HEALTH

DISEASE PREVENTION AND CONTROL
HEALTH SYSTEMS STRENGTHENING
STUDIES AND KNOWLEDGE TRANSFER
MATERNAL AND CHILD HEALTH & SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS
Challenges
In 2015, approximately 37 million people have been living with HIV. The Sub-Saharan countries are most affected – around one out of twenty is HIV positive. South- and Central-Asia are the second most affected areas. One third of the world’s population is infected with Tuberculosis (TB), with the highest prevalence rates again in Sub-Saharan Africa, and South- and Central-Asia.

Infectious diseases remain a major threat in developing countries. Diarrheal illnesses, HIV/AIDS, Malaria and TB are on the list of the top ten causes of deaths there. Prevention and control measures need to be combined in order to reduce death rates in the long run.

GFA approach
GFA’s Health Department has advised a variety of clients on the implementation of disease prevention and control projects. Long-standing experience has provided the company with the competence to take on complex tasks.

At all times the empowerment of the client is at the focus of the project. Capacity building, systems strengthening and advocacy are key elements of the GFA approach. The GFA Consulting Group assists local ministries, agencies and experts in developing and implementing their strategies and plans.

GFA services
GFA assists local clients in the fields of disease prevention and control. Consulting services are offered in the fields of HIV/AIDS and TB, multi-drug resistance prevention, treatment and control.

Individual clients are assisted in designing and customizing national prevention and treatment programs. Main fields of technical assistance in this regard comprise needs assessments that effectively target the issue at hand. Social marketing campaigns efficiently reach out to target groups over great distances.

Other services include the procurement of essential drugs and medical equipment that support local health facilities to offer quality health care services. Trainings of medical staff aim at the improvement of medical care in the project regions. Finally, monitoring and evaluation of the projects are key services of GFA.
HEALTH SYSTEMS STRENGTHENING

Challenges

WHO defines the term health system as the sum total of all organizations, institutions and resources whose primary purpose is to improve health. A good health system not only requires well-developed financing mechanisms, well-trained staff and good management, but also good infrastructure to deliver high quality standards regarding medicines and technologies.

Most developing countries lack at least two of the mentioned indicators of a good health system. Highly populated countries face particular challenges as they need to organize health coverage of much bigger population groups. This becomes a major financial problem if the proportion of the poor outnumbers the proportion of the middle-income or rich.

The means available to improve health systems in developing countries are generally limited, but there is still potential that can be tapped. Capacity development and measures strengthening health systems are applied to achieve this goal.

GFA approach

The mission of GFA is to provide access to quality health services for the poor. In many developing countries weak health systems infrastructure does not allow for high quality service delivery. For more than 20 years, GFA has therefore been assisting agencies, ministries and organizations in improving health systems in their countries.

GFA consultants work as project managers and technical advisors. Many years of hands-on experience qualify them to advise on multi-year and complex health system reform processes.

GFA services

The GFA Health Department offers a wide range of services in health systems strengthening, e.g. capacity development activities such as reforming and restructuring organizational setups, establishing legal frameworks and improving technical infrastructure. In addition, trainings and workshops on financial, strategic and quality management are offered to local staff. Health financing is another key element that aims at universal health care coverage. GFA assists ministries and organizations in project countries with technical and strategic inputs.

GFA also advises on optimizing daily processes in order to increase workflow effectiveness. In addition, GFA experts improve monitoring and evaluation tools, which ensure the detailed documentation of organizational processes.
C³ Training – Improving public health services worldwide

GFA Health Department and the C³ Training Unit collaborate in developing public health trainings, e.g. in safe blood transfusion services or HIV/AIDS at work. The latter case is outlined below and illustrates the core of C³ trainings.

The training consists of three modules designed in an interactive and participatory fashion suitable for local clients and project teams. The modules focus on the following themes:

- Working with HIV/AIDS in a local context: Prevention, diagnosis and treatment
- Living with HIV/AIDS: Self-reflection, soft skills and non-stigmatization
- Designing and implementing an HIV/AIDS program at one’s own workstation

The C³ training method has proven particularly valuable for discussing all public health related topics. The related trainings make use of approaches such as action learning, simulation exercises, group work, discussions and case studies.

Join-In-Circuit in Nepal and Central Asia

The Join-in Circuit (JIC) is an interactive educational tool, originally designed by the German Federal Centre for Health Education in the 1990s to strengthen HIV/AIDS prevention efforts. By now the interactive tool has been used in more than 25 countries worldwide within GIZ-supported Sexual and Reproductive Health and Rights projects.

In Nepal, Kyrgyzstan, Tajikistan and Uzbekistan, GFA has successfully implemented JIC as a key intervention to reach young people with information, discuss attitudes and promote healthy practices. GFA adapted the participatory tool to the cultural context of each country, trained non-governmental organizations in its implementation and scaling-up. More than 24,000 adolescents in Nepal and 15,500 adolescents in Central Asia could be directly reached this way.

Data Quality Audit (DQA)

After successful completion of the Data Quality Audit Framework with 20 audits all over the world, GFA signed a three-year contract for health facility assessments (HFA) in 2016. The HFA assesses the quality of health facility infrastructure and services to support planning, management, risk assessment and quality improvement of the health facility system. The areas of a HFA are: Service Availability, Management & Finance, Service Readiness, Quality & Safety of Patient Care and Data Quality. GFA finalised the first HFA in Zambia in 2016/2017.

Office of the Global Fund’s Inspector General (OIG) worldwide

The OIG mission assesses the effectiveness of current implementation arrangements concerning three aspects, i.e.

- the effectiveness and adequacy of The Global Fund’s strategy for grants identification,
- the assessment and mitigation of material risks,
- and all Global Fund processes to assess the capacity of Principal Recipients for new grants.
Monitoring EU support to public health institutes

Currently, GFA monitors operations in eight countries: Bangladesh, Burundi, DR Congo, Haiti, Kenya, Myanmar, People’s DR Lao, and Vietnam. EU support in national program implementation is monitored in a comprehensive manner. This increases the global coherence, efficiency and visibility of the public health institutes.

Feasibility studies in health systems development in Africa

The GFA Health Department feasibility studies explore how the national health systems can be strengthened most efficiently towards a common understanding among all major stakeholders. A study in Kenya analyzed financing strategies for the health system. The aim is to move towards Universal Health Coverage. Supporting the health system in general has been identified as the most efficient allocation of German resources. Efforts aim at creating possibilities of introducing a subsidized health insurance for the poor.

A Guinean feasibility study sought to explore the promotion of reproductive health and family planning. The need for financial consolidation, investments in midwifery and neonatal care, and capacity development of health providers and staff motivation were identified as the main challenges in the health sector. A GFA study team analyzed the Nigerien health sector in light of identifying areas in which the German investment would have the biggest impact. A closer look was taken at Sexual and Reproductive Health and Rights (SRHR) including family planning, HIV/AIDS prevention and child health. The target group was identified as the poor, women of childbearing age, and children and youth in rural and peri-urban areas.

Distance Learning worldwide

A worldwide web-based self-learning course Managing Health Facilities in Low-Resource Settings targets health specialists with management functions, particularly at hospitals. The GFA Health Department developed all story lines and contents including appropriate e-learning methods. Links provide participants with access to audio files and videos as well as extensive further reading materials. The course comprises four web-based training modules, each consisting 4-5 sub-units: Challenges of managing health facilities, introduction to human resource management and recruiting, quality management and safe services, and applied financial management.

GFA authored an e-learning course called “Pregnancy and Nutrition” as a complementary, self-study tool for student midwives in Cameroon; rolled out in all 10 state-approved midwifery schools and integrated into the national midwifery curriculum. The contents cover maternal nutrition including food and water hygiene, nutrition assessment tools for treatment and prevention, Behaviour Change Communication and effective Counselling Skills. The modules were produced graphically and technically by P-Didakt.”
Challenges

According to the Millennium Goals Report 2015, the worldwide maternal mortality ratio has declined by 45% since 1990. The global under-five mortality rate has dropped by more than half. Yet, the maternal mortality rate is 14 times higher in developing countries than in developed countries. Around half of all respective deaths occur in Sub-Saharan Africa and one third in South Asia. Together they account for 86% of all maternal deaths. Similarly, three million under-five deaths occur in sub-Saharan Africa and 1.8 million deaths in South Asia. In 2015, around 16,000 children under five are still dying every day. The leading causes of death are preventable causes such as pneumonia, malaria and diarrhoea.

Aggregate efforts have been made to reduce maternal and child mortality rates. Best practices show that interventions can be very simple and cost effective. For example, training traditional birth assistants and providing clean delivery kits have major impacts on the health of a mother as most deaths occur during birth or right afterwards. A case in point for interventions targeting child mortality are measles vaccinations. These programs saved almost 16 million deaths between 2000 and 2013.

Regarding Sexual and Reproductive Health and Rights (SRHR), cultural norms and stigmatization of contraceptive use are still major barriers in many developing countries. Family planning interventions have resulted in a worldwide increase of contraceptive use of 10% over the last 25 years.

GFA approach

Project ownership by the client is crucial to GFA. In order to ensure projects’ sustainability, GFA helps developing national capacities at all levels. Local clients taking in our consultancy services are predominantly ministries of health and social welfare. GFA has more than 30 years of hands-on and up-to-date experience in project management and implementation.

GFA services

GFA offers a wide range of services in this field. The ultimate goal is to reduce maternal, neonatal and postnatal mortality rates by providing access to quality health care and empowering women regarding SRHR. On-the-job trainings and workshops on topics such as Emergency Obstetric Care (EmOC), Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC) are developed and offered to local medical staff.

In order to raise target groups’ awareness on key health issues, adapted information, education and communication (IEC) campaigns are developed. Moreover, advocacy and capacity development are main elements of Medica’s services.
Background
Medica is the health department at GFA Consulting Group, staffed with internationally experienced health consultants in all strategic fields covered by the department: Maternal and child health, social and reproductive health and rights, health systems development, disease control, nutrition, and mental health. Medica’s consultants come from a variety of professional backgrounds, including medical doctors, nurses, biologists, economists, and other social scientists. The majority of our consultants have Master’s degrees in International and Public Health. To complement in-house skills, Medica hires national and international experts as needed. For long-term and short-term missions abroad, freelance experts are frequently contracted.

Specialization
Our consultants have solid expertise and comprehensive methodological competence in their fields of specialization. All have many years of experience in the implementation of projects and studies in low and middle income countries. The Medica team is fluent in German, English, French, Russian, Portuguese, Spanish and Dutch. Medica experts are familiar with the requirements of a variety of donors, incl. GIZ, KfW, EU, SDC, ADB, WB and TGF. Medica implemented projects and studies for donors in Africa, Asia, Europe, and Latin America. Short profiles of selected projects are available on the GFA website.

Consultants’ responsibilities
The responsibilities of each consultant at GFA’s Health Department are individual combinations of long-term and short-term expert missions, acquisition, and project coordination tasks.

Acquisition
All consultants are involved in various project acquisition activities within Medica. After a successful prequalification, consultants coordinate and draft technical and financial offers. In doing so, they analyze and develop concepts, form consortia with other firms, calculate financial offers and identify, select and present the best project staff available. Systematic national and international networking with clients, donors, partner firms and experts forms an important basis for successful acquisition work.

Project coordination
Project coordination is team work at GFA. Various departments contribute to successful project management. A project coordinator is responsible for the results of each project by assisting the project management staff technically, administratively, financially and personally. GFA project coordination is ISO 9001/2008 certified and therefore has highly standardized procedures for project management.

Medica long-term and short-term missions
Consultants are active as team leaders or specialized experts in permanent or intermittent multi-year assignments abroad. They also contribute their knowledge and expertise to successful project implementation and studies through regular backstopping visits and technical short-term missions.

Technical specialization
The health department offers technical assistance in six strategic public health fields: Maternal and Child Health (MCH), Sexual and Reproductive Health and Rights (SRHR), Disease Control, Health Systems Strengthening, Nutrition, and Mental Health:
Maternal & child health, nutrition & SRHR
Medica’s goal is to reduce maternal, neonatal and postnatal mortality rates by providing access to quality health care, improving nutritional status and empowering women regarding Sexual and Reproductive Health and Rights. On-the-job trainings and workshops are developed and offered to local medical staff. Topics are for instance Emergency Obstetric Care (EmOC), Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC). In order to raise the target groups’ awareness on key health issues, adapted information, education and communication (IEC) campaigns are developed. Moreover, advocacy and capacity building are main elements of Medica’s services.

Disease prevention & control
Medica’s technical assistance services in this field are prevention, treatment and control of HIV/AIDS, Malaria, Tuberculosis Multi-Drug Resistance and Non-Communicable Diseases. Individual clients are assisted in designing and customizing national prevention and treatment programs. Main fields of technical assistance in this regard comprise needs assessments to effectively target the issue at hand and social marketing campaigns to reach the target group efficiently over great distances. In addition, experts assist in the procurement of essential drugs and medical equipment, trainings of medical staff and web-based reporting. With Mental Health being part of the Sustainable Development Goals, closing the treatment gap and the prevention of neuropsychological disorders is of growing interest to GFA Medica.

Health systems strengthening
Medica offers a wide range of capacity building measures, for instance reforming and restructuring of organizational set-ups, establishing legal frameworks and improving the technical infrastructure. Trainings and workshops are extended to local staff in financial, strategic and quality management. Health financing is another key element on the way to reach Universal Health Coverage. All processes and procedures are documented in detail.

Studies & knowledge transfer
Medica provides services related to knowledge transfer and studies, e.g. C³ trainings, distance learning, feasibility studies, and health facility assessments.