



HLSP – An Introduction

HLSP is an international professional services firm specialising in the health sector. Our work is focused on improving health and reducing poverty worldwide but particularly in low and middle-income countries. Whilst we work mainly in the field of health care, we advocate and practice inter-sectoral analysis of, and solutions to, the problems of development. We provide experienced and multi-disciplinary teams of professionals dedicated to getting things done and making a difference.

In all our work we place an emphasis on building local capacity and delivering long-term sustainable solutions.

HLSP offers:

- High technical standards and value for money
- The very best consultants briefed in current thinking and practice
- Client-specific and effective solutions
- Knowledge-based consulting
- Top national consultants
- Sustainable partnerships based on support and facilitation
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HLSP Ltd

HLSP Ltd is a wholly owned subsidiary of the Mott MacDonald Group. HLSP Ltd (UK) has a subsidiary in Spain and a branch office in Bangladesh. These companies form the Health Business Unit of the Mott MacDonald Group and are involved in improving health and health care services for different populations around the world.

In addition to permanent offices in London, Edinburgh, Barcelona and Dhaka (Bangladesh), HLSP and the HLSP Institute maintain temporary project offices in several other countries in the course of implementing health programmes.

Mott MacDonald is an international development, management and engineering consultancy which provides technical, advisory, planning and management services across a wide spectrum from education, social development, urban renewal and the environment to water, energy, transport, building, industry and communications. It works with governments, funding agencies, banks, utilities, transport authorities, developers, industrial and commercial companies.

Working for the improvement of world health

HLSP provides technical services dedicated to improving health and reducing poverty in low and middle-income countries. It combines research and operational expertise in national and international health policy and health systems development.

We work in partnership with bi-lateral agencies such as the Department for International Development (DFID) of the British Government, and multi-lateral agencies such as the Asian Development Bank, the Caribbean Development Bank, the European Union, the Inter-American Development Bank, the World Bank, the World Health Organisation and other United Nations Agencies.

The principle components of the Group are:

- HLSP, providing technical services, consulting, programme design and project management
- The HLSP Institute providing research, policy development and advice, learning programmes, monitoring and evaluation and surveys.

Additionally, we manage two resource centre contracts for the UK's Department for International Development (DFID): the Health Resource Centre focused on communicable diseases such as HIV/AIDS and sexual and reproductive health; the Health Systems Resource Centre focused on national and international policy and health systems development.

HLSP and international health development

HLSP combines **high technical standards with pragmatism**. Established in 1985, HLSP Ltd is an international organisation with offices around the world and is resourced by senior technical staff from many different nationalities. We have extensive international experience of providing technical assistance and managing complex projects. We are working in at least 20 countries at any one time, and have completed projects in more than 80 countries. We are committed to **building the capacity of individuals and institutions** in the countries in which we work.

HLSP's work emphasises the importance of translating pro-poor policies and strategies into effective practice. We have particular experience of utilising approaches where-by funding is pooled and allocated according to agreed strategies and plans. At country-level, HLSP is involved in practical issues of health, poverty reduction and economic growth; in evidence-based pro-poor policy and strategy; in improving service delivery through management and performance strengthening; in integrating disease-specific interventions into decentralisation efforts; in sponsoring and regulating the private sector; and in strengthening financial planning.

Specific areas of expertise offered by HLSP Ltd include:

- organisational reform and development and the strengthening of health care systems
- human resources development and change management
- sector financing (including insurance systems) and economic analysis
- financial, management and IT systems
- purchasing, contracting and performance management

- communicable disease control strategies and programme implementation (including HIV/AIDS/STI) and global public health initiatives
- primary health care and family medicine
- hospital management and systems
- services planning and costing
- drugs management programmes
- poverty reduction, social development and participation
- public/private partnerships
- clinical effectiveness, evidence-based care and technology assessment aid instruments, including SWAps (Sector Wide Approach)

The HLSP Institute

The HLSP Institute was established to enhance HLSP's capacity to contribute to international debate and influence policy. The Institute was formed when the Institute for Health Sector Development (IHSD) was merged with HLSP, in April 2005, and builds on IHSD's reputation and experience.

The HLSP Institute aims to inform debate and policy on global health issues and national health systems in order to reduce inequalities in health. The Institute will critically assess new and emerging issues in international health and development practice. It will also address how best to strengthen the national response to HIV and AIDS, both within the health sector and taking account of HIV in other sectors.

The Institute builds on HLSP's experience and expertise in health, HIV and AIDS policy and practice, health systems and aid management. As part of its role to assure and underpin the technical excellence of all HLSP's work, the Institute ensures that this experience is shared and used to maintain the quality of all HLSP's consulting work.

The Institute focuses both on policy and practice for development. Practical experience gained from HLSP work informs our research and contributions to policy and debate. We share our experience through seminars, publications, and the development of training and technical resources.

Policy analysis and debate

We monitor trends in the sector and identify important issues, develop policy analysis and pragmatic, well-informed proposals for improving policy and strategy. We aim to offer timely and relevant contributions to debate in international health and development assistance. We do this through our consulting work as well as publications and seminars.

Applied research

We gather evidence about what works and why. We conduct action research to test and assess innovative approaches through collaborative working and dialogue, ensuring the input of southern partners.

Professional development and learning from experience

We aim to learn from, and share the practical experience gained from HLSP work. We do this through the development of training and technical resources and programmes that are innovative and user friendly. We disseminate thinking and lessons learnt from HLSP's project work through publications, seminars and other types of media. We also have an in-house professional development role, and provide a range of information products and training activities for HLSP staff and consultants.

Our health experience

Our involvement in health sector reform is significant and far-reaching, encompassing key activities from programme design through to implementation and evaluation in **Africa, Asia, Caribbean, Latin America, Eastern Europe and the Former Soviet Union**. All of this work is concerned with organisational development and restructuring of ministries and other traditional public sector organisations including decentralisation of provider units and sometimes establishing these as more autonomous organisations with more freedom to respond to policy and financing incentives. We have significant experience in delivering SWAPs in a variety of settings.

◇ Asia

Bangladesh - Strengthening Health and Population for the Less Advantaged (SHAPLA) (1999-2004)

SHAPLA is a major new 5-year Health Reform programme that is part of the Health and Population Sector Programme (HPSP) of the Government of Bangladesh. The central aim of the programme is the delivery of the Essential Services Package (ESP), which seeks to maximise health benefits relative to per capita expenditure, meet felt needs of the clients, strengthen service delivery, and improve system management. The programme is made up of 6 components, three of which are managed by us:

- Organisation & Management Development
- Human Resource Development
- Improved Hospital Management

Bangladesh – To develop Sustainable Service Options for Dushthaya Shasthya Kendra (Swiss Red Cross 2004)

We provided consultancy support to the Dushtha Shasthya Hospital (DSH), a NGO hospital, to develop sustainable service options. The aim was to identify and implement a solution relating to DSH that configures health services so that they are both accessible to the community and responsive to its needs, while also being appropriate, pragmatic and institutionally and financially sustainable. The purpose of the SoW is to identify and implement a solution relating to DSH that configures health services in such way that they are accessible to the community and meet the community's needs, while at the same time are appropriate, pragmatic and institutionally and financially sustainable.

China - Urban Health and Poverty Project (UHPP) (DFID 2001 – 2003)

We are supporting the Ministry of Health to deliver essential primary health care in urban areas through the development of Community Health Services (CHS). This is a component of China's overall programme of health service reform, which includes establishing an effective health insurance system. HLSP is providing international technical assistance as part of the DFID support through an Urban Health and Poverty Project. The aim of the project is to assist the government in developing pilot community health services in three cities, which will ensure access for the urban poor. The cities include Chengu in Sichuan Province and Shenyang in Liaoning Province.

China – Health VIII Support Project – Basic Health Services for the Poor Phases 1 & 2 (DFID 1999-2005)

Health VIII is an ambitious six-year project covering 71 designated poor counties in seven provinces and is funded by the Government of China (\$44m) and the World Bank/IDA (\$85m). The purpose of HVIII/SP is to enhance government and health sector capacity to implement the Health VIII project. In phase 1 of the project, 1999 - 2001, DFID gave particular support to Chongqing and Gansu Provinces and 5 pilot counties within them. For phase 2, DFID will continue to support capacity building at Provincial level in all 7 Provinces, but will extend its support at county level to 10 pilot counties. The five existing counties in Gansu and Chongqing will be joined by five more, one from each of the remaining provinces. Plans for the pilot activity will be approved at the end of 2002. HVIII/SP uses a health system reform approach at county level and below.

Pakistan – Karachi Reproductive Health Project (EC 1997- 2001)

This project was implemented by a local NGO, which aimed to develop a community-based model for women and men's sexual and reproductive health in four low-income communities in Karachi. Community focal men and women were supported in the identification of their local health needs and are empowered, through the NGO, to address these. This model was replicated in three other provinces in Pakistan.

Palestine – Economics of the Public Health Services Provided in Occupied East Jerusalem (Adam Smith International, 2004)

This study explored the current financial position of the public health sector in East Jerusalem and ascertained whether the resident Palestinian population was, and is, a net contributor or net burden to the Israeli Health tax system. It is anticipated that the outcomes of this study may be used in the negotiations of the final status peace agreement between Israel and the Palestinians.

♦ Africa

Nigeria – Partnership for Transforming Health Services Project PATHS (DFID 2002-2007)

HLSP is currently leading a Consortium of 5 organisations to manage the PATHS Project in Nigeria. PATHS is a five year programme of collaboration with Nigerian Partners to develop partnerships for transforming health services.

The Consortium, led by HLSP, consists of:

- Health Partners International
- John Hopkins University Centre for Communications Programmes
- Liverpool Associates in Tropical Health
- Grid Consulting Ltd. Nigeria

It is a process-based project requiring flexible technical assistance and includes the development of a mini-resource centre. It seeks to achieve sustainable benefits, particularly for the poor in getting basic health services functioning effectively and making them accessible to all. PATHS will work in four focal states and at the national level. The project seeks to improve the delivery and use of effective replicable pro-poor health services for the management of priority health conditions such as HIV/AIDS, malaria etc. To address the needs of the project as flexibly and responsively as possible, we are developing a local mini-resource centre so that Technical Assistance is readily available. We are building up a resource base of national consultants in the national project office– this process is led by the Resource Centre Director and will eventually provide a backbone of Technical Assistance to the Programme.

Kenya –Expenditure Review on Kenyatta National Hospital (DFID 2005)

Carrying out a comprehensive expenditure analysis for KNH to clearly document the expenditure trends; service delivery and utilization patterns, and areas where cost savings can be made without compromising the services expected of KNH as a National Referral and Teaching Centre.

Kenya – Support to Decentralisation of Health Services (2002-2005)

We are managing a project aiming to provide a programme of support to the decentralisation of Health services. The purpose of the project is the development of effective and coherent decentralised organisational structures and effective management systems to help achieve the International Development Targets (IDTs) in health. The project inputs will focus on re-organisation at the centre complementing the support given to the districts by other donors. One of the key components is that the project develops close links and a feed back system with ongoing reforms taking place within the wider framework of civil service reform, local government, Ministry of Education (MOE), and the public service commission. The benefits of this project are a coherent decentralised health system which is consistent with the wider public and civil service reform initiatives taking place.

Malawi – Operationalising the Health Sector Response to HIV/AIDS (WB – 2003)

Produced a medium term strategic plan for the health sector response to HIV/AIDS and an institutional strengthening plan for the MOHP HIV/AIDS Coordinating Unit. This involved synthesising key issues; establishing a joint working group with NAC and MOHP; and consulting with key stakeholders.

Malawi – Central Medical Stores (DFID 2001 – 2003)

This is a two year DFID project to improve the availability of essential drugs to end users through reforms of the Central Medical Stores and overall drug procurement and distribution system. The aims of the project include:

- Ensuring that quality, appropriate drugs reach the poor
- Designing a system for achieving this in the most cost effective way possible
- Ensuring that the proposal is practical and sustainable.
- Ensuring that there is congruence with ongoing initiatives of the Government of Malawi and working in partnership with other donors

The project works to create the essential policy change to create pre conditions, which will enable the project to be efficient, effective and sustainable. These pre conditions include details such as a financial framework; a rationalised drug list; an information strategy; needs based allocation; developing a curative to preventive shift and cost sharing.

Nigeria - Health Sector Reform Change Agent Programme (DFID - 2001 - 2003)

This is a programme, which aims to develop sustainable, and effective health systems, and facilitating the longer-term process by identifying individuals who are likely to be critical in shaping future health

policy. The individuals are then taken as a group to observe the health system of a country that has recently undergone reform (e.g. South Africa). The programme also involves supporting them with technical resources on their return, through a resource centre. Key components are the establishment of an independent Resource Centre (ie outside of government and DFID) that will provide leadership and logistical support to manage the CAP.

South Africa - Know How Fund - Department of Health (1998-2001)

A three-year programme to provide technical assistance to the Department of Health at National and Provincial levels to support specific initiatives. This included the development of norms and standards, the drafting of a national policy on quality assurance and the commissioning of the New Durban Academic Hospital.

Tanzania – Assessment of the Institutional Capabilities of the Tanzania Commission for AIDS (DCI 2004)

The project facilitated a review of the work of TACAIDS in relation to the efforts of the government and its development partners to address the HIV/AIDS epidemic and identify weaknesses that can be used to inform a reassessment of the Secretariat's technical and administrative staff needs. The consultants reviewed the consistency between mandate, actual activities, staff composition and organisation of TACAIDS and developed, with TACAIDS, a framework for partner support that clearly illustrates short-term assistance and longer-term strategic support

Zambia - Strengthening the National HIV/AIDS/STD/TB Council (NAC) and Supporting Strategic HIV Prevention, Care and Mitigation Activities within the National HIV/AIDS/STD/TB Strategic Framework (DFID 2004-2009)

Provided technical assistance to NAC to build its management systems and procedures, including organisational, planning, monitoring, evaluation and documentation systems. This support will assist NAC to coordinate and to support strategically a large-scale national response by delegating activities to implementing partners. Components included: Setting up Programme Support Unit (PSU); Civil Society Fund; Private Sector Initiative; Procurement

♦ **Central & South Eastern Europe, Former Soviet Union**

Albania - Improving the Health of Poor People in Tirana Region (1998-2000)

The project sought to rehabilitate essential health services and to develop institutions for an effective and sustainable health care system. This included both developing a new organisational structure to plan and manage health services and strengthening of the Health Insurance Institute to function as a purchaser of services.

Albania Support to the Order of Physicians (OPA) (DFID 2002-2004)

Working in Central & South Eastern Europe the programme seeks to establish the role of the Albanian Order of Physicians as a professional body and effective partner with the Ministry of Health (MoH), and developing it in order to carry out all functions of a medical council, leading to membership of the International Medical Association. This has involved working internally to develop registration systems, complaints procedures, fitness to practice and other processes, as well as working with other institutions such as the MoH and Health Insurance Institute to agree relationships and the OPA's role as a regulator of the medical profession. The programme has developed management and training materials in the Albanian language, which have been disseminated.

Georgia - Primary Health Care Development (DFID 2000 - 2003)

Project to improve the quality of and access to primary healthcare services in Georgia. Introduction of a specialist in-service training programme in general practice. The Project includes training of GP trainers, the design and introduction of a two year General Practice training curriculum, and development of the systems for accrediting trained GPs and training institutions.

Kazakhstan Primary Health Care Development Project (DFID 2000 - 2003)

This project, which is being implemented in partnership with the British Council, aims to facilitate the introduction of family medicine through the training of family doctors and the development of accreditation systems. Local ownership and capacity building will be key in assuring its sustainability.

Kosovo – Strengthening the Capacity of the MoH (DFID 2003 - 2004)

HLSP is commissioned to facilitate the participatory design of a 3-year programme of DFID support to the Ministry of Health. Key aspects of the programme are to empower the MoH to provide leadership and appropriate strategic direction through the development of policy making and planning structures and capacity. The design phase deploys a team of consultants with a specific methodology to incorporate the ownership of MoH representatives from the outset in all decision-making forums. On completion of the design phase, HLSP is tasked to make arrangements for the 3-year implementation programme.

Russia, Belarus, Ukraine and Moldova – Small Partnerships Scheme for Health and Social Care (DFID 2000 – 2003)

The Health & Social Care Partnerships scheme (HSCP) has been set up by DFID to develop and support health and social care projects between organisations in Russia, Ukraine, Belarus, Moldova and partner organisations in the United Kingdom. The HSCP scheme is supporting a wide range of projects in health and social care with a number of new projects under development. The aim of the scheme is to support the transfer of technical, managerial and other expertise, through a grant-making system, which will assist these countries in improving access to better quality health and social care, particularly for poor, marginalised and excluded groups.

Russia - Developing Sustainable Tuberculosis Services In Kemerovo And Samara Oblasts: (2000 - 2004)

Project to ensure that Samara and Kemerovo have sustainable TB control programmes. The project builds on DFID's TB work in Russia, developing links with two recent partners, Samara and Kemerovo Oblast TB Services. Activities include: developing a well-organised TB service with the general health service with co-ordination between civilian and prison sectors, using appropriate diagnosis, standardised directly observed treatment, follow-up, reporting and monitoring and supervision initially in selected sites in Samara and Kemerovo and subsequently oblast-wide; providing social support to TB initially in selected sites and developing cost-effective and sustainable TB services in both oblasts.

Spain – Review of Madrid Hospital Infrastructure Plan (EIB 2004)

Madrid has taken the decision to develop 8 new hospitals under a PFI scheme and the EIB are a potential funder of this €800 million investment plan. HLSP are reviewing the current pattern of health care delivery in Madrid, including public and private hospital services, analysing them against other Spanish and European evidence and putting forward opinions on the case for reform. The EIB will subsequently take a decision whether to lend money to the plan.

Ukraine - HIV/AIDS Control Programme - (EC 2001 - 2003)

HLSP is providing support to increase the local capacity of NGOs involved in HIV/AIDS prevention efforts and by strengthening and expanding local NGOs' responses in delivering HIV/AIDS information and services to high risk populations. We also support the Oblast Youth Prevention Programme Demonstration Project overall purpose is to develop a model of good practice for the planning and implementation of co-ordinated and comprehensive Oblast wide services. It aims to help ensure that these services and programmes are based on examples of effective practice that equip all young people, whatever their circumstances, with the personal awareness, knowledge, and skills as well as the health services and the means to avoid the risks of acquiring or spreading HIV/AIDS infection.

Uzbekistan - Primary Health Care Development Programme (DFID 1998-2002)

The aim of this project is to improve the health status of the population of Uzbekistan by improving primary health care provision. This will be achieved by enabling the Uzbekistani government to improve the quality and accessibility of primary care for the rural poor in three pilot oblasts through training in general practice. The project components include strengthening rural primary health care, GP training and developing the pharmaceutical sector.

♦ Latin America and Caribbean

Brazil - Ceará State Health Support Project (2000-2004)

This project is designed to address a number of problems that face the public health system in Ceará State. These problems particularly relate to redefining the role of the State in health care following decentralisation; inequitable and inefficient use of resources; and how to improve the poor health status of poor people in one of the poorest regions of Brazil.

Brazil: Strengthening Health Economics Capability (2001 - 2006)

This project supports a Brazil-based Project Management Unit (PMU) whose purpose is to increase capacity for using health economic tools in policy development and implementation in Brazil. The PMU supports capacity building in government and academic institutions at both Federal and State level. Support is also provided to the DFID Brazil-based Health Programme Adviser.

Central America - Communicable Diseases (2000 - 2004)

Working on behalf of DFID the programme aims to reduce the burden of disease caused by communicable diseases in the 4 poorest countries of Central America – *Honduras, Nicaragua, Guatemala and El Salvador*. Three specific diseases, responsible for the highest levels of morbidity and mortality (Malaria, TB and Dengue) have been targeted as priorities. With national authorities, the programme has assessed and evaluated organisational structures and resources available for communicable disease systems. Targeted interventions are now underway to strengthen the epidemiological surveillance system. Interventions include the implementation of professional learning programmes and continuous professional development to update knowledge, skills and staff understanding of the theory and practice of communicable disease control and strengthening the early warning systems of national surveillance structures as a fundamental element of disease control. In parallel, technical assistance has been provided to strengthen quality assurance systems in laboratories to improve the capacity and effectiveness of laboratory diagnosis. Additionally, the programme is supporting the national structures to revise and disseminate health promotion materials that offer households and individuals guidance on actions that can be taken to avoid acquiring or spreading the disease.

Honduras, Support to a SWAP implementation (IADB 2004)

The project provided support to the PRIESS programme to implement a SWAP strategy in health. HLSP is developed a health sector strategy that included the SWAP, planning how to fund the SWAP according to the defined strategy and designing an operational plan to implement the Health SWAP.

Jamaica AIDS Prevention and Management Programme (IADB 2001-2002)

We have been supporting the national HIV/AIDS/STI programme in several areas. In BCC, we have identified the key target groups and associated intervention settings, types of interventions, purpose of interventions and responsibilities for delivery to ensure a focussed and cost effective behaviour change programme. In institutional development, we have assisted in clarifying the respective roles of the NAP of the MoH and the independent NAC newly reporting to Cabinet via the National Planning Council. We have developed the organisational structure, strategy, modus operandi and job descriptions to revitalise the NAC. We have worked with line ministries to prepare their work plans. We have prepared the log frame for the National HIV/AIDS/STI Strategy and developed action plans for stakeholders. Based on the log frame we have developed a national, multi-sectoral M&E Framework linking the activities of all service providers and identifying responsibilities for achieving and monitoring specific indicators. In addition we have developed an M&E Data Reporting and Dissemination System to ensure coordination. This work was funded by IADB and supported the implementation of a World Bank (MAP) project.

Other Experience

◇ Research, Surveys, Monitoring and Evaluation

We are commissioned to undertake research, pilot studies, and evaluations of aspects of health systems. This includes:

- Designing, conducting and analysing large household surveys covering health service use, health service expenditure and health needs
- Facility level assessments of services
- Qualitative reviews
- Mid-term and final project evaluations
- Development of indicators for health sector performance
- Evaluation of specific interventions
- Evaluation of agency performance or of global programmes
- Sector monitoring

Some of our most recent evaluation work includes:

Evaluation of the Spanish Health Cooperation in Mozambique (AECI)

Evaluate Spain's role in Mozambique's institutional health system and the impact of the health projects managed by Spanish NGOs. This involved highlighting strengths and weaknesses of the Spanish Health Cooperation, distinguishing the function and contribution of the distinct actors of the Spanish Health Cooperation in Mozambique, recommending actions regarding budget and sector support, and establishing the next steps to take in the country for this sector.

Assistance to Steps Towards Development (Royal Netherlands Embassy)

In Bangladesh we provided consultancy services to the Royal Netherlands Embassy-supported NGO, Steps Towards Development (STEPS), for the development of a database of gender-sensitive indicators and a programme monitoring system on the legal status of women and gender equality.

Evaluation of the Polio Eradication Initiative (PEI)

DFID commissioned a review of the PEI, to assess the internal evaluation produced by WHO and review and make recommendations on DFID's contribution. This evaluation included country visits to Kenya and India, visits to regional WHO offices and consultation with many other partners.

Evaluation of Roll Back Malaria

HLSP Institute staff formed part of a team reviewing the progress and findings of the Roll Back Malaria initiative.

Design of monitoring and evaluation arrangements for the Global Fund to fight AIDS, TB & Malaria

Ken Grant was a key player in the Working Group that has developed a framework for GFATM's approach to monitoring and evaluation.

Design of monitoring and evaluation for GAVI

The Director of the HLSP Institute has been part of the M&E sub-group of GAVI's Implementation Task Force, looking at issues in monitoring and evaluation of countries receiving support from the Vaccine Fund.

Monitoring and evaluation frameworks for health sector programmes

The Health Systems Resource Centre managed by the HLSP Institute organised an international workshop on M&E at sector level. HLSP Institute staff participated and prepared a synthesis of the various sector-monitoring frameworks that countries have adopted.

Mid Term evaluation of the EC's Asia Initiative for Reproductive Health

The evaluation assessed performance of the programme (active in 7 countries) and made recommendations on its extension and a second phase.

Process evaluation of the GAVI Financial Sustainability Planning process

The HLSP Institute contributed to design of this evaluation and will manage the evaluation.

◇ Project Design Work

We have undertaken numerous project design and scoping missions in international health. Selected examples of our experience in this field are:

Design of DFID's support to the current 5 year health plan in Bangladesh (€95 million) including development of Sector Wide Management, public private mix, strengthening medical and nursing education, strengthening hospital management and support to the NGO sector.

Design of a 5-year National Reproductive Health Programme in Cambodia incorporating extensive contracting out to the NGO and private sectors, mother and child package development and user charges.

Participation in the project design mission to develop a €24.5 million programme for DFID support as part of the national response to HIV in Vietnam. The activities focussed on building central and provincial Government capacity, social marketing of condoms, targeted interventions to highly vulnerable groups, and harm reduction among injecting drug users.

Reviewing the development of urban health services in China and identifying whether there was scope and justification for DFID to fund a project there. The team identified the major issues in urban health including severe cost escalation due to unnecessary and expensive treatments; falling coverage of health insurance arrangements; and poor quality of community level services. There was a particular focus on identifying and addressing barriers to access by the poor. The purpose of the proposed project would enable the Chinese Government to develop comprehensive primary health care services that can be accessed by the urban poor and can be sustained by local resources. The team recommended that DFID consider a project to support improvement in primary care services including communicable disease control and provision of other basic services.

◇ **Policy Analysis and Development**

The Institute is consulted for policy analysis and advice by Governments and has been commissioned to write numerous papers on a variety of topics including:

- **Background document** for the UK Government Cabinet Office on the importance of health systems deficiencies as constraints on global HIV, TB and malaria programmes.
- **Discussion paper** for the Swiss Development Corporation on trends in international health that was used to inform development of a new health policy for the Swiss Government.
- **Review of lessons** from primary health care development in former Soviet Union countries.
- **Review of SWAps** experience for the OECD.

Additionally, the following work was undertaken on behalf of the DFID Health Systems Resource Centre:

- Contributions to a paper for DFID on the practical implications of introducing budget support.
- A briefing on the purpose of Poverty Reduction Strategy Papers and the implications for health issues.
- Support to the Global Fund to fight HIV/AIDS, TB and Malaria on policy, governance, and monitoring and evaluation.

◇ **Professional Learning Programmes**

The HLSP Institute is an established provider of a range of Professional Learning Programmes in health sector development and health systems management. These include:

- Technically supported visits / study tours that provide delegates with an opportunity to see, question & evaluate concepts and practicalities of health system management.
- Tailor-made short courses.
- Workshops and seminars.
- Secondments and working attachments to UK health organisations and other countries.

Our experience in this area includes:

- **Seminars** commissioned by the Inter-Agency Group on Sector Wide Approaches for the country level staff of development agencies to review experience and develop common understanding on implementation of SWAps.
- **Training for DFID staff on SWAps and Budget Support** including the implications for DFID policies and implementation.
- **Workshops** for the Global Alliance for Vaccines and Immunisation Financing Task Force to help prepare countries to develop financial sustainability plans.
- **Organisation of over 100 study tour programmes** for delegates from more than 30 countries. Topics have covered a range of themes including reforms and developments in the UK health service, sector financing, health needs assessment and evidence based medicine.