Health Policy Initiative (HPI) IQC Results Framework
(*formerly Policy, Dialogue and Implementation (PDI)*)

The contractor will provide services to achieve the following objective and results:

Objective: Improved enabling environment for health, especially family planning/reproductive health, HIV/AIDS, and maternal health.

The contractor shall assist USAID attempt to improve the enabling environment (i.e., the political commitment, policies, resources, and other conditions that make it possible for effective program implementation to take place, and that make appropriate services available to those who need them) in FP/RH, HIV/AIDS, and maternal health, an environment that makes it possible to move forward in dealing with these important health issues. The contractor will do this by marshalling and strengthening civil society and public sector advocates for change, by helping countries to formulate and implement new and better policies, by working with stakeholders to allocate resources effectively, by helping countries engage and coordinate multi-sector efforts to improve health, and by compiling and presenting the data necessary for sound decision-making. The threads that will be interwoven in PDI are presented below as Intermediate Results. Although each IR is presented separately, it should be noted that they are interdependent. In most instances, we expect that greater impact will be possible if activities under multiple IRs are undertaken in a coordinated way.

In addition to the IRs, the contractor will focus on 3 important cross-cutting issues. First, as a matter of both equity and effective resource allocation, the contractor will focus strongly on improving the policy environment such that services increasingly will be accessible to the poor. Second, although previous policy assistance projects have made significant progress in bringing women and their issues into the policy process, that job is not yet finished. Gender will continue to be a major cross-cutting issue for this contract. The same is true for human rights, stigma, and discrimination, which together are a third cross-cutting issue for the contract. Experience has shown that many people cannot, or do not, access needed services because of barriers such as stigma and discrimination.

The new Millennium Challenge Corporation (MCC) spotlights the importance of good policies for global development efforts. In his testimony to Congress, MCC Chief Executive Officer Paul Applegarth noted that "Not surprisingly, research has shown that development aid produces the best results when it is targeted to countries that have a good policy environment." When selecting countries for Millennium Challenge Account (MCA) funding, the MCC looks for countries that govern justly, promote economic reforms, and invest in healthcare, education and other social policies. The contractor will help USAID-assisted countries improve their health policy environment, an important part of transitioning to MCA funding. This includes promoting a participatory multi-sectoral in-country approach, since one of the MCC criteria is that each partner nation must consult broadly within its society to determine their priorities.

Whether or not countries are candidates for MCA funding, the contractor will work in a way that will create in-country capacity to eventually carry on all aspects of health policy work

without donor or PDI assistance. In-country staff will be expected to provide the bulk of the assistance, both for effectiveness in working with country counterparts across sectors and for sustainability.

IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice

"Transformational development," defined by USAID as sustainable improvements in economic growth and development, is unlikely in the absence of good health. In order to address the health needs of their populations, especially the poor and disadvantaged, governments require both the knowledge and capacity to develop and put into practice policies and operational frameworks through which high-quality health services can be implemented and needed information shared. Many countries, sub-national government units, and some businesses have adopted policies that advance the availability of high-quality FP/RH, HIV/AIDS, and MH services. Others still need to adopt these policies. As new technologies and services become available, countries and other groups that currently have strong policies will need to update them. In particular, policy guidance will be needed on topics associated with new and emerging issues and health technologies in HIV/AIDS treatment and prevention.

Improving equitable and affordable access to FP/RH, HIV/AIDS, and MH information and services implies that policies must do the following:

1) Consider an individual's ability to pay for necessary health services and make accommodations for those with little or no ability to do so. Policies that strengthen and support expansion of the for-profit and not-for-profit private sector for those who are able to pay can alleviate the burden on the public sector for health care provision and allow for more effective and equitable resource allocation. Social insurance mechanisms such as waivers, vouchers, and insurance are alternative approaches to achieving the same end.

2) Attend to the various barriers individuals and groups face in seeking or receiving services or using information, including cultural barriers, gender inequity, youth, discrimination, stigma, social status, poverty, etc. For some populations, policies that promote and encourage the availability of information about FP/RH (including information regarding abstinence, for example, for youth), HIV/AIDS, and MH are as important as policies that promote services. The barriers faced by the poor are broad as they regularly fare significantly worse on numerous health indicators and in their access to and use of health services and information. With regard to gender inequity, women bear a disproportionate burden of poverty, malnutrition, illiteracy and diminished political and economic power.

3) Involve a broad range of stakeholders, including champions from different sectors (as discussed in IR 2 and IR 4); and

4) Identify resource allocation and generation strategies as discussed in IR 3.

Under USAID's direction, the contractor will work with both public and private sector entities and organizations towards achievement of this result. Policy implementation rather than just policy formulation and adoption will be emphasized. The adoption and

implementation by the public sector of policies that promote equitable and affordable access to high-quality services and information helps establish such access as a normative standard to which all are entitled. An even more supportive environment is created when the private sector also adopts and implements such policies. Assistance to the private sector (e.g., businesses, churches, unions, NGOs/PVOs) in the formulation, adoption, and implementation of similar policies at the organizational level will receive greater attention under PDI than it has under previous USAID-supported health policy activities. The contractor will collaborate with service delivery improvement activities to ensure that policy changes and updates are disseminated to and understood by service providers.

The procurements under this project will seek creative new ideas as well as proven methods for addressing barriers to both policy adoption and implementation, especially with respect to equity and affordability of health care services for FP/RH, HIV/AIDS, and MH. Illustrative activities under IR 1 could include:

- applying the results of socioeconomic analysis of health outcomes and use of public/ private sector resources to policy formulation and implementation.
- analysis of quality and distribution of health services to inform the policy process.
- addressing financial and operational barriers to service use through health policy either at the front-end (progressive collection of taxes, social insurance schemes, and the like) or point of service (fees related to client's ability to pay; fee waivers, directing free or subsidized services to those least able to pay, etc).

IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process

The effectiveness and sustainability of FP/RH, HIV/AIDS, and MH policies rests, in part, on the participatory nature of the policy process and on the ability of individuals and groups to lead efforts that articulate their needs and determine possible solutions. Under PDI, USAID will provide assistance to ensure that a range of stakeholders in the policy process at the local, sub-national, national and global level can assume leadership of meaningful and sustainable policy dialogue efforts.

At the direction of USAID, the contractor will engage and assist representatives from the public sector and civil society to become champions in the health policy arena and actively participate in decision-making processes, ranging from local awareness efforts to involvement on national committees. Identifying and strengthening policy champions within government who are supportive of improving equity and quality of FP/RH, HIV/AIDS, and MH services can significantly enhance the introduction, advancement and implementation of needed policies. The contractor will be responsible for building and transferring skills and knowledge to developing country organizations, including private sector, and community-based organizations, including faith-based organizations (CBO/FBO), and global organizations with strong developing country partners in order to ensure sustainability of advocacy efforts beyond the life of the project. It will be important to strengthen institutional capacity of civil society to not only participate in the policy process and advocate the public sector but also foster policy dialogue and change within their own organizations. In the past decade, a great deal of work has been done to organize and strengthen civil society groups to be able to advocate effectively. It will be important

for the contractor to enhance the capacity of these groups to operate independently, while at the same time forming and strengthening new women's, PLWHA, and other groups to speak on behalf of their needs. Emerging communication technologies, such as cell phone, video conferencing, etc, may become increasingly important in skills-building and training for advocates to do their work effectively. For HIV/AIDS in particular, provision of leadership and guidance on associated policy issues will also be critical as new health technologies, such as microbicides and vaccines, and pharmaceuticals for treatment and prevention become available in the coming years.

The involvement of people potentially affected by a policy is critical to ensuring that the policy reflects and addresses a felt need, and that the services provided are relevant, improved upon, and offered in a way that is acceptable to the population. Such involvement is especially critical given health sector reform and decentralization scenarios in many of the countries where the contractor will work. Program experience has demonstrated the empowering and beneficial effect of participation: in Nigeria, for example, women's political involvement through group affiliation was found to lead to better reproductive health outcomes, independent of education, socioeconomic status and age. Assistance will be provided to identify individuals and groups that are affected by and can address issues related to human rights, stigma and discrimination, PLWHA, and gender. Special efforts will be made to address the needs of the poor relative to FP/RH, HIV/AIDS, and MH policies and to engage them in the health policy process.

Illustrative activities under this IR could include:

- Facilitating dialogue among key stakeholders.
- Providing training on policy analysis and formulation.
- Providing training on analysis and use of data..
- Building skills in the area of effective policy dialogue, financing, and planning.
- Developing NGO, CBO, and FBO networks and coalitions and/or assisting existing networks to expand their scope to include FP/RH, HIV/AIDS, and MH policy.

The work under IR2 will require close coordination with IR1 as it is imperative that efforts to increase participation of policy champions, civil society organizations, and affected individuals and groups be carried out in tandem with policy formulation and implementation activities. Further, IR2 will coordinate with IR3 and IR5 in order to ensure that advocacy efforts are underpinned with knowledge related to the effective allocation of resources and access to appropriate data. Careful consideration will also be given to whether and when champions and groups can represent multiple sectors and when seeking representation from multiple sectors would strengthen the outcomes.

IR3: Health sector resources (public, private, non-governmental organizations and community-based organizations) increased and allocated more effectively and equitably

In most developing countries, governments and donors play a key role in financing and delivering health services. The great challenge they face is that the need for health services and commodities already outstrips available and committed resources. As populations increase and as the demand for services grows (e.g., for ARVs, for emergency obstetric care,

for contraceptives), the imbalance between supply and demand will only get worse. So efforts must be made to improve the resource situation across the entire health sector, public, private, non-governmental organizations (NGO), and community-based organizations (CBO). To some extent, the gap can be addressed by increased government investment in the health sector and by marshalling new resources from the private sector, consumers and donors. However, additional resources will most likely be limited, so both new and existing resources must be used effectively and equitably.

Additional resource generation and improved allocation for FP/RH, HIV/AIDS and MH will be required in order to meet the MDGs and USAID development goals. For FP/RH, many countries still struggle to provide basic services or a basic contraceptive method mix. In Sub-Saharan Africa, where HIV/AIDS dominates as a primary health concern, the struggle to provide basic FP/RH is now even more difficult. Countries will need to add both short and long-term availability of contraceptives and other essential reproductive supplies as a fundamental part of their FP/RH and HIV/AIDS programs. For HIV/AIDS, where resource levels have increased significantly under the Emergency Plan, continued efforts will be needed to expand and improve services. The effective use of available resources in different health and social service programs will be of critical importance in addressing the epidemic and in meeting the EP goals. And for MH, an ongoing lack of political commitment, resources and services continues to impede any significant progress in reducing maternal mortality and improving morbidity indicators. Promoting health equity and addressing the health needs of the poor and underserved populations underlie all of these issues and should be considered for resource allocation and health sector programming.

Under USAID's guidance and coordination, the contractor shall provide assistance to help generate new resources and to promote effective and sustained allocation of new and existing resources for FP/RH, HIV/AIDS and MH. PDI assistance is expected to focus primarily on those aspects of health finance that depend heavily on political will and are amenable to improved policy dialogue. At USAID's direction, the contractor will provide guidance to government leaders to address the complexities of resource allocation and coordination, including a clear delineation of goals and appropriate alignment of resources with those goals. This assistance will include development of the necessary tools and processes for short-term and long-term financial and operational planning, improved coordination of programming of donor funds and increased country ownership of the financing process. Support will also be provided to build broader capacity in-county to effectively generate and allocate program resources and to promote sustainability of long-term programming through institutional strengthening.

Guidance on how resources can be directed more effectively in scarce resource settings and on how the private sector can be further developed and strengthened for those who are able to pay will also be critical. The contractor will provide assistance to create and implement public-private partnerships to achieve health objectives, using principles of mutual interest, joint development of interventions and division of responsibilities according to comparative strengths and opportunities.

Participation in the policy process by a wide variety of constituencies will be essential to develop a broad consensus on society's health needs and how best to meet those needs. The

work for this IR will necessarily be undertaken in coordination with the other IRs as resource allocation is closely linked to policy formulation (IR 1), stakeholder involvement (IR 2) and multi-sectoral coordination (IR 4). In addition, the contractor will often have to take a multi-sectoral approach when carrying out IR3 work. That is, in order to increase the funding available for health sector activities, it will be necessary to demonstrate to other sectors (e.g., labor, finance, international trade) that investments in health benefit a country's overall development prospects. They do so by creating a more productive labor force, more propensity on the part of parents to invest in fewer children, an increased rate of saving when people anticipate longer life expectancy, and other outcomes that result in increased human and investment capital.

Illustrative activities under this IR could include:

- Providing TA through USAID to assist governments in allocating public resources to the most efficient and effective array of interventions to meet given health sector needs.
- Providing guidance on improved coordination and allocation of donor and government resources to meet specific health objectives.
- Analysis of financial and operational processes to improve long-term planning and budgeting for FP/RH, HIV/AIDS and MH resource needs.
- Working with policymakers to remove legal, regulatory and market barriers to increased private sector provision of FP/RH, HIV/AIDS and MH goods and services.
- Providing policy, financial and programmatic guidance to governments on how to focus public resources more directly on the underserved populations.
- Developing and providing the necessary training to support in-country capacity building for improved health care financing.

IR 4 Strengthened multi-sectoral engagement and host country coordination in the design, implementation, and financing of health programs.

Years of development assistance in health have shown that health issues are more effectively addressed through a response that is grounded in a multi-sectoral approach rather than just a health sector approach. Many issues that affect health, such as stigma and discrimination, cultural practices, women's lack of resources or decision-making authority, and economic inequities, can not be solved by the health establishment alone. In turn, the health and well-being of individuals, families, and communities affects other aspects of development such as education, the workforce, agricultural production, and economic growth. These reciprocal relationships and the multiple dimensions to health issues and challenges underscore the importance of health and non-health sector collaboration in policy and program solutions.

A multi-sectoral approach requires full engagement and collaboration of appropriate partners from different sectors and disciplines for health program planning, financing and oversight. This approach can be formal in the form of commissions and coordinating bodies or informal such as facilitating information flows regarding policies between different levels of government or between government and the private sector. Active participation of a wide range of partners and sectors is particularly important in addressing complex issues such as HIV/AIDS programming; in allocating resources or program attention across a range of interventions and geographical areas in the context of decentralization; and in making difficult decisions on health priorities and financing, especially when funds come

from various sources. The range of partners includes various government agencies such as the Ministries of Health, Finance, Labor, Education, Women's Affairs, etc; as well as the private sector; community-based organizations, including faith-based organizations, and donors.

Engaging groups from diverse institutions and developing effective partnerships among them to tackle difficult health issues is a key challenge for health officials, and is critical to the success and sustainability of health policies and programs. National HIV/AIDS bodies are increasingly important but are only one example in which active engagement of different groups is essential. Population Commissions and national alliances such as the White Ribbon Alliances are other examples. Population Commissions, for instance, stimulate effective multi-sectoral responses by bringing family planning proponents from the health community together with people who are concerned with other issues such as education, rapid population growth, natural resource scarcity, and women's empowerment. Partners from diverse disciplines become more engaged as they recognize how positive health results are tied to improvements within their own sectors and realize the value of their participation for health outcomes. The contractor will assist USAID efforts to increase such multi-sectoral engagement around FP/RH, HIV/AIDS and MH issues. Further, the contractor will promote understanding of the benefits of a multi-sectoral approach based on an analysis of health, economic and other development gains of such an approach.

Assistance will also be provided to help host countries engage and coordinate this expanded multi-sectoral engagement. In many cases, developing countries find it difficult to implement an effective multi-sectoral response because there is no common agenda and poor communication between donor organizations; between donor organizations and host government officials; and among government agencies themselves. Under USAID direction, the contractor will provide data, analyses, and other support to help countries prioritize and coordinate the inputs, financial and non-financial, of multiple donors.

The contractor will use effective approaches that foster engaged, sustainable collaboration in policy setting, advocacy, financing and oversight of health policies and programs among the organizations and partners most affected or concerned by specific health issues. In doing this work the contractor will focus primarily on FP/RH, HIV/AIDS, and MH. The contractor will gather, apply, and build on lessons learned from successful multi-sectoral collaboration, including but not limited to HIV/AIDS policies and programs. Assistance will be provided in ways that institutionalize collaborative mechanisms and processes, rather than relying on continued external technical assistance. The contractor will help build the capacity of individuals and institutions to convene and build consensus among key stakeholders; to identify policy and program needs in FP/RH, HIV/AIDS, and MH; to develop and prioritize short and long term plans; to make collective decisions regarding allocations of resources from multiple sources; to weigh resource allocation decisions and their effects on all parts of the health system; and to build capacity to oversee implementation of health programs.

In some cases, if requested by USAID, the contractor will provide direct technical and administrative support to help host-country coordinating bodies or other multi-sector boards, serving as a secretariat. Again, however, the expectation is that PDI will help such bodies become fully functional and sustainable, lessening their dependence on outside

assistance to achieve policy reforms or strengthen their own programs. Assistance under this result is mainly expected to be provided at the national or sub-national level, but could include international collaborative efforts for specific health issues.

Illustrative activities under this IR could include:

- Under USAID's coordination, work with in-country health partners to involve appropriate representatives and decision-makers from a broad range of non-health sectors, perhaps in a formal governmental body (e.g., governmental HIV/AIDS multi-sectoral planning committees).
- At USAID's direction, provide assistance to governments in coordinating resource allocations necessary to an effective multi-sectoral response.
- Assistance to national and sub-national HIV/AIDS commissions to collaboratively, transparently and efficiently administer programs with multiple funding streams.
- As directed by USAID, provide assistance to Ministries of Health to expand interest and participation of non-health sectors and constituents in FP policies and programs.
- Capacity training for national leaders (whether individuals, NGOs or other groups) to collaborate more effectively in policy dialogue and implementation both within their own organizations and across a broad range of partners.

The work of IR4 cannot be carried out in isolation from the other IRs. It will be carried out in close collaboration with IR1 to ensure that the implications of non-health policies on health outcomes are considered, and with IR3 to ensure that resource allocation decisions are informed by inputs from various sectors and donors. Coordination between IR4 and IR2 is also important given the emphasis of each on the increased engagement and participation of a broad range of stakeholders. Finally, the data and tools provided by IR5 on the benefits of a multi-sectoral approach will be essential to the effectiveness of IR4 activities.

IR5: Timely and accurate data used for evidence-based decision-making

Timely and accurate data provide the basis for effective policy work. Such data help policymakers understand the magnitude and severity of a problem, the first step in bringing about policy change. Making data available to policymakers in a synthesized form that articulates the benefits and drawbacks of a particular course of action contributes to their ability to make an evidence-based decision. Accurate data also provide the basis to help planners make rational choices to deal with problems. And strong evidence that is convincingly presented helps advocates to buttress their positions when dealing with policymakers.

Recent research has indicated more clearly that good health status promotes productivity and rising GDP, and conversely, poor health status and accompanying expenditures can push individuals into, or deeper into, poverty. Timely and accurate data can be used to demonstrate to policymakers the value of investing in health services as a precursor to improved economic conditions. Data can also show whether services are equitably distributed across income groups and whether programs designed to reach the poor and underserved populations are actually effective. Gathering evidence of more effective

distributions of scarce health resources will contribute to better targeted and utilized services.

Good data are the foundation for all the other IRs in this project. Such data underpin good policy formulation, effective policy dialogue, equitable resource allocation, and strengthened multi-sector engagement and coordination. Many different kinds of data will be needed, including data on incidence and prevalence of disease, unmet need for services, allocation of services to various income groups, expenditures for various kinds of services, and the presence and severity of stigma, gender inequity, cultural, attitudinal, or other barriers. For the most part, these will be country-specific data, although a limited amount of data collection and analysis will be needed to address globally policy issues, including trends seen at the country or regional level. The contractor assistance in the area of evidence-based decision-making is expected to focus principally on making better use of available data and on presenting data to policymakers in easily-understood ways, rather than on the collection of new data.

In order to work with policymakers and advocates effectively, the contractor will also need to adapt, develop, and apply user-friendly tools for data analysis and policy dialogue, and monitor and refine their implementation. Such tools, which will be used to help policymakers understand the impact of various policies and plans, guide resource allocation activities, and improve multi-sector engagement and coordination, may include models, efficacy guides, training materials, and other tools to strengthen policy and advocacy efforts.

Finally, the skills needed to effectively compile, analyze and present data as part of the policymaking process must be institutionalized. It will not be sufficient for the PDI contractor to perform these tasks itself. Rather, they must be performed in a way that builds the capacity of in-country partners to carry on such work when USAID assistance is no longer provided.

Illustrative activities anticipated under this IR might include:

- Gathering and analyzing country-specific data
- A limited amount of data collection and analysis to address global policy issues
- Building capacity within institutional organizations in-country or at a regional level to train the next generation of policy analysts, advocates, and policymakers.

Beneficiaries and stakeholders

Since policies affect every aspect of health services, the pool of beneficiaries and stakeholders for a project like this one is large and varied.

Stakeholders include host country government officials at all levels -- national, provincial, and district, both in the health sector and other sectors (such as finance, labor, and education) that affect health services and are, in turn, affected by health issues. Because health issues also require a non-governmental response, leaders of industry, commerce, and NGOs are an important addition to the list. Stakeholders also include health care providers in all sectors - public, NGO, and private. And, very importantly, the ultimate beneficiaries include host country citizens who need health care and information.

The activities under this procurement will involve stakeholders in a variety of ways. Government officials will receive assistance in formulating policies and putting them into practice. Industrial, commercial, and NGO officials will also receive assistance in formulating and operationalizing policies that affect health, e.g., workplace policies for HIV/AIDS, sustainability policies and plans for NGOs. Those who are affected by the policies, including providers and clients, will be brought into the policy formulation process at all levels. Clients, particularly those who are marginalized, will receive assistance to strengthen their ability to advocate for the information and services they need. Since resource allocation decisions will be increasingly important in ensuring fair and equitable access to health commodities and services, assistance will be provided both to policy makers and to clients so that such decisions will be based on sound evidence and of the needs and wishes on those who are affected. And, finally, government officials will receive assistance in planning and coordinating the many streams of assistance they receive, so that their multi-sector health strategies and plans will be as effective and far-reaching as possible.