

# in brief en bref en breve



Partnerships  
for Health  
Reform

PHR

April 2001

## PHR Advances Health Legislation Dialogue

The Partnerships for Health Reform (PHR) Project, funded by USAID, concluded five years of work in March 2000. During this period, the project conducted research, implemented programs, and provided training in over 40 countries in Africa, Asia, and the Americas. In an effort to improve people's health in low- and middle-income countries through health reforms that ensure equitable access to efficient, sustainable, quality health care services, PHR supported:

- Policy decisions made on the basis of more effective policy processes;
- More equitable and sustainable health financing systems;
- Improved incentives within health systems to encourage the delivery and use of efficient, quality services; and
- Strengthened organization and management of systems to support specific reforms.

PHR contributed greatly in the past five years to understanding how reform works, what resources are being used, and who benefits from health reform. PHR teams have responded to local requests for assistance via ministries and USAID missions and have helped leverage non-USAID resources for system strengthening work.

When implementation of new policies required a change in the law, PHR has provided technical support to draft legislation or facilitate dialogue around the proposed legislation as follows.

### **Dominican Republic**

PHR completed a legislative document to guide and strengthen the Dominican MOH's management of the Expanded Program of Immunization (EPI). To give EPI further prominence within the health sector, PHR established an Immunizations Council and a committee of technical experts from multiple organizations. Both groups have prepared workplans for 2001 and a plan for collaboration with PAHO.

### **Honduras**

MOH, with PHR support, conducted a seminar focusing on health legislation with more than 100 participants. PHR completed a review of MOH existing regulations of health services and produced a CD compilation to organize the information for a Regulations Working Group.

### **Egypt**

The Ministry of Health and Population of Egypt is committed to building an integrated service delivery system for primary care and preventive services centered on a family medicine approach. Primary health care facility accreditation plays an important role in the MOHP strategy to improve the quality and access to care. One of the four principles of the accreditation program is to support the existing laws of the MOHP. PHR conducted a thorough review of MOHP laws and legislation with results showing that numerous laws are set to regulate a wide range of health care issues. With a comprehensive understanding of pertinent legislation, PHR succeeded in establishing an accreditation program within the existing legislative framework that strongly

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supports the program as the laws clearly define monitoring and compliance standards.

### **Morocco**

PHR study tours to Chile and Tunisia for staff of the MOH Department of Legal Affairs led to the drafting of legislation to define and revise codes and regulations relating to the provision of paramedical services. This legislation is of high priority to the MOH and will allow nurses and midwives to provide a defined set of services in the private sector, expanding FP/MCH services to a broader population. The Minister has made this a high priority and is awaiting approval by the Secretariat of the government.

### **South Africa**

In response to recommendations of a PHR study, the South African Department of Health drafted new legislation guaranteeing a minimum benefits package for all beneficiaries of private health insurance. The small applied research study brought the topic of essential hospital benefits to the public arena and encouraged dialogue among experts, the public, and policymakers. The new legislation took effect in January 2000.

### **Rwanda**

PHR, in collaboration with community workshop participants, developed and implemented legal by-laws for prepayment schemes (under prepayment, individuals or households pay an annual premium into a health care fund. Payment of the premium entitles the individual or household to seek services in a defined benefits package for one year), which, according to Rwandan law, provides the schemes with the legal status of a mutual health association.

### **National Health Accounts (NHA)**

NHA is a tool for gathering both public and private national health expenditure data that helps lay the foundation for effective and equitable health policies and programs. This picture of financial flows allows policymakers to accurately see how much is spent on health, who pays, and for what. Results have prompted policy and legislative discussions on the role of government in providing health services, particularly in Malawi and Kenya.

### **PHR Resource Center**

The PHR Resource Center bibliographic database cites books, papers, gray literature, videos, CD-ROMs, and journal articles related to health sector reform. The database contains over 4,000 entries and can be searched by title, author, publisher, organization, date, country, region, language, and subject. To facilitate access to users, ordering information for documents is provided with each entry as available. To date, the database contains 72 entries keyworded with the term legislation and 82 entries keyworded with the term regulations or regulatory agencies.

### **Visions for the Future**

The future challenge facing health sector reform is how to fuse our technical knowledge with our growing understanding of health system processes in the real world. The technical design of reforms and the sequencing of their implementation need to reflect existing capacities, stakeholder values, and what is politically feasible. Reform success hinges on political will for change. Successful promotion of legislative and policy reform shape the environment for appropriate health reform to either flourish or be stifled.

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