine Provider Payment System and capitation early warning monitoring reports.

Discussion on further support of the Provider Payment Early Warning System is ongoing. HFG has proposed to support the NHIA by combining claims data from different sources (Excel-based, claim-IT, e-claims) and preparing operational dashboards to support the system at the different levels. This proposal warrants further discussion, but the NHIA has yet to formally decide the future of this activity.

Ongoing analysis, development, and simulations to support process of refining G-DRGs. Policy dialogue at the NHIA has continued on general G-DRG refinement and transition to a formula-based financing model, and an agreement was reached to start DRG support capacity building and sensitization for NHIA district offices. In Year 4, the HFG team together with the NHIA Claims directorate conducted an analysis of G-DRG system implementation based on e-Claim database. The team analyzed more than 700,000 cases of treated patients in 12 hospitals during 2015. The analysis included overall hospitalization structure by G-DRG, the average length of stay, and cost of drivers. The NHIA e-Claim data from 55 health providers for 2014-15 were combined into one database with a standard structure and prepared for further analysis and updating of a DRG simulation model.

In Y5Q1-Q2, the SHP team continued the technical discussion on G-DRG refinement and transition to formula-based financing. However, due to recent political changes in the country and management changes at NHIA, the analysis stalled. We anticipated this sub-activity would pick up once the new NHIA CEO appointed key staff at NHIA and presents NHIA work priorities.

Instead, in Q4 this activity was cancelled and budget reallocated to support a national stakeholder meeting held in July. HFG proposed to include the topics of G-DRG refinement and transition to the budget neutrality model in the policy dialogue agenda following the NHIS Technical Review.

Institutionalizing improvements in NHIS/NHIA claims management and information systems- In Year 4, the HFG team provided extensive technical assistance to support the NHIA in improving claims management in the transition to e-claims, helping to finalize the standardized claims summary form through a series of iterations on the form's structure and development of an automated data entry system for health providers. The final standardized claims summary form was tested at the provider level in Greater Accra region in May 2016. At the end of Year 4, the form was rolled out, and data collection started in Ashanti, Upper West, and Volta regions.

In Y5Q1, with technical support from the HFG team, the NHIA implemented the standardized Excel claim summary form in approximately 72 facilities across three districts of the Upper West region (Nadowli, Wa Central, and Wa West) and in the Greater Accra Region (45 facilities in the Tema district). Monitoring visits conducted by claims officers in Upper West confirmed that the facilities have started using the new standard claims summary form and expressed their satisfaction with the form. The monitoring team also observed some difficulties related to IT capacity at the provider level (lack of computers or an old version of Office software) and insufficient practice in using ICD-

10 coding. Also, the HFG team continued working with NHIA Claims directorate to improve the claims collection program. HFG developed a program to collect and consolidate data across multiple computers with in a hospital. This new program allows data to be sent to the flash drive in the form of the report where it can be merged with the data collected from the other computers. As the result of the procedure, one consolidated file, which contains data from all computers of the hospital, can be prepared and transferred to the data collection point.

In Q2, HFG continued to support the NHIA in the roll-out of an excel-based standardized claim summary form claims summary form as well as claims data aggregation at the national level. The HFG SHP team worked with the MIS and Claims directorates and developed a technical solution to combine an excel-based claims summary data from individual providers at the NHIA level and aggregate data across claims data sources including E-Claims, Claim-IT, and Excel-based Claims Form. HFG tested the data aggregation tool, conducted a preliminary analysis of aggregated claims data, and presented results to the NHIA Claims, Auditing and MIS directorates and Regional Claims Processing Center (CPC). HFG also trained technical staff of the NHIA and regional CPC on the aggregation tool. HFG also began working with the Quality Assurance and Provider Payments directorates to align their claims form with the new G-DRG tariffs for 2017, a new credentialing list, and HPN for providers.

In Q3, HFG engaged in policy dialogue with Dr. Lydia Dsane-Selby (Deputy CEO, NHIA) to prioritize HFG support on claims data analytics. HFG developed the latest version of the new Excel form and a description of the changes made as agreed during HFG's March 2017 visit to complete this activity. The new version of the claims summary form significantly improves the convenience of data entry for operators, and includes new elements of data quality control and new service functions such as printing, data transfer, data cleaning, and creation of a lighter version of the data file for submission to the central office.

Also, HFG prepared and shared a summary report of critical points to address as the NHIA scales up ClaimIT and the MIS Directorate supports the development of the data warehouse and analyzable data sets.

In Q4 Y5, HFG continued to provide support to the NHIA Claims technical team in analyzing claims data and developing operational dashboards. Specific support was provided to the technical team in using the Tableau BI program for creating operational dashboards for the claims management process at the national, regional, district, and provider level.

Ongoing strategy and policy dialogue and collaborations- As opportunities arise, HFG Ghana engages in ongoing strategy and policy dialogue and development with the NHIA and other stakeholders. This dialogue can encompass many topics related to improving NHIS purchasing, efficiency gains, and sustainability. Examples that continuously emerge include dialogue, planning, developing options, and analysis in preparation for refining drug payment with corresponding drug supply management improvements. In Year 4, the *National Technical Review of the NHIS* was commissioned by the outgoing president and led by Chris Atim. The SHP team was asked to provide rapid feedback on priority topic areas (governance and capitation). HFG synthesized a report on these priority areas and highlighted the key challenges and recommendations. This report was presented to the NHIA and the government by HFG. The SHP team remains primed to accommodate further requests for support to the NHIA as it begins to develop roadmaps to assist in the implementation of the recommendations identified through the review.

HFG contributed to the policy dialogue at the national level on malaria control. At the request of USAID/Ghana, HFG SHP team participated in the Ghana Implementing Partners Meeting on the U.S. President's Malaria Initiative and presented HFG support to the NHIS in strengthening financial incentives and ensuring access to essential malaria services.

Capitation for PHC has been scaled up to 4 regions, 600+ NHIA staff trained, nearly all active members enrolled with preferred primary care provider.

Standard claims summary form implemented in four regions; analyzable claims data available for the first time, capitation early warning system with malaria indicators

2. NHIA as an Evidence-Based Health Purchaser Activity Workstream:

Replicate/scale-up dashboards development and use – The Membership and Regional Operations (MRO) Directorate has been routinely using the beta version of the membership dashboard since it was launched in April 2015. In May 2017, HFG concluded its support to the MRO Directorate, and summarized the current status and plans for refining the membership dashboard in a memo that was submitted to (and requested by) the MRO and MIS directorates. These directorates will continue to work together to refine the membership dashboard on its own.

HFG is also working with the NHIA to develop a second, claims-based executive dashboard, which will include high-level indicators monitoring the NHIA's financial liability and claims reimbursement process. The claims liability executive dashboard, like the membership dashboard, will provide clear pictorial evidence on the status of key performance indicators, and allow the NHIA to take timely action on problematic areas. Since January 2017, HFG has worked closely with the Claims Directorate to identify a scope for the claims-based dashboard, establish a process for developing and vetting indicators, and produce a visual mock-up of the dashboard. In June 2017, HFG supported a half-day workshop that brought together high-level stakeholders at the NHIA (including the executive management team) to validate the claims liabilities executive dashboard. Following this workshop, HFG has been working with the Claims Directorate to incorporate stakeholder feedback gathered from the workshop, develop an updated visual mock-up, and start work on a beta version of the dashboard. The NHIA aims to complete the beta version of the claims liability executive dashboard by the end of October.

Finally, to document lessons from the development of these two dashboards, as well as to further institutionalize the creation and use of dashboards at the NHIA, HFG and the NHIA are drafting a process guide for the development of dashboards. Dr. Selby has already expressed an interest in the NHIA developing additional dashboards, including one to track more clinically focused indicators. The process guide is expected to be completed in early Y6Q1, and can be used to guide NHIA staff in building future dashboards.

Support the development and roll-out of an organization-wide M&E policy – In 2015, the RPME Directorate developed an initial draft of the M&E policy and accompanying roadmap for its dissemination. The M&E policy will guide the NHIA to manage initiatives related to provider payment systems, member identification tools, and claims processing that aim to improve access to health care and improve efficiency of the scheme. The M&E system will allow the NHIA to monitor and track progress of NHIA activities against its objectives and ensure that the intended outcomes are being achieved. The RPME Directorate has been delayed in modifying and finalizing the policy due to the government transition, and the subsequent changes in policy direction that are currently taking place.

Systematize, improve, and augment NHIA operations research for strategic purchasing and improved service delivery – This activity saw the most intense focus and progress in Year 4, and HFG began to see results from many months of embedding and institutionalizing NHIA-staff-driven OR. In November 2016, HFG and NHIA completed the final study team draft report for the second of three initial OR studies. This second study examined Ghana's health sector regulatory landscape to understand how regulations are affecting NHIS operations (either positively or negatively), with a focus on identifying existing overlaps between NHIA's credentialing function and the accreditation function of the Health Facilities Regulatory Agency (HEFRA). Recommendations from this study are

also intended to inform the NHIS Technical Review and will help the NHIA improve its coordination with other the MOH agencies on credentialing and accreditation matters. The study team submitted the final report to Dr. Atim, the Chair of the NHIS Technical Review, as well as the RPME Directors for vetting and approval from the CEO and senior management at the NHIA.

HFG also continued its ongoing collaboration with the NHIA on the third OR study, which is examining the possible variation in providers' claims for malaria treatment. HFG has worked with the NHIA to analyze a large sample of e-claims data from the Claims Directorate to quantify and describe the variation in providers' claims for the treatment of malaria. This occurred alongside an analysis of findings from key informant interviews to identify the root causes of the variability in anti-malarial drug costs (if any), and develop recommendations to address any identified problems. In May 2017, the NHIA was invited to share a poster presentation of this study at the National Health Research Dissemination Symposium in Accra. The NHIA and HFG are working to finalize the malaria OR study, and plan to share study findings and discuss recommendations with the NHIA management in Y6Q1.

In addition to these OR studies, HFG collaborated with the RPME directorate to conduct an OR TOT in February 2017. This training followed the successful OP methods training that HFG co-facilitated with the RPME Directorate in September 2016. The OR TOT course trained four Head Office staff, as well as 11 regional managers (from the 10 regions) to replicate the training in their respective regions. The RPME Directorate has worked to ensure that subnational training in OR is included in the NHIA's Annual Program of Work and 2017 budgets, which will allow OR to be further introduced and institutionalized within all levels of the NHIA. The NHIA expects to begin cascading the training after the NHIA budget is approved and funds are released by the Government of Ghana. HFG is also working with the NHIA to develop an OR process guide, which will serve as an additional reference document to help institutionalize the use of OR at the NHIA.

NHIS Review Follow-on Support Workstream: In Y5Q4, the the MOH and NHIA, USAID, and HFG convened a three-day forum in Ada. The forum brought together key stakeholders to assess the challenges facing the NHIS and identify solutions to ensure its long-term sustainability. The forum was very well attended, with participants from the ministries of health and finance, GHS, Chamber of Pharmacy, Parliament of Ghana, and Ghana Revenue Authority, as well as NHIA Directors and Board Members, and former Ministers of Health and NHIA Chief Executive Officers.

Q4 Challenges - Transitions in leadership within the NHIA have led to changing priorities for the completion of certain Year 5 activities (noted below) as well as potential Year 6 activities. HFG has continued its efforts to monitor these changes and holds ongoing discussions with our clients.

Q4 Additional Information - HFG is currently working with the mission and the NHIA to define priority areas for potential Y6 activities once funding is confirmed. HFG has agreed that given the limited expected funding and the completion timeline for the project it would prioritize 1-2 activities in the following proposed areas:

- Advocacy and Awareness Raising for the New Board of Directors and Senior Administration at NHIA
- Capitation Transition
- Benefits Package

Table 26 provides activity-specific updates.

TABLE 26. GHANA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Strategic health purchasing workstream		
Sub-Activity 1: PHC capitation scale-up and formation of preferred PHC provider networks		
Support institutionalization of provider mapping capacity to inform ongoing PPPN policy refinement and network formation	In September, the NHIA CEO and Director of the Provider Payment Directorate confirmed provider mapping as an NHIA priority topic and proposed HFG to support a national-level provider mapping dissemination workshop and follow-on activities	HFG will work with NHIA to support the dissemination workshop and further activities agreed during the workshop. Future activities will depend on availability of additional resources.
Support institutionalization of the capitation early warning system	HFG discussed with NHIA Provider Payment Early Warning System and proposed combining claims data from different sources (Excel-based, claim-IT, e-claims) to populate operational dashboards and produce reports for the system at different levels (NHIA, regional-district, and provider level).	
Support Institutionalization of capitation and supporting systems in Upper West	Re-scoped	
Sub-Activity 2: Refinement of G-DRGS with Corresponding Service Delivery Improvements		
Develop and implement G-DRG sensitization workshops on capacity building for model and DRG payment system	Re-scoped. This activity was cancelled and budget reallocated to support a national stakeholder meeting held in July. HFG proposed to include the topic on G-DRG refinement and transition to the budget neutrality model in the policy dialogue agenda following NHIS Review.	
Continue to refine the exemplary DRG simulation model	Re-scoped.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Sub-Activity 3: Claims management and information systems		
Roll out final claims form in two regions	Completed in Q3.	
Generate data in an analyzable format and use for supporting systems	HFG expert provided ongoing virtual support to the NHIA Claims technical team in preparing claims data for analytics and creating operational dashboards to monitor claims process. Specific support was provided to the technical team in using the Tableau BI program for creating operational dashboards for managing the claims process at the national, regional, and provider level.	HFG will provide limited support to this activity.
Develop data quality monitoring tools	Data quality elements incorporated in the latest Excel-based claims summary form.	Further support depends on NHIA priorities and could be re-scoped
Sub-Activity 4: Ongoing policy and strategy dialogue and collaborations		
Support ongoing policy dialogue through workshops and other forums for policy dialogue and development including the NHIS technical review	HFG continues to participate in NHIA meetings to better understand priority areas where technical support could be valuable to the NHIA.	Support depends on NHIA priorities.
Activity 2: NHIA as an evidence-based health purchaser workstream		
Sub-Activity 1: Replicating/ scaling up dashboards development and use		
Facilitate creation of a claims dashboard	At the end of June 2017, HFG supported a half-day workshop for the Claims Directorate to share the visual mock-up of the Claims Liability Executive Dashboard and validate it with high-level stakeholders at the NHIA. Following the workshop, HFG and the Claims Directorate have worked to update the visual mock-up, incorporating feedback from stakeholders. The MIS Directorate has started constructing the beta version of the dashboard with data from the recently revised National Claims Registry, which was launched in late August.	HFG and the NHIA experienced delays in constructing the dashboard, due to the delayed launch of the National Claims Registry, which is the source of data for the dashboard. The MIS Directorate expects to finish constructing the beta version of the dashboard at the end of October 2017.
Institutionalize dashboard development and refinement process	HFG worked with the NHIA to produce a first draft of a dashboard development process guide for future reference at the NHIA. This guide draws on experience from the development of the Executive Dashboard on NHIS Membership, and the more recent progress on the Claims Liability Executive Dashboard.	HFG expects to finalize this dashboard development process guide in early Y6Q1.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Sub-Activity 2: Support the development and roll-out of an organization-wide M&E strategy		
Support validation and refinement of M&E policy	Validation of the M&E policy and indicators is ongoing. Mr. Adjei, Director of RPME, noted again in June 2017 that he is hoping to move forward with finalizing this policy document in the coming months.	This activity has been delayed over the past year due to the government transition and delays in the release of the NHIA budget. Before finalizing the M&E policy, Mr. Adjei would like to: 1) make sure that it is aligned with the new government's policy direction; and 2) to conduct additional meetings with stakeholders to validate the M&E policy. HFG will follow up with Mr. Adjei once more before the end of Q4 to see whether there is any final assistance HFG can provide. However, the M&E policy is not among the newly identified priorities for Y6 that HFG and USAID have discussed with the NHIA.
Sub-activity 3: Systematize and institutionalize NHIA operations research for strategic purchasing and improved service delivery		
Support identification and implementation of 3 OR projects	HFG worked with the NHIA on revising the draft report of the malaria OR study, and is currently supporting the preparation of a presentation for the NHIA management.	Dr. Selby and Mr. Adjei are aware that the two completed OR studies have not been disseminated yet. They agreed that the conclusions and recommendations of past and future OR studies need to be finalized in collaboration with NHIA management, particularly leaders of directorates relevant to the study, to ensure that recommendations are feasible. Dr. Selby and Mr. Adjei identified the NHIA management or Operations Divisional meetings as possible forum for these discussions. Mr. Adjei also hopes to convene optional lunch meetings to informally share the OR studies to a wider audience at the NHIA, starting with the malaria OR study. HFG and NHIA expects to finalize the malaria OR report and presentation in October 2017, and will work to arrange a time to share the study findings and discuss recommendations with the NHIA management team.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Refine and institutionalize OR process	HFG discussed the draft outline for an OR process guide with Mr. Adjei in Accra in June 2017. Since receiving his approval, HFG has been drafting the OR process guide.	The NHIA regional offices incorporated OR studies and regional and district-level OR trainings into their 2017 Programme of Work and budget. However, the RPME Directorate has had to postpone additional trainings due to significant delays in the approval and release of the NHIA budget by the Government of Ghana. The OR process guide will be finished in early Y6Q1. Mr. Adjei is eager to eventually integrate the OR process guide with broader efforts he plans to spearhead to streamline the process of fielding and undertaking the many research requests that the RPME Directorate receives.
Support identification and implementation of two additional OR projects	In its visit to Ghana in June 2017, HFG met with Dr. Selby and Mr. Adjei to discuss possible topics for an additional OR study. Per Dr. Selby's request, HFG drafted and shared a one-page OR proposal on assessing trends in claims adjustments with the NHIA in July 2017.	Following HFG and USAID's conversations with Dr. Selby in August 2017, HFG determined that this activity will not continue into Y6 due to other more urgent priorities for HFG support.
Activity 3: Support to NHIS Technical Review and Follow-on Technical Support to NHIS		
Provide technical support to the NHIS	In July 2017, HFG convened a three-day Ghana NHIA/the MOH forum in Ada. The forum brought together key stakeholders to assess the challenges facing the NHIS and identify solutions to ensure its long-term sustainability. During the forum, HFG's Chris Atim presented the 2016 NHIS Review Report. Some of the recommendations of that report were included in the meeting summary as measures to be implemented in the new reforms to the health system. These include the key recommendation for a universal PHC system as the base benefit package of the NHIS and a National Health Council to help fill gaps in coordination, regulation, and priority setting, as well as some efficiency-enhancing reforms.	The Ministry of Finance told participants that the NHIS would need to find ways other than tax funding to address any additional financial requirements. In addition, although the meeting reached an agreement that the capitation method of provider payment would continue under a different name, developments immediately after the meeting showed that the future of that method of payment remains to be fully clarified by Government.

5.1.9 Guinea

Program Objectives - The Guinea program is a two-year program, officially launched at the end of Q3 FY16 and planned to continue through June 2018. The 13 planned activities are as follows:

1. Conduct a functional audit of the Ministry of Health (the MOH)
2. Strengthen the MOH management capacity
3. Conduct a private health sector survey
4. Strengthen health sector coordination capacity
5. Build the MOH capacity to support research
6. Improve financial management capacity of the MOH
7. Improve coordination, collaboration and partnership between line ministries in charge of human resources for health (HRH) planning, training, and development
8. Support the ICT-based comprehensive management of human resources
9. Support pre-service education institutions to improve management and governance for better workforce development
10. Support the strengthening of continuing professional development programs for health
11. Strengthen the Inspector General (IG) function
12. Strengthen the legislative committee on health
13. Strengthen strategic communications for the health sector

Year 5 Activities - Under the Ebola Recovery Strategy, the HFG activity is aimed at rebuilding the health system to better respond to crises such as the recent Ebola outbreak. It is at times of crises that health systems are most stressed. Health systems that are resilient and have public trust will be better equipped to respond to health emergencies. The HFG scope of work targets four areas of health systems strengthening – institutional strengthening, governance, financing, and HRH – all of which are building blocks of a well-functioning health system. The overall objective is to strengthen Guinea's health system to enhance the functioning of institutions and programs and improve their capacity to deliver better health services to the population of Guinea. The specific objectives are:

- Objective 1: Improve institutional capacity and health governance across the health system
- Objective 2: Enable the health financing environment and improve the MOH capacity to efficiently mobilize and manage resources to foster greater coverage of quality health services.
- Objective 3: Improve the institutional capacity of the MOH to effectively manage human resources

Year 5 Progress Against Objectives -

- **Institutional Strengthening**

  Functional Audit. This activity is to assess the functions of the central health units, regional- and district-level health management teams, and the MOH as a whole in terms of its capacity to carry out its core functions. Final deliverables include a functional audit report including an organizational framework (with analytical and conceptual components) and a roadmap for implementation. The audit was carried out in collaboration with a six-person EU-funded team with HFG providing four team members.

At the end of Q1, the team finalized the audit findings and recommendations. Q1 was mainly dedicated to the validation and dissemination of the audit findings. On October 12, 2016, HFG consultants met with the Minister of Health to discuss the findings. The Minister was very pleased with the results, and asked the consultants to develop a complementary presentation that he could share with the Council of Ministers. HFG completed this presentation and shared it with the minister in November. HFG also facilitated a two-day workshop (October 19-20) to begin development of the roadmap to implement the audit recommendations. The workshop was well attended by the MOH staff. Following the workshop, the HFG consultants drafted and shared the roadmap with ministry counterparts. In November, HFG worked with the ministry to finalize the audit report and roadmap and prepare for a dissemination meeting in December.

A successful dissemination meeting was held on December 21. The Minister of Health chaired the meeting, attended by the Secretary General, all the MOH central directors, regional directors, a UNICEF representative, a UNFPA representative, the US ambassador, the Mission Director of USAID/Guinea, representatives of civil society and other line ministries, and others. Overall the audit report and roadmap were well received by all stakeholders, including the Minister and his colleagues, who stressed the alignment of the audit recommendations with the National Health Development Plan (PNDS).

At the end of Q2, HFG engaged the MOH to discuss follow-on support pending the actual restructuring of the ministry. Results of the audit and roadmap are being used to develop work plans for specific intervention areas supported by HFG such as health sector coordination and support for the IG function. HFG plans to assist the MOH to prioritize and operationalize actions in the roadmap using a theory of change approach.

In Q3, the MOH expressed interest in having embedded advisors in the MOH to help implement some of the recommendations of the functional audit. For HFG, this would be follow-on support to the functional audit activity and would replace the change management support previously planned. As a result, HFG is providing the MOH with two embedded advisors, one in communication and one in IT. The communication advisor was contracted in Q3.

The Functional Audit report is effectively being used to inform the MOH operational plans. Also, many visiting teams from partners such as UNAIDS and WHO have frequently cited it as reference document.

In Q4, consultative meetings were held with the MOH for the planning of the development of the MOH annual operational plans (PAOs) for FY 2018. Ideally the plans should be available before January 2018. HFG, in collaboration with PASSP (Projet d'Accélération des Soins de Santé Primaires, funded by World Bank) will facilitate the review of PAO guidelines for their simplification to ensure better quality and comprehensive plans for FY 2018, including the prioritized activities from the Functional Audit roadmap for FY 2018.

- Recruitment of the second HFG embedded advisor, the IT consultant, was finalized in early Q4. During Q4, this advisor supported the MOH to:
- Reactivate the website of the MOH (this includes advocating to the MOH Finance Directorate to pay for the renewal of annual subscription fee, while before it used to be funded by donors)
- Creation of 250 professional email addresses for the MOH staff
- Configuration of computer systems

- On the job training for the MOH staff in ICT
- Participation in the recruitment of staff for the ICT Unit

In this quarter, the communication advisor was active in providing support to the Minister in communication matters. Currently all key events are reported on the website and Facebook page of the ministry. The advisor also engaged the public and private media for better partnership and coverage of ministry achievements and events.

Management Capacity Building. This activity has two distinct components: leadership and management, and project design and management. Both components were launched in Q4 FY16.

In Q1, following the successful completion of the functional audit, the MOH agreed to January dates for the two senior leadership training courses and February dates for the training of trainers (TOT) for the management skills course that will be rolled out widely. The training materials for the leadership training were completed and the materials for the management skills course completed in early January. The plan for the management skills course was to develop a pool of 10 the MOH trainers capable of rolling out the course to central and provincial the MOH staff.

In the project design and management component, the procedures manual was drafted, carefully reviewed in a workshop setting with the MOH and partners, and then validated by the MOH.

In Q2, HFG conducted three leadership and management training workshops for senior the MOH officials. The first two were aimed at central the MOH officials including the Minister of Health, the Minister's Cabinet, the Secretary General, and directors of central directorates and programs. The third workshop targeted senior regional and district staff. In all, 65 senior officials were trained. the MOH feedback on these workshops was extremely positive, including from the Minister, who has built on the momentum created by these trainings to rally the cabinet and central and regional directors around the changes initiated at the MOH for the improvement of the health sector performance.

In addition, HFG initiated the TOT program to develop a cadre of the MOH staff capable of delivering the management skills course developed by HFG. The first part of the TOT was for the prospective trainers to learn the content by being participants in the training and the second part was on training methodology. Of the 12 the MOH staff selected by the MOH, only nine showed up and only four of them were qualified to deliver the training. To expand the pool of qualified the MOH trainers, HFG proposed a second TOT in May for 12 participants, six of whom would be selected from the participants in the third leadership and management course discussed above.

In Q3, HFG coached the initial group of four the MOH trainers to conduct the first two deliveries of the Management Skills Course. The MOH trainers were able to successfully deliver the course. One of the training participants wrote in his end-of course evaluation "If the resources exist, it would be desirable to organize this training for the directorates and their teams and create a mechanism for follow up to help in consolidating and enriching what was learned in the course in order to bring about desired changes." In addition, HFG carried out the second TOT in May to expand the pool of the MOH trainers. In the first week, the 12 prospective the MOH trainers experienced the course as participants to learn the course content and in the second week learned how to train. Six of the 10 will become trainers, thus expanding the pool to the target of 10 national trainers.

In the project design and management component, the comments on the draft procedures manual were consolidated and then validated by a technical working group established by the MOH. Plans were finalized to develop a pool of 10 Bureau of Strategy and Development (Bureau de stratégie et de développement, BSD) trainers, using the same model as the leadership and management component, the first week to learn the course content and the second week to develop training skills. July 17-28 was set for this TOT.

In Q4 in the area of leadership and management, two cascade trainings were successfully delivered by the MOH trainers, with 15 participants in the first course and 17 in the other. To date, a total of 184 the MOH officials at central level, including 128 males and 56 females, have been trained. The MOH now has a pool of 10 qualified trainers capable of delivering the course. In addition, these trainers have formed a network of the MOH leadership and management trainers to share experiences.

In the project design and management area, HFG conducted a three-day training in operational planning. Twenty-one participants from the various the MOH directorates, including BSD staff, attended the training. This was followed by a four-day TOT for 10 the MOH staff to learn how to train. However the results were below expectations since only one candidate was selected by the consultants as being operational and able to provide immediate training in project management and planning. Other candidates will need more training and coaching. HFG is in discussions with other partners on how to expand the pool of the MOH trainers.

Health Sector Coordination. This activity aims at strengthening health sector coordination, especially the skills of the Coordination Committee of the Health Sector (Comité de coordination du secteur santé, CCSS).

Following the planning visit to share activity terms of reference (TOR) and the assessment framework, later in Q1, HFG developed the assessment tools and conducted the assessment of the current various coordination mechanisms, and how they are functioning. The assessment was completed in November and a first draft of the assessment report was circulated for review. The next step was to draft a plan for coordination improvement. Also during this quarter, HFG engaged the Working Group on Health/HIV (Groupe Thématique Santé / VIH), a coordination mechanism under the Prime Minister, in a discussion on its current role and the process of improving health sector coordination. HFG also met with the Global Fund to discuss how the Global Fund Country Coordination Mechanism will relate to the other health sector coordination mechanisms, namely the CCSS and the Groupe Thématique Santé/VIH.

In Q2 (late January), a workshop was held to validate the assessment report and draft the health sector coordination improvement roadmap. The assessment findings were presented to the development partners' forum during their monthly meeting in February 2017. A harmonization workshop was then held in March to discuss sector coordination architecture, and update the scope of work (SOW) of all CSS thematic groups. The workshop proceedings are being processed by the CCSS secretariat (Secretariat Technique) in order to get the full endorsement/validation of senior the MOH leadership.

In Q3, the assessment report and draft roadmap were distributed. The proceedings from the coordination mechanisms harmonization workshop were finalized and circulated to the MOH. HFG continued to work with a small technical group that meets weekly consisting of the MOH (BSD and CCSS secretariat), the Prime Minister's office, UNICEF, and WHO to develop TOR for the new coordination architecture. The updated TOR of the PNDS M&E committee and TOR of the working groups under the CCSS (Groupes Thématique) were presented and discussed in a workshop on June 20- 21. Next steps are to focus on the validation of the revised TOR for the thematic groups,

updating the members, drafting a work plan for 2017, and the strengthening of the CCSS secretariat. HFG and partners are preparing the meeting of the CCSS to be held on July 7.

In Q4, HFG organized and participated in a thematic group workshop to develop their TORs. HFG also participated in the weekly coordination meetings hosted by the Technical Secretariat of the CCSS. During these meetings, HFG supported the writing of a synthesis document for the Minister of Health to update him on the progress made so far with the CCSS and to inform him of the next steps.

Private Providers Survey. The goal of this activity is to assess the scope and scale of the private health sector in Conakry, its regulatory framework, and how to improve public-private dialogue. The proposed survey responds to the need for up-to-date data on the private sector, its composition, and its contribution to health provision. The survey will include modern private sector providers including labs, imaging facilities (x-rays, scans), and pharmacies but will exclude traditional and Chinese medicine as well as informal drug sellers (markets and shops).

Based on their experience with current and past private sector provider surveys in Benin and Senegal, the HFG team outlined the deliverables expected from the exercise. The MOH accepted this proposal in Q1. HFG then drafted the survey protocol and planned a search for an in-country data collection firm to conduct the survey.

In Q2, HFG advertised an RFA for an in-country or regional data collection firm to conduct the survey through a competitive procurement.

In Q3, HFG reviewed 14 proposals from national, regional, and global organizations. The list was shortened to three who were asked to respond to comments and resubmit updated proposals. One was selected and the contracting process was launched.

In Q4, the contracting process continued. The TOR have been finalized and the budget justification process is underway. It is expected to be completed in early Q1 FY 18 and field work should start in that same quarter.

Research Capacity. The purpose of this activity is to strengthen the capacity of the MOH to support the research process and to use research results to inform decision making. The activity was launched in the last month of Q4 FY16.

In Q1, the HFG consultant travelled to Guinea to do the situational analysis of the research capacities of the MOH and of health research of the country in general. The trip was successful and the consultant was able to meet many stakeholders in various levels of the MOH as well as implementing partners involved in research, research institutes, and university researchers. Following two weeks of data collection, the consultant was able to discuss some of the preliminary findings at a workshop attended by the above parties before leaving the country. He then drafted an assessment report that is currently being finalized after internal HFG review. The report findings and recommendations are scheduled to be validated in country in Q2 and will then be followed by the drafting of policy documents to advance research capacity of the MOH.

In Q2, the HFG consultant travelled to Guinea for a validation workshop on the situational analysis. During this trip, the consultant also started discussions around priorities in terms of updating the current national policy for health research and drafting an M&E plan for the priority health research activities. To this end, HFG held a workshop to review the national health research policy in March. HFG also conducted interviews and engaged in discussions with the BSD focal point (Dr. Alpha Ahmadou Diallo) to organize the National Forum for Health Research.

In Q3, several technical meetings were held with officials of the BSD and other stakeholders to review the updated draft of the national policy for research document. The recommendations will be incorporated into the final document. A first draft of the five-year strategic plan for health research was also completed and shared with the BSD. In parallel HFG drafted and shared a capacity-building plan for the BSD (cellule de recherche) staff. The plan is being reviewed by BSD.

In Q4, HFG organized a validation workshop of the revised National Health Research Policy on August 16, 2017. The Health Policy Advisor of the the MOH, Dr. Mohamed Lamine Yansane, presided over the validation of the revised document. The document is an update of the MOH research guidelines to create an effective system to manage research requests and improve Guinea's capacity to use research findings to inform policy and decision making as illustrated by this quote from Dr Yansane: "We are pleased to be validating this document, which provides a general direction for health research in Guinea. It was necessary to review this document to consider all aspects of our experience during the Ebola crisis."

The HFG research consultant will travel to Guinea in Q1 FY18 to provide training on aspects of research management and on the use of the new guidelines for health research.

Strengthening Financial Management. With this activity, HFG aims to build on ongoing activities and work with the MOH to build effective financial management capacity.

In Q1, HFG proposed specific activities aiming at strengthening the Department of Administration and Finance (*Direction de l'Administration et des Finances*, DAF), which the DAF validated. In Q2, HFG discussed how to coordinate its work with other development partners interested in strengthening financial management in the MOH.

HFG worked on the following activities in Q3:

- DAF functional assessment: The draft report was completed and shared with the MOH and key stakeholders for comments.
- Updating of the administrative and financial procedures manual: HFG hired a local consultant who started working with the international consultant hired by the EU-funded Programme d'Appui à la Santé (PASA).

Both the functional assessment and updating of the administrative and financial procedures manual are being implemented in close collaboration with the EU project.

In Q4, the functional assessment of the DAF was finalized and validated. The report will be distributed in Q1 Year 6. The capacity building road map was refined in collaboration with the DAF.

HFG collaborated with the Technical Secretariat of the CCSS on the draft TORs of a financial management technical group. The Technical Secretariat also asked HFG to collaborate in the revitalization of the Health Financing Thematic Group.

The first draft of the MOH procedures manual was completed, reviewed and amended. The next step is the validation of this updated version of the manual.

Human Resources for Health

HRH Coordination. In this activity, HFG supports the MOH to strengthen the HRH Multi-sectoral Committee so that it becomes an effective National HRH Platform that promotes better collaboration and intersectoral planning among all key stakeholders involved in health workforce training, planning, and management.

In Q1, HFG supported the MOH in finalizing a ministerial decree to establish the platform and developed a draft action plan for the HRH committee. The project also developed and distributed to current committee members a questionnaire to assess its strengths and areas for improvement. The responses to the questionnaire were analyzed and used to inform a two-day retreat for the committee in January 2017.

In Q2 (January 27-28), HFG supported a workshop to review the results of the HRH situational analysis, including findings from the survey of committee members to assess its strengths and areas for improvement. The workshop also produced a decree to reconstitute the Comité Intersectoriel Elargi des Ressources Humaines en Santé (CIERHS) and an organizational chart to establish the Division of Human Resources for Health within the MOH. Afterwards, the local consultant and HFG HRH Advisor finalized the workshop report and developed a technical note that highlights the main recommendations and next steps for the committee.

In Q3, HFG worked with both the MOH and the Ministry of Civil Service to establish the Division of Human Resources (*Direction des Ressources Humaines*, DRH) into a full department capable of performing all needed functions of HRH planning and development. They also proposed an organizational chart for the department. HFG also began planning for a workshop to launch the new department; it is planned for Q4.

In Q4, the MOH and Ministry of Public Service jointly agreed on the drafting of a decree for the establishment of the HRH Directorate within the MOH.

Stakeholders, most notably the Administration Reform and Modernization Project (PREMA) and the Directorate of Human Resources and Competency Management (DGEC), in charge of the new established HRH Directorate have met to discuss next steps. A workshop will be planned during which the new Directorate's strategic plan and roadmap will be developed in collaboration with key HRH stakeholders.

iHRIS. HFG supports the MOH to continue the roll-out and institutionalization of the human resources information system (iHRIS) especially through data capture of health workers.

In Q1, HFG assisted the MOH in a census and data collection of personnel at the central level, including the MOH programs. The project completed data collection for this phase and launched the data entry work.

In Q2, HFG assisted the MOH in completing data entry of personnel at the central level, including the MOH programs. HFG then began accompanying the MOH in data collection at the national referral hospitals level and Conakry district level. Additionally, training on iHRIS for 36 statisticians and administrators at these institutions took place in February 2017.

In Q3, HFG supported the MOH in training 38 persons in data collection and entry to complete work at the two national referral hospitals (Ignace Deen and Donka), the Sino-Guinean hospital, and facilities at the Conakry district level. HFG and the MOH completed data collection and data entry in June, and plan to develop a draft report in Q4. HFG also supported the MOH in trouble-shooting IT service issues with the iHRIS. To build its capacity to manage the iHRIS system over the long term, the MOH has requested that HFG engage IntraHealth (the previous implementing partner for this activity) on a short-term basis to conduct refresher training and develop solutions to systemic IT problems. HFG and IntraHealth have attempted to come to an agreement on the SOW and

budget over the past quarter. Since limited time remains, HFG planned to hire an independent consultant to assist the MOH in this capacity in order to accelerate progress on this activity in Q4.

In Q4, the recruitment process for an international consultant was initiated. The consultant has been identified and the contracting process is ongoing. This consultant will lead the iHRIS institutionalization activities to ensure governmental ownership, management, and accountability of the iHRIS software within the MOH.

HFG has finalized its data collection and analysis SOW and is awaiting other key partners (Jhpiego and GIZ) to finalize their data collection in the remaining regions (Labe, Kindia, Boke, and Kankan). Once finalized, the data and results from all partners will be reviewed and presented to the MOH for an improved decision-making process concerning HRH in Guinea.

Management and Governance of Pre-service Education Institutions. For this activity, HFG will focus specifically on improving the governance and leadership capacity of at least two health training schools. Following the approval of this activity's TOR in early Q1, HFG selected an international consultant to support the baseline assessment of the schools' organizational and governance capacity. Recruitment of a local consultant was also finalized.

To prepare for the baseline assessment to identify management and governance challenges of the schools in Q2, HFG developed an assessment tool and interview guides. The local consultant started in February, and accompanied the international consultant during a late February/early March trip to conduct assessments of the public *Ecole Nationale de Santé de Kindia* (ENSK) and private *Ecole Superieure des Sages-Femmes* (ESSF). Findings and recommendations were shared with the schools' leadership and the MOH.

In Q3, HFG began preparations for the local and international consultants to conduct management and governance assessments of two other leading medical schools in May: Université Koffi Annan de Guinee (UKANG) and *Université de Gamal Abdel Nasser de Conakry* (GANC). HFG then organized a strategic planning session with the four evaluated schools, and, at the request of the MOH, 29 additional pre-service training institutions; two participants from each school attended the session. Participants developed a draft national pre-service education strategic plan aligned with the MOH priorities. Participants also called for a national platform for pre-service training institutions for networking, training, and advocacy. The work session produced a roadmap for these initiatives.

In Q4, HFG worked on preparations for the leadership and management training. This training as well as the strategic planning workshops targeting 33 pre-service training institutions will be held in October or November 2017. The workshop in leadership and management for public and private schools of public health is being planned with the National Directorate of Professional Public and Private Trainings (DNFPP). Thirty-three schools will be represented during this training and each participant will be selected by their institution.

Continuing Professional Development. The goal of this activity is to support the MOH, in collaboration with the Ministry of Labor, to develop a national in-service training plan. In parallel, HFG also supports training institutions in charge of Continuing Professional Development (CPD) to build their capacity in coaching and mentorship.

The HFG project finalized the TOR for this work, and selected an international consultant to train personnel in coaching and mentorship skills. The project also recruited a local consultant to document the coaching and mentorship program at the diabetes clinic of the Donka National hospital.

In Q2, HFG hired two national consultants to support the development of the national in-service training plan. The desk work, including meeting with key the MOH stakeholders, was conducted. The consultants also began drafting the conceptual framework and assessment tools for the field.

For the coaching and mentorship work, the international consultant travelled to Conakry in early February to assess the model coaching programs in diabetology and neonatology and collect information needed to plan the coaching training. The consultant also worked with in-country HFG staff to develop an agenda for the training planned for 36 participants over three workshops. Meanwhile the draft documentation report of ongoing experiences in coaching was submitted to the MOH.

In Q3, to inform the development of the national in-service training plan, HFG's national consultants finalized the assessment framework and tools and trained data collectors for the field study. HFG then launched the study in June in eight regions with a focus on national referral hospitals and health programs linked to the MOH.

HFG also supported a regional consultant to conduct coaching training for 24 medical and paramedical staff in specialty practice. The consultant also led a 12-hour coaching session for five associate medical professors on the systemic challenges posed by the implementation of coaching activities in their fields; each professor developed an individual coaching action plan. HFG then began working on a plan for follow-up training and institutionalizing the coaching program across specialty services.

In Q4, the development of the In-service training national plan was ongoing: the data collection phase was finalized and the data are currently being analyzed by the consultants. The results of the analysis will be presented to the MOH early Q1 FY18.

HFG was tasked with supporting the initiative of decentralization of specialized health services by regions by documenting and sharing the experience of the diabetology unit (CHU de Donka) and the neonatology unit of INSE (Institut de Nutrition et de Santé de l'Enfant), which initiated their decentralization process in 2009 and 2013, respectively. HFG provided support for the conduct of a successful workshop focusing on the decentralization of specialized health care services that took place on September 12 and 13. The workshop focused on the three main elements of decentralization (key personnel, equipment, and care services). Different key specialized services units were represented and developed their decentralization plans as well as next steps for implementation. The Nephrology and Urology services have started the implementation of their plans.

- **Governance and Democracy**

Strengthening the Parliamentary Health Committee. HFG provides targeted support to the Standing Committee on Health to improve oversight of health programming and build support for additional public investments in the health sector.

During Q1, Health Commission staff were led through a series of orientation workshops relating to the national budget, enabling them to better understand the theory of budget analysis, coupled with practical deliberations on the 2017 national budget of Guinea. In particular, HFG supported the commission in preparing for a meeting with the MOH to discuss the health budget. Such a meeting between the commission and the health minister had not occurred for two years and members of the commission were grateful for HFG budget analysis support in preparation for this meeting.

In preparation for the post-budget period, the Health Commission was taken through an assessment of its current practices with respect to the following: 1) engagement with the MOH and other executive agencies; 2) interaction with civil society and the public; 3) use of research and other data collection processes; and 4) planning process on a legislative session and annual basis. The assessment findings were used to design a three-day workshop in late January 2017 aimed at establishing an annual oversight plan for the Health Commission including priorities for Commission scrutiny, field visits, and media engagement. In support of this, HFG identified an appropriate local consultant to assist the Governance Advisor and the Technical Lead over the course of the January-August 2017 timeframe.

In a Q2 (February) retreat, HFG supported the development of a coherent oversight plan for the Commission. The draft plan included: 1) priority areas of oversight focus; 2) research desk review plans; 3) field visits; 4) consolidation of findings and development of reporting practices; and 5) dissemination of reports and media engagement. HFG will support the Commission in its engagement with the National Assembly Secretariat to increase the resources available to the Commission so that it can implement the plan during the year.

In Q3, HFG supported a meeting between members of the commission and representatives of civil society (May 22 and June 2). This was the first ever meeting of the two parties and was well attended. Nine of the 14 members of the commission were present and five civil society organizations participated. The meeting was appreciated by both parties because it provided them a platform for discussing health issues and solutions. The two parties have expressed interest in having regular meetings and HFG will continue supporting that initiative with a bi-monthly meeting. The civil society group has also designated a focal point who will be liaising directly with the commission.

HFG supported a similar discussion forum between the health commission and the MOH officials (May 26), a continuation of the relationship started with HFG support in Q1. Nine members of the commission and 11 managers from the MOH including the Secretary General attended. The objective of this meeting was to assess health budget execution and discuss issues such as the reform of the pharmaceutical industry and the situation with new health worker recruits, and follow-up on issues raised during the commission meeting with civil society representatives.

One of the main tasks of the health commission is the control of government action for health-related issues. To better fulfill this role, in Q4, HFG supported a series of field visits for the members of the Health Commission to visit selected health facilities throughout the country and discuss with health providers their daily constraints in providing health care. Such reality checks will help the members of the commission better know the problems as well as start a dialogue with health providers on what the commission can do to solve those problems.

The members of the commission were split into four groups and they were able to visit health facilities in all seven administrative regions and in Conakry. The visits took place in July-August 2017. The commission is presently preparing a report on the findings of those visits. The report will be shared with their colleagues at the national assembly as well as with the MOH and the civil society. This report will also be a reference document for the commission as the assembly prepares for the 2018 budget discussions.

The MOH Strategic Communications. To address the lack of public trust in the public health sector, HFG supports the MOH to develop and begin to implement a strategic communication plan. The plan will cover both internal and external communications, with particular emphasis on budget transparency and resource utilization.

A communications gap analysis done in Q1 identified the deficiencies in the MOH's overall communications approach. In addition, results of a functional audit completed in late October 2016 were received and the recommendations relating to communications were incorporated into the activity plan for this component. The functional audit identified the audit itself as a key vehicle for greater transparency; thus, the communications consultant began work with the MOH to develop a communication launch of the audit results with the goal of having the main findings of the audit (and the roadmap to address these challenges) disseminated both internally and externally. This is a significant first in the health sector, and it publicly commits the Minister and his department to the reforms detailed in the audit.

For this strategic communication activity, HFG also began to seek out an appropriate local consultant to assist the HFG Governance Advisor and the Technical Lead over the course of the January-August 2017 timeframe.

Q2 featured the establishment of an the MOH working group on communications. Building on the baseline assessment findings and the framework strategy drafted by the international consultant, the working group met in a series of technical workshops in March. With the support of the national consultant, they produced the zero draft of an external and internal communications strategy. The draft documents were shared with stakeholders for their feedback and input. It is expected that the strategy documents will be finalized during Q3 after a broad consultation process and validation workshops by the MOH leadership.

In Q3, HFG consolidated all comments and feedback received about the communication strategy and updated the document. The communications strategy was than finalized (French translation, editing, and formatting) and shared with all stakeholders. Drafting of TOR and recruiting of the Communications embedded advisor also took place.

In Q4, the strategy document was presented to the Minister of Health during a cabinet meeting and validated by the cabinet, pending minor edits proposed during the meeting. The communication strategy has an external communication component as well as an internal communication component and is for the period 2017-2019. The strategy includes several activities that contribute to its implementation and which will continue to get support from HFG. As part of this support, HFG conducted a training workshop on strategic communication skills and how to engage the media for a core number of the MOH professionals working in the health promotion division and communication cell.

Financial transparency is a key dimension of the communication strategy and to show that importance HFG organized a meeting with the MOH Department of Finance and the IG's office to present the strategy and highlight the importance of transparent communication and control when it comes to the ministry's finances.

Strengthening Inspector General Function. HFG support for the IG's office aims at redefining the IG function and then strengthening its capacity to carry out its role.

During the final quarter of 2016, the IG conducted a self-assessment, results of which were fed into the planning of the strategic planning retreat scheduled for January 2017. In addition, the results of the functional audit, completed in late November 2016, were received and recommendations for the future mission of the IG were incorporated into this planning. A three-day workshop was planned to: 1) review and discuss the overall recommendations of the functional audit, specifically those relating to the role of the IG; 2) review and discuss the results of the self-assessment, in

particular those areas in which there is a large deviation from the results of the functional audit; 3) develop a vision and mission reflective of the main findings of the audit; 4) conduct a strategic planning exercise to develop a revised Action Plan 2017; and 5) identify ways to communicate the new vision, mission, and strategic plan to the IG's partners and the wider group of stakeholders within the health sector.

The activities undertaken in Q2 included the strategic planning retreat for IG leadership and staff; during the retreat, the IGS (Inspection générale de la santé): 1) developed a revised vision / mission for the IG office; 2) discussed the recently completed functional audit and its implications for the IG office; and 3) developed a revised one-year and three-year strategic plan for the IG office. In addition, the international consultant worked with the IG to develop a plan for engaging the MOH leadership on revisions to achieve buy-in from the Minister's office and to begin discussions with the MOH on appropriate resourcing of the revised work plan.

The next steps included the validation of the strategic plan by the MOH leadership. HFG assists the IGS to ensure that the MOH adequately resources the IGS to carry out its new mandate. In addition, HFG Guinea also planned to provide basic capacity building for the IGS staff in the areas of audit planning, execution, and report writing.

In Q3, HFG supported the drafting of an advocacy document for IGS to get the needed resources (from the MOH) for its functioning. HFG also started the process of recruiting a local and an international consultant to build capacity of the IGS staff in conducting audits.

The international consultant was onboarded in Q4 and travelled to Conakry to work with the IGS. He conducted a training workshop on audit and control norms for the IGS staff, August 14-20 in Kindia. This workshop helped familiarize participants with good practices for audit and control and enable them to conduct audits and controls in accordance with international standards, for improved credibility of the work they perform. The participants were able to apply the knowledge from the training using a recent audit that was conducted for the Kindia regional hospital and propose solutions to resolve the issues found by the audit.

The consultant is currently working on a procedures manual for audits adapted to the Guinean context and legislation. This document will be a reference for the IGS staff and will reinforce their role inside the MOH.

Q4 Challenges -

- The MOH absorptive capacity continues to be an ongoing issue. Delays in the review of draft documents are impacting the timeliness of validation.
- Activities slowed down in Q4 due to annual leave for many of the stakeholders both the MOH and development partners.

Table 27 provides activity-specific updates.

TABLE 27. GUINEA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Conduct a functional audit of the Ministry of Health		
Follow up support for road map implementation	HFG supports two embedded advisors at the MOH: one for communication and one for IT.	
Activity 2: Strengthening the Ministry of Health's management capacity		
Train trainers for the Project design and management course	The TOT took place in Q4. 21 the MOH staff were trained in operational planning; 10 of them were selected to become trainers and then participated in a four-day TOT.	The lead international consultant is revising the course materials based on feedback from the first training. HFG is pursuing discussions with other partners on how to further expand the pool of the MOH trainers in operational planning.
Roll out training for the Leadership and Management course	The roll-out training started in May and continued with two additional deliveries in July under the supervision of the international consultant, who observed the two roll-out courses.	Two additional deliveries are planned for Q1 FY18.
Roll out training for the Project Design And Management course	This task may be delayed until the pool of the MOH trainers can be expanded.	
Evaluate impact of the Leadership and Management course	Scheduled for Y6Q2.	
Evaluate impact of the Project Design And Management course	Scheduled for Y6Q2.	
Activity 3: Conakry private providers mapping survey		
Adapt survey protocol and instruments	The team is currently adapting the tools as well as finalizing the contracting of the chosen firm.	
Collect data	Planned for Q1 FY18.	
Write and disseminate final report	Planned for Q2 FY18.	
Activity 4: Strengthening health sector coordination capacity		
Implement roadmap	Updated sector coordination architecture has been validated. TOR for new architecture drafted, workshop held for validation of TOR of the thematic groups held.	The decree for the new monitoring committee will be signed. Structure will be set up and have its first meeting. The TORs of the thematic groups will be finalized. TORs of specific groups will be drafted and first meetings held.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 5: Building Ministry of Health capacity to support research		
Strengthen capacity of Cellule Recherche	The capacity-building plan was shared with the MOH and is pending official approval	
Conduct training in use of guidelines for the MOH staff	Planned for Q1 FY18.	
Develop road map	Planned for Q1 FY18.	
Activity 6: Improve financial management capacity of the Ministry of Health		
Plan implementation	Activities identified and prioritized.	The roll-out of the identified activities will start in Q1 FY18.
Activity 7: Improve coordination, collaboration, and partnership between line ministries in charge of HRH planning, training, and development		
Support the strengthening of National HRH Platform	Decree and DRH organizational chart drafted for approval by the MOH and Ministry of Civil Service. Discussion are ongoing between the two ministries to set up the new DRH.	
Support quarterly meetings of the National HRH Platform	No meeting held in this quarter.	There were delays due to the absence of Dr. Faza, HRH the MOH point of contact. The planning for the quarterly meetings will resume in Y6Q1.
Give institutional support to the DRH		Organize workshop to launch DRH and draft the new directorate's strategic plan and roadmap.
Activity 8: Strengthen the ICT-based comprehensive management of human resources		
Support the institutionalization of iHRIS	Ongoing. International consultant is being hired to support refresher training to build the MOH iHRIS capacity.	Staff training planned for Q1 FY18
Activity 9: Support pre-service education institutions to improve management and governance for better workforce development		
Assist schools with the development/ revision of strategic and operational plans	Currently supporting finalization of national strategic plan for pre-service training institutions.	
Provide training in leadership and management	Planned for Q1 FY18	
Activity 10: Support the strengthening of continuing professional development programs for health		
Support the Ministry to develop an in-service training policy	Data collection and analysis completed to support the plan.	The validation of the report is planned for Q1FY18

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 11: Strengthening the Inspector General Function		
Develop new and improved mechanisms for health sector accountability	In progress. HFG has recruited consultants to build IG staff capacity in audits.	Finalize procedures manual for audit and control.
Build capacity for improved health sector accountability	A training workshop on audit was organized for IGS staff in August.	
Activity 12: Strengthening of the legislative committee on health		
Provide support to Standing Committee to strengthen health sector stewardship	In progress. HFG supported field visits of the commission members in selected health facilities throughout the country.	Report on field visit findings will be shared with the MOH and civil society.
Activity 13: Strategic communications for the health sector		
Support budget transparency	Training on communication skills and media engagement conducted for the MOH staff in charge of communication. Discussions ongoing with DAF officials and IGS to get their buy-in for the communication strategy.	

5.1.10 Mali

Program Objectives - In Year 5 (FY2017), the overall objectives of HFG's work in Mali were to (i) equip the Ministry of Health and Public Hygiene (Ministère de la Santé et de l'Hygiène Publique, MSHP) with the technical capacity to implement some of the recommendations of the 2015 Health Systems Assessment (HSA) (also supported by HFG) and (ii) strengthen the Secretary General's office's (SEGAL) organizational capacity to better coordinate partners to design and implement reforms to achieve Universal Health Coverage (UHC).

Year 5 Activities -

- ***Private Sector Assessment.*** HFG is supporting the MSHP to conduct a Private Health Sector Assessment (PSA) in Mali. The PSA will provide a snapshot of private sector activity in health care and data to identify and mobilize untapped private sector resources. The PSA will assess the role of the private sector in financing, managing, and providing health services. It will include a mapping of private sector providers, public-private partnership initiatives, and challenges and successes. Several databases of private providers exist, none of which are complete and coordinated. The mapping will engage stakeholders to agree on the minimum information that should be collected for private sector health providers and will consolidate the existing databases.
- ***Operational research on the impact of mutuelles in Mali and the way forward to UHC.*** A study of mutuelles (community-based health insurance schemes) is being carried out to identify the most effective role for mutuelles to play in Mali's path to UHC.
- ***Strengthening analysis and use of Health Accounts.*** HFG did capacity building of a core group within the Planning and Statistics Unit (Cellule de la Planification and des Statistiques, CPS) and other relevant MSHP entities and provided technical assistance to enhance the use of the System of Health Accounts (SHA) data to inform health policy.
- ***Institutional capacity building of SEGAL's office.*** HFG met with the SEGAL and relevant staff to review the findings of the management assessment, develop a shared vision for the SEGAL's office, determine its strategic priorities, and identify ways its staff can work together more effectively. The strategic priorities will form the basis for an operational plan.
- ***Support technical working groups (TWGs) to follow up on HSA recommendations.*** HFG is supporting the MSHP to reinforce the role and contributions of four TWGs to follow up on the implementation of the Program for Social and Health Development (PRODESS) and HSA recommendations and become more functional, visible, and results oriented.

Year 5 Progress Against Objectives -

- ***Private Sector Assessment.*** In Q1, the draft concept note for the study and the terms of reference (TOR) for the PSA consultants were developed and are currently being finalized. In Q2, three international experts travelled to Bamako to conduct data collection and key informant interviews for the PSA. A local consultant also started collecting data to update the mapping of private health providers. In Q3, the draft report for the assessment was completed and submitted to the Mission for feedback. The database of private for-profit providers continues to be populated, with some visits in the field to verify data quality. In Q4, feedback on the PSA report in English was received from USAID; suggestions and comments were integrated in the new version of the report. The French version was edited and is being sent to national authorities. In addition, the report of the census of the private sector and a consolidated data base of private for-profit structures were submitted to HFG by the consultant. A national-level dissemination workshop is expected by the end of 2017.

- ***Operational research on the impact of mutuelles in Mali and the way forward to UHC***. In Q1, the draft concept note for the study and the TOR for the operational research consultants were developed. In Q2, USAID and the MSHP provided feedback on these documents. HFG is revising the TOR to ensure that the study builds upon existing literature about the challenges of mutuelles and supports Mali to identify potential strategies to integrate mutuelles into the more sustainable financing mechanisms. In Q3, it was agreed with the Mission to postpone this activity to Q1-Q2 of HFG Year 6, because some of the findings from the dissemination of the PSA results may inform the mutuelles study. The private sector assessment findings and discussion will help orient this activity.
- ***Strengthening analysis and use of Health Accounts.*** There have been some staff changes in the Health Accounts team. Our Chief of Party is coordinating with the CPS, and finalized the scope of work for this activity in Q3. A trip by HFG's Health Accounts expert, Andre Zida, was planned in Q3, and approved by the CPS and USAID Mali. In Q4, Dr. Zida travelled to Mali to train the core Health Accounts team in conducting secondary analysis of Health Accounts results in order to facilitate decision making. He also helped to brief national decision makers on the use of Health Accounts results and the importance of health financing policy briefs for policy design.
- ***Institutional capacity building of SEGAL's office.*** In Q1, a consultant made a second TDY to Mali on December 12-16, 2016, to share and discuss the findings of the Management Assessment report with the new Minister's cabinet and advisors; agree on key priorities to implement; and define an action plan for the implementation of the recommendations. During these meetings, the new cabinet's members shared their expectations regarding the capacity-building activity and an action plan for HFG in response to the request that is being finalized by the consultant. In Q2, HFG shared the findings from the December mission to discuss potential capacity-building activities for the SEGAL's office. Requests by the MSHP for embedded technical assistants were made to HFG but this fell outside the scope of HFG's Year 5 work plan and so USAID assigned the task to the Health Policy Plus project. HFG provided input on the terms of reference for these MSHP positions. HFG will discuss this with the Mission to identify the best way forward. The MSHP has been slow in expressing their needs for this activity following the submission of the HFG's trip report and timetable in Q2. The report submitted to the MSHP is nevertheless a good resource that can be considered later when national authorities express the need for this activity. In Q4, in the context of the health system reforms launched by the new Minister of Health, the reinforcement of the SEGAL Office become a priority. USAID congratulated the MSHP in enabling organizational changes of the MSHP cabinet and the Health Services Directorate. USAID also congratulated HFG's Management Assessment activity, which enabled the recruitment of three technical advisors to the SEGAL's office. USAID has recommended to use this activity as an example of a best practice. HFG is waiting for more details from the USAID mission and MSHP about follow-up support.
- ***Support TWG to follow up on HSA recommendations.*** In Q2, HFG started recruiting for a local consultant to work with the SEGAL's Office and the CPS to make the TWGs functional again. This activity has seen some delays because of the unavailability of the selected consultant. Therefore it has been postponed. The consultant has set time aside for this activity in Y6Q1.

Q4 Challenges - HFG Mali has encountered a few challenges this year due to the unexpected cabinet reshuffling. A new SEGAL and technical advisors were appointed. Many of the advisors are unfamiliar with the project in Mali and will need to be oriented in order for them to understand HFG and successfully support the implementation of its activities.

In addition, the new Minister of Health has launched ambitious health system reforms and expects to receive important results by the end of 2017. The majority of high officials are engaged in this process, which is slowing the decision-making process and increasing administrative procedures.

There are high expectations in terms of the PSA findings which can help MSHP and private sector providers and their organizations to make important decisions to reinforce their partnership which might yield mutual benefits and better health for the population. The challenge will be presenting the findings on these long-term sensitive issues between the public and private sectors.

Table 28 provides activity-specific updates.

TABLE 28. MALI ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Institutional capacity building of SEGAL's office		
Develop and validate implementation plan based on Management Assessment recommendations	In the context of the health system reforms launched by the new Minister of Health, the reinforcement of the SEGAL Office become a priority. USAID congratulated HFG on its work on the Management Assessment, which allowed current changes in the organization of the cabinet and the Directorate of Health Services, e.g., the recruitment of three technical advisors to the SEGAL's office. USAID has recommended using this activity as an example of a best practice. An MSHP request is expected to enable HFG to provide complementary activity already done since the last mission of consultant Ben Amor Rachid.	Request for additional support from the MSHP is expected at the start of Year 6.
Activity: Operational research on the impact of mutuelles in Mali and the way forward in the path to universal health coverage		
Conduct desk-based research	Activity postponed to Y6 by USAID. This activity will be scoped after the results of the PSA report are disseminated.	
Activity: Private Sector Assessment		
Finalize PSA report with feedback from USAID and other stakeholders, and disseminate	USAID submitted feedback, which was integrated into the new version of the report. The French version was edited and is being sent to national authorities. In addition, the consultant submitted the report on the census of the private sector and a consolidated database of private for-profit providers. A dissemination workshop with the participation of the main players is planned by the end of 2017.	The PSA is long-awaited by health sector stakeholders; the partnership with the private for-profit is one area of focus in the MSHP health system reform. Expectations are high that the findings can help the MSHP and private sector providers and their organizations to make important decisions to reinforce their partnership, which might yield mutual benefits and better health for the population. In addition, the dissemination discussions will help identify the specific orientations of the mutuelles study.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Strengthening analysis and use of Health Accounts		
Provide technical assistance to MHPH to conduct analysis for policy using Health Accounts data	Dr. Zida provided support to develop two policy briefs focused on: Strategy to reduce the burden of consumption of health care and medical goods on the standard of living of households Strategies for harmonizing procedures for allocation and mobilization of health funding in Mali.	
Organize training sessions with MHPH actors to analyze and explore Health Accounts data	Technical support was provided by Dr. Zida, health financing expert, to train the local Health Accounts team in improving the presentation of Health Accounts results to facilitate decision making. For example, Dr. Zida helped the team to start drafting two policy briefs. He also helped to brief national decision makers on evidence for decision making, particularly the use of Health Accounts results.	The core Health Accounts team will finalize the policy briefs through ongoing remote HFG support. The activity created a strong technical relationship and trust between HFG and national authorities in charge of Health Accounts. The training was successful and responded to the expectations. It raised new demand from national authorities that can be considered when planning future activities (e.g., building rapid response team to conduct analysis that responds to specific policy questions; expand briefing to more decision makers).
Activity: Support TWG to follow up on Health System Assessment recommendations		
Hold inception workshop for TWGs	This activity is scheduled to recommence in Y6Q1.	

5.1.11 Namibia

Program Objectives - The Government of the Republic of Namibia has reduced significantly its reliance on donor funding to finance health services, with approximately 6 percent of total health expenditure being funded by donors in 2014/15 compared with 22 percent in 2008/09. Most of this donor funding has been allocated to special programs, such as HIV and AIDS, TB, and malaria. With decreasing donor resources in the country, there is increasing pressure on the government to identify sustainable means of financing the HIV and AIDS multi-sectoral response to maintain the significant gains achieved under the PEPFAR program. According to the 2014/15 National Health Accounts (NHA) exercise, 45 percent of HIV and AIDS program expenditures were financed by donors; according to the 2014 National AIDS Spending Assessment (NASA), the percentage financed by donors has dropped to 36 percent. While Namibia has made progress in absorbing a portion of the HIV and AIDS expenditures, most notably in the areas of human resources and procurement of ARVs, there continues to be a high level of donor funding to support critical disease interventions

According to the FY2014 PEPFAR Guidance for Sustainability Planning, Namibia is in the first wave of countries that have agreed to develop PEPFAR Country Health Partnerships (CHPs), which means it "eventually will be afforded a formalized joint decision making role in the allocation of PEPFAR financing and technical resources in their country[ies] through a small bilateral governance structure established under the PEPFAR CHP." As a result, the government is at a critical juncture in re-evaluating its health financing strategy, policies, and mechanisms and ensuring the long-term sustainability of gains made in the fight to eliminate the spread of HIV and AIDS; treatment of patients; and reducing the impact on families affected by the disease.

Year 5 Activities - HFG's activities in Namibia in Year 5 include:

- Institutionalization of NHA for resource tracking
- Efficiency analysis of district hospitals in Namibia
- Health facility unit costing study

Year 5 Progress Against Objectives -

- **Institutionalization of NHA for resource tracking:** Providing technical support to the 2014/15 Health Accounts exercise: HFG has been supporting the Namibia Ministry of Health and Social Services (MoHSS) in its move toward institutionalizing Health Accounts. The support includes helping the Ministry conduct another Health Accounts study with emphasis on using mechanisms that simplify data collection, ensuring that the exercise is harmonized with other resource tracking exercises such as NASA, thereby capturing information needs for HIV/AIDS programming as part of the exercise and avoiding parallel/duplicative efforts, and supporting development of follow-on policy products to help promote uptake of Health Accounts results to inform policy and planning.

  In Y4Q2, HFG and the WHO co-facilitated the MoHSS Health Accounts team's discussions with the Ministry's Directorate of Special Programs and UNAIDS on lessons learned from the earlier, parallel (NASA) estimation of HIV spending. The aim was to inform the new round of Health Accounts, which will encompass HIV/AIDS programmatic spending. Based on the lessons learned from the previous Health Accounts estimate, HFG helped the Health Accounts team review and revise the data collection instruments. In Y4Q3 and Y4Q4, HFG provided the MoHSS technical support in conducting the 2014/15 Health Accounts' data review and analysis. In **Y5Q1**, the results of the 2014/15 exercise, which incorporate cross-analysis of the results to the NASA's AIDS spending categories, were finalized. The preliminary results were sent to the Ministry team in November for their review and feedback. In **Y5Q2**, HFG received initial MoHSS feedback in February and additional feedback in March. The Health Accounts lead within the Ministry was satisfied with the

preliminary results and these were presented to MoHSS management in March. In **Y5Q3**, a draft Health Accounts 2014/15 report was finalized and went through HFG's internal quality review. The report was shared with the MoHSS for its final review. In addition, the accompanying methodological note was drafted and was undergoing final review. Finally, a brief was drafted focusing on the sustainability of health and HIV financing in Namibia (a priority topic identified by the MoHSS).

In Y5Q4, HFG finalized the Health Accounts 2014/15 report and accompanying methodological note. HFG also finalized two briefs, one on the sustainability of health and HIV financing in Namibia and a second focused on the HIV financing landscape. HFG also prepared an Executive Summary comparing results of the 2013/14 and 2014/15 Health Accounts. HFG prepared for the dissemination event, which will be held on October 5, 2017, at which key findings of the study will be shared with health and HIV stakeholders. Preparation for the dissemination event included preparing logistics, presentations, and handout materials. At the event, HFG Home Office staff will work with key MoHSS staff to convene a panel discussion with talking points around the results of the Health Accounts. They will also work with the Ministry team in finalizing the preparation for the planned 2016/17 Health Accounts, which will be launched during the event. This will include review of the survey instruments, sampling and sample frame for the primary surveys, as well as review of the secondary sources of data that can help the team to incrementally replace the primary sources in the future. Following the dissemination, the technical team will debrief with the MoHSS, including the national HIV/AIDS Program, to identify next steps and any additional products or briefs necessary to ensure uptake of the results to inform policy and planning.

- **Efficiency analysis of hospitals in Namibia:** This activity started after USAID Namibia cancelled the economic efficiency and effectiveness analysis for sustainable HIV and AIDS financing study due to its overlap with UNAIDS work on the investment case. HFG decided to focus instead on district hospital efficiency, which was a critical missing piece of information in the projection of resource needs for HIV funding. The analysis includes 34 hospitals, of which four are referral hospitals (three intermediate hospitals and one national referral hospital). Rundu Hospital was already covered in the unit cost study. Thus, only four referral hospitals needed to be added.

  In Y5Q1, the efficiency study's Scope of Work and Protocol were finalized. HFG outlined a list of data requirements and drafted a facility questionnaire that was reviewed and revised. In Y5Q2, all data collection formats and questionnaires were completed. A study guidance manual was also prepared to aid facilities in filling out the questionnaires. Letters requesting the provision of data with specific data requirement descriptions were drafted for submission to central-level data sources, such as the National Institute of Pathology, Central Medical Stores, Response Monitoring and Evaluation, and the HMIS unit. The Policy, Planning and Human Resource Development team will assist in following up with facilities where necessary. HFG submitted an application to the Abt Institutional Review Board (IRB) for an initial review. The study was exempted from IRB review as it did not include human subjects (the data collected were at the aggregated patient level and no team member had access to individual patient records). HFG also submitted an IRB application to the MoHSS research review board. In Y5Q3, after repeated delays, HFG received the board's approval. At this point, the MoHSS leadership requested specific changes to the facility questionnaire and the accompanying drafted. HFG promptly made all of the requested changes and sent the finalized questionnaires and revised guidelines to MoHSS leadership. It also created a data entry spreadsheet to centrally enter and capture all data collected from the facility questionnaires and central sources. Existing data from facilities that were also included in the Unit Costing Study were entered into the spreadsheet. HFG also developed a list of contextual factors influencing cost and efficiency that will be used for the DEA.

In Q4, the MoHSS leadership and regional directorates sent the finalized questionnaires to facilities. The end of July was agreed upon as the deadline for facilities to submit the completed questionnaires, but few facilities met the deadline or submitted all data requested. Working with MoHSS leadership, HFG followed up with all facilities by telephone and email to fill data gaps in submitted questionnaires or to request data from those facilities that did not submit questionnaires. By the end of Q4, HFG had received completed questionnaires from all but about 10 facilities, and there still were significant data gaps even for those facilities that did complete the questionnaire. In light of these challenges, HFG decided, with Mission and Ministry approval, to send staff from Bethesda to Namibia to collect data over a two-week period in late October/early November. Because the facilities are geographically dispersed and some are difficult to reach, the HFG team will split up to visit separate regions (of Kavango, Omusati, Oshana, Ohangwena, Kunene, and Erongo). HFG began preparing for this trip in Q4. It drafted a letter to inform facilities of the team's visit and the MoHSS informed the facility directors directly. MoHSS leadership expressed interest in joining one team. HFG decided it would be best to also collect qualitative data collection during the visits; for this purpose, the team developed a qualitative questionnaire that is undergoing revisions. HFG will submit the revised questionnaire and outline of the added qualitative component to the Abt IRB and to the MoHSS for approval. HFG also will gather national-level and contextual data to inform the study; to this end, HFG submitted letters to NIP and met with the HMIS Director. Finally, HFG continued to update the consolidated data entry spreadsheet.

- **Unit costing and quality of health facilities:** The objective of this study is to determine the cost per unit of service (per outpatient visit or inpatient day) in selected public and private health facilities based on actual expenditures incurred and the packages of services provided at the different levels of health facilities in 2014/15. The study has a quality assessment component to identify the key gaps in the quality of service provision at each health facility, so that comprehensive quality improvement plans could be drawn up to address those gaps. PharmAccess, HFG's subcontractor, conducted the quality assessment component of the study. The results of the costing study and quality assessments will inform the Universal Health Coverage Advisory Committee of Namibia's (UHCAN) total financing requirement for UHC and other studies on the path towards UHC.

  The SOW/Protocol for the costing activity was approved by the MoHSS Research Committee in Y4Q3. Data collection began in Q4, at three private hospitals and was completed for two of them in Y4Q4.

  In Y5Q1, data collection was completed for all 13 participating facilities. There were challenges in locating some of the data. Of the 13 facilities, four had gaps in data. One facility did not have facility-specific operational expenditure data, and three others were missing pharmaceutical expenditure data. PharmAccess submitted all deliverables to HFG including the quality assessment of all facilities that agreed to participate, the SafeCare Assessment Reports showing gaps in service quality, the SafeCare Quality Improvement Plans, and the final Workshop Presentation.

  In Y5Q2, HFG continued to work with the MoHSS, with assistance from the Policy, Planning and Human Resource Development team, to fill facility-level gaps in operational and pharmaceutical expenditure data. Data could be obtained from only one of the four facilities with data gaps; therefore, HFG, in consultation with the MoHSS, decided to exclude the other three facilities from the study. In Q3, HFG filled all outstanding data gaps and cleaned and prepared all costing data for analysis. HFG completed the quality assessment study portion of the report. It also started to draft the final report.

  In Q4, HFG prepared an essential macro and applied it to the data. Initial calculations for all facilities were completed. HFG will finalize the report in and hold a dissemination event in Y6Q1.

- **Production of health financing review:** In Y4Q1, HFG finished drafting the Health Financing Review report and submitted it to the UHCAN for review. The UHCAN suggested edits and made comments to strengthen the report, in particular to include additional local context and views regarding Namibia's vision for UHC. HFG addressed all edits and comments and in December 2015 re-submitted the report for approval by the technical committee of the UHCAN. The final report was delivered in Y4Q2. In Y5Q2, the MoHSS presented the results to a stakeholder meeting of the Public Service Employees Medical Aid Scheme (PSEMAS).

Q4 Challenges -

- **Institutionalization of NHA for resource tracking:** HFG initially scheduled the dissemination event in mid-August, but the event was rescheduled a few times due to scheduling conflicts of a few officials.
- **Efficiency analysis of hospitals in Namibia:** In Y5Q4, HFG faced delays in receiving the questionnaires from facilities.

Q4 Additional Information - HFG presented its quarterly progress report for Y5Q3 during Q4. Also in Q4, HFG received feedback and a SOW in response to a concept note on the sustainability of the HIV/AIDS program in Namibia that it had submitted in Q3.

Table 29 provides additional activity-specific updates.

TABLE 29. NAMIBIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Implementation and institutionalization of Health Accounts using the updated framework		
Backstop the team in developing policy briefs and communication products that answer the key policy questions identified at the outset of the exercise	HFG finalized 2 policy briefs: one looks at the sustainability of health and HIV financing in Namibia (a priority topic identified by the MoHSS), and the other examine the HIV financing landscape.	
Provide technical assistance with data analysis for the 2014/15 Health Accounts exercise	The Health Accounts report and accompanying methodological note were finalized. HFG also prepared an Executive Summary comparing results of the 2013/14 and 2014/15 Health Accounts.	The Health Accounts dissemination event will take place in Year 6 (October 5, 2017). At the event, the Health Accounts team will disseminate the Health Accounts report, methodological note, and briefs.
Provide technical assistance with data analysis for the 2015/16 and 2016/17 Health Accounts exercise	The next Health Accounts will be formally launched at the October 5 meeting. During a visit, HFG will support the MoHSS team in planning and scoping for the exercise including: reviewing the survey instruments, sampling and sample frame for the primary surveys, as well as the secondary sources of data that can help the team to incrementally replace the primary sources in the future.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Unit Costing Study		
Conduct unit cost study of various health facilities	HFG applied an essential macro to the data and completed calculations for all facilities.	HFG will hold a dissemination event to disseminate the findings of the study.
Activity 3: Efficiency analysis of district hospitals in Namibia		
Conduct data collection at health facilities	In Q4, MoHSS leadership and regional directorates sent the finalized questionnaires to facilities. Failure to receive completed questionnaires by the deadline required HFG to follow up with all facilities to fill data gaps To date, HFG has received completed questionnaires from all but 10 facilities. HFG decided it would be best to complete qualitative data collection for contextual data on the team's trip to collect quantitative data. The qualitative questionnaire is being revised. During Y5Q4, HFG continued its efforts to gather national-level and contextual data to inform the study. To gather these data, HFG submitted letters to NIP and held a meeting with the HMIS Director. HFG also continued to update the consolidated data entry spreadsheet to centrally capture all data.	Due to data gaps and challenges in retrieving data, HFG will send three staff from Bethesda to collect data in Y6Q1. HFG anticipates the regions included will be Kavango, Omusati, Oshana, Ohangwena, Kuene, and Erongo. HFG will submit revisions (outlining the addition of a qualitative component to the study) to the initial review form to the Abt IRB and to the MoHSS for approval.

5.1.12 Nigeria

Program Objectives - In November 2016, HFG submitted two work plans to USAID for Year 5 activities that focused on 1) developing health care financing core analytics and capacity at the state level in Bauchi, Sokoto, and Cross River states to improve the financing, management, and delivery of sustainable pro-poor reproductive, maternal, neonatal and child health (RMNCH) services and 2) implementing the Sustainable Financing Initiative (SFI) in Lagos and Rivers states to increase HIV service coverage, strengthen financial protection, and improve access for vulnerable populations.

To achieve these objectives HFG has been implementing a range of activities focused on increased levels of domestic resource mobilization (DRM) and strengthened health financing functions including:

- Building capacity in health financing strategy design and implementation;
- Strengthening and implementing targeted, evidence-based advocacy strategies and building support for increased government financing of HIV programs and the health sector in general, recognizing the broad range of stakeholder within and outside of state ministries of health (Sthe MOHs);
- Gathering data and conducting relevant analytics for health financing strategy design

The overall objective of the activities is to develop and implement health financing and DRM strategies that increase the level of resources going to health and HIV programs with a focus on ensuring access and risk protection for vulnerable populations.

Year 5 Activities -

- ***RMNCH Health Financing.*** To ensure increased resources are available to improve access and financial risk protection for RMNCH, the following activities were planned for Year 5 across each of the three focal states: Bauchi, Sokoto, and Cross River:
  - Conduct a health financing situational analysis to clarify the state context for the project, other implementing partners, and the state ministries of health and finance;
  - Conduct a political economy/governance analysis to identify stakeholders, institutions, and capacities that are key to the development and implementation of a health financing strategy;
  - Conduct a fiscal space analysis to identify the level of resources available (state and federal) and resources required for state health financing mechanisms per state objectives and targets;
  - Support the implementation of state-level Health Accounts (to be conducted in Kogi and Ebonyi states in Year 5 as well as the three focal states);
  - Support the formation, capacity building, and functioning of a technical working group (TWG) on health care financing in each state. In addition, establish a state peer-learning network between the three focal states, the SFI states, Kogi, and Ebonyi;
  - Carry out Service Availability and Readiness Assessments (SARAs) in Bauchi and Sokoto states;
  - Cost a defined (ward) minimum benefit package to support decision making around the final definition of one by each state;

- Finally, support the state-level activities at the federal level where HFG will be using the Capability, Accountability, and Responsiveness (CAR) framework to assess the CAR of institutions involved in the Basic Health Care Provision Fund's (BHCPF) implementation. This assessment is key to unlocking federal-level support (technical and financial) for state-level health financing initiatives. Following this assessment, an accountability framework will be developed to articulate the roles, responsibilities, and performance of each of the institutional actors.

- ***Sustainable Financing Initiative.*** To ensure increased resources are available to improve access and risk protection for those needing HIV services, the following activities were planned for Year 5 in Lagos and Rivers states:

  - Participate on the Core Implementation Team to support the finalizing of the state-supported health insurance scheme's benefit package while making the case for the inclusion of prevention of mother-to-child transmission (PMTCT) and HIV counseling and testing (HCT) services. To this end, HFG will also provide quantitative evidence and modeling such as actuarial analysis and gap analyses to strengthen advocacy and support for HIV service inclusion.

  - Work with the Core Implementation Teams, State Agencies for the Control of AIDS (SACAs), which focus on program coordination, and State AIDS and STD Control Programs (SASCPs), the MOH units that focus on care and treatment, to advocate for increased funding for HIV programs. In conjunction with this advocacy, HFG will work with the relevant government agencies to ensure that processes (e.g., procurement, financial management) are in place so that all budget resources (existing and supplemental) are fully expended in an accountable manner.

  - One carryover TB activity from Year 4 will be finalized in Y5Q1. HFG will complete its work on connecting TB data streams for better planning of TB programs by creating an interactive dashboard that will track TB programs using data from various sources including DHIS2, eTB manager, TB Supportive Supervision, and GxAlert (which HFG supported the national scale-up of in Years 3 and 4). The final dashboard element due in Year 5 is the warranty and calibration tracking of GeneXpert machines through GxAlert.

Year 5 Progress Against Objectives - The socio-economic and political landscape in the country was characterized by fiscal challenges, uncertainties, and insecurity during the period. In spite of this, HFG took key steps toward achieving the objectives of the SFI in Lagos and Rivers states and RMNCH Health Financing in Bauchi, Sokoto, and Cross River states:

- ***Capacity building and roadmap development:*** The project focus was to build the capacity of multisectoral stakeholders on basic health care financing concepts and acquaint them with institutional and legal frameworks of health financing reforms. The trainings for Bauchi and Sokoto states were organized in collaboration with the Federal Ministry of Health (Fthe MOH), National Primary Health Care Development Agency (NPHCDA), and state offices of the National Health Insurance Scheme (NHIS). HFG also collaborated with the Bill and Melinda Gates Foundation-funded Health Service Delivery Foundation to extend these activities to Niger and Kaduna states. Participants from Abia and Bayelsa states also attended the training in Rivers state, through collaboration with the World Bank and NPHCDA. At the end of the training, participating states developed roadmaps that articulate immediate next steps, timeline, resources needed, and persons responsible.

- ***Roadmap implementation:*** In line with the roadmaps they developed after the health care financing training, Bauchi and Sokoto states have set up multisectoral health care financing TWGs. The TWG is part of the institutional arrangement that ensures inputs of diverse institutions are leveraged to improve funding for health and enhance accountability – in this way, the inputs achieve more money for health and more health for the money. In Cross River State (CRS), HFG has continued to support the health financing TWG's implementation efforts by engaging with the highest Traditional Ruling Council, Labor Union, State House of Assembly, Office of the Governor, and state ministries of information, budget and economic planning, and finance. These advocacy efforts are yielding results as the sum of 26 billion naira has been set aside for the CRS Health Insurance Scheme (CRSHIS) and approved in the 2017 state budget. A Director General has also been appointed to oversee the CRS Health Insurance Agency.

  In Lagos and Rivers states, HFG continued to strengthen advocacy efforts aimed at ensuring an adequate budgetary allocation to HIV/AIDS in the 2017/2018 budget as well as a satisfactory budget performance for fiscal 2016. The SFI work plan was approved early in Y5Q2. A kick-off meeting on SFI was conducted for both Lagos and Rivers states to inform stakeholders of SFI targets and deliverables, obtain a better understanding of the states' policy direction, and align goals and activities for better ownership and sustainability of the SFI initiative. HFG facilitated engagement of stakeholders for the USAID and State Government Memorandum of Understanding (MOU) and the review of the document in both states before finalization and signing, which has reached an advanced stage in both states. Already, Rivers State has committed to a contribution of approximately $1.65 million for HIV/AIDS as of October 2017.

- ***More money for health:*** Since the beginning of the year, Lagos state government has released more than 100 million naira to the Lagos State Agency for Control of AIDS (LSACA) to finance the HIV/AIDS response. This partial-year amount already has surpassed the total amount expended on HIV/AIDS annually in previous years. The observed surge in the HIV/AIDS response financing by the state government was largely due to a multi-fold increase in allocation to HIV/AIDS in the 2017 budget, which is partly attributable to high-level, evidence-based budget advocacy by the HFG project. HFG was also able to influence government in other states to spend more on health; HFG supported Bauchi State Primary Health Care Development Agency (SPHCDA) to identify low-cost, high-impact interventions to address selected MNCH service coverage gap especially child nutrition. HFG worked with other partners to do evidence-based advocacy, which led to release of 36 million naira for nutrition intervention in the state.

- ***Increasing prospects of inclusion of HIV/AIDS service in SSHIS benefit package:*** Inclusion of HIV/AIDS in State Supported Health Insurance Schemes' (SSHIS) benefit package is one of the most promising ways of ensuring sustainable financing for the HIV/AIDS response. To make a strong case for the inclusion of HIV/AIDS services in Lagos and Rivers SSHIS, HFG was charged with the responsibility of demonstrating financial, technical, and operational feasibility of provision and purchasing of a range of HIV/AIDS service within SSHIS. HFG conducted supplemental actuarial analysis for the Lagos State Health Scheme (LSHS), which shows that the marginal cost for including HCT, PMTCT, and ART services is 147.85 naira and suggests that inclusion of the services to the current benefit package will not financially overburden the scheme (additional scenario analyses varying coverage levels during scale-up is required). HFG also engaged stakeholders including implementing partners and LSACA to discuss and initiate work on the technical and operational feasibility of the inclusion of HIV/AIDS in the LSHS scheme. The consensus is that it is technically and operationally feasible to include these services in the benefit package and a roadmap for further capacity building and referral among facilities is being developed, supported by HFG.

- ***Evidence to action:*** To provide evidence for context appropriate and sustainable health financing reform, HFG-supported states have carried out work on health financing diagnostics including fiscal space analysis, governance/political assessment, resource tracking, and public financial management assessment. The diagnostics have been concluded in Cross River, Rivers, and Lagos states. Findings are guiding policymakers' decision making around health financing/SSHIS; the fiscal space analysis in Rivers state shows that a substantial proportion of targeted, vulnerable populations for subsidization will be covered if the earmarked 1 percent Consolidated Revenue Fund is increased to 2 percent. This informed the decision of Rivers State to increase the earmarked amount to 2 percent of the fund in their draft SSHIS bill covering an additional 32 percent of the vulnerable population (pregnant women and children under 5). The Lagos state governance assessment revealed major communication gaps, limited understanding of LSHS, and the absence of operational procedures for managing equity funds among government agencies outside the health sector. These findings informed the decision of the Lagos Sthe MOH to ask HFG to support the state to develop guidelines for managing the Lagos State Health Fund and creation of an interagency forum on LSHS, which will hold its first meeting on July 6.

  HFG commenced discussions with stakeholders in Osun on key health financing diagnostics on governance analysis/political economy, fiscal space analysis, and resource tracking. The assessments in Osun will benefit from HFG's lessons and experience conducting the assessments in five other states. The assessments are timely as evidence from findings will contribute to the state health development plan design. The state is keen to commence the process of data collection and complete the process within the shortest possible time allowing for quality.

  Reports of the governance assessments in Bauchi and Sokoto states identified government provided zakat (the Islamic tradition of alms giving to the poor) as a potential source of fiscal space for subsidizing the vulnerable population and fiscal space analysis was used to quantify potential contribution from zakat.

- ***Innovations for improved health governance and financing toward universal health coverage (UHC):*** HFG Nigeria conceptualized the Legislative Network for UHC, which will provide an important platform for mobilization of state legislators to leverage their important statutory functions with regard to appropriation of additional resources for health, enacting necessary health legal framework/bills and strengthening their oversight of health resources and policy implementation. The Federal Senate Committee on Health is considering leveraging the Legislative Network for UHC to steer the repeal of the NHIS Act, and reenactment of a new NHIS Bill. HFG Nigeria also took the lead in mobilizing other stakeholders to establish the UHC quarterly bulletin, which was launched by the Hon. Minister of Health on June 14. The bulletin is aimed at tracking all UHC-related activities in the country and fostering lesson and experience sharing toward the UHC quest in Nigeria.

  The Legislative Network on UHC was launched on July 24 in Abuja by the Senate President of the 8th Session of the National Assembly during a Summit of legislators held on July 24-25. The Summit was convened by Senator Lanre Tejuoso, the Chairman of the Senate Committee on Health with support from HFG and other development partners including the World Bank; Partnership for Advocacy in Child and Family Health (PACFaH) project funded by the Bill and Melinda Gates Foundation; and the Partnership to Engage, Reform and Learn - Engaged Citizens Project (PERL-ECP) and Health Policy+, funded by USAID. Other partners included the Maternal, Newborn and Child Health 2 project funded by UKAID; Health Systems Consult Limited (HSCL); Christian Aid; and the West African Academy of Public Health. These partners along with HFG formed the planning committee and evolved into the technical advisory group of the Network. They funded speakers, house committees on health, house committees on appropriation and clerks of 29 of the 36 states in the federation to the launch, which has been voiced as the first of such anywhere in the

world. The event attracted international attention that led to the invitation of Senator Tejuoso and the HFG COP to give a presentation at the UK Royal Institute of international affairs, Chatham House. At the occasion, the Senate President gave assurance that if the executive includes BHCPF ($100m plus) in the 2018 budget the legislative arm will protect it. HFG is building on this momentum to establish legislative-executive platforms as a first step to execute the communique of action from the Summit and to bridge existing gaps that should ultimately contribute to improve the outcomes of health financing reforms and UHC. The communique stated that legislators committed to using their functions of legislation, appropriation, oversight, and accountability to promote UHC and outlined next steps and report back mechanisms for the network.

- ***Progress toward increasing resources available to improve access and risk protection for RMNCH***

  - *Bauchi State:*

    - Quarter 1: The kick-off meeting could not be held in the week of December 12 as planned and was postponed to early January. A technical training for the health financing TWG in Bauchi and Sokoto was planned for the week of February 6 and was expected to bring together a wide range of actors from the state ministries of health, finance, budget and economic planning; houses of assembly; organized labor; professional health bodies; and private health practitioners to deepen their understanding of the basic concepts of health financing and forge a consensus on the legal, policy, and organizational frameworks needed to achieve health financing reforms.
    - Quarter 2: A kick-off meeting was held to introduce the Health Financing for RMNCH project to the state. In this meeting, the health financing direction for the state was discussed and project activities presented to the state actors. Areas of alignment were identified and priority activities agreed upon. A health financing capacity-building workshop also took place, in the first week of February, with participants drawn from a wide range of stakeholders. As an output, the state developed a roadmap for health financing reforms encompassing key activities, responsible persons, timelines, and resources needed under the following headings: Advocacy, policy reforms, legal reforms, institutional arrangements, and health financing core diagnostics. HFG has continued to provide technical assistance in the implementation of this roadmap.

      To advance roadmap implementation, a stakeholder mapping and analysis was conducted to understand the actors in the Bauchi health financing space. Using this information, a multisectoral health financing TWG was constituted by the state and inaugurated by the Honorable Commissioner of Health. Terms of reference were deliberated and a date for the inaugural meeting has been agreed upon. A Health Financing Unit also was established as part of the institutional arrangements and currently has a focal person in charge. This unit will serve as the secretariat of the health financing TWG.

      To deepen understanding of the health financing situation analysis in the state and as identified in the state roadmap, a stakeholder's engagement on health financing core diagnostics was held in Q2. This meeting provided an opportunity to introduce the fiscal space analysis, governance/political economy assessment, and resource tracking to the stakeholders for their buy-in.

      Additionally, the SARA, which covered 68 facilities (primary health care (PHC) centers and secondary and tertiary health facilities), was concluded. Information from this assessment will provide the needed evidence for targeted investment in bridging the infrastructure, human resources for health (HRH), and commodity/equipment gaps, and serve as an advocacy tool for resource mobilization.

- Quarter 3: To generate evidence that will inform health financing reform efforts in the state, fiscal space analysis and governance/political economy assessments were begun in the reporting quarter. Data collection was completed and analysis begun.

  The health financing TWG focused on two identified issues from the state roadmap for health financing reforms: the SSHIS bill and health budget performance. On the SSHIS Bill, the TWG engaged with the State House of Assembly to resolve the issues around stalling of the SSHIS bill, which was passed by the State House of Assembly in 2015 but not signed by the Governor. HFG facilitated sessions where two existing versions of the bills were scrutinized and reviewed with reference to the NHIS template and objectives of the Bauchi State Health Contributory Scheme. A harmonized version was developed ensuring key clauses that will guarantee the goals of the scheme were inserted. The reviewed bill has been accepted as an amended version by the State House of Assembly and submitted to the office of the secretary to the state government (SSG) for onward transmission the office of the Governor for assent.

  The TWG also carried out a performance analysis of the 2016 health budget and identified areas of concern. In that year, 16 percent of the state's budget was allocated to the health sector but only 89 percent of the recurrent budget was released and only 10 percent of the capital budget was released. When broken down by Ministries, Departments, and Strategies (MDAs), the Sthe MOH had a 1.36 percent capital release. To address this, a budget process mapping was done, bottlenecks identified, and strategies for improving budget performance developed. Engagement with key persons of interest and influence who could bolster our advocacy visit to the Governor for improved capital budget release began.

  HFG provided technical assistance to the Sthe MOH to increase allocation to RMNCH from 7 percent to 14 percent through the Saving One Million Lives (SOML) work plan. HFG also collaborated with other partners to develop a costed implementation plan for RMNCH. In particular, HFG will be responsible for developing the financing strategy for this policy document. In addition, HFG provided technical support to the state for proposal development to qualify for US$200,000 from "The Challenge Initiative" by the Gates Foundation for RMNCH.

  The data managers and supervisors were trained in preparation for data collection. The data collection was completed as planned but not without the expected challenges with donors and private sector establishment. The National Bureau of Statistics was engaged for the collection of data on the private sector while the development partners group will support collection of data from the donors. The consultants began data entry, cleaning, and coding of available data in preparation for data analysis.

- Quarter 4: The health financing TWG in Bauchi continued to push for the signing of the SHIS bill by the executive Governor. Following the dissolution of the state executive council and appointment of some cabinet members, HFG facilitated an engagement with the newly appointed Secretary to the State Government (SSG) to bring him up to speed on the status of the SHIS bill and the benefits the populace stands to derive from the policy thrust. The SSG pledged to advance this discussion with the Governor. Additionally; HFG provided technical support in reviewing the Bauchi State Health Trust Fund (BSHTF) bill and aligning it with the SHIS bill. The bill when signed into law will mobilize additional resources for health from the local government area (sub-state) level and earmarking from the state's internally generated revenue.

HFG is supporting implementation of quarterly performance reviews of the sector's budget by the Sthe MOH Health Financing unit. At the end of Q3, recurrent budget performance was 33.23 percent while capital releases were 2.97 percent. Evidence from this analysis is being used to engage the health financing TWG, State House of Assembly, CSO coalition, and identified persons of influence for necessary advocacy to the Governor and the office of the Accountant General.

To ensure effective and efficient use of budgeted resources for facility renovation, HFG began developing bills of quantities[2] for 50 PHCs across 20 local government authorities (LGAs). Cost information from this exercise shall be used for the targeted investment of an approved sum to bridge infrastructure gaps in these facilities. This evidence will also promote accountability and transparency in the use of released resources.

Fiscal space analysis and governance/political economy assessments have been concluded and await validation by the state after which an evidence synthesis workshop will take place within the quarter. The process of benefit package development for the SSHIS is also ongoing and is anticipated to be completed within the reporting quarter.

- *Cross River State:*
  - Quarter 1: HFG completed the household survey to estimate out-of-pocket expenditure on health as a share of household expenditure – a baseline needed to measure the achievement of financial risk protection following the launch of the CRSHIS and to contextualize proposed benefit package and premium/subsidization impact. An evidence synthesis workshop was conducted to bring together all the findings from various health financing core diagnostics – fiscal space assessment, public sector financial management assessment, governance/political economy assessment – in order to understand their implications for the design and implementation of the CRSHIS and forge a consensus on feasible recommendations for action.
  - Quarter 2: A capacity-building workshop was held for the health financing TWG members to deepen their understanding of health financing concepts, the CRSHIS law, and the reforms going on in CRS. An output of the workshop was the CRSHIS design implementation plan, which details the critical pathway for setting up the CRSHIS. As part of HFG's efforts to rally support from other development partners, commitments were extracted from WHO, UNFPA, and Salt & Einstein MTS to support the state PHC revitalization efforts, develop a health financing policy/strategy document, and deploy an ICT platform for the CRSHIS, respectively. Similarly, media practitioners were trained on health financing concepts and their role in propagating information on health financing reforms generally and the benefits of health insurance principally.

    HFG continued to support the health financing TWG's implementation efforts by engaging with the highest traditional ruling council, the labor union, State House of Assembly, office of the Governor, and the state ministries of information, budget and planning, and finance. These advocacy efforts began yielding results as the sum of 26 billion naira was approved in the 2017 state budget and set aside for the CRSHIS. Also, a Director General was appointed to oversee the CRS Health Insurance Agency.

[2] A bill of quantities (BOQ) is an itemized list of the materials, parts, and labor (with their costs) needed to construct, maintain, or repair a structure.

Consultancies for short-term technical assistance to the CRS government to develop operational guidelines for the CRSHIS and business process manual/organizational development for the CRS Health Insurance Agency were finalized. Likewise, technical support to cost the infrastructural, HRH, and commodity/ equipment gap at state-selected facilities for the PHC Revitalization Programme also was concluded in preparation for field work.

- Quarter 3: Stakeholder's engagement workshops were held to kick-start the development of the operational guidelines for the CRSHIS and organizational development for the CRSHI agency. Draft documents were developed and reviewed by the CRSHIS core implementation team for finalization.

  An advocacy visit was paid to the Executive Governor of the state to share HFG's work and collaborative achievements in the state. This meeting provided an opportunity to discuss the potential benefits of ongoing health financing reforms in the state, and to advocate for a sustained commitment at the highest political level and improved government spending on health in general and specifically a funds release for the scheme's operations. HFG has also continued to rally support from other partners for the scheme's take-off. To achieve this support, the HFG team facilitated a visit to the Executive Secretary of the NHIS where the state delivered a "progress brief" and made requests for technical and financial assistance. As noted by Rosemary Archibong, CRS Commissioner of Information/Orientation, "USAID HFG Nigeria has set the pace for effective partnership and collaboration."

  As part of efforts toward PHC revitalization in CRS and mobilization of additional resources for targeted investment, HFG finished the infrastructure gap costing exercise for 50 PHC centers across 18 LGAs and 18 general hospitals. The bills of quantities and final report are currently being finalized. The SPHCDA has already started engaging potential donors to adopt one or more of the health facilities for an infrastructural upgrade using cost information from this exercise.

  The initial draft of the State Health Accounts report underwent quality assurance review. The State Health Accounts tables were adjusted to reflect the household survey results and the report reviewed accordingly.

- Quarter 4: HFG's Global Director Bob Fryatt and HFG'S country manager visited Nigeria and met with the CRS Governor and other top state policymakers. Advocacy requests were made for implementation of the CRSHIS and improved financing for RMNCH. As a result of this and other HFG supported engagements, an office space and vehicle were allocated and released to the CRS Health Insurance Agency. Also, an approval for the release of a yet to be determined amount of fund has been given by the Governor for the implementation of the CRSHIS and take-off of the agency.

  To improve Government spending on RMNCH, HFG supported the Sthe MOH to facilitate the inclusion of a budget line for RMNCH services during the mid-year budget review by providing technical support for the development of a work plan, budget, and advocacy brief. A sum of 10 million NGN ($32,500) was approved although it has not yet been released.

  The bills of quantity for the costing of infrastructural gaps at selected PHCs were finalized and the sum total needed to fix the 50 PHC centers is NGN768,124,744.89 ($2,477,821). The SPHCDA is using this evidence to obtain SOML grant funding and is also engaging the Ministry of Budget for its inclusion in the 2018 state budget. The data are also being used to advocate and mobilize additional resources from the donor partners, politicians, and

philanthropists through an initiative named "Adopt a facility," which will be officially launched in October 2017.

HFG has completed the development of an establishment plan for the CRS Health Insurance Agency, which the Sthe MOH leadership is using to engage the State Head of (Civil) Service for the posting of requisite staff to the agency. Key policy documents like the operational guidelines for the CRSHIS, draft benefit package for the CRSHIS, and a business process manual for the CRHI agency have been completed. To engender sustainability of the technical support towards the SHIS implementation, HFG facilitated a meeting between the new Executive Secretary of the NHIS and the state leadership to maximally harness potential support from the national level.

- *Sokoto State:*
  - Quarter 1: A multisectoral health financing TWG was inaugurated by the Honorable Commissioner, who considered the arrival of USAID/HFG as timely. HFG organized a kick-off meeting with all stakeholders to achieve a shared understanding of the project scope, activities, and deliverables. Discussions at the meeting helped align HFG work plan activities with the state's needs and priorities. At the end, there was a joint sequencing of the activities and next steps needed to achieve mutual objectives.
  - Quarter 2: Health financing training was conducted for relevant stakeholders from different sectors. The training gave the stakeholders a good understanding of key health financing concepts needed for health financing reform. Another outcome of the training was the development of a roadmap for the state's health financing reforms, which comprise legal, policy, institutional, and diagnostic frameworks and activities. The roles and responsibilities of different actors were highlighted and timelines set.

    To ensure the effectiveness of the TWG, and as a result of improved knowledge from the health financing training, the Sokoto Sthe MOH expanded the TWG's membership to include representatives from all relevant and influential sectors in the state. The TWG held a first meeting, during which the members defined their terms of reference and operating approaches and identified key issues to be addressed. A health financing unit was established to coordinate all health financing activities in the state; it also serves as secretariat to the activities of the TWG.

    To obtain adequate evidence to inform health financing reforms, an engagement meeting was held with relevant stakeholders to introduce the core health financing diagnostics (governance analysis, fiscal space analysis, resource tracking, and household surveys) to the key actors. The actors were identified and engaged, roles were defined, objectives set, and initial data collection begun. The diagnostics will generate context-specific information necessary for the design of the reforms and decision making. Furthermore, SARA studies were conducted and relevant information collected. Findings will inform appropriate decisions for strengthening the service delivery points to deliver quality health care services as a supply-side strategy for attaining UHC.
  - Quarter 3: The Sokoto State stakeholders commenced the implementation of the health financing roadmap developed in Q2. The health financing TWG conducted a meeting during which an action plan was developed to address the prevalent issues in health financing in the state. Tasks were assigned to responsible stakeholders and were carried out. One of the issues identified includes the need for urgent passage of the SSHIS bill; an advocacy visit was paid to the SSG's office by members of the TWG, which led to the forwarding of the bill to the state executive council for onward transmission to the State House of Assembly. Another item in the roadmap addressed was the transfer of four staff

to the health financing unit, which serves as the secretariat for the health financing TWG. The TWG also nominated its members to support the awareness creation on SSHIS currently being conducted by the Sokoto State Contributory Health Management Agency (SSCHMA).

To ensure SSCHMA readiness to implement the Sokoto SSHIS, HFG engaged with the newly appointed Special Adviser to the Governor on the SSCHMA and identified areas of need and required support. Some of these areas include capacity building in basic health financing and equipment and ICT support to the agency. They agreed that in Q4, HFG would build the capacity of agency staff on basic health insurance and health financing knowledge as well as management skills to enable them perform their functions optimally. Engagement also started on the development of a benefit package and implementation guidelines for the SSCHMA and technical assistance was provided to the state by HFG; these activities will begin in Q4.

To inform the design of the health financing reforms in the state, diagnostics studies including governance analysis/political economy assessment, fiscal space assessment, and resource tracking data were conducted. The collected data were analyzed for dissemination in Q4; they will be used to inform the design of the SSHIS and health financing reforms.

To support supply-side interventions by ensuring the availability of quality services for the scheme, a costing concept note and tool were developed for costing of the service delivery gaps in designated ward PHC centers (in keeping with the policy directives of the NPHCDA). The SPHCDA was engaged and priority PHC centers were identified. HFG will collaborate with the SPHCDA and the SSCHMA using resources from the state department of works to conduct a costing of the gaps in infrastructure, human resources, drugs, commodities, and equipment needed to deliver quality health care in these selected PHC centers. This information will be used for the revitalization of the PHC centers in anticipation of the commencement of the SSHIS.

- Quarter 4: HFG continued its support for the implementation of the Sokoto State Health Care Contributory Management Agency (SOCHEMA) by facilitating the development of operational guidelines for scheme (describing the functions, structure, programs, monitoring and evaluation, and processes.) Similarly, HFG supported the state to develop a benefit package for the SOCHEMA scheme; it includes prices and service charges for health service provision under the scheme. These activities involved key influential stakeholders in the state including the ministries of health, finance, budget, and justice, State House of Assembly, traditional rulers, labor leaders, and private sector to ensure ownership by the various stakeholders. The developed guidelines and benefit package were further validated with relevant stakeholders including the health financing TWG and edited prior to dissemination. The availability of the guideline and benefit package documents are important milestones for the SHIS and ensure that the SOCHEMA is prepared to commence its functions as soon as the bill is passed.

  Also in Quarter 4, to ensure support from other key sectors, the SOCHEMA leadership and health financing TWG with support from HFG paid advocacy visits to the commissioners of the ministries of finance and budget to solicit their support for the bill when it is presented at the executive council. Key influencers were also identified for further advocacy including a meeting with the Executive Governor of the state planned for Y6Q1 in order to ensure speedy passage of the bill. Notably, the State House of Assembly has been adequately engaged: it participated extensively in the development of the implementation documents for SOCHEMA and in the launching of "Legislative

Network for UHC," and it has committed to a speedy passage of the bill as soon as the executive council forwards it to the State House of Assembly.

Health financing diagnostics (governance analysis/political economy, fiscal space analysis and resource tracking) have been validated by relevant stakeholders and are currently being reviewed by HFG before final dissemination. In Y6Q1, the state will rely heavily on information from the diagnostics in making key decisions on health financing reforms and the SSHIS.

Also during the quarter, a Special Assistant to the Governor on PHC and a new SPHCDA executive secretary were appointed. HFG engaged with them to ensure alignment with earlier costing plans for health services (SARA costing); key assumptions, priorities, and plans were discussed and highlighted. Tools and protocols for the SARA costing were finalized and pretested and data collection commenced. Furthermore, key stakeholders involved in PHC revitalization in the state were identified and engaged for harmonization of efforts including Plan International (which plans to revitalize 244 facilities next year), UNICEF, the NPHCDA/SPHCDA, and SOML. The information from the SARA costing will be used to inform the revitalization of the PHC facilities in readiness for the commencement of the SOCHEMA scheme as well as advocate for more funding for revitalization of PHC centers in the state.

- *Osun State:*
  - Quarter 3: The Health, Population and Nutrition Unit of USAID has formally communicated to the Honorable Minister for Health its intention to expand its support in health financing for RMNCH to Osun State through HFG. A work plan detailing activities that will be implemented was developed. HFG also collaborated with the Fthe MOH and other development partners to provide technical assistance to review the state's action plan during a workshop held in Osun to review the status of the three states – Abia, Niger, and Osun – selected to participate in the first phase of BHCPF start-up. HFG COP Gafar Alawode and Country Manager Elaine Baruwa briefed Mr. Rauf Aregbesola, Executive Governor of Osun State, about USAID's new mandate for the state during a visit to the Governor in the company of the Fthe MOH and other development partners.
  - Quarter 4: Stakeholders were actively engaged and USAID support was introduced to relevant stakeholders including the Sthe MOH, SPHCDA, ministries of budget and economic planning and of finance, the State House of Assembly and other stakeholders and a rapid analysis was conducted to identify the support needed to for the state to pursue its policy directions and priorities. To strengthen institutional structures that will coordinate health financing reforms, HFG supported the establishment of a health financing TWG responsible for coordinating the BHCPF and health financing efforts in the state.

    In order to generate evidence that will guide health financing reforms, HFG commenced key health financing diagnostics including governance analysis/political economy, fiscal space analysis, and resource tracking. A stakeholder engagement meeting was conducted to obtain buy-in and to update the study tools and protocols to fit the state's context.

    As part of institutional strengthening, HFG conducted a multi-sectoral training of the members of the TWG and key influential actors in the state on basic health financing concepts to enhance their capacity to lead on planned reforms in the state. Trainees including representatives and key actors from the SPHCDA, ministries of health, finance, budget and economic planning, and justice, the State House of Assembly, Office of the Governor, private sector, and other stakeholders. During the training, the actors

developed a roadmap that will guide health financing reform activities in the state including the implementation of the BHCPF and the SHIS.

- ***Progress toward increasing resources available to improve access and risk protection for HIV/AIDS (SFI).*** In Lagos and Rivers, HFG continues to provide technical support for advocacy efforts aimed at ensuring adequate budgetary allocation to HIV/AIDS in the 2017/18 budget as well as satisfactory budget performance for fiscal 2016. SFI baseline activities commenced in Year 4 and continued into Y5Q1. The SFI work plan (post-baseline) was approved early in Y5Q2.

  - Lagos State:

    - Quarter 1: Additional actuarial analysis was conducted to understand the financial implications of adding selected HIV/AIDS services to the LSHS benefit package. Results will be used for continued advocacy for benefit package expansion to include HIV/AIDS services in a bid to secure a predictable and sustainable means of financing the state HIV/AIDS response domestically. Other evidence that will be leveraged for advocacy and the design of the health scheme include technical support from HFG; fiscal space analysis, a public financial management assessment, resource tracking, and development of provider payment guidelines. The process of finalizing the governance assessment began. In particular, the recent adoption of test and treat poses financial and advocacy challenges as promoting the inclusion of PMTCT, from an ethical standpoint, requires the state to also commit to placing HIV-positive pregnant women on ART for life. The synthesis of HFG's fiscal space analysis, and additional actuarial and gap analyses are necessary to demonstrate/provide reassurance that (given current PEPFAR commitments and the conservative targets for scheme enrollment) the inclusion PMTCT in the benefit package will not "bankrupt" the scheme as the number of women in need will be low and can be accommodated.

    - Quarter 2: As stated above, HFG supported additional actuarial analysis of the LSHS benefit package, with HIV/AIDS included, to generate evidence of the financial implication of adding HIV/AIDS services to the premium cost and ultimately achieve benefit package expansion. HFG also continued to provide technical support to SACA/SASCP to enable the institutions to lead advocacy efforts for benefit package expansion. Key questions from the Sthe MOH on improved coordination between the LSHS, government vertical programs, and donor programs led HFG to consider supporting short-term technical assistance on aligning the LSHS with stand-alone interventions generally and HIV/AIDS specifically.

      On budget advocacy for HIV/AIDS, the 2017 budget was approved and implementation began. Budgetary trend analysis shows that SACA has an additional US$1.3 million in budget allocation from 2016, while SASCP achieved a US$312,500 increase from 2016. The efforts of the DRM TWG in escalating the need for improved funding for HIV/AIDS to the central budget MDAs, and the Honorable Commissioner for Health has proved most beneficial. Additional support is ongoing to ensure adequate release of funds through the writing and submission of requisition memos.

      HFG's technical support to the LSHS Core Implementation Team continued in the quarter. The provider payment guideline development and governance/political assessment was concluded and the fiscal space analysis updated to reflect current realities. The management of the equity fund was deliberated and HFG provided technical assistance in public financial management to develop a guideline for the funds administration and disbursement. USAID/HFG is considering the Sthe MOH request to support the alignment of vertical programs with the LSHS. This will help define a synergy

between the different health financing mechanisms and bring about improved development cooperation.

The resource tracking report was written, incorporating input from stakeholders, which will help validate the report and enhance acceptance and ownership of the final report.

- Quarter 3: USAID/HFG's efforts at ensuring the inclusion of HIV/AIDS services in the LSHS benefit package received a boost with the completion of the additional actuarial analysis for HIV/AIDS cover. The financial impact of adding HCT, PMTCT, and ART services on the premium turned out to be 147.85 naira per person per year. The draft report was shared with the state and USAID and went to peer review for finalization. Early response from the state was positive and they began including HCT and PMTCT services in the benefit package to be used by health facilities in the LSHS provider network. With this, the state has asked for support in operationalizing HIV/AIDS service delivery within the LSHS; HFG began to work with all stakeholders to develop a framework and implementation plan for the alignment of the vertical HIV/AIDS program with the LSHS in the short and long term.

  To guarantee the take-off of the LSHS and as a major finding of the governance assessment, HFG supported the state to define the governance structure of the Lagos State Health Equity Fund (LASHEF) and develop a guideline for the administration, disbursement, monitoring, and management of the funds. All other health financing diagnostics were completed and an evidence synthesis workshop to bring together all the findings with the aim of proffering recommendations for policy action was scheduled for the first week of July.

  Through direct technical support to the HIV/AIDS state agencies on the development of compelling financial request memos, LSACA received a budgetary release of over 100 million naira, and with memos worth another 180 million naira submitted and awaiting approval. For SASCP, a memo worth 50 million naira was approved but funds are yet to be released. Budgetary releases are a key focus of discussion at DRM TWG meetings.

  To sustain improved spending on HIV/AIDS and high-level political commitment, HFG facilitated engagements between USAID and the Lagos State Government that led to the development of a MOU that will guarantee sustainable financing for HIV/AIDS in Lagos. Relatedly, HFG is also supporting the engagement of the local government actors to determine and improve the current level of health and HIV/AIDS response financing from LGAs.

  Apart from the additional actuarial analysis, other evidence that will be leveraged for advocacy and the design of the health scheme includes technical support provided by HFG; fiscal space analysis, a public financial management assessment, resource tracking, and development of provider payment guidelines. The process of finalizing the governance assessment began. The synthesis of HFG's fiscal space analysis, and additional actuarial and gap analyses are necessary to demonstrate/provide reassurance that (given current PEPFAR commitments and the conservative targets for scheme enrollment) the inclusion of PMTCT in the benefit package will not "bankrupt" the scheme as the number of women in need will be low and can be accommodated.

- Quarter 4: Following a peer review of the additional actuarial analysis conducted, a contingency margin was added and ART conversion and continuation rates adopted in revising the study report. The updated financial implication of adding a HIV/AIDS package cover is 209.40 NGN. A handbook of the LSHS was recently published and presented at the Lagos State Health Summit. It contains the package of services to be delivered on the

LSHS and HCT, PMTCT, and ART services are included. HFG is working through the DRM TWG to establish a relationship between LSHMA, LSthe MOH, LSACA, and the HIV/AIDS implementing partners to identify and put in place the operational requirements for the delivery of HIV and AIDS services through LSHS and integration of the vertical HIV/AIDS program and LSHS.

Findings from the health financing core diagnostics conducted were validated by the Sthe MOH within the reporting quarter and synthesized to reach policy recommendations that were developed into a communique of action. Consequently the state decided to establish a steering committee bringing together the ministries of health, finance, budget and economic planning, Accountant General's office, and State Treasury office for the operationalization of the LASHEF fund. HFG also facilitated an engagement between the Sthe MOH and the newly sworn in LGA chairmen as part of exploring LGA contributions towards the LSHS equity fund.

Through continuous support to the DRM TWG for ongoing budget advocacy, LSACA's releases are up to 300 million NGN (62.5%) after six months of budgetary implementation. SASCP releases continue to be a key pursuit of the DRM TWG including using the Special Adviser to the Governor on HIV/AIDS.

- *Rivers State:*
  - Quarter 1: HFG conducted an evidence synthesis workshop, which aggregated all the findings from various health financing core diagnostics, fiscal space assessment, public sector financial management assessment, and the governance/political economy assessment. The implications for the Rivers state health contributory program was evaluated and feasible recommendations agreed upon for evidence-based decision making.
  - Quarter 2: HFG supported Rivers State in ensuring an improved allocation – of 48 percent – to HIV/AIDS in the 2017 budget; further support is being given to ensure adequate release through the DRM TWG, SACA, and SASCP. HFG used findings of the household survey to generate state-specific evidence to support inclusion of HIV/AIDs in the design of the scheme's benefit package. For example, over 95 percent of health expenditure in Rivers State comes from people's out-of-pocket spending at point of service; households spend an average of 21,000 naira yearly on health care, far above current premium rates (10,000 naira for the Obio CBHIS). Relevant information was synthesized and used to develop the advocacy tools used in creating awareness and engaging stakeholders to buy into the state health insurance scheme. Health financing training was conducted for relevant multisectoral actors to educate them and build their capacity to develop and implement health financing reforms. This team comprised actors who can influence and impact health care financing from key MDAs and sectors, namely the state's ministries of Health, Budget and Economic Planning, Finance, Justice, and Information, State House of Assembly, civil society organizations, the private sector, SACA, State Primary Health Care Board, and the NHIS.

    A key outcome of the training was the development of a roadmap for health financing reforms in the state, which clearly outlines the important advocacy, institutional framework, policy, diagnostics, and a legal framework that will need to be implemented for improved health financing. In the roadmap, advocacy will be done with key actors of interest to ensure increased budgetary allocation and release to health and the proposed Rivers State health insurance scheme. A TWG and Health Financing Unit to lead and drive the process will be established; a legal framework for the scheme will be passed and policies and guideline documents will be developed to guide the process and ensure

effectiveness. Similarly, the media were trained on health financing concepts and benefits of health insurance, equipping them to effectively enlighten the public and enhance behavior change communication with respect to health insurance. A media plan was developed to guide the process.

Furthermore, HFG supported advocacies to key groups on health financing reforms including key MDAs, trade groups, organizations, and ultimately to the Deputy Governor to ensure political will and commitment for maximum impact. The advocacy to the Deputy Governor was important, because the Sthe MOH had been functioning without a Commissioner; it was targeted to secure progress in the following areas: the establishment of the health financing unit; a constitution for the health financing TWG; revision of the legal framework of the Rivers State Contributory Scheme technical committee (RIVCHPP) bill to incorporate the strategy to begin with the informal sector (HFG will provide support to the committee); and commitment to the MOU.

The resource tracking report for Rivers State was finished with input from the Sthe MOH Department of Planning, Research and Statistics (DPRS). The department specifically asked to be on the report writing team to provide guidance and validation of the report before it was presented to a larger group of state actors. A second report on the state's Public Sector Expenditure Review is also available. This was drafted as a stopgap while waiting for data from donors. The department applauded this effort and requested that it be presented formally to the state alongside the resource tracking report.

- Quarter 3: In this quarter, activities were conducted in keeping with the roadmap developed in the last quarter for benefit package expansion. A validation meeting was conducted for the household survey and the resource tracking conducted in Q2, during which findings were disseminated and reports were validated by key stakeholders including representatives from the state ministries of health, budget and economic planning, and finance, Rivers SPHCDA, NHIS, private sector, civil society organizations, academia, and other relevant stakeholders. In Q3, the findings from these studies were used to develop an advocacy strategy for the inclusion of HIV/AIDS in the benefit package and for mass sensitization on the SSHIS.

  The state obtained an approval for the establishment of the health financing TWG and the health financing unit, which serves as a secretariat to the TWG. A five-man team was posted to the health financing unit according to the specifications of the Fthe MOH and training on basic health financing and functions of health financing unit was conducted for the team. Subsequently, the unit developed an operational plan, which includes its key functions of leading and coordinating health financing reforms in the state. HFG also provided support to the SSHIS by reviewing the SSHIS bill and making technical recommendations for improving the design of the scheme based on best practices. Furthermore, the SSHIS technical committee, based on the findings from the fiscal space analysis conducted by HFG, increased the earmarked funds for the scheme in the draft bill from 1 percent to 2 percent of the state's consolidated revenue fund. HFG also provided technical assistance to the state in the development of a benefit package for the SSHIS, of which the state is favorably disposed to the inclusion of HIV in the package.

  HFG supported regular meetings of the DRM TWG where issues are identified and action assigned to responsible actors. One of the issues discussed at the meetings was ensuring budgetary releases for HIV/AIDS programming. To that effect, the DRM TWG and HFG conducted advocacies and engagement of important stakeholders including the Permanent Secretary of the the MOH, Honorable Commissioner and Permanent Secretaries of the Ministries of Budget and Finance, Permanent Secretary of SSG, and the state's Deputy

Governor. Additionally, SACA and SASCAP were supported to develop memos requesting the release of funds for HIV/AIDS activities. These memos will be followed with high-level advocacies to the Governor and the Deputy Governor in Q4 to ensure release.

To ensure high-level political commitment to HIV/AIDS funding, HFG supported USAID in stakeholder engagement and development of its MOU with the Rivers state government. The MOU commits the state to release budgeted capital expenditures to key MDAs (including SACA and SASCAP); this amounts to about 19 percent of USAID's investments (approximately 658,973,075 naira) in the state government's HIV/AIDS activities. It is anticipated that the MOU will be signed in Q4 and will improve HIV/AIDS funding and releases of budgetary allocations for HIV/AIDS services. With this anticipated increase in releases of funds to HIV programming, HFG plans to support Rivers in developing and establishing procurement mechanisms and planning for the procurement of HIV/AIDS commodities. This will ensure improved ownership as well as efficiency in HIV/AIDS funding in the state. Similarly, to ensure improved local government spending, HFG is supporting the SPHCDA to engage the local government actors in fulfillment of their obligation of dedicating 10 percent of their budgets to PHC in the state.

The initial draft of the resource tracking report was submitted for review by the NHA specialist. The SHA tables have been adjusted to reflect the household survey results. The report will be reviewed accordingly.

- Quarter 4: HFG supported the health financing TWG in reviewing the draft RIVCHPP bill with a resultant increase in financial provision for the agency from 1 percent to 2 percent of the state's revenue; a decision informed by the fiscal space analysis conducted by HFG in Q1. The reviewed bill has been forwarded to the state executive council for approval before it is taken to the State House of Assembly for passage into law. HFG supported the health financing TWG by conducting advocacy for the passage of the bill to the executive and legislature including the Deputy Governor of the state. HFG extensively engaged the state legislators who were inaugurated into the LNU for UHC. As a result of the LNU engagement, the legislature is planning a joint Legislative Executive summit where legislators and the executive will jointly plan toward strategies for attaining UHC in the state including the speedy passage of the bill and making adequate appropriation for the agency. The Rivers state stakeholders were also inaugurated as part of the Nigeria JLN where they shared experiences with other states and learned from other states; collaboratives aimed at devising solutions to common implementation problems of health financing reforms were subscribed to by the Rivers state legislators.

  HFG supported the TWG to develop an explicit benefit package that encompasses the basic entitlements of enrollees to the RIVCHPP scheme, involving a wide sector of stakeholders from different sectors. An actuarial study is planned for Y6Q1. Notably, the draft benefit package contains a full complement of HIV services including HCT, PMTCT, and ART following the implementation of an advocacy strategy for inclusion of HIV/AIDS in the benefit package was also developed by HFG for SACA, which included private sector-funded activities: 3 media houses have expressed and begun support in dissemination of information on HIV/AIDS and RIVCHPP. The development of operational guidelines for the agency and scheme are underway.

Rivers State has a strong and committed HIV/AIDS DRM TWG that conducted several high-level advocacy to Influencers including the SSG, HOS, Heads of MDAs for fund releases to key HIV agencies including SACA, SASCAP, and other MDAs. HFG supported these MDAs in developing strong, convincing memos for fund release and in obtaining necessary approvals after which the memos were forwarded to the office of the Governor for approvals. HFG will be paying an advocacy visit to the Executive Governor of the state in October to ensure releases of these budgeted funds for the HIV agencies. Additionally, HFG supported the HIV DRM in obtaining an approval on the MOU between the River State Government and USAID by the Executive Governor. This MOU has been scheduled for a signing in October 2018, following which a monitoring framework will be established to monitor implementation of the provisions of the MOU. This MOU provides for releases of budgeted funds by the state government of approximately 658,973,075 naira for HIV/AIDS activities by key MDAS including SACA and SASCAP.

Q4 Challenges - The dissolution of the executive council in Bauchi state has stalled the signing of the SHIS bill.

Similarly, irregular Governor- executive council meetings and absence of an executive council in Sokoto and Rivers state, respectively, also delayed the passage of the SSHIS bills for the states.

Table 30 provides activity-specific updates.

TABLE 30. NIGERIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Connecting TB data streams for better planning and establishing a secure and streamlined data network		
Finalize and deploy TB supportive supervision dashboard	Completed.	
Activity: Health financing support to RMNCH priority state- Bauchi		
Implement SARA survey in Bauchi	Infrastructural gap costing exercise has commenced.	To be completed in Y6Q1.
Support the introduction of SSHIS	Awaiting signing by the Executive Governor.	HFG is working with the MOH to mobilize legislative and civil society support.
Define the minimum health benefit package	Ongoing	Support will continue in Year 6.
Establish/support health financing TWG	Quarterly meeting was held in Y5Q4. TWG is implementing the action plan developed.	
Do political economy analysis/governance analysis	Draft report finalized.	
Do fiscal space analysis	Draft report finalized.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Establish state-level peer-learning network	Nigeria subnational JLN (aka NJLN) launched, state stakeholders added to the platform. Collaboratives formed.	Nigeria's JLN Country Core Group is taking leadership of NJLN. NJLN on agenda of upcoming National Council on Health and health financing training for state commissioners meeting. Implementation jointly conducted with Gates funding.
Activity: Health financing support to RMNCH priority state- Sokoto		
Implement SARA survey in Sokoto	SPHCDA effectively engaged and assumptions and methods defined. Data collection tool finalized and data collection commenced. Collaborations with other partners established.	
Establish/support health financing TWG	Action points from past meeting carried out. Advocacy conducted and bill moved from SSG to the executive council. TWG meeting held and action points developed.	
Support the introduction of SSHIS	SOCHEMA bill moved from the SSG to the executive council for approval. Operational guidelines for the scheme developed SSHIS.	Support will continue in Year 6.
Define the minimum health benefit package	Benefit package for the scheme developed.	Actuarial analysis to be conducted in Y6Q1.
Do fiscal space analysis	Study completed. Report produced and used to synthesize evidence.	
Do political economy analysis/governance analysis	Study completed. Report produced and used to synthesize evidence.	
Establish state-level peer-learning network	*Refer to update under Activity: Health Financing Support to RMNCH Priority State- Bauchi*	
Activity: Health financing support to RMNCH priority state- Cross River		
Establish/support health financing TWG	TWG meeting and leading advocacy efforts on SSHIS implementation and budget advocacy for health and RMNCH.	
Define the minimum health benefit package	Benefit package drafts have been developed.	To be finalized in Y6Q1.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support the introduction of SSHIS	Operational guidelines and business process manual is being finalized. Establishment plan has been finalized and validated by the state.	Support will continue in Year 6.
Establish state-level peer-learning network	*Refer to update under Activity: Health Financing Support to RMNCH Priority State- Bauchi*	
Activity: RMNCH priority states resource tracking: State Health Accounts		
Execute NHAs in MNCH priority states	Data collection from all sectors completed except from donors. Effort is ongoing to collect donor data. The public expenditure review report was prepared in-lieu of the wider resource tracking report as a result of the challenges encountered with donors. Report for Sokoto and Bauchi is completed and currently undergoing quality check. Data cleaning and mop-up is ongoing in Kogi and Ebonyi states.	Data from LGAs could not be verified because of lack of audited financial statement in all the states. Kogi State is yet to release the Accountant General's report, which is required to verify all government data. The available data from the data collectors are full of inconsistencies and therefore are not useable. Effort is ongoing to get the published AG's annual reports for the relevant years
Activity: Sustainable Financing Initiative for HIV in Lagos State		
Benefit package expansion	Peer review was completed. Revised actuarial report was completed. Ongoing engagement between LASHMA, LSACA, and implementing partners on HIV/AIDS delivery within the LSHS.	Support will continue in Year 6.
HIV and AIDS core implementation team support for LSHS	Evidence synthesis was completed. Communique of action was developed. Implementation of recommendations is ongoing.	Support will continue in Year 6.
Advocacy for National Health Act 2015	Legislative Network for UHC was launched. Lagos legislators have been engaged on the implementation of the LSHS.	Support will continue in Year 6.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Budget advocacy for HIV and AIDS services	LSACA release now up to NGN300 million. SASCP release: DRM TWG working to ensure release following approval. Engagement with the newly elected LGA chairmen done. Discussion on how LGAs will contribute to the LSHS is ongoing.	Support will continue in Year 6.
Activity: Sustainable Financing Initiative for HIV in Rivers State		
Benefit package expansion	Advocacy strategy for inclusion of HIV into the benefit package developed. Draft benefit package developed and reviewed by multi-sectorial stakeholders. Bill forwarded to the executive council for approval.	Actuarial studies and premium determination to be conducted in Y6Q1.
Budget advocacy for HIV and AIDS services	SACA and SASCAP memos developed and necessary internal approvals obtained. Approval for MOU between the Rivers State Government and USAID given by the Executive Governor.	Support will continue in Year 6. Advocacy for release of funds ongoing. Date for signing of the MOU proposed for next October 2017.
HIV and AIDS core implementation team support for RSHS	TWG inaugurated and meeting regularly; reviewed bill and benefit package. Percent of Consolidated Revenue Fund for RIVCHPP implementation increased from 1% to 2% in the draft bill. Health financing unit functional with full complement of staff.	Support will continue in Year 6.

5.1.13 South Africa

Program Objectives – The overall objective is to ensure the long-term sustainability of HIV/AIDS services as donor resources diminish by supporting South Africa Government efforts to:

- Integrate HIV services into the benefits policy of the proposed NHI Fund;
- Estimate ongoing resource requirements for doing so;
- Identify options for pooling and strategic purchasing of HIV and other services through existing arrangements and the future National Health Insurance (NHI) Fund; and
- Target HIV resources to geographies where they will have the most impact on the epidemic.

Year 5 Activities - In September 2016, USAID/ South Africa approved a work plan to continue three activities from Year 4 and begin a new activity. For Year 5, HFG's activities are: 1) sustaining HIV/AIDS financing through integration with NHI Fund, 2) estimating HIV/AIDS-related revenue requirements for a future NHI; 3) developing options for strategic purchasing mechanisms between NHI and HIV/AIDS service providers; 4) providing analytical support for HIV expenditure mapping and analysis; and 5) providing technical support for the costing of services for orphans and vulnerable children (OVC). HFG's overall approach is based on strategic assumptions about the relationship and synergies between the project activities: 1) a balance of revenue increases and expenditure management improvements including efficiency gains is required to ensure sustainable financing of HIV services; 2) improving purchasing of HIV services requires a strong and direct relationship between specification of HIV benefits and payment to providers for those benefits or services; 3) work needs to encompass national, provincial, and district levels in order to improve financing and geographic targeting; 4) appropriate implementation sequencing and achievement of small victories is imperative to improving purchasing of HIV services and sustainability of HIV financing in the context of both domestic programs and declining donor funds.

Year 5 Progress Against Objectives -

- ***National Health Insurance activity:*** The National Department of Health (NDOH) launched six workstream groups in Year 4 to support the roll-out of NHI. HFG consultant Tihomir Strizrep travelled to South Africa monthly in Y5Q1 to continue to provide technical assistance for the support of National Treasury (NT) participation in the workstreams.

  In Q1, Tihomir's presentations to the various workstreams included the Croatian experience in organization and financing of the health care system as well as the country's path to universal health coverage (UHC). He presented "Purchasing Arrangement for the Primary Health Care" and prepared and presented a purchasing arrangement report. He also prepared a provider payment operational manual with a focus on HIV/AIDS services integrated into all levels of care and a report on NHI hospital financing. Tihomir contributed to NHI workstream meetings where discussion revolved around organization of primary health care (PHC), the Basic Benefit Encyclopedia, NHI costing, and the health technology assessment. HFG analyzed and summarized the public comments on the NHI White Paper and input into the Davis Tax Committee regarding financing of NHI. Finally, HFG delivered a briefing update on the status of NHI and HFG's program to officials from the USG Mission.

  HFG presented the PHC Costing Synthesis Report to the PHC Costing Task Team members at a meeting in Pretoria on December 14. Using the discussion themes, HFG will revise the report and present a final version to the NDOH and NT in early Q2.

In Q2, Tihomir travelled to South Africa in January and March to continue to provide technical assistance on NHI to ensure that the NT, the NDOH, and other stakeholders benefit from international experience with establishing NHI, while sustaining the HIV/AIDS response.

Tihomir provided comments on the NHI Implementation Plan, which presents priorities for services to be covered and detailed sources of financing for NHI. He prepared a draft action plan for the implementation of NHI. Tihomir also synthesized comments on the NHI White Paper that were received from 156 different individual and institutional entities. The NDOH indicated that the new version of the White Paper is expected by Q3. He participated in the Workstream 6 meeting, where he presented possible organizational arrangements for NHI to contract with public health care providers. In addition, he provided feedback on "Guidelines for the Establishment of District Health Management Office" and a draft report on the work of the Workstream 6 Technical Team.

Tihomir participated in the Q2 and Q3 2016/2017 direct conditional grants review meetings at which the Health Facility Revitalization Grant, National Tertiary Services Grant, Health Professions Training and Development Grant, Comprehensive HIV and AIDS Grant, and NHI Grant were reviewed and where he made suggestions to improve data quality. On March 9, he contributed to a workshop on designing and adjusting health benefit plans for UHC by providing examples of instruments that can be used for negotiation with suppliers.

Tihomir met with the director of Policy Coordination and Integrated Planning to discuss the current development of the patient registration system. He also met with the IT department about the health patient registration system to discuss adding new fields for ICD-10 diagnostic and CPT procedure codes. HFG met with the NT to discuss possible support to prepare the NHI Fund to cover maternal health services.

In Q3, Tihomir continued his technical assistance on the new NHI implementation plan during his trips to South Africa in April, May, and June. The Workstreams completed their work in April and produced their final reports (Workstreams 2 and 6) and implementation plans. Tihomir finalized a report on hospital payment reform for Workstream 3. HFG provided technical assistance to the NT on the Financing NHI chapter of the NHI White Paper, which was finalized and presented to the Cabinet on June 20. After the White Paper's approval, the Minister of Health will establish implementation structures to focus on different aspects of the NHI.

In June, Tihomir met with the NT and NDOH to discuss establishment of a transitional structure for the NHI Fund, which would be called an NHI Agency. HFG produced a policy paper for the NT analyzing different options for the institutional arrangements of the NHI agency. For Q4, the NT requested that HFG prepare:

- A letter summarizing the NT's position on options for the transitional arrangements, to be sent from the NT's Director General to the Director General of Health.
- A supporting memo to inform the NT's senior leaders (Director General plus Deputy Directors General of Public Finance, Budget, and Inter-governmental Relations) of the context and justification for the position taken in the letter.

Tihomir participated in several meetings: 1) with the NT at the Department of Science and Technology to discuss the proposal of Social Impact Bonds to find and retain sex workers in HIV services in South Africa (SA HIV Social Impact Bond); 2) at the Division of Revenue Act workshop where the NT and NDOH presented changes in the Act to representatives of the provincial departments of health; and 3) at the Health Patient Registration System (HPRS) progress meeting, where he presented the Croatian experience of HPRS development. He visited Chris Hani Bara Hospital in Soweto to learn more about an advanced HPRS they are using. The Minister of Health is requiring all public health facilities to be equipped with HPRS by April 2018. Tihomir also

participated in the Interoperability Architect Expert Group meeting on May 12 to support the NDOH's goal of interoperability of South Africa's health systems.

As part of his technical assistance to improve the data quality of the conditional grants, Tihomir prepared a list of revised indicators and possible additional indicators for three Conditional Grants, including HIV/AIDS, for a meeting on June 19 where NT discussed improving Conditional Grant indicators with the NDOH.

In Q4, HFG continued to support NT to explore options for transitional arrangements to establish an NHI Fund. Tihomir worked closely with NT and other HFG team members to continue the development of an NT policy paper outlining options for transitional arrangements and synthesizing lessons from international experience with institutional arrangements for health purchasing agencies. Tihomir also continued to work on the "Design and Housing of NHI Transitional Structure" report for the NT.

Since the NHI Fund will be a national public entity, Tihomir is researching the experiences of other public entities such as the recently established South African Health Products Regulatory Authority (SAPHRA) and the Office of Health Standards Compliance in order to learn from them.

Tihomir discussed with the NT a draft of regulations (published in April 2011) on how central hospitals can retain part of their income. Although the NT still has to agree with the NDOH on the final version, it strongly supports this idea. According to the draft regulation, central hospitals would be allowed to retain part of their income from medical schemes, the Road Accident Fund, and the Workman's Compensation Fund. Tihomir suggested to add income from the "NHI transitional structure" to this list, which can enable the central hospitals to shift to DRG payments as called for in the NHI White paper.

Tihomir prepared the Terms of Reference for an international consultant to develop the capitation payment model for the private general practitioners contracts and provide institutional capacity building of the transitional NHI to manage the capitation payments.

For the NT, Tihomir assessed proposals related to General Budget Support (GBS) Funding of R600 million that is available from the European Union over fiscal year 2018/19. Proposals for projects may have a multi-year implementation period, up to three years, and budgets between R10 million and R100 million. Three submissions from the Western Cape Department of Health and the Gauteng Department of Health were reviewed and approved for funding. Tihomir also assisted the NT in their budget process by preparing a report for the Minister's Committee on the Budget, a sub-committee of the Cabinet which considers which government programmes deliver value and allocates future spending accordingly.

Tihomir participated in several meetings in Q4:

- A Round Table Discussion on the Ward-Based Primary Health Care Outreach Team (WBPHCOT) Policy Implementation Plan to identify blindspots to the effective implementation of the CHW policy, as well as solutions to overcome those potential obstacles;
- The South African Medical Research Council, where he participated in the presentation of the Investment Case for Community Health Workers (CHW) In South Africa, which showed that the CHW intervention for HIV/AIDs translated to a cumulative savings of R11.5 billion over 10 years;
- A discussion at the NT on the Provincial Equitable Share (PES) formula;
- The 18th Annual Board of Healthcare Funders of Southern Africa Conference where he presented the Croatian experience of national health insurance development;

- Insight Actuaries on a presentation of the draft NHI costing model, which was broadly accepted by the NT; and
- A visit to the Biologicals and Vaccine Institute (Biovac) to discuss possible scenarios for its future financing.

Tihomir also discussed possible areas/tasks to include in the Year 6 work plan with the NT and the NHI coordinator and briefed the ECON group at the mission on an update on NHI and the establishment of the NHI Fund transitional structures and tax credits.

Two new activities were launched in December 2016. HFG's Catherine Connor and Chaitkin met with the Government Capacity Building Support (GCBS) project to develop a scope of work for a new activity for the Department of Social Development (DSD) to improve its budget bids in the next fiscal year and ultimately develop a full investment case to increase funding for OVC services. They also met with the NDOH to review the scope of work and plan implementation for another new activity, the HIV-TB budget and expenditure analysis. This analysis builds on similar analyses done for the past several years with support from PEPFAR and the Global Fund. The new HFG activity will benefit funding partners by consolidating estimates of government, PEPFAR, and Global Fund spending down to the district level for 2014/15 and 2015/16. It will benefit the NDOH by informing health budget estimates for upcoming financial years as a complementary input into planning, and will also inform business planning for the HIV-TB conditional grant.

- ***OVC activity:*** During a technical working group (TWG) session with GCBS and DSD on financing for DSD drop-in centers, HFG shared its expertise in resource mapping and tracking, costing, and development of financing strategies that could be used to improve DSD's budget bids. HFG expects further guidance on how it can support the costing of the drop-in centers in Q3. During Q3, HFG followed up with the GCBS project and the Mission. HFG was informed that this activity is on hold.
- ***HIV and TB expenditure analysis activity:*** HFG is collaborating with the NDOH and the FIN-CAP project, implemented by the Centre for Economic Governance and AIDS in Africa, to undertake analysis of government and donor spending on HIV and TB at the national, provincial, and district level. HFG led a three-day in-depth training on budget and expenditure analysis with a focus on using government financial data reported in the Basic Accounting System (BAS). FIN-CAP is supporting the NDOH in their Q3 provincial review process by conducting orientations with provincial managers on budget and expenditure analysis using the BAS, and by working with provinces on their specific technical needs. HFG is supporting FIN-CAP in finalizing the government expenditure estimates and has started consolidating PEPFAR and Global Fund data for the joint analysis.

  In Q3, HFG continued providing technical inputs to the FIN-CAP team as they continued to engage with the provinces on improving HIV expenditure tracking. HFG and partners have been communicating regularly to share updates including availability of audited government BAS data for 2016/17, highlights of province orientations, and developing a detailed work plan. Per the work plan, HFG compiled and ran initial analyses on PEPFAR and Global Fund's expenditure data. FIN-CAP updated the government analysis with NDOH's unaudited data for 2016/17, and shared it with provinces during FIN-CAP's visits to the provinces in May-June. HFG began to engage with the NT and Government Departments (Health, Education, and Social Development) to individually review data and refine the analyses based on their feedback. The visit also included a discussion with the HE2RO team to explore automation for extraction and analysis of the government data and engagements with the Health Accounts team and World Bank to align this activity to other resource tracking efforts in South Africa.

  The PHC Costing Synthesis Report continues to be disseminated, most recently to the National District Health Services Committee (NDHSC).

In Q4, HFG updated the preliminary analyses of government and donor spending on HIV and TB based on feedback from one-to-one meetings with the respective funders at the end of Q3. As the final BAS records became available, HFG consolidated the data across the three fiscal years and analyzed the data in preparation for meetings with the NDOH planned for Q1 of FY'18. HFG analyzed PEPFAR's HIV expenditure data using the expenditure analysis data tool shared by the mission and validated findings with USAID in September. Additionally, HFG updated the Global Fund analyses with most recent EFR data and is awaiting additional EFRs and district expenditure data before consolidating with the other funders for analysis. During the September visit, HFG engaged with the FIN-CAP team to understand how we can continue supporting their activities and gauge interest for additional workshops. HFG also met with the HE2RO team to modify their automation model and ensure that the code was picking up the right data from BAS.

Q4 Challenges - Given the nature of and complexities in the data, it is useful to have the HFG and FIN-CAP teams work on it jointly. However, this was challenging given the two teams are based in different locations and time zones. To overcome this, Kavya Ghai travelled to South Africa and worked with Teresa Guthrie to put together the database and analysis. Keeping this in mind, HFG will consider additional opportunities to co-locate team members for critical stages of the analytic process. As the data set becomes larger and more complex, computing power has also become a challenge. In its current format the data set can only be handled by machines running a 64-bit version of Excel.

Q4 Additional Information - HFG continues to support the FIN-CAP team as they engage with the provinces to improve financial tracking and management of HIV and TB. In the recent visit, HFG received feedback around FIN-CAP's increasing comfort with both the BAS analysis and ongoing training sessions with the provinces during Q1 reviews (that is, Q1 of South Africa's financial year). The provincial analyses done by FIN-CAP on the DOH data were valuable input to HFG as we consolidated the records across all provinces and years. As a next step, FIN-CAP has expressed interest in additional training to better understand the BAS consolidation process and analysis of the donor data. Such training may be feasible during Q2/Q3 of FY'18, enabling FIN-CAP to more independently undertake expenditure analysis starting with the Government of South Africa's FY 2017/18 data.

HFG continues to support Dr. Shaidah Asmall who is seconded to the NDOH under Jeanette Hunter. Dr. Asmall continues to lead the national scale-up of the Ideal Clinic Model, a NHI initiative to improve the quality of PHC in public facilities. Dr. Asmall was asked in Q4 to expand her scope to develop a framework for an "Ideal District Hospital" to apply to South Africa's 270 district hospitals.

Table 31 provides additional activity-specific updates.

TABLE 31. SOUTH AFRICA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Sustaining HIV/AIDS financing through integration of HIV services with NHI		
Support NT's participation in NHI workstreams	Work stream support is finished. Since Q3, HFG has supported planning of a transitional structure for the NHI Fund, which would be called the NHI Agency: • Policy paper outlining options for transitional arrangements and synthesizing lessons from international experience • Researching the experiences of other public entities such as the recently established South African Health Products Regulatory Authority (SAPHRA)	The NDOH ended the NHI work streams in Q3.
Activity 2: Costing and revenue requirements for HIV/AIDS under NHI		
Resource needs estimation for transition to output-based purchasing of HIV and other services under NHI	On hold. HFG awaits guidance from DSD and GCBS on the costing of the drop-in centers.	HFG is available as a technical resource to aid in this work.
HIV resource tracking, expenditure mapping, and tools development	• Data validation with all funders – DOH, DSD, DBE, PEPFAR, and Global Fund complete. • Extraction and consolidation of DOH expenditure data from final BAS records complete. • Documentation of BAS data extraction and consolidation methods underway. • Preparations for meetings with DOH senior management underway.	• HFG sees value in co-locating team members when consolidating and analyzing data across funders and years – especially as we document the methodology and prepare for key meetings. • The data set now requires computers running 64-bit versions of Excel. • Moving forward, HFG will carefully prepare to engage with DOH senior management to demonstrate value of the exercise and generate buy-in for the findings.
Activity 3: Strategic Purchasing of HIV/AIDS Services under NHI		
Design, piloting, and evaluation of payment reform pilots in priority districts	On hold.	

5.1.14 Tanzania

Program Objectives - Tanzania's complex health system operates in an environment of constrained financial and human resources. While the Government of Tanzania is committed to strengthening the health system, it continues to face challenges in financing health care for its citizens. The Government of Tanzania, through the Ministry of Health, Community Development, Gender, Elderly and Children (the MOHCDGEC), is working with local stakeholders to address these challenges. Mobilization of financial resources for health from domestic sources is one of the key strategies envisioned. HFG Tanzania will collaborate with the MOHCDGEC and all key stakeholders to support the ministry's efforts in health financing, with a focus on domestic resource mobilization (DRM).

Through a core-funded activity, HFG will convene high-level policymakers from health and finance agencies in Bangladesh, Cote d'Ivoire, Ghana, and Tanzania to discuss the dimensions of DRM for the health sector. The workshop will use peer learning approaches to promote knowledge exchange and the development of concrete DRM strategies and materials. To maintain momentum and ensure that strategies are implemented and resources mobilized, sustained technical guidance will be required. HFG/Tanzania will help build the capacity of Tanzanian counterparts in carrying out the strategies identified, with the ultimate objective of increasing domestic resources for health.

The MOHCDGEC is also working in collaboration with other stakeholders to strengthen Tanzania's health service delivery systems, including laboratory infrastructure, capacity, networks, and utilization, particularly as a key element for meeting HIV/AIDS national targets. Building on previous support from the SHOPS project which established an online directory of medical laboratory and radiology diagnostic services available in Tanzania for the Medical Laboratory Scientists Association of Tanzania (MeLSAT), HFG Tanzania is supporting MeLSAT to train providers to develop online profiles to increase provider participation, make select upgrades to the site to improve directory functionality, and train MeLSAT technical staff on site maintenance and quality assurance. As a result of this work, we anticipate increased public and private medical laboratory and radiology providers' participation and data entry into the MeLSAT online directory database which, in turn, will help provide up-to-date information on diagnostic and laboratory services available nationally, including HIV supportive services.

Year 5 Activities -

Activity 1: Sustain momentum of DRM for health workshop through continued technical assistance to participants. HFG will provide technical assistance to workshop participants as they continue to develop draft materials begun during the DRM for Health workshops in Abidjan and Accra. Materials include strategies, action plans, timelines, technical briefs, and other materials to support discussions among the ministries of health and finance. HFG will facilitate a series of two to three stakeholder meetings that convene workshop participants and a wider set of colleagues across relevant agencies, to validate the outcomes of the DRM for Health workshops and adapt and carry out the draft DRM for Health strategy. Through continued technical support, workshop participants from Tanzania will be able to adapt and apply their draft DRM for health strategy, resulting in higher allocations to the health sector.

Activity 2: Support MeLSAT to improve laboratory provider contribution of information to the MeLSAT online laboratory and diagnostic services directory. Because the MeLSAT website was offline at the end of the previous work plan year, this activity was carried over to Year 5. In Year 4, HFG supported MeLSAT in their efforts to increase provider participation in their online directory of medical laboratory diagnostic services while also helping to build MeLSAT's site maintenance and quality assurance capabilities. HFG activities included technical assistance to improve provider/user functionality and knowledge issues, support MeLSAT in providing hands-on training and opportunities for providers to upload service profiles, and initial work to make functional the supplier section of the site and to produce video tutorials on directory site maintenance and quality assurance. In Year 5, HFG activities will focus on completing work to make the supplier section functional and finalizing the video tutorials.

Year 5 Progress Against Objectives -

Activity 2: HFG supported MeLSAT in their efforts to increase provider participation in their online directory of medical laboratory diagnostic services; it also helped build MeLSAT's site maintenance and quality assurance capabilities. The MeLSAT activity built upon previous USAID support through the SHOPS project to compile a comprehensive directory of medical laboratory diagnostic services available in Tanzania. HFG activities included technical assistance to improve provider/user functionality and knowledge issues, make functional the supplier section of the site that was built into the directory template under SHOPS, support MeLSAT in providing hands-on training and opportunities for providers to upload service profiles at MeLSAT meetings and workshops, and, with support from Abt's Client Technology Center (CTC), produce video tutorials on maintenance and quality assurance of the site so that the information is readily available for MeLSAT reference and training of future staff.

Q4 Additional Information -

Activity 1: Early in the project year HFG facilitated partner calls with USAID Tanzania's HSS Advisor to discuss next steps and timelines for carrying out the DRM activity in close coordination with other HFG and partner activities, including the USAID-funded Public Sector Systems Strengthening Project (PS3). It was initially agreed that stakeholder meetings to adapt Tanzania's DRM for Health action plan should commence after the DRM for Health workshop in Accra, Ghana, conducted under HFG's Domestic Resource Mobilization for Health activity. In Q3, HFG conducted phone and email consultations with the Chief of Party of the PS3 project to ensure technical alignment between the two projects. PS3 is leading several activities to support improved financial management at the subnational level. Based on discussions with PS3 and USAID, HFG drafted terms of reference for a new HFG activity to replace Activity 1; namely, conducting an assessment of internal financial control at facility and LGA-levels and developing and co-facilitating a workshop on lessons learned. However, due to PS3's rapid pace of implementation, it was agreed that discussions about adapting the scope of HFG's activities would be more productive at a later date, pending PS3's work plan and the inclusion of an activity upon which HFG could piggy back this newly proposed work. Upon HFG review of the PS3 work plan in Q4, it was determined that the PS3 activity HFG would link to was not included in the work plan. HFG reached out to the Mission to determine how to use the remaining USAID/Tanzania field support funds in Year 6 and awaits their feedback.

5.1.15 West Africa Regional

Program Objectives - In Year 5, HFG continued to support the USAID West African Regional Health Office (WA/RHO) in its overall objective of strengthening country commitment and capacity to achieving universal health coverage (UHC). Specifically, HFG is working with WA/RHO and West African government counterparts to facilitate learning and promote increased understanding of potential financing strategies to advance UHC in the following two ways: (1) share findings from its landscape study and (2) provide technical assistance (TA) in priority areas identified by WA/RHO, government counterparts, and other key stakeholders in one or more of WA/RHO's focus countries.

HFG also has provided TA for Activity 3, support of a loan guarantee program, in which the project served as a catalyst in facilitating business relations between the Cameroon branch of Ecobank and small and medium enterprises (SMEs) in the country's health sector. Access to finance has been found to be a challenge for small-scale health care providers to grow and improve services, given bank collateral requirements, SMEs' lack of knowledge of applying for and managing loans, and lack of awareness among banks of the private health care market. USAID's experience with guarantee programs has proven that for a successful loan guarantee program to play the expected role of facilitating access to credit by health sector SMEs, thereby allowing them to expand and improve the quality of essential health care services, these small health care providers may need support in developing bankable business plans and loan applications. The bank also needs a stronger awareness of the needs of the potential borrowers and how best to serve those needs with appropriately structured financial products that borrowers can realistically repay. HFG's capacity building also builds trust and confidence between borrowers and the lending institution. In Year 5, HFG continued to provide TA to borrowers on business planning, financial management, and business management, focusing on the peculiar nature of private health sector enterprises and their role in the health sector.

Year 5 Activities - In Year 5, through Activities 1 and 2, HFG has continued to enhance learning and capacity building around programs and approaches to achieve UHC. As part of Activity 1, HFG attended the West African Health Organization (WAHO)'s regional workshop on health financing and UHC. It also coordinated the logistics for a participant from Cameroon to attend the workshop. At the workshop, HFG disseminated findings from its Year 4 landscape study on health financing for UHC and family planning to regional stakeholders including WA/RHO, governments, and WAHO. As part of this dissemination, HFG collaborated with WA/RHO and WAHO to determine opportunities for targeted TA in one or more WA/RHO countries.

With Activity 2, HFG provides targeted TA to one or more West African countries to support it advance toward UHC. HFG's TA complements efforts by regional organizations to build learning and leadership around UHC. This TA includes designing and piloting health financing interventions that show potential to reach scale and sustainability. The TA is based on the findings of the aforementioned landscape study, the outcomes of the workshop dissemination, consultations with WA/RHO and WAHO, key stakeholders in countries and regional organizations, and country interest, commitment, and potential.

In Year 5, HFG also continued to provide technical support for implementation of the Development Credit Authority (DCA) program. Activity 3 is implemented with HFG home office guidance and technical leadership as well as by a local consultant with on-the-ground practical experience in SME capacity-building, focusing on business plan development, financial management, and business management. The consultant has provided capacity-building training for potential health sector SMEs, oriented ECOBANK staff, and provided hands-on support for SMEs during their business plan preparation and application for credit.

Year 5 Progress Against Objectives -

- ***Quarter 1.*** In Q1, HFG sponsored the attendance of a key Cameroonian government official to WAHO's regional workshop on health financing initiatives that support UHC. At the workshop, which took place in Lomé, Togo, on November 29-December 2, 2016, HFG disseminated findings of its landscape study on health financing for UHC and family planning to regional stakeholders from WA/RHO, WAHO, ECOWAS countries, and Cameroon and solicited feedback to finalize the study. HFG also assessed potential TA opportunities for select countries (Togo, Cameroon, Burkina Faso) identified by WA/RHO.

  During the workshop and at the advise of WA/RHO, HFG conducted in-person consultations with stakeholders from Togo, Cameroon, Burkina Faso, WAHO, and WHO. During these consultations, HFG identified country-level priorities for TA for Togo, Cameroon, and Burkina Faso.

  In addition, given that the workshop took place in Togo, one of the countries of interest to WA/RHO, HFG consulted with key UHC stakeholders in the country. These stakeholders represented the social health insurance agency (*Institut National d'Assurance Maladie,* INAM), the community-based health insurance scheme (*mutuelles*) coordinating body (CNCMUT), the Ministry of Health (the MOH) of Togo, and private sector (*Ordre des Pharmaciens*/FOASPS). HFG synthesized findings from these consultations into a short-list of TA opportunities and is working with WA/RHO to select activities for subsequent TA. Activity 2, provision of TA, will begin in Q2.

  For Activity 3, trainings took place in Q1 in Douala and Yaoundé, for 46 pharmacists. The president of the National Council of the Pharmaceutical Society of Cameroon (Dr. Hiag Prosper) attended both sessions and stressed the importance of this training for their profession. A range of topics was covered including: how to formulate a business strategy, how to prepare a budget, how to identify key performance indicators, and how to structure periodic reporting. After the trainings, one-on-one sessions were held with nine pharmacy managers who wanted to know more about the loan process and the documents necessary to apply for a loan. They also were provided help on how to structure their business plans. Three of them were seeking funds for manufacturing, which is disallowed by the DCA. However, the pharmacists expressed their gratitude to USAID "for offering them such a precious training that will directly be useful to them in their day-to-day activity and management."

  In the first year of this activity, HFG identified significant constraints preventing health sector SMEs from obtaining a loan from Ecobank:

  - Health SMEs are not able to show proven encounters dealing with banks, as they do not have business bank accounts that can readily show their experience. Most banks consider past banking history as part of credit analysis that impacts the loan decision.
  - Some clinics are not registered as businesses, which precludes them from entering into a loan agreement as a legal business entity with a bank.
  - At some clinics, there is an absence of prior financial statements that can clearly show their costs, revenues, and profit margins. The absence of the data is a barrier to loan officers seeking to analyze their application, and it precludes health clinics from meeting basic loan application requirements.
  - Ecobank has a minimum loan amount of 20 million XAF (about $33,000), which is more than the credit needs of most of the small private clinics and pharmacies that offer the priority health services that are important to USAID.
  - Ecobank had a 30 percent collateral requirement (later reduced to 15 percent per the technical advice of HFG).

To make the clinics more ready for a bank loan, HFG recommended that they be assisted in their business practices and systems for a period of six months to a year. This will consist of applying for a bank account so that they can develop business relations with the bank, assist them in becoming a legally registered entity, help them to produce periodic reports, and organize their financial recordings so that financial statements can be easily produced. By doing these tasks and using the management training they received, the clinics will be considered more bankable, thus facilitating their access to financial institutions. To this effect, the project is discussing with WA/RHO the possibility of continuing project support for an additional period. Given Ecobank's relatively high minimum loan amount and collateral requirements, HFG recommends further exploration of other options such as involving microfinance institutions and the possibility of USAID signing additional DCA agreements with more flexible local banks.

The consultant also had one-on-one sessions with three medical equipment suppliers, BIO HOSFRO, Camread, and Technologies Medicale, to determine how they can assist clinics and laboratories to obtain necessary medical equipment. Currently, the HFG consultant is supporting BIO HOSFRO to obtain a loan from Ecobank to finance its stock and enter into leasing-to-buy arrangements with clinics that are in need of specific equipment. The consultant facilitated the process between the clinics and BIO HOSFRO and thus far nine clinics have signed a contract with the supplier, eight of which are ProFam clinics (members of a clinic franchise operating in the private sector that offer family planning, maternal, and pediatric care). Equipment ordered by the clinics includes spectrophotometers, lab equipment, and equipment that will be used for provision of maternal and child health services such as an ultrasound machine and a delivery table. After providing a down payment, clinics will pay reasonable monthly amounts to BIO HOSFRO during lease periods ranging from 20 to 46 months. BIO HOSFRO has applied for a loan of nearly 100 million XAF (US$164,000) to order new equipment. The loan is in process at Ecobank and is expected to be finalized early in Q3. However, the supplier has already started to deliver ordered equipment to three clinics and will deliver the remaining requested equipment once they receive it from abroad.

- ***Quarter 2.*** In Q2, HFG began wider dissemination of its landscape study findings (Activity 1). In addition to making the report available in English and French on the HFG website, HFG disseminated the study to approximately 5,000 contacts representing USAID Washington and country missions, in-country partners across HFG's portfolio of countries, implementing partners, other donors and global agencies, academia, and the participants in WAHO's November 2016 regional UHC meeting, where HFG presented study findings. Additionally, HFG initiated planning to present the landscape study findings at the USAID West Africa Regional Partners Meeting in May 2017.

  Under Activity 2, HFG built upon Q1 consultations with WA/RHO and government counterparts to propose and refine TA opportunities in support of achieving UHC in WA/RHO focus countries Togo and Cameroon. In Togo, HFG consulted stakeholders in Togo's the MOH, in INAM, and in the private health sector alliance (PSPS-Togo) to determine high-priority TA needs. Based on these consultations, HFG's TA will focus on supporting Togo's aforementioned stakeholders as they establish their way forward for achieving UHC. In particular, HFG will be coordinating efforts by stakeholders and current technical and financial partners, and identifying approaches to cover the informal sector under social health insurance. HFG has begun reviewing five reports by technical and financial partners provided by Togo's the MOH on health financing and UHC to inform further development of a TA plan for Togo.

In Cameroon, HFG consulted stakeholders in the MOH of Cameroon and USAID Cameroon. The Government of Cameroon has established a multisectoral technical committee for UHC that intends to develop and finalize a national UHC strategy by July 2017. Concurrently, the MOH and USAID Cameroon identified the high-priority need for TA to develop and cost a benefit package that will be offered under a planned national health insurance scheme. Specifically, HFG will design and co-facilitate the workshop with the MOH and provide financial support to convene approximately 60 participants at the event.

In Q2, for Activity 3, the consultant provided TA to BIO HOSFRO, the equipment supplier, to respond to requests made by Ecobank for additional information needed for their loan application. There has been a delay for Ecobank to issue the loan due to approval they needed from their headquarters for extension of the repayment period requested by BIO HOSFRO. In the meantime, the consultant is currently working with five clinics that have entered into a leasing arrangement with BIO HOSFRO to produce financial statements. He has created simple dashboard tools to capture financial data and allow them to produce monthly reports. He is also collecting baseline data from the clinics and BIO HOSFRO on the types of services and products they offer and the number of patients/customers they serve. This will allow the impact of the loan to be measured.

- ***Quarter 3.*** HFG continued wider dissemination of its landscape study findings, through Activity 1, by preparing a presentation for the USAID West Africa Regional Partners Meeting in May 2017. HFG West Africa Regional Activity Lead Jeanna Holtz presented the study objectives, methodology, key players in financing programs that support UHC, and lessons for West African countries on May 17, 2017. In addition, Ms. Holtz shared an overview of HFG's West Africa Regional Health Program and co-facilitated a breakout session with WAHO partner Mr. Sani Ali, where participants drafted their vision for greater collaboration and regional knowledge sharing on health systems strengthening, including health financing.

  Under Activity 2, HFG built upon Q1 and Q2 consultations with WA/RHO and government counterparts to propose, elaborate upon, and begin implementing targeted TA in support of achieving UHC in WA/RHO focus countries Togo and Cameroon as follows:

  In Togo, HFG reviewed five national reports on health and health financing recommended by the the MOH to further understanding of priority needs there. The reports included the the MOH's "*Analyse de la situation du secteur de la santé au Togo* (Situational Analysis of the Health Sector in Togo)," Oxford Policy Management and WHO's "*Mécanismes innovants pour financer la couverture sanitaire universelle au Togo* (Innovative mechanisms for financing UHC in Togo)," and the National Committee for the Promotion of Social Protection's "*Système de financement de la santé au Togo: revue et analyse du système* (Health financing system in Togo: review and analysis)." HFG also consulted Togo's key technical and financial partners to learn of current activities related to advancing health financing for UHC. As a result of these efforts, HFG will focus its TA on two activities in line with Togo's unaddressed health financing for UHC needs: (1) identifying mechanisms and implementation strategies to expand health coverage to the informal sector and the poor and (2) further developing Government of Togo knowledge in health financing and UHC. HFG obtained USAID WA/RHO concurrence in early June 2017 and activity planning is underway.

  In Cameroon, HFG supported the Government of Cameroon to prioritize health services for a planned health insurance scheme for UHC. HFG developed the workshop methodology and materials to prioritize health services based on a comprehensive list of health services developed by a team of local health experts. Two HFG health economists, Andre Zida and Karishmah Bhuwanee, attended the workshop, presented an overview of the health services costing and facilitated the prioritization exercises. HFG also supported logistics by providing the payment of per diems and transportation costs for the workshop's 66 participants. Since the workshop, HFG conducted a review of available data inputs for costing the health services using the OneHealth Tool and

supported Cameroon point persons to detail the roles, responsibilities, and next steps for the costing of the benefit package, which HFG will lead.

For Activity 3, it was found that health SMEs are informal without licenses, and they lack financial management systems/practices as well as bank accounts and a formal relationship with banks. They also do not have assets to serve as collateral for loans and many of them have rather limited loan needs. These are not in line with Ecobank's lending requirements. To overcome this challenge, HFG facilitated and liaised Ecobank with an equipment supplier, BIO HOSFRO, which agreed to provide equipment to health SMEs with a lease-to-buy arrangement with a loan through the DCA arrangement. During this quarter, Ecobank offered a loan to BIO HOSFRO, but the terms of the loan proved to be too restrictive for BIO HOSFRO and they have decided not to pursue obtaining the loan from Ecobank. HFG reached out to additional clinics in Douala to determine their interest in applying for loans. HFG is also exploring whether microfinance institutions (MFIs) would be good candidates for the loan, with the objective of establishing a line of credit for the microfinance institution to on-lend to private health sector borrowers at more attractive terms than the commercial bank can offer (specifically, lower loan amounts, fewer collateral requirements, and no bank deposit required). HFG has begun to gather information on MFIs in Cameroon to determine their potential and interest in approaching Ecobank for a loan. If we go this route, the DCA agreement would have to be amended by USAID to allow Ecobank to lend to these types of institutions. In Q4, HFG will submit its assessment of the MFI option for further discussion with the client and Ecobank. A joint USAID and HFG Mission to Cameroon is also planned for August.

- ***Quarter 4.*** Under Activity 2, HFG built upon Q3 developments with WA/RHO and government counterparts to continue refining and implementing targeted TA in support of achieving UHC in WA/RHO focus countries Togo and Cameroon as follows:

  - In Togo, in response to consultations with Togo's key technical and financial partners and USAID, HFG began designing a multisectoral workshop that aims to build understanding of and identify feasible mechanisms and implementation strategies to expand health coverage to informal workers and the poor in Togo. Furthermore, HFG began coordination with WHO and World Bank to sponsor a Togolese delegation to attend the WHO/World Bank Third Francophone UHC course. Both events will occur by Q2 of Year 6.

  - In Cameroon, HFG continued to provide technical assistance to the the MOH to cost a proposed health services benefit package for a planned health insurance scheme in support of UHC. Specifically, HFG coordinated with the Ministry of Health to develop and prepare to complete a costing analysis of prioritized health services for a proposed benefit package. Further, HFG developed a data collection matrix and trained the MOH data collectors who will use the matrix to collect health services data necessary for the costing.

  For Activity 3, during Q4, the loan to BioHosfro definitively did not come to fruition due to the restrictive requirements imposed by Ecobank. HFG sent the offer letter from Ecobank to USAID for their review. HFG followed up with BioHosfro to determine the status of the three clinics that had received equipment with the lease-to-buy arrangement. Two of the clinics continue to pay their regular lease payments. BioHosfro and the third clinic are under discussion for a revenue-sharing arrangement. HFG learned that all three clinics have increased users of their services due to the lease of critical equipment.

  HFG explored the possibility of using MFIs to make loans to clinics as they are less collateral based, don't require bank accounts from the clinics, and have a social welfare aspect to their lending. HFG continues to reach out to larger clinics that offer essential services to determine their interest in applying for a loan.

USAID's communication with Ecobank indicates that they would like to see disbursements in 6-9 months. A higher-level meeting with senior Ecobank officials in Cameroon was suggested to be arranged with USAID and HFG to resolve ongoing issues.

Q4 Challenges - Progress for the Cameroon TA under Activity 2 was stalled due to delays by the the MOH to develop and share health services clinical protocols that contain critical information for the costing exercise.

For Activity 3: It is difficult for HFG to engage with SMEs to obtain credit when Ecobank has not shared their current loan requirements. Thus, matching health businesses that can meet these requirements is nearly impossible.

Our experience with Ecobank in Cameroon indicates that 1) there has been a low level of interest to lend to health SMEs, and 2) there has been a change in lending requirements and conditions in the past year. In order to identify solutions for moving forward, it is necessary to obtain loan requirements/conditions for borrowers from Ecobank. HFG has been unsuccessful to date to obtain these from Ecobank and USAID/Washington has indicated they would ask Ecobank for them.

Of the larger clinics contacted that may be able to meet the loan requirements of Ecobank, the 1-year loan repayment period has been identified as a constraint, thus the loans from Ecobank are unattractive to these health sector borrowers.

Q4 Additional Information - In order to pursue increasing financing for the health clinics from MFIs:

- USAID could pursue a DCA with an MFI (this would take many months, and likely extend past the term of this project)
- USAID could amend the DCA agreement to allow ECOBANK to lend to MFIs in order to onlend to health businesses (preliminary market analysis suggests that the MFIs would not be interested in loans from ECOBANK given the high interest rates charged).

Table 32 provides additional activity-specific updates.

TABLE 32. WEST AFRICA REGIONAL ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity : Provide technical assistance to WA/RHO focus countries to achieve health financing, FP/RH, and UHC goals		
Provide country-specific TA, including stakeholder coordination, technical working meetings, potential convening of in-country stakeholder	In progress: For Togo, informal worker workshop design and planning is underway in consultation with USAID, the the MOH, WAHO, and other partners. This activity will continue in Year 6. For Cameroon, HFG developed the data collection matrix for health services costing data collection. HFG also coordinated with the the MOH to orient identified data collectors.	In Togo, planning, logistics coordination, and implementation of the informal workers workshop and Togolese delegation sponsorship to the WHO/WB Third Francophone UHC course will continue into Year 6. Both events are expected to be completed by Q2. In Cameroon, costing of prioritized health services is slated to begin in Year 6; the costing timeline, however, will depend on the MOH's submission of protocols and data for the services to be costed.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Technical assistance on initiation and implementation of Development Credit Authority (DCA)		
Provide TA during business plan development of selected SMEs	On hold per USAID guidance.	
Monitor credit application of health SMEs and access to credit (approval of loan applications)	On hold per USAID guidance.	

5.2 Asia

5.2.1 Asia Bureau

Program Objectives - HFG's objectives under the Asia Bureau focused on supporting and facilitating countries' progress toward universal health coverage (UHC) to end preventable maternal and child deaths in the Asia region. Asian nations are at various stages on the trajectory toward achieving UHC. In the context of limited time and resources, countries and USAID missions seek interventions that are most likely to succeed and benefit from global experience and evidence. The Asia Bureau's goal is to build local and regional institutional capacity to design and implement smart reforms to expand access to priority services and reduce out-of-pocket health expenditures.

Year 5 Activities - HFG and the Bureau worked closely with regional and local partners on six activities that simultaneously advance reforms and build capacity, as described below.

Year 5 Progress Against Objectives -

- ***Asia Pacific Network for Health Systems Strengthening (ANHSS) Capacity Building:*** HFG supported a strategic partnership with ANHSS to empower health policymakers to advance health care delivery through evidence, provide a platform for knowledge sharing, and further strengthen the alignment of the network with the USAID missions in Asia. The Institute for Health Policy (IHP) is a founding member of the ANHSS, and the current chairperson, Ravi Ranna-Eliya, serves as Executive Director. In Q2 of Year 4, ANHSS initiated formal engagement of a Board-approved secretarial services company in Hong Kong to complete legal incorporation. This followed the discussion of endorsement of the Articles of Association (AoA) by ANHSS members at the general meeting held in Bangkok in December and the agreement to register ANHSS as a limited liability company in Hong Kong.The ANHSS application for legal incorporation was finalized in Year 4 Q4 with the Hong Kong authorities, after the Secretariat received final clearance from all ANHSS Board members. ANHSS planned and coordinated the 2016 Asia Regional Flagship Course, held in Siem Reap, Cambodia in early Q1. In Q2, USAID and HFG began planning a 2017 Asia Flagship Course to be led by ANHSS. The task of hiring the ANHSS Executive Director was cancelled because it was not feasible for the network at the time (e.g. there was a lack of revenue for salary, difficulty recruiting for a limited-term appointment). The activity was marked completed in June 2017 because the planning for the 2017 Asia Regional Flagship Course now falls under the "2017 Asia Regional Flagship Course (Reshaping the agenda to support achieving UHC in Asia)" activity.
- ***Indonesia Implementation Research (IR) on Universal Health Coverage:*** In Q1, HFG conducted a deep-dive workshop on the results of the first cycle of implementation research for UHC. This was done in collaboration with the primary Indonesian government counterpart on the activity, PPJK (the MOH Center for Health Financing and Insurance), and HFG's local implementation research partner, the Center for Health Policy and Management (CHPM) at the University of Gadjah Mada. The first cycle (\Year 4, June-September 2016) focused on the effects of Indonesia's National Health Insurance program, Jaminan Kesehatan Nasional (JKN), at the primary care level in five districts (Jember, South Tapanuli, Jayapura, Jayawijaya, and East Jakarta).

Seventy-six participants attended the two-day workshop. These included representatives from USAID, HFG, national-level ministries (MOH, Ministry of Planning, and the National Health Insurance Agency [BPJS]), provincial- and district-level organizations, development partners and NGOs (UNICEF, UNDP, UNFPA, Indonesia AIDS Coalition), and local university partners in the five selected districts. Workshop objectives were to: disseminate the results of the IR; engage stakeholders in discussion of and learning from the findings; produce actionable recommendations for strengthening JKN policy and regulations on primary care and the conditions for their effective implementation; and provide input for the second cycle of IR for UHC.

The workshop presentations, plenary sessions, and group discussions focused on the gaps identified between "ideal" UHC policy and the reality of JKN policies and regulations for primary care. On the other hand, they also focused on identified gaps between JKN policy and regulations for primary care and the reality of their implementation, on the other. The participants discussed three key research findings:

Capitation, as currently implemented, has little impact on improving performance.

District health offices have relatively ambiguous authority to ensure that resources are spent to produce desired health outcomes.

There is a misalignment between Indonesia's decentralized health service provision policies and the national regulations of BPJS as a centralized financial institution.

After the deep-dive workshop in October, HFG's local partner CHPM held numerous consultative meetings with national-level stakeholders and stakeholders in our five target districts. The meetings aimed to 1) engage stakeholders in discussion of the IR Cycle 1 findings and identify specific measures to strengthen implementation of JKN at the primary care level and 2)identify stakeholders' priorities for the focus of a second cycle of research.

The consultations, held in December and in Q2 (January, February and March) revealed stakeholder interest in investigating how promotive and preventive services could be strengthened under JKN and how the role of district health offices in local management of JKN could be improved.

To link these interests and our findings from Cycle 1, the research team proposed pursuing a deeper analysis of primary care staff incentives in Cycle 2. This critical element determines performance and ultimately the effectiveness and sustainability of JKN. Cycle 2 would aim to provide in-depth, contextual analysis of how various regulations on incentives, capitation, and performance are In Q3, CHPM continued disseminating findings and results from Cycle 1 to national and district stakeholders, including developing an infographic and four policy briefs (one national and three district briefs). CHPM received feedback on the Cycle 2 proposal from USAID and PPJK and began developing the questionnaire, training interviewers, and piloting the instruments. The team honed the specific research questions that guide the Cycle 2 data collection, and HFG provided technical assistance and review. Principal Investigator Laksono Trisnatoro traveled to Washington, D.C., in April. He presented Cycle 1 findings and the plan for cycle 2 to USAID, World Bank, and Government of Indonesia officials.

Also in April, CHPM brought together its university partners from the five research districts to participate in data collection training. Two to four researchers from each district attended the four-day training, along with two HFG home office staff. The teams reviewed interview and focus group guides and participated in multiple mock interviews with local physicians and health workers. The training was interactive and collegial. HFG home office experts provided input on the data collection protocols, gave feedback to the trainees, and shared best practices for qualitative research. All participants demonstrated improvement in their qualitative interviewing techniques and knowledge of JKN over the four days. CHPM revised and improved the protocols based on feedback from the research teams and mock respondents.

In May CHPM submitted its final protocols for research ethics review and local government approval. University partners began data collection in two districts in June. CHPM sent a member of its team to each district to oversee and coach the local data collectors. Post data collection, analysis, and reporting, CHPM planned for a second deep-dive workshop for discussion and interpretation of results with national stakeholders. HFG and also CHPM began discussing expanded dissemination options for the IR study findings.

Separately, in June HFG supported three Government of Indonesia participants to attend a WHO-sponsored Health Financing Workshop in Barcelona, Spain.

In Q4 CHPM and its University partners completed IR data collection in the five districts. University partners transcribed all interviews and FGDs, and began producing a matrix of findings. Analysis will continue next quarter.

HFG provided a three-day training on NVivo qualitative software in Yogyakarta for 12 CHPM staff. The training was led by Dr. Augustin Bandur from BINUS University in Jakarta. An Abt Associates qualitative methodologist also attended the training as did several other academics from UGM. The team made excellent progress on learning the software, coding data, and developing a codebook. By building CHPM's capacity to use NVivo, the HFG team further strengthened the capacity of CHPM to be a Center of Excellence for IR by strengthening its capacity, efficiency, and effectiveness in performing qualitative research.

CHPM set up an online Community of Practice (COP) group for Primary Care open to the public, and those who have an interest in issues surrounding primary care services. One of the activities of the COP is production of a series of webinars to discuss provider individual performance and incentives. The group had its first webinar on this issue in August. By supporting this COP for Primary Care, CHPM hope to broadly disseminate IR findings, continue to engage district and national stakeholders, and continue to influence policymakers on needed JKN reforms.

CHPM also attended a small meeting in USAID Jakarta and met with USAID implementing partners. There, CHPM discussed some of the IR findings specifically on TB. USAID/Indonesia is keenly interested in the HFG project transferring knowledge to the bilateral programs in Indonesia, including the TB program. USAID/Indonesia has requested that CHPM work with the HIV and TB programs to ensure that all the findings are fully shared and brainstorm with bilateral program staff how findings can be incorporate or applied to current activities.

CHPM also presented IR findings at the Indonesian Health Economics Association (INAHEA) conference in September 2017 and hosted the National Health Policy Forum in October 2017. Both activities served to foster continued sharing and discussion around the methods, utility, and findings of IR for UHC Cycle 1 and Cycle 2 with research stakeholders as well as policymakers in Indonesia.

- ***Myanmar Implementation Research (IR):*** All activities were on hold from August 2016 until USAID provided approval for HFG to conduct work in the country in May 2017. Since then, HFG was able to launch the first cycle of learning for the strategic purchasing pilot that was being implemented by PSI. An all-day session was organized with key stakeholders, including representatives from the newly created Ministry of Health Unit in charge of facilitating and monitoring implementation of the National Health Plan 2017-2021, the Regional Health Authorities, the General Practitioner (GP) Society under the Myanmar Medical Association, project implementer PSI, participating GPs, donors, and HFG. The session included site visits in the morning, followed by a discussion of progress made so far and implementation challenges encountered. This provided the necessary background to then identify the most pressing questions into which the first cycle of learning will consider. The establishment of a Scale-Up Management Team was also discussed and in principle approved. Another working session was subsequently organized to refine the phrasing of the questions and to identify appropriate research methods. HFG recruited a research assistant to

help with the design of the research instruments and to coordinate data collection, entry, and analysis.

The instruments were designed and approved in July 2017. Data collection started immediately thereafter. Data analysis took place in the second half of August. Findings from the first cycle of learning were presented and discussed at an all-day stakeholder meeting on September 5, 2017, in Yangon. The group also discussed whether and what corrective measures would be needed to address some of the problems revealed by the IR. On September 22,2017, the project's implementers discussed which, when, and how measures could be implemented. A report for the first cycle of learning was prepared.

During the same meeting on September 5, 2017, participants were updated on progress made and challenges encountered in the implementation of the pilot. This update was followed by a brainstorming session to come up with a list of pressing questions to be considered for the second cycle of learning. The list of questions was then refined at the September 22 meeting.

A half-day session was organized in Yangon on September 6, 2017 to discuss initial design options for a possible second strategic purchasing pilot to be implemented in a rural area of the country. More discussions were planned to further refine the main features of this second pilot. All participants agreed that implementation research should be built into this experiment from the start. This aligns with HFG's objective for this activity.

The IR component of the strategic purchasing pilot project serves as a model that could be replicated in other important UHC-related initiatives included in the National Health Plan. Related discussions began within the Ministry of Health. HFG drafted a proposed mechanism that would help institutionalize IR.

Two briefs were also prepared and disseminated to share learning from the strategic purchasing pilot's design phase. The first was on the definition of the benefit package, and the second was on the estimation of the capitation payment amount to be paid to participating GP clinics.

- ***2018 Asia Regional Flagship Course (Reshaping the agenda to support achieving UHC in Asia):*** Following the successful Asia Regional Flagship Courses on Health Systems Strengthening and Sustainable Financing in March 2014 and April 2015, HFG, USAID, and the World Bank agreed to hold a week-long curriculum development workshop in Year 4 at the Rockefeller Center in Bellagio, Italy. The workshop brought together course faculty and experts from the Asia Regional Course, as well as the Global Flagship Course, to discuss ways to improve the curriculum and content of the Asia course. Workshop participants also discussed how to incorporate current data and evidence on UHC and health systems performance. The 2016 Asia Regional Flagship Course, on "Health System Strengthening and Health Financing: The Challenge of Universal Health Coverage" used findings from this meeting. Held in Siem Reap, Cambodia on October 3–8, 2016, the five-and-a-half-day course was attended by 58 participants from 10 countries in the region. ANHSS supported the logistics and planning for this event and submitted a completion report.

  In Y5Q2, HFG began preparation and preliminary discussions for the 2017 Asia Flagship Course. These discussions continued into Q3 and focused on developing and implementing a funding model that transitions ANHSS (the course organizer) to offer future courses on a self-sustaining basis. The funding model used a demand-based financing mechanism through which the Asia Bureau funds the course on a per-participant basis. The Asia Bureau intended to finance a substantial part of the supply-side costs (e.g. cost of the venue and faculty) through a registration fee paid to ANHSS. This placed more responsibility on ANHSS to deliver the course efficiently and promote attendance.

In Y5Q4, ANHSS convened a Steering Committee that consists of representatives from USAID/Asia Bureau, ANHSS, HFG, and the World Bank. This body provided guidance on promoting and marketing the course to regional stakeholders. In Q4 the team developed and launched a marketing plan to gauge demand for the course among USAID Missions and the World Bank. ANHSS developed a marketing brochure to promote the course and communicate its importance.

- ***Public Stewardship of Private Health Providers: Country lessons and improved performance (JLN collaboration):*** Country representatives discussed the need for public regulation of private providers during the JLN Private Sector Engagement Collaborative (PSEC) meeting held in July 2016. USAID and HFG concluded that few documented examples exist of effective, well-enforced regulatory frameworks in low- and middle-income countries, including JLN member countries. To help bridge this information gap, HFG developed a concept paper for TA to countries in the Asia region on public stewardship of mixed health systems, including regulation of and contracting with private health care providers.

  On February 28-March 2, 2017, members of the PSEC of the JLN for Universal Health Coverage Primary Health Care Initiative convened for a two-day workshop and international seminar in Yogyakarta, Indonesia. The workshop was co-organized by the JLN PHC Initiative and HFG with support from the Asia Bureau. Members of the PSEC planned to co-author a five-part practical guide titled "Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers to Implementers." The first two modules of the guide were completed and three additional modules in development.

  The workshop participants accomplished the following: (1) launched a series of case studies about regulating the private health sector, which will inform the content and structure of Module 3 of a practical guide for engaging the private sector; (2) developed a plan for drafting Module 4 of the guide, focused on contracting with private sector providers; and (3) promoted joint learning and community-building.

  In May and June 2017, PSEC members and technical facilitators co-developed a guide for implementing the case studies about regulating the private health sector. The guide includes a recommended methodology and report outline, among other resources.

  Using the case study guide, PSEC country participants began sourcing funding and approvals for the work at the country level in and collecting secondary data from June through August, in September some of the countries began primary data collection for the country case studies. This secondary data collection included conducting focus group discussion and key informant interviews, as well as drafting sections of case study reports. Technical facilitators conducted regular check-ins with the PSEC members to track progress and address any challenges faced by the teams throughout the last quarter

  The Collaborative held a webinar for members of the JLN and the Health Systems Global Private Sector in Health Thematic Working group on July 7, 2017. The webinar introduced t PSEC's objectives and highlighted the importance of engaging the private sector in the provision of primary health care to reach UHC. The webinar also introduced Modules 1 and 2 of the practical guide ("Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers to Implementers"). Further, it shared plans for Modules 3, 4, and 5 of the practical guide, and encouraged feedback, dissemination, and adaptation of the practical guide.

  Facilitators continued to hold periodic webinars that convene several country case study teams to report on progress and troubleshoot implementation challenges (in addition to substantive discussions on regulation). Webinars will be used to validate an outline of Module 4 on contracting.

- ***Exploring the Institutional Arrangements for Linking Health Financing to the Quality of Health Care in the Asia Region: Lessons from Indonesia, the Philippines, and Thailand***: HFG proposed to document lessons learned from experiences with the governance of quality in Malaysia and the Philippines, and subsequently Indonesia, and provide technical assistance to the Philippines and Cambodia based on the findings.

  In Q2, the work plan was revised based on discussions with the Asia Bureau, missions, and selected stakeholders working in the countries where the study will be conducted. HFG planned to focus activity on (1) documenting and disseminating experiences and lessons learned, (2) linking quality to financing, given the interest expressed, and (3) replacing Malaysia—where linkages between quality and financing were less evident than in Thailand—with Thailand as the third case study country.

  HFG conducted key informant interviews in all three countries. In the Philippines and Indonesia, HFG planned to document the perspectives of national- and subnational-level actors in a de-centralized health system context. In Thailand, a preliminary literature review on governance of quality highlighted that HFG could conduct key informant interviews to further understand the array of institutions that support the governance of quality at the national level. It was unclear the extent to which these arrangements are present at the subnational level in Thailand.

  Finally, given the interest in Indonesia, the Philippines, and other countries for cross-country learning on governance of quality, HFG included a regional dissemination workshop for country stakeholders in the revised work plan. . The feedback obtained from stakeholders will inform the development of a process guide for linking quality to financing.

  HFG finalized an interview tool and began draft of a study protocol. Desk reviews began on the governance arrangements that are in place linking financing to quality in each of the countries. Data collection in the countries was planned to begin upon receipt of final USAID approval of the work plan.

  In Q3, the proposed work plan was approved by USAID. The interview tool underwent internal quality assurance reviews and was revised by HFG to address feedback. HFG also developed the study protocol and conceptual framework depicting the various strategies and mechanisms payers can use to influence quality of care. The final study protocol, including the interview questionnaire, was submitted to Abt Institutional Review Board for ethical clearance.

  HFG also finalized the desk review for the case countries during Q3. This review examined and synthesized the relevant information documented and available on the three countries. The review also identified existing gaps and points of clarification as well as key organizations and/or institutions involved in quality of care assurance. Using the desk review findings, HFG tailored the interview tool for each country context in preparation for the in-depth interviews with national and sub-national actors involved in promoting the delivery of quality health care.

  In addition to these study preparations, HFG developed a scope of work for local research teams and launched consultant recruitment. Each in-country research team consisted of a local senior research advisor and a research assistant. Consultants were identified and on-boarded for two of the three countries. HFG planned to work closely with the senior local consultants to identify key informants at the national and subnational level for data collection.

  During Q4, HFG primarily targeted securing buy-in from local stakeholders through targeted study socialization and finalizing preparations for data collection. HFG instituted local research teams in all three countries, continued working on adapting the interview tool to the specific country contexts, and worked on identifying interview participants. The study was granted exemption from full review by the Abt's Institutional Review Board (IRB) as a low-risk study. The Philippines National Ethics Committee also reviewed and granted ethical clearance . Local IRB reviews were pending in Indonesia and Thailand.

In September, HFG kicked off data collection in the Philippines, which entails in-depth interviews with select actors both at the national and subnational level, and across the public and private sectors. HFG team members travelled to Manila to train the in-country research team on the study protocol, data collection instrument, qualitative data collection, and data quality and security. This was followed by one hour-long key informant interviews with quality and health financing stakeholders. Philippines interviews continued, and HFG began coding and analyzing the incoming data.

- ***Analysis of the Sustainability of Selected USAID Health Investments in Family Planning (FP) and Maternal and Child Health (MCH):*** HFG made considerable strides in Q3 to take this activity from concept to reality. HFG set up its activity team and continued to develop the SOW which provides the justification and approach for the analysis. In a collaborative process with the Asia Bureau, HFG refined the focus, objectives, and analytical approach. The analysis will combine qualitative and quantitative methods to investigate how countries' FP/MCH programs have improved, sustained, or not sustained FP/MCH-related health outcomes over time, and assess the effect on ongoing FP/MCH outcomes of various approaches (e.g., tapered versus more abrupt) to close out USAID program support.

  In Q4 the team continued to develop the SOW and the staffing plan. HFG planned to finalize the SOW and begin Phase I analysis in Y6 Q1.

Q4 Challenges - Activity 4, Public Stewardship of Private Health Providers: The funding process for PSEC members took longer than expected and delayed the primary data collection for the teams. As of mid-September, all PSEC members either received or were in the process of receiving funding to move forward with primary data collection.

Q4 Additional Information - In Q4, the IR Indonesia team (Activity 2) began discussing in earnest the Phase 3, post IR cycle phase, with USAID. The CHPM team together with HFG developed a concept note for Phase 3, and iterated on this note with USAID. Final decision on post IR 2 activities will be made in Q1 of Year 6.

Table 33 provides additional activity-specific updates.

TABLE 33. ASIA BUREAU ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Indonesia Implementation Research (IR) on Universal Health Coverage (UHC)		
Cycle 2 Research (protocol and instruments, training of data collectors, analysis)	CHPM with HFG support completed all cycle 2 data collection in 5 districts. All interviews and focus group discussions were transcribed. The team began analyzing transcriptions using NVivo. Summary: • Jember: Completed 21 interviews and 73 respondents participated in Focus groups • Tapanuli Selatan: Completed 37 interviews • Jayapura: Completed 40 interviews • Jayawijaya: Completed 35 interviews • Jakarta Timur: Completed approximately 35 interviews	In the next quarter, CHPM will complete qualitative data analysis, host a deep-dive workshop with national and district stakeholders, and begin preparing the final report.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Myanmar Implementation Research (IR)		
Plan for the next cycles of learning and for the expansion of IR to other townships and possibly other thematic areas	Questions for a second cycle of learning identified. Initial discussions around the design of a second strategic purchasing pilot conducted; the second pilot would also be implemented by PSI, but this time in rural areas of the country. Document describing a proposed approach to institutionalize IR within the Ministry of Health and Sports prepared and discussed within Ministry.	Develop research methods for the investigation of selected questions for cycle two. Further discussions needed around the design of the second pilot. Meet with relevant Ministry of Health and Sports officials to discuss adoption of proposed approach.
Implementation of IR with at least one full cycle of learning	First full cycle of learning completed. Second cycle initiated.	Research methods and instruments to be developed next.
Mandate roles & responsibilities prepared for Scale-Up Management Team that oversees IR (one page report)	Role of Scale-Up Management Team discussed at meeting with relevant stakeholders. Document describing the Team's mandate and its roles and responsibilities was drafted.	Document describing the Team's mandate and its roles and responsibilities will need to be discussed and approved at the next stakeholder meeting.
Updated IR research plan, including key questions, methods to answer them, and strategy to disseminate findings	Completed.	The findings were already discussed with all relevant stakeholders. The report was shared with them.
Activity 4: 2018 Asia Regional Flagship Course (Reshaping the agenda to support achieving UHC in Asia)		
Implementation of an Asia regional course on UHC	Implementation is in progress.	
Develop and implement a marketing plan	HFG has supported the development of a marketing plan that is currently being used to determine the regional demand for a course and to register participants.	After determining regional demand, ANHSS will set the course tuition and begin registering participants.
Activity 5: Public Stewardship of Private Health Providers: Country lessons and improved performance (JLN collaboration)		
Develop case studies on regulation of the private health sector	In Q4, many PSEC member teams finalized secondary data collection and began primary data collection using focus group discussions and key informant interviews.	As a next step, periodic webinars will be held to convene several country case study teams to review the steps in the guide, report on progress, and troubleshoot implementation challenges (in addition to substantive discussions on regulation).
Development of modules 3 and 4 of the practical guide on regulation and contracting	In Q4, PSEC members continued data collection and drafting sections of their case study reports, which will inform the outline of module 3 of the practical guide.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
In-person meeting to disseminate and synthesize case studies	In Y6 Q1, the PSEC technical facilitators will begin planning an in-person meeting to disseminate and synthesize case studies. This meeting will take place by Q2.	
Activity 6: Exploring the Institutional Arrangements for Linking Health Financing to the Quality of Health Care in the Asia Region: Lessons from Indonesia, the Philippines, and Thailand		
Conduct key informant interviews in Indonesia, the Philippines, and Thailand	Ongoing: Data collection is currently underway in the Philippines.	HFG plans on starting data collection in Indonesia and Thailand in Y6Q1.
Develop study methodology	HFG finalized study protocol and interview tool in Y5Q3. In Q4, these were approved and exempted from full review by both Abt and the Philippines ethical review boards.	Securing ethical clearance in the Philippines took significantly longer than expected, delaying HFG's data collection timeline. Ethical reviews are currently under way in Thailand and in Indonesia.
Finalize report based on feedback obtained from regional stakeholder meeting	Planned for Y6Q2	
Analyze data and draft report of findings and lessons learned across the three countries	Planned for Y6Q1	
Disseminate findings to stakeholders in a regional meeting and validate lessons learned	Regional dissemination meeting tentatively planned for December. HFG is conducting a preliminary assessment of countries' interest in participating.	HFG will continue communicating with HFG countries and missions to generate interest and enthusiasm. HFG will also closely collaborate with USAID to determine the location, structure, and other details of the meeting.
Activity 7: Analysis of the Sustainability of Selected USAID Health Investments in Family Planning (FP) and Maternal and Child Health (MCH)		
Finalize the work order through a collaborative process with Asia Bureau	This was further developed and is currently being reviewed.	
Creating a team to execute the activity	Staffing roles have been determined.	The team will identify an additional technical contributor in Y6Q1 to support the analysis.

5.2.2 Bangladesh

Program Objectives The overarching goal of HFG work in Bangladesh is to help transform health care financing in Bangladesh towards the objective of achieving UHC. This is particularly important given Bangladesh's commitment to achieving the Sustainable Development Goals (SDGs), with UHC a clear target for SDG 3. An additional goal of the HFG project in Bangladesh is to build on previous years' investments and continue to support the implementation of the country's Health Care Financing Strategy. HFG's Year 4 (fiscal 2016) and Year 5 (fiscal 2017) work plans also complement the development and implementation of the Health, Nutrition and Population Sector Program in Bangladesh from 2016 to 2021. The HFG Year 5 work plan supported strategic objectives 1, 3, and 6 of the Health, Nutrition and Population Strategic Investment Plan 2016–2021:

Strategic objective 1 is *"To strengthen governance and stewardship of the public and private health sectors,"* strategic objective 3 *is "To provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage,"* and strategic objective 6 is *"To improve health measurement and accountability mechanisms and build a robust evidence base for decision-making."*[3]

Furthermore, the Year 5 work plan followed priority focus areas highlighted in USAID's recent Health Financing Assessment.[4]

Year 5 Activities - In Year 5, the HFG team in Bangladesh worked in the activity areas described below.

- ***Activity 1: Raising national UHC awareness through communication.*** USAID's Health Financing Assessment in October 2015 identified this as the first focus area for USAID support. In Year 4, HFG focused on raising awareness at the national level to develop a critical mass of professionals who can carry forward the UHC agenda in Bangladesh. In Year 5, the proposed activities continued to target supply-side professionals, expanding more to subnational levels. In Year 5, HFG implemented these activities with local partners, BRAC James P. Grant School of Public Health (JPGSPH) at BRAC University and Power and Participation Research Center (PPRC).
- ***Activity 2: Essential Service Package costing and dissemination, including policy briefs.*** This activity was executed in collaboration with WHO. Beginning in Year 4, it was completed in Year 5Q4 (?).
- ***Activity 3. Resource modeling and analysis for the Essential Services Package, including TB and immunization.***[5] Bangladesh recently revised its ESP and the HFG project, working with WHO and the Health Economics Unit (HEU), supported costing of the ESP using the OneHealth Tool (Activity 2). USAID requested an analysis on resource modelling to identify resource gaps, needs, and trends to fund the ESP, particularly in light of increased domestic co-financing requirements by the Global Fund and GAVI. A recent fiscal space analysis completed by the World Bank found that there is sufficient fiscal space to increase the budget allocation for health; what is lacking is adequate advocacy for increasing the health budget. In competition with other sectors such as social security, power, and infrastructure, the health budget is a low priority. Further analysis will provide information regarding the resource requirements for the health sector to fund the ESP.

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[3] References here to the investment plan are based on the final version: Planning Wing, Ministry of Health and Family Welfare. April 2016. Health, Nutrition and Population Strategic Investment Plan (HNPSIP) July 2016–June 2021, "Better Health for a Prosperous Society." Dhaka, Bangladesh

[4] Karen Cavanaugh, Mursaleena Islam, Sweta Saxena, Muhammod Abdus Sabur, and Niaz Chowdhury. 2015. Universal Health Coverage and Health Financing in Bangladesh: Situational Assessment and Way Forward. Washington, DC: USAID.

[5] Sub-analysis on immunization financing was planned to be coordinated with the World Bank, as GAVI provided funds to the World Bank for some analysis (scope to be defined).

- ***Activity 4: Capacity building and support for establishment of a costing hub at HEU.*** This activity aimed to improve the use of health costing results through the creation of a dedicated costing hub at HEU that would create a culture of evidence-based decisions using costing data. HFG planned to work with HEU to build its capacity to analyze, draft, and present costing and health financing results so as to increase their use in the next sector program and beyond, from policy to planning, implementation, and monitoring.

  During Q3 at the request of HEU and with support of USAID, this activity was revised and re-scoped as "***Repositioning the Health Economics Unit***" which aims to cover a more in depth-organizational assessment of HEU and development of a business plan to reposition the HEU. This activity is planned to deepen the previously proposed assessment to cover all HEU functions. If pertinent, the costing hub was planned to be designed along with this. USAID's MaMoni HSS project was identified as a partner in this re-scoped activity as it provided support to HEU for the quality improvement cell.

- ***Activity 5: Research to support introduction of health insurance in Bangladesh.*** This activity is in response to USAID interest in introducing health insurance in Bangladesh. USAID's health financing assessment in 2015 identified an important need to define clear approaches for targeting the poor in any UHC-related program. HFG worked with local partner Power and Participation Research Centre (PPRC) to build on PPRC's earlier work on different approaches for targeting the poor. Based on previous experiences and future needs, HFG planned to develop and provide specific recommendations for practical pro-poor targeting approaches.

Year 5 Progress Against Objectives - HFG made significant progress on its activities in Bangladesh during Y5Q4. Mission concurrence on the Year 5 work plan was given on December 6, 2016, which delayed implementation by one quarter; Year 5 activities were to be completed in Y6Q1.

- ***Activity 1: Raising national UHC awareness through communication***. In Y5Q4, HFG completed UHC communication activities with its partner, JPGSPH. A participatory workshop was organized with 18 journalists from print and electronic media and Bangladesh Health Reporters' Forum on August 1-3, 2017. Journalists appreciated the field visit to *Gonoshasthyo Kendra* to learn about its health insurance program. This experience allowed them to understand about different health insurance schemes and how they function. Immediately after the workshop, journalists published three articles in different national newspapers on high out-of-pocket expenditure, coverage of health insurance and the importance of comprehensive health insurance.

  At JPGSPH's closing event, Caroll Vasquez, USAID/Bangladesh's new Director, OPHNE, joined to offer opening remarks. Thirty-five experts and practitioners joined the event and shared experiences. After opening remarks, (who) presented JPGSPH program activities conducted from inception phase to implementation experience (April 2016 to September 2017). The panel "Raising awareness and translating knowledge to action for advancing UHC" was well received and followed by a lively discussion. In closing remarks, Director General Md. Ashadul Islam emphasized the importance of translating UHC awareness to action, defining how UHC can be achieved, and what essential service package can be provided for UHC. USAID/Bangladesh congratulated HFG project for a successful event.

  HFG's local partner, PPRC, in collaboration with the Municipal Association of Bangladesh (MAB), organized two regional level dialogues at Bera Municipal, Pabna on July 22-23, 2017 and at Jenaidah Municipal August 12-13, 2017. More than 1,000 participants including local community leaders, school teachers, religious leaders, doctors, students and others joined the civic walk and multi-stakeholder dialogue in both locations.

  Also in Y5Q4, PPRC held the first TV talk show on UHC. It was hosted by Channel *i*'s *Tritiyo Matra*, a popular TV talk show on contemporary issues, on August 23, 2017.Five experts joined the talk

show including Dr. Hosain Zillur Rahman, Executive Chair, PPRC; Dr. Zafrullah Chowdhury, Founder, Gano Shashthaya Kendra; Professor Dr. Tahmina Banu, Director, Chittagong Research Institute of Child Surgery (CRICS); A.M.M. Nasiruddin, Former Health Secretary; and Saidul Karim Mintu, Mayor, Jhenaidah Pourashava. They discussed UHC and the SDG prioritization of health, access and quality of healthcare, cost burdens and affordability of healthcare, viable innovations being pioneered in the field on the above, awareness on healthcare and social determinants of health and the civic platform, *Healthy Bangladesh: Importance of health promotion*.

- ***Activity 2: Essential Service Package costing and dissemination***

  - *Sub-Activity 2.1: ESP costing and dissemination.* In Y5Q4, HFG continued to work with and provide technical support to the WHO/International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) team on ESP costing using the OneHealth Tool (OHT).

    In Y5Q4, HFG's international OHT expert, Nadia Carvalho, reviewed multiple versions of OHT projections from the WHO/icddr,b team. Ms. Carvalho provided detail feedback, which included:

    - How to fill out the gaps of data in incomplete sections and ways to handle missing data points, like, coverage, % receiving the service etc.
    - How to handle some very high cost estimates for some interventions and inconsistent results over years and suggested to revise the 'target population' and 'population in need (PIN)' data within projection
    - Highlighted the problems of having two different projections including double counting of inputs, of unit cost for outpatient & inpatient services, and of having all costs under programme costing as lump sum.

    Ms. Carvalho also developed and shared with WHO/icddr,b's costing team the following:

    - Two guideline documents for aggregating two separate projections into one, creating scenarios, adjusting PIN and coverage data for various interventions
    - A full report template for the final report on ESP costing activity, highlighting tables and charts, as well as what information needs to be extracted from the OHT projection
    - Template for list of assumptions used within OHT projection.

    In September 2017, the OHT projections shared by the WHO/icddr,b costing team were also reviewed by HFG's quality reviewer, Andre Zida, and he provided feedback highlighting issues with total population size, budget and inclusion of ESP interventions by delivery channels. HFG participated in the discussion with DG HEU on September 21, 2017 where the WHO/icddr,b costing team shared the preliminary findings of ESP costing. HFG emphasized the need for the 'list of assumptions' for stakeholder vetting and 'scenario analysis with standard protocol management of all ESP interventions'.

    Preliminary ESP costing estimates were expected to be available in October 2017 based on the latest timeline provided by WHO/icddr,b.

  - *Sub-Activity 2.2: Policy briefs and workshops on costing and use.* HFG has drafted one policy brief titled 'Rationale of Costing of Bangladesh's Essential Health Service Package (ESP)' which will highlight the possible use of the cost estimates for future policy making and reform; the brief is undergoing HFG quality review.

- ***Activity 3: Resource modeling and analysis for the ESP, including TB and immunization***

  - *Sub-Activity 3.1: Resource modeling and analysis for the ESP.* In Y5Q4, HFG started collection and compilation of allocated budget by Government of Bangladesh from the Program Implementation Plan (PIP) and OPs of the Fourth Health, Population and Nutrition Sector Programme (HPNSP) (January 2017-June 2022). HFG began compiling the budget allocation data by intervention types by funding sources by year.

    Data compilation on allocated budget for TB program has been completed, reviewed and summarized in a short technical note to share with USAID. The data entry for immunization and ESP interventions on allocated budget began.

    ESP cost estimates (from Activity 2.1) were planned to be used in this analysis.

    The analysis was planned to be completed in Y6Q1.

  - *Sub-Activity 3.2: TB and immunization financing.* TB and immunization financing are planned to be covered as part of Activity 3.1. It was deemed more efficient to do the analysis simultaneously, though separate sections of the final report were planned to be produced for ESP, TB, and immunization financing.

- ***Activity 4: Repositioning of Health Economics unit***

  - *Sub-Activity 4.1: Organizational assessment and business plan.* In Y5Q4, HFG in partnership with USAID's MaMoni-HSS project, completed an organizational assessment of the HEU for repositioning the unit, in the context of its changing organizational role to advance UHC in Bangladesh and to implement the Health Care Financing Strategy.

    As part of the assessment in July 2017, more than 50 key stakeholder interviews were conducted and two workshops convened, with 60-plus participants, to discuss HEU's current and potential future roles and organizational structure. Based on the findings from these interviews and workshops, the team analyzed the mandate and roles of HEU and its subunits/cells. A business plan for repositioning HEU was drafted and began HFG project's quality review process.

    HFG reached more than 60 stakeholders in three weeks' time period in July 2017 as part of the organizational assessment of HEU for interview and consultation. These stakeholders included government officials from four different ministries, technical experts from seven different organizations and representatives from eight development partners. The opinion and suggestions from these stakeholders on roles, accomplishments and future of HEU were the basis for analyzing the organizational status and requirements and for preparing a plan for repositioning HEU.

- ***Activity 5: Research to support introduction of health insurance in Bangladesh***

  - *Sub- Activity 5.1: Targeting the poor***.** In Y5Q4, HFG received a review of 'poverty register' initiative of Government of Bangladesh from Dr. Hossain Zillur Rahman, PPRC; HFG reviewed the document and provided feedback. HFG also received the list of six programs selected for review of targeting approaches, which was shared with USAID and DG-HEU, who agreed to proceed with review of these six approaches. HFG also received the methodology for conducting the study of the targeting approaches used by these programs, which is undergoing HFG technical quality review. Based on this, HFG's partner finalized the methodology and and underwent Abt's IRB process. Data collection and analysis were planned for completion in Y6Q1 with final report early in Y6Q2.

HFG's partner, PPRC organized an expert group consultation to brainstorm on and design the approach for conducting this review analysis. Twelve experts from nine different organizations participated in the consultation and helped to finalize the methodology as well as possible list of programs for reviewing targeting approaches.

Q4 Challenges - As in prior quarters, HFG provided more than planned technical support to local partners to produce high quality deliverables. HFG also supported planning with local partners, in an attempt to reduce delays in implementation.

Table 34 provides activity-specific updates.

TABLE 34. BANGLADESH ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Raising National UHC Awareness through Communication		
Divisional and Sub-divisional Level UHC Dialogue	In Progress – Year 5 funded activities to be completed in Y6Q1 Two sub-divisional level dialogues held at Bera Municipal, Pabna and Jhenaidah municipal in partnership with Municipal Association Bangladesh (MAB). More than 1,000 participants from local community leader, school teachers, religious leaders, doctors, students and others joined in both civic walk and dialogue Bera Municipal, Pabna and Jhenaidah municipal. The first TV talk show held at Channel *i* hosted by *Tritiyo Matra*, a popular TV talk show on contemporary issues, on August 23, 2017. Five experts joined the talk show.	
Closeout program- Experience sharing on building UHC awareness: Translating learning to action	Completed Two Briefs produced. The final closeout program with JPGSPH was held on 26 September 2017 to share the program summary, learnings and way forward messages. Total 46 policy experts and practitioners participated in the event.	
Participatory Workshop with Health Journalist: Financial Protection and UHC	Completed A three day long "Participatory Workshop for Health Journalists: Financial Protection and Universal Health Coverage" was held on 1-3 August 2017 at Brac CDM, Savar. Total eighteen (18) health journalists from leading print and online newspapers and Bangladesh Health Reporters' Forum took part in the workshop to further explore and discuss the financial protection aspects of Universal Health Coverage.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Essential Services Package (ESP) costing		
ESP Costing Dissemination	In progress. Data compilation on projection plan for next 5 years completed and shared with WHO/icddr,b which was successfully used in OHT projection. HFG provided following to WHO/icddr,b costing team: Feedback on OHT projections by Nadia Carvalho. Template for 'list of assumptions' Template for report writing on ESP costing Final quality review on OHT projections by Andre Zida	WHO/icddr,b shared the preliminary findings with DG HEU on 21st Sept, 2017; however, they need to review OHT projections based on HFG and WHO reviewers' feedback and require stakeholder vetting on assumptions before finalizing the costing estimates.
Policy briefs and workshop on costing and use	In progress.	Will occur after completion of ESP costing. One policy brief has been drafted.
Activity 3: Resource Modeling and Analysis for the ESP, including TB and Immunization		
Resource modeling and analysis for the ESP	In progress. Data compilation and data entry ongoing. Compilation of data for TB program from PIP and OPs is completed.	Costing estimates for ESP interventions will have to be completed (Activity 2.1) to be included as input for the resource modeling.
TB and Immunization financing	In progress.	Implemented jointly with 3.1. Costing estimates for TB and immunization programs will have to be completed (Activity 2.1) to be included as input for the resource modeling.
Activity 4: Repositioning the Health Economics Unit		
Organizational assessment and business plan	In progress. Completed organizational assessment with over 50 interviews and two workshops with over 60 participants Draft Plan for HEU repositioning is currently undergoing HFG's quality review process.	Organizational assessment was conducted with partners and required additional analysis and document review, than originally planned.
Activity 5: Research to support introduction of health insurance in Bangladesh		
Targeting the poor	In progress. HFG's quality review process is ongoing on a technical note on review of 'poverty register' prepared by partner, PPRC.	

5.2.3 Cambodia

Program Objectives - Achieving Universal Health Coverage (UHC) is a primary objective of Cambodia's ongoing social protection reforms. The Ministry of Health (MoH), Ministry of Labor and Vocational Training, and Ministry of Social Affairs, Veterans, and Youth Rehabilitation are independently working to develop social protection schemes to expand health insurance to different sectors of the population. All of these schemes aim to reduce out-of-pocket payments for medical care and reduce the risk of Cambodians being impoverished by health expenses. However, coordination between these ministries is limited, resulting in a duplication of efforts that creates complexities and waste that could negatively impact health system performance.

The Royal Government of Cambodia recognizes the potential issues with its social protection reforms, and has requested that a technical working group, led by the Ministry of Economy and Finance (MoEF), oversee and coordinate the reform efforts. However, the MoEF does not have expertise in health financing, and needs training and capacity building to successfully create an integrated strategy for achieving UHC. Lack of financial resources is Cambodia's other main barrier to implementing and scaling up social protection programs. The Royal Government of Cambodia currently dedicates only 1.4 percent of gross domestic product to health care, and international donor funding is declining rapidly.

The HFG team's program objectives are designed to respond to these challenges by building the MoEF's capacity to carry out its functions of coordinating the social health protection reforms, and supporting the MoH in its efforts to overcome barriers to increasing resources for health. HFG supports the MoH in its efforts to improve efficiency and change the MoEF's perception that the MoH does not manage its resources wisely and develop health financing and UHC indicators that would allow the MoH and MoEF to monitor the impact of health financing interventions. HFG also develops high-quality, up-to-date HIV expenditure information to serve as a baseline for a strategy for mobilizing domestic resources for funding HIV programs.

Year 5 Activities -

- ***Continued Year 4 Activities.*** In FY 2017 (HFG Year 5), the HFG Cambodia country program will finish implementing the following FY 2016 (Year 4) activities:
  - Following its efficiency report for the MoEF and MoH, HFG conducted a multi-ministerial workshop on strategies for improving the efficiency of health care and disease spending. This workshop was intended to create a shared understanding of the resources needed for the health sector and mechanisms for improving efficiency.
  - HFG finalized data analysis, wrote a report, and facilitated a dissemination workshop for Cambodia's National AIDS Spending Assessment (NASA). The aim was to provide the National AIDS Authority and National Center for HIV and AIDS, Dermatology, and STDs with up-to-date HIV expenditure information that it can use to redesign its HIV and AIDS policies to improve efficiency and access, and to advocate to the MoH and MoEF for additional funding.
- ***New Activities for Year 5 (FY 2017)***
  - Having strengthened the MoEF's technical capacity on UHC and health financing issues in fiscal 2016, the MoEF asked that HFG and other development partners support the design of a health financing strategy that will lead to a sustainable health financing and social health protection system. HFG planned to develop policy option briefs on health financing, and facilitate workshops on these options.

- HFG planned to conduct an assessment to identify inefficiencies in Cambodia's health spending and design/implement strategies to address these. HFG aimed to strengthen the MoEF's capacity to identify and target key areas of inefficiency, evaluate the progress of measures to improve efficiency, and understand and assess issues around fiscal space and funding flows.
- HFG planned to implement several activities focused on the sustainability of disease-specific financing, including:
    - Conducting a costing study and actuarial modelling of HIV/AIDS and TB services to inform the National Social Security Fund and Health Equity Fund provider payment rates
    - Carrying out a rapid assessment of the benefits, limitations, and trade-offs of different payment models and incentive structures for malaria community health workers within Cambodia, the region, and globally
    - Facilitating the development of an HIV/AIDS sustainability sub-technical working group among ministries and development partners
    - Rapidly assessing current implementation arrangements and funding flows within Global Fund grants to inform the next funding request

Year 5 Progress Against Objectives - HFG finalized remaining fiscal 2016 activities in the first and second quarter of fiscal 2017. To support MoEF and MoH collaboration and improve efficiency, HFG facilitated a multi-ministerial workshop in December 2016 on strategies for improving the efficiency of health and disease spending (Q1). This workshop created a shared understanding of the resources needed for the health sector and mechanisms for improving efficiency. HFG also finalized the data analysis and report of Cambodia's NASA 2014-2015. A dissemination workshop was held in Q3 (May 2017) with approximately 80 representatives from the Cambodian government and development and civil society partners. The findings from this study helped the government to understand the magnitude of donor financing and therefore better plan how much the government's share will need to increase. The government also explored potential efficiency gains in service delivery. The National AIDS Authority used the NASA findings to negotiate with donors about the future funding model for the national HIV/AIDS response, as the country transitions towards domestic resource mobilization.

To support the MoEF in designing a health financing strategy, HFG conducted a capacity building session with the Social Protection Working Group (SPWG), MoEF, and other ministries in Siem Reap in December 2016 (Q1). The session was designed to complement previous sessions and included specific sessions on governance, cross-subsidization, payment, and fiscal space for health. To assist the SPWG and MOEF in applying lessons learned and initiating decisions about the Social Health Protection strategy, HFG led the participants through a series of planning exercises on these topics. Participants demonstrated improved knowledge in health financing and UHC and began to concretely consider how these lessons could be applied to the strategy.

At the end of Q3, HFG held a workshop in Siem Reap to respond to the SPWG's request for support for the governance structures needed to oversee the country's Social Health protection framework – the Social Health Protection council and the secretariat that advises the council. HFG facilitated sessions focused on the implementation of Cambodia's SHP strategy now that the framework is in place, including an agenda for the Council and terms of reference for the Secretariat. HFG developed a report, summarizing workshop outputs and outlining key considerations for the council, including proposals for the council's decision-making powers, the structure of its Executive Committee, and key indicators for monitoring implementation and evaluating progress of the social protection system.

To further the support of early implementation of the framework, HFG and GIZ co-organized a study tour to Indonesia in Q4 for delegates from the Cambodian government to learn from Indonesia's experience with social protection reforms. At the end of August, participants, including the MEF Secretary of State, visited with key agencies and organizations that constitute Indonesia's National Social Security System: the Social Protection Council, Social Insurers, the Ministry of Social Affairs, and the MoEF. Learnings from the trip were summarized in a report and shared with the MoEF and other stakeholders to guide future development and implementation of Cambodia's social protection reforms.

In Q2, HFG conducted a rapid assessment of current implementation arrangements and funding flows within Global Fund (GF) grants. This included reviewing global literature, conducting key informant interviews, assessing current GF funding bottlenecks, and proposing alternative options for GF funding. The results were presented to the Country Coordinating Committee and other stakeholders to be used to inform the structure of the next round of GF grants in Cambodia. The final report from the activity was submitted to USAID in Q3.

In Q2, HFG developed a research protocol and tools for a costing study of HIV/AIDS and TB services at public and private facilities. In Q3, HFG received ethical approval from Abt's IRB and Cambodia's National Ethics Committee for study implementation. This was followed in Q3 by training of data collectors, piloting of the study tools and methodology, and data collection. The analysis was completed in Q4 and will be presented to the National AIDS Authority (NAA) and other stakeholders in Y6Q1. Study results were planned to be used to build an actuarial cost and financing model, projecting resource needs and likely sources of funding for HIV/AIDS and TB services over a five-year period.

The landscape analysis of sustainability and incentive structures of village and mobile malaria workers also began in Q3. The project undertook a global review of village/community workers and payment mechanisms and a detailed review of malaria programs in Cambodia. In Q4, HFG developed and finalized the study instruments and conducted interviews with key informants such as managers of malaria programs and focus groups with village and mobile workers. A draft report was circulated to USAID/Cambodia for feedback at the end of Q4. The final report is expected to be ready early in Year 6.

In Q4, HFG also facilitated a consultative workshop on the sustainability of the national HIV and AIDS response in Cambodia. Key stakeholders were drawn from the MoEF, MOH, Ministry of Interior, Ministry of Social Affairs, National Social Security Fund, and National Centre for HIV/AIDS Dermatology & STDs. The workshop aimed to share donor transition and sustainability experiences of countries in the region (i.e. China, India, Thailand, and Vietnam), formally launch the UNAIDS Transition Readiness Assessment, and update PEPFAR's Sustainability Index and Dashboard (SID), making Cambodia the first country to complete SID version 3.0.

Q4 Additional Information - The site office was successfully closed in Q4, including transitioning inventory to the Harvest II Project.

Table 35 provides activity-specific updates.

TABLE 35. CAMBODIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support the Ministry of Economy and Finance in Designing a Social Health Protection (Health Financing) Strategy		
Conduct a capacity building workshop for MoEF personnel (and other ministries and organizations involved) on developing an agenda and ToR respectively for Cambodia's Social Protection Council and supporting Secretariat	Workshop was held at the end of Q3.	Activity has been completed.
Provide TA on conception, development, and implementation of Cambodia's SHP (health financing) strategy	HFG and GIZ co-organized a study tour to Indonesia to provide further capacity building support to the MoEF. Participants learned about Indonesia's experience implementing a social security scheme, and a report was shared that documented lessons learned to help inform Cambodia's early implementation of its social protection program.	Activity has been completed.
Activity 2: Strengthen Ministry of Economy and Finance's Capacity to Improve the Efficiency of Health and Disease Spending		
Conduct rapid efficiency assessment	HFG met with the MOEF several times and concluded that government counterpart interest in efficiency-focused support was too limited to make demonstrable progress.	None.
Provide technical support to the MOEF in the design and evaluation of a strategy for improving efficiency of health and disease spending	See above.	None.
Activity 4: Costing Study and Actuarial Modeling of HIV_AIDS and TB Services at Public and Private Health Facilities		
Conducting an HIV/AIDS and TB costing study from public/private facilities	Data collection and initial data analyses have been completed.	HFG will disseminate study results on October 16 at NAA. The final report should be completed early in Y6Q1.
Build a cost financial projection model for HIV_AIDS and TB services	Study results have been used to design a preliminary structure for the costing model.	In order to generate viable estimates of future service costs, the model needs projections of future users of HIV services (e.g. PLWH). HFG has communicated with UNAIDS and NAA to obtain this data.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 5: Landscape Analysis of Sustainability and Incentive Structures of Village and Mobile Malaria Workers (VMWs_MMWs)		
Conduct landscape analysis and key informant interviews to identify options for incentivizing VMWs_MMWs and integrating community health programs	Data collection has been completed and the first draft of the report was submitted to USAID/Cambodia for feedback.	The final report is expected for Q1.
Activity 6: Analysis and support to HIV Sustainability Sub Technical Working Group		
Facilitate the development of a HIV_AIDS sustainability sub-technical working group among development partners, ministries and donors	A workshop on donor transition and sustainability of HIV/AIDS programs was held in Q3. Participants learned from transition experiences in other countries, formally launched the UNAIDS Transition Readiness Assessment, and updated PEPFAR's SID.	Activity has been completed.
Activity 7: Options Analysis to Inform the Next Funding Request to the Global Fund		
Conduct research and key informant interviews to assess current GF funding bottlenecks and alternative options for GF funding	Activity was completed in Q3.	Activity has been completed.

5.2.4 India

Program Objectives - To improve health outcomes for the poor by supporting the scale-up of health insurance; setting up a TA resource center for policy analysis, planning, and decision making in priority health areas; and strengthening civil society coalitions for improved advocacy and sustainability.

Year 5 Activities -

- Supporting the scale-up of a selected health mutual scheme and documenting best practices and evidence for a national roadmap for health mutuals in India
- Designing of financing mechanisms for urban affordable primary health care (PHC) networks under the Partnerships for Affordable Healthcare Access and Longevity (PAHAL) project;
- Establishing a well-functioning resource center to provide flexible, short-term TA for policy analysis, planning, and decision making in priority health areas such as TB, FP, HIV, and adolescent health
- Strengthening the organizational and technical capacity of the civil society coalition, White Ribbon Alliance India (WRAI), to improve quality and accountability of FP services.

Year 5 Progress Against Objectives - HFG sustained its quality of effort in the fourth quarter of Year 5 and achieved successful completion of several activities planned for year 5. The team has initiated new activities and submitted deliverables to carry out the project mandate of health systems strengthening in India. Highlights of the project activities accomplished in Year 5 are presented below.

- **Supporting the scale-up of health mutual schemes:** First among the Year 5 set of activities is providing support for the scale up of health mutuals in India through targetedcase studies, TA, and policy influence. To inform the scale-up roadmap in Q2, HFG documented evidence on the health financing landscape and the mutual, cooperative, and community-based organizations in India, including desk research and development of a case study on an established mutual, Annapurna Pariwar. In Q3, HFG, in consultation with USAID, selected the health mutual that will receive TA support for scale-up—Uplift Mutuals. In Q3 and Q4, HFG undertook activities including field visits, meeting the CEO of Uplift, and developing a TA plan for supporting Uplift Mutuals. In Y5Q4, HFG drafted a strategy report for scaling up Uplift Mutuals. The strategy covered the areas of partnerships, legal design, technology, and data analysis and behaviour change communication. In the end of August, Uplift Mutuals and HFG agreed to conclude their scale-up work. HFG began documenting the challenges faced and lessons learned in the scale-up strategy report. To explore new partnerships with other community-based organisations that have the potential to host a new mutual product and scale it up, HFG initiated dialogue with Maharashtra-based Swasthya Foundation and VimoSEWA, based out of Ahmedabad, Gujarat operating in Rajasthan. In Q4, HFG also drafted a baseline factsheet of the current status of health insurance in the country. HFG finalized and disseminated two reports for the consultation meeting held in August entitled, Review of Community Mutual-Based Health Insurance Schemes and Their Role in Strengthening the Financial Protection System in India and Role of Government-Funded and Community-Based Health Insurance Schemes in Moving toward Universal Health Coverage in India. HFG began finalizing a report, Community/Mutual Health Insurance Program: A Case Study of Annapurna Pariwar, Maharashtra.
- **Designing of financing mechanisms for urban affordable PHC:** The second HFG India activity in Year 5 involves the design of financing mechanisms for urban affordable primary health care networks, under the PAHAL project. In Q2, HFG brought on board health financing experts Arman Oza, Aloke Gupta, and Rahul Dutta to support the endeavor to provide low-cost primary health care solutions to the urban poor. In Q3, regular discussions were undertaken with IPE Global's PAHAL team to forge the path ahead for the collaborative efforts. Further, HFG worked to negotiate a partnership with Aditya Birla Health Insurance, a major private insurance provider in

India to expand the untapped market for those not covered by health insurance. The partnership sought to design and introduce a new insurance product for the urban poor using the PAHAL urban health services delivery platform; this model will be piloted in Rajasthan. HFG identified an intermediary NGO partner that chose not to continue, and had also designed a community survey tool, which the PAHAL team would l use to assess the population characteristics. Given the importance of this initiative, HFG also lent effort towards exploring and developing a collaborative approach between government stakeholders, including the insurance regulator, public and private insurers, mutual/community insurers, network aggregators, and health care service providers.

In Q4, HFG convened a consultation meeting that provided key stakeholders—public and private insurance companies, service providers, network aggregators, and health financing experts—a platform to jointly address the issues and opportunities for providing health insurance to the urban poor. HFG segmented the discussion into core thematic areas: 1. Collaborative arrangement, 2. Strategies for efficient service delivery systems and 3. Coverage and product design. HFG finalized and disseminated three reports to participants prior to the meeting. These reports were entitled, Navigating Health Financing and Insurance Options for Urban Poor in India, Review of Community Mutual-Based Health Insurance Schemes and Their Role in Strengthening the Financial Protection System in India, and Role of Government-Funded and Community-Based Health Insurance Schemes in Moving toward Universal Health Coverage in India. HFG also disseminated three briefs. A report providing a summary of the consultation meeting was produced and disseminated to the meeting's participants. HFG also began meeting with the PAHAL team, private hospital providers, doctors, and pharmacists to provide support to Aditya Birla Health Insurance for designing an affordable and sustainable OPD centric health insurance product. The HFG team also shared a first draft of a monitoring and evaluation framework for the pilot of the health insurance product to be implemented by the PAHAL team.

- **HFG Resource Center:** The third HFG activity for Year 5 is the HFG resource center to support the sustainability of USAID activities in India through flexible, short-term TA, research and analysis, and capacity building of USAID partner institutions. During the last two quarters of Year 5, there was increased demand from the Government of India for TA, policy analysis, operational research and capacity building. Under this activity HFG supported four sub-activities, progress on which is discussed below:

  - *Mentoring and technical assistance to 12 states to complete the health performance Index developed by NITI Aayog:* The National Institution for Transforming India (NITI, or NITI Aayog), the GoI's policy think-tank, designed a Health Index to measure incremental improvements in states' performance in health. The USAID Mission asked HFG to assist 12 states in secondary data compilation, validation and timely submission of quality data for Health Index on the portal. As a major achievement, HFG successfully completed the assigned activity as planned by end of May 2017 over a period of three to four months. Impressed by the technical expertise of HFG Mentors, NITI Aayog and the Mission requested HFG for additional TA at the national level to consolidate all the data and help in validation. HFG work to supplement data management capacity at NITI Aayog Health division is complete.

  - *Research to support national family planning strategies*: This sub-activity forms a major part of the HFG resource center work. HFG engaged Avenir Health to conduct the sub-tasks under this activity in Q2. The effort focused on six sub-tasks, progress on each of which is briefly described:

    - A study to assess the funds projection for introduction of new contraceptives was completed in Q3, and the report was shared with MOHFW and the mission.

- On a study of the relationship between key FP variables, preliminary findings of a proximate determinant analysis for National Family Health Survey-2 (NFHS-2) and NFHS-3 data were discussed with the MOHFW in Q2. Findings were discussed with MoHFW and the Mission and the next phase of study was planned for completion upon the release of NFHS-4 raw data.
- For a study to explore the care-seeking behavior related to contraceptive use among unmarried and married adolescents, data collection was successfully undertaken in Madhya Pradesh and Odisha, and report writing is in process.
- A study to assess the factors responsible for high fertility in high-priority districts in four states identified by the Government of India was submitted by the Avenir team and began quality review.
- Data collection for a study to analyze trends in use of FP methods by adolescent/young adults groups and early parity groups was completed, and data analysis began.
- A study on the role of different communications and health workers' interaction in the use of FP methods in India will be completed by December 2017.

- *Technical assistance for adolescent health*: HFG provided TA support to the MOHFW's Adolescent Health Division and strengthening Adolescent Resource Centers through the following sub-tasks:
  - HFG produced a concept note to set up an institutional mechanism for multi-sectoral convergence for adolescent health under the stewardship of the MOHFW. The activity was completed in Q2; it included sharing with the MOHFW a strategy note on a multi-sectoral convergence mechanism for adolescent health.
  - In order to design a vulnerability mapping toolkit for adolescents, a draft concept note and methodology were shared with the MOHFW. Further work on this activity was dropped as advised by the mission in April 2017.
  - HFG completed a secondary literature review to assess menstrual hygiene practices among adolescent girls in India with special emphasis on types of absorbents used and their disposal practices. The results have been shared with the mission and MOHFW.
  - Program review to assess the implementation status of the Menstrual Hygiene Management scheme in five states with special reference to procurement and distribution of sanitary napkins and setting up systems for their disposal is underway. Study protocols and scopes of work were drafted in Q3. The government of India finalized the states selection and approved the scope of work in Q4. Study tools and methodology were developed and were planned for submission to the MoHFW and Ethics Committee for approval. The review was planned for the first quarter of year 6.
  - The MoHFW approved the scope of work for re-branding of Adolescent Friendly Health Clinics for improved visibility and acceptability during Q4. HFG initiated the hiring process of potential expert consultants. HFG reached out to various consultants to design branding and standardization guidelines for Adolescent Friendly Health Clinics.
- *Political economy of private providers' participation in the national TB program*: In Q2, HFG contracted Amaltas to conduct a detailed study of India's TB landscape and the structural and institutional constraints that impinge on private providers' participation in the national TB program. The study used a political economy analysis (PEA) approach to map the local context, actors and key relationships that impact private sector engagement in TB care in India. The study team submitted four deliverables in Q3: the final work plan; a desk review and

stakeholders analysis; case study reports and summary of key takeaways from the field visits; and a draft report of the PEA study. In Q4, HFG hosted an expert group consultation to discuss the topline findings from this exhaustive study, titled "Opportunities and Challenges to Develop Effective Strategies for Private Sector Engagement to End Tuberculosis in India." The consultation meeting brought together major development partners and TB experts (from USAID, World Bank, Bill and Melinda Gates Foundation, Global Fund, and WHO) to deliberate on the study's findings, the current scenario, and the options ahead. The meeting witnessed energetic discussions on the wide range of demand-side, supply-side, and policy-related issues uncovered by the study. Reiterating the crucial need for improved private provider involvement, the TB experts in attendance shared a host of ideas and innovations to bolster private sector engagement in India's TB control endeavor. A final report was completed and submitted to the mission in Q4.

- **Strengthening the organizational and technical capacity of (Civil Service Organizations) CSOs:** Regarding the fourth major activity of Year 5, HFG has made a significant progress in strengthening CSOs to improve demand generation and uptake of FP services. HFG supported the White Ribbon Alliance India (WRAI) network, the CSO selected for HFG TA, in building its capacity for enhanced demand generation of FP services. Twenty-seven WRAI CSO network partners from two states-12 from Rajasthan and 15 from Jharkhand-were selected in Q2 for capacity building on organizational management, leadership, and fundraising. HFG conducted and completed an organizational capacity assessment to appraise the CSOs' existing leadership, management, programmatic, financial, and technical strengths and challenges. During Q3, HFG used the findings of the organizational capacity assessment to inform the design of a responsive training curriculum for capacity building of the selected CSOs. During Q4, keeping CSOs' needs in mind, training content and the resource kit material were developed in both English and Hindi. HFG successfully organized five-day training workshops in both states, designed as a residential training divided in two parts; the first phase of training covered capacity building on leadership and management, strategic planning, communication, advocacy, human resource management; and the second phase covered financial management, legal compliance, due diligence and fund raising. This capacity-building support by HFG was expected to help advance India's FP goals and ensure that vulnerable populations, particularly women in rural areas, have a voice and representation in securing transparent and accountable health care. In Year 6, HFG India planned follow on with mentorship support for the selected CSOs and a Process Documentation report.

Q4 Challenges - Some challenges which were faced by HFG India during Quarter 4 were:

- Hiring of potential consultants/firms who have sound understanding of the Government of India's approach on adolescents has been a challenge. HFG began conversation with design experts who have worked on designing and layout of learning spaces for young people and have insights for creating a comforting, inclusive space for adolescents to learn and develop positive health behaviors.
- While HFG was able to generate interest and commitments from corporate donors to fund the individual CSOs in their priority geographies, WRAI leadership does not allow funding to flow to individual CSOs. Instead, they negotiated with corporations to channel the funds through the Alliance, a cumbersome and time consuming process.
- Though the five-day CSO training was intensive in nature, it comprised a wide range of thematic sessions and exposed participants to different issues that affect their organizational sustainability. Many of the participating CSOs expressed a strong need for more in-depth and frequent training and instruction, particularly on financial management, fundraising, and regulatory compliances. Opportunities to provide individual support for CSOs, particularly those with less experience, were identified as helpful.

- Various aspects of designing an insurance mechanism for the primary health care network were challenging. Maintaining affordability of the product for customers and sustainability of the market for insurers was a careful balance for HFG and insurance partner Aditya Birla. Another major challenge in designing the product was accessing data from the insurance providers. Another aspect was the identification of an NGO partner, through which the insurance company was to reach out to the target population. The challenge was to sensitize a few suitable NGOs, which have good access to target groups in urban areas, and select the best option through competition.

Q4 Additional Information -

- HFG India participated in a three-day Advocacy for Family Planning (AFP) SMART advocacy workshop from September 19-21, 2017.This workshop demonstrated concrete strategies that advocates might use to convince local decision makers to support family planning. It also provided a platform where AFP partner organizations from the state and district levels discussed successful advocacy efforts and learned effective techniques for achieving policy and programmatic gains. By the end of this intensive three-day workshop, an advocacy action plan was drafted for implementation.
- The MoHFW and the Mission asked HFG India to undertake an assessment of the TB diagnostic network in India during October and November. The assessment aimed to comprehensively evaluate India's TB diagnostic network including policies and guidance, laboratory infrastructure, and placement and utilization of diagnostic technologies. HFG India completed the SOW, compiled details of all international and national experts, and extensively worked on preparation of estimated costs for completing this assignment. The assessment of the TB diagnostic network was deemed to help the Revised National TB Control Program (RNTCP) improve early identification of presumptive TB cases at the first point of care, be it private or public sectors. It was also deemed to help with prompt diagnosis using high sensitivity diagnostic tests to provide universal access to quality TB diagnosis including drug resistant TB in the country.

Table 36 provides activity-specific updates.

TABLE 36. INDIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support the scale up of mutual health insurance to provide primary healthcare services to low income households and vulnerable poor		
TA to Uplift Mutuals for scaling up Health Mutuals	HFG prepared a draft strategy document for scaling up Uplift mutual.The strategy identifies discreet areas of support that Uplift would need to scale up operations to a new geography. These areas include partnerships, legal design, technology and data analysis, and behavior change communication. In the end of August, Uplift Mutuals and HFG agreed to conclude their scale-up work. HFG is finalizing a report, Community/Mutual Health Insurance Program: A Case Study of Annapurna Pariwar, Maharashtra.	HFG is incorporating the challenges faced and lessons learned in the strategy document.
Desk Review on global innovations for scaling up health insurance	This activity is complete.	This activity is complete.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Review of Government Health Insurance Schemes and Community Based Health Insurance Schemes in moving towards Universal Health Coverage in India	A report, *Review of Community Mutual-Based Health Insurance Schemes and Their Role in Strengthening the Financial Protection System in India* was finalized and disseminated with participants before the consultation meeting in August.	Revisions were made to the report, and it is now undergoing final review before the second version is final.
Review of Mutual Based Health Insurance and their Role in Strengthening the Financial Protection System in India	A report entitled, *Role of Government-Funded and Community-Based Health Insurance Schemes in Moving toward Universal Health Coverage in India*, was finalized and disseminated with participants before the August consultation meeting.	This activity is now complete.
Activity 2: Design of financing mechanisms for urban affordable primary health care networks under PAHAL project		
Design of financing mechanisms for urban affordable primary health care networks under PAHAL project	HFG convened a consultation meeting that provided key stakeholders a platform to jointly address the issues and opportunities for providing health insurance to the urban poor. After the consultation meeting, HFG started developing a concept note for an online digital forum to sustain a participatory discussion, which would use a cascading approach to carry out discussion, active engagement, development of a knowledge data base, and engagement of external stakeholders. A report providing a summary of the consultation meeting was produced and disseminated to the meeting's participants. HFG also began meeting with the PAHAL team, private hospital providers, doctors, and pharmacists to provide support to Aditya Birla Health Insurance to design an affordable and sustainable OPD centric health insurance product. HFG is working on including primary care in the product at an affordable and sustainable price. Preparations are underway for a workshop to identify a new suitable NGO partner to promote and sell the product to urban poor and help consumers get the best value for their money. Finally, the HFG team has shared a first draft of the monitoring and evaluation framework for the pilot of the health insurance product to be implemented by the PAHAL team.	HFG will collect relevant data for pricing the product with primary healthcare as a component. This content will encourage Aditya Birla Health Insurance to shift from a hospitalization-focused product design to a product design that combines preventive, outpatient, and hospitalization. HFG will organize a workshop for, 'Sourcing NGO partners for Commercial Insurance Pilot in Rajasthan by the end of October. HFG will complete a monitoring and evaluation framework that would be handed over to PAHAL to assess the impact of the insurance product once it is launched in Rajasthan. This evaluation framework will be a knowledge product that HFG will share with PAHAL while HFG ends.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	To understand the barriers to the inclusion of OPD care as an affordable yet market-sustainable health insurance product, HFG proposed three studies to investigate the underlying assumptions of the premium setting process by an insurance product design.	
Organize an event to facilitate collaboration between commercial health insurers and health care service providers	HFG in collaboration with USAID/India's PAHAL project hosted a technical consultation meeting on 22nd August 2017. The main agenda of the meeting was to discuss on options for brining health insurance to urban poor. HFG finalized and disseminated three reports to participants prior to the meeting. These reports were entitled, *Navigating Health Financing and Insurance Options for Urban Poor in India, Review of Community Mutual-Based Health Insurance Schemes and Their Role in Strengthening the Financial Protection System in India,* and *Role of Government-Funded and Community-Based Health Insurance Schemes in Moving toward Universal Health Coverage in India.* HFG also disseminated three briefs. The meeting provided key stakeholders—public and private insurance companies, service providers, network aggregators, and health financing experts—a forum to jointly deliberate on the issues and opportunities for providing health insurance to the urban poor.	A discussion platform will be built to engage the stakeholders in further conversations on health insurance for the urban poor.
Activity 3: HFG Resource Center		
Research to support national family planning strategies	1. Study of the relationship between key FP variables- The preliminary findings of proximate determinants analysis for NFHS-2 and 3 was shared by Avenir team. Findings were discussed with MoHFW and the Mission. 2. Study to assess the funds projection for the introduction of new contraceptives: The final report has been submitted to the Mission and subsequently to MoHFW. 3. Study to explore the care-seeking behavior related to contraceptive use among unmarried and married adolescents: The analysis completed and report writing is in process. 4. Study to assess factors responsible for high fertility in high priority districts in four states identified by GOI: The	1. The next phase of the study is dependent on the release of NFHS-4 raw data. NFHS-4 raw is expected in Sept 2017. 2. This activity is complete. 3. The report will be submitted by end of September. 4. The report is undergoing quality review. 5. The first draft of the report will be submitted by Avenir by the end of November. 6. The study Protocol will be submitted by Avenir by the end of November.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	Report has been submitted by Avenir team. 5. Study to analyze trend in use of family planning methods by adolescent/young adults groups and early parity groups: The Study protocol has been submitted by Avenir Team. Data Analysis is in process. 6. Study the role of different communications and health workers' interaction in the use of family planning methods in India: The Avenir Team is working on study protocol.	
Political Economy Analysis (PEA) of Tuberculosis in India	HFG completed the detailed study of India's TB landscape and the structural and institutional constraints that impinge on private providers' participation in the national TB program. In July, HFG hosted an expert group consultation to discuss the topline findings from this exhaustive study, titled "Opportunities and Challenges to Develop Effective Strategies for Private Sector Engagement to End Tuberculosis in India". The consultation meeting, held in July, brought together major development partners and TB experts to deliberate on the study's findings, the current scenario, and the options ahead.	This activity is complete.
Assistance mentoring of 12 states to complete the health performance framework developed by the NITI Aayog	This activity was successfully completed in 12 assigned states and TA was provided to upload data in the state of West Bengal. HFG conducted an orientation training of state officials, completed data collection, validation and data entry on the NITI Aayog web portal. HFG provided additional technical assistance for data collection from the remaining 22 states and supported in validation, in coordination with the appointed Validation and Portal Agency.	This activity is complete.
Technical Assistance to the Government of India's Adolescent Health Program	Three new activities have been agreed upon, with MoHFW and the Mission to support the Adolescent health programme. 1. Secondary literature review to assess menstrual hygiene practices among adolescent girls in India with special emphasis on types of absorbents used and their disposal practices: The literature review has been completed and shared with mission and MoHFW	1. The Literature review has been submitted to the Mission and MoHFW. 2. The tool will be submitted to MoHFW and Ethics committee for approval. 3. Hiring of a consultant / firm for the re-branding is in progress.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	for comments. 2. Program review to assess current status of implementation of Menstrual Hygiene Management scheme in 5 states with special reference to procurement and distribution of sanitary napkins and setting up systems for their disposal: A scope of study has been approved by MoHFW and 5 states selected. Development of the tools and methodology is also completed. 3. Re-branding of Adolescent Friendly Health Clinics (AFHC) for improved visibility and acceptability: The Government of India wants to reposition AFHCs at the district level as District Resource Centers for Adolescents, where all communication materials will be available, peer educator meetings will be held, and a fun/learning environment for adolescents is provided. HFG's scope of work was approved by MoHFW.	
Activity 4: Strengthening Civil Society Organization Coalitions in India for Family Planning Promotion		
Training workshops in Jharkhand and Rajasthan	HFG successfully organized a five-day training workshop for 27 WRAI CSO network partners from two states—12 from Rajasthan and 15 from Jharkhand HFG designed as a residential training, which was divided into two phases: • The first phase of training included capacity building on leadership & management, strategic planning, communication and advocacy, human resource management • The second phase included financial management, legal compliance, due diligence and fund raising. The training content, as well as the resource kit material, was bilingual, produced and delivered in both English and Hindi. Senior functionaries from each CSO attended the training workshops. A total 82 CSO staff participated.	This activity is now complete.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Design of training curriculum	HFG has finalized the mentoring plan and provided mentoring support to 10 CSOs in Rajasthan. Mentoring visits to 10 CSOs in Jharkhand were also completed and support is being provided. The WRA in Jharkhand requested continued mentoring for only 6 CSOs in the months of September and October. All CSOs formulated an action plan for the period of 100 days, to improve systems for HR, finance and communications and identified areas for further mentoring support.	HFG is compiling information on improvements in organizational development systems within the CSOs of both the states and plans to complete a Process Documentation report in Year 6.

5.2.5 Indonesia

Program Objectives - Given a backdrop of declining donor resources in the health sector, increasing domestic resources, and the continued roll-out of national health insurance coverage, in Year 5 HFG continued to support USAID/Indonesia in strategically investing in HSS. This included assisting the Government of Indonesia to improve JKN implementation through implementation research, supporting strategic purchasing analysis and reforms, and supporting the MOH in its efforts to institutionalize the production of Health Accounts data.

Year 5 Activities - HFG continued to implement the ***IR for UHC activity*** together with the University of Gadjah Mada's Center for Health Policy and Management (CHPM) and the Pusat Pembiayaan dan Jaminan Kesehatan (P2JK), identifying potential recommendations to improve national health insurance (JKN) implementation. The activity supported policymakers and implementers in developing UHC-related research questions, undertaking rapid cycles of research that explore implementation gaps and bottlenecks, and offering improvements to implementation of JKN in Indonesia.

HFG supported P2JK in institutionalizing ***Health Accounts*** production, dissemination, and use in collaboration with the University of Indonesia. In the past, Health Accounts estimations were led by the University of Indonesia with funding from DFAT and some technical support from WHO. HFG began helping to build Health Accounts capacity within PPJK (Ministry of Health's Health Financing Unit) and provided support P2JK in producing the estimates for fiscal 2015.

HFG worked with key health financing stakeholders, including the national health insurance agency (BPJS) and the Ministry of Health Center for Health Financing, to assess the current institutional structures and regulatory functions for health care purchasing in Indonesia. The goal was to identify roadblocks to ***strategic health purchasing*** caused by misalignment between regulations and implementation, contradictory regulations, and other challenges. This review was used to provide input into upcoming revisions to the presidential decree on the implementation of JKN.

Maternal Health Evidence Summit*:* HFG provided technical support to the Indonesian Academy of Sciences (AIPI) on how to review and summarize the health systems literature, identify gaps in the literature. The project also offered support on how to translate existing evidence into policy recommendations for improved maternal and newborn health in Indonesia.

Year 5 Progress Against Objectives -

IR for UHC: In Q1, HFG conducted a deep-dive workshop on the results of the first cycle of implementation research for UHC. This was done in collaboration with the primary Indonesian government counterpart on the activity, PPJK (the MOH Center for Health Financing and Insurance), and HFG's local implementation research partner, the Center for Health Policy and Management (CHPM) at the University of Gadjah Mada. The first cycle (carried out in Year 4, June-September 2016) focused on the effects of Indonesia's National Health Insurance program, Jaminan Kesehatan Nasional (JKN), at the primary care level in five districts (Jember, South Tapanuli, Jayapura, Jayawijaya, and East Jakarta).

The two-day workshop involved 76 participants. These included representatives from USAID, HFG, national-level ministries (MOH, Ministry of Planning, and the National Health Insurance Agency [BPJS]), provincial and district-level organizations, development partners and NGOs (UNICEF, UNDP, UNFPA, Indonesia AIDS Coalition), and local university partners in the five selected districts. The objectives of the workshop were to disseminate the results of the IR; engage stakeholders in discussion of and learning from the findings; produce actionable recommendations for strengthening JKN policy and regulations on primary care and the conditions for their effective implementation; and provide input for the second cycle of IR for UHC.

The workshop presentations, plenary sessions, and group discussions focused on the gaps identified between "ideal" UHC policy and the reality of JKN policies and regulations for primary care, on the one hand; and between JKN policy and regulations for primary care and the reality of implementation, on the other. The participants discussed three key issues revealed in the research:

- Capitation, as currently implemented, has little impact on improving performance.
- District health offices have relatively ambiguous authority to ensure that resources are spent to produce desired health outcomes.
- There is a misalignment between Indonesia's decentralized health service provision policies and the national regulations of BPJS as a centralized financial institution.

After the deep-dive workshop in October, HFG's local partner CHPM held numerous consultative meetings with national-level stakeholders and stakeholders in our five target districts. The aim of these meetings was to 1) engage stakeholders in discussion of the IR Cycle 1 findings and identify specific measures to strengthen the implementation of JKN at the primary care level, and 2) identify stakeholders' priorities for the focus of a second cycle of research.

The consultations, held over the month of December and in Q2 (January, February and March), revealed stakeholder interest in investigating how promotive and preventive services could be strengthened under JKN and how the role of district health offices in local management of JKN could be improved.

To link these interests and findings from Cycle 1, the research team proposed pursuing a deeper analysis of primary care staff incentives in Cycle 2, as this was a critical element that determined performance and ultimately the effectiveness and sustainability of JKN. Cycle 2 aimed to provide in-depth, contextual analysis of how various regulations on incentives, capitation, and performance were being implemented in the five districts, and how the incentive environment might be modified to stimulate improved delivery of promotive and preventive care.

In Q3, CHPM continued disseminating findings and results from Cycle 1 to national and district stakeholders, including developing an infographic and four policy briefs including one national and three district briefs. CHPM received feedback on the Cycle 2 proposal from USAID and PPJK and began developing the questionnaire, training interviewers, and piloting the instruments. The team honed the specific research questions that guided the Cycle 2 data collection, with TA and review provided by HFG. Principal Investigator Laksono Trisnatoro travelled to Washington, D.C., in April. He presented Cycle 1 findings and the plan for Cycle 2 to USAID, World Bank, and Government of Indonesia officials.

Also in April, CHPM brought together its university partners from the five research districts to participate in data collection training. Two to four researchers from each district attended the four-day training, along with two HFG home office staff. The teams reviewed interview and focus group guides and participated in multiple mock interviews with local physicians and health workers. The training was interactive and collegial. HFG home office experts provided input on the data collection protocols, gave feedback to the trainees, and shared best practices for qualitative research. All participants demonstrated improvement in their qualitative interviewing techniques and knowledge of JKN over the four days. CHPM revised and improved the protocols based on feedback from the research teams and mock respondents,.

In May CHPM submitted its final protocols for research ethics review and local government approval. University partners began data collection in two districts in June. CHPM sent a member of its team to each district to oversee and coach the local data collectors. After the data collection, analysis, and reporting, CHPM planned for a second deep-dive workshop with national stakeholders to discuss and interpret results. HFG and CHPM began discussing expanded dissemination options for the IR study findings.

Separately, in June HFG supported three Government of Indonesia participants to attend a WHO-sponsored Health Financing Workshop in Barcelona, Spain.

In Q4 CHPM and its University partners completed IR data collection in the five districts. University partners transcribed all interviews and FGDs and began producing a matrix of findings. Analysis continued the next quarter.

HFG provided a three-day training on NVivo qualitative software in Yogyakarta for 12 CHPM staff. Dr. Augustin Bandur from BINUS University in Jakarta led the training. An Abt Associates qualitative methodologist also attended the training as did several other academics from UGM. The team made excellent progress on learning the software, coding data, and developing a codebook. The HFG team further strengthened the capacity of CHPM to be a Center of Excellence for IR by building CHPM's capacity to use NVivo and enhancing its capacity, efficiency, and effectiveness in performing qualitative research.

CHPM set up an online Community of Practice (COP) group for Primary Care, open to the public and those who have an interest in issues surrounding primary care services. One of the activities of the COP was production of a series of webinars to discuss provider individual performance and incentives. The group had its first webinar on this issue in August. By supporting this COP for Primary Care, CHPM hoped to broadly disseminate IR findings, continue to engage district and national stakeholders, and influence policymakers on needed JKN reforms.

CHPM also attended a small meeting in USAID Jakarta and met with USAID implementing partners. At this meeting, CHPM discussed some of the IR findings specifically on TB. USAID/Indonesia is keenly interested in the HFG project transferring knowledge to the bilateral programs in Indonesia, including the TB program. USAID/Indonesia has requested that CHPM work with the HIV and TB programs to ensure that all the findings are fully shared, and brainstorm with bilateral program staff how findings can be incorporate or applied to current activities.

CHPM also presented IR findings at the Indonesian Health Economics Association (INAHEA) conference in September 2017 and is hosting the upcoming National Health Policy Forum in October 2017. Both activities serve to foster continued sharing and discussion around the methods, utility, and findings of IR for UHC Cycle 1 and Cycle 2 with research stakeholders as well as policymakers in Indonesia.

Support MOH in institutionalizing Health Accounts production, dissemination, and use: Early in Y5Q1, HFG worked with the University of Indonesia and PPJK to finalize the role of each in Health Accounts development. HFG drafted scopes of work for six University of Indonesia consultants, and attempted to onboard the consultants for rapid start-up of activities.

Following extensive discussions to agree on these scopes of work, USAID/Indonesia asked HFG to engage two additional consultants to be embedded at the Ministry of Health. In Q2, again after numerous extended discussions, HFG revised all eight scopes of work and collected necessary documentation to finalize the contracts. The Ministry of Health asked HFG to postpone the Health Accounts training from February until May 2017, due to scheduling difficulties. HFG started preparing the agenda and materials for the May workshop.

In Q3, two HFG experts travelled to Indonesia to facilitate the training in collaboration with the University of Indonesia consultants. Over 40 participants attended the workshop from the Ministry of Health (PPJK, budgeting, and research units), BPJS, and BPS (National Statistics Bureau). The training covered the System of Health Accounts 2011 framework, the Health Accounts production process and the Health Accounts Production Tool. HFG also worked with the consultants and PPJK to review the spending data collected so far and brainstorm solutions to fill the data gaps. Meetings were held with BPJS and BPS to explain the data needed for Health Accounts and understand what data BPJS and BPS are able to provide the local team. The local team will submit data collection templates to these two

organizations to organize the data needed. HFG awaited confirmation from PPJK about how they would like HFG to support the 2015 Health Accounts process going forward.

Finally, in Q3 HFG supported one expert from the University of Indonesia to attend the Bangkok meeting on Health Accounts hosted by WHO.

In Q4, HFG's consultants at the Ministry of Health and the University of Indonesia continued analyzing government health spending data. HFG learned of some limitations in the household survey data that are being used to calculate household out-of-pocket spending for the Health Accounts. HFG worked with the USAID-funded HP+ project, which has been using this dataset extensively, to better understand the limitations. The World Bank agreed to provide funding for the analysis of out-of-pocket spending data from the Statistics Bureau. HFG also had discussions with the local team about a potential TDY in October to (i) help facilitate a meeting with Statistics Bureau, World Bank, USAID, HP+ and other stakeholders about out-of-pocket spending and (ii) review data coding and support finalization of the 2015 Health Accounts.

Strategic health purchasing in Indonesia: In Y5Q1, HFG supported participants from the MOH Center for Health Financing to attend two strategic purchasing training workshops, one in Dublin and one in Cyprus. Participants gained a better understanding of basic concepts in strategic purchasing, and how to apply these concepts in the Indonesian context. HFG also supported DJSN in convening a meeting on primary health care. The project paid honoraria to 19 speakers and moderators, and provided meeting supplies.

In Y5Q1, HFG conducted a scoping mission to support the development of a roadmap to improve strategic health purchasing within JKN and across all sources of health financing in Indonesia. During the scoping mission, the team conducted a landscaping of the current situation and key issues in strategic health purchasing in Indonesia, and established a working relationship with the National Social Security Council (Dewan Jaminan Sosial Nasional; DJSN), MOH, BPJS-K, and other key stakeholders. Informational meetings were held with MOH directorates on the specific themes of HIV, immunization, malaria, MCH, nutrition, and TB.

The team then supported DJSN to convene a stakeholder workshop to discuss the current situation and the challenges associated with the four aspects of strategic health purchasing: institutional structure, operational systems, capacity, and external factors. The objective was to frame future analysis of purchasing and provider payment in Indonesia, identify knowledge gaps that need to be filled, and inform a future process to develop a strategic health purchasing roadmap. A key message of the workshop from Y5Q1 was the need to harmonize and strengthen purchasing across all government health spending, including priority programs (HIV/AIDS, immunization, malaria, MCH, nutrition, and TB), and transition from donor support. Another key message was that the lack of clarity in institutional roles and responsibilities for purchasing under JKN was limiting the effectiveness of strategic purchasing. More than 50 participants from the MOH, BPJS, MOF, and other stakeholder groups actively participated in the workshop.

Following the Q1 scoping mission, the HFG team along with their government counterparts at the (DJSN, the MOH, and BPJS) agreed upon three work streams for this activity:

- A review of current strategic purchasing functions and supporting regulations, and desired realignment
- The establishment of a strategic purchasing Technical Working Group (TWG) convened by DJSN
- Capacity building for key stakeholders on strategic purchasing concepts, including local tailored trainings and international workshops

In Q2, HFG engaged a local consultant from Gadjah Mada University to lead the review of health purchasing functions and regulations. The consultant began examining the institutional structure and regulatory foundations for health purchasing functions, comparing the existing regulations as described on paper, their actual implementation, and stakeholders' perception of more "ideal" purchasing arrangements. Based on priorities identified by the DJSN, the consultant's review focused on four key areas: Primary Health Care; medicines and pharmaceutical purchasing; the referral system; and remote areas. Findings would be used to identify roadblocks to strategic health purchasing in Indonesia (e.g., areas with misalignment between regulations, implementation, and/or the ideal situation), which will be the focus of the roadmap for improvement in health purchasing.

Also in Q2, DJSN convened the strategic purchasing TWG for the first time, with support from HFG. The objectives of the TWG are to:

- Reach agreement on a strategic health purchasing concept and vision for Indonesia
- Identify the appropriate institutional roles and responsibilities to carry out strategic health purchasing functions across all sources of government health financing and at each level of government
- Develop a roadmap to make step-by-step changes to regulations, institutional roles and responsibilities, and operational processes, that will make health purchasing more strategic across all sources of government health financing and at each level of government
- Oversee a capacity-building plan for key stakeholder groups on fundamental concepts and processes of strategic health purchasing

The TWG met every two weeks, with each meeting focusing on one of the four key focus areas. Information obtained during the TWG meetings fed into the functional/regulatory review.

In Q3, HFG continued to provide technical support to the TWG meetings and assisted the consultant to conduct the regulatory review on the strategic health purchasing functions of the JKN system. Additionally, HFG engaged a second consultant from Gadjah Mada University to design and lead four capacity building workshops on strategic health purchasing. These workshops targeted leaders at BPJS, academics, health care providers, and MOH officials using a combination of virtual and in-person meetings. The capacity-building sessions were built around case examples and virtual short introductory video sessions, which were also housed on the university's web platform to ensure their availability beyond the scope and timeline of this project. HFG experts recorded some of the video training sessions.

In April, HFG supported a DJSN-led stakeholder workshop to validate the initial findings of the Functional and Regulatory Review for Strategic Health Purchasing. The workshop generated active discussion and identified priority areas where the roles of different stakeholders need clarification, such as payment rate-setting, supply-side planning, and incentivizing and monitoring quality. Participants agreed that more effective platforms for dialogue among stakeholders should be established.

HFG also worked with Indonesian participants to prepare for and attend five international meetings, four in April and one in June of 2017:

- **USG/GOI Learning Exchange** (April 18, 2017) - The HFG project home office team hosted a learning exchange for a delegation from the GOI, including a Director from BPJS, members of the Indonesian Social Security Council, an advisor to the Minister of Health, Ministry of Finance representatives, two USAID representatives, and one person from the World Bank/Indonesia. The objective was for Indonesian policymakers to learn about health financing innovations and challenges in the U.S. health care system. HFG organized a half-day meeting with the Maryland state Health Services Cost Review Commission, which presented an update on innovations Maryland is piloting, including the all-payer rate setting system, global budgeting process, and quality-based purchasing.

Later, the delegation visited the Center for Medicare and Medicaid Services (CMS), and left with a better understanding of payment arrangements for Medicare, how quality is measured and monitored, and a sense of the role and purpose of the Center for Medicare and Medicaid Innovations. Many of the issues the U.S. has faced are relevant to the challenges Indonesia is currently facing with its new single payer system, and the delegation appreciated the learning exchange greatly.

- **JLN Learning Exchange on Strategic Health Purchasing in Decentralized Contexts** - A half-day learning exchange was hosted by the JLN Health Financing Revisited Initiative (facilitated by the World Bank) and the Provider Payment Mechanisms Initiative (facilitated by R4D) on April 19, 2017 in Washington, D.C. as a side event of the Annual UHC Financing Forum. As Indonesia continues to simultaneously implement a national health insurance system with a single purchaser and a high level of fiscal decentralization and local government responsibility for health service delivery, the learning exchange provided an opportunity to learn from the experience of other peer countries. Along with a delegation from Indonesia, contributors from three countries participated: Argentina, Chile, and Nigeria. These countries shared experiences on specific implementation challenges of strategic health purchasing in decentralized settings, practical solutions, and other learnings from experience building effective models of strategic health purchasing and financial risk-sharing in decentralized contexts. The key points from the meeting were synthesized and shared with the participants.
- **2nd Annual UHC Financing Forum** (April 20-21, 2017) - The same delegation attended the UHC forum in Washington, DC and participated in a series of side meetings, including a session on "Using Evidence to Inform the Rollout of Indonesia's Jaminan Kesehatan National".
- **WHO Global Meeting on Strategic Health Purchasing** (April 25-27, 2017)- HFG arranged for a DJSN council member and HFG's strategic purchasing consultant to attend this global meeting with funding from WHO. The DJSN representative presented Indonesia's experience during the session on "How to strengthen governance of a purchasing market – what can governments do?"
- **Patient Classification Systems International Case Mix School** (June 10-17, 2017)- HFG supported five **members** of PPJK to attend the *Principles and Applications of Case-Mix in Health Systems all over the world* course on behalf of USAID/Indonesia to gain a better understanding of options for designing case mix funding mechanisms. The objectives for the course were to introduce students to case-mix fundamentals and application of case-mix for funding, management, benchmarking, quality-control, comparative analyses, etc.

At the end of Q3, the HFG team began preparation of the final report to synthesize the key recommendations from the TWG meetings. The HFG team also began developing a template for policy notes focused on the four key health areas that capture the recommendations from the TWG meeting and regulatory review.

In Q4, HFG supported a DJSN-led stakeholder workshop and presented the completed Functional and Regulatory Review for Strategic Health Purchasing. Consultants from the University of Gadjah Mada presented their analysis of the current landscape of strategic purchasing. HFG conducted sensitization meetings during the first week of August to share an initial round of options for strategic purchasing improvement. The workshop itself brought together critical health finance and governance stakeholders—BPJS, MOH, MOF, and the Ministry of Planning—who began to discuss the working group's recommendations regarding proposed regulatory changes around strategic health purchasing. The group discussed strategic purchasing arrangements that would optimize resources spent on primary healthcare (PHC), the referral system, and ensuring medical access in remote regions. The group also commented on four draft technical policy notes developed by HFG that included an executive summary, policy overview, and analysis of strategic purchasing regulations for PHC service delivery and referral

services. This conversation is expected to continue until the first round of recommendations are due to the President in November 2017.

HFG's consultant from UGM conducted 4 half-day training sessions with academics, subnational health planners, providers, and civil society organizations on strategic health purchasing concepts. In addition, HFG supported a capacity building seminar with BPJS, MOH, and DJSN on the INA-CBG case-based payment system. The seminar focused on managing fraud within different bundled payment systems, performance adjusted bundled payments, and creating a system for payments that are outside of the normal distribution of payments for a diagnostic category. All trainings are available on an online platform at UGM for future use in Indonesia.

Also in Q4, HFG's consultant facilitated the final TWG meeting. In total, 9 TWG meetings were held. The TWG process was well-received by all stakeholders and DJSN plans to continue to facilitate these meetings.

HFG met with the World Bank and the USAID/Indonesia to scope out potential work for the next phase of work. At the end of Q4, the HFG team began preparation of the final report to synthesize the result of this phase of work, and summarize the recommendations and options for improved strategic health purchasing for PHC, the referral system, and medical access in remote areas.

Q4 Challenges -

IR for UHC:

- Delays in district IRB approvals led to delays in data collection for Cycle 2 in some districts. HFG adjusted CHPM's subaward period of performance to the end of Feb 29, 2018 (from July 30, 2017).

National Health Accounts:

- HFG has faced delays in NHA 2015 production given delays in accessing necessary household spending data.

Strategic Health Purchasing:

- HFG rescoped the four policy notes to include an overview of strategic purchasing functions, which was necessary to understanding the policy deep dives into remote area medical access, the referral system, and purchasing PHC.However, medicinal and pharmaceutical access was not included as a final draft.
- The fifth half-day capacity building workshop for strategic purchasing concepts was rescoped because of resource constraints. UGM contractors will need to find outside resources to conduct the fifth workshop for civil society organizations.

Table 37 provides activity-specific updates.

TABLE 37. INDONESIA ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity: Support Indonesian MOH to institutionalize Health Accounts production, dissemination and use		
Provide technical assistance to PPJK for Health Accounts production, dissemination and use	HFG worked with the HP+ project, who have been using the household dataset extensively, to understand the challenges with using it to calculate out-of-pocket spending. The skip logic of the household survey questions may have resulted in the exclusion of households being asked health expenditure and/or utilization questions.	HFG agreed with the Ministry and USAID to help organize a meeting during the next TDY to discuss this further and agree on a methodology for household out-of-pocket spending for the 2015 and 2016 Health Accounts. The outcome of this discussion may also impact trend analysis for out-of-pocket health spending, including the impact of JKN.
Support Indonesia NHA team (P2JK and UI) to build NHA skills and networks by attending intl and Indonesian meetings	Sent one member of team to Bangkok in Quarter 2 of Year 5. Supported 5 members of the P2JK team to attend the InaHEA conference in Indonesia in September, 2017.	No issues encountered.
Activity: Strategic Purchasing TA in Indonesia		
Support development of 3 half-day sessions and 1 full day session for capacity building of GOI in strategic health purchasing	Three half day capacity building sessions were provided for academics, regional health planners, providers. A full day capacity building session was held for national health governance stakeholders.	HFG consultants were unable to support the fifth workshop for civil society organizations because DJSN counterparts believed that it would be more valuable to hold a full-day session for the national government stakeholders. UGM will need to find outside resources to fund the CSO capacity building workshop on SHP.
Activity: MNH Evidence Summit		
Contribute to the MNH Evidence Summit	HFG's activity lead traveled to Indonesia to work with the Indonesian Academy of Sciences team and supported their preparations for the evidence summit on October 4-5, 2018.	The academic team was far behind in their preparations for the summit.
Provide inputs on evidence review papers related to JKN	HFG provided extensive comments and suggestions on a set of evidence review papers summarizing the Indonesian literature on health insurance and maternal and newborn health. The activity lead participated in several calls and feedback sessions with the Indonesian research team.	The papers will form the basis of a summary review document to be presented to the Ministry of Health at the October 4-5 Summit meeting.

5.2.6 Vietnam

Program Objectives - The overall strategic objective of HFG/Vietnam is to support the Government of Vietnam (GVN) in ensuring the sustainability of HIV/AIDS programs with Social Health Insurance (SHI) as the main financing agent.

PEPFAR began the crucial stages of transitioning out of funding Vietnam's direct service delivery for HIV/AIDS in Vietnam. To guide stakeholders through the rapid transformations required for a successful transition, the USG/Vietnam team identified critical "Game Changers"—time-bound objectives whose fulfilment will allow the GVN to effectively increase the mobilization of domestic resources for HIV and to take a leading role in the fight against the disease. Relevant to the mandate of the Sustainable Financing Initiative and PEPFAR's COP16, and in support of GVN's commitments, our programmatic objectives by end of September 2017 are:

Cover 23% of 2017 overall need (estimated at 133,000 first and second-line patients) with Domestic Resources for HIV through SHI and other sources. External donors planned to cover 77% of patients in 2017. The first ARV procurement with SHI funds will be completed by 2017, covering 15% of patients in treatment while the remaining 8% of the total need in 2017 will be covered by State-funded procurement.

Continue integration of OPCs into SHI, achieving completion of Phase 2. The majority of HFG-supported facilities are reimbursed for services provided to HIV patients in 2017. HFG supports 105 facilities (46 of which are PEPFAR sites) in nine provinces. HFG aimed for the number of facilities providing HIV services reimbursed through SHI to be more than 70% of the total (75 out of 105) by end of September 2017. Current baseline is 13% (14 out of 105).

Year 5 Activities -

- ***Activity 1. Provide support and technical assistance to the MOH and Vietnam Social Security in the integration of Out-Patient Clinics (OPCs) for eligibility of reimbursement by the Health Insurance fund (COP16 Funding).*** HFG continued the implementation of integration activities in the six assigned PEPFAR priority and maintenance provinces, and will also include three additional provinces to accelerate the overall integration process. In coordination with VAAC, HFG proposed the consideration of three additional provinces currently not supported by PEPFAR: Dong Nai, Ninh Binh and Phu Tho. While the additional three provinces would make the integration activity more challenging, HFG expected to increase its impact on the transferring of HIV patients to SHI facilities by more than 1,000 patients and the potential for additional 760 PLHIV to access HIV treatment through SHI.

  Building on the experience gained and the relationships built, HFG proposed the following:

  - At the central level, HFG continued provision of technical and financial support to keep the integration of OPCs at the forefront of the MOH's agenda.
  - At the provincial level HFG to assume the role of leading coordination agency for the integration process and the migration of patients across all PEPFAR facilities in the nine assigned provinces.
  - HFG to strengthen technical assistance volume and frequency in each of the assigned provinces to assist DOHs to overcome the barriers preventing OPC integration.
  - At the facility level, HFG to provide technical support for the transition of HIV patients to the hospitals and clinics in the SHI network.

- HFG to provide capacity building to hospital and provincial staff to ensure proper SHI implementation, administration and claim management.
- Finally, HFG to address the financing elements that might impact quality and availability of the HIV services as they are integrated within the SHI network.

- ***Activity 2. Enable the first centralized ARV procurement funded by SHI in coordination with VSS, VAAC and Ministry of Finance. (SFI Funding).*** HFG began advanced discussions with VAAC and VSS about issues that continue to emerge as the arrangements for the first procurement of ARVs paid by SHI become more developed. The objective for 2017 is to achieve complete preparation of documents, processes and funding arrangements for the first ARV procurement paid by SHI by the end of the year. To that effect, HFG planned to:
  - Provide information and guidance for transitioning procurement of ARVs from external /donor funded programs to national systems, including the roles of institutions and agencies, accountability mechanisms, and market shaping approaches
  - Work with VAAC/MoH, VSS/MoF to define the legal framework in the form of a circular to regulate the use of SHI funds for payment of suppliers
  - Organize and train a unit for ARV centralized procurement at the Ministry of Health.
  - Support the VAAC/MoH and VSS and guide them through the process of procuring ARVs by end of 2017.
- ***Activity 3. Provide evidence and technical assistance to the MoH and Vietnam Social Security in the ongoing Health Financing reform to ensure the advancement of the HIV agenda among other health priorities; (SFI funded).*** Over the course of FY15 and with support from the Sustainable Financing Initiative, HFG was deeply involved with the design and approval of the Roadmap for the Basic Health Services Package (BHSP) to be reimbursed by Health Insurance. However, both VSS and the MoH required continued technical support in their effort towards better understanding and estimating their revenue and expenditures, both past and future.

  HFG intended to respond to recent programmatic challenges through a combination of local and international technical support. The technical support team planned to comprise resources from Results for Development Institute (R4D), Abt associates, Inc. and one international consultant in the field of insurance and actuarial science. In coordination with local counterparts at Vietnam Social Security and Ministry of Health and supported by our national experts, the HFG experts planned to:
  - Address the lack of prevention in the SHI Benefit Package.
  - Assist the Department of Planning and Finance at MoH to draft two SHI-related circulars.
  - Provide technical support to the National Council for Health with regards to the approval of the Basic Health Services Package and related circulars.
  - Continue the ongoing support to Vietnam Social Security to complete the drafting of the Projection Model for SHI, inclusive of HIV services
  - Continue and complete the NHA and HIV subaccount expenditure tracking exercise for 2014 and for 2015 accounts.

- ***Activity 4. Work with VSS, PSS and VAAC to ensure the Health Information System is strengthened and enabled to register, report and follow-up of HIV patients. (SFI funded).*** Vietnam Social Security began updating its database systems to better capture and report on input data received from Provincial Social Security offices throughout the country. As a result of technical discussions with VSS, HFG proposed to support the agency in adapting and, if needed, modifying the Health Information System at the provincial level to ensure that the information relative to HIV patients is properly recorded, stored, and shared. This included the following activities:
  - Define characteristics of a strong monitoring system of HIV patients accessing SHI facilities in the country.
  - Provide Support to VAAC, VSS and PSS to modify the design of VSS's Information System (IS) at the national level to integrate HIV patients' data and hospital reports.
  - Build the capacity of Provincial Social Security to evaluate claims and process reimbursements related to HIV services.
- ***Activity 5. Work with VAAC, National Assembly, VSS, MoH, Provincial authorities and USAID partners to improve HIV patients' financial protection to incentivize their transition to SHI-funded clinics. (SFI funded).*** The main and most obvious barrier to the uptake of HIV services in a SHI context is the low level of PLHIV enrollment in Social Health Insurance. HFG proposed to work on the following tasks to contribute to the improvement of perceptions and conditions of PLHIV towards SHI:
  - Provide evidence to BCC and promotion programs aimed at increasing PLHIV's enrollment in Social Health Insurance in provinces and major cities.
  - Advocate for a fully-subsidized status for PLHIV based on the infectious, debilitating, and costly nature of the condition.
  - Support the drafting of legal language for the allocation of provincial funds in the nine provinces where HFG is currently working, to subsidize PLHIV's SHI premiums and copayments.

Year 5 Progress Against Objectives - In Y5Q4 (July-September 2017), most USAID/HFG Vietnam work focused on priority and transition provinces for the implementation of HIV services paid by the health insurance fund. This work included:

- The resolution of accreditation issues with HIV/AIDS treatment facilities unable to contract with Vietnam Social Security in nine HFG-supported provinces, including six supported provinces (Hanoi, Ho Chi Minh City, Hai Phong, Can Tho, Hoa Binh, Thai Binh) and three new provinces (Dong Nai, Ninh Binh, Phu Tho)
- Increased PLHIV enrollment in health insurance
- The sustainable transfer of knowledge for tracking HIV resources from government and external sources, with the definition of the BHSP paid by the SHI fund including HIV/AIDS services
- Proposed options for centralized procurement and reimbursement of ARV through the SHI Fund
- The development of the SHI projection model
- Data collection for the NHA exercise 2014-2015 and Provincial Health Account with HIV/AIDS subaccounts
- Health Information System (HIS) strengthening.

In Y5Q4, the USAID/HFG-Vietnam team achieved some key results as outlined below:

- ***Integration of HIV/AIDS treatment facilities for health insurance reimbursement eligibility***
  - *Direct technical support to provinces:*
    - In collaboration with key MOH departments including the Department of Planning and Finance, VAAC, Department of Health Insurance, and Medical Services Administration, along with VSS as the administrator of the SHI fund, HFG/Vietnam continued to provide TA to nine provinces (Hanoi, Ho Chi Minh City, Can Tho, Hai Phong, Hoa Binh, Thai Binh, Ninh Binh, Phu Tho, and Dong Nai) with the standardized integration plans that were approved by DOHs.
    - HFG and key MOH departments continued to conduct supportive supervision activities at the provincial and health facility level in the nine provinces to implement the integration plan; responded to policy and technical issues; and discussed solutions for speeding up the integration process.
    - HFG proposed a standard approach to resolve issues of patients' migration while ensuring SHI benefits for patients at all levels of care. The approach included assessing patient needs, HIV/AIDS treatment capacity to absorb patients, and health system readiness for changes. This approach was successfully operationalized in Thai Binh, followed by VAAC's adoption of the approach in Hai Phong and other provinces.
  - *Technical support to MOH:*
    - HFG continued to support the VAAC in monitoring and tracking the integration progress in all 63 provinces, using the integration mapping tool. From the previous quarter onward, the tool also monitored HIV/AIDS service provision and reimbursement by the SHI fund, through the number of HIV patients receiving HIV/AIDS service paid by the SHI fund.
    - By the end of September 2017, 82 HIV/AIDS treatment facilities, with 19,869 patients receiving ART, had amended their SHI contracts for HIV/AIDS. Sixty-six health facilities reached Phase 2 of integration, meaning that they had started to provide HIV/AIDS services through SHI and were receiving reimbursement. These include six sites in hanoi, 10 sites in Hai Phong, three in Hoa Binh, seven in Thai Binh, 20 in Ho Chi Minh City (HCMC), six in Can Tho, eight in Ninh Binh, four in Phu Tho and two in Dong Nai. There are 6,515 patients experiencing successful reimbursement (see Table below).

TABLE 38. ACHIEVEMENTS BY SEPTEMBER 2017

Provinces	Total sites *	Patients on ART	PEPFAR sites*	Result – September 2017			
				SHI contracts		Service provision and SHI reimbursement	Patients with SHI cards reimbursed by SHI
				Total sites	PF sites		
Ha Noi	18	7,700	12	15	6	6	N/A
Hai Phong	14	4451	6	14	6	10	1,288
Hoa Binh	3	884	2	3	2	3	712
Thai Binh	8	1162	3	8	3	7	338
HCMC	44	29,757	17	20	7	20	1,751
Can Tho	7	2,342	4	6	3	6	1,919
Ninh Binh	8	988	0	8	0	8	507
Phu Tho	4	1,071	0	4	0	4	N/A
Dong Nai	8	2,698	0	4	0	2	N/A
Total	114	51,053	44	82	27	66	6,515
Target FY 17				109	46	109	N/A
% completion				75%	59%	60%	N/A

*Excludes central, army, prisons, and education centers

- Development of Q & A to provide guidance on integration for HIV/AIDS treatment facilities nationwide. The final Q&A was approved and posted on VAAC's website.
- Revised the Circular 32/2013/TT-BYT on the guideline for managing and monitoring HIV/AIDS treatment for PLWH and people exposed to HIV virus.
- Reviewed the ID-mismatching issues between PLHIV's names or other personal information on SHI cards and their medical record as HIV/AIDS patients.
- Developed the replacement of Circular 15/2015/TT-BYT dated 26/6/2015 guiding the implementation of HIV/AIDS examination and treatment through SHI.

- **Proposed options for ARV centralized procurement and reimbursement from the SHI fund.** USAID/HFG collaborated with the VAAC/MOH, VSS, and PSM in the development of models of centralized procurement and reimbursement of ARV through the SHI fund.
  - HFG provided detailed comments for the final draft of bidding document that will be used in the first national ARV procurement bidding, conducted by VAAC and paid by SHI fund in the end of 2017.
  - HFG developed the diagram of procurement, supply chain and finance flow for ARVs paid by SHI and shared with PSM to get consensus

- National Health Account exercise/HIV account and provincial Health Accounts
  - The draft of the basic indicators of NHA and Provincial Health Accounts (PHA) was finalized. This was after organizing, validating, and analyzing data, and organizing the technical workshop on the preliminary indicators of NHA and PHA (for the five provinces), including HIV/AIDS subaccount analysis for the years 2014 and 2015.
  - The NHA team also finished the mapping data and the team and began work to finalize the final indicators of NHA 2014-2015 and HIV/AIDS sub-analysis.
- **Definition of the BHSP paid by the SHI fund.** In the reporting period, HFG completed support to the MOH in the development of the BHSP circular and annexes, which included HIV services in the package. The Vietnam MOH completed the final draft of the BHSP and submitted for approval.
- **Development of the SHI financial projection model**
  - Collaborated with Vietnam Social Security (VSS) and MOH to collect data for national SHI projection model. Data collection was completed in 12/12 provinces except membership data and aggregated data to be collected at Vietnam Social Security at central level and expected to complete in October 2017.
  - HFG collaborated with VAAC to expand and revise the financial projection model for HIV program. The objective of the model is to estimate the yearly financial cost to the SHI Fund for insured PLHIV. The first draft model was shared with VAAC and related stakeholders and received positive comments. HFG planned to revise the model based on the comments and complete the model to hand over to VAAC.
  - Provided training on SHI actuarial analysis for MOH, VSS and PSS and DOH staff from five provinces: Hanoi, HCMC, Can Tho, Hai Phong, and Ha Nam.
- **Health Information System strengthening**
  - USAID/HFG began participating in the technical working team with the VAAC and other partners to get consensus on the standard output indicators for HIV management in order to integrate the HIS of HIV into the hospital system for management of the HIV program and ARV quantification.
  - HFG agreed with the Northern multiline reimbursement center/VSS on the potential upcoming activities to integrate ARV into the VSS's central procurement software and claim evaluation software.
- **Increasing PLHIV's SHI enrolment**
  - HFG provided TA support to VAAC and the Health Insurance department in guiding the implementation of SHI premium support for PLHIV as a chapter in the replacement circular of Circular 15.
  - HFG provided TA support to Hanoi and Ninh Binh in the development of a multi-sectoral mechanism on purchase and issuance of SHI cards for PLHIV.
  - HFG began cooperating with PATH (Healthy Market Activity Project) on developing a leaflet providing information on FAQs on SHI; providing contents or comments for posts with information regarding SHI to post on Xomcauvong (Rainbow Village) page; and preparing for two training courses to provide information and counselling skills on SHI for lead CBOs in Hanoi and HCMC.

Q4 Challenges -

- As the DOHs in the assigned provinces went through the integration process outlined and started by HFG in 2016, the fact that PEPFAR and Global Fund still supported free of charge ART did not motivate health facilities or patients to transition to SHI.
- Due to the complexity of the OPC consolidation process, some provinces decided to transfer patients from OPCs located in a single function health center or preventive medicine center to a hospital-based OPC, so there might be changes in the management of patients. This may have led to drop-out or loss to follow-up among ART patients, e.g Can Tho.
- There was still lack of attention to intervention for patients being treated at national-level hospitals.
- According to the Prime Minister Decision No 2188, People's Committees of the central cities/provinces planned to be responsible for allocating funding to provide SHI cards for all PLHIV. However, this may vary from province to province, contingent upon provincial action. There were only a few provinces allocating short-term funding to buy SHI cards for PLHIV, and the long-term commitment of funding allocation was uncertain.
- It was a challenge to reach the target of 100 percent PLHIV enrolled in the SHI scheme, because some percentage of patients did not have identity papers, had an ID mismatch, or had no permanent residence in the provinces where they were living and receiving HIV/AIDS care and treatment. There was also a proportion of PLHIV in the community whom were not at the moment on ART at health facilities. These people were mobile and/or working far away from home therefore impossible to reach to get into SHI programme.
- The consistent health information system for the HIV program was still challenging for VAAC, since there was no clear direction from VAAC on how to harmonize the current six different types of HIS software for the HIV program in Vietnam with the support from different sources.
- The completion of the SHI financial projection model was to be carried over to the next year for completion due to the delay in data collection and the management changes from Institute of Social Security Science/ Vietnam Social Security.

Table 39 provides additional activity-specific updates.

TABLE 39. VIETNAM ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Provide support and technical assistance to the MOH and Vietnam Social Security in the integration of Out-Patient Clinics (OPCs) for eligibility of reimbursement by the Health Insurance fund		
At the central level, HFG will continue to provide technical and financial support to keep the integration of OPCs at the forefront of the MOH's agenda	**At the national level:** • HFG continued to assist the VAAC/MOH to monitor the integration progress in 63 provinces using the mapping tool. The indicator on number of HIV/AIDS patients receiving HIV/AIDS services through SHI was included in the mapping tool to monitor service provision and reimbursement. • HFG provided support to the VAAC in developing a set of Questions and Answers on the integration based on HFG's technical experiences with provinces and health facilities. The final Q&A has been approved and posted on VAAC's website • HFG, together with FHI 360, VAAC Co-ag/CDC, PATH and HAIVN, also provided technical support to the VAAC in revising the circular 32/2013/TT-BYT on the guideline for managing and monitoring HIV/AIDS treatment for PLWH and people exposed to the HIV virus. • HFG collaborated with VAAC's Care and Treatment division to conduct a review of the ID-mismatching issues between PLHIV's names or other personal information on SHI cards and their medical record as HIV/AIDS patients, in five provinces including Dong Nai, HCMC, Hai Phong, Ninh Binh, and Can Tho. The purpose is to quantify the extent of the problem and propose solutions to ensure SHI reimbursement. • Replacement of Circular 15/2015/TT-BYT dated 26/6/2015 guiding the implementation of HIV/AIDS examination and treatment through SHI. Key issue supported by HFG to be included in the replaced circular including SHI: listing and categorizing PLHIV into different groups for buying and distribution of SHI cards.	• HIV/AIDS services have been reimbursed by SHI fund in most provinces. However the reimbursement rate and scope of services being reiumbursed vary from one to other provinces. HFG intends to conduct a review of SHI reiumbursement for HIV/AIDS to identify and foresee challenges in order to design follow up TA support. • The integration monitoring tool shall be upgraded to ensure data coverage and data quality.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps

At the Provincial level HFG will assume the role of leading coordination agency for the integration process and the migration of patients across all PEPFAR facilities in the 9 assigned provinces	**At provincial level:** HFG provided technical and financial supports on OPC integration activities of DOHs and Provincial AIDS Centers (PACs) in the six assigned PEPFAR priority and maintenance provinces, as well as three additional Global Fund-supported provinces (Ninh Binh, Phu Tho, and Dong Nai) to accelerate the overall integration process. The supports included:
	• Identifying appropriate and feasible steps for the integration, as well as actions to meet the criteria for entering SHI contracts and providing services through the SHI scheme
	• Implementation of the integration plans
	• Responding to policy and technical issues
	• Assisting the transfer of patients from district preventive medicine centers to district hospitals where required
	In Thai Binh: HFG supported Thai Binh PAC in:
	• Implementing the needs assessment of patient's choice of HIV/AIDS treatment facilities through SHI for all HIV/AIDS patients within the province.
	• Successfully organizing the consultation workshop to develop provincial patient migration plan through SHI examination and treatment scheme. The plan was developed based on the results from the patient's needs assessment of HIV/AIDS treatment facilities through SHI; then it was discussed with key stakeholders including VAAC, the Department of Health Insurance (DHI), development partners and all health facilities. In order to implement the plan, new HIV/AIDS treatment facilities requested capacity-building support due to their limited experience in managing and treating HIV/AIDS patients.
	In HCMC:
	• HFG supported PAC and DOH to conduct a quick assessment on the ability of 24 DHCs to establish Polyclinics (HIV plus general medicine) and thus be eligible for VSS contract:
	  • 6/24 completed and submitted their dossier for polyclinic establishment in which one DHC (Go Vap) has been approved
	  • 13/24 DHCs are in progress of dossier compiling
		At the provincial level: To continue the provision of province-based technical assistance to DOH, PAC, and health facilities especially in Hanoi, HCMC and Dong Nai.
		In HCMC:
		TA focus will be on (1) the integration of DHCs eligible for SHI contracting, SHI reimbursement training; (2) remaining district hospitals which wil be directed by DOH to receive patients transferred from DHCs which are not eligible for SHI contracting

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	• 5/24 DHCs do not compile dossier as they are not eligible for polyclinic establishment. Potential solution for these clinics is transferring patients to district hospital • With USAID/HFG advocacy through VAAC, the Vice Minister issued an official letter to the Vice Chairwoman of HCMC People's Committee urging immediate action on integration: (1) For hospitals: HIV/AIDS must be included into SHI contract and HIV/AIDS services should be provided and reimbursed by SHI fund by 30 September 2017. (2) For DHCs: if not possible to make them eligible for SHI contracting and get them into SHI contracts before 30 Oct, HCMC should plan to transfer patients to hospitals. • HFG and CDC providing technical support and supporting workshops on guiding District Health Centers the purchase process of SHI card for PLHIV in HCMC (August 31) In Hai Phong: • Joined VAAC-led working group in supporting Hai Phong with patient migration issues, using HFG standard approach applied for Thai Binh • Attended Centre for Supporting Community Development Initiatives workshop on SHI expansion and OPC integration In Hanoi: • HFG providing technical support to Hanoi PMC to speed up OPC integration. To date 6 facilities now providing HIV services/receiving reimbursement under SHI – up from 0 in August In Ninh Binh: • HIV/AIDS services provided at all eight health facilities with reimbursement through SHI • Finalizing plan for the consultation workshop on the process of purchase and issuance SHI card for PLHIV • In Dong Nai, HFG provided TA supports on: • Service provision and reimbursement through SHI at hospitals Integration for PMC-based OPCs	In Hanoi: • TA support will focus on enabling reimbursement by SHI fund and the development of a multi-sectoral mechanism on the implementation of SHI premium support. • Support PMC Hanoi to organize the technical workshop in late October with goals to further increase number of facilities with SHI services/reimbursement and finalize quantification and plans for subsidizing SHI premiums for PLHIV • Design TA and financial support to PMC in the implementation of SHI premium support related to SHI status classification and listing in collaboration with VAAC.US.CDC project support.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Strengthen technical assistance volume and frequency in each of the assigned provinces to assist DOHs to overcome the barriers preventing OPC integration	HFG, together with the VAAC, Department of Planning and Finance, SHI, and DOH, completed follow-up supportive supervision activities in sites in the nine provinces. There were 129 TA visits made during the quarter. For health facilities with complex regulatory issues and concerns about service provision, additional visits were made to ensure timely follow-up and actions.	Less supportive supervision will be provided for the provinces, where almost all sites have signed contracts with VSS, and more-comprehensive TA will be provided for provinces of complexity like Hanoi, HCMC, Dong Nai.
At the facility level, HFG will provide technical support for the transition of HIV patients to the hospitals and clinics in the SHI network	During Q4, HFG has conducted the following activities in supporting sites within assigned provinces: Hanoi: 20 TA visits to Hanoi DOH and health facilities HCMC: 78 TA visits to DOH, PAC, and health facilities Can Tho: 1 TA visit to DOH and PAC Hai Phong: 8 TA visits to DOH, PAC, and health facilities Thai Binh: 2 TA visits to DOH, PAC, and health facilities Dong Nai: 12 TA visits to DOH, PAC, and health facilities Ninh Binh: 8 TA visits to DOH, PAC, and health facilities	Less supportive supervision will be provided for the provinces, where almost all sites have signed contracts with VSS, and more-comprehensive TA will be provided for provinces of complexity like Hanoi, HCMC, Dong Nai.
HFG will provide capacity building to hospital and provincial staff to ensure proper SHI implementation, administration and claim management	This activity links with activity 1.2, 1.3, 1.4 — not done yet	
Finally, HFG will address the financing elements that might impact quality and availability of the HIV services as they are integrated within the SHI network	This activity links with activity 1.2, 1.3, 1.4 — not done yet	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Enable the first centralized ARV procurement funded by SHI in coordination with VSS, VAAC and Ministry of Finance		
Provide information and guidance for transitioning procurement of ARVs from external _donor funded programs to national systems	• HFG provided detailed comments for the final draft of bidding document that will be used in the first national ARV procurement bidding, conducted by VAAC and paid by SHI fund in the end of 2017. • HFG developed the diagram of procurement, supply chain and finance flow for ARVs paid by SHI and shared with PSM to get consensus • Coordinated with PSM in supporting VAAC to prepare bidding plan in accordance with Circular 28. 2 problems have arisen: • Minister of Health is considering the entity (VAAC or CPU) to conduct the Centralized Procurement of ARV • Decision 1125 dated July 31 calls for delaying ARV procurement to 2019, VAAC has requested the Vice Minister of Health to propose that the Prime Minister give special consideration to conduct the first procurement of ARV in 2018 as planned.	Continue to coordinate with PSM in supporting MoH/VAAC for first ARV central bidding in 2018.
Organize and train a unit for ARV centralized procurement at the Ministry of Health	The Decision 2188/QD-TTg and the Circular 28/2017/TT-BYT on centralized procurement of ARVs from the SHI fund are in place. According to the Decision 2188 and the Circular 28, VAAC is responsible for the procurement of ARV drugs, so HFG closely worked with the VAAC in the development of the management, organizational structure, and financing arrangement to be ready for the bidding process of ARV.	HFG, in collaboration with PSM, will mobilize experienced consultants on drugs quantification and procurement to provide direct technical support to the VAAC/MOH on the quantification and procurement of ARVs, as adaptable within the Vietnam context.
Support the VAAC_MoH and VSS and guide them through the process of procuring ARVs by end of 2017	USAID/HFG is currently collaborating with the VAAC/MOH, VSS, and PSM in the estimation of ARVs needed for the centralized procurement from SHI to fill in the gaps for 2017 and for the period of 2018–2020 when donors transition out. HFG is focusing on the financial aspects of the estimation. The technical team from HFG also worked closely with the VAAC/MOH and PSM to provide guidance for PAC and health facilities in the process of ARV drug quantification and proposed financing mechanism for ARVs paid by the SHI fund.	• Follow up and provide technical support to the VAAC in the process of quantification of ARV for the centralized procurement from the SHI fund in 2018. • Collaborate with the VAAC/MOH, VSS, and PSM in calculating the quantification process, provision of guidelines for provinces in estimating the need for ARV from the SHI fund, and the distribution and supply chain of ARV drugs. • Support the VAAC/MOH in development of the guideline on reporting and liquidation of ARV from the SHI fund.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Provide evidence and technical assistance to the MoH and Vietnam Social Security in the ongoing Health Financing reform to ensure the advancement of the HIV agenda among other health priorities		
Address the lack of prevention in the SHI Benefit Package	Since preventive services have not been reimbursed by the SHI fund as regulated by SHI law, with explicit reference to HIV, HFG has mobilized a local expert to work with the MOH and related partners to prepare the workable option to establish a path for the necessary regulatory and legal changes to include the relevant preventive and promotive services in the BHSP. The MOH is currently developing a master plan for health financing mechanism reform for preventive medicines, and PMA is the focal organization. PMA has already developed a draft preventive service packages and currently is working with the MOF in identifying cost norms/cost frame and service prices, in order to gradually mobilize sustainable financial resources for preventive medicines. USAID/HFG Vietnam has been working with VAAC to develop the HIV prevention package, and in costing exercises for the HIV package, as evidence to advocate for the inclusion of HIV prevention services to be reimbursed by the SHI fund when the SHI law is revised	USAID/HFG was also proposed by the vice-minister of health to provide technical support for the health financing reform for preventive medicines in Vietnam. This is a good chance for the project to get involved in the development of the HIV prevention package and propose a financing mechanism for a preventive medicine service package that includes HIV services. HFG will still continue the work with VAAC in the development of the HIV prevention package as well as providing evidence for the advocacy of inclusion of HIV services in the current SHI benefit package when the SHI law is revised.
Assist the Department of Planning and Finance at MoH to draft two SHI-related circulars	HFG supported MOH in finalizing the BHSP circular and annexes to ensure the inclusion of HIV services in the package. HFG also provide comments for the Captitation Circular as proposed by MOH.	The final versions of the two circulars have yet to be approved.
Provide technical support to the National Council for Health with regards to the approval of the Basic Health Services Package and related circulars	HFG supported the MOH in finalizing the BHSP circular and annex to ensure the inclusion of HIV services in the package. HFG also provided technical support for the MOH in the developing a framing document on a provider payment mechanism, which will be used in implementing the provider payment reform in Vietnam.	The final version of the BHSP circular has yet to be released. The framing document on provider payment has been shared with the MOH.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Continue the ongoing support to Vietnam Social Security to complete the drafting of the Projection Model for SHI, inclusive of HIV services	USAID/HFG worked with VSS and MOH to conduct data collection in 12 provinces to develop the SHI financial projection model at the national level. HFG collaborated with VAAC to get input data to incorporate HIV financial projection into the projection model. The draft model for HIV program has been shared with VAAC and related stakeholders to get comments for revision and finalization. During September 12-20, 2017, USAID/HFG technical team with the participation of the International Health Actuary – Eamon Kelly completed the following activities: • Presented the draft projection model for HIV/AIDS liability under SHI to VAAC and other stakeholders. • Reviewed collected data, validation process, and key policy elements being included in the full SHI Projection model • Conducted the technical briefing with VSS/ISSS to discuss status of the full SHI projection model and obtain feedback • Provided training on SHI actuarial analysis for MOH, VSS and PSS and DOH staff from 5 provinces: Hanoi, HCMC, Can Tho, Hai Phong, and Ha Nam. The SHI financial projection model will allow VSS to forecast the financial flow (revenue and expenditures) of the SHI fund with different scenarios such as policy changes and increased coverage of SHI, etc. Also, the projection for the HIV/AIDS program will allow VAAC to advocate for and mobilize domestic financial resources for the HIV/AIDS response as international donors reduce their support.	Collaborate with VSS to finish the data collection in 12 provinces to develop the SHI financial projection model, including for HIV/AIDS services at national level.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Continue and complete the NHA and HIV subaccount expenditure tracking exercise for 2014 and for 2015 accounts	Regarding NHA exercise 2014–2015 and Provincial Health Account with HIV accounts, during the third quarter of the FY 2017, HFG has done the following: • Coordinated with DPF to develop the methodology to allocate the health expenditure for 24 main disease groups, based on the data of frequency and average cost for 312 diseases. This finding will help to develop the disease distribution keys for NHA 2014, NHA 2015. • Provided MoH/DPF the definitions and the indicators of NHA of the year 2013, 2014 and 2015 for developing the Resolution on Health of the Central Party Committee • Finishing the final result of NHA 2014 & 2015, 5 provincial Health Accounts and HIV/AIDS sub-analysis for 2014, 2015. • The technical meeting to disseminate the NHA's final draft data was conducted on August 17, 2017 in Hanoi	• Work with international consultant to develop NHA data analysis which will be used for publishing the NHA, 5 provincial Health Accounts and HIV/AIDS sub analysis for 2014, 2015 in November 2017. • By the end of 2017: The final results and report will be published.
Activity 4: Work with VSS, PSS and VAAC to ensure the Health Information System is strengthened and enabled to register, report and follow-up of HIV patients		
Define characteristics of a strong monitoring system of HIV patients accessing SHI facilities in the country	• USAID/HFG is currently participating in the technical working team with the VAAC and other partners to get consensus on the standard output indicators for HIV management that the VAAC will propose to the MOH and VSS for HIV program management. • Discussed with VSS a proposal to conduct a review of the current infrastructure of the health information system at health facilities for reimbursement by the SHI fund.	SHIFT project is currently working on this task in collaboration with VAAC. To avoid the overlap, HFG will work with VSS and PSS and HIV treatment facilities in the process of integrating ARV into the VSS monitoring system as well as tracking the reimbursement for HIV services in 9 assigned provinces.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide Support to VAAC, VSS and PSS to modify the design of VSS's Information System (IS) at the national level to integrate HIV patients' data and hospital reports	• To integrate the HIS of HIV into the hospital system for management of the HIV program and ARV quantification, USAID/HFG is currently participating on the technical working team with the VAAC and other partners to get consensus on the standard output indicators for HIV management. • Discussed with VSS a proposal to conduct a review of the current infrastructure of the health information system at health facilities for reimbursement by SHI fund. • Discussed and agreed with the northern multiline reimbursement center/VSS the potential upcoming activities to integrate ARV into the VSS's central procurement software and claim evaluation software. Detailed activity plan has been discussed and submitted to VSS leaders for approval.	The consistent health information system for the HIV program is still challenging for VAAC, since there is no clear direction from VAAC on how to harmonize the current six different types of HIS software for the HIV program in Vietnam with the support from different sources.
Build the capacity of Provincial Social Security to evaluate claims and process reimbursements related to HIV services	As of Q4, this activity has not been started yet. This activity will be done based on the completion of Activity 1.	
Activity 5 Work with VAAC, National Assembly, VSS, MoH, Provincial authorities and USAID partners to improve HIV patients' financial protection to incentivize their transition to SHI-funded clinics		
Support the drafting of legal language for the allocation of provincial funds in the nine provinces where HFG is currently working, to subsidize PLHIV's SHI premiums and copayments	• Among the nine HFG-supported provinces, the Provincial People's Committee of Hai Phong, Hoa Binh, Can Tho, Ninh Binh, Dong Nai, Thai Binh and HCMC already committed to allocate local funds to support 100 percent SHI coverage for PLHIV. • While provincial funding pledges are available, the mechanism for operationalizing and disbursing the pledged funding is unclear. In responding to this challenge, USAID/HFG supported MOH's Department of Health Insurance (DHI) in guiding the implementation of SHI premium support. In addition to that, HFG took part in the VAAC-led review of the implementation of Decision 2188/QÄ□-TTg in collaboration with CDC and WHO 6 provinces including Thai Binh, Hai Phong, Nghe An, Binh Duong, Dong Thap and Can Tho. By enabling a working mechanism for providing financial subsidies to PLHIV, this activity will help to ensure universal access to essential treatment for HIV.	The subsidy of SHI premium is a part of the provincial multi-sectoral mechanism for SHI cards purchase and issuance. HFG will continue to work with provinces to develop long-term commitment on this support.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide evidence to BCC and promotion programs aimed at increasing PLHIV's enrollment in Social Health Insurance in provinces and major cities	This activity is completed with all of the tasks are conducted as plan. HFG cooperated with PATH (Healthy Markets project) on some activities to increase PLHIV enrollment in SHI. • The leaflet providing information on SHI has been finalized and printed. The leaflet will be delivered to PLHIV and high risk groups via CBOs, tranings and other communication events. • Provided contents or comments for posts with information regarding SHI to post on Xomcauvong (Rainbow Village) Facebook page during July-September 2017. This platform already has more than 120,000 followers. Organized two training courses providing policy information and counseling skills on SHI for leading CBOs and HIV lay testing providers in Hanoi (on September 26) and HCMC (on September 28). The training provided information on SHI policies and procedures and practical counselling skills on enrollment and use of SHI for ART and other HIV/AIDS services, especially for newly diagnosed PLHIV. Armed with accurate information and strong skills, CBO members will be able to counsel PLHIV effectively on SHI and contribute to achievement of the Government's targets for SHI expansion and transition of the HIV/AIDS response.	• HFG will continue to cooperate with the Healthy Markets project (PATH) on providing information for coming posts and the training courses on SHI next year. • Collaborate with other partner projects such as the VAAC, U.S. CDC, and SHIFT to provide evidence, data, and other inputs necessary to raise awareness and to encourage the enrollment to SHI.
Advocate for a fully-subsidized status for PLHIV based on the infectious, debilitating, and costly nature of the condition	USAID/HFG worked closely with VAAC for the completion of the Circular 28/TT-BYT dated 28 June 2017 regulating on the centralized procurement of ARV from SHI fund. Currently, HFG also works closely with VSS and VAAC to develop the guideline for the implementation of the Circular in 2018. In addition, HFG also provide technical support for VAAC and DOH/PAC in the estimation of budget for premium and co-payment subsidies for ARV to advocate and mobilise local budget to ensure the coverage of SHI and subsidy for ARV co-payment to PLHIV.	In the next year, HFG will also work with VAAC and related stakeholders to develop the guideline for implementation of the Circular 28 and provide technical support for VAAC, DOH/PAC in the budget estimation for SHI and co-payment and advocate for local budget to provide subsidies to PLHIV.

5.3 Eastern Europe and Eurasia

5.3.1 Eastern Europe and Eurasia Bureau

Program Objectives - The E&E Bureau activity ended in December 2016, at the end of Y5Q1. Thus, Year 5 objectives focused on final coaching of the 15 local NGOs with which HFG works; final monitoring and evaluation, including an endline capacity assessment of participating NGOs; and the handover and official launch of the online NGO networking platform.

Year 5 Activities - In the final quarter (Y5Q1) of implementation of this 10-month subaward activity, HFG continued to provide capacity-development support and technical oversight to its subrecipient Balance Support Center (BSC) and to BSC's own subcontractor, the United Nations Association of Georgia (UNAG), on coaching 15 local NGOs and on finalizing an online NGO networking platform. Armenia-based BSC and Georgia-based UNAG will continue to provide tailored coaching/mentoring to the NGOs, based in the three South Caucasus countries (Armenia, Azerbaijan, and Georgia). This coaching/mentoring support has five components: resource mobilization; financial management; internal management and governance; advocacy and constituency building; and networking, partnerships, and external relations. Additionally, BSC will work with the NGOs to finalize the online NGO networking platform launched in Year 4. The platform allows local NGOs to network and exchange information. At the end of the subaward, BSC will hand the platform over to the NGOs.

Year 5 Progress Against Objectives - During this final quarter of implementation of the E&E Bureau activity, HFG subrecipient BSC and its subcontractor UNAG finished training, coaching, and mentoring the 15 NGOs in the five component areas: resource mobilization; financial management; internal management and governance; advocacy and constituency building; networking, partnership, and external relations).

- Following the training and coaching sessions, a post-assessment of the NGOs' capacity demonstrated improvements in all components, as follows:
- Average 30 percent increase in scores across the five component areas.
- Improvement was greatest in the resource mobilization and financial management components, 31 percent and 29 percent, respectively.
- The networking and partnership component saw the smallest average improvement, 14 percent.
- Fourteen of the 15 NGOs exhibited improvements in at least four of the five components.

By way of context, it is not surprising that the overall scores were relatively low, averaging 2.7 on a scale of 0-5. The NGOs selected to participate are not the strongest organizations in the region; however, they were selected because are active in HIV-related areas, were identified as having a lot to learn from the training and coaching, and had enough capacity to learn from the training. So, despite their final scores being low, their improvement over the short 10-month implementation period is noteworthy.

Anecdotal reports from the NGOs demonstrate they themselves felt they had gained significantly from the training and coaching, and they were appreciative of the tailored approach of HFG, BSC, and UNAG.

5.3.2 Ukraine

Program Objectives - HFG Ukraine is working to develop a new TB hospital payment system (diagnosis-related groups (DRGs)) for Ukraine based on data from the HFG-supported regions – Poltava Oblast, Odessa Oblast, Kyiv City, and Lviv Oblast – including TB case groups and relative payment weights. Objectives include:

- Contribute to development of legal and Public Financial Management (PFM) changes required for implementation, including budget formation, operating systems, funds flow, and facility autonomy.
- Establish linkages with broader national health financing reforms, and other USAID and development partner projects, to create synergies and an enabling environment for implementation of the new TB hospital payment system.
- Create the required database for TB case group and relative weight analysis, combining TB clinical information and cost-accounting information, and develop and institutionalize a simulation model for use in creating TB case groups and relative weights. The simulation model will allow comparison of payments to each TB hospital under the old and new TB hospital payment systems to assess impact and determine winners and losers, and will contribute to the development of implementation and transition plans. It will also contribute to the development of plans for TB hospital restructuring required to create savings for reinvestment into TB outpatient services.
- Establish a participatory process for new TB hospital payment system development, and preparation for implementation, to build capacity, institutionalize methodology, and link to national reforms.

In addition to the above activities, USAID/Ukraine agreed to support the MOH in overall health financing reforms and strategic health purchasing, and allocated an additional $1.7 million to extend HFG program activities in Ukraine. A new HFG-Ukraine Strategic Health Purchasing (SHP) activity will focus on:

- Adaptation of an international-standard cost-accounting system to Ukrainian conditions.
- Supporting implementation of cost-accounting and hospitals performance systems in pilot region and further national roll-out.
- Development of the MOH and Agency's capacity to fulfill the functions of a strategic purchaser in the health system.
- Development of practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional (oblast) health systems to use the new payment system.

Year 5 Activities - Through much of Year 4, HFG carried out the first four of the above-listed subactivities with a focus on Poltava Oblast. In Y4Q4, the Poltava pilot was expanded to three additional regions: Odessa Oblast, Kyiv City, and Lviv Oblast. In Year 5, HFG continued working in these pilot regions on the development of TB SHP instruments, and engaging in policy dialogue at the national level on overall health reforms. Year 5 activities were organized as follows:

TB Financing Activity

- Improve and rationalize information systems at oblast level including the creation of discharged patient database at each TB hospital and generate analyzable data to monitor TB provider performance.
- Build capacity of TB providers and regional health authorities in cost accounting, and support facility-level cost-accounting analysis in all TB hospitals of pilot regions.
- Design and develop strategic purchasing instruments in TB, including the TB DRGs module and supporting systems to simulate and monitor provider responses to the new payment system.

- Support policy dialogue and create linkages between improving purchasing of TB services and the broader national health financing reforms.

Strategic Health Purchasing Activity (started Y5Q3)

- Adaptation of an international-standard cost-accounting system to Ukrainian conditions
- Supporting implementation of cost-accounting and hospitals performance systems in pilot regions
- Develop the MOH and Agency's capacity to fulfill the functions of a strategic purchaser in the health system.
- Develop practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional (oblast) health systems to use the new payment system.

Year 5 Progress Against Objectives -

- **TB Financing Activities**

  Improving hospital information systems-discharged patient database. In Q1, HFG continued working in pilot oblasts to support the roll-out of the discharged patients' database in TB hospitals. By the end of December 2016, all 28 TB hospitals in HFG's four pilot regions had been introduced to the database. The discharged patient system had been fully implemented in all TB hospitals in Poltava Oblast and Kiev City and included information on discharged patients for the 2014-2016 period, and was being rolled out in two additional pilot areas. Odessa Oblast has continued rolling out the system, toward inclusion of all six TB hospitals in that oblast by January 2017. In October 2016, HFG conducted a practical training for TB hospitals in Lviv Oblast and installed the discharged patient entry system in nine TB hospitals to start the data collection process. HFG analyzed more than 25,000 cases of discharged patients from three pilot regions (Poltava, Kiev, Odessa) using a standard set of indicators and presented results of the analysis to the regional health authorities and at the national DRG workshop in November 2016.

  At the request of Kiev City Administration, HFG prepared a comprehensive analysis of TB hospital performance using the discharged patient and cost-accounting data and presented the results to the Kiev City Health Department in November. The data revealed a big difference among hospitals in both cost per case and the average length of stay (ALOS), both on average and for selected conditions. The data also showed a high level of avoidable and repeated hospitalization, low level of bed occupancy, and other inefficiencies. All of these factors confirm the excess capacity of TB hospitals, the poor performance of current TB inpatient care, and a need for further optimization. Following the analysis, in late November, HFG and the Kiev City Health Department conducted a joint roundtable for the management teams from five TB hospitals to present the preliminary results of TB hospitals performance analysis. In Q2, HFG conducted another comprehensive analysis of TB hospital admission for each pilot region and presented results of the analysis to regional authorities at the National End TB Conference on March 28-29, 2017.

  Also in Q2, HFG continued to support pilot regions in improving TB hospital's information system and using data for performance monitoring. Discharged patients' data collection is institutionalized and fully functioning in all TB hospitals in Poltava, Odessa and Lviv oblasts and Kyiv City. The database includes detailed information on 37,000 discharged patients from 30 TB hospitals in pilot regions during period 2014-2016 and first quarter of 2017. Using these data, HFG conducted a comprehensive analysis of TB hospital admission for each pilot region and presented results of the analysis to the regional authorities and at the National End TB Conference on March 28-29, 2017.

  In Q3, HFG continued to support TB hospitals in pilot regions in using discharged patient system for reporting and internal management. On May 1, 2017, the populated databases included information on 42,740 cases of discharged patients from TB hospitals in pilot religions. HFG worked with the

regional health authorities in Poltava Oblast and Kyiv City and updated operational dashboards for key TB hospital performance indicators and produced monitoring reports for each TB hospital. In May 2017, the HFG team visited Poltava and presented TB hospitals' performance reports for the first quarter of 2017 to the Chief TB Specialist of Poltava Oblast, Dr. Pecheriza, and representatives of TB hospitals. Updated TB hospitals' performance monitoring reports for the first quarter of 2017 were also presented to the Chief TB Specialist of Kyiv City, Dr. Yulia Zaguta.

In Q4, all TB hospitals in pilot regions continued adding data to their discharged patients' database which now includes information on 51,674 cases. As the discharged patients' database has grown and been rolled out to the general hospitals, HFG has conducted series of technical meetings with oblast and national statistical centers to discuss short-term solutions and a long-term strategy for housing data. Staff from the national statistical centers agreed to test possible options for housing oblast-level data in Poltava and then recommending the most appropriate option for other oblasts.

Implementing facility-level cost accounting. During Q1, HFG completed the roll-out of the cost-accounting system in Lviv Oblast. By the end of December 2016, all new pilot regions including Kiev City, Odessa Oblast, and Lviv Oblast had introduced the cost-accounting system in all TB hospitals and conducted a round of cost-accounting analysis based on 2015 actual budget data. HFG presented the results of the cost-accounting analysis and discussed them with the Kiev City Health Department and all TB hospitals in November. In December, HFG met with representatives from the Odessa Health Department to share initial analysis and discuss data quality issues in implementing a cost-accounting study in Odessa Oblast. TB hospitals in Lviv Oblast completed data collection and started data analysis with support from the HFG team.

In Q2, HFG conducted refresher training on cost accounting for economists and statisticians of all TB hospitals in four pilot regions and supported a second round of cost-accounting analysis based on 2016 actual budget and statistical data. Thirty TB hospitals completed the data collection process and with HFG technical expertise conducted an initial data analysis. Initial results were presented and discussed with TB hospitals and health authorities in each region.

In Q3, HFG worked with pilot regions to finalized cost-accounting analysis for TB hospitals. Cost accounting system is fully institutionalized at the TB hospital level in four pilot regions.

In Q4, HFG completed this activity. HFG will use cost-accounting analysis results (2015, 2016) from all TB hospitals in the pilot regions for the TB-DRG system design. TB providers in pilot regions have capacities (data collection and data analysis instrument, user guidelines, and trained specialists) to conduct the next round of cost accounting based on 2017 actual budget and statistical data and use cost-accounting results for internal management and decision-making.

Developing TB DRGs and supporting systems: To support the implementation of new payment systems and the planned introduction of a Health Purchaser in Ukraine, HFG continued working on the development of an analytical model to develop TB DRGs and simulate potential risks and monitor provider response to the new TB DRG system.

In Q1, HFG worked closely with the Poltava Health Department to select key performance indicators (KPI) and define the process to monitor TB hospital performance. Based on the discussion, HFG developed an analytical module for the discharged patients' database that produces standard dashboards with KPI and quarterly performance reports for each TB hospital. HFG presented monitoring reports for three-quarters of the calendar year 2016 to Poltava Health Department for further discussion with TB hospitals.

HFG worked on developing a simulation model for TB hospital optimization. The model allows for simulation of a possible impact on bed needs and budget using different scenarios such as reduction in ALOS for specific conditions, avoidable hospitalization, readmission, and other relevant factors. The model will help health authorities to estimate an appropriate level for TB admission and potential savings as a result of TB hospital restructuring.

Additionally, the HFG team began discussions with the Global Fund, WHO/Euro, and the regional TB-REP Project on the use of the developed simulation model in preparation for new TB admission criteria and TB bed norms that will be developed by TB-REP and WHO. TB-REP is funded by the Global Fund and implemented by WHO/Euro in 11 countries of the former Soviet Union.

In Q2, HFG worked closely with Poltava, Kyiv, and Odessa health authorities to introduce a TB hospital performance monitoring system, developed interactive dashboards on key performance indicators at the system level, and produced monitoring reports for individual TB hospitals based on 2016 data. The individual performance reports include information and trends in key performance indicators and provider benchmarking to help TB hospitals to understand where their performance falls in comparison to others.

HFG refined a simulation model for multivariant analysis of TB hospitals performance and TB hospital optimization and presented an updated model for health authorities in pilot regions and at the National End TB Conference in March 2017.

In Q3, the HFG team worked with regional health departments in pilot regions to consolidate discharged patients and costing data for further analysis and development of the TB-DRG module. HFG combined costing data collected by 30 TB hospitals for 2015-2016 and prepared data for further analysis to calculate an average cost for different types of hospitalization. HFG consolidated all available data on discharged patients from TB hospitals in pilot regions for 2013-2017 (more than 42,000 cases) and started preparing data for further analysis (data quality control, data linkability, etc.).

In Q4, HFG team met Mr. Vyacheslav Polyasny, the new Director of the Odessa Oblast Health Department (OHD) and OHD team to provide an overview of HFG project objectives and discuss HFG activities in Odessa region. Mr. Polyasny and Dr. Svetlana Osipenko expressed their gratitude to HFG and noted the great value of the TB hospitals performance monitoring system that HFG developed and supported in the Odessa region. Mr. Polyasny emphasized that the OHD used the TB hospitals' monitoring system results to justify the need for and start restructuring of TB hospitals (more details in section Q4 Additional information). At the request of the OHD, HFG presented the TB hospitals monitoring results to the general hospitals and explained how the analytical instruments could be used for monitoring general hospitals performance in the future.

In Lviv Oblast, HFG finalized database analysis of discharged patients from TB hospitals and updated the analytical module for TB hospitals performance monitoring system, including operational dashboards and individual monitoring reports for TB hospitals. HFG then presented the monitoring system to the Lviv OHD managers during the workshops for TB hospitals.

At the request of Kyiv City Health Department, HFG updated the monitoring module and operational dashboards. Using eight months of data on discharged patients for TB hospitals, the HFG team installed the updated module on new computers and conducted a practical training on using the monitoring module in Kyiv TB hospitals.

During Q4, HFG also worked with oblast and national statistical centers to combine data on discharged patients (51,674 cases) from all TB hospitals in pilot regions as well as conducted a data quality assessment and prepared data for further DRG analysis.

Supporting policy dialogue. In Q1Y5, the HFG team continued to engage in dialogue with the MOH on both TB purchasing improvement and broader health financing reforms, and continued to collaborate with the World Bank, WHO, and other USAID-supported projects on health financing policies and development of improved health purchasing mechanisms, including general DRGs. On November 28-29, 2016, HFG together with the World Bank, conducted a two-day national workshop for health authorities from all regions of the country "What are DRGs and why implement them in Ukraine?" HFG shared international experience in implementing DRGs and lessons learned from other countries, as well as presented HFG work in developing the TB-DRG model for Ukraine.

Following the DRG workshop, Deputy Minister of Health, Mr. Pavlo Kovtanyuk, requested a separate meeting with HFG. At the meeting, HFG presented its current work on strengthening TB strategic purchasing in Ukraine and discussed general health financing reforms in Ukraine. Mr. Kovtanyuk expressed strong interest in HFG's health financing work and further HFG support in replication of the technical instruments such as cost-accounting and discharged patient analysis for general hospitals. Mr. Kovtanyuk asked the USAID Mission in Ukraine for support in the implementation of general health financing reforms, particularly for the introduction of a facility-level cost-accounting system and discharged patient analytical models developed by HFG to general hospitals around the country in the coming year.

In Q2, the HFG team followed up with the Deputy Minister of Health and finalized the scope of work for HFG support of broader health financing reforms and developing strategic purchasing instruments. HFG discussed a technical proposal with the USAID/Ukraine mission and received approval to extend HFG program in Ukraine into strategic health purchasing.

By the request of National Public Health Center, HFG participated in the National END-TB Conference and presented the results of HFG's support to improve strategic purchasing in TB. The conference took place on March 28-29, 2017 with the participation of health authorities and TB specialists from all regions of the country.

In Q3, HFG conducted series of meetings at the national and regional level to discuss a process for the institutionalization of the activities supported by HFG in TB strategic purchasing. HFG team met with Poltava regional health authorities on May 18-19, 2017 to discuss an overall approach and possible options for institutionalization plan. Next quarter, HFG will continue policy dialogue and together with the health authorities develop practical steps for the regions.

In Q4, HFG initiated a policy dialogue with the MOH Center of Public Health (CPH) to transfer TB purchasing instruments, such as the TB hospitals performance monitoring system developed by HFG, to CPH. As CPH leads and overseas TB and HIV activities in Ukraine, the TB hospitals monitoring systems that HFG introduced in the pilot regions (Poltava, Odessa, Lviv oblasts and Kyiv City) could be linked and used at the MOH CPH level. CPH agreed that HFG should build the capacity of CPH technical staff in using SHP instruments and they appointed a specialist participate in the practical training on use of the TB hospitals performance monitoring system that HFG conducted for TB hospitals in Kyiv.

HFG also conducted coordination meetings with:

- Orange Health Consultants (OHC), the Kyiv City Administration contractor developing a plan for restructuring health providers network in Kyiv City, and
- PATH, to discuss their work calculating ancillary care packages for MDR-TB patients under the National Action Plan for Combatting Multidrug-resistant Tuberculosis. HFG shared some initial data from TB hospitals performance monitoring system related to TB admission structure and cost of MDR-TB.

Strategic Health Purchasing Activities

Adaptation of an international-standard cost-accounting system to Ukrainian conditions. In Q3, HFG started implementing a new activity to support the MOH in developing its SHP capacities and instruments. During the quarter, HFG provided extensive technical expertise to the MOH to develop a unified cost-accounting methodology based on an internationally recognized approach and taking into consideration the current goals and objectives of health financing reforms in Ukraine. The draft methodology for costing health services at the provider level was presented and discussed at the regional and national level including with the MOH, the MOF, and the National Health Financing Working group. The MOH and MOF supported the proposed methodology and submitted it to the Cabinet of Ministers for approval.

To support the implementation of the unified cost-accounting system at the hospital level, HFG developed an electronic instrument for data entry and cost-accounting analysis and piloted it in 13 hospitals in Poltava Oblast. HFG developed an initial draft of the Practical Guideline to conduct step-down allocation for cost-accounting analysis.

In Q4, HFG supported policy dialogue at the national level to gain approval for a cost-accounting methodology proposed for health providers in Ukraine. In July, the MOF and MOE provided comments, and the MOH asked HFG to communicate with the ministries and respond to their questions and concerns. HFG conducted a series of discussions with the MOF and prepared technical notes to explain costing concepts, international experience, and the cost-accounting approach proposed for Ukraine. Based on the discussion, the MOH and MOF agreed to revise a format of methodology and add a few paragraphs to link cost-accounting results with developing national tariffs for medical services. HFG together with the MOH revised the draft cost-accounting methodology and shared it with the MOH for final comments.

At the request of the MOH and MOF, HFG provided technical comments on the joint the MOH-National Academy of Medical Science (NAMS) order #739/47 on piloting new costing mechanism for tertiary institutions under NAMS.

Also, the MOH requested HFG expertise to review costing methodologies developed by different institutions. HFG noted that the proposed costing methods aim to calculate individual tariffs for health services provided by individual hospitals which could not be used for the public financing. In addition, most use outdated methodological approaches. At the request of the MOH, HFG experts helped the MOH to prepare responses to the authors of costing methodologies and used this opportunity to explain the conceptual framework and main objectives for using cost-accounting and provider payment systems for health services financed from the public budget.

Support implementation of cost-accounting and hospital performance systems in pilot regions. Poltava Oblast was selected as the main pilot site for all HFG-supported SHP activities. HFG worked closely with the Poltava OHD and developed a detailed work plan for the implementation of cost-accounting and discharged patient systems in all hospitals in the oblast. All 72 hospitals were divided into seven groups for step-by-step implementation. HFG conducted cost-accounting trainings, and tested and refined the cost-accounting instrument, and rolled it out to 23 hospitals in the oblast. Thirteen hospitals collected cost-accounting data and conducted the preliminary analysis.

HFG supported the implementation of discharged patient system at hospital level in Poltava Oblast. It conducted training sessions for the hospitals and installed an electronic system for discharged patients' data entry in 51 of the 72 hospitals. Twenty-six hospitals started using the discharged patient system and populated database with more than 100,000 cases of discharged patients during 2016.

HFG initiated policy dialogue at the national level to select additional pilot sites where HFG could support the implementation of the cost-accounting and discharged patient system. The MOH supported the HFG proposal to consider Odessa and Lviv as additional pilot regions. Also, at the request of the MOF and in agreement with the MOH, HFG has provided technical support to introduce the cost- accounting system in the national hospitals under the National Science Academy.

In Q4, HFG focused on implementation of SHP interventions in Poltava Oblast and rolling out the cost-accounting system in Odessa and Lviv oblasts. At the request of the MOH and MOF, HFG provided technical expertise to NAMS and introduced the cost-accounting system in four national institutions under NAMS.

HFG conducted regular meetings with the Poltava Health Authorities to discuss implementation and update them on progress/problems. HFG also supported cascade training programs on the cost-accounting and discharged patient systems for staff at the general hospitals in Poltava. Three rounds of introductory and follow-up training for 30 hospitals were organized during Q4. As of the end of Year 5, the cost-accounting system has been introduced in 45 hospitals and 33 hospitals have completed the first round of cost-accounting analysis. Fifty of 71 hospitals in Poltava used the electronic tool for data entry (form 66) to build the discharged patients' database. To date, the database includes information on 228,119 discharged cases during 2016 and 2017.

HFG conducted policy dialogue and reached an agreement with the health authorities in Lviv and Odessa oblasts to introduce cost-accounting and discharged patient systems. HFG staff and consultants met with health authorities in each oblast and agreed on the implementation plan. Six hospitals in Odessa Oblast and 11 hospitals in Lviv Oblast were selected to start training and introduce cost-accounting and discharged patient systems.

The MOH asked HFG to continue support for four national clinics under NAMS and conduct a round of cost-accounting analysis using the instrument and methodology developed by HFG. HFG customized the costing instrument, taking into consideration specifics of tertiary hospitals, and provided ongoing support in data collection and analysis. On August 2, 2017, HFG conducted a roundtable with NAMS and the national hospitals to present initial results of the analysis and provide recommendations on data quality and discuss further steps for using the cost-accounting results.

Development of the MOH and Agency's capacity to fulfill the functions of a strategic purchaser in the health system. Implementation of this activity will begin in the Year 6.

Development of practical recommendations to adapt the DRG system to the conditions of Ukraine and to prepare the regional (oblast) health systems to use the new payment system. Implementation of this activity will begin in the Year 6.

Q4 Challenges - Within the HFG–TB Global program, HFG will present Ukrainian experience "Clinical and Cost Data for Effective Use of Domestic Resources for TB: The Case of Ukraine" at the 48th Union World Conference on Lung Health that will take place in October 2017 in Mexico.

Table 40 provides additional activity-specific updates.

TABLE 40. UKRAINE ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Design and develop DRG payment system for TB hospitals in four geographic regions of Ukraine		
B. Odessa Oblast, Kyiv City and Lviv Oblast - Create a hospital discharge database from existing health information systems to support the development of TB DRGs and further strengthen health information systems for TB at the oblast level		
Conduct policy dialogue at oblast level on improving information systems in TB and using data for evidence-based decision making	HFG supported policy dialogue through quarterly meetings conducted with health authorities in each pilot region. The TB hospitals performance monitoring system developed and supported by HFG in Odessa Oblast became a key instrument for the OHD to justify the need for restructuring the TB hospital network. On June 16, 2017, the Regional Parliament (Rada) supported the OHD proposal and decided to start restructuring TB hospitals. According to Mr. Polyasny, Head of Odessa OHD, the decision to restructure encountered some resistance from certain parliament members, regional authorities, and the medical community. However, data analytics on TB hospitals' performance confirmed extensive capacities, poor performance, and overall ineffectiveness of the TB hospitals. The analytics substantiated the need for decisions and initiating steps to restructure the TB hospital network and transition to the WHO-recommended outpatient treatment of most of regular TB cases. In August, OHD merged three TB hospitals (Regional TB Dispensary #2, Odessa Regional TB Clinical Hospital, and Odessa Regional TB Dispensary and AIDS Center) into a single administrative structure. This will allow physical closure of duplicated departments and unneeded building as well as bed reduction from 1,025 (2017) to about 650 within the next 1-2 years.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Using discharged patient database produce quarterly reports on monitoring TB hospitalization structure for TB providers and oblast health authorities	The discharged patient database is fully functioning in all TB hospitals in four pilot regions and includes information on 51,674 discharged patients: • Poltava: 12,050 cases from 8 TB hospitals • Kyiv city: 6,320 cases from 5 TB hospitals • Odessa: 11,860 cases from 6 TB hospitals • Lviv: 21,444 cases from 11 TB hospitals HFG supported pilot regions and produced TB hospitals' performance monitoring reports for six months of 2017. **Odessa**: On July 5, the HFG team met Mr. Vyacheslav Polyasny, the new Director of the Odessa OHD, and OHD team to provide an overview of HFG project objectives, present HFG activities in TB financing, and discuss implementation of new SHP activities in Odessa Oblast. HFG presented the latest results of the TB hospitals' performance monitoring system and discussed practical steps for its institutionalization. Mr. Polyasny and Dr. Svetlana Osipenko expressed their gratitude to HFG and noted the tremendous value of the TB hospitals performance monitoring system developed and supported by HFG in Odessa. They also asked HFG to present the TB hospitals monitoring system to the general hospitals and demonstrate the potential of the analytical instrument that will be used to monitor general hospitals performance in the future. **Lviv**: On July 6, 2017, HFG met Dr. Irina Mikichak, Director of the Lviv OHD, Dr. Lily Yukhim, Deputy Director, Mr. Alexander Malogid, Head of Economics Department, and Lyubomir Rak, Head of the Pulmonary Health Center and Chief TB Specialist of Lviv Oblast, to discuss HFG activities and present the analytical instrument and the latest results of TB hospitals performance. On July 7, HFG conducted a workshop for TB hospital staff to present TB hospital performance results and operational dashboards of the monitoring system, and discuss next steps. At the request of the OHD, representatives from general hospitals participated in the workshop. In both Odessa and Lviv oblasts, the OHD leadership expressed interest in rolling out the analytical instruments similar to that created for TB hospitals to the general hospitals. HFG discussed practical steps and minimum	Next quarter, HFG will continue to support implementation and update data analysis structure of TB hospitals performance monitoring system based on recent changes in TB hospitals network in Odessa and Lviv oblasts.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	requirements in hospital information systems (electronic entry of form 66) to introduce SHP instruments for general hospitals. HFG recommended giving priority attention to this task as it is critically important for analyzing the hospital performance and also for a successful transition to the DRG payment system in the future. **Kyiv City**: HFG updated the monitoring module and operational dashboards based on eight months of discharged patient data. On September 22, HFG installed updated a monitoring module on new computers and conducted a practical training on using the monitoring module for TB hospitals in Kyiv City.	
C. National Level		
Continuously liaise with the MOH and partners on cost-accounting and hospital discharge database to enable implementation and harmonize oblast and national health financing reforms	HFG provides ongoing support to the MOH to roll out analytical instruments based on cost-accounting and discharged patient systems developed for TB to the general hospitals.	
Combine cost-accounting data from Poltava, Odessa, and Lviv oblasts and Kyiv City to estimate average costs for TB cases using for TB-DRG development	In Q4, HFG completed this task and also worked with regional and national medical statistical centers to test a data housing solution.	HFG will continue working at the national and regional level to define data housing and use consolidated costing data for the development of the TB-DRG module.
Combine discharged patient databases from Poltava, Odessa, Lviv oblasts and Kyiv City for further analytical work	HFG continued collaboration with regional authorities and the MOH Medical Statistics Center to combine discharged patients' data from all TB hospitals in the four regions. The populated database includes 51,674 cases.	HFG will work at the national and regional level to use the discharged patient database for the development TB-DRG module.
Define clinical hierarchy and develop clinical groups using combined database	In Q4, HFG completed this task; the clinical hierarchy for TB grouping was developed and tested using updated information in the discharged patients' database.	In Y6Q1, HFG will focus on technical discussion and finalization of the clinical groups for the TB-DRG module.
Create analytical model to develop TB DRG classification and relative payment rates (includes combining clinical and cost-accounting data to attach cost to each case)	A prototype of the TB-DRG simulation model is developed and will be finalized based on rounds of technical discussion planned in next quarter.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Clinical and financial specialists conduct iteration of options to reach final TB DRG classification and relative payment rates using data from Poltava, Odessa, Lviv, and Kyiv	Planned for Y6 Q1.	
Calculate average cost per TB case by agreed categories to be used for the national TB-DRG system	Planned for Y6 Q1.	
Create simulation model and simulating impact for each oblast	In Q4, HFG completed this activity: A simulation model for TB hospitals optimization was developed for each pilot region and used by the regional health authorities for restructuring and optimization of TB services.	
Activity 2: Coordinate, leverage, and create synergies between oblast and national-level health financing reforms, disseminate TB DRG methodology at national level, and support replication of Poltava Oblast strategic TB purchasing and TB DRGs in another oblast		
Coordinate, leverage, and create synergies between national and oblast health system and financing reforms	HFG actively participated in the national-level policy dialogue on overall health financing and the establishment of a Health Purchaser in Ukraine as well as the introduction of a unified cost-accounting system for health providers in Ukraine. HFG also conducted several coordination meetings with international organizations. On July 13, HFG met Ms. Bogdana Shcherbak, PATH Program Officer, to discuss their work calculating ancillary care packages for MDR-TB patients under the National Action Plan for Combating Multidrug-resistant Tuberculosis. HFG presented preliminary results of TB cost-accounting analysis in Poltava and share PPP describing TB Hospitals' Performance Monitoring System developed by HFG: selected dashboards, with specific focus on drug resistance. On September 11, at a meeting initiated by USAID, HFG met Mr. Arthur ten Have, the OHC representative. OHC provides technical assistance to the Kyiv City Administration in developing a plan for restructuring the health providers' network. HFG provided an overview of HFG TB financing activities and showed him the TB hospitals' performance monitoring systems and TB optimization model it developed for Kyiv City Health Department.	

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	It was agreed that OHC would share their report/ recommendations on health provider restructuring with HFG.	
Develop recommendations to improve TB purchasing system at oblast level, including TB DRGs, accompanying changes in budget formation, funds flow and facility autonomy, and implementation steps	Planned for Y6 Q1-2.	
Prepare a technical document describing step-by-step development of TB DRG and share with the MOH and World Bank	Planned for Y6 Q1-2.	
Document and disseminate strategic TB purchasing methodologies to national level and other oblasts	HFG continued policy dialogue with the MOH CPH to transfer TB purchasing instruments, such as TB hospitals' performance monitoring system developed by HFG at the CPH level. CPH appointed a specialist who participated in the practical training on using TB hospitals' performance monitoring system conducted by HFG for TB hospitals in Kyiv. The training took place on September 23. HFG prepared an initial version of video training for the TB hospitals' performance monitoring module. The video was tested at the training with Kyiv TB hospitals and will be finalized for further dissemination to the pilot oblasts	HFG will continue policy dialogue at the oblast and national level and train designated staff from CPH, the MOH, and oblasts in using SHP instruments.
Activity 3: Adapt international standard cost-accounting system to Ukrainian conditions		
Develop practical guidelines on facility-level cost accounting based on standard step-down allocation methodology	In Q3, HFG developed a unified cost-accounting methodology for health providers in Ukraine based on the internationally recognized step-down allocation approach. The methodology was accepted by the MOH and National Health Financing Working Group and submitted to the line ministers for review. In July, the MOF and MOE provided their comments, and the MOH asked HFG to communicate with the ministries and respond to their questions and concerns. HFG conducted a series of discussion and prepared technical notes to explain costing concepts, international experience and the cost-accounting approach proposed for Ukraine. The technical notes were shared with the MOH, MOF, and Health Financing Working Group and discussed at meetings with Mr. Pavlo Kovtanyk, Deputy Minister of Health, on September 13	HFG will continue to support the MOH in policy dialogue to gain approval of the Unified Cost-Accounting Methodology for health providers in Ukraine, and will finalize the practical guideline once the methodology is approved by the Cabinet of Ministers.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	and 18 and Mr. Roman Ermolichev, Head of Budget Department of the MOF, on September 15 and 18. Based on the implementation of the cost-accounting system in Poltava hospitals, HFG revised an initial draft of the practical guideline on step-down allocation methodology and shared the updated guideline with counterparts for review.	
Adapt technical cost-accounting tool for Ukrainian conditions	HFG developed an electronic instrument/tool for data entry and cost-accounting analysis that was tested 13 hospitals in Poltava Oblast and successfully rolled out to other hospitals. To date, 57 hospitals in Poltava (45), Odessa (6), and Lviv (6) oblasts use the instrument for cost-accounting analysis. Also, the instrument was customized for tertiary hospitals and tested in four national hospitals.	HFG will continue to work with pilot regions and refine the instrument based on hospitals feedback.
Trainings for health authorities and general hospitals conducted in pilot regions	During the reporting period, HFG conducted 13 introductory and follow-up cost-accounting trainings in Poltava, Odessa, and Lviv oblasts.	Next quarter, HFG will continue a training program for the hospitals in Poltava, Odessa, and Lviv oblasts.
Develop recommendations on the process and steps to roll out facility-level cost-accounting system	Planned for Year 6.	
Activity 4: Support implementation of cost-accounting and hospital performance systems in pilot region		
Poltava Oblast		
Conduct cascade trainings on cost accounting for hospitals	HFG continued to support a cascade training program on cost accounting. During Q4, HFG conducted three rounds of introductory (group 4, 5, 6) and three rounds of follow-up trainings (3, 4, 5) for 30 hospitals in Poltava. Trainings were held July 27-28, August 29-30, and September 20-21, 2017.	HFG will continue the training program according to the agreed plan.
Roll out cost-accounting system to 70 hospitals	In Q4, the cost-accounting system was introduced in 45 hospitals.	HFG will continue to support the roll-out of the cost-accounting system according to the work plan.
Collect discharged patient data (Form 66) for 2016 retrospectively and for 2017 continuously in general hospitals	In Q4, 50 hospitals started the process to form discharged patient databases. To date, the databases includes information on 228,119 discharged cases during 2016 (198,857) and 2017 (32,261).	HFG will continue working with the hospitals on the discharged patient database.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct training and install technical tool for electronic submission of discharged patient forms at hospital level	In Q4, HFG continued to support the implementation of discharged patient system. To date, trainings were conducted and the system introduced in 50 of 71 hospitals in Poltava Oblast.	HFG will continue working with the hospitals on the discharged patient database.
Collect data and conduct cost-accounting analysis at hospital level	In Q4, 33 hospitals in Poltava completed the first round of cost-accounting analysis. The results were shared with HFG for data quality assessment.	HFG will continue to support hospitals in analyzing costing data and complete cost-accounting analysis.
Combine cost-accounting and discharged patient data and use the data for analysis and development of analytic platforms	Planned for Year 6.	
Develop and introduce provider performance monitoring system in Poltava (hospitals and PHC). Conduct quarterly meetings with providers	Planned for Year 6.	
Conduct multifunctional analysis of hospital sector in Poltava Oblast and create operational dashboards for health authorities on KPI	Planned for Year 6.	
Develop and introduce a simulation model for inpatient care restructuring at the oblast level (referrals, level of care, possible hospital optimization, etc.)	Planned for Year 6.	
Regional Counseling Centers		
In coordination with the MOH, select institutions in three regions to serve as regional training and counseling centers	In Q4, HFG conducted policy dialogue and reached an agreement with the health authorities in Lviv and Odessa oblasts to introduce cost-accounting and discharged patient systems. HFG met with health authorities in each oblast, selected hospitals, and agreed on the implementation plan. Six hospitals in Odessa Oblast and 11 in Lviv Oblast were selected to start a training program and introduce cost-accounting and discharged patient systems. Also, at the request of the MOH, HFG continued to support four national clinics under NAMS to conduct a round of cost-accounting analysis using the HFG instrument and methodology. HFG customized the costing	HFG will conduct regular meetings with the regional health authorities in Odessa and Lviv oblasts to discuss progress/ barriers in the implementation of cost-accounting systems.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	instrument taking into consideration specifics of tertiary hospitals and provided ongoing support in data collection and analysis. On August 2, HFG conducted a roundtable with NAMS and the national hospitals, to discuss initial results of the analysis and provide recommendations on data quality and further steps in using cost-accounting results.	
Train designated institutions in cost-accounting methodology and using cost-accounting instrument	In Q4, HFG conducted a series of cost-accounting trainings: Odessa – two rounds of training for six hospitals on July 5 and August 11. Lviv – three rounds of training for Health Department and general hospitals on August 3-4.	HFG will provide technical expertise to analyze cost-accounting data for the hospitals and provide additional training if requested.
Support centers in conducting first round of cost-accounting analysis in selected hospitals	HFG provided ongoing support to selected hospitals in Odessa and Lviv (customized the cost-accounting instrument and facilitate data collection)	In Y6Q1, HFG will work with hospitals to complete cost-accounting analysis.
Share analytical models developed for Poltava Oblast for further roll-out in the regions	Planned for Year 6.	

5.4 Latin America and Caribbean

5.4.1 Dominican Republic

Program Objectives - HFG's overall objective is to contribute to the GODR's goal of strengthening health systems to address the health needs of the population, and in particular the financial sustainability of the Government of the Dominican Republic's (GODR's) response to the HIV epidemic.

Year 5 Activities - HFG's work in Year 5 of the project consisted of one activity financed by USAID/Dominican Republic: support the development of a comprehensive HIV and AIDS financial sustainability strategy. Additional activities were planned to be financed by USAID/Washington's Sustainable Financing Initiative (SFI). The objective of these activities is to integrate the country's HIV response with the rest of the public health care system.

The USAID/Dominican Republic activity is composed of five sub-activities:

- ***Sub-Activity 1.1: Comprehensive HIV Financing Gap Analysis.*** The first phase of work focused on the development of a comprehensive HIV financing gap analysis. Drawing upon recent analyses that had been conducted, including the costing of the National Strategic Plan, the financing gap analysis measured the gap between resource needs and resources availabile for the national HIV response. The study also examined the financing gap for each of the strategic areas of the National Strategic Plan to determine which areas were most in need of investment.
- ***Sub-activity 1.2: Update the HIV Investment Case.*** USAID asked HFG to finance and coordinate an update of the Dominican Republic's HIV Investment Case. The update included adding a scenario which modeled the resources needed and infections averted by the adoption of the "Test and Start" strategy. The results of the updated investment case were used in conjunction with the gap analysis to determine the quantity of resources needed to pursue different epidemic control strategies.
- ***Sub-Activity 1.3: Opportunities for Improving Efficiency.*** The next phase of the activity identified and explored various policy options for mobilizing the resources identified through the gap analysis. Based on an extensive desk review and key informant interviews in-country, HFG planned to draft a document highlighting opportunities for improving the efficiency of the Dominican Republic's response to HIV and AIDS. HFG also planned to work with UNAIDS to facilitate a workshop where various stakeholders discuss and reach consensus on a short list of priority interventions for improving efficiency.
- ***Sub-Activity 1.4: New Sources of Revenue.*** During this phase of the activity, HFG planned to assist the sustainability group to analyze options for new sources of revenue to finance the HIV response. This included increases in existing "sin taxes," the enactment of a tax on "sugary beverages," a new corporate social responsibility scheme, and other potential financing options. HFG also planned to estimate potential revenue generated from these and other sources for the HIV response.
- ***Sub-Activity 1.5: Sustainability Strategy Development and Consensus-Building.*** During the final phase of the activity, HFG planned to consolidate findings from the prior sub-activities and conduct further analysis of selected priority financing options identified by the sustainability group. HFG scheduled to prepare a draft Financial Sustainability Strategy for the HIV Response and coordinate with UNAIDS to facilitate discussion with, feedback from and consensus-building with the technical working group. The final Financial Sustainability Strategy for the HIV Response is to outline agreed-upon resource mobilization options to finance the GODR's HIV response and improve efficiency.

Year 5 Progress Against Objectives - In the first three quarters of Year 5, HFG completed a scoping trip and stakeholder interviews, and a SFI scoping trip. HFG also hired a consultant to conduct an HIV financing gap analysis and updated and disseminated the findings of the HIV Investment Case. HFG assisted UNAIDS in convening an HIV sustainability working group, developed a document highlighting opportunities for improving efficiency of the HIV response in the Dominican Republic, and facilitated a workshop with the sustainability group to prioritize interventions for improving efficiency. HFG successfully produced deliverables relating to the outlined tasks. These include the HIV Financial Gap Analysis, HIV Investment Case, and the Efficiency Assessment Policy Brief. Each of these materials was disseminated to key stakeholders in the Dominican Republic for feedback and review.

In Year 5 Quarter 3, the project received new SFI-funding for the end of Year 5 and all of Year 6. The main activities of the initiative in the Dominican Republic were to (1) integrate the procurement and distribution of antiretrovirals (ARVs) to the Program for Essential Medicines and Logistical Support Center (PROMESE/CAL); (2) generate evidence to advocate for the inclusion of ARVs and other HIV commodities through the Family Health Insurance scheme (SFS); and (3) develop and implement a strategy to increase enrollment in the SFS by people living with HIV/AIDS (PLWH). A scoping trip was conducted in June to interview candidates for a Dominican-based office, including a Program Manager and a Research Consultant. The HFG team also met with government and civil society stakeholders to collect information relevant for the design of SFI activities and present final deliverables that were produced in Quarter 3.

During Year 5 Quarter 4, HFG hired a consultant to conduct an assessment of the procurement, financing, distribution and dispensing channels of ARVs and other HIV-related commodities. The consultant conducted stakeholder interviews, a review of literature, and a draft assessment with plans to finalize the assessment addressing the HFG team's comments. To generate evidence for advocacy for covering ARVs and other HIV commodities through the SFS, HFG discussed the idea for a journalist workshop with a media specialist in the Dominican Republic who has extensive contacts in both the health sector and in the news and print media. As part of HFG's strategy to increase enrollment of PLWH into the SFS, HFG engaged the hired researcher for the barriers study to review secondary information and draft protocols for both the focus group and observational studies. The researcher contacted NGOs and government stakeholders to inform them of the purpose of the study. HFG submitted the study protocol to the IRB for review. Due to the high risk of stigmatization of the study population (people with HIV, men who have sex with men, migrants, sex workers, trans), the IRB requested changes in the protocol to decrease the likelihood of a participant's HIV status or status as a member of a marginalized group from being revealed. HFG also drafted a SOW for a health and social security law specialist consultant and for an information systems consultant and will begin reviewing candidates for both positions soon. HFG held a meeting with Superintendencia de Salud y Riesgos Laborales (SISALRIL) in August to discuss the activity and its TA needs.

Year 5 Accomplishments - HFG successfully coordinated with UNAIDS to bring together stakeholders from various government agencies and civil society organizations to engage in dialogue around the financial sustainability of the HIV response. To inform this process, HFG completed ananalysis of the HIV Financial Gap, a document on options for improving efficiency of the HIV response, an HIV investment case, and a report projecting potential revenue from new sources of financing for HIV and the health sector. The team was invited to present this last study to the Domincian Congress, which is currently considering adopting a tax on sugar-sweetened beverages, which was included among HFG's proposal.

In June, HFG received new SFI funding to support activities to increase the enrollment of PLWH in the SFS and integrate the procurement and distribution of ARVs and HIV commodities through the SFS and PROMESE/CAL. HFG completed a scoping trip to conduct stakeholder interviews, hire consultants, and engage partner organizations. HFG consultants conducted an assessment of the current procurement,

financing, and distribution channels for ARVs and other HIV commodities. The team also drafted two study protocols to examine the barriers to enrollment of PLWH into the SFS; the first protocol is for a focus group study and the second for the observational study. The study protocols will be re-submitted to IRB for approval in Year 6. HFG planned to hire consultants to successfully complete the activities established for this project.

Q4 Challenges - There were no significant challenges faced in Q 4. However, the project experienced a minor challenge associated with enrollment of PLWH into the SFS. Due to the sensitive nature of the study questions and high stigmatization risk of the study population, submission of the study protocol to the Abt IRB experienced minor delays. HFG expects approval in Y6Q1.

Table 41 provides additional activity-specific updates.

TABLE 41. DOMINICAN REPUBLIC ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: SFI I. Develop an Operational Plan for Integrating the Financing, Procurement, Distribution, and Dispensing of ARVs and other HIV-Related Commodities with the Family Health Insurance Scheme		
Comprehensive Assessment	HFG hired a consultant to conduct the assessment of the current procurement, financing, and distribution channels for ARVs and other HIV-related commodities. The consultant completed stakeholder interviews, a review of literature, and a draft assessment report. The report, now being finalized, will serve to inform the development of: (1) an operational plan for commodity integration into the SFS; and (2) advocacy efforts, such as a comparison of storage costs in PROMESE/CAL vs. private warehouses currently contracted by CONAVIHSIDA.	The assessment report will be submitted to USAID in Q1.
Activity 2: SFI II. Generating evidence for advocacy for covering ARVs and other HIV commodities through the Family Health Insurance (SFS)		
Hiring and SOW development for conducting journalist workshop	HFG initiated discussions with a media specialist who has extensive contacts in both the health sector and in the news and print media.	Upon receipt of a draft of the operational plan (above), the HFG team will decide which issues or aspects of the plan are best suited as workshop themes. The team will then begin hiring for the media workshop
Activity 3: SFI III. Develop and implement a strategy to increase the enrollment of PLWH into the Seguro Familiar de Salud		
Conduct secondary review of relevant sources and key informant interviews with relevant stakeholders	The researcher hired by HFG to conduct the barriers to enrollment study reviewed secondary information and drafted two study protocols: one for focus groups and one for observational component. The researcher has contacted NGOs and government stakeholders to inform them of the purpose of the study.	The review of secondary information and interviews with stakeholders will be incorporated into the final analysis and report.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Obtain IRB approval	HFG has submitted the study protocol to the Abt Associates IRB for review. Due to the high risk of stigmatization of the study population (i.e. people with HIV, men who have sex with men, migrants, sex workers), the IRB has requested changes in the protocol to decrease the likelihood of revealing a participant's HIV status or status as a member of a high risk group.	HFG is working with the IRB to ensure full compliance, with approval anticipated for Q1.
Activity 4: SFI V. Review of laws and regulations affecting the inclusion of ARVs into the SFS		
SOW development and hiring	HFG drafted a SOW for a consultant with specialization in health and social security law.	The team will circulate the SOW and commence with recruitment shortly. Work will begin on the review once a consultant is hired.
Activity 5: SFI VI. Needs Assessment of Social Insurance and Health Information Systems for Tracking Utilization of HIV Services through the SFS		
SOW development and hiring	HFG drafted a SOW for a consultant with specialization in information systems. HFG held a meeting with SISALRIL in August to discuss the activity and their needs for technical assistance.	The team will circulate the SOW and commence with recruitment shortly. Work will begin with hiring of the information systems consultant.
New Revenue Sources		
Develop HIV_AIDS sustainable financing options paper	HFG completed the final report and submitted it to the USAID mission. HFG also developed a policy brief summarizing the report results with visualizations. HFG presented the findings of the report to specialists from the US Embassy in the Dominican Republic in political science and economics.	USAID is arranging an opportunity for HFG to present the results of the analysis to the Dominican Congress. HFG awaits future guidance on the date of the presentation
Revenue Sources Workshop	HFG held the workshop in Santo Domingo on August 8, 2017. HFG's consultant presented the results of the study estimating potential revenue from options for reducing the health financing gap. Dominican Congressman Alfonso Quiñonez, head of the Dominican House of Representatives Health Committee, was in attendance and expressed significant interest in the estimates of potential revenue from a tax on sugary beverages. The Congressman had proposed similar measures in the past and has requested HFG's full report and data on the topic.	Based on the interest shown in the meeting, USAID decided to arrange a presentation to the Dominican House of Representatives Health Committee. The presentation date is yet to be determined.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Sustainable Financing Strategy Development		
Draft HIV Sustainable Financing Strategy	At the request of the mission, HFG modified this activity in August 2017. Instead of facilitating the development of a Domestic Resource Mobilization Strategy/Financial Sustainability Strategy, HFG will produce a report highlighting alternative approaches for sustaining the HIV and AIDS response. The alternatives will be based on HFG's analysis, previous USAID-supported studies, and agreements reached by stakeholders in HFG-facilitated workshops. The report will detail alternatives for 1) improving efficiency, 2) raising additional resources, 3) integrating the HIV response into the national health system, and 4) preventing new cases of HIV, and will suggest next steps for implementing each of the alternatives. CONAVIHSIDA and other Dominican government institutions will be able to draw from the report when developing their HIV sustainability strategy, revising the National Strategic Plan for HIV (PEN), and responding to requests from the Global Fund.	The USAID/DR mission approved the work plan modification on September 20, 2017. HFG will complete the report and share with the mission in Q1. After receipt of USAID approval, it will be circulated to CONAVIHSIDA and other stakeholders.
Facilitate technical workshop to incorporate feedback for HIV sustainable financing strategy	HFG held a workshop on August 8, 2017 to disseminate study results on options for reducing the health-financing gap for HIV, and to discuss options for mounting a sustainable response to HIV in the country. The workshop was planned in close coordination with CONAVIHSIDA and was attended by a wide range of stakeholders including SNS, MSP, USAID, and Congressman Alfonso Quiñonez (mentioned above), Ministry of Finance, and others. During the workshop, CONAVIHSIDA and HFG facilitated sessions during which multi-stakeholder groups discussed and defined strategic actions for achieving four objectives related to the financial sustainability of the HIV and AIDS response: 1) Improving efficiency, 2) Increasing financing of the response, 3) Integrating the HIV response into the health system, 4) Preventing new cases of HIV. The groups agreed upon next steps for implementation of the actions, the expected impact and cost of the actions, time for implementation, potential barriers, and responsible institution. HFG drafted meeting notes summarizing the results of the workshop and shared it with participating stakeholders.	The results of the workshop are informing the content of the report on Alternative Approaches for sustaining the HIV and AIDS response report currently being drafted by HFG.

5.4.2 Eastern and Southern Caribbean

Program Objectives - The overall objective of the USAID Eastern and Southern Caribbean field-supported activities is to support Barbados, the Bahamas, Guyana, Suriname and Trinidad and Tobago to plan, finance, and monitor a financially sustainable, effective, and efficient HIV response. The activities were designed to support domestic resource mobilization (DRM) and targeted financing through the institutionalization of data collection systems, as well as the analysis and use of financial data for decision making. In HFG Project Year 5 this entailed leveraging existing systems and data sources to ensure that countries have strong evidence that speaks both to their advocacy needs and planning requirements for sustainable domestic financing of the HIV/AIDS response. HFG planned to provide targeted TA in line with the USAID Eastern and Southern Caribbean Mission's request. HFG's aim was to ensure that existing and envisaged increases in financial resources are allocated to the most effective activities in the most efficient manner and resources support a more geographically-focused, sustainable response that focuses on key populations. HFG planned to tailor the approach to each country's specific context.

Year 5 Activities - HFG planned to implement activities in five countries plus one regional activity, described as follows:

- ***The Bahamas Program:*** HFG supported implementation of a Sustainability and Index Dashboard (SID) exercise, prioritization process, and development of a sustainability plan for the HIV response. A financial sustainability strategy for improving efficiencies, increasing domestic resources, and monitoring and evaluating spending against targets were in development. [Note: In Year 5, USAID/Eastern and Southern Caribbean informed HFG that activities in the Bahamas should be cancelled and unspent funds allocated to other activities].
- ***Barbados Program:*** To assist the government of Barbados in sustaining its HIV/AIDS response, HFG provided guidance to the Barbadian Ministry of Health on health financing technical support options and conduct the SID exercise. In a context of limited resources for HIV/AIDS, identifying cost-effective interventions is critical for the government of Barbados to understand opportunities for efficiency gains at the programmatic policy level. One area that is seen as a promising way forward is the engagement of civil society organizations (CSOs) and other community-level interventions intended to support facility-based testing and treatment services. Data on the cost-effectiveness of these interventions in the Caribbean region is not available. HFG therefore proposed to conduct an economic evaluation of community-level HIV/AIDS interventions to provide the Ministry of Health the data it needs to improve the allocation of its existing resources and to advocate for more funding for these interventions. Lastly, HFG planned to design and conduct an assessment of the supply chain management systems for HIV-related pharmaceuticals and laboratory commodities in Barbados, with the purpose of identifying opportunities for efficiency gains and cost savings. HFG planned to initiate an activity to develop a policy brief for the MOH to advocate to the Ministry of Finance regarding savings by improving efficiency in ARV procurement.
- ***Guyana Program:*** HFG worked with Government of Guyana to update its SID and develop a sustainability plan for the HIV response to ensure that the new costs and program needs associated with the Test and Treat strategy are reflected. HFG then worked with the MOH and relevant national stakeholders to track expenditures on HIV and AIDS, assess current financing sources and levels of funding, and determine where efficiencies may be sought and current donor funding may be replaced by domestic sources through a health accounts exercise.
- ***Suriname Program:*** HFG proposed to initiate the SID exercise, prioritization process, and development of a sustainability plan for HIV with the MOH and other stakeholders in Suriname. In addition, HFG planned to conduct an assessment and cost-benefit analysis of supply chain management in Suriname, in support of the country's DRM needs. [Note: in Year 5 the counterparts indicated that they are not interested in a SID, therefor this piece of the work plan was removed.]

- ***Trinidad and Tobago Program:*** HFG initiated with the SID exercise and prioritization process, followed by a health accounts activity that will be carried out in collaboration with the University of the West Indies-Health Economic Unit (UWI-HEU). HFG provided technical support to the National AIDS Coordinating Committee to map out steps to establish itself as a statutory body and to develop a national HIV policy using an inclusive, participatory process.
- ***Support for a Regional Sustainable Response:*** This group of activities includes providing technical oversight of the coordinated regional work plan including collaboration with regional donors and implementing partners who present and participate in regional meetings and events as needed. HFG also provided targeted capacity development support to the Pan Caribbean Partnership Against HIV-AIDS (PANCAP) to strengthen the organization as an important mobilization resource to the regional response.

Year 5 Progress Against Objectives -

- In *Trinidad and Tobago* the SID and the psychosocial support addition to the SID were finalized and distributed. HFG developed and validated the psychosocial support indicators and assessment method as an add-on to the PEPFAR SID tool. The SID validation meeting was the first time that stakeholders providing psychosocial support convened for this kind of discussion in the country, and future conversations were planned. Since the validation workshop, the Caribbean Public Health Agency (CARPHA) has taken initiative to provide feedback and to refine the psychosocial support indicators. As an institution supporting public health in 26 countries in the Caribbean, CARPHA's interest in contributing to and owning the process represents a significant step forward in the sustainability of psychosocial support in Trinidad and Tobago and the region.
- Also in *Trinidad and Tobago*, HFG co-facilitated with the University of West Indies Health Economics Unit (UWI-HEU) a SHA 2011 training for ministry employees who will help execute the Health Accounts study. The Health Accounts advisory group was formed and the activity launched. UWI-HEU initiated the data collection process and managed the data collectors.
- In *Barbados*, HFG facilitated the finalization of the SID. HFG also developed a tool to collect data on the effectiveness of community-based HIV services and shared the tool with the Barbados Family Planning Association (BFPA) and the MOH, which planned to complete the tool over a six month period and submit to HFG by January 2018.
- In *Barbados*, HFG began discussions with the MOH about the Advocacy Brief and requested various Government of Barbados financial regulations. As of Q4-end, these documents had not been provided, and HFG planned to visit Barbados in Y6Q1 to engage with the MOH and MOF directly. This would be more efficient to gain buy-in and move the activity forward.
- In both *Barbados* and *Suriname*, HFG developed an HIV supply chain management cost assessment tool and conducted data collection and analysis for these Supply Chain Management (SCM) efficiency studies in collaboration with the Global Health Supply Chain Management project. HFG completed and shared the final Suriname SCM efficiency report with the Suriname National AIDS Program (NAP) for feedback. The report was finalized in September 2017. HFG completed comparative price analyses of ARVs through the Pan American Health Organization (PAHO) Strategic Fund and in June 2017 presented and validated the data during a Skype presentation to the MOH's senior management which included the Permanent Secretary and Chief Medical Office. The MOH provided additional data to HFG following that presentation. The full analysis report was finalized and submitted to the MOH in September 2017.
- HFG received approval of the *Barbados* MOH to develop a technical brief advocating for using the potential savings to be gained from following the recommendations of the SCM study (more than $1 million/year) for health sector / HIV response spending.

- In *Suriname*, HFG started preparations for the Health Accounts by hiring two consultants to work with staff to implement the activity.
- In *Guyana*, HFG participated in a joint PEPFAR-Global Fund mission to map out technical support needs for the HIV response in light of declining donor funding. HFG developed a scope of work and agreed-upon timetable to conduct a health accounts estimation in that country and assist the development of a sustainability plan as the country faces a transition away from PEPFAR and Global Fund support. The Health Accounts exercise started in Q3 with HFG training ministry staff and helping to establish a steering committee and launch meeting. In Q4 HFG supported the Ministry of Public Health throughout data collection by hiring and managing the five data collectors to collect primary data. The SID was completed and validated in Q4 using an inclusive, participatory process. The Sustainability Plan activities started this quarter as HFG began the process of data collection and review.
- HFG completed a review of the PANCAP Resource Mobilization Strategy and will present recommendations for revision at an in-person meeting of the PANCAP Resource Mobilization Advisory Group early in Q4.
- HFG proposed to conduct a Health Accounts exercise in Suriname in Year 6 in response to the government's request. The exercise planned to focus on funding of the HIV/AIDS response and began planning for the activity.

Q4 Challenges -

In *Trinidad and Tobago*, the HA exercise experienced delays due to the long procurement process of UNAIDS, which is cost-sharing the activity by hiring local data collectors. Data collection has since begun, but more than a month later than originally planned.

The HFG team had some difficulties getting required data for the SCM study in *Barbados*, which slowed the finalization of the analysis. This data was eventually received and the analysis and report completed this quarter.

PANCAP was in the midst of an organizational review as of the in-person meeting of the Resource Mobilization Advisory group. Thus, the group was reluctant to finalize a strategy for moving forward given uncertainty of the future direction of the organization. Late in September 2017, the Committee on Health and Social Development (COHSOD) approved the proposed recommendations for PANCAP to refine and focus its mission on the HIV response in the region, as a result of the organizational review. Thus, revision and operationalization of the resource mobilization strategy was planned to move forward.

Table 42 provides additional activity-specific updates.

TABLE 42. EASTERN AND SOUTHERN CARIBBEAN ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Barbados Program		
Economic evaluation of community-level HIV/AIDS interventions	HFG developed a tool to collect data on key indicators of the effectiveness of HIV services and shared the tool with the BFPA and with the MOH. The BPFA and the MOH will track the indicators over a period of six months and are expected to share the completed tool with HFG in January 2018.	HFG will develop a costing tool which will be used to collect cost data in early 2018. The cost data will complement the effectiveness data in order to measure the cost-effectiveness of services provided at the facility and at the community level.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Efficiency analysis of procurement and supply chain management systems for HIV/AIDS pharmaceuticals and laboratory commodities	HFG presented preliminary Findings were given to the MOH in June 2017. During that presentation, it was agreed that the MOH would provide additional data to improve the accuracy of the cost savings estimates. HFG conducted a new analysis with the additional data received and submitted the final report to the MOH in September 2017.	Following the recommendations presented in the report, HFG has proposed in its Year 6 work plan to assist the MOH to cost warehousing options.
Policy brief for advocacy with the Ministry of Finance regarding the use of efficiency savings	HFG received MOH approval of the SOW of this activity and initiated data collection.	HFG will propose a TDY to collect data and move this activity forward.
Activity 2: Guyana Program		
Sustainability Index Dashboard Updating	HFG supported the completion and validation of the 2017 SID, including by organizing and facilitating a multi-stakeholder workshop.	Results and priorities identified through the SID process will fold into the sustainability plan in development.
Sustainability Plan Development Support	The first meeting of the Sustainability Planning Committee was supported by HFG. Outcomes included a timeline for the development of the sustainability plan.	
Health Accounts with a focus on funding of the HIV/AIDS Response	In Q4 HFG supported data collection for the Health Accounts exercise. Achievements included: (1) Training five data collectors in Georgetown, Guyana on data collection protocol; (2) supporting MoPH and data collectors throughout the data collection process, in which more than 150 donors, NGOs, employers, and insurers were surveyed on their health expenditures in 2016; (3) two Meetings of the Steering Committee for the NHA were supported by HFG.	Continue to support the MoPH as data is validated and entered into the Health Accounts Production Tool.
Activity 3: Suriname Program		
Efficiency analysis of procurement and supply chain management systems for HIV/AIDS pharmaceuticals and laboratory commodities	HFG submitted the final report of the efficiency analysis to the NAP in September 2017.	
Health Accounts with a focus on funding of the HIV/AIDS Response	In Q4 HFG began the planning process for the Health Accounts exercise by determining the staffing for the activity and developing tentative timelines. HFG has been attempting to have a call with the primary contact at the MOH to begin the collaborative planning process.	Schedule a call with the MOH to determine the parameters and available resources for Suriname's first Health Accounts exercise.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: Trinidad and Tobago Program		
Health Accounts with focus on the funding of the HIV/AIDS Response	The MOH officially launched the Health Accounts exercise on July 28, 2017; attendees at the launch included stakeholders representing donors, national government, local government, and academia. In Q4 UNDP hired eight data collectors to collect primary data on health expenditures from donors, NGOs, insurers, and employers. Data collection began in August 2017 and is expected to last approximately five weeks. UWI-HEU has also been collecting secondary data from regional health authorities and household expenditure data.	
Policy development support to the National AIDS Coordinating Committee (NACC)	HFG initiated work on the National HIV Policy through an initial visit to gather information through site visits, key informant interviews and focus groups. An inception report was submitted to the NACC, feedback was received and the report was finalized.	
Activity 5: Support for a Sustainable Regional Response		
Regional program coordination and technical leadership	HFG participated in planning for the regional LACIII meeting with the theme of Sustainability of the HIV response.	
Regional resource mobilization capacity strengthening through PANCAP	HFG participated in the PANCAP Resource Mobilizations Advisory Group meeting this quarter, and provided feedback on updating the strategy.	Now that PANCAP leadership and COHSOD have endorsed the strategic direction of PANCAP (September 2017), HFG will proceed to update and revise the RM Strategy per that direction and propose an operational plan to implement it in the next quarter.
Dissemination of findings on potential efficiency gains and cost savings in supply chain management systems among Eastern and Southern Caribbean countries	Reports finalized in this quarter.	Dissemination event to be planned for the first quarter of Year 6

5.4.3 Haiti

Program Objectives USAID/ Haiti asked the HFG project to continue to work closely with the Haitian Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) to strengthen the ministry's capacities in human resources for health (HRH) management, health financing, hospital costing and business planning, and capacity building. This assistance would enable Haiti to carry out its role as an effective steward of the health sector. HFG worked directly with five MSPP operational units: *Unité d'Appui à la Décentralisation Sanitaire* (UADS) (Decentralization Unit), *Unité d'Etude et de Programmation* (UEP) (Planning and Evaluation Unit, formerly called the UPE), *Direction de l'Administration et du Budget* (DAB) (Budget and Administration Directorate), *Direction des Ressources Humaines* (DRH) (Human Resources Directorate), and *Direction de Formation et Perfectionnement de Sciences de la Santé* (DFPSS) (Training Directorate) on institutional and technical capacity building as well as technical implementation support. In Year 5, this program aimed to build technical and institutional capacity in a sustainable fashion across the key MSPP directorates in which HFG works.

Year 5 Activities - In Year 5, the HFG project continued to strengthen the institutional and technical capacity of the MSPP to ensure that health financing strategies, human resource management policies and plans, and management and coordination systems can be implemented, monitored, and improved. The project's aim was to build capacity in a sustainable and MSPP-led manner. Through improved governance and accountability of the health sector. These institutional capacity-building efforts were designed to improve core management functions. In addition to the five MSPP operational units, HFG worked with two other units: *Direction de l'Organisation des Services de Santé* (DOSS) (Health Services Directorate) and *Département Sanitaire de l'Ouest* (DSO) (West Geographical Health Department).

For technical capacity building, HFG worked with the DRH on developing a national HRH strategy, strengthening the Human Resources Information System (HRIS) and using the HRIS data for planning and decision making, in addition to improving career and performance management processes. HFG supported the DFPSS' transition to ownership and independent implementation of an "accreditation process," which consists of effective processes to ensure minimum standards are followed in health pre-service institutions and in-service trainings across Haiti. HFG continued to strengthen MSPP's capacity through the UEP to effectively develop a national health financing strategy, and budget and execution processes, and improved public investment planning and resource tracking, including HIV funding. HFG continues to reinforce the institutional capacity of UEP, DRH, DAB, UADS, DOSS, DSO, and DFPSS to more effectively manage their respective units through leadership and management (L&M) training. HFG provided ongoing support to hospitals across the Haitian health system to cost their health services and better understand how to sustain operations in an increasingly donor-constrained, domestic resource-dependent financial environment.

Year 5 Progress Against Objectives -

- ***HFG assisted in completing HRH situational analysis that is helping advance toward the development of a national HRH Strategy, including a plan to ensure the sustainability of CHWs' funding:*** In Q1, following the completion of ERHIS-2, MSPP/DRH incorporated private health workforce data into its Human Resources Information and Management System. As the next step, the situational analysis was supposed to be finalized in coordination with MSPP/DRH, contingent upon the establishment of a multisectoral steering committee (CMP) toward the development of the HRH Strategy 2017/22. The CMP brought together public and private sector stakeholders involved in HRH issues and ensured policy development is done in a participatory and inclusive manner so as to foster ownership. In Q2 and Q3, for several reasons including the new government transition (leadership change), the installation of the CMP was postponed several times. Because of accumulated delays in this process, the DRH and HFG decided to move forward with the development of the HRH Strategy without the official installation of the CMP.

In Q4, HFG assisted in completing the HRH Situational Analysis which was approved by MSPP/DRH for validation. This situational analysis included health workforce professionals under contract with donors and embedded in MSPP facilities. The HRH priority issues identified from the situational analysis findings continue to guide the elaboration of a draft HRH Strategy that will be finalized with the participation of a broader range of stakeholders in Year 6.

- ***HFG technical assistance expands institutionalization of MSPP's performance management system:*** In Q2, HFG continued to support the MSPP in scaling up its performance management system (Système d'Évaluation de la Performance/SYSEP). Initially, the activity was intended to cover five units within the MSPP, but two additional directorates asked HFG to help implement the system, meaning HFG supported a total of seven units within the MSPP in this effort. Additionally, on March 14, 2017 an orientation workshop was conducted for the leadership of these seven MSPP units on SYSEP methodology.

  In Q3, HFG continued to provide support to MSPP to improve human resources management through the realization of workshops on the SYSEP for seven directorates (UEP, DOSS, Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle/DPM/MT, Centre Ambulancier National/CAN, Direction du Programme Élargi de Vaccination/DPEV, Direction de la Santé de Famille/DSF, and Direction des Soins Infirmiers/DSI). A total of 50 participants took part in two workshops from May 21-27, 2017. During these sessions, participants worked on job descriptions, organigrams, and objectives/ goals development. After the training, many participants agreed with one participant's sentiments: "They are starting to really position themselves within their units and have a clear picture of how their directorates should work." Further, a head-of-service working for DOSS said: "If our direction had this training earlier, we would have been better in doing our work."

  In Q4, HFG finalized the implementation of the SYSEP for DFPSS with the participation of the unit's newly appointed leadership. During the finalization workshop, DFPSS director Dr. Vladimir Larsen was happy to realize that the SYSEP was exactly what he needed to re-orient and re-organize the unit. HFG used Dr. Larsen's suggestions and comments to help MSPP/DFPSS quickly finalize and implement its new re-organization road map. Twenty-four participants attended the workshop from July 2-7, 2017. Further, HFG also supported Haiti's most densely populated region, the West Department (Département Sanitaire de l'Ouest, DSO) to validate their organizational assessment from August 1-3, 2017. Twenty-eight participants attended the validation sessions. Participants said they were eager to start implementing SYSEP because they had a clearer understanding of their responsibilities following the validation sessions. Further, they believed that the SYSEP would help them become much more efficient.

- ***The draft plan for health workforce career development is elaborated with HFG support and will serve as a model to achieve national human resources management objectives within Ministries:*** In coordination with the MSPP/DRH and the Office of Human Resources Management (OMRH), HFG assisted with the drafting of HRH Career Profiles in Haiti, aiming to contribute to the improvement of public sector health jobs in the face of skilled human resources scarcity and the lack of material and financial resources in the sector. Official career profiles provide pathways for health worker advancement and professional development. This reference document takes into account all aspects of Haitian health system and integrates the new job classification system from the OMRH. HFG used technical working group sessions with stakeholders on the collection of relevant data, review of documents and the identification of jobs to develop the document.

- In Q1, HFG organized and facilitated the first career development workshop group, bringing together 27 stakeholders from MSPP, OMRH, professional associations and public/private universities from September 4-6, 2016. Several technical working group (TWG) sessions followed into Q2 and Q3.

In Q2 and Q3, HFG organized and facilitated several TWG sessions with MSPP and supported various stakeholder committee meetings.

In Q4, HFG continued to assist the TWG in completing the development of the HRH Career Profile document in Haiti. In late July 2017, the MSPP technical group coordinated with HFG to present to the senior leadership of the MSPP and the OMRH the Haitian health sector career profile document draft. According to Pierre-Louis, Coordinator of the OMRH: *"the career profile document produced for the health sector is a model that could be used by all the ministries of the country."*

- ***HFG and DFPSS partner to make the Reconnaissance process sustainable:*** In Q1, HFG continued to support the DFPSS in the revision and finalization of the "Reconnaissance" tools, including the reference manual of the Reconnaissance process. Additionally, HFG, with the assistance of the Canadian Association of Schools of Nursing (CASN), completed detailed video tutorial materials on information, resources, and strategies necessary for evaluators to carry out their Reconnaissance-associated duties. Also in Q1, the DFPSS conducted 18 additional evaluation visits to nursing institutions. In Q2, HFG accompanied the DFPSS in finalizing a Reconnaissance reference manual that details the full Reconnaissance process and its adopted tools. HFG then worked with the DFPSS in Q3 to develop a transition plan to provide the DFPSS with the capacity to advocate for resource mobilization, trainings, and expansion of the current Reconnaissance process.

  In Q4, HFG supported the DFPSS to finalize the reference document on the Reconnaissance process (objectives, planned results, how to use results). HFG organized a validation workshop for the revised tools and process on August 28, 2017 to allow MSPP/DFPSS to conduct the activity after the end of HFG. Simultaneously, HFG oriented the newly appointed DFPSS Director, Dr. Larsen, and DFPSS staff on the newly revised tools during six working sessions held in August and September. The final versions of the Reconnaissance referral manual, including the technical and administrative tools, were validated and posted on the Reconnaissance website.

  Furthermore, in Q4, the DFPSS conducted a total of six new evaluation visits and eight re-evaluation visits of nursing institutions. The jury reviewed three cases and declined to grant them reconnaissance status.

  In addition, HFG developed, discussed, and finalized the Reconnaissance transition plan with Dr. Larsen and key DFPSS staff. The final plan was shared with MSPP leadership at the end of Q4.

- ***Elaboration of Health Financing Strategy:*** In Q2, HFG continued to support the development of Haiti's health financing strategy. HFG worked with the MSPP, World Bank, and PAHO to finalize the health financing strategy draft document, including an analysis of possible health financing options. In addition, HFG participated in the presentation of the draft document to the Minister of Health and the Director General of the MSPP. As a next step, the MSPP validated a consultation plan and timeline with different stakeholders to generate more buy-in and inputs from civil society, policymakers, and health experts.

  In Q3, HFG finalized the draft of the Health Financing Strategy including the presentation of six options that MSPP can choose from to complete the national health financing strategy. The document was submitted to the head of UEP for comments and suggestions.

  In Q4, the MSPP/UEP asked HFG to start focusing on the costing of the package of essential services or essential benefits package (Paquet Essentiel de Service/PES) while the unit continued its review of the health financing strategy. As a result, HFG developed a terms of reference and started data collection for the costing of the PES in close consultation with DOSS. The costing of the PES, which will continue into Year 6, will allow MSPP to estimate how much it will cost it to implement the PES at the national level. It also will help improve decision making regarding the provision of health services to the population.

- ***HFG builds capacity of MSPP's UEP to conduct hospital costing and increase sustainability of hospitals through business/viability plans:*** In Q2, HFG designed and led preparations for a multi-day hospital costing training for UEP and other MSPP staff. The training was created to build MSPP technical capacity to conduct costing and used real on-the-ground data from the four hospitals' costing exercises previously completed by HFG. To set the foundation for this training, the HFG team collaborated with UEP staff on the costing and business plan development of Justinian University Hospital (JUH) in Cap Haitian. In consultation with the administrative leadership of the JUH, HFG launched the data collection process in January with a workshop attended by 28 JUH employees. The workshop facilitated shared understanding among staff of the importance of the costing activity and ensured staff buy-in of costing exercise processes. In addition to participating in the workshop and data collection, UEP staff members were engaged in inventory/equipment data collection and plans for data cleaning and data analysis. As a result of this work, additional Justinian hospital staff also expressed interest in participating in the costing training.

  In Q3, HFG finalized the JUH costing data collection phase that began in Q2. With continuous support from JUH staff as well as UEP participation, the data collection processes went smoothly without major challenges. Following the analysis of the collected data to estimate hospital costs, HFG, in close consultation with JUH and UEP staff, organized a preliminary results session on May 30, 2017 to share findings with all the stakeholders. During this restitution session, HFG also presented the business plan development process that would follow the costing study. This presentation was used to introduce the business plan process to JUH staff and administration as well as gauge their initial inputs on items that the business plan should specifically seek to address. It was decided that the plan would be called a "viability plan," and a small group of hospital staff volunteered to further develop topics to be addressed by the viability plan process. Thirty-eight participants attended the presentation in Cap Haitian including the Director of the DSN (Direction Sanitaire Nord/North Health Department), Dr. Ernst-Robert Jasmin, and Dr. Getro Dube, the Executive Director of JUH. One of the strengths of the activity, according to Dr. Dube, is the "participative approach" that HFG used during the implementation process. Preparation of materials for the hospital costing training continued and was finalized in Q3.

  In Q4, the week of July 18-21, 2017, HFG coordinated with MSPP/UEP to organize the costing training workshop in Port-au-Prince. One of the training objectives was to help participants to master the Management Accounting System for Hospitals (MASH) tool. Participants used the tool to analyze hospital cost structures and conduct cost estimates. Twenty-one participants within MSPP and some of the main hospitals in the country attended the four-day workshop. During the workshop, HFG highlighted the business plan process and the link between the costing and the use of the costing data for business plans. Eight participants were from MSPP/UEP. Two executive directors, Dr. Geto Dubé from JUH and Dr. Maurice Mainville from Hôpital de l'Université d'État d'Haïti (HUEH), also took part in the training. Both were very satisfied with the training and shared, "The best way to empower the MSPP as a whole and ensure sustainability is by having this kind of workshop where local capacities are built."

  Following the preliminary results presentation, HFG worked on revising the JUH cost estimates and drafting the final report. On July 24, 2017, HFG coordinated and collaborated with MSPP/UEP to present the final results of the JUH costing activity. Fifty- eight participants attended the presentation in Cap Haitian. Attendees included Dr. Ernst-Robert Jasmin, Dr. Jean Geto Dube, the Health Systems Strengthening Advisor for USAID/Haiti Dr. Elsy Salnave, and MSPP/UEP Assistant Director, Dr. Roody Thermidor. According to Dr. Dube, "The findings of the costing will help better manage expenses and serve as a communication tool allowing the management team to present the exact picture of the hospital situation. This will also help with transparency and internal governance."

Following the July 24 presentation of the final results of the costing, the small group working on the viability plan met to further refine the focus topics; a methodology for ranking topics was presented and discussed. On September 5, HFG, UEP, and JUH launched the viability plan workshop which began with a discussion on the focus topics, problems, and proposed solutions. Unfortunately the workshop was cut short due to Hurricane Irma. The participants agreed to continue to develop solutions to key problems in breakout groups and complete the development process in November and two meetings thereafter to present the viability plan.

- ***HFG strengthening MSPP hospital financial reporting:*** In Q1, HFG continued to support the revision of training materials on hospital financial reporting processes, including completing revisions to some of the training materials. HFG also assisted in drafting the mandate and role of the technical committee for the MSPP Director General's signature to provide official recognition of the committee and its assignment. In the next quarter, HFG assisted in the execution of a three-day workshop held the first week of February. During the workshop, tools for the hospital financial reporting processes were reviewed and a subset was validated.

  In Q3, HFG continued to support the ongoing revision of training materials on hospital financial reporting processes, including completing revisions to some of the training materials. In addition, HFG supported the DAB to conduct field supervision in Les Cayes and Jeremie from May 2-5, 2017. According to the participants in the mission, "This activity was an occasion for them to have a better understanding of the current situation in those visited hospitals and to better coordinates their actions." The team, composed of three MSPP members—two from DAB and one from UADS—and the HFG Health Financing Advisor, visited two hospitals and two local health offices: DSS (Direction Sanitaire du Sud/South Health Department), Hôpital Départemental Immaculée des Cayes, DSGA (Département Sanitaire de la Grande Anse/Grand Anse Health Department),and Hôpital Départemental Saint Antoine de Jérémie.

  In Q4, HFG, in close coordination with MSPP/DAB, continued to strengthen MSPP capacity in financial reporting by organizing a workshop on financial reporting. The training focused on improving the financial management of MSPP Regional Health Departments and hospitals, presenting new Ministry of Economy and Finance (Ministère de l'Économie et des Finances/MEF) guidance of accounting and financial reporting, building a harmonized approach for all other departments to follow, and reviewing procurement processes and other bidding procedures. Among the facilitators were six senior Technical Advisors from MOF and the Director of the MSPP/DAB. Thirty-four participants attended the first set of three-day sessions and 23 attended the second set.

- ***HFG continues to support MSPP's Units' Institutional Capacity Building:*** In Q1, HFG proposed an updated organizational structure to the UEP and initiated an adequacy analysis of current staff compared to that of the proposed UEP structure. HFG assisted DFPSS in defining priority actions for DFPSS capacity building. On November 24, 2016, HFG validated the DOSS capacity-building plan during a workshop which mobilized 25 employees from DOSS.

  In Q2, HFG completed the adequacy analysis that compared current staff to the staff targeted by the new UEP structure proposal. The staff adequacy analysis provides information that would facilitate optimal use of current staff by better aligning staff qualifications with the positions requirements and identifying gaps to be filled through in-job training and recruitment. HFG supported discussions related to the MSPP decentralization process through an internal group initiated by UADS.

In Q3, HFG continued to provide TA to DFPSS to finalize its organizational structure and improve workload management through two workshops on May 21-24, 2017 and June 19-23, 2017. HFG supported discussions related to the MSPP decentralization process through an internal group initiated by UADS to better support their decentralization activity. A consultant was hired to support the UADS internal group and assess the current state of health decentralization efforts in Haiti. HFG also finalized the DOSS capacity building plan.

In Q4, HFG accelerated its institutional capacity building (ICB) activities by aligning them with the new political and administrative momentum. The project built upon the existing work of the development or reinforcement of vision, mission, attributions and organizational charts and finalized the structural reinforcement process using the SYSEP approach. The project then helped targeted units in the MSPP to reallocate current staff by matching their qualifications with those required by the new structure and developing job descriptions for the key positions to be staffed.

- More specifically, HFG continued to provide TA to DFPSS to finalize job descriptions, initiate SYSEP and improve workload management. HFG also provided TA to DOSS to finalize its organizational structure through six working sessions with the newly appointed Director and her embedded consultant. Individual job descriptions in a SYSEP approach has been initiated and will be completed in a workshop scheduled for early October. HFG also supported DOSS to develop a new reinforcement plan. Finally, HFG worked with DSO during a workshop held on August 1-2, 2017 to validate both its institutional analysis and reinforcement plan.

Q4 Challenges - HFG continued to experience delays in the development of the health financing strategy. The UEP asked the strategy technical committee to defer the process until receiving further guidance from MSPP top-level management.

In addition, some activities related to HRH were postponed while MSPP top-level management attended to priority matters including salary adjustments for MSPP personnel and the elaboration of contracts for 2,000 employees.

Q4 Additional Information - The LMG/Haiti project officially ended on September 30, 2017. As requested by USAID/Haiti, HFG began to take over some of the remaining activities from the LMG project, namely implementation of the PES and building the capacity of the Government of Haiti to take over management of the Country Coordinating Mechanism of Haiti's Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM/CCM). HFG began completion of the recruitment process of related staff targeted for early Year 6. The HFG project also hired a high-level donor coordination advisor in September 2017 in anticipation of Year 6 activities.

Table 43 provides activity-specific updates.

TABLE 43. HAITI ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Strengthening the DRH Capacity to Manage the Health Workforce		
Support DRH in the implementation of the draft Process for the Development of a Training Plan (provided to MSPP by OMRH)	In progress Since the head of the MSPP/DFPSS has been replaced, HFG has to reintroduce this activity to the new leadership. HFG has already finalized the SOW for the activity and established contact with CIFAS and DFPSS new leadership to coordinate the construction of a space on MSPP website for a better coordination of training activities.	Delays in the completion of the implementation of this activity was due to the replacement of MSPP/DFPSS director and the time it takes to reintroduce the process. HFG will continue to support MSPP to finalize the section of their website that will host the coordination of training activities.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct data quality control through quarterly review	In progress As a way to empower MSPP/DRH, HFG has transferred the lead of this activity to the DRH. HFG has developed a tool for Data Quality Control for MSPP use.	Due to delays in establishing the CMP, ERHIS-2 final validation will be carried out in a different way than through the expected formal committee. As a next step, HFG will support MSPP/DRH to present the final document to a broad range of invited stakeholders during a workshop in Year 6, Q1.
Assist DRH to conduct field supervision visits in geographical departments	In progress	In Q4, the MSPP was supposed to conduct supervision visits in the South and Grand Anse. Due to some internal constraints, they were unable to conduct those visits.
Facilitate the development of a comprehensive, national HRH strategy for HRH development	In progress HFG supported the elaboration of an outline of the national strategy for HRH development in September 2017.	HFG plans to further develop and validate the national strategy for HRH development in Y6Q2.
Develop HRIS Management training materials	Pending	This activity is suspended for the time being due to the implementation of SIGRH (Interministerial System of Human Resources Management) being led by the OMRH.
Assist with the development of costed HRH operational plan	Re-planned	This activity is set to follow the national HRH strategy for HRH development.
Conduct training of trainers (TOT) workshops for DRH on HRIS management, including HRH data quality control	Re-planned This activity will be limited to data quality control. HFG has already developed a training guide to conduct data quality control.	
Activity 2: Support the MSPP/DRH in Developing an HRH Performance Management System and Institutionalize Civil Service Reform		
Continue to support MSPP personnel orientation sessions to strengthen the skills of care providers	In progress	Two successive recruitment attempts to hire the technical expert who will lead the finalization of the national nursing care protocol to support the organization of the orientation sessions have not come to an end, because of the withdrawal at the last moment of the successful candidates. The process will restart early Year 6.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Complete the revision of HRH employment and competencies index (REC)	Re-planned	Revision will follow validation of career profiles document and national HRH strategy in Year 6.
Finalize the development of performance-specific indicators tools for doctors, nurses, and midwives, based on the package of essential services	In progress HFG's development of performance-specific indicators, in close collaboration with MSPP, is underway and is being conducted simultaneously with the career development plan for the health care workforce and the development of HRH allocation standards for health care institutions.	Expected to be completed in Year 6 Q1.
Support MSPP in scaling up the performance management system	In progress HFG has finalized the development of all tools and materials for SYSEP implementation. HFG's progress by MSPP directorate or department are: In addition, HFG has completed the implementation of the SYSEP with DFPSS on July 2-7, 2017. DOSS: HFG in close coordination with MSPP/DRH has completed the organigram with DOSS. DSI: 2 DSI staff took part in SYSEP sessions organized for DFPSS to gauge the process. DSO: HFG completed the orientation to the SYSEP on August 1-2, 2017.	HFG's next steps by MSPP directorate or department are: DOSS: HFG will work on job description and goal measurements with DOSS in Year 6. DSI: HFG will help DSI review their organigram, develop job description and post goals. DSO: HFG, in close coordination with DSO will develop a new organigram, new job description and goals.
Finalize the strategy and plan for career development for the health care workforce	In progress HFG supported the presentations of the draft strategy plan for career development of the health care workforce to MSPP Senior Leadership and the OMRH on July 25, 2017 and July 26, 2017, respectively.	HFG next steps are focused on validation and publication in coordination with MSPP.
Support DRH in promoting health workforce valorization, including the participation of two DRH managers at the 4th HRH Global Forum	HFG continued to undertake preparatory work to allow the participation of MSPP/DRH managers at the Forum.	This event is scheduled to occur in Year 6 (November 2017). HFG will follow-up with USAID/Haiti and the MSPP on planning this activity.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Finalize the development of an HRH rural retention plan	In progress HFG led the design of and continues to lead the implementation of a study on the international migration of health personnel including motivations for working in urban vs. rural areas in Haiti; this study will provide data that will support the elaboration of an HRH retention strategy. In Q4, HFG completed the study design and instruments in collaboration with MSPP.	HFG will conduct data collection in Y6Q1.
Develop DRH standard operating procedures manuals	In progress HFG has completed the hiring process of the consultant to assist in developing a standard operating procedures manuals for MSPP/DRH	The manual should be ready by the end of Y6Q1.
Develop HRH allocation in the public sector based on the PES norms	In progress HFG has developed a framework for HRH allocation in the public sector based on PES norms in close coordination with MSPP/DRH. The document will allow MSPP to allocate personnel to institution by type and other specific criteria and needs.	Upon completion and validation of the document by concerned parties, HFG will support MSPP/DRH to plan and organize a broader presentation to all the stakeholders intervening in HRH in Y6Q1.
Develop MSPP plan for scaling up SYSEP	Pending	This activity will follow the organization of the workshop for the final review of the implementation of the SYSEP.
Organize a workshop for the final review of implementation of the SYSEP	In progress HFG developed the following SYSEP supportive materials : • posters for awareness-raising communication • SYSEP guide and forms as technical support materials • audio CD for self-learning educational support	HFG will support MSPP/DRH to plan and organize a workshop to present the results to all the stakeholders in Y6Q1.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Support Reconnaissance Activity		
Train the DFPSS and nursing educational institutions on the improved online management of the Reconnaissance system	Postponed to Y6Q1 HFG's support of the website revision process took longer than expected due to complex functionalities that needed to be built into the system. HFG's finalization of the website revision process is a key step toward the realization of the training. Regarding the training of nursing educational institutions, HFG developed a plan to orient nursing educational institutions to the video tutorials built into the website so that they can access, initiate, and follow the Reconnaissance process on their own.	After the finalization of the website, HFG will collaborate with MSPP to support two training sessions for DFPSS staff and other key MSPP staff to enhance their skills and enable them to use the revised version of the website for the Reconnaissance process.
Build capacity of DFPSS and MSPP evaluators in using the on-site school evaluation process	Complete	
Assist DFPSS staff to update the orientation process for new evaluators	Complete	
Finalize video tutorials for the DFPSS accreditation website	Complete	
Develop DFPSS capacity to advocate for resources mobilization, trainings, and expansion of the current Reconnaissance process	HFG jointly developed the Reconnaissance transition plan with the MSPP/DFPSS and integrated some aspects into the Reconnaissance reference manual. HFG has transmitted the transition plan document to the DFPSS.	
Conduct data collection and analysis to better understand impact of Reconnaissance process	Re-planned to Year 6	HFG will conduct the data collection analysis to better understand the impact of the Reconnaissance process in Year 6.
Activity 4: Support Implementation of Health Financing Strategy and Build Capacity in Resource Mobilization		
Complete the draft strategy document finalization	In Progress HFG has supported the finalization of a draft strategy document, which was submitted to MSPP/UEP. Next, upon UEP decision, it would be validated with stakeholders.	The planned consultations with stakeholders didn't take place, following the decision of UEP to defer the process until receiving further guidance from MSPP Senior Leadership. Waiting for MSPP final decision to either continue or not with consultations.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support strategy outreach by MSPP/UEP	Pending	Awaiting UEP decision to move forward.
Organize a validation workshop of the health financing strategy	Pending HFG is waiting for the draft health financing strategy to be approved, finalized and validated. In close consultation with UEP, a national validation workshop is tentatively planned for Year 6.	Waiting UEP guidance to move forward.
Assist with the development of costed operational plan	Re-planned for Year 6	The launch of this activity will follow the finalization of the health financing strategy.
Strengthen advocacy capacity in resource mobilization	Re-Planned for Year 6	The launch of this activity will follow the finalization of the health financing strategy.
Support health financing strategy implementation activities/interventions	Re-planned for Year 6	The launch of this activity will follow the finalization of the health financing strategy.
Set up mechanisms to follow-up and sustain the momentum of the health financing strategy implementation	Re-planned for Year 6	The launch of this activity will follow the finalization of the health financing strategy.
Activity 5: Support MSPP Capacity in Hospital Financial Reporting and PFM System		
Support training follow-up and implementation of hospital financial reporting processes, including equipment	In progress In Q4, HFG has supported the training of MSPP accountants and administrators on the new MOF financial procedures and internal control on September 15-22, 2017. Following an MSPP official Request, HFG has started with the procurement process for the electronic cashiers.	The electronic cashier acquisition process is expected to be completed by the end of Y6Q1. HFG will also support in organizing additional training workshops on the hospital financial reporting process in Y6 Q1.
Support DAB with technical expertise on PFM as needed	Pending	HFG is waiting for MSPP's decision.
Support DAB to conduct field supervision in selected public hospitals	In progress No supervision visits were conducted this quarter because of lack of staff availability.	HFG will support the DAB to conduct a visit in the North, North East, and North West early Y6 Q1.
Support data quality control of hospitals reporting processes through quarterly review	In progress	This activity is conducted simultaneously with the supervision visits.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 6: Assist MSPP in Resource Strategic Planning (Target Setting)		
Complete data collection and costing of the Plan Directeur 2012-2022 (remaining part covering the subsequent three-year 2020-2022) using the OHT	In progress Following the completion of data collection for 2017-2019, out of the MSPP National Health Plan (*Plan Directeur de Santé*/PDS) 2012-2022, MSPP/UEP with the support of HFG completed the costing of the 2017-2019 three-year operational plan.	As planned, the next step includes HFG's support in data collection for the remaining part covering the subsequent three-year 2020-2022 using the OHT. It is important to notice that because of the volume of activity and MSPP other priority, the future of this activity will depend on MSPP/UEP decision to move forward with it in Year 6.
Disseminate the operational costed plan 2017-2019, part of the Plan Directeur 2012-2022	In progress HFG supported the finalization of the draft operational costed plan 2017-2019, part of the PDS.	As of next step, HFG will support the publication and dissemination of the costed operational plan 2017-2019.
Support costing exercise for budgeting the PES	In progress HFG started with the first step of data collection in coordination with DOSS.	HFG will complete data collection followed by data analysis and produce the first draft of the report by the end of Y6Q1 and the final report in Y6Q2.
Activity 7: Assist MSPP in Resource Tracking, including HIV Funding (NHA)		
Support translation of NHA results into process and systems improvements	Complete HFG supported the completion of NHA 2013-2014. HFG began working with UEP on the process of producing the final report NHA 2013-2014. UEP, with the support of HFG has launched data collection for NHA 2014-2015 and NHA 2015-2016.	The NHA 2013-2014 document has not been yet published due to delay from MSPP/UEP review which required more time than expected. The dissemination of the NHA 2013–2014 report will be completed in early Y6Q1. HFG is planning to support the 2015-2016 NHA process from the data collection to the dissemination.
Develop and implement financial information system for automated data collection	In progress	This will be completed while performing data collection for NHA 2014-2015 and NHA 2015-2016.
Update NHA 2014-2015, including an HIV subaccount	Re-planned for Y6Q1	This will be conducted during the preparation of NHA 2014-2015.
Support NHA 2014-2015 dissemination	Re-planned for Year 6	This will occur following the finalization of the NHA 2014-2015, which has been re-planned for Y6Q1.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 8: Assist Hospitals in Costing Health Services and Developing Business Plans		
Develop a course on costing and hospital business planning processes for public and private hospitals	Complete HFG materials from the course on costing and business planning are available.	
Cost services of Justinien University Hospital	In progress On July 24, 2017, HFG, in close coordination and collaboration with MSPP/UEP, presented the findings of the JUH costing study to JUH and is in process of finalizing the costing report.	
Work closely with UEP to assist JUH with developing its business plan	In progress HFG launched the business plan development process during the restitution workshop to present the preliminary findings of the JUH costing study.	
Organize training sessions for UEP in costing hospital services and business plan development	Complete	
Organize training sessions for HSD and HSCM managers in costing hospital services and business plan development	Pending	
Work closely with HSD and HSCM managers to develop their capacity to perform rapid cost benefit analysis for their resources mobilization strategies	Pending discussion with USAID/Haiti	
Cost emergency services of MSPP's 10 departmental hospitals	Pending discussion with USAID/Haiti	
Activity 9: Support MSPP's Units' Institutional Capacity Building		
Improve MSPP (DFPSS, DAB, DRH) filing system capacity, including the development of reference document for MSPP archiving system management	Complete HFG finalized the archiving system reference document and HFG transferred the filling equipment to MSPP/DRH and DFPSS.	Delivery of DAB archive equipment is pending approval from the newly appointed DAB leadership.
Implement UEP priority organizational strengthening recommendations at UEP	In progress	Delayed due to UEP Director decision to conduct an internal UEP retreat, scheduled for early October; the retreat will inform the UEP organizational strengthening

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
		plan for Year 6 of HFG.
Assist DRH, DFPSS, UADS, DOSS, DSO in putting the new structure (including equipment when applicable) into place	HFG made the following progress by directorate or department: DFPSS: HFG continued to provide technical assistance to DFPSS to finalize job descriptions while initiating SYSEP. UADS: no update DOSS: HFG provided technical assistance to DOSS to finalize their organizational structure and improve the workload management through six working sessions with their newly appointed director and her embedded consultant. HFG supported DOSS to develop a new reinforcement plan and individual job descriptions in a SYSEP approach. DSO: HFG worked jointly with DSO during a workshop held on August 1-2, 2017 to validate both their institutional analysis and reinforcement plan. Draft of the final report is available.	HFG's next steps by MSPP directorate or department are: UADS: Waiting for MSPP high-level directorate to determine vision and level of priority regarding the implementation of decentralization into health district units called UAS (*unités d'arrondissement de la santé*). DSO: Finalization and transmission of the final version of the report. DFPSS: Development of individual performance objectives for 2017-2018 will be finalized in Y6Q1. DOSS: The process of developing the organizational structure, job descriptions and individual performance objectives for 2017-2018 will be finalized in Y6Q1. DOSS: Reinforcement plan validation and monitoring. DSO: Adjust the organizational chart. Will be done with SYSEP approach.
Support DAB capacity to oversee the financial report system (through supervision, training and quarterly financial report reviews)	Re-planned	Waiting for MSPP decision for this activity.
Conduct an assessment of institutional capacity building for both organizational and technical assistance to date in MSPP directorates	In progress HFG conducted a review of HFG's institutional capacity building (ICB) activities to-date. Field work was completed, and the report has been drafted and is being revised for finalization in early Year 6.	The complete ICB review report will be finalized and used to inform final decisions on what HFG will do to complete ICB work in Year 6.
Activity 10: Support MSPP's Public Financial Management (PFM) for Decentralization		
Develop, in collaboration with MSPP, a PFM decentralization operational plan	In progress HFG, through consultant Mr. Bertrand Laurent, is currently conducting an assessment of the framework of decentralization in Haiti.	HFG's next steps will depend on the assessment findings and possible recommendations.
Develop, in collaboration with MSPP, a PFM decentralization strategy	Pending	Contingent upon MSPP willingness to move forward with the activity after the finalization of the decentralization assessment.

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop and implement Department-level training plan	Pending	Contingent upon MSPP willingness to move forward with the activity after the finalization of the decentralization assessment and the development of a PFM decentralization strategy.

5.5 Middle East

5.5.1 Middle East Bureau

Program Objectives - The USAID HFG and Sustaining Health Outcomes through the Private Sector (SHOPS Plus) projects will jointly produce a regional overview paper compiling available data on regional trends in health financing and the private health sector in Middle East Region (MER) countries of interest to USAID and countries where USAID has a bilateral mission, including: Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Syria, Tunisia, West Bank/Gaza, and Yemen. The paper will begin with a broad, regional landscape analysis by HFG and SHOPS Plus of trends in both health financing and the private health sector. The second part of the paper will provide brief overviews of health financing and the private sectors of each country. This paper will inform USAID and other donor's investments in health in the MER.

Year 5 Activities - HFG will produce a compilation of information concerning health financing from 2008 to present (2008 was the beginning of the global "Great Recession" followed by the start of the "Arab Spring" in 2010) for all aforementioned MER countries where USAID has an interest or a significant presence through a bilateral mission. The information will be assessed to identify trends and changes as well as their determinants and components, and to identify possibilities for intervention and needs for "deeper dives" on specific topics. Content will include basic information about health financing (benchmarked to aggregated information about other lower middle- and low-income countries outside MER):

- Main trends in sources (general government budgets, mandatory health insurance contributions by workers and employers, out-of-pocket payments, private contributions, external support, other), uses (spending on primary, secondary, and tertiary care and prevention), pooling, and mechanisms of health financing (public and private health insurance, user charges, subsidies) for the period 2008 to present
- Provider payment methods applied (fee for service, line item budgets, capitation, global budgets, case-based payment (e.g., diagnosis-related groups)
- Health sector changes and reforms and their effect on health financing
- Poverty and equity focus of health financing policies: to what extent health care financing schemes protect the population, particularly the poor, minorities, refugees, and otherwise most vulnerable, from foregoing care and prevention or impoverishment because of spending to address adverse health events
- Impact of expansion of private sector provision on health financing, in coordination with SHOPS Plus
- Financing reforms being considered by MER countries and their alignment (or misalignment) with problems shown by compiled information

Year 5 Progress Against Objectives - In Q1, HFG and SHOPS Plus held a work-planning meeting and developed a joint work plan that was approved by USAID in December 2017.

In Q2, the team began the data collection process. For this, ICF International produced DHS data tables, and HFG and SHOPS Plus completed desk reviews and compiled a list of key informants for all 11 countries. At the end of Q2, USAID, SHOPS Plus, ICF International, and HFG had a quarterly consultative meeting with USAID MER bureau representatives to report on the data collection progress and ask them to share additional resources that would be helpful for the activity.

In Q3, SHOPS Plus and HFG continued data process by conducting interviews with key informants from seven of the 11 countries involved in this activity. In addition, HFG produced initial data tables and key health financing indicators for all 11 countries. HFG and SHOPS Plus also finalized the detailed outline of the joint regional report and began drafting the country briefs. At the end of Q3, USAID, SHOPS Plus, ICF International, and HFG had a quarterly consultative meeting with USAID MER bureau representatives to report on the data collection progress and share preliminary findings.

In Q4, SHOPS Plus and HFG finalized the data collection process by completing the key informant interviews with health experts from the remaining countries. The project drafted 11 individual country briefs and the joint regional report, which are being reviewed. They also drafted a concept note/agenda for the final consultative meeting with the MER bureau. In the next quarter (Y6Q1), HFG and SHOPS Plus will finalize the country briefs and joint regional report.

Q4 Challenges - Several countries involved in this activity are in conflict. This has made communicating with key informants, and collecting data, difficult.

Q4 Additional Information - Due to the delay in data collection and lengthy publication process, the timeline for this activity has been extended into Y6Q1 and Q2.

Table 44 provides activity-specific updates.

TABLE 44. MIDDLE EAST ACTIVITY DETAIL

Year 5 Q4 Planned Tasks	Year 5 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: HFG landscape analysis of health financing		
Organize consultative quarterly meetings with MER bureau	The date of the next quarterly TBD.	
Develop individual country briefs and a joint regional overview paper	The first drafts of the regional overview report and the 11 country briefs are completed. Review of the documents has started.	Several countries involved in this activity are currently in conflict. This has been a challenge for communicating with key informants as they are understandably in difficult situations.
Organize a dissemination event with the MER bureau to share the briefs and regional overview report	Draft concept note and agenda of the event were completed.	Due to the delay in data collection and lengthy publication process, the timeline for this activity has been extended into Y6Q1 and Q2.
Meet with partners to formulate overall data interpretations and conclusions	The partners meeting TBD in Y6.	

6. FINANCIAL UPDATE

The financial overview for Year 5 Q4 is presented in Table 45.

TABLE 45. FINANCIAL OVERVIEW

Client	USAID
Project Director	Bob Fryatt
Total Potential Worth	$199,702,730
Obligated to Date	$183,082,390.37
Expensed to Date	$146,369,599 (thru September 2017)
Funded Backlog Remaining	$36,712,791.37
Project End Date	09/29/2018

Cost Share

Through the end of September 2017, the HFG project had obtained $7,091,496.93 in actual cost share contributions. Sources of these contributions include the ministries of health of Benin, Botswana, Tanzania, and Vietnam, the Namibia Social Security Commission, the Health Systems Board, the UK Department for International Development, Abt Associates, the World Bank Haiti Living Standards Measure Survey, Results 4 Development Ghana, the Africa Bureau, the regional health bureaus of Addis Ababa City Administration, Amhara, Benishangul-Gumuz, Oromia, SNNP, and Tigray in Ethiopia, the Ethiopian Health Insurance Agency, the Ghana National Health Insurance Scheme, the South African Development Community (SADC) conference in Pretoria, the World Bank Asia Regional Flagship Course, the Tanzania Commission for AIDS, World Bank/ WHO-DRC, regional sources in Ethiopia, Avenir Health, Broad Branch Associates, WHO-DRC, the UNAIDS Technical Support Facility for West and Central Africa in Nigeria, World Bank/Bangladesh Flagship course, WHO Geneva workshop, GIZ (German Development Corporation), and the Joint Learning Network.

7. KNOWLEDGE MANAGEMENT/COMMUNICATIONS UPDATE

Communications Staffing

The HFG Communications team had several changes in staffing in Year 5. Jennifer Leopold started as HFG Director, Knowledge Management (KM) and Communications on June 5. Senior Knowledge Management and Communications Specialist Anina Tardif-Doughlin departed and Alena Sims was hired as the replacement. Finally, Rachel Stepka, who had been supporting HFG communications at a 50 percent level of effort began doing so full-time.

Strategic Planning for Sharing HFG Knowledge and Learning in Year 6

As HFG prepares for its final year of project implementation, focus has shifted to reflecting on what we and our country counterparts have learned in the past five years and what has been achieved. With technical teams working to synthesize these learnings, a dedicated Knowledge Management group has been working to develop a plan for disseminating them. Major components to the HFG communications strategy going forward include:

Knowledge and Learning Briefs and Presentations: In Year 5, HFG reviewed all project support and determined nine critical areas of learning. Authors and reviewers were assigned to each critical area and have been working to prepare a summary knowledge and learning brief. The briefs will be made available online with hard copies distributed at HFG project events. Four knowledge and learning topics will be presented at the Washington Learning Center in Crystal City, Virginia, in sessions held between January and April 2018. The majority of these topics will also be presented for a global audience via webinar.

Special Issue of Health Systems and Reform: In July 2017, HFG worked with the editor of the "Journal of Health Systems and Reform" to negotiate a Special Issue to be published in April 2018. HFG technical teams began developing the manuscripts, all of which are due for peer review in November 2017. Hard copies of the issue will be available at the End-of-Project event and at in-country close-out events.

Success Stories and Blogs: HFG communications has begun working with all country teams to intensify generation of success stories to be disseminated through USAID platforms. Technical and personal perspective blogs will be pitched for USAID outlets and other global health blogs. In September 2017, HFG selected photographers to capture high-quality images from five HFG-supported countries. These images will help the project and USAID to tell the story of how health systems strengthening and HFG in particular have impacted lives.

Final HFG Global and Country Reports: HFG Communications, M&E, and Core Management teams began thinking through the structure and presentation of the final global and country reports that will be generated and shared in Year 6.

Communications

HFG Publications and Reports

To date, HFG has contributed 347 reports, briefs, and other technical resources to USAID's Development Experience Clearinghouse (DEC). In Year 5, more than 65 resources on health finance and governance were uploaded to the DEC, posted to the HFG website, and promoted through HFG communications platforms.

HFG's website (www.HFGproject.org) receives on average 15,000 visits per month, with a high percentage of users considered, "new visits." Top sites referring users to our site include Google searches, Facebook, and WHO's website. In the past quarter, the top pages on HFGproject.org were:

1. About HFG - HFG - 501 Views
2. Essential Health Services Country Snapshot Series - HFG - 386 Views
3. Navigating Health Financing and Insurance Options for Urban Poor in India - HFG - 347 Views
4. Role of Government-funded and Community-based Health Insurance Schemes in Moving toward Universal Health Coverage in India - HFG - 329 Views
5. Publications - HFG - 304 Views

Note: A high-profile event on health insurance was held in India in August 2017 where three HFG reports, including the two India reports noted above, were promoted.

Scientific Conferences

In Y5Q4 (July 2017), HFG attended the ***International Health Economics Association (iHEA) World Congress***, where the project gave six oral presentations. Topics included measuring technical efficiency of ART provision and developing a health financing strategy in Botswana, costing the scale-up of viral load testing in Kenya, costing the integration of FP-HIV services in Tanzania, the political economy of health reform in Central America, and fiscal space analysis in Nigeria. All presentations were well attended and generated rich discussion.

HFG Ethiopia attended the ***Acting on the Call Summit 2017***, held in Addis Ababa, Ethiopia, in August 2017. HFG's best practice, Using Health Accounts to mobilize resources, and increase equity and efficiency of maternal and child health services, was accepted and published as part of the meeting report.

In September 2017, HFG presented Lessons from the Caribbean Region's Global Health Security Agenda Roadmap at ***USAID's Mini University***, held annually in Washington, DC.

In addition, nine abstracts were accepted for presentation (five poster and four oral) at the ***Annual Meeting of the American Public Health Association (APHA)*** to be held in Atlanta, Georgia, in November 2017. One abstract was accepted as a poster presentation at the ***66th Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH)*** to be held in Baltimore, Maryland in November 2017.

HFG Newsletters

In Y5Q4, HFG sent two e-newsletters (published June 8 and Sept 28) with HFG news and feature stories to more than 5,000 subscribers.

Social Media Stats

The HFG Communications team shares HFG news, updates, and publications on Twitter through @HFGProject. The project has more than 2,400 followers. Top tweets from Y5Q4 (those which created the greatest number of impressions/interactions with followers) are provided below.

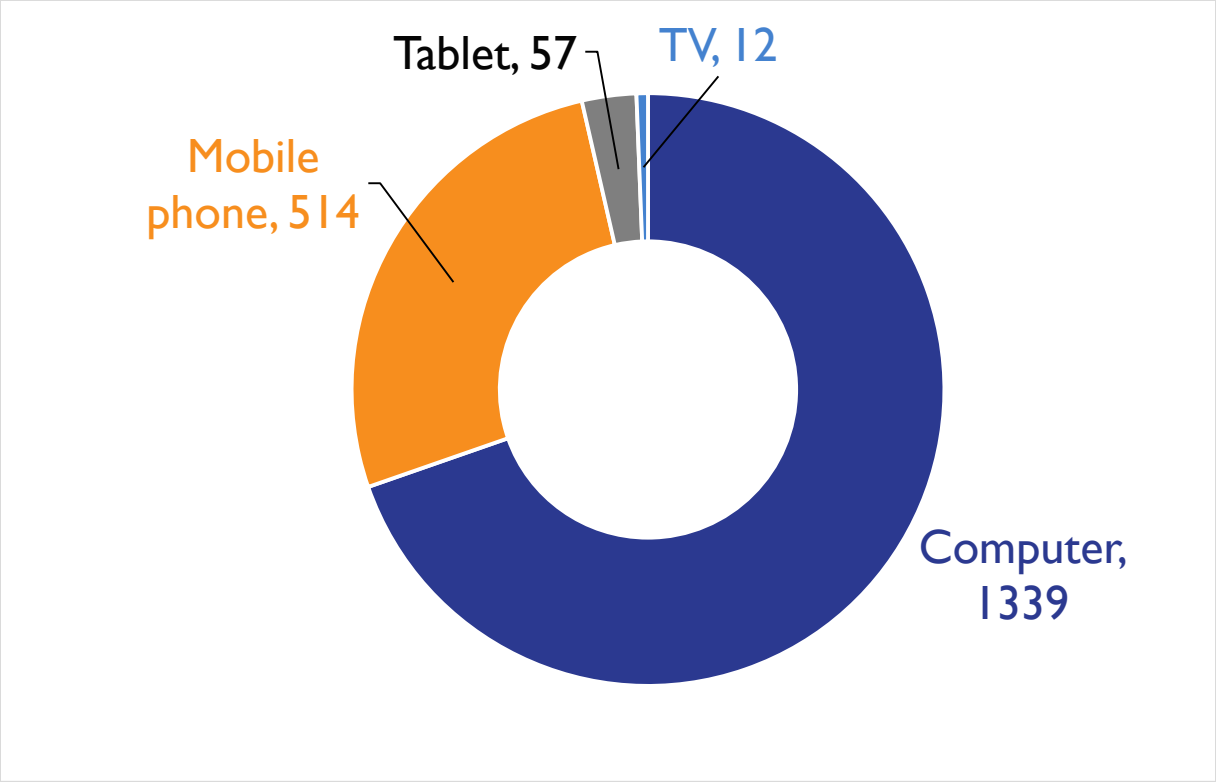
YouTube

HFG's YouTube channel had nearly 2,000 views in Year 5, with more than 380 views in Q4. The top five videos for the quarter were:

1. Community Based Health Insurance in Ethiopia (78)
2. The Role of Health Insurance in UHC: Learning from Ghana and Ethiopia | Webinar Recording (46)
3. Members of Ethiopia's Community-Based Health Insurance Share their Experiences (27)
4. Tackling the Challenge of Financial Sustainability: Ghana's National Health Insurance Authority (26)
5. Sustainable Financing for Vietnam's HIV and AIDS Programs (21)

While nearly 70 percent of YouTube views occur on a computer, it's important to note that nearly 27 percent occur on mobile phones and 2 percent occur on tablets.

HOW PEOPLE ARE WATCHING HFG YOUTUBE VIDEOS (2016-2017)



8. GENDER UPDATE

In Quarter 4, the HFG Gender Advisor provided support across the project and on the issues of gender equality, female empowerment, and social inclusion. The Gender team continued to work with country teams to articulate plans to mainstream gender considerations into their technical assistance, in line with USAID's Gender Equality and Female Empowerment Policy. To date, the team has worked with 20 country teams, enhancing the treatment of gender issues in technical documents, sharing technical resources, developing success stories, and supporting teams in responding to gender-related requests from Missions.

9. M&E UPDATE

In Year 5, the M&E focus continued with country Performance Monitoring Plan (PMP) development/management, MandE (M&E system) updating, reporting, internal review, and data quality audits. The M&E team is currently working to update the global HFG PMP with results for the year. The updated global HFG PMP will be submitted to the AOR team in early Year 6. As a part of our end-of-project activities, the M&E team began to focus on documenting project results and measuring impact.

Country PMP development and updating continued to progress, with the following updates:

- PMPs developed/updated with FY 2016 results and FY 2017 targets and submitted to respective missions: Angola, Benin, Botswana, Ethiopia, Ghana, Mali, Namibia, Tanzania, India, Indonesia, Guinea, Nigeria, South Africa, West Africa, Vietnam, Ukraine, Haiti, and Eastern & Southern Caribbean, Haiti, Peru, Cote d'Ivoire
- PMPs to be updated: Dominican Republic, DRC, and Cambodia

MandE development also continued with both enhancements and ongoing maintenance and support:

- Quarterly reporting: All past quarterly reports are integrated in the system. All teams use MandE for quarterly reporting. Over 200 team members have contributed to the quarterly report across 25 countries.
- Data/deliverable loading: All teams are using MandE for deliverables/supporting information. Nearly all four years of project deliverables are in MandE.
- MandE Improvements: The M&E team is working to enhance the functionality of MandE as a project management tool through the development of a customizable dashboard on MandE.
- Documenting results and measuring impact: The M&E team began working with Avenir Health to quantify health systems strengthening impacts in our country programs through modeling, using a combination of tools such as LiST, EQUIST, and AIMS. HFG completed modeling of the Nigeria program and is in the initial stages of modeling impact of Ethiopia interventions. In addition to the impact modeling, the M&E team will carry out supplemental data collection via surveys to measure outcomes of HFG interventions. The results of the modeling and data collection will be presented in the HFG final report documents. We have also begun to prepare a component of the final report that explains the linkages between HFG interventions and health outcomes.

Data quality audits continued, on reported accomplishments/deliverables/supporting files, on the following programs: IR1, IR2, IR3, IR4, HIV and AIDS, Population and Reproductive Health, Tuberculosis, Global Health Security, Africa Bureau, Ghana, Tanzania, Namibia, Indonesia, Vietnam, E&E Bureau, Benin, Ethiopia, Nigeria, India, Angola, Bangladesh, HIDN, Ukraine, MCH, Eastern & Southern Caribbean and Latin America, Malaria, and Dominican Republic.

10. MANAGEMENT UPDATE

The following are key management accomplishments this quarter.

- **Expanding work**: The HFG project is working at an expanded level as it goes into its final year. This has meant increasing project activities in many countries, while simultaneously planning to complete work and start the process of closing of offices in other countries. In India, for example, the work has continued to grow in a wide range of areas as the USAID mission supports a variety of national priorities. This includes better targeting of family planning policies, building civil society's ability to demand improved reproductive health services, strengthening national performance monitoring of states, and looking for partnerships with the private for-profit and not-for-profit sectors to expand health insurance to the urban poor. In Haiti, the welcome stability that came after election of the new government and the appointment of the new Minister of Health has coincided with increased HFG efforts around building capacity of government, taking forward its human resources for health plans, and taking over new areas due to closure of the USAID Leadership, Management and Governance project. The project has also expanded dramatically in the Dominican Republic, and is establishing a larger team on the ground to support USAID's priorities on reversing the HIV/AIDS epidemic in a sustainable way. Meanwhile, technical and administrative close-out in Cambodia is nearly complete.
- **New areas of work, new approaches**: The past quarter has seen the project deliver results in a number of relatively new areas. In Nigeria, for example, the governance assessments conducted in states as part of the start of work on introducing State Health Insurance has led to dramatic progress. A national network of legislators from a number of ministries are now working together to advocate for Universal Health Coverage (UHC). The Joint Learning Network, supported by HFG, has also taken on new areas such as building up national capabilities in the area of strategic communications and advocacy for UHC, and improving international understanding on how to 'govern' health services so that their quality is assured. All of these efforts expand our understanding of the many ways in which countries can be strengthened to mobilize their own resources for health, and move away from dependencies on international assistance.
- **HFG legacy and managing our knowledge**: With HFG working on so many activities around the world, and centrally with the Washington, DC-based clients, its ability to manage and disseminate the new knowledge has required new approaches. The project website has been revamped to make it more accessible to a wider audience, and the Knowledge Management (KM) team has reached out to country and activity leads to increase their support in disseminating their successes and knowledge products. A new KM strategy for the HFG project has pulled together different streams of work into a coherent set of mutual re-enforcing initiatives. This includes the internal evaluation of HFG work that will be used for final HFG country and overall project reports, a special series of articles to be published together in April 2018, and the roll-out of the products and related events planned through the HFG Knowledge and Learning strategy.

11. COLLABORATION WITH OTHER COOPERATING AGENCIES

HFG has long been a champion of working collaboratively with local and international partners, to increase the overall impact of HFG and USAID efforts, reduce overlaps and inefficiencies, and explore synergies that can bring benefit beyond the deliverables agreed with USAID and counterparts. This focus on more collaborative approaches to learning and having impact has continued in Year 5, and some highlights are provided below.

- ***Multilaterals***
  - *WHO*: In the area of improving the quality of health services, HFG, together with the USAID-funded ASSIST project, has helped WHO establish a global community of practice around different approaches to 'govern' the quality of health services. WHO, together with a diverse set of stakeholders in countries around the world, are now shaping options and approaches that will potentially benefit many low- and middle-income countries. Long-standing relationships on health expenditure analysis continue to show results, as WHO explores new approaches to strengthen national capacities for such work without the need for international support. The USAID collaboration with WHO on governance and financing has continued, with HFG providing support to the development of a more user-friendly and accessible version of the Health Systems Assessment Approach (HSAA) Manual, already much used by WHO and its partners. HFG has also helped maintain a strong USAID-WHO partnership as the work on Marshalling the Evidence for health governance activity ends, and as both prepare for a major dissemination event on UHC Day as part of the UHC2030 initiative in December.
  - *World Bank*: HFG has worked with USAID to ensure an effective working relationship with the World Bank, mainly in countries where the project is active, but also regionally, through, for example, the flagship courses on health systems reform, and globally. This work included an event organized with USAID on efficiency and contracting at the UHC health financing forum in April 2017, and a jointly organized event at the Health Systems Research Symposium on donor transition, which involved HFG counterparts from the governments of Vietnam and South Africa.
  - *UNICEF*: Even though its technical support to strengthen the modeling in EQUIST has ended, HFG remains in occasional contact to understand what effect the past technical work has had, and to ensure USAID remains informed.
  - *Global Fund*: HFG continues to work with the Global Fund on expenditure analysis and building the evidence base to help sustain funding of HIV in various countries around the world. New scopes of work have been agreed in Botswana, Vietnam, and Ghana; also, Laos is now a possible country for HFG support.

- ***USAID family***

  - *USAID OHS and D&G*: The HFG project continues to work closely with the Office for Health Systems on all aspects of its work, including collaborating to best respond to challenges in-country. An example is the recent health financing workshop on health insurance for the urban poor hosted by USAID, HFG, and PAHAL in India, where both the Project Director and the USAID Senior Health Economist participated, at the request of the USAID mission.
  - *ASSIST*: HFG continues to work with the ASSIST project, now in its final stages, on the governance of quality in the health sector, with a successful joint international workshop recently concluded in Indonesia.
  - *Health Policy Plus Project*: HFG works closely with HP+ - we are co-chairs of one of the Technical Working Groups for the Marshalling the Evidence initiative on health governance. Also, HFG has almost completed a hand-over of work in Cambodia to HP+, as requested by the USAID mission as part of the close-out of HFG work.
  - *Leadership, Management, and Governance Project*: Again, at the request of the USAID Mission in Haiti, HFG has taken on some unfinished work from the LMG project, which recently closed.
  - *HRH2030*: HFG collaborated with HRH2030 in two strategic areas. First was to provide health economic expertise for an international working group making the economic case for strengthening the health workforce. In addition, a one-off consultation was held with HFG so that HRH2030 and USAID could inform their approaches to WHO's new health workforce accounts, using lessons from the System of Health Accounts that HFG and Abt has acquired.
  - *SHOPS Plus*: HFG continues to explore areas where it can work closely and provide synergy with the SHOPS Plus project, for example, in Haiti and India where there are joint efforts on working with the USAID mission on expanding services through financing and engaging the private for-profit and not-for-profit sectors.