WEST AFRICA REGIONAL  
Quarterly PERFORMANCE MONITORING REPORT - APRIL 01, 2018 - JUNE 30, 2018

**Program Objectives -** In Year 6, HFG plans to continue to support the USAID West Africa Regional Health Office (WA/RHO) in its overall objective of strengthening country commitment and capacity to achieve UHC. Specifically, HFG aims to disseminate findings of its Year 5 landscape study on health financing for UHC (Activity 1) and provide targeted TA to Togo (Activity 2) and Cameroon (Activity 3), as informed by USAID, to advance their health financing initiatives linked to achieving UHC and expanding access to family planning and reproductive health. In Togo, HFG's TA will continue to focus on building capacity to develop a health financing strategy. In Cameroon, HFG will continue to support the development of a UHC strategy through benefit package development and costing.

HFG plans to continue to provide TA for Activity 4, support of a loan guarantee program in which the project attempts to serve as a catalyst in facilitating business relations between the Cameroon branch of Ecobank and small and medium enterprises (SMEs) in the country's health sector. Access to finance has been an obstacle for small-scale health care providers to grow and improve services, given bank collateral requirements, SMEs' lack of knowledge about applying for and managing loans, and lack of awareness among banks of the private health care market. USAID's experience with guarantee programs has proven that for a successful loan guarantee program to play the expected role of facilitating access to credit by health sector SMEs, thereby allowing them to expand and improve the quality of essential health care services, these small health care providers may need support in developing bankable business plans and loan applications. The bank also needs a stronger awareness of the needs of the potential borrowers and how best to serve those needs with appropriately structured financial products that borrowers can realistically repay. HFG's capacity building also builds trust and confidence between borrowers and the lending institution.

Finally, HFG will launch a review of policies for free family planning services for clients in sub-Saharan Africa (Activity 5). A joint request from USAID Africa Bureau (USAID/AFR) and WA/RHO late in Q2, HFG’s conduct of this analysis will support USAID’s interest in understanding the underlying objectives, experiences and results to-date following the introduction of policies to offer free family planning services for clients in 5-7 countries in the West Africa region.

**Year 6 Activities -** In Year 6, HFG plans to continue disseminating its Year 5 landscape study to global and regional stakeholders. HFG will work with WA/RHO to identify dissemination opportunities and audiences. In addition, HFG plans to work with WA/RHO and government counterparts in Togo and Cameroon in the implementation of targeted TA.

* **Togo:** HFG will conduct two activities. First, HFG will organize and facilitate a workshop on expanding health insurance coverage to the informal sector and poor. At the workshop, HFG will convene stakeholders from government, the private sector, and key technical and financial partners to share global lessons learned and to explore the viability of coverage expansion strategies in Togo. Second, HFG will support Togo by sponsoring a small delegation to participate in the World Bank and WHO's third francophone UHC course in November 2017 in Morocco to enhance technical knowledge around purchasing, health budgeting, and public financial management.
* **Cameroon:** HFG will continue to support the MOH in refining and costing a basic benefit package. The results will serve as an input into Cameroon's development of a national UHC strategy.

Further, HFG plans to continue providing technical support for implementation of the **Development Credit Authority (DCA)** program. Specifically, the technical assistance will focus on:

* Increasing the number of health sector SMEs that are registered businesses
* Mentoring targeted health care facilities to maintain financial records and improve financial management techniques over a period of one year
* Working with Ecobank to provide loan products that the target facilities need
* Increasing the appetite and ability of Ecobank loan officers and managers to enter into the sector

Lastly, HFG will conduct an exploratory analysis on **free family planning** in West Africa. The analysis will employ a mixed-methods approach that includes: literature review, desktop review of national family planning services policies and relevant family planning and health financing data, and in-depth reviews in 2-4 “Core” countries selected in collaboration with USAID/AFR and WA/RHO based on defined criteria.

**Year 6 Progress against Objectives -** While Activity 1 will start in Q2, in Q1, HFG made progress in Activities 2 and 3. Under **Activity 2**, HFG built upon Year 5 knowledge and capacity-building efforts around UHC, health financing, and private sector engagement. In line with WA/RHO's interest in supporting private health sector collaboration, HFG sponsored a Togolese delegation to participate in the Africa Health Business Symposium in Dakar, Senegal. On November 5-6, 2017, Togo's High-Level Advisor to the Minister of Health and the President of the Plateforme du Secteur Privé de Santé learned about the theme "Transforming Public-Private Partnerships for Health in Africa." Related to health financing and UHC knowledge enhancement, HFG sponsored a Togolese delegation composed of three officials from the Ministère de la Santé et de Protection Sociale (MSPS; Ministry of Health), L'Institut National d'Assurance Maladie (INAM; National Health Insurance Agency, and Ministère de l'Économie et des Finances (MEF; Ministry of Economy and Finances) to participate in the WHO and World Bank Third Francophone Course on Health Financing and UHC in Rabat, Morocco. On November 27-December 1, 2017, the Togo delegation learned about strategic purchasing, health budgeting, and public financial management in an interactive workshop attended by 154 participants representing 21 countries. Lastly, HFG developed a questionnaire and conducted eight key informant interviews with national representatives from: MSPS; Ministère du Travail, de l'Emploi et de la Sécurité Sociale (MTESS; Ministry of Labor, Employment and Social Security); INAM; Cadre National de Concertation de la Mutualité (CNCMUT; the National Mutuelles Cooperation Network); WHO; the International Labor Organization; West Africa Health Organization (WAHO); and USAID. The interviews provided critical information on the context for extending health coverage to informal workers, which HFG is organizing a workshop around. Information gleaned on political context, legal precedent, and concurrent initiatives will allow HFG to support key stakeholders in the development and conduct of the informal worker workshop, which occured in Q2.

For **Activity 3**, HFG continued its targeted TA to the MOH and UHC technical committee of Cameroon, building upon its Year 5 benefit package development and costing support. Through remote coordination and a series of two three-day workshops, HFG worked with the MOH and technical and medical specialists to complete the data collection necessary to cost the proposed basic benefit package, which included over 300 interventions. During the series of three-day workshops, which occurred on November 1-3 and November 6-8, 2017, in Yaoundé, HFG facilitated an in-depth review of available costing data with the 23 technical and medical specialists in attendance. It also worked with the specialists to address any data gaps. HFG then analyzed the data and presented the results first at a pre-validation workshop meeting convened by the Minister of Health on December 11, 2017, then at the HFG-organized validation workshop on December 12, 2017, both in Yaoundé. At the pre-validation meeting, attended by the UHC technical committee and high-level technical specialists, HFG presented an overview of the costing methodology, process, and results. Following the meeting, HFG worked with specialists from each medical specialty to finalize the materials to be presented at the validation workshop. The validation workshop was attended by 92 national stakeholders and resulted in the finalization of costing data. Following the validation workshop, HFG worked with the Minister of Health and UHC technical committee to summarize the costing process.

Regarding **Activity 4**, there has been little progress in engaging Ecobank to commit to the DCA agreement by providing loans to health SMEs. In discussions with USAID/DC during Y5Q4, it was agreed that USAID/DC would initiate a higher-level meeting with senior Ecobank officials in Cameroon to resolve ongoing issues. While USAID/DC have indicated that they have attempted to connect with Ecobank, there has been no further follow-up. This activity is on hold awaiting USAID guidance.

In Q2, HFG began discussions with WA/RHO about how to continue disseminating findings from the landscape study, **Activity 1**. HFG submitted a landscape study abstract to the Health Systems Research Symposium, and also began planning our participation in the WA/RHO Regional Partners Meeting, which took place in May 2018.

For **Activity 2**, HFG continued engagement with key stakeholders from government, implementing and donor partners, and regional partner WAHO prior to the HFG informal economy workshop. This engagement informed workshop content and ensured the objectives and outputs of the workshop would complement concurrent in-country efforts such as the development of a national health financing strategy for UHC. In addition, HFG incorporated the perspectives and questions of all key stakeholders into the design of the workshop. During the two days leading up to the workshop, HFG conducted visits with key stakeholders from MSPS, Ministère de la Fonction Publique, du Travail, et de la Reforme Administrative (MFPTRA; Ministry of Labor), INAM, and CNCMUT. The February 7-8, 2018 workshop was co-sponsored with the MSPS, MFPTRA, and WA/RHO, and attended by 36 participants representing government focal points for social protection, social action, and UHC, as well as representatives from civil society, the informal economy, rural communities, and health provider associations. Local counterparts from the International Labor Organization and the World Bank also attended. During the workshop, HFG facilitated learning about Togo's informal economy, discussion of Togo's efforts to date to implement its strategy of expanding UHC, and identification of the major bottlenecks in expanding UHC. In addition, HFG facilitated participants' identification of solutions and immediate next steps for addressing the bottlenecks. Immediately following the workshop, HFG developed a workshop executive summary that serves as a potential advocacy tool for advancing political interest in UHC. HFG drafted TOR outlining anticipated technical assistance needs for Togo based on the results of the workshop. HFG will continue to work with WA/RHO to identify potential TA priorities that HFG may implement in Q3.

Under **Activity 3**, HFG provided continued TA for Cameroon's UHC efforts. After facilitating a stakeholder meeting to validate results of a costing study, HFG supported the Minister of Health in summarizing the results for the President of Cameroon and answering any technical questions leading up to the presentation of costing results to the Cameroon National Assembly. In addition, HFG conducted research at the request of the UHC technical committee leadership to compile regulatory texts that different countries in West Africa had developed for UHC. HFG also coordinated with WA/RHO and in-country stakeholders to determine continued TA needs. Accordingly, HFG will be working in Q3 to support the MOH and UHC technical committee of Cameroon as they develop a UHC communications plan.

In Q2, for **Activity 4**, HFG agreed with USAID that remaining funds will be used to support HFG's DCA expert in Ethiopia, Alemtsehay Berhanu, in traveling to Cameroon to support Michel Yapithe, to assist clinics that may be interested in obtaining loans from other banks or micro-finance institutions, specifically in the area of loan packaging. A concept note was prepared and sent to the mission.

Lastly in Q2, USAID requested that HFG undertake a new research activity, **Activity 5**, to review policies for free family planning services for clients in up to seven sub-Saharan African countries, to be jointly funded by WA/RHO and USAID's Africa Bureau. The concept note was approved by WA/RHO and the Africa Bureau in early March 2018. HFG has since launched data availability, policy, and literature research to inform country selection. In early Q3, HFG will finalize the list of countries that will be included in the research in consultation with WA/RHO and the Africa Bureau, and begin data collection, analysis, and synthesis.

In Q3, **Activity 1** continued with discussions on possible dissemination channels for the landscape study report and materials, e.g., country snapshots. Most notably, HFG explored the possibility of disseminating HFG content on UHC and health financing on a web learning platform that USAID's Global Health Supply Chain-Technical Assistance program has developed for the regional health body and WA/RHO strategic partner WAHO.

Ongoing TA to Togo, **Activity 2**, focused on determining the most useful advocacy materials to support key stakeholders to make the case for UHC. In particular, HFG has worked with stakeholders including WHO and MSPS to identify: key policymakers to target for advocacy efforts, hierarchical considerations for the advocacy process, and examples of Togo advocacy materials. In Q4, HFG will meet with the World Bank, the MFPTRA, and WA/RHO and MSPS to decide how government counterparts will pursue advocacy efforts. Based on their input, HFG will develop supporting advocacy materials.

For **Activity 3**, HFG finalized a concept note with USAID and the Ministry of Health to support the development of a strategic communication plan for UHC. This concept note reflected best practices documented in the newly released Strategic Communication for UHC: Practical Guide and Planning Tool, developed with support from HFG in collaboration with the Joint Learning Network; and lessons learned from HFG's experience in strategic communication in Nigeria, Ghana, and Bangladesh. After the health minister had nominated a technical working group, HFG's communications expert and health financing expert met virtually with the technical working group twice. They discussed the overall methodology for developing the strategic communication plan, and the technical working group shared work that had been completed already. HFG provided comments on the group's draft 0 of the plan and detailed technical ideas to further develop the plan. In addition, HFG sponsored Dr. Virginie Owono-Longang, Cameroon MOH focal point for UHC, to participate in the World Bank and USAID UHC Health Financing Forum in Washington, DC.

For **Activity 4**, Alemtsehay Gelaw, DCA expert in Ethiopia, traveled to Cameroon in June to provide technical assistance, along with HFG consultant Michel Yapith, to health sector businesses and Ecobank to determine whether loans could be sought and approved by the end of September.  The team visited 10 clinics, mostly offering FP/MNCH services, who were interested in accessing financing to purchase laboratory and delivery equipment to enhance their services. They were provided guidance on how to develop a loan proposal and complete a loan application to be presented to Ecobank. Twenty participants from clinics also attended a 2-day training on access to financing indicating there is demand for loans. Formal clinics are in a better position to be favorable to lenders as compared to smaller, informal clinics.

The team also met with Ecobank representatives who were interested in Alem’s experience with the DCA program in Ethiopia, specifically on how it performs, how many loans are approved, risk management strategies to avoid default and the default rate. Ecobank seems to lack the internal capacity to process health sector loans and also remains risk-averse to extend loans to this sector in Cameroon, but agreed to extend the repayment period to 36 months. This will be a benefit to equipment suppliers, such as BioHosfro, who remains interested in pursuing a loan with Ecobank with these new terms.  Another equipment supplier, SSM, is also potentially interested. A market information document on the private health sector market was prepared by the team and presented to Ecobank for their followup.

In order to identify alternate lenders interested in providing loans to this sector, the HFG team met with one small enterprise bank and 2 microfinance institutions. Although they show strong interest in this area, they lack personnel who have experience lending to the health sector. They expressed interest in obtaining technical support from the team, in training their staff and providing client post loan monitoring.

For **Activity 5** (co-funded by Africa Bureau), HFG , in collaboration with USAID, selected six countries for the exploratory analysis to assess the merits of policies for free FP services for clients: Ghana, Niger, and Mauritania as "Core" countries; and Burkina Faso, Côte d'Ivoire, and Mali as desk-based research-only countries. The analysis will focus on two primary questions: 1) What are a country's underlying objectives when it decides to offer free FP services for clients?; and 2) What have been the experience and results to date following the introduction of policies to offer free FP services? HFG launched desk-based research on policies, data indicators, and literature for all six countries, and completed in-country data collection in Ghana and Niger, with data collection on Mauritania to follow. Findings for the Core countries will be complemented by information on the broader policy context and results related to policies for free FP for clients in the full set of six study countries, using secondary data and document review.

The table provides additional activity-specific updates.

West Africa Regional Activity Detail

| **Year 6 Q3 Planned Tasks** | **Year 6 Q3 Progress** | **Critical Assumptions/Problems Encountered/Follow-up Steps** |
| --- | --- | --- |
| Activity 1: Dissemination of landscape study findings on financing strategies to achieve UHC and on their applicability to West Africa | | |
| Disseminate landscape study findings through various regional and global channels. | Completed: HFG discussed with WA/RHO and implementing partners the use of landscape study learnings and materials. |  |
| Activity 2: Provide technical assistance to Togo to achieve health financing and UHC goals | | |
| Provide additional TA to Togo. | In progress: HFG met with stakeholders to discuss key elements of advocacy support: audience, process, and materials. | Due to limited availability of all key stakeholders and lack of coordination across government counterparts, our counterparts have not yet determined best forms of advocacy materials. HFG will continue to work with them and others in Q3 to determine a way forward and also develop an advocacy brief. |
| Activity 3: Provide technical assistance to Cameroon to achieve health financing and UHC goals | | |
| Provide additional TA to Cameroon. | In progress: HFG worked with USAID and the MOH to finalize the concept note to develop the Strategic Communication Plan for UHC. HFG experts met with the technical working group in Cameroon remotely, and provided comments on draft 0 of the plan.  HFG supported key MOH stakeholder Dr. Virginie Owono-Longang’s participation in the World Bank and USAID UHC Health Financing Forum. |  |
| Activity 4: Technical Assistance on initiation and implementation of Development Credit Authority (DCA) | | |
| Provide TA during business plan development of selected SMEs | HFG met with owners/managers of 10 clinics to provide them guidance on preparing and submitting loan applications. HFG also provided one-on-one mentoring and training to 20 participants at a workshop. |  |
| Monitor credit application of health SMEs and access to credit (approval of loan applications) | HFG prepared a private health sector market report for Ecobank which identifies clinics who are interested in obtaining loans. | Ecobank remains risk averse to lending to this sector, although they agreed to extend the repayment period of the loans to 36 months. |
| Activity 5: Review of policies for free family planning services for clients in sub-Saharan Africa | | |
| Conduct literature and policy review. | In progress: Literature and policy reviews continue concurrently with in-depth qualitative interviews in a subset of countries. This will continue into Q4, including incorporation of key documents found in country for Ghana, Niger, and Mauritania. |  |
| Conduct data collection. | In progress: In-country data collection completed in two of the three “Core” countries: Ghana and Niger. | In Q4, in-country data collection will be completed in Mauritania. Additional key informant interviews may be conducted by phone for these three countries to augment in-country findings. |

Activities Planned for the Following Quarter (Year 6, Quarter 4)

Activity 1: Dissemination of landscape study findings

* At USAID’s request, HFG will discuss contribution of UHC content to the WAHO regional learning e-platform being supported by Chemonics GHSC.
* HFG will also explore other means of dissemination, e.g., posting materials to the HFG website.

Activity 2: Provide Technical Assistance to Togo to Achieve Health Financing and UHC Goals

* Provide technical assistance (TA) to key Togo stakeholders in support of leadership decision-making on Togo’s path to UHC. TA will include facilitating meetings concerning who should lead UHC as well as determining, through key Togo stakeholders, the most appropriate content, structure and audience for any informational / communications materials drafted by HFG.

Activity 3: Provide Technical Assistance to Cameroon to Achieve Health Financing and UHC Goals

* Support the UHC communications technical working group, appointed by the Cameroon Ministry of Health and UHC technical working group, to develop a Strategic Communications Plan for UHC.

Activity 4: Technical assistance on initiation and implementation of Development Credit Authority in Cameroon

* Identify equipment requests from 9 health sector SMEs.
* Work with new equipment supplier, SSM, to obtain loan from Ecobank
* Provide technical assistance to 4 identified health sector SMEs on loan application preparation and submit those applications to Ecobank
* Develop a brief outlining lessons learned and next steps

Activity 5: Review of Policies for Free Family Planning Services for Clients in Sub-Saharan Africa

* Complete in-country data collection
* Perform data analysis
* Draft and finalize technical report, including soliciting USAID feedback on the report draft

Financial Brief Year 6, Quarter 3

| Activities | April 2018 | May 2018 | June 2018 | Year 6 Quarter 3 Spent | Balance  (as of July 1, 2018) |
| --- | --- | --- | --- | --- | --- |
| Activity 1: Dissemination of landscape study findings | $4,289 | $14,210 | $4,159 | $22,658 | $14,639[[1]](#footnote-1) |
| Activity 2: Focus country TA – Togo | $1,494 | $8,478 | $5,002 | $14,974 | $27,8761 |
| Activity 3: Focus country TA – Cameroon | $9,923 | $3,577 | $1,761 | $15,261 | $122,9211 |
| Activity 4: Cameroon DCA | $833 | $5,066 | $6,573 | $12,472 | $59,101 |
| Activity 5: Free Family Planning | $12,165 | $15,955 | $31,242 | $59,362 | $128,620[[2]](#footnote-2) |
|  | $28,704 | $47,286 | $48,737 | $124,727 | **$353,157** |

1. In Q3, since the approved Year 6 workplan and in alignment with TA plan updates determined in consultation with WA/RHO for Activities 1-3, HFG rebalanced activity funding as follows: Activity 1: less $27,000, Activity 2: less $54,000, Activity 3: plus $81,000. [↑](#footnote-ref-1)
2. The balance for Activity 5 reflects a total starting activity balance of $200,000, with $100,000 from WA/RHO and $100,000 from USAID Africa Bureau. [↑](#footnote-ref-2)