HEALTH POLICY PROJECT



Empowering people, transforming lives, for lasting change

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A Tanzanian woman goes to a health facility. What can she expect?

Hard to Reach



She and ³/₄ of the mothers in her village will travel more than 5km to a health facility



Worker Shortage

A 50/50 chance of having her baby delivered by a skilled attendant



Medicine Shortage

Only 2 out of 5 health facilities will have the drugs she needs



Poor Outcomes

A 40% chance of dying from complications of childbirth



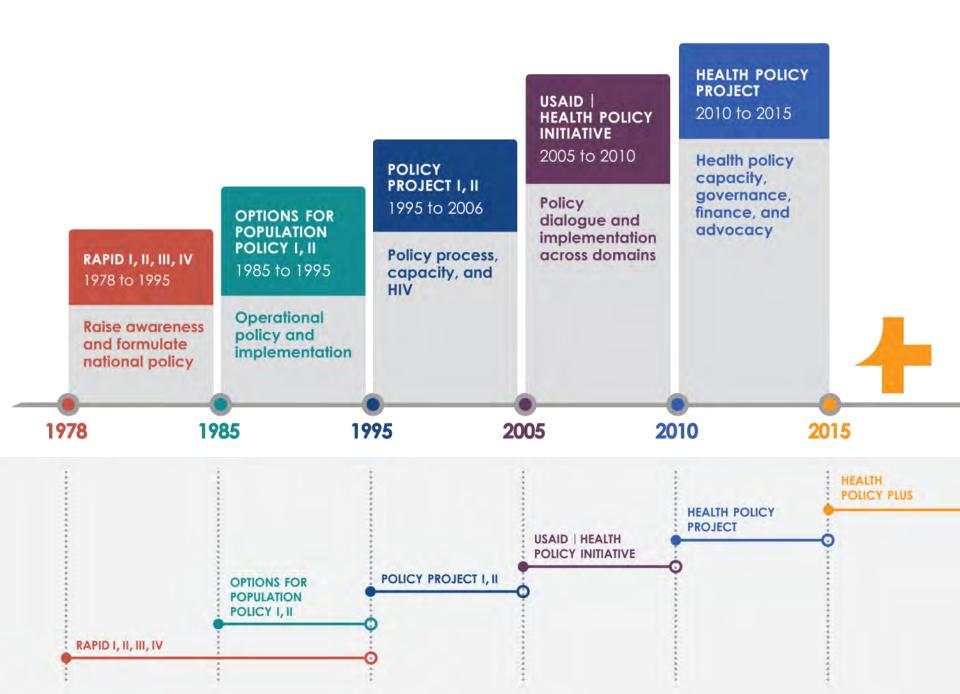
Lack of Services

Only 1 out of 5 health facilities will have emergency obstetrics care



High Fees

1 in 4 women like her don't seek care when they need it because it's too expensive





HPP in demand

Sept. 30, 2010– Sept. 29, 2015

5

YEARS

CORE: 26% **FIELD**: 74%

153M

USD



POLICY PAYS OFF Health Policy Project IMPACT (2010 to 2015)







over 375 partners collaborated 49 policy monitoring and accountability mechanisms established 105 Policies & Plans Adopted



GUATEMALA

Governance



AFGHANISTAN Stewardship



KENYA

Policy Development and Implementation and Resource Mobilization

GUATEMALA GOVERNANCE IN ACTION

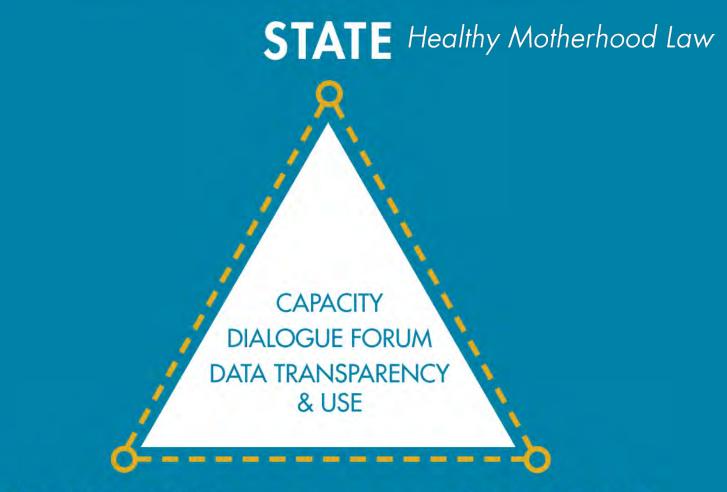
Sustainable, predictable **financing**

Formalized subnational civil society engagement ensures cross-sectoral policy implementation

Open data fosters greater government **accountability**

Operationalization of safe motherhood law

GUATEMALA: HOW?



PROVIDER

7 new maternity clinics

CITIZENS

Culturally appropriate health services

AFGHANISTAN BY THE NUMBERS

829,000 -• Couple-years protection provided 48,000,000 Health products distributed People oriented on healthy practices through community-based outreach 13,600 Private hospitals applying Minimum Required Standards for quality 41 New private sector association members 701,74 • Total DALYs averted

AFGHANISTAN: HOW?



Generate Intelligence



Strategic Policy Directions



MoPH Structures to Achieve Strategic Goals



Relationships and Partnerships



Regulatory Framework



Accountable and Transparent Policy Processes

KENYA BY THE NUMBERS

Global Fund resources mobilized \$427,000,000 for priority diseases \$30,000,000 Domestic resources mobilized for HIV commodities and services Domestic resources mobilized for \$500,000 family planning commodities 26% Increased uptake of institutional deliveries 75% Increased uptake of ANC services 44% O Increased use of maternity services All counties established five-year strategic plans

KENYA: HOW?



Evidence-based Decision Making



Strengthened Capacities at the Decentralized Levels



Financial Resources for Priority Health Services



Accountable and Transparent Policy Processes

Using models we estimate



HIV-related deaths averted using the HIV Investment Case

Populations

Women and girls, men and boys, rural and urban poor, key populations, LGBT, youth, others

Capacity & Sustainability

Individual, institutional, systems

Pillars

Policy, financing, advocacy, and governance

Levels

Global, regional, national, subnational, local community, facility

Stakeholders

Clients, government, civil society, private sector, providers, multilaterals, donors

Health Goals FP/RH, HIV, MNCH, others

Health System Functions

Services, supplies, delivery systems, and information

Sociocultural, economic, political, geographic, sectoral

Context

A changed place cannot transform an individual, but a transformed individual can change a place.

Preserve the gains, accelerate the pace

Ensured Financial Protection

Her family and the community within which they live will thrive

Expanded Population Coverage

She will have access to high-quality services and will not be turned away





Increased Responsiveness

She will receive high-quality services



Improved Access to Essential Services

With access to family planning and respectful maternity care, she can raise a healthy family

HEALTH POLICY PROJECT



Thank You!

www.healthpolicyproject.com

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