Satellite Session Descriptions
As of 16 October 2012

The descriptions of satellite sessions, including named speakers, themes and organization of the session, have been provided by the session organizers and are subject to confirmation/change.

One or two additional sessions are still to be confirmed.

Most satellite sessions are open to all participants. For the convenience of participants, also included here are satellite meetings that are by invitation only. For these, there is no link to programme details.

On 1 October, registration for the satellite meetings will open, on a first-come, first-served basis. You will see the maximum number of participants in the last column of the table Satellite Sessions Timeline. Please come back to the website then to register for the sessions of your choice.
Knowledge translation: from health technology assessment to health policy-making

The National Key Lab of Health Technology Assessment (KLHTA) at Fudan University is an active health technology assessment (HTA) agency with multiple expertise in China. Its mission is to conduct HTA research, education and training, collaboration and exchange, and technical services. It was designated as a WHO Collaborating Centre for Health Technology Assessment and Management in 2007. This HTA agency is not only to facilitate HTA development in China in the context of health care reform, but also to participate into the global actions of HTA in the region or in the world.

In this session we present preliminary observations from a recently-launched study entitled “Knowledge Translation from Health Technology Assessment to Health Policy-making” supported by the China Medical Board (CMB).

Both “hardware” and “software” of health technology often refer to “the drugs, devices, and medical and surgical procedures used in health care,” and “the organizational and supportive systems within which such care is provided”, respectively. HTA is a comprehensive form of policy research that examines the effectiveness of a technology and the short- and long-term consequences of use of health technology. HTA provides evidence-based information to help make decisions on the selection and utilization of health technologies, to promote efficient health resource allocation, improved quality of outcomes, and cost control. HTA has been gaining recognition internationally and has played an increasingly important role in health policy-making around the world. And yet countries embrace HTA quite differently. It turns out that conducting HTA is one thing, and making use of the HTA results to influence health policy-making is another. Unless the knowledge gained from HTA can reach policymakers and be used by them in decision-making, HTA is largely an academic exercise with little real impact on health policy. There are some successful experiences of knowledge translation (KT) from HTA to policy-making in some countries while the integration of HTA in the policy-making processes is still in development in many other countries, both industrialized and developing countries.

This session will present case studies of KT from HTA to health policy in Australia, Canada, China and United States, and preliminary findings of HTA to policy in one study site in China. It is hypothesized that individual actors and institutional characteristics present the predisposing, enabling, and needs factors that affect HTA KT activities and effectiveness. By presenting four cases, we hope to try to “triangulate” in order to better understand what factors are most influential in helping bridge the gap, and how they work to facilitate or impede policy-making. All presentations aim to examine enabling and impeding factors that affect the translation of HTA evidence to policy-making, and propose policy implications to facilitate KT of HTA especially for developing countries.
Speakers and presentation titles

Introduction to the session
- Stuart O. Schweitzer, Professor of Health Services, Fielding School of Public Health, University of California Los Angeles, USA

Health technology assessment and health policy-making in Australia
- Shu Chuen Li, Chair, Professor and Discipline Convenor, Pharmacy & Experimental Pharmacology, School of Biomedical Sciences and Pharmacy, University of Newcastle, Australia

Recent developments of knowledge translation in Canada as a basis for developing a health technology assessment KT platform
- Raymond W. Pong, Professor, Centre for Rural and Northern Health Research and Northern Ontario School of Medicine, Laurentian University, Canada

Has health technology assessment been accepted as a policy instrument in China?
- Yingyao Chen, Professor, National Key Lab of Health Technology Assessment, Fudan University, Shanghai, People’s Republic of China

Knowledge translation in the United States: from cost-effectiveness to comparative effectiveness?
- Lzheng Shi, Associate Professor, Department of Global Health Systems and Development, School of Public Health and Tropical Medicine, Tulane University, USA

Q&A discussion
Wrap up
- Stuart Schweitzer
How do we learn in order to strengthen health systems?

University Research Co., LLC (URC) is a professional services firm working in over 40 countries to support locally led improvements in health systems. Based in Bethesda, Maryland, USA, URC has over 850 employees worldwide. URC’s flagship health systems strengthening project is the USAID Health Care Improvement Project (HCI), which provides technical assistance in improvement science to help health systems in low- and middle-income countries achieve better outcomes. HCI currently supports improvement initiatives in 27 countries in Africa, Asia, Europe and Eurasia, and Latin America and the Caribbean.

This workshop will address the fundamental question regarding the different methods by which we generate knowledge in order to learn how to strengthen health systems. It will engage participants in interactive discussions regarding the suitability of different research methods for different types of learning on how to improve health systems. The workshop will discuss pros, cons, limitations and the use of alternative research designs to randomized controlled trials in implementation research aimed at improving health systems.

The workshop will review situations where other research methods present more feasible or even better alternatives for learning, including the use of real time data for learning, cost effectiveness analysis and qualitative research. In particular, the workshop will focus on research related to existing systems of health care delivery with a focus on the interactions between determinants of the results these health systems achieve.

The workshop is designed as an interactive session which includes a short introductory presentation to kick-off discussions and a knowledge café (in three, 20-minute discussion rounds) around key topics: the use of real-time data for learning, cost effectiveness analysis and qualitative research.

The knowledge café will address the following questions:
1. Is there a comparative advantage to the use of data in real-time for learning in order to strengthen health systems?
2. How do we get the biggest bang for the bucks when we do not know the bang or the bucks?
3. How can we apply qualitative methods to understand systems and how they change?

Knowledge café leaders:
- M. Rashad Massoud, Director, USAID Health Care Improvement Project; Senior Vice-President, University Research Co., LLC
- Edward Broughton, Director, Research and Evaluation, USAID Health Care Improvement Project
- Sarah Smith, Advisor, Research and Evaluation, USAID Health Care Improvement Project
- Youssef Tawfik, Director, Maternal and Child Health, USAID Health Care Improvement Project
- Ram Shrestha, Senior Quality Improvement Advisor, Community Health, USAID Health Care Improvement Project
- Tana Wuliji, Senior Quality Improvement Advisor, Healthcare Workforce Development, USAID Health Care Improvement Project
Challenges and opportunities in task-shifting in East Africa: lessons from the field

Within the context of the Africa Health Systems Initiative - Support to African Research Partnerships (AHSI-RES) program, the Global Health Research Initiative, with funding from the Canadian International Development Agency and the International Development Research Centre, supports African-led research teams investigating innovative ways to strengthen health systems. One major area of focus is the recruitment and retention of health workers and the delegation of selected tasks to less specialized personnel, or task-shifting. Although task-shifting has been conducted informally throughout sub-Saharan Africa for decades, it has recently received attention as a recognized strategy to tackle health human resource shortages. Several AHSI-RES teams are investigating this strategy as applied to different health specialties, cadres of personnel and geographical areas. All AHSI-RES-funded projects are led by co-principal investigators (one researcher and one decision-maker), creating a unique understanding of task-shifting challenges and opportunities from the implementation, evaluation and policy angles.

Three teams based in East Africa have had unique task-shifting research experiences. A Kenyan team is evaluating task-shifting of mental health services to community-based health workers, clinical officers, nurses and faith and traditional healers. A Ugandan team is developing a program to train physicians and health officers to provide emergency and essential surgical services, due to the shortage of surgical specialists. A team working in Kenya, Tanzania and Malawi is evaluating the impact of task-shifting on the productivity, quality of work, and retention of eye-care personnel.

These presentations, by three researchers, will explore current issues in task-shifting. These include the supervision and training of those to whom tasks have been shifted; quality control, policy and regulation; acceptability of task-shifting to policy-makers and practitioners; incentives, retention and motivation; and the challenges of applying task-shifting in different contexts. The role and importance of supervision in task-shifting in Tanzania, certification for task-shifted personnel in Uganda and the shifting of tasks to non-medical personnel in Kenya, will specifically be discussed.

The panelists’ presentations of their research and experiences in task-shifting, and innovative ways to address challenges, will be followed by an interactive dialogue led by a task-shifting expert who has recently completed a scoping study on this topic. He will also discuss the acceptability of task-shifting according to different actors, including decision-makers, and the question as to whether task-shifting is a short- or long-term solution.

Speakers and presentation titles

Task-shifting in mental health: challenges and opportunities
- Victoria Mutiso, African Mental Health Foundation, Kenya

Challenges and acceptability of surgical task-shifting in Uganda
- Samuel Luboga, Makerere University, Uganda

Eye-care task shifting in eastern Africa
- Susan Lewallen, Kilimanjaro Centre for Community Ophthalmology, Tanzania
The decision-maker perspective

- Timothy Musila, Ministry of Health, Uganda

Session chair: Michael Munga, National Institute for Medical Research, Tanzania
Using data and tools to inform resource allocation for the HIV response

Futures Group is the prime contractor on a USAID-funded project titled the Health Policy Initiative Costing Task Order. The project is a 3-year project working in low-income countries to assist decision-makers by generating evidence about the costs and cost-effectiveness of HIV/AIDS and maternal health interventions. A key objective of the project is to strengthen the capacity of government counterparts to generate and use data that will inform the resource allocation decision-making process.

Around the world, countries are striving to scale-up HIV prevention and treatment programs to all those who need it, at a time when resources are relatively scarce. Although HIV programs have traditionally been well-funded, resources for HIV/AIDS fall short of what is required to achieve universal coverage. This shortage is a result of a myriad of factors, including the global financial crisis, the increased costs associated with managing HIV as a chronic disease, and a priority shift by donors away from disease-specific programs. Given this context, it is especially important for governments, donors and other decision-makers to have access to data that can inform decisions about what programs cost, which approaches are most efficient and who benefits from subsidies to these programs. The purpose of this session is to provide policy-makers and decision-makers with an overview of tools and methodologies that can be applied to inform the resource allocation decision-making process.

The workshop will be divided into three sections, each of which addresses three policy questions. The first question addresses the question: “What do interventions cost?” In this section we will highlight experiences in which cost analyses have been used to generate unit costs for HIV prevention and treatment interventions to inform budgeting, planning and resource mobilization. The second section of the workshop addresses the question: “Which approaches are most efficient?” In this section, we will highlight experiences in which economic projection models have been used to model and compare the cost-effectiveness of HIV interventions and/or changes in treatment protocols. The third section addresses the question: “Who benefits from current resource allocation patterns?” In this section, we will present findings from a benefit-incidence analysis, a methodology that we applied to determine the extent to which the poor benefit from public subsidies to HIV programs.

The session is targeted to policy-makers and decision-makers who wish to broaden their understanding of the various tools and analyses that can be used to guide the resource allocation process. The session will be structured using a combination of presentations and hands-on exercises. Using these approaches we will highlight brief country experiences, discuss the policy implications of these analyses, and showcase experiences whereby data have been used to inform evidence-based decision-making. This session will build the capacity of decision-makers to understand models and tools for improved, evidence-based decision-making for HIV and other health programs.
Facilitators
The session will be facilitated by two staff from the Futures Group who are both health economists with extensive experience developing and applying tools for resource allocation decision-making. They also have extensive experience bridging the gap between research and policy.

- Sarah Alkenbrack, Deputy Director of HPI Costing Task Order
- Suneeta Sharma, India Country Director, Futures Group
Innovation and integration: new evidence on measurement, cost-efficiencies and health impact of integrated service delivery

The host organization is the London School of Hygiene & Tropical Medicine, a world-leading public-health specialist university, with IPPF (service-delivery NGO) and the Population Council (international research organization).

The purpose of the session is to present and discuss new findings from the Integra research initiative, contributing to strengthening the weak policy-evidence base for integrated service delivery in resource-poor settings. Findings have policy and practice implications for the scale-up of integrated HIV-reproductive health service delivery in sub-Saharan Africa and for future research, measurement and evaluation of integrated service-delivery more generally.

From 2008-2013 the Integra Initiative has conducted a major multi-method evaluation of the impact of different models of HIV-reproductive health services integration in Kenya and Swaziland on health and services outcomes.

Four short presentations will be given (15 minutes each including questions) followed by an hour’s discussion with session participants and representatives of the Kenya and Swaziland Ministries of Health who will also highlight the policy and practice implications of the findings:

1. Innovation in training for integrated service delivery
   In line with Integra’s programme science approach the ‘mentorship’ intervention was designed in collaboration with Ministries of Health in Kenya and Swaziland to support ongoing initiatives. Providers are trained on the job to deliver and promote integrated service delivery supported by a ‘mentor’. Health facility time-series data on process, quality of care and provider-perspectives indicate many positive outcomes including providers reporting new ways of working together and increased motivation to deliver quality services.

2. Innovation in measurement
   Integra has developed the Continuum of Integrated Care Index’ (CICI) that allows us to measure the precise degree of integration in different models of integrated service delivery across 42 study clinics describing their relative efficiency and effectiveness across multiple dimensions. CICI is important for both research and practice allowing robust evaluation by controlling for the true level of integration, identifying factors most strongly associated with good integrated functioning and measuring the degree of ‘integration’ that has been achieved. We present examples of its application to measure the impact of integrated service-delivery on unintended pregnancies in cohort data.

3. Costs and efficiencies
   Cost-efficiency and effectiveness data for integration is lacking. There is significant policy interest in optimizing scarce HIV resources; Integra findings demonstrate that there is potential for substantial gains in efficiency through the integration HIV services particularly through better utilisation of existing human resources. The extent of service integration and economies of scope must be taken into account.

4. Innovative findings on client-access/demand data
   Population level data show low latent demand for integrated HIV-reproductive health
services but high unmet need for multiple services and significant ‘missed’ opportunities for HIV testing and for FP delivery to people with need. Data from HIV+ populations indicate that integrating HIV treatment services into reproductive health services may be less favoured than integrating FP services within specialist HIV services to meet the fertility desires of HIV+ people.

 Speakers and presentation titles

Innovation in Intervention: mentorship scheme for training staff in delivery of integrated HIV-reproductive health service-delivery
- Charlotte Warren and James Kimani, Population Council

Innovation in measurement of integration: the Continuum of Integrated Care Index
- Susannah Mayhew, London School of Hygiene & Tropical Medicine

Costs and efficiencies of HIV-reproductive health integration
- Carol Dayo Obure, London School of Hygiene & Tropical Medicine

Client access and demand for integrated HIV-reproductive health services: what do (potential) clients want and what do they need?
- Susannah Mayhew, London School of Hygiene & Tropical Medicine
Global health initiatives and UHC

This session is organized by the Institute of Tropical Medicine, Antwerp, Belgium on behalf of members of the INCO-GHIs Consortium, a European Commission-funded six-year research project examining the impact of global health initiatives (GHIs) in several sub-Saharan African countries. Consortium members include: the University of the Western Cape and the University of Pretoria (South Africa); the Institute of Tropical Medicine (Belgium); the Universidade Eduardo Mondlane (Mozambique); the Instituto de Higiene e Medicina Tropical (Portugal); the Royal College of Surgeons (Ireland) and the Centro de Estudos Avancados em Educacao e Formacao Medica (Angola).

Members conducted research examining the impact of different GHIs in several African countries including South Africa, Mozambique, Lesotho, Angola and Burundi; as well as assessing the impact of GHIs at the global level. The Global Fund to Fight AIDS, TB and Malaria, PEPFAR, World Bank MAP and the GAVI Alliance constitute the primary GHIs in the analysis.

The main purpose of the Satellite Session is to disseminate the country and global level research findings. Findings detail:

- the impact of GHIs on human resources for health in southern African countries
- the evolution of global health governance structures and health systems financing, focusing on
  (a) the interaction of different individuals and organizations in the evolving design and policy priorities of GHIs, and the mechanisms used to influence policy
  (b) the response of GHIs to health systems challenges and an increasingly complex global health governance environment.

While GHIs have tended to be responsive to country needs, the stagnation or downturn of finances for health have raised sustainability concerns, while also bringing into question the extent to which GHIs can fulfil their commitments to strengthening health systems.

A second goal of the session is to engage with other participants to understand how this research can contribute to progressing the health research agenda and to examine how GHIs can contribute to achieving broader health development goals, like universal health coverage.

Speakers and presentation titles

Overview of the INCO-GHI research project: overview and context

- David Sanders, School of Public Health, University of the Western Cape, South Africa
- Wim Van Damme, Department of Public Health, Institute of Tropical Medicine Antwerp, Belgium
- Ruari Brugha, Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland
- Eric Buch, Faculty of Health Sciences. University of Pretoria, South Africa
Global health initiatives: the South African experience
• Thubelile Mathole, School of Public Health, University of the Western Cape, South Africa

Global health initiatives and the health system in Angola
• Isabel Craveiro, Institute of Hygiene and Tropical Medicine, New University of Lisbon, Portugal

Global health initiatives: the Mozambican experience
• Tavares Madede, Medical Faculty, Eduardo Mondlane University, Mozambique

Global health initiatives in Lesotho
• Regien Biesma (RCSI) and Elsie Makoa (University of Lesotho)

Factors influencing the birth and evolution of global health initiatives: a health policy analysis
• Carlos Bruen (RCSI) and Ruairí Brugha (RCSI)

Moving from charity to legal obligation: the role of global health initiatives in advancing the right to health for all
• Rachel Hammonds, Institute of Tropical Medicine, Antwerp, Belgium
Asia Network for Capacity Building in Health Systems Strengthening (ANHSS) aims to build capacity for health systems policy and practice through the provision of short courses on health systems in the Asian region. The ANHSS comprises nine member institutions in Asia and the World Bank Institute. The satellite session invites all persons and institutions interested in health systems in Asia to learn about the activities of ANHSS and to discuss opportunities for enhanced collaboration related to developing courses and teaching on health systems in the Asian Region.

Speakers

- Ek Yeoh, Professor, School of Public Health and Primary Care, The Chinese University of Hong Kong
- Winnie Yip, Professor of Health Policy and Economics, University of Oxford
- Siripen Supakankunti, Professor and Director, Centre for Health Economics, Faculty of Economics, Chulalongkorn University, Thailand
- Ravindra P. Rannan-Eliya, Executive Director and Fellow of the Institute of Health (IHP), Sri Lanka
Community monitoring for accountability in health refers to the systematic review of the availability, accessibility and quality of health services against specific government commitments/standards. It is a participatory process carried out by citizens themselves that includes research, advocacy and social mobilization -- with the purpose of bringing changes in services and equitable distribution of resources. Participants in this session will be introduced to methodologies, tools and approaches around community monitoring and will learn through case studies from Africa, Asia and Latin America. Participants will also have the opportunity to engage with the “Community of Practitioners on Accountability and Social Action in Health-COPASAH”, which is an international collaboration of southern organization working around community monitoring for accountability in health systems. The session will be highly interactive and participatory.

This session is organized by the Center for the Study of Equity and Governance in Health Systems (CEGSS), a non-profit civil society organization specialized in research, capacity building and advocacy around democratic governance of health systems, equity and right to health. CEGSS is also the secretariat of COPASAH.

Speakers and presentation titles

Introduction to community monitoring for accountability in health systems
- Abhay Shukla, India

Case study – Uganda
- Robinah Kaitiritima, Uganda

Case study – India
- Renu Kanna, India

Case study – Peru
- Ariel Frisancho, Peru

Introduction to COPASAH
- Barbara Kaim, Zimbabwe

Introduction to an interactive platform for exchange
- Abhijit Das, India

Final comments and next steps
- Walter Flores, Guatemala

If you require further information, contact Walter Flores at waltergflores@gmail.com
In search of impact and value for money: can financial incentives significantly and sustainably increase provision and use of maternal health services?

The United States Agency for International Development (USAID) is hosting a satellite session to share results from the U.S. Government Evidence Summit on Enhancing Provision and Use of Maternal Health Services through Financial Incentives. Following presentations of global evidence, participants will provide feedback on priority areas for research on the design, implementation and impact of financial incentives for maternal health.

**The purpose of this satellite session is to:**

- **Share the evidence:** To provide a summary of the evidence and recommendations for practice, policy, and research on the impact of financial incentives on maternal and neonatal health outcomes, and the provision and use of maternal health services.
- **Hear from you about research priorities:** To receive your recommendations on priorities for research on the design, implementation and impact of financial incentives on maternal health.

Can financial incentives significantly and sustainably increase provision and use of maternal health services? In the search for strategies that facilitate healthy births and save the lives of mothers and newborns, countries and donors are turning to financial incentives to both stimulate demand and enhance the supply of quality services. However, recent systematic reviews regarding the effectiveness of financial incentives for changes in both supply and demand for health services are mixed and few specifically address maternal or newborn health. Multi-sector experts including economists and maternal health specialists from the academic and development communities, as well as government officials from throughout the world, examined the evidence on whether financial incentives impact maternal health outcomes, behaviors, and services and explored the contextual issues mitigating or facilitating impact. This panel will summarize the evidence for several types of financial incentives and present recommendations for practice, policy, and research priorities to provide low and middle income countries and donors an improved understanding of whether financial incentives are effective in creating demand for and increasing the provision of maternal health services.

**Speakers and presentation titles**

*USAID Evidence Summits: moving from evidence to program and pinpointing knowledge gaps*
- Karen Cavanaugh, Health Science Specialist and Acting Director, Office of Health Systems, Bureau for Global Health, United States Agency for International Development (presenter and moderator)

*Effectiveness of performance-based incentives on supply-side provision and use of maternal health services: recommendations for practice, policy and research*
- Rena Eichler, President, Broad Branch Associates
Effectiveness of conditional cash transfers on provision and use of maternal health services: recommendations for practice, policy and research
• Amanda Glassman, Director of Global Health Policy, Center for Global Development

Effectiveness of demand-side financial incentives on provision and use of maternal health services: recommendations for practice, policy and research
• Laurel Hatt, Senior Associate/Health Economist, Abt Associates, Inc.

Effectiveness of incentives in health insurance and user-fee policies on supply-side provision and use of maternal health services: recommendations for practice, policy and research
• Marty Makinen, Managing Director, Results for Development Institute

R28 September 2012
Does universal health coverage = universal health insurance? Debates in health financing for universal coverage

Many different types of financing reforms are being implemented under the rubric of Universal Health Coverage (UHC). Indeed, in the World Health Report 2010, WHO noted that there is no blueprint, and many ways to make progress. However, this raises the question of whether “anything goes” on the path to UHC.

The purpose of the session is to promote greater conceptual clarity on what “moving towards universal coverage” actually means, and what both theory and evidence tell us about the potential impact of different financing reforms in different country contexts. This in turn should help crystallize what are both promising directions and pitfalls to avoid on the path towards UHC.

Key questions to be discussed/debated include:

- Is UHC relevant or a utopian dream for low- and middle-income countries (LMICs)?
- Is starting insurance with the formal sector a valid path towards UHC in LMICs?
- Contributory vs non-contributory approaches to coverage for persons outside of salaried employment
- Targeted vs non-targeted approaches to covering the poor
- Where does performance-/results-based financing fit in the UHC picture?

Following a provocative opening presentation from the organizer, the session will be mainly comprised of panel discussions built around the key questions, but with substantial time made available for open exchanges with all present.

Speakers and presentation titles

Does universal health coverage = universal health insurance (and other debates in health financing for universal coverage)
Joseph Kutzin, World Health Organization

Panellists to include:

- Eduardo P. Banzon, President and CEO, PhilHealth
- Cheryl Cashin, Health financing policy consultant and Senior Fellow, Results for Development (R4D)
- Jane Chuma, Kenya Medical Research Institute/Wellcome Trust Research Programme
- Josep Figueras, Director, European Observatory on Health Systems and Policies
- Dave Gwatkin, Senior Fellow, R4D; Senior Associate, Johns Hopkins Bloomberg School of Public Health
- Jack Langenbrunner, Health economist, World Bank
- Di McIntyre, Professor, School of Public Health and Family Medicine, University of Cape Town
- Bruno Meessen, Health economist, Institute of Tropical Medicine, Antwerp
- Bill Savedoff, Senior Partner, Social Insight; Senior Fellow, Center for Global Development; and Senior Advisor, R4D
• Winnie Yip, Professor of Health Policy and Economics, University of Oxford; part-time Professor of Health Policy and Economics, China Centre for Health and Development Studies, Peking University
Introducing the core curriculum for implementation research

Since 2010, the Implementation Research Platform (IRP) of the World Health Organization, USAID and TDR has been working with experts from across the globe to develop a core curriculum to enhance implementation research (IR) skills development. The curriculum which includes several modules is a package of teaching and learning materials to build IR capacity of country teams and institutions, and improve the quality and utility of implementation research. It was developed with active participation of developing country IR experts who engaged closely in creation and testing of the curriculum. The curriculum is a unique resource for (1) enhancing health workforce professional development by directly improving the implementation research skills and knowledge and (2) facilitating the effective implementation of evidence-based interventions into practice.

This day-long session will act as the way to introduce the concepts of the curriculum and provide an opportunity for high-level input on dissemination and utility of the curriculum. The session will be moderated by facilitators who will ensure continuous interaction between the presenters and the audience. It is expected that the session will generate interest from a diverse audience, such as educational institutions, schools of public health and health systems, funders and funding initiatives, health research leaders, individual researchers and policy-makers at different levels.

Speakers will include

- Olumide Ogundahunsi
- Kathleen Handley
- Nhan Tran
- Garry Aslanyan
- Jason Smith
- Jane Kengeya-Kayondo
Measuring equity and financial protection – using ADePT Health

This one-day training course will cover the analytical techniques needed to measure progress towards universal coverage. More specifically, participants will learn how to:

1. measure inequalities in health outcomes and health care utilization using the concentration curve and concentration index
2. conduct benefit incidence analysis, i.e. assess equity in health spending
3. measure financial protection, i.e. catastrophic and impoverishing health expenditure
4. measure equity in health care financing, i.e. progressivity and redistributive effects.

This is a highly participatory session. The training uses a combination of presentations by topic experts and hands-on exercises using ADePT Health – a free software program specifically designed for the measurement of equity and financial protection. Participants will receive a flashdrive containing the software, manual and a set of practice datasets.

NB Participants need to bring their own laptops (PC).

Each module commences with a presentation of concepts and methodology by the instructors. Then participants get hands-on experience in using the ADePT software to carry out the techniques on their own laptops using datasets drawn from the LSMS, DHS and WHS surveys. Each module concludes with a discussion of how to present results to policy-makers and which policy levers can be used to address the equity challenges identified.

Presenters:
Adam Wagstaff, Research Manager, World Bank
Caryn Bredenkamp, Economist, World Bank

Facilitators:
Xiaoyun Liu, Peking University
Xiaojie Sun, Shandong University

To make a pre-reservation, please write to Emil Gunawan at egunawan@worldbank.org before 1 October 2012.

To learn more about the ADEPT software and the training curriculum, see www.worldbank.org/povertyandhealth and www.worldbank.org/adept.
3G universal (health) coverage: why gender, generations and governance must be addressed to achieve UHC

Management Sciences for Health (MSH) is a non-profit international health organization composed of more than 2,000 people from 73 nations. For four decades, MSH has promoted gender equality in development in more than 135 countries. Through its health systems strengthening framework, MSH is helping governments realize their obligation to fulfill the right to health and support the achievement of the Millennium Development Goals (MDGs). MSH takes an integrated approach to building high-impact sustainable programs that address critical challenges in leadership, health systems management, health service delivery, human resources, and medicines. Wherever MSH partnerships succeed, the positive impact of good health has a ripple effect, contributing to the building of healthy nations. MSH works collaboratively with health care policymakers, managers, providers, and the private sector to increase the efficacy, efficiency, and sustainability of health services by improving management systems, promoting access to services, and influencing public policy.

In the last few years, many countries like India, Ethiopia and Mexico have taken steps to develop Universal Health Coverage (UHC) plans for their countries. While many recognize the importance of strong health systems in order to achieve UHC, gender inequity, diverse generational needs and governance (the 3Gs) as critical components of reaching UHC have not been adequately addressed. This panel brings together a researcher, policy-maker, a donor and an implementer to discuss if and how gender, generational needs and governance are being addressed in countries with Universal Health Coverage plans. Panellists will discuss the state of the evidence, the research gaps and provide their perspective on what the health systems research agenda must be if these three components must be addressed.

This 90-minute satellite session will be a talk-show format, moderated by MSH. The panel participants will each bring different perspectives to the discussion and there will be opportunities for audience participation. The moderator will set the tone by giving an overview of gender and governance trends, as it relates to Universal Health Coverage, in the countries that have taken on UHC. The talk-show format will discuss a similar set of questions with each speaker:

1. What are some of the trends, from their perspective, in addressing the 3Gs?
2. What research gaps do they see?
3. What kind of evidence is needed if we want to address the 3Gs as critical elements of UHC?

Speakers
- Suraya Dalil, Ministry of Public Health, Afghanistan
- *Bob Emrey, USAID
- Sara Bennett, John Hopkins Center for Global Health
- Yanzhong Huang, Council on Foreign Relations

Moderator: *Reshma Trasi, Director, Monitoring, Evaluation and Research, Management Sciences for Health

*not yet confirmed
"Getting real" through NGO partnerships with policy-makers and researchers to test innovative, scalable solutions to implementation challenges: community health systems research on reaching neglected populations in LAC, Africa and Asia

USAID has funded 14 INGOs through the Child Survival and Health Grants Programs (CSHGP) to implement 23 operations research studies in 16 countries forming new partnerships between implementers, program managers, and research institutions for policy-relevant systems research to advance learning about scalable solutions to health system challenges for maternal and child health, nutrition, malaria and family planning. These US-based INGOs partner with community members, local organizations, research institutions and ministries of health to test and evaluate contextually appropriate and relevant strategies for impact, scalability and sustainability within the local and national health systems.

This session will focus on innovative implementation models for strengthening community health systems being tested under the CSHGP grants program (see table below) and emerging lessons in stakeholder participation for building partnerships between researchers, implementers, and policy-makers in policy relevant research. This session will include research methodologies used to investigate causes of exclusion of populations or problems, to inform studies of what works to improve access to health information and services to reduce these exclusions. The session will describe innovative models such as community-driven health information systems to improve health decision making, leveraging community structures to improve the delivery of health care to the poor and underserved populations, and collaborative resource-building and problem solving between communities and health systems. Participants will learn about operations research designs that are advancing knowledge about the role of community systems in health systems strengthening as well as the important role of INGOs in systems research.

<table>
<thead>
<tr>
<th>Community Health System Research Category</th>
<th>Research Questions</th>
<th>Expected Use of Results</th>
<th>CSHGP Innovative Solutions</th>
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<tbody>
<tr>
<td>Community-level health information system</td>
<td>How to gather and use the health information of all the people who live in an area (including those in remote areas, urban slums, socially marginalized or excluded people, vulnerable groups, and those not accessing the formal health services)</td>
<td>Improve the management of the health system with evidence based decision-making to ensure that available health care better responds to people’s needs.</td>
<td>1. Information gathering for health system management targeting neglected urban slum population (Sierra Leone) 2. Surveillance of public and individual health of marginalized Mayan people (Guatemala)</td>
</tr>
</tbody>
</table>
| Using existing community-level structures to deliver health care | How can vulnerable community and household structures be meaningfully involved to demand and use health services | Improve reach, access and quality of health care of vulnerable populations | 1. Remote delivery of basic services (Honduras)  
2. Community and household delivery of services (Burundi, Ghana) |
|---|---|---|---|
| Community Health resources to sustain the outcomes | How can communities leverage the local human and financial resources to manage and sustain their health | Build the capacity of community health workers and mobilize local resources to improve health | 1. Local capacity to support national strategies and actions (Pakistan)  
2. Support community efforts to mobilize local resources for health (Benin) |

**Speakers and presentation titles**

*Operations research designs and preliminary findings*
- Florence Nyangara

*Stakeholder participation for research relevance*
- Kristina Gryboski
Improving access to postnatal care services in Africa: Evidence and lessons for policy-makers, implementers and donors

The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952, the Council is a nongovernmental, non-profit organization governed by an international board of trustees.

In virtually all sub-Saharan African countries, women have limited access to and make limited use of health care services during postpartum period. The lack of clearly defined standards including the content and timing of both postpartum (referring to services pertaining to the mother) and postnatal (services concerning the baby) up to six weeks after birth contributes to discontinuity with services received during pregnancy and delivery. In addition, most postpartum or postnatal guidelines do not cover mothers who delivered by caesarean section, low-birth-weight or preterm babies, twins, mothers and babies with certain health problems, adolescents and mothers living with HIV. These gaps limit linkages to other key services for new mothers, including family planning and HIV care services for women living with HIV.

Much is known about focused antenatal care; however the lack of linkages to clearly defined content and timing of postpartum and postnatal services contributes to discontinuity between services received during pregnancy and delivery. Consequently, developing benchmarks for assessing the quality of care during the postnatal period becomes a challenge.

To address the gap between ANC, family planning, maternal and newborn health, Population Council and partners (IPPF and London School of Hygiene and Tropical Medicine), supported by the Bill and Melinda Gates Foundation and WHO and the developed interventions to strengthen postnatal care for both women and their infants. The interventions were carried out in Kenya, Swaziland and Zambia.

Objectives of the session:
1. Share evidence on the challenges and lessons learned from the implementation of strengthened essential postnatal care package in the context of weak health systems.
2. Engage with stakeholders including policymakers, and participants from other disciplines related to health systems research to review and discuss what critical components should be in the essential postnatal care package within the context of weak health systems.

The panel comprises health systems researchers and policy-makers, who will share evidence from interventions that strengthen postnatal care for postpartum women and newborns in the context of weak health systems. Four papers will be presented with a focus postnatal care for both women and their infants; three will report country-specific experiences and lessons learned; the fourth paper will compare and contrast experiences from the three countries.
Speakers and presentation titles

**Strengthening essential postnatal care package in the context of weak health systems: experiences and lessons from Kenya**
- Annie Gituto, Programme Officer, Division of Reproductive Health, Ministry of Public Health and Sanitation, Kenya

**Postpartum period is neglected by the health system: addressing existing gaps through implementation of integrated package of postnatal care in Swaziland**
- Bonisile Nhlabatsi, National PMTCT Coordinator, Sexual Reproductive Health Unit, Ministry of Health, Swaziland

**Addressing the neglected needs of postpartum women and newborns in Zambia: lessons for policymakers, implementers and donors**
- Mary Nambao, Reproductive Health Specialist, Ministry of Community Development Mother and Child Health, Zambia

**Lessons learned and challenges in implementing an integrated package of postpartum care in weak health systems: evidence from a multi-country comparative analysis**
- Charlotte Warren, RH/MNH Associate, Population Council
- James Kimani, Senior Analyst, Population Council
(25) Measuring health system effectiveness: tracking progress toward better performance and accountability to stakeholders

Deloitte Consulting LLP, through its Global Health and Social Protection group, is a leading provider of advisory services in the areas of health sector strengthening, pension reform and social protection. Our professionals focus on developing and implementing sustainable national and regional health-care policies, public health and social welfare programs to improve access to quality health-care and social support programs throughout emerging market countries.

The purpose of the panel is to explore the linkage between health system strengthening interventions and tangible improvements in health-care delivery and outcomes. The panel will specifically examine how to measure investments made in health system strengthening activities to determine if those investments are making an impact on health outcomes. This panel will shed light on the specific components of measuring health system performance that must be linked to produce meaningful actions on the part of policy-makers. Analysing health systems to understand the causes of poor health system performance is critical to assuring that investments are directed toward appropriate and effective interventions and strategies to produce better health outcomes.

Speakers and presentation titles

*What are we measuring? Defining the framework for determining health systems impact*
- Sally Stansfield, Director, Global Health and Social Protection, Deloitte Consulting LLP

*Measuring service-delivery performance and its determinants*
- Peter Berman, Adjunct Professor, Harvard School of Public Health

Moderator:
- Ibrahim Shehata, Senior Manager, Global Health and Social Protection, Deloitte Consulting LLP

R13 October 2012
Leveraging research on regulations to ensure equitable access to quality universal maternal health coverage: a dialogue between researchers and policy-makers from Vietnam, India and China

This satellite session is hosted by the Health Stewardship and Regulation in Vietnam, India and China (HESVIC). This is a multi-country partnership research financed by the European Commission. It includes: Hanoi School of Public Health, Vietnam (HSPH); Institute of Public Health (HSPH), Bangalore, India; Fudan University (FU), China; Institute of Tropical Medicine, Antwerp, Belgium (ITG); University of Leeds (NCIHD); Royal Tropical Institute, Amsterdam (KIT), The Netherlands.

The purpose of the satellite session is to facilitate the translation of research findings from the HESVIC study (2009-2012) – which assessed different regulations and their effects on equitable access to quality maternal health care in Vietnam, India and China – into policy and practice. ‘Good’ governance is central to achieving universal health coverage. One governance instrument is ‘regulations’. The HESVIC study used a multidisciplinary case study approach to study effects of selected regulations in maternal health; Emergency Obstetric & Gynaecological Care (EMOC), Antenatal care and abortion, and grievance redressal. We conducted comparative analyses, both within and between countries to understand how and under which conditions ‘regulations’ can help achieve equitable and quality universal maternal health coverage.

Various factors are required throughout the lifecycle of a regulation, from its formulation to implementation, to improve the chances of a regulation achieving its effect. Political and administrative will are critical. However, these factors are not sufficient to ensure equity and quality as is demonstrated by the differences in effect between study cases within countries. The factors shaping differences include specific contexts of health governance and its overall culture; extent of international influence on national priorities; socio-economic and political drivers making one regulation more important to address than others; institutional relations between state, society and markets affecting civil society participation, and health service actors’ accountability for regulations; and access of all actors, especially service users to information throughout the regulation process.

Three key maternal health policy-makers from Vietnam, India and China and a global health expert on research into policy are invited to participate on the panel as discussants on country and comparative presentations. Presentations will last for 65 minutes; followed by 25 minutes each for country policy-makers and the international expert; and open discussion for 25 minutes.

Speakers and presentation titles

Leveraging research on maternal health regulation to inform policy
- Maitrayee Mukhopadhyay, (KIT)

Introduction to HESVIC
- Tolib Mirzoev (NCHID)

Overview of findings: Vietnam
- Bui Thi Thu Ha (HSPH)

Overview of findings: India
• N. Devdasan (IPH)

Overview of findings: China
• Xiaohua Ying (FU)

Comparative findings
• Jean-Pierre Unger (ITM)

Policy maker panellists
• Nguyen Duy Khe, Head, Maternal and Child Health Department, Ministry of Health, Vietnam
• Dhanya Kumar, Director, Health and Family Welfare, Karnataka State, India
• Monir Islam, Director for Health Systems Development, WHO SEARO
Increasing immunization coverage is part of the Fourth Millennium Development Goal, and an essential step toward reducing child mortality. According to the Child Alert: Haiti report (UNICEF 2006), low immunization coverage is a major factor contributing to infant mortality. For example, only 50% of children under one year of age are vaccinated against measles in Haiti, compared to over 90% in Latin America and 66% in sub-Saharan Africa. Due to the recent earthquake and cholera outbreak in Haiti, and the effects on the health system, immunization activities have been further impeded.

The Canadian International Immunization Initiative for Haiti (CII2-Haiti) was launched in 2008 by the Global Health Research Initiative with funding from the Canadian International Development Agency and the International Development Research Centre. The five-year program supports four research teams led by Haitian researcher and research-user co-applicants. The program supports operational research to inform the decision-making process and generate scientific evidence. It was designed to promote a better understanding of immunization-related issues, encourage and support innovative approaches to improve immunization rates among hard-to-reach groups, and strengthen research capacity in Haiti. It aimed to address service provision and demand issues as well as economic modelling, epidemiology and statistics.

This presentation will focus on the challenges associated with conducting immunization-related research within a context of non-functional health systems following major disasters. The three panellists are investigators, each on different CII2-Haiti research teams, conducting research on maternal and neonatal tetanus in remote communities, feasibility of HPV vaccination, and causes of immunization drop-out. Presenters will discuss their own immunization projects, but will mostly focus their talk on their experiences related to research in post-disaster Haiti, any unexpected benefits, the obstacles they face as well as solutions to overcome these challenges. A discussion will follow, led by the Director of the Expanded Program on Immunization (EPI) in Haiti who will give his opinion on the challenges, and also the benefits, that continuing the program, despite the difficult circumstances, had on immunization in Haiti.

Speakers and presentation titles

Operational research on immunization in Haiti: lessons from the field
- Gédéon Gélin, Groupe Santé Plus

Immunization and challenges associated with post-disaster health systems research in Nippes district, Haiti
- Eddy Jean-Baptiste Dernt, Haitian Public Health Association

Implementing and conducting high level research on Human Papillomavirus (HPV) and cervical cancer in Haiti after the 2010 earthquake
- Cynthia Rivière, GHESKIO (Haitian Group for the Study of Karposi’s Sarcoma and Opportunistic Infections)

Session chair:
- Jean Ronald Cadet, Director, Expanded Program on Immunization, Haiti
Getting to universal health coverage in fragile states: how community health workers contribute to stronger health systems

Management Sciences for Health (MSH) is a non-profit global health organization that uses proven approaches developed over 40 years to help leaders, health managers, and communities in developing nations building stronger health systems for greater health impact. MSH works to save lives by closing the gap between knowledge and action in public health. Since 1971, MSH has worked in more than 100 countries with policymakers, health professionals, and health care consumers to improve quality, availability, and affordability of health services. Through technical assistance, research, training, and systems development, MSH is committed to making a lasting difference in global health.

In fragile states, universal health coverage (UHC) is less a matter of coverage (i.e. insurance) and more about access (geographical) and quality of services. There are steps that must be taken before a UHC program can be successful and one important step is to formalize the role of community health workers (CHWs). CHWs are closest to the community level where the majority of fragile state populations access their health care.

This session will be in the format of a lightning talk and moderated by MSH. The session will be started by four presenters who work at the policy level (MOH), implement programs and are close to service delivery (MSH, UNICEF) or study and research this critical level of health worker (LSE) in four countries: Afghanistan, Haiti, Sudan and Democratic Republic of Congo. They will address the following questions:

- Why are CHWs of particular importance in fragile states?
- What lessons have been learned regarding the most effective roles of CHWs working in fragile states?
- What can CHWs contribute to strengthening health systems in fragile states?
- What have we learned about what works and what doesn’t regarding health systems support for CHWs?
- What have been the key lessons learned and what critical research questions remain?

The four speakers will briefly discuss the following points:

- CHWs are particularly important in fragile states (compared with more stable states) because of the difficulty people have in accessing health facilities (due to insecurity, violence, fear of rape, absent facility staff, and a shattered health infrastructure). Having CHWs in their own villages and communities allows direct access to a trained health provider which can have a major impact through preventing needless deaths, particularly in young children. Research results will be summarized which identify how CHWs can most effectively work in fragile states.
- CHWs depend on critical health systems that support them. Unless they are supervised and supplied they will not have much impact. Relevant experiences will be briefly presented regarding supplying CHWs in a country wracked by violence and insecurity. Innovative approaches to supervising and supplying CHWs will be described.
Another critical health system needed to support CHWs in both fragile and more stable states involves providing CHWs with appropriate incentives (especially for volunteer CHWs). Experiences regarding CHWs and incentives will be described from several countries and research priorities identified.

**Speakers and presentation titles**

**CHW as national policy; speak on leadership and governance role**
*Link better health outcomes as shown in recent mortality study to formalizing role of CHWs and increasing their numbers*
- Suraya Dalil, Ministry of Public Health, Afghanistan and/or
- Florence Guillaume, Ministry of Health, Haiti

**After Haiti’s natural disaster, the role CHWs play is critically important**
- Kathy Kantengwa, MSH Haiti

**CHW role in complex emergencies in fragile and conflict-affected regions**
*Direct research in Uganda and Sudan during times of conflict*
- Tim Allen, London School of Economics

**Role of CHWs in DRC and achieving better MNCH outcomes**
*Building CHW capacity so that more quality care is delivered to hard-to-reach populations*
- Ngashi Ngongo, UNICEF, New York

**Moderator:**
- Steve Solter, MSH
Universal access to health care in South Africa through National Health Insurance

The session is organized by the National Department of Health, South Africa. The purpose is to set out current plans for the introduction of National Health Insurance.

Chair:
- Malebona Precious Matsoso, Director General, National Department of Health, South Africa

Speakers and presentation titles
- Di McIntyre, Professor, Health Economics Unit, University of Cape Town
  *South Africa’s proposals for a National Health Insurance Scheme*
- Joseph Kutzin, World Health Organization
  *Commentary on the proposals*
- Bob Fryatt, DFID Senior Health Advisor, South Africa
  *The GP Commissioning Initiative: Strengthening primary health care through contracting private-sector general practitioners*
- Myles Ritchie, SARRAH Programme
  *Accreditation of facilities for universal coverage in South Africa*

SARRAH is a DFID-funded programme devoted to strengthening South Africa’s health and HIV response and is managed by HLSP. For more information, see [www.sarrahsouthafrica.org](http://www.sarrahsouthafrica.org).
Female Emerging Voices for Global Health

This satellite aims to voice the finding and opinions of young female health professionals from low- and middle-income countries on health systems research in their countries. Based on country interviews with senior scientists and policy-makers and their own research findings they will shed light on health systems research, the gaps and opportunities. All of which will be done in innovative catchy presentations. We expect an audience of at least 50 (composed of the other emerging voices, young health professionals that will gather at a preconference that will take place in a prelude to the symposium and senior scientists and policy-makers that believe the future is to the young health professionals).

Speakers and presentation titles

To be announced
Strengthening research on policy implementation and why it matters to health policy and systems research

The Futures Group, a development organization that is celebrating its 40th anniversary, implements the Health Policy Project (HPP), a 5-year USAID project working in low-income countries on family planning, HIV/AIDS and maternal health. HPP’s main objective is to strengthen developing country national and subnational policy, advocacy and governance for strategic, equitable, and sustainable health programming. HPP focuses on key health issues — namely, family planning/reproductive health (FP/RH), HIV and maternal health (MH) — while also promoting health systems strengthening and program integration.

Most HPSR policy-related research has focused on policy development and on generating evidence to inform policy. Less attention has been paid to studying policy implementation and the link between policy implementation and policy outcomes. Policy implementation is often equated with program implementation, with the view that policies are developed and implemented through programs that in turn generate health outcomes. Lost in this view is that policy implementation is important to study in its own right and that how policies are implemented can have significant effects on policy outcomes.

In this session, participants will work with evidence-based policy experts to discuss phases of the policy process (problem identification, policy development, policy implementation and policy monitoring) and methodologies for studying them. A synthesis of findings on policy implementation and its relationship with policy development and with policy outcomes will be presented. Methodologies for studying policy implementation and policy impact, including those identified for HPSR, will also be discussed as will strategies for communicating research findings on policy implementation to policy makers to increase the potential for use of the findings in policy decisions.

At the end of the session, participants will:
1. Gain a deeper understanding of how research can be guided by a better understanding of each phase of the policy process;
2. Explain the use of different methodologies for studying phases of the policy process and the strengths and weaknesses of each;
3. Integrate knowledge of how policy is implemented into research strategies; and
4. Gain skills in communicating research findings on policy implementation to policy makers.

Speakers and presentation titles

*Why does how policy is implemented matter for health outcomes: a synthesis*
- Karen Hardee, Senior Fellow, HPP, Futures Group

*Communicating research findings to policy-makers: increasing the chances of success*
- Suneeta Sharma, India Country Director, Futures Group

*Methodologies for Studying Policy Implementation and Health Outcomes*
- Tisha Wheeler, Senior Advisor, HPP, Futures Group
These facilitators, together with Sarah Alkenbrack, Deputy Director for a Costing Project, Futures Group, are experienced researchers and bring expertise in policy development and implementation and financing. They all have applied experience promoting evidence-based policy-making.
Ethiopian health care financing reforms: on the path to universal health coverage

This session will be hosted by USAID’s Bureau for Africa, which provides economic, development and humanitarian assistance to sub-Saharan Africa. This two-hour session (50 expected participants) will discuss the health care financing reforms (HCFR) undertaken by the Government of Ethiopia with the support of its development partners, including USAID, as well as the impact of those reforms to date and the role of those reforms in achieving universal health coverage (UHC).

Many countries, including Ethiopia, are experimenting with health financing reforms, which are ultimately designed to achieve universal health coverage. In Ethiopia, these reforms have resulted in dramatic improvements in health facilities and services and have moved the nation closer to UHC. This session will highlight Ethiopia’s health financing reforms, including each reform’s design characteristics, implementation status, and challenges. The impact of the reforms will be outlined and the obstacles to implementation will be discussed. The session will also consider HCFR as a component of broader health system reform. The unique nature and combination of multiple reforms sets Ethiopia apart from other countries in the Africa region and paves the way for progress towards UHC.

The presentations will be made by two of the key architects of the health financing reforms and will address the following:

- **Introduction to Ethiopia’s health care financing reforms**
  An overview Ethiopia’s health financing strategy, the financing situation, and Ethiopia’s approach to achieving universal health coverage.

- **User fee retention, waivers, exemptions and public subsidies for income forgone**
  The presenters will discuss user fees, MOH waiver and exemption policies, fee levels, the collection, retention and use of fee revenue, and approaches to subsidizing providers for revenue lost as a result of providing free services. Examples of how retained user fee revenue is used to improve the content, volume and quality of services will be provided.

- **Cross subsidization and revenue generation through the use private wings in public hospitals**
  The presenters will discuss how different services not only generate revenue but how that revenue is used to cross subsidize services, programs and interventions at facility levels. The specific example of private wings and private pharmacies will be provided.

- **Health insurance reforms**
  UHC is accomplished through provision of health insurance and risk pooling arrangements. The presentation will showcase two insurance pilots being implemented in Ethiopia: i) community based health insurance (CBHI) to cover the informal sector and the poor; and ii) the “social health insurance” agency to provide coverage for formal sector workers.

- **Ethiopia’s broader complementary reforms**
  Ethiopia’s HCFR reform took place in the context of broader reforms, including decentralization and governance reform. The presenters will discuss the policy and governance environment that facilitated financing reform as well as the emerging financial autonomy at the regional and district level generated by HCFR.
Speakers

- Nejmudin Bilal, former Director General for Policy Planning and Financing, Ministry of Health, Ethiopia
- Eshete Yilma, Health Systems Team Leader, USAID/Ethiopia
Provider payment in practice: experience and solve a real country case

Abt Associates is a consulting company with a focus on health financing and health policy in the US and in developing countries. The Results for Development Institute (R4D) is a non-profit organization that focuses on a range of development challenges.

The purpose of the session is to deepen participant understanding of provider payment mechanisms (PPMs) as a means to increase efficiency and value for money; and appreciate that improving PPMs must be country driven, leverage existing local capacity, and account for existing political, institutional, legal, and financial realities. Most of the session will be devoted to a participatory exercise using a two-step case study based on real country examples.

- Step 1: Participants will work in small groups to propose a PPM solution to the real problems faced by the case country. Groups share highlights and then a facilitated discussion in plenary.
- Step 2: Review the PPM changes that the country actually made and the new challenges that resulted. Participants discuss what they would do to address these new challenges based on their experiences. Groups share highlights and then a facilitated discussion in plenary.

Participants would increase their knowledge and understanding of a) the range of PPM options, what they are/how they work; b) the mix of technical, political/social, institutional, legal, and financial factors that must be considered in the process of improving PPM performance; and c) the implications for external technical assistance.

**Speakers**

- Cheryl Cashin
- Sheila O’Dougherty
The World Bank is implementing the Universal Coverage Challenge Program (UNICO) with financing from the Bill and Melinda Gates Foundation. Over the last decade, approximately 30 emerging economy countries have implemented inclusive programs designed to expand health coverage and financial protection. The UNICO program has systematically studied the “nuts and bolts” of these programs in 24 of these countries, using a common questionnaire and writing template. UNICO is now preparing to publish these studies individually (as country case studies) and in a comparative fashion (as an analysis of global trends in the implementation of UC). The objective of this session is to share the findings of three of the 24 country studies and the emerging trends from the comparison of the 24 studies. The half-day event will be organized as two consecutive, 90-minute sessions.

Speakers and presentation titles

The half day session will consist of two panel presentations.

Panel 1
Comparative results of the nuts and bolts analysis
Daniel Cotlear, Program Leader for UNICO

With comments from
* Joseph Kutzin, WHO
* Michael Borowitz, OECD
* Xenia Scheil-Adlung, ILO
Michael Reich, Harvard University

Panel 2
Country case study: Africa (chosen from Ethiopia, Ghana, Kenya, Nigeria and South Africa)
Country case study: Asia (chosen from China, India, Indonesia, Philippines, Vietnam)
Country case study: Latin America (chosen from Brazil, Chile, Colombia and Costa Rica)

Discussion

* to be confirmed
Asia-Africa knowledge exchange on health insurance: from theory to practice

Several countries in Asia and Africa are implementing different types of health insurance schemes aimed at attaining universal coverage and ensuring financial risk protection of the poor against impoverishing health expenditures. While they contribute to the universal coverage agenda, the scope and pace of progress in various countries is different. In this context, it will be enriching to know the rate of success and its contributing factors from countries in Asia and Africa that have already implemented national health insurance.

This satellite session will facilitate knowledge exchange between Asia and Africa on practical issues related to design and implementation. Speakers from China, Ethiopia, Ghana, India, and Rwanda will share the data, experience and views, particularly on practical aspects of implementing national health insurance. While countries such as China have accumulated vast experience after several decades of implementation; others such as Ethiopia are in the process of launching the first national health insurance program.

The session will cover a vast diversity of experiences drawing on an array of issues such as challenges of determining premiums and benefit packages, expanding population coverage, expanding service coverage, developing effective purchasing mechanisms and ensuring equity.

Speakers and presentation titles

Opening Session
Health insurance: from theory to practice
- Agnes Soucat, African Development Bank
Importance of south-south knowledge exchange
- Joyce Msuya, World Bank Institute
Welcome and introduction
- Yu Dezhi, CNHDRC

Asia Panel
Introduction to the Chinese health security system
- Yang Hongwei, CNHDRC
New Rural Cooperative Medical Scheme in China
- Song Daping, CNHDRC
Reform in the Chinese pharmaceutical sector
- Chen Wen, CNHDRC
National Health Insurance Scheme (RSBY): step towards universal health coverage in India
- Nishant Jain, GIZ/MoL

Africa Panel
New health reform agenda in a changing Africa
- Feng Zhao, African Development Bank
National health insurance in the making in Ethiopia
- Nejmudin Kedir, African Development Bank
Expanding population coverage under constraints in Ghana
• Caroline Jehu Appiah, African Development Bank

Ensuring service provision to the insured in Rwanda
• Sabine Musange
Towards universal coverage: WHO and the International System and Sustainable Financing

The Centre on Global Health Security at Chatham House seeks to inform policy by providing a neutral forum for debate between the international affairs and public health communities, and by contributing to knowledge through independent, rigorous analysis, research and new ideas concerning global health challenges and how they manifest themselves as foreign policy problems.

On 9 December 2011, Chatham House held a conference, “Commission on Macroeconomics and Health – Ten Years On” to consider the key issues confronting those interested in maintaining progress in meeting global health goals in today’s challenging economic environment – which is very different from that in 2001 when the Commission’s report was published.

To follow up this conference the Centre has established two high level working groups have now been established to addressing some of the key issues identified during the discussions.

Working Group 1 “WHO and the International System” is chaired by Viroj Tangcharoensathien and has 15 members.

Working Group 2 “Commitments to sustainable financing: Need for a new model?” is chaired by John-Arne Røttingen and has 21 members.

Each group will:

- Identify key problems in each subject area;
- Assess which problems are not being satisfactorily addressed;
- Evaluate current and any new ideas for addressing those problems;
- Make recommendations on the way forward for policy-makers and other decision-makers.

The Working Groups held their first meetings on 8/9 October 2012 at Chatham House. It is intended that the Working Groups will hold two further meetings and report by the end of 2013.

The purpose of this session will be for the Working Group Chairs to describe the outcomes of the first meeting, and to raise for discussion key issues that emerged from those meetings. Other Working Group members will also be present to give their views and to stimulate discussions. These include Tim Evans, Mark Walport, Anne Mills, Precious Matsoso, Srinath Reddy and Jeanette Vega.

**Speakers**

- Viroj Tangcharoensathien
- John-Arne Røttingen
- and other Working Group Members (no formal presentations).
(42) Global health networks and alternative research infrastructure

The Netherlands Platform for Global Health Policy and Health Systems Research is a network of 20 public and private knowledge institutions which started in the Netherlands five years ago to stimulate collaboration in global health and health systems themes and promote new forms of global health knowledge architecture. The Platform, in collaboration with the Rotterdam Global Health Initiative and international partners, is preparing a major international conference on the subject of Alternative Global Health Research Architecture in March 2013. One aim of this conference is to move beyond traditional discussions around ‘research evidence for policy’ and explore alternative research strategies and research requirements in a series of local settings. A second aim is to investigate new forms of global health knowledge architecture and invite experiences from various global health network networks and initiatives around the world.

In this satellite session we will briefly present some of the key ideas and questions and invite colleagues who are also keen to challenge the currently dominant research paradigm to join us with their experiences.
(14) Medicines in universal health coverage (UHC) schemes: collaborations to conquer competing objectives description

Management Sciences for Health (MSH) is a non-profit global health organization that uses proven approaches developed over 40 years to help leaders, health managers, and communities in developing nations build stronger health systems for greater health impact. MSH works to save lives by closing the gap between knowledge and action in public health. Since 1971, MSH has worked in more than 100 countries with policymakers, health professionals, and health care consumers to improve quality, availability, and affordability of health services. Through technical assistance, research, training, and systems development, MSH is committed to making a lasting difference in global health.

The Harvard Medical School, Department of Population Medicine, under its WHO Collaborating Centre in Pharmaceutical Policy, leads the Medicines and Insurance Coverage (MedIC) Initiative, a global partnership that seeks to improve population health through evidence-based medicines policies and programs in health and insurance systems moving towards universal coverage.

Medicines are essential tools to treat patients with communicable and chronic diseases. At the same time, they are among the most important sources of waste in health systems, account for large proportions of household health care expenditures, and drive total health care spending in low and middle income countries.

To protect households from financial risk, contribute to improved health, and remain financially viable, universal coverage programs must design, implement, and evaluate innovative medicines coverage approaches that address key challenges, such as:

- growing population needs for long-term treatment of chronic conditions with existing and novel medicines
- inappropriate use of medicines that endangers health and wastes resources
- ethical dilemmas in setting coverage priorities under resource constraints
- competing medical, public health, economic, political and other objectives among multiple stakeholders in systems

In this conversation, we will address the following questions:

1. Which are key medicines challenges on the way to universal coverage and what innovative approaches are systems taking to address them?
2. How can the global health community support universal coverage schemes toward effective medicines management and sound benefit policies?

Moderator:

- Jonathan Quick, President and Chief Executive Officer, Management Sciences for Health, USA
Speakers and presentation titles

Medicines challenges and approaches in the Ghana NHIA
• Osei B. Acheampog, Director, Research and Development, NHIA Ghana

Outpatient medicines coverage challenges in public and private systems in the Philippines
• Benito Reverente, Director and Senior Consultant, Prudentialife Healthcare Inc., Philippines

A basic outpatient package in Zhuhai, China
• Sun Jing, Senior Researcher, National Institute of Hospital Administration, Ministry of Health, China

Innovative pricing schemes for novel products
• Abulkadir Keskinaslan, Pricing Director Region AMAC and China, Novartis Pharma AG

Research to generate evidence for decision making
• Anita Wagner, Associate Professor, Harvard Medical School, USA
Evaluating vouchers for reproductive health: Beijing premiere screening and discussion of the documentary film “Kadi: Saving Mothers and Babies, One Voucher at a Time”

This satellite session, hosted by the Population Council, is a film screening and discussion open to all participants. The key purpose of the session is to raise awareness about the research on an innovative voucher approach implemented in Kenya and elsewhere to improve reproductive health and status of poor women, reduce inequalities in healthcare access, and increase the quality of care in the health system. We expect that by the end of the session participants will be able to identify the main components of a voucher program, describe the policy objectives of and indicate several strengths and challenges in implementation of a voucher program.

The session will begin with an introduction to vouchers as one of several policy options to address inequalities in reproductive health services (15 minutes). The session will then move to the screening of a 30-minute documentary entitled “Kadi: Saving Mothers and Babies, One Voucher at a Time”. This film highlights an innovative voucher program called “Kadi” ("voucher" in Swahili) being implemented as a Government of Kenya Vision 2030 Flagship Program. Each year, nearly 8,000 Kenyan women die during pregnancy or childbirth – and another 160,000 are injured or disabled – largely because they lack access to family planning and skilled medical attention. Facing high out-of-pocket fees, poorly staffed facilities, and costly transport, many poor women believe that high quality maternity care is out of reach. Since 2006, the voucher program has provided the poorest Kenyan women access to quality family planning, prenatal and delivery services from approved healthcare providers in targeted regions of the country. The Population Council is measuring the impact of these vouchers on the lives of Kenyan women.

The screening of the film will be followed by small group discussion led by rapporteurs (20 minutes). Small groups will then reconvene and rapporteurs will share with the full group the key issues discussed, raise unresolved questions and share comments from their group. The session will conclude with Q&A (20 minutes).

The Population Council is an international non-profit and nongovernmental research organization that works on critical issues in health, population and development around the world, with programs in reproductive health, HIV/AIDS and poverty, gender and youth. Headquartered in New York, the Population Council has offices in 15 countries and works in over 70 countries in Africa, Asia and Latin America. In 2009, with funding from the Bill & Melinda Gates Foundation, the Population Council began a project to document, evaluate, and share findings on results-based voucher programs. The Council’s Reproductive Health Voucher Project documents programs’ functionality and measures the impact of vouchers on reproductive health service quality, utilization, and cost; how services are targeted; and the knowledge and health status of voucher recipients. The evidence is used to help improve the efficiency and effectiveness of business models for financing and delivering essential reproductive health services to low-income women and their families.

Speakers and presentation titles

Voucher programs as a scaled response to global inequity in reproductive health services

• Ben Bellows
Timothy Abuya, Lucy Kanya, Ashish Bajracharya and Charlotte Warren will lead the small group discussions.

Link to the trailer on Youtube: http://www.youtube.com/watch?v=mDj-ie-11y0
How can health system research contribute to improve equity in the health sector?

Since the endorsement by the International Community of the MDGs, the health sector has benefited globally from a drastic increase in resources, and witnessed the arrival of many new actors (global initiatives, foundations and funds).

This has contributed to an overall improvement of certain health indicators (e.g. on malaria or HIV/AIDS). However the targets set in certain health related MDGs (e.g. U5MR and MMR) will most probably not be achieved by 2015.

In 2010 a UNICEF study highlighted that progress on health MDGs happen in a very uneven way, leaving behind the most disadvantaged. Inequity is on the increase both within and between countries.

The “Political Declaration on Social Determinants of Health” endorsed by the WHO member States at the Rio conference in 2011 speaks of health equity as a shared responsibility requiring the engagement of all sectors of government, of all segments of society and of all members of the international community in an “all for equity” and “health for all” global action.

Among the five key actions, the WHO member States notably pledge to work across different sectors and levels of government, to further reorient the health sector towards reducing health inequities, and to monitor progress, promote research and increase accountability.

- How should this reorientation of the health sector towards reducing inequities translate at health system level?
- How to ensure that the health systems play their parts in the multisectoral approach to bridge the equity gap?
- What can research contribute to improve the monitoring of equity and to produce evidence for decision-making?

The Swiss Agency for Development and Cooperation (SDC) has the mandate to combat poverty and to contribute to a responsible globalization. Equity issues are thus in the centre of SDC’s interest and of SDC’s engagement in health.

Objectives of the session:
- To discuss well researched cases of changes in health systems which have produced improvements in equity.
- To discuss well researched situations where the different sectors managed to work together to improve equity and the determinants of health.
- To present situations where the dialogue of researchers and policy makers has contributed to improve equity.
- To present the pros and cons of different systems to monitor equity in health: at the level of organizational setup (independent observatory versus inbuilt system), actors (role of CSO and government) and indicators.
Speakers and presentation titles (all to be confirmed)

- *Diane McIntyre, Professor, University of Cape Town, South Africa
- *Gemini Mtei/Josephine Borghi, Ifakara Health Institute, Tanzania
- *speaker from Fiocruz, Brazil
- *Mirai Chatterjee, VIMOSEWA, India

* to be confirmed
Evidence for health policy in Vietnam: challenges in research, analysis and translation

The session is presented by a consortium of Vietnamese research institutes: the Health Strategy and Policy Institute (MOH), Hanoi Medical University, Hanoi School of Public Health, Hue University of Medicine and Pharmacy, in collaboration with the University of Queensland.

The purpose of the session is to present the package of research undertaken by the consortium to inform policy in Vietnam: mortality and cause of death studies, Burden of Disease (BOD) analysis, and cost effectiveness analyses of the BOD risk priorities—factors affecting cardiovascular disease, especially stroke, tobacco and alcohol. The consortium is eager to share their strategies in translating these findings into policy, and to receive feedback from researchers facing similar policy translation challenges. The availability of this evidence to date has been timely: earlier research on motor vehicle injury has informed successful mandatory motorcycle helmet legislation, and further injury reduction strategies—including the control of drink-driving—are being considered; tobacco harm reduction legislation is currently being drafted; policy makers are eager to reduce the risk of stroke and other cardiovascular disease. But translating the evidence into policy continues to present real challenges, with tobacco production dominated by state interests, the rise in consumption of alcohol—and motorcycle ownership—driven by rising disposable income, and high salt content part of cherished traditional cuisine.

We have made close contact with the Emerging Voices and expect strong support from that group. We estimate that a maximum of 50 participants would enable a level of interactivity that would benefit the presenters in their continuing desire to see policy change as a result of their research.

Speakers will include

- Mai Oanh, Health Strategy and Policy Institute
- Khong Tuan, Health Strategy and Policy Institute
- Van Tien, Health Strategy and Policy Institute
- Minh Tam, Hue University of Medicine and Pharmacy
- Phuong Hoa, Hanoi Medical University
- Dr Long, Hanoi School of Public Health
Driving policy and measurement of community systems: new thinking and data informing major donor strategies

The Futures Group, a development organization that is celebrating its 40th anniversary, has two major projects in its Center for Policy and Advocacy. The Health Policy Project (HPP), a 5-year USAID project working in low-income countries on family planning, HIV/AIDS and maternal health. HPP's main objective is to strengthen developing country national and subnational policy, advocacy, and governance for strategic, equitable, and sustainable health programming. HPP focuses on key health issues—namely, family planning/reproductive health (FP/RH), HIV, and maternal health (MH)—while also promoting health systems strengthening and program integration. The CPA also provides technical oversight for the Bill & Melinda Gates Foundation evaluation of community mobilization in the Avahan program. This broad experience places Futures in the unique position of contributing to major donor efforts in the areas of community systems, measurement and policy.

Driving more effective and lasting change by working with communities has become a normative approach in development however it has often been restricted to small scale approaches that are organic, not measured or evaluated and which have only peripheral policy influence. Today things are changing, communities drive better performance, results are showing that community, civil society or end user engagement enhances health outcomes. Where we used to see the private sector and communities as dichotomous today we are seeing them as part of the same dynamic delivery system that is reaching the last mile in our health targets.

In this session, participants will hear from representatives from multi-lateral institutions, think tanks and researchers to learn about how their new strategies are being informed, what the new evidence is, and the implications for national policies and methods for advancing the science of community and private delivery systems and health policy. Strategies from the Bill & Melinda Gates Foundation, the World Bank and the USAID funded Health Policy Project and the USAID funded Strengthening Health Outcomes Through the Private Sector (SHOPS) will be shared. The strategy for the foundation funded Bihar initiative will be presented which look at the extent to which family health scale-up has occurred, the scale-up process, and the factors that facilitated and inhibit scale-up in the Bihar Initiative. A range of learning from a global World Bank evaluation effort on the effectiveness of community levels responses to HIV/AIDS will be presented. In addition a global synthesis of the most critical research and policy mechanisms shaping the last mile (community and private delivery) systems landscape in global health.

At the end of the session, participants will:
1. Gain a deeper understanding of how policy around last mile solutions through communities and private provider delivery are being enhanced through monitoring and research;
2. Multilateral institutions will present the ways they are utilizing community and private provider approaches in integrated health investments;
3. The emerging direction of last mile approaches will be discussed by the panel with audience interaction.
Speakers and presentation titles

USAID country ownership policy: the role of civil society amfAR policy recommendations
  • Chris Collins, Vice President and Director, Public Policy, foundation for AIDS Research (amfAR)

The Bill & Melinda Gates Foundation Bihar Initiative
  • James Moore, Program Officer, Bill & Melinda Gates Foundation

The World Bank evaluation of community response
  • Rosalia Rodriguez-Garcia, Senior Evaluation Advisor, The World Bank

Community health workers, data collectors and data users: building more efficient delivery
  • Minki Chatterji, Research Director SHOPS and Senior Associate, Abt Associates

Synthesis of major research and global policy drivers for community systems strengthening in health, Health Policy Project, Futures Group
  • Tisha Wheeler, Senior Technical Advisor, Health Policy Project, Futures Group, Presenting;

Facilitator:
  • Rob Moodie, Chair of Global Health, Nossal Institute for Global Health, University of Melbourne, Australia