



Overview

PHR*plus*

Partners for Health Reform*plus*



A nation's health system comprises all the organizations, institutions, and resources that deliver services intended to promote, maintain, or restore the health of the nation's population.

Health system reform is a sustained process of fundamental change in health care priorities, policy, organizational structure, and financing arrangements. It is guided by government but involves the private sector. The central goals are to improve the functioning and performance of the health sector and ultimately the health status of the population.

What is PHRplus?

Partners for Health Reform*plus* is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000–2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services.

What are PHRplus' intended results?

PHR*plus* will focus on the following results:

- ▲ Implementation of appropriate health *system reform*
- ▲ Generation of new *financing* for health care, as well as more effective use of existing funds
- ▲ Design and implementation of health *information systems* for disease surveillance
- ▲ Delivery of *quality* services by health workers
- ▲ Availability and appropriate use of health *commodities*

How does change in health policy benefit a country's health care system?

Health care policy comprises the priorities, regulations, and administrative framework of a health care system. Changes in policy may reallocate resources from tertiary to primary and preventive care, allow greater local participation in care financing and provision decisions, adopt more efficient payment systems, and help ensure quality of care through appropriate incentives and monitoring. If designed and implemented correctly, these changes will expand the population's access to health care and thus their health status.



Photo: Janet Edmond

What expertise does the PHRplus team offer?

The PHRplus team brings vast experience in health system policy, financing, management, quality assurance, infectious disease surveillance, and information systems. The project will expand on PHR achievements, a few of which are described below.

- ▲ *Improving the financing of health care:* Many countries must limit access to health care or provide substandard care for lack of resources; new funding, or more efficient ways to use existing funds, are needed. At the local level, PHR tools and technical assistance in organizational and financial management contributed to the development and sustainability of community-based health financing schemes that generate new funding. At the national level, PHR and other donors worked in more than 50 countries to introduce National Health Accounts, a tool that tracks financing from sources to uses, to provide better information for policy decisions.
- ▲ *Using information to sustain reform:* Improving the quantity and quality of information through new software for data collection, analysis, and reporting enables policymakers to design, implement, and evaluate reform. PHR helped national health systems to expand both the technological and human capacity of managing their information systems. Improvement of medical records and disease classification systems and tools such as National Health Accounts and Building Surveillance Systems resulted in better understanding of



Photo: Janet Edmond

health status and health care needs, and support for specific management and clinical activities.

- ▲ *Ensuring quality of service delivery:* Health worker performance is critical to improving both patient contact and organizational efficiency in a health system. PHR used research and field surveys to define incentives – non-financial as well as financial – that motivate health workers to provide high quality care, maintain medical records, and respond to urgent public health needs. A PHR demonstration site on primary care developed, tested, and refined an accreditation process intended to guarantee an acceptable standard of care.

Testing and Tracking Reform

Broadly implemented changes in health care policies sometimes fail to produce expected improvements, creating nationwide dissatisfaction. As a result, political will for reform may decline. Well-planned reform includes defining desired outcomes, and indicators to measure intermediate progress toward those outcomes, and then testing those reforms in a limited setting. Monitoring and evaluation during the pilot-test phase helps to ensure ultimate success by allowing stakeholders to judge reform outcomes against original goals and make mid-course adjustments. This is especially critical in a demonstration site where multiple reforms in organization, financing, and delivery of care are being tried. Feedback gleaned from monitoring and evaluation builds a more robust model for replication throughout the population and expands support for reform.

- ▲ *Ensuring availability of needed commodities:* Delivery of quality health care depends on the availability of commodities such as vaccines, medications, and equipment. A series of PHR country studies on immunization financing enabled those countries – as well as donors involved in the immunization programs – to understand the real costs, financing and procurement problems, and gaps in future funding as well as ways to address these issues.

Building Stakeholder Support for Reform

Health system restructuring may necessitate not only changes in policy but in the culture of a health care system. The role of central-level managers may shift from provider to regulator; local facilities may take on organizational and financial responsibilities; patients may be expected to take increased responsibility for choosing providers, financing their care, and seeking preventive care. For such changes to succeed, they require input, support, and planning from:

- ▲ Officials who manage, finance, and regulate the health system
- ▲ Providers who deliver and charge for care
- ▲ Patients who use and pay for care

This necessitates communication and capacity building among policymakers, health workers, and the population, to comprehend and advocate for reform and to acquire skills needed to make reform succeed. Communication and capacity building can take many forms: community meetings, mass media, conferences and workshops, on-the-job training, written materials. Whatever the form, they should impart understanding of, and elicit participation in a change process. Investing this kind of time and effort often gains adherents among those who would otherwise block reform, thus helping current reform to succeed and facilitating future reform.

How will PHRplus achieve the targeted results?

PHRplus uses a variety of tools and approaches to collect and analyze data, and design and track reform interventions:

- ▲ *Technical assistance:* contributing to economic, financial, and policy analysis to help local stakeholders understand the implications of different reform strategies and make informed choices regarding implementation;
- ▲ *Capacity building:* developing managerial, financial, and information systems and tools, and training in the variety of skills needed to make the system work;

- ▲ *Tracking results:* monitoring the effects of reforms, to learn the extent to which targets are being met, identify obstacles to success, and make adjustments if necessary;
- ▲ *Health system research:* building knowledge about health system strengthening and how it improves service delivery;
- ▲ *Documentation and knowledge transfer:* contributing to the global body of knowledge about health reform by disseminating experiences, skills, and tools and encouraging exchange of information among country counterparts, other donor organizations, and the international health care community.



Who Implements PHRplus?

The 10 private U.S.-based organizations and several locally contracted affiliates that constitute PHRplus work with government and private sector health and finance professionals and community representatives in Africa, Asia, Eastern Europe and New Independent States, the Middle East, and Latin America and the Caribbean. PHRplus maintains field offices in Latin America, the Middle East, and West Africa.



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