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**Health Finance
& Governance**
Expanding Access. Improving Health.

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



A functional health system delivers the quality health care people need, where they need it, at prices they can afford. The United States Agency for International Development (USAID)'s Health Finance and Governance (HFG) Project collaborates with partners in low- and middle-income countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Effective health finance is linked closely to robust health governance. When the governance of the health sector and its resources is weak, then investments in technical areas are far less likely to achieve their intended results or yield better health outcomes. Strong health governance ensures that health sector resources and funds achieve their goals. Building more financial sustainability into health services, such as HIV and AIDS programs, helps ensure that more people can get the health care they need to lead productive lives.

Active in more than 25 countries, USAID's HFG Project partners with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage. These three pillars are at the crux of the global movement for Universal Health Coverage (UHC).

Bolstering Effective Country-led HIV Responses

Given the projected decline in donor funding for HIV/AIDS programs, many countries are faced with the reality of integrating these programs fully into national budgets while simultaneously planning for program scale up. In collaboration with country partners, HFG supports countries as they lead, manage, and increasingly fund programs to achieve an AIDS-free Generation (AFG).

In **Burundi**, HFG is implementing a multi-year program to enhance the National HIV/AIDS Program (PNLS). A relatively new organization, PNLS is tasked with leading the long-term implementation of the Ministry of Health's HIV/AIDS programs. But PNLS lacked strong management and organizational capacity, which has resulted in weaker HIV/AIDS program outcomes. HFG generated a customized capacity-building plan to strengthen basic management practices and core functions, and build stronger work teams to tackle challenges. "Leadership and management training has improved our capacity to meet our challenges. The organizational support enabled us to be considered as the principal recipient for the next Global Fund grant," said Dr. Hilaire Ninteretse, Director of PNLS.

In **Côte d'Ivoire**, a shortage of health workers, unevenly distributed throughout the country, has been a significant barrier to the scale-up of HIV care and treatment. In response to such health workforce issues, HFG assisted Côte d'Ivoire's Ministry of Health (MSLS) in the development of the Human



About HFG

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

To learn more, visit www.hfgproject.org.

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

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Resources for Health National Strategic Plan for 2014-2015. It is the country's first post-conflict plan to address HRH issues. HFG is also working with the MSLS to undertake critical steps to improve health worker capacity to support an effective, country-led HIV response serving hard-to-reach populations.

In **Ukraine**, HFG supported the pilot of a groundbreaking HIV service integration model. Together with the Ministry of Health, HFG launched an integrated delivery model in which HIV testing and counseling services are offered at primary health care clinics in the northern region. HFG facilitated the training of 70 primary care physicians and 75 nurses in HIV/AIDS counseling, rapid testing, and the basics of HIV care during four two-week training sessions. These health professionals have performed 2,159 rapid HIV tests, with 13 positive results. The early results also show that HIV services provided at primary health care facilities are accessible to members of the most at-risk populations.

Delivering on the Promise to End Preventable Child and Maternal Deaths

Strengthening service delivery alone is not sufficient for sustained, expanded access to health services. Extending health insurance has been promoted as a strategy that may reduce financial barriers for people seeking care. However, many countries struggle with how to extend coverage, ensure that benefits packages cover essential health services, and also maintain financial sustainability. At workshops in **Tanzania** and **Nigeria**, HFG introduced USAID staff to tools designed to foster constructive dialogue with government officials around increasing domestic financing for health priorities, such as ending preventable childhood and maternal deaths. These trainings focused on the principles of health economics and finance, and covered complex and pressing issues such as resource mobilization, universal coverage, and provider payments. Discussions are underway to replicate the training in other African countries and Washington.

Pathways to UHC: The Role of Evidence in Shaping Benefits Packages

Countries moving toward UHC have pursued alternative pathways and realized different results. As countries work to expand coverage, they have asked for guidance on how to do so effectively and efficiently. Defined benefits packages can help ensure the availability of priority services, especially those that are cost-effective and those most likely to be used by poor and vulnerable populations.

HFG is collaborating with the Joint Learning Network for UHC to document the role of evidence in developing UHC benefits packages. By capturing experiences from countries at different stages of economic development, the team is answering important questions: When has evidence influenced the inclusion or exclusion of covered benefits in a service package? When are explicit criteria, such as cost-effectiveness or financial protection, most likely to be used to influence benefit package design? The final product will provide actionable, useful lessons for countries designing or revising their health benefit packages.