THE Rockefeller Foundation

EVALUATION OFFICE

Lessons from The Rockefeller Foundation's Transforming Health Systems Initiative

Country Case Study Brief

Bangladesh

In seeking to expand universal health coverage (UHC) in low- and middle-income countries, The Rockefeller Foundation's Transforming Health Systems (THS) initiative has promoted development of country-specific models for change that also have potential to influence and inform reforms in other countries. The THS initiative has invested $115 million in grants at the global, regional, and country levels.

The pluralistic nature of Bangladesh's health system and the increasing availability of care options across its public, NGO, and private for-profit sectors have contributed to impressive health gains in the country over the last few decades. However, Bangladesh continues to face significant health sector challenges due to gaps in the availability and quality of health care, and significant inequalities in access to services. Several factors contribute to these gaps, including shortages of trained health care professionals, poor infrastructure and weak health information systems. In addition, many Bangladeshis face substantial financial barriers to care. Although public sector health services are technically free at the primary care level and subsidized at higher levels of care, out-of-pocket spending on health care remains high.

The Government of Bangladesh (GoB) has made some progress in addressing these issues, with efforts to tackle human resource gaps and strengthen health systems data collection. These actions include developing national health workforce strategies that expand hiring and training, as well as initiatives to integrate and standardize data across various health information systems. There is also a renewed political commitment from the GoB to roll-out a national health insurance scheme. For example, in 2012, the GoB adopted its first national Health Care Financing Strategy and developed a Social Health Protection Scheme to increase access to affordable inpatient care. However, more still needs to be done to roll out a broader national health insurance scheme and implement other health system reforms that will put the country firmly on the path to UHC.

To support the GoB's and other partners' efforts to address key health system barriers to UHC, THS awarded country-level grants in all four of the initiative's work streams, with nearly half of the funding in Bangladesh falling under the UHC policy and advocacy work stream (see pie chart). THS grant

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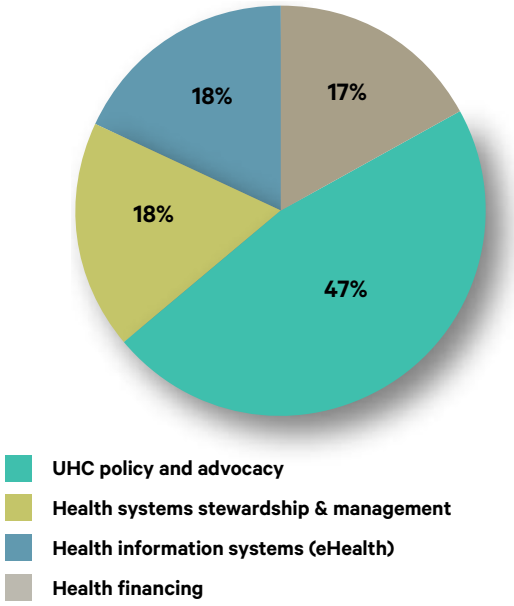
Overview of grant-making and key strategies in Bangladesh



activities in Bangladesh began in January 2009 and will continue through December 2015. As of July 2014, THS had awarded a total of 31 grants across 15 individual grantees.

THS country strategy

When THS began grantmaking in Bangladesh, it recognized two important and ongoing challenges: significant and wide-reaching health workforce constraints and weak health information systems. Health care professionals, especially nurses, were in short supply and many lacked training in key health care and health policy areas. In health informatics, many different actors and systems were collecting health care data, field staff received limited training on how to collect high-quality data and use it for program management, and data systems were not effectively integrated. THS grantmaking sought to address these health system issues by focusing investments on i) identifying gaps in health care training and providing training to current and future health sector professionals, ii) conducting assessments of existing health information systems and devising and implementing strategies to increase the reliability of management information systems data, and iii) introducing and disseminating the UHC concept to a variety of health sector stakeholders.

THS explicitly decided to work in Bangladesh with a "high risk" but potentially, "high reward" hypothesis. The Rockefeller Foundation selected Bangladesh as a focus country despite the absence of a strong national commitment to UHC and health sector "champions" because it calculated that its extensive connections with in-country stakeholders and the strength of the local NGO sector could address these limitations and foster growing national support for UHC. At the time this case study was conducted, leadership gaps within government and NGO partner institutions, as well as THS-related programmatic constraints, seem to have hindered progress in advancing UHC. Recently, however, there have been indications of increased government commitment to UHC, such as the expansion of the Health Economics Unit (HEU) within the Ministry of Health and Family Welfare (MoHFW), and cabinet discussions on proposing a new law based on the national Health Care Financing Strategy. THS efforts to increase UHC-related dialogue and its targeted inputs into the development and implementation of the national

Health Care Financing Strategy may have contributed to these advancements.[1]

THS outcomes

Notable outcomes resulted from this work, including the following:

Increased awareness and commitment to UHC

THS, along with other donors, has contributed to strengthening the commitment of the MoHFW's HEU to advancing UHC. THS-sponsored study tours to other countries have helped HEU expand its understanding of how a national health protection scheme might be designed and rolled out, and informed inputs into the national health care financing strategy. Trainings, study tours and dialogues supported by THS have also broadened the discussion on UHC – expanding from the HEU and a few influential donors and NGOs to include Members of Parliament, journalists and a variety of urban and rural stakeholders. Moreover, Bangladesh is now an Associate Member of the Joint Learning Network for Universal Health Coverage (JLN), with HEU as the main country representative – further indication that the country is interested in learning how it can implement UHC.[2,3]

Contributed to improving and standardizing training at medical education institutions

THS activities that focus on health care education are helping to build the capacity of future health care professionals. For instance, with THS support, the nation's premier postgraduate medical institution, Bangabandhu Sheikh Mujib Medical University (BSMMU), developed a curriculum for its Master of Public Health degree, which has been adopted by six other academic institutions and is now a requirement for anyone seeking to join a government institute as a public health specialist.

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Contributed to the development of technological infrastructure for integrating health information systems

To help build a reliable and useful health information system in Bangladesh, THS supported the design of a systems architecture that would integrate data from a variety of different health sector information systems. As part of this effort, it supported eHealth scenario-planning workshops that encouraged the MoHFW to be forward-looking in building a unified systems architecture that integrates data from a variety of sources across the ministry, other parts of the government and the private sector.

THS lessons learned

Significant lessons the Foundation learned in Bangladesh about this work include the following:

Country-level progress on the UHC agenda requires consistent, committed and cross-sectoral government leadership. Moving the UHC agenda forward requires a strong institutional push from a cross-government coalition, which was lacking in Bangladesh at the time the case study was conducted. It is particularly important to include the Ministry of Finance in the dialogue, as it controls the health budget, and any policy reform will typically require fiscal negotiations and shifts. However, since the case study was conducted, there appears to have been a shift in the Ministry of Finance's understanding of the importance of UHC, as

1 This information was provided by Rockefeller Foundation Transforming Health Systems initiative staff to Mathematica after the case study was complete.

2 JLN is a country-led network where practitioners and policymakers co-develop global knowledge and tools that focus on the practical "how to's" of achieving UHC. To learn more see: http://jointlearningnetwork.org.

3 This information was provided by Rockefeller Foundation Transforming Health Systems initiative staff after the case study was complete.

signaled by the Minister indicating full support for UHC in his plenary speech at the UHC Conference in Dhaka in April 2015.[4]

A targeted and unified vision across partners, as well as a country strategy with finite outcomes, are critical to leveraging small and diverse investments. Grantmaking in Bangladesh was opportunistic and designed to leverage The Rockefeller Foundation's extensive pre-existing network. However, as a result, grants often focused on conducting activities rather than achieving outcomes, and were not well-integrated, in part because they were addressing a wide variety of issues. Developing an overarching country strategy that identifies activities, outputs, and outcomes can help ensure that grants are well-aligned and target common objectives. Building a shared understanding of program priorities across grantees can strengthen linkages and ensure that the initiative stays on track to achieve its objectives.

A strong champion outside the government can ensure sustained attention to the UHC agenda. Fragmentation in the grant portfolio could have been addressed to some extent by a strong local organizational lead, which was difficult to establish in Bangladesh due to capacity and leadership constraints. An organization in this role would ideally be able to coordinate across grantees, support implementation of a unified strategy targeting long-term UHC-related outcomes, and engage in ongoing advocacy efforts around strengthening health systems and UHC.

[4] This information was provided by Rockefeller Foundation Transforming Health Systems initiative staff to Mathematica after the case study was complete.

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Country Case Study Brief

Ghana

In seeking to expand universal health coverage (UHC) in low- and middle-income countries, The Rockefeller Foundation's Transforming Health Systems (THS) initiative has promoted development of country-specific models for change that also have potential to influence and inform reforms in other countries. The THS initiative has invested $115 million in grants at the global, regional, and country levels.

Ghana was among the first countries in Africa to adopt universal health coverage (UHC) as a policy goal and has made significant political, legislative, and fiscal commitments to achieving it. Key components of UHC – including ensuring universal and equitable access to quality care and financial protection – are long-standing national priorities. They have been consistently featured in key health sector and economic development policy frameworks and strategies, whose objectives include improving health outcomes, reducing inequalities, offering financial protection, and ensuring responsive, efficient, equitable, and sustainable service delivery systems. To achieve these objectives, Ghana has undergone significant health sector reforms, including the 2003 introduction of the nation's first National Health Insurance Scheme (NHIS), which increased insurance coverage from 1 percent in 2004 to roughly 34 percent in 2012.

Despite this progress, NHIS has faced challenges that have hampered its effectiveness as a vehicle for achieving UHC. Roughly 65 percent of the population is still not covered by the NHIS, mainly because of high premium rates, lack of public understanding of the scheme and difficulty identifying the poor under NHIS's exception policy. NHIS also faces serious financial sustainability issues, which threaten gains made to date. The Government of Ghana (GoG) has publicly acknowledged and shown commitment to addressing the many issues confronting the NHIS, and recently initiated several measures to contain costs and reduce fraud under the program. The GoG has also acknowledged that strengthening the NHIS requires a comprehensive reform agenda that addresses persistent gaps in access to and quality of care. Over the past decade, the government has increasingly looked to the non-state sector to help address these gaps, and developed some public-private partnership arrangements. But capacity and resource constraints have limited the government's progress in effectively leveraging the private health sector.

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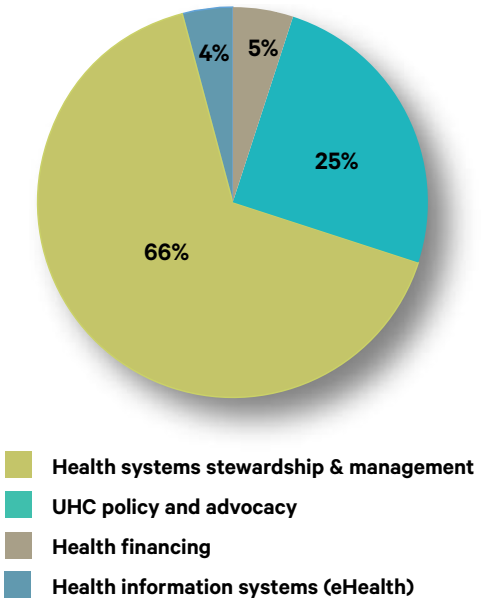
Overview of grant-making and key strategies in Ghana



To support the GoG's efforts to strengthen the NHIS and achieve UHC, THS awarded grants in all four of its work streams, with a particular focus on activities to strengthen health system stewardship and management capacity (see pie chart). THS's activities in Ghana began in September 2009 and will continue through 2016. As of March 2014, THS had awarded a total of 13 grants to 9 individual organizations.

THS country strategy

Ghana's strategy to address gaps in access to health care has included efforts to increase the participation of private providers in the NHIS by reimbursing accredited providers in the private sector for services delivered to NHIS members. While accreditation is automatic for public sector facilities, private providers must undergo an accreditation process. As a result, many private providers are still not accredited due to capacity and resource constraints within the Ministry of Health (MoH) and NHIS.

Following the introduction of the country's first private health sector policy in 2003, the International Finance Corporation's (IFC) Health in Africa (HIA) initiative began working in Ghana to support the development of the private sector in health. The Foundation saw IFC's HIA work in Ghana as an excellent opportunity to partner with IFC and leverage its work in the private sector to advance UHC. It has supported UHC advancement in the country through interventions largely focused on building the public sector's capacity to steward and manage a mixed public-private health system. In 2009, THS awarded its first country-level grant to IFC to support a comprehensive assessment of the private health sector. The assessment, published by the World Bank in 2011, identified several areas of action to support private sector development and public-private collaboration in the health sector.

Through a grant to the MoH, THS went on to fund three of these action items, including: i) building the capacity and influence of the MoH's Private Sector Unit, ii) developing a new national private health sector development policy, and iii) creating a platform to facilitate the engagement of the private sector in the policy progress. This platform became the Private Health Sector Alliance of Ghana (PHSAG), an umbrella organization of private sector stakeholders.

THS outcomes

Notable outcomes resulted from this work, including the following:

Strengthened public sector capacity to steward and manage a mixed health system

THS's early focus on identifying influential country-level partners and scoping activities was strategic and important in developing and refining its country-level strategy. When THS started investing in Ghana, relatively few donors were focused on increasing the MoH's

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capacity to steward and manage the health sector, particularly the private sector. THS intentionally targeted this gap through training, technical assistance and staff support to the MOH's Directorate of Policy, Planning, Monitoring and Evaluation, and through support for the development of a new national private health sector development policy. It also supported a number of discrete activities aimed at building public sector capacities, including the development of tools to strengthen accreditation processes, technical assistance to the National Health Insurance Authority (NHIA), and support for the creation of a doctoral program in health leadership at the University of Ghana's School of Public Health.

Increased policy dialogue around UHC issues

THS grants to date have supported roughly 20 conferences, meetings and policy dialogues focused on UHC issues, as well as over 15 reports, concept notes, and policy briefs to build the evidence base for UHC-oriented reform efforts in Ghana. Case study data suggest that one of THS's most far-reaching and visible agenda-setting efforts was its support of the First Pan-African Health Congress: Creating a Movement for Universal Coverage in Africa through Health Insurance. Held in 2011 this reportedly was the first time the term "universal health coverage" was used widely across the range of health sector stakeholders.

Strengthened NHIS and Joint Learning Network (JLN)[1]

The JLN cross-country networking and learning platform is well regarded among Ghana's JLN members and has helped the NHIA address several issues facing the NHIS. For example, the NHIA drew on India's experience implementing biometric identification cards to inform the integration of similar cards into the NHIS. JLN members in Kenya and Ghana also collaborated to develop the NHIA eClaims management system. Ghanaian members of the JLN's information technology (IT) track then attended an IT track core working group convening in Dubai where they shared their experiences in developing a common eHealth standard with other JLN members.

[1] JLN is a country-led network where practitioners and policymakers co-develop global knowledge and tools that focus on the practical "how to's" of achieving UHC. To learn more see jointlearningnetwork.org.

THS lessons learned

Significant lessons the Foundation learned in Ghana about this work include the following:

Identifying and focusing on specific, high-impact health system levers can enhance grantmaking effectiveness under resource- and time-constrained initiatives. From a funding perspective, The Rockefeller Foundation is a relatively small player in the Ghanaian health sector. However, the Foundation identified a key health system strengthening lever – private health sector development – that aligned with country priorities and needs and THS outcomes. Focusing initial grantmaking on this lever enabled THS to gain traction and recognition in Ghana.

THS's grantmaking approach did not systematically build or leverage linkages among grantees, or develop a shared understanding of the initiative's objectives. Grantees in Ghana mostly worked in silos with little or no knowledge of other organizations in Ghana receiving Rockefeller Foundation funding, or of how their work fit into the THS initiative. However, despite little familiarity with initiative-level goals, many grantees were able to articulate how their work aligned with overall health system strengthening and UHC work in Ghana.

Health system transformation toward UHC is a long-term and ambitious endeavor that requires sustained effort, investments, and transition planning. The goal of THS – to advance and ultimately achieve UHC – is highly ambitious for a nine-year initiative. The amount of time and level of investment needed to move the needle on UHC at the country level is substantial and will exceed THS's lifespan and resources. It would be useful for the Foundation to work more closely with grantees on transition planning to ensure that the valuable contributions THS has made to the health sector of Ghana are sustained.

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Country Case Study Brief

Rwanda

In seeking to expand universal health coverage (UHC) in low- and middle-income countries, The Rockefeller Foundation's Transforming Health Systems (THS) initiative has promoted development of country-specific models for change that also have potential to influence and inform reforms in other countries. The THS initiative has invested $115 million in grants at the global, regional, and country levels.

The Government of Rwanda (GoR), with donor support, has undertaken a number of reforms aimed at strengthening its health sector and achieving universal health coverage (UHC). The 2003 launch of a national community-based health insurance (CBHI) program – a key component of efforts to achieve UHC – sought to provide universal access to quality care and financial protection against illness, particularly among informal sector workers. Through the introduction of the CBHI program, health insurance coverage increased from 7 percent in 2003 to 91 percent in 2010, with coinciding increases in health service use, declines in out-of-pocket health care expenditures, and improvements in health indicators.

Although the CBHI program has faced financial and programmatic challenges over the years, recent revisions to the CBHI system show promise in addressing these challenges, resulting in increases in revenue and improvements in equity. In addition, as part of its broader agenda supporting UHC advancement, the GoR has also made a significant effort to use information and communications technology (ICT) to transform the country's health care system, as well as performance-based financing and reporting mechanisms to improve health sector management and service delivery.

The Rockefeller Foundation's Transforming Health Systems (THS) initiative has been helping to advance the GoR's efforts to achieve UHC through these reform vehicles. THS's grant activities in Rwanda began in October 2009 and continued through mid-2015. As of May 2014, THS had awarded a total of 11 grants to 7 organizations in Rwanda, in three of THS's four work streams – health information systems (eHealth), health system stewardship and management, and health financing – with the majority falling under the eHealth work stream (see pie chart on Page 2).

THS country strategy

In the early 2000s, the GoR committed to ICT as a development strategy that included investment in eHealth and technology platforms. At the same time,

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The Rockefeller Foundation was developing a vision for eHealth as a valuable resource for supporting UHC globally. In 2008, a month-long conference, Making the eHealth Connection, hosted by The Rockefeller Foundation at its conference center in Bellagio, Italy, was attended by the President of Rwanda, signaling his government's commitment to building the country's eHealth infrastructure.

THS has made important contributions to building local capacity in Rwanda for stewardship and management of eHealth systems, as well as the development of eHealth tools aimed at improving health system management and service delivery. With THS support, Rwanda established an eHealth Secretariat within its Ministry of Health (MoH), and an eHealth Centre of Excellence to build country capacity to design, implement, and sustain innovative eHealth reforms. THS also created a Centre of Excellence in Health Systems Strengthening (CoEHSS) at the National University of Rwanda School of Public Health to strengthen broader capacities around health sector management and reform processes.

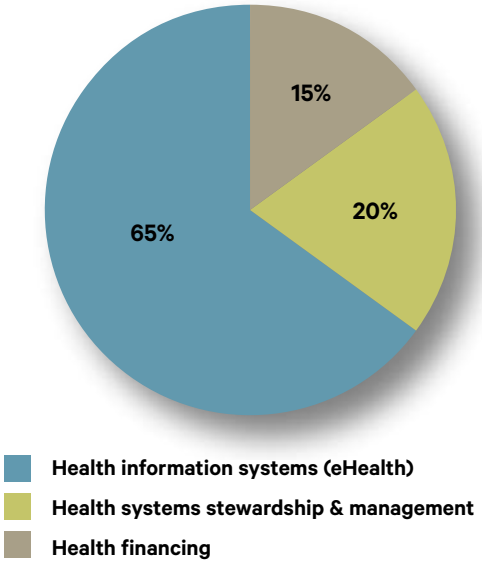
THS outcomes

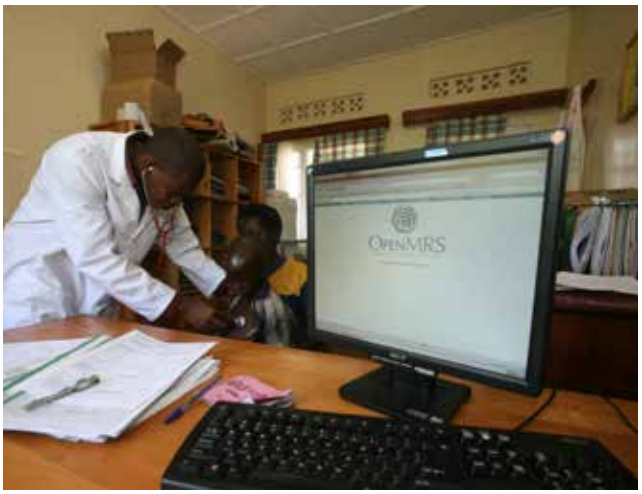
Notable outcomes resulted from this work, including the following:

Improved capacity to develop and implement sustainable eHealth solutions

THS has made important contributions to eHealth capacity-building and the development of key eHealth technology architecture. Although several donors work in the eHealth space in Rwanda, the Foundation's investments addressed an unmet need for increased local capacity for stewardship and management of eHealth systems. Key THS outcomes included the establishment and institutionalization of an eHealth Secretariat within the MoH to guide and support implementation of the country's eHealth Strategic Plan (2009-2014), and the development of an informatics training program within the eHealth Centre of Excellence to strengthen national competency and capacity to support and sustain eHealth efforts.

Overview of grant-making and key strategies in Rwanda





Increased efficiency in complementary global and country strategies

THS's investment strategy in Rwanda developed out of and effectively leveraged several of THS's global-level investments designed to support greater use of technology tools for strengthening health systems in low- and middle- income countries. For example, global-level THS investments in the development of an OpenMRS platform and eHealth architecture framework in developing countries led to the creation of a customized OpenMRS electronic medical records (EMR) system in Rwanda and a Rwandan Health Enterprise Architecture (RHEA). THS country-level grants supported the implementation of RHEA in one district and the national roll out of an OpenMRS EMR system for primary care.

RHEA (now Rwandan Health Information Exchange) is in the process of being scaled-up nationally with donor support. THS grantee Partners in Health will continue to support the roll out and expansion of the OpenMRS EMR system, in collaboration with the MoH.

Scaled-up and sustainable results

Nearly all THS/Rwanda grant proposals include sustainability plans, with most indicating that grantees planned to extend, operationalize, scale-up or institutionalize grant outputs, often with support from the MoH. In several cases, steps toward sustainability have been made. The MoH, for example, transitioned funding for the eHealth Secretariat from Rockefeller Foundation grant funding to the MoH's annual budget. The GoR also plans to provide funding for the eHealth Centre of Excellence. A CBHI financial modeling tool developed with THS funding has been transitioned to the MoH, with plans to transform it into a web-based tool with donor support. The U.S. Centers for Disease Control and Prevention (CDC), U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the U.S. Agency for International Development (USAID) are reportedly supporting further scaling-up of the Rwanda Health Information Exchange, and Partners in Health continues to support the MoH in rolling out and expanding the functions of the OpenMRS EMR platform.

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THS lessons learned

Significant lessons the Foundation learned in Rwanda about this work include the following:

Leveraging synergies between global and country grantmaking, and between grant and non-grant activities can increase the efficiency and effectiveness of initiative investments. THS's strategy of leveraging synergies and complementarities across its global and country-level activities to support country-level reform efforts proved successful in Rwanda. Global investments aimed at setting a global eHealth agenda, building momentum for the integration of technology in health systems, and developing interoperable eHealth platforms and tools had direct effects on eHealth development in Rwanda. Combined with support under THS's country-level grants and from other partners, THS was able to make valuable contributions to Rwanda's eHealth space.

Identifying countries and partners with pre-existing interest in and commitment to THS's priorities can improve initiative effectiveness. The MoH's extensive experience experimenting with and implementing CBHI, performance-based financing and other health sector reforms, combined with its strong cross-sector commitment to using ICT to drive the country's development, created a strong enabling environment for THS and for leveraging The Rockefeller Foundation's existing (and growing) expertise in eHealth. The MoH's distinctive eHealth experience and leadership helped align the THS strategy with national priorities.

Scaling up and institutionalizing eHealth tools is not a short-term endeavor and concrete effects on health sector performance take significant time to emerge. The amount of time and level of investment required to develop, implement, and scale-up eHealth tools, and to build and sustain capacity to support these tools, is substantial and extends well beyond THS's lifespan and level of resources. The Rockefeller Foundation's strategy has focused on seeding and providing foundational support for eHealth innovation and scaling-up. While relatively successful in Rwanda, this strategy does not guarantee that the tools and capacity-building institutions supported under THS can be fully operationalized and sustained after their grants have ended.

Country Case Study Brief

Vietnam

In seeking to expand universal health coverage (UHC) in low- and middle-income countries, The Rockefeller Foundation's Transforming Health Systems (THS) initiative has promoted development of country-specific models for change that also have potential to influence and inform reforms in other countries. The THS initiative has invested $115 million in grants at the global, regional, and country levels.

The Government of Vietnam has undertaken several major reform efforts to advance universal health coverage (UHC), with a particular focus on increasing access to public health insurance. In the early 1990s, the government began establishing a variety of health insurance schemes to improve health coverage and provide financial protection for formal and informal sector groups and the poor. The 2009 Social Health Insurance (SHI) Law integrated several of these schemes into a single national program and set a universal target of 80 percent coverage by 2020. As of 2012, 67 percent of the population was covered by health insurance, with 60 percent of those insured accessing coverage at no cost or a subsidized rate.

Despite rapid increases in enrollment over the last decade, achieving UHC with SHI has been challenging. Coverage among the near poor and informal sector workers remains low, and household out-of-pocket payments for health care remain high. Improving financial protection under SHI and achieving universal coverage will require further government subsidization of the SHI program, as well as broader health system reforms. To this end, the government has made several efforts over recent years to reduce inefficiencies and create cost savings in the health system, with a growing focus on provider payment reform. In 2004, the government introduced capitation-based payments[1] at the primary-care level to address inefficiencies in resource use and inequities in service provision caused by fee-for-service payments, the dominant form of payment at health facilities. However, the shift to capitation has not resolved equity issues, in part because of the design of the capitation system. Recognizing this, the government is committed to reforming capitation at the primary care level, and

[1] Capitated payment systems are based on a payment per person, rather than a payment per service provided.

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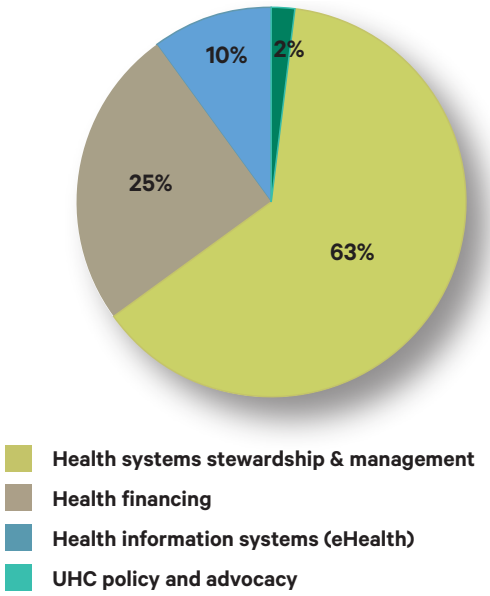
Overview of grant-making and key strategies in Vietnam



is also exploring the use of diagnostic-related group[2] (or case-mix-based) payment systems at secondary and tertiary hospitals.

The Transforming Health Systems (THS) Initiative has supported Vietnam's efforts to achieve UHC by funding activities in three out of its four work streams, with almost two-thirds of all grant funding falling under the health systems stewardship and management work stream (see pie chart). THS's grant activities in Vietnam began in September 2009 and will continue through 2017. As of July 2014, THS had awarded a total of 16 grants to 10 individual organizations.

THS country strategy

When THS began investing in Vietnam, the government was actively looking for ways to expand coverage, improve financial protection, and reduce inequalities under its SHI program. It was particularly focused on improving the provider payment system. It had also supported several capitation pilots over the past decade, developed the beginnings of a diagnostic-related group payment system, and sought to learn from other countries' reform experiences. Despite these efforts, limitations in the design of the payment system continued to have negative implications for health care equity. In addition, local health sector stakeholders did not have the technical know-how needed to address those limitations in an evidence-based and comprehensive manner.

To propel UHC reforms forward, THS has supported research efforts that aim to inform provider payment reforms, as well as capacity-building activities for local health sector stakeholders. THS effectively identified and targeted an unmet need for rigorous data collection and analysis to guide the provider payment reform process. Leveraging country-level grants, as well as technical assistance activities and products under The Rockefeller Foundation-supported Joint Learning Network for Universal Health Coverage (JLN),[3] THS has supported efforts to assess Vietnam's current mix of payment systems, collect the cost data needed to calculate capitation rates across geographic areas and population groups, and design and test alternative capitation methods to inform revisions to the existing capitation system. In addition, THS has addressed gaps in local capacity for evidence-based policy formulation, implementation, and management. It has sought to build expertise in health sector planning and management, as well as technical research and evidence generation to inform policy making. Overall, THS grant activities have strengthened linkages among key health sector organizations, transforming what were mainly

[2] With a diagnostic-related group payment system, a hospital would be paid a single amount based on a patient's diagnosis, rather than on what it did to treat the patient.

[3] JLN is a country-led network where practitioners and policymakers co-develop global knowledge and tools that focus on the practical "how to's" of achieving UHC. To learn more, see jointlearningnetwork.org.

personal connections into more functional relationships, and highlighted the value of evidence as a key factor in guiding policy reform.

THS outcomes

Notable outcomes resulted from this work, including the following:

Built capacity of academic and research institutions to participate in policy-making processes

Education and training opportunities provided under THS have helped to strengthen the professional and technical capacities of academic and research organizations. These opportunities have enabled staff to engage meaningfully in policy dialogue and research efforts on health systems, health financing, and health information systems, while training students to eventually take on those roles. The creation of the Center for Health Systems Research (CHSR) at the Hanoi Medical University, which serves as an active training vehicle for academics, government officials, and health professionals represents a key outcome in this area.

Strengthened government capacity in health system management and planning

THS has helped develop health sector planning and management capabilities at various levels, a need prioritized by the Ministry of Health (MoH) and other development partners. THS's contributions have included support for a number of training courses at the national, provincial, and hospital levels, support for tools and assessments to guide provincial-level planning efforts, and development of health sector work plans. THS-supported trainings have continued with donor and MoH funding, and THS-supported work plans and planning tools, including a framework for health planning at the provincial level and a master plan for UHC, have been adopted by the government.

Increased support for the provider payment reform process

THS identified well-defined data gaps that were impeding provider payment reform and strategically connected the Health Strategy and Policy Institute (HSPI), a strong country-level grantee, with regional resources available

through the JLN to fill these gaps. This led to evidence generation that has strengthened awareness of the need for provider payment reforms, increased technical knowledge about reform models, and shaped the design of alternative capitation models, which have been piloted in four sites. Under a THS grant awarded in 2014, results from the pilot will be analyzed and used to inform the reform of the SHI Law.

Generated evidence to shape universal health insurance policies

Under a grant to the MoH, THS supported development of a UHC "roadmap", which was submitted to the government in late 2012. This roadmap is now the official plan for the roll-out of national health insurance, approved by the Prime Minister in 2013. THS also supported a study of low SHI enrollment rates among the near poor, which recommended that government subsidization of insurance premiums for the near poor be increased from 50 to 70 percent – a recommendation the Prime Minister approved. Currently, the MoH is redesigning the SHI benefits package per the SHI Law, and HSPI is playing a crucial role in that process.[4]

THS lessons learned

Significant lessons the Foundation learned in Vietnam about this work include the following:

Targeting existing national priorities which have active support from key government players and

[4] This information was provided by Rockefeller Foundation Transforming Health Systems initiative staff to Mathematica Policy Research after the case study was complete.

which strong country-level partners have the capacity to address, can position country-level programming for strong policy-level impact. Given the time-bound nature of the THS initiative, the Foundation was strategic in concentrating its UHC reform efforts on provider payment reform, which is required by the SHI Law and strongly supported by influential MoH leaders. Government commitment to provider payment reforms, coupled with the presence of HSPI – a strong local partner with interest in and the capacity to support the reform process – created an enabling environment for relatively small, strategic investments to influence the policy process within the THS initiative's lifespan.

Pairing international technical experts with local high-capacity research organizations can yield relevant and useful outputs. THS skillfully connected its regional and country-level grantees to ensure that its evidence generation effort had two key ingredients for success – extensive local research capacity and deep technical knowledge and expertise. THS's provider payment work represents the outcome of the timely alignment of several complementary trends: i) the MoH was displaying a strong interest in increasing the efficiency of its payment mechanisms, ii) the JLN was preparing to engage with its country partners on capitation reforms, and iii) The Rockefeller Foundation had developed a relationship with HSPI though the MoH and identified its potential to contribute to policy reform. THS adopted a similar approach in its efforts to build local capacity for UHC-related priority setting, whereby local academic and research partners supported by THS were paired with regional grantees, such as the UK's National Institute for Health and Care Excellence International (NICE International) and Thailand's Health Intervention and Technology Assessment Program (HITAP). Drawing on technical support provided by NICE International and HITAP, these local partners are currently engaged in joint research on priority health conditions and treatments which will inform revisions to the SHI benefits package.[5]

Institutional capacity-building grants may lay the groundwork for future impacts on health system reforms, but often will not produce immediate, concrete outcomes unless they are closely tied to the policy process. THS's institutional capacity-building grants have helped strengthen organizations and allowed grantees to test new ideas and launch new initiatives – such as a new civil society network on health equity created under a THS grant. Some of THS's seeding efforts are being carried forward with donor assistance. While these activities represent important steps toward building a sustainable foundation for UHC in Vietnam, they have not always produced outputs with direct and close links to policy outcomes. In contrast, THS's investments to build the infrastructural and operational capacity of HSPI, which have a strategic focus on a particular reform effort, are more likely to yield measurable influence on policy outcomes in the short term.

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