GFA Consulting Group newsletter march 2013

Editorial

GFA is generally recognized for its excellence in agriculture, natural resource management, sustainable economic development and the provision of fiduciary services. But we also have a long-standing tradition in health projects and programs. It all started with a joint venture with the Tropical Institute of the Ludwig Maximilian University of Munich in 1998. GFA Medica, then a start-up, was transformed into a technical department of GFA Consulting Group in 2005. Today, the unit employs more than 50 consultants in Hamburg and abroad, and is active in a broad range of activities from funding aids prevention to health system reform.

The GFA Medica team has continuously expanded its technical qualification and knowledge through intensive field work, and gained from regular communication with GFA colleagues working in other business areas. The two articles of this newsletter show that successful interventions related to health care need more than sound medical expertise. Reliable management and financing mechanisms as well as appropriate communication strategies are important elements as well. Three project case studies showcase the integration of quality blood transfusion services into health-care systems of developing or transition countries. Two other projects are cases in point for innovative health financing schemes increasing the access of the poor to health services.

This newsletter provides an insight into reasons for GFA's successful development: We answer increasing interdisciplinary demands by knowledge management and communication networks that cross-cut department limitations.

Klaus Altemeier
Managing Director
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Blood is a Quite Peculiar Juice*

Blood products constitute a multi-billion Euro market at the borderline between commercial and public health interests. While public campaigns call for voluntary non-remunerated blood donations (VNRBD), one unit of red blood cell concentrate produced in Germany has an estimated market value of 85 euros. Quality blood transfusion services within health-care systems in WHO member countries are therefore a strong indicator for the existing differences between high- and low-income countries.

In public health a safe blood supply plays an outstanding role. In emergency care, haemorrhage accounts for over 25% of 530,000 maternal deaths annually, 99% of which occur in developing countries. Children with infectious and chronic diseases such as malaria are particularly vulnerable to shortages of blood because in the course of infection severe life-threatening anemia may occur. Regular therapeutic blood transfusion is also necessary for the about 300,000 infants born with thalassaemia and sickle-cell disease each year. Life-saving blood transfusions during the first 24 hours of treatment are life savers for many victims of road traffic accidents. HIV/AIDS specialists focus attention on blood transfusion as a significant route of HIV/AIDS transmission. Access to safe blood could help preventing up to one quarter of maternal deaths annually.

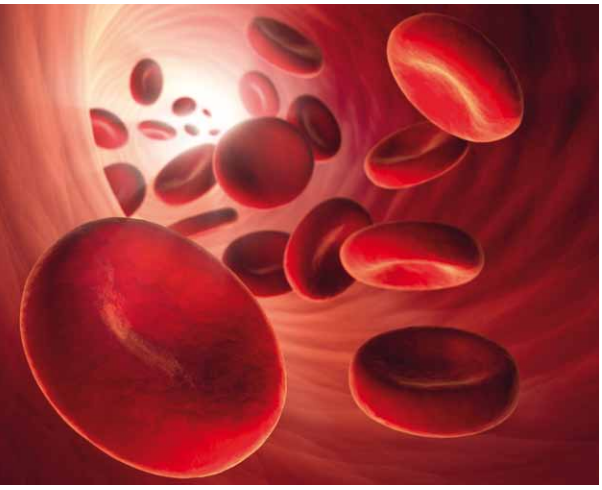
The only source for blood is the living human population. Therefore, VNRBD is recognized as crucial for the safety and sustainability of national blood supplies. Systems based on replacement donation by relatives and friends of patients requiring transfusion are rarely able to meet clinical demands for blood while paid donations pose serious threats to the health and safety of the recipients as well as the donors themselves. Well-structured health systems and blood transfusion services based on voluntary blood donations that meet the demand for blood and blood products can mostly be found in high-income regions. In developing and transitional countries, chronic blood shortages occur because only major urban centres offer sophisticated health-care provision. WHO estimates that blood donation by "1% of the population is generally the minimum needed to meet a nation's most basic requirements for blood... In reality, the average donation rate is 15 times lower in developing countries than in developed countries."

Building a sustainable base of safe blood donors, however, requires a long-term approach – not only the establishment of an effective voluntary blood donor program but also improved public awareness and acceptance of the importance of blood donation as a social norm. Three project related examples showcase GFA's expertise to this effect.

Thalassaemia patients in Islamabad

** Johann Wolfgang von Goethe: Faust I, Scene 4*

Blood (continued from page 1)



People's Republic of China

The overall objective of the Prevention and Control of HIV/AIDS in Henan and Kunming program financed by KfW Entwicklungsbank is to enhance the capacity to prevent and control the spread of the AIDS epidemic and to contribute to the improvement of the health status of all target groups. In Henan, the target group mainly comprises HIV-positive people who were infected through illegal blood collection practices in the mid 1990s. Recently, the focus has shifted more and more to migrant workers, commercial sex workers, injecting drug users and men who have sex with men.

Measures in Henan Province included the provision of medical and laboratory equipment to high HIV/AIDS prevalence regions in the 18 prefectures, 59 counties, 178 community health centers and 253 village clinics. These measures in combination with GFA assisted prevention and control interventions contributed to the improvement of the treatment of AIDS patients, helped install a province-wide voluntary counseling and testing network and improved monitoring the infection in Henan.

Pakistan

According to WHO, Pakistan requires 10,000 blood transfusions per one million people. In addition, it can be estimated that 8-10% of all collected blood units have to be discarded due to positive transfusion transmitted infection marker, interrupted cold chain or other logistic obstacles. This means that Pakistan needs a total of 2.2 million blood donations annually, whereas the total number of blood donations is less than 1.8 million per year. Approximately 90% of blood units originate from paid donors or so-called replacement donors. The existing blood transfusion system in Pakistan is extremely fragmented, highly commercialized, and of poor quality. Even though most blood banks are located at hospitals, only 4% of them claim to be not-for-profit. In many instances, quality and safety is compromised to increase profit margins. Pakistan has only a small number of hematologists or blood transfusion specialists, and most of whom are involved in public and private sector as well as licensing activities at the same time. Resulting conflicts of interest need to be monitored closely.

Hence, the objective for the first phase of the GIZ program in 2009-2012 which is assisted by GFA was to create preconditions for the introduction and implementation of a modern and safe blood transfusion service in Pakistan. But provinces and territories there are heterogeneous in respect with literacy level, religious beliefs, or cultural norms. Thus, GFA adopted an incremental approach, piloting interventions and disseminating only after thorough evaluation. Donating or receiving blood is a sensitive matter which media in Pakistan have to cover in a responsible way as this can influence public opinion, especially when literacy level is low.

Turkey

For years, the blood supply in Turkey has been based mainly on family replacement donation, a method considered as less safe by the Council of Europe and the WHO, stating that "self-sufficiency in safe blood and blood products based on VNRBD means that the national needs of patients for safe blood and blood products, as assessed within the framework of the national health system, are met in a timely manner, that patients have equitable access to transfusion services and blood products, and that these products are obtained from VNRBD of national, and where needed, of regional origin, such as from neighbouring countries." Until 2010, less than half of the 1.8 million units of blood collected in Turkey annually were provided by voluntary and non-remunerated blood donors, the preferred method of collection. Currently, the Turkish Red Crescent facilities are only used at about one third of their capacities because of the shortage of voluntary and non-remunerated blood donors. The technical assistance by GFA experts to the Strengthening the Blood Supply System project is co-funded by the EU and Turkey. It is assisting the Turkish Ministry of Health in the development of a national blood program addressing the issues of safe provision, use of blood and blood products and the harmonization with the EU legislation on blood and blood components. This support will strengthen the effective functioning of the blood supply system in Turkey towards self-sustainability.

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Innovative Health Financing Schemes in Bangladesh and Tanzania

Social health protection scheme in Bangladesh

Shasthyo Surokhsha Karmasuchi (SSK) is the social health protection scheme developed by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW) in Bangladesh financed by KfW Entwicklungsbank and assisted by GFA Consulting Group.

In the absence of health insurance systems, patients in Bangladesh have to pay for their hospital treatment on the spot. As a result, the poor often avoid or delay treatment because of the associated cost or have to sell assets. Consequently, private out-of-pocket expenditure at an average of 15 US dollars is much higher than the government expenditure on health at 8 US dollars. The latter is far too low to ensure quality health care for all.

Therefore, the SSK scheme intends to reduce this financial burden by co-financing the cost of hospital stays of poor patients. Registered SSK members are issued a membership card that offers cashless access to better treatment. The hospital invoices the SSK scheme for its services. The main expected result is a reduction of the out-of-pocket expenditure for health, making hospital stays affordable for the poor target group.

Beyond the immediate benefits for poor patients, the scheme is seen as a step towards piloting core elements of health insurance systems. These elements are payments to hospitals based on performance, third party payer independent of the hospital management, reimbursement based on defined quality of care standards, reliable patient records and a functioning accounting system for improved claim management. Participating hospitals need to be granted financial autonomy to use the revenues from the SSK scheme, in particular for quality medicines and diagnostics. The procurement of the latter is a challenge in itself.

The development of the SSK pilot scheme is a big step for Bangladesh. In the short run, German financial cooperation will subsidize the health insurance cards of the beneficiaries. In the medium term, the scheme will be opened to self-paying members and companies who wish to offer improved health services to their employees. The long term vision is a nationwide health insurance system combining existing government subsidies for the poor with risk pooling mechanisms.

National Health Insurance Fund and Community Health Fund in Tanzania

Since 2010, the National Health Insurance Fund (NHIF), with additional funding from KfW, implements a program to improve maternal and child health through providing NHIF coverage. The project pilots a combination of two insurance schemes, piloted in the Mbeya and Tanga Regions.

NHIF is mainly for people in the formal sector, public employees and their families. The second scheme is the Community Health Fund (CHF), which is for the unemployed or people in the informal sector. A poor pregnant woman will receive full NHIF coverage for the duration of her pregnancy and three months after her baby has been born. In addition, she and her family will be granted CHF coverage for a year, which is administered with the respective district authority. GFA focused public awareness on the CHF component, as its premium is much lower than that of NHIF payments.

Ensuring that the program is really focusing on those most in need is crucial. The GFA technical assistance team together with NHIF staff adopts geographic targeting, where all pregnant women in a given area are eligible because of the prevailing degree of poverty, in addition to individual targeting. A continuous public awareness plan will soon start using a cinema van, brochures, posters, radio and TV spots as well as interpersonal communication channels. Regular visits from the project team and NHIF staff ensure that the public is fully aware of the project and that poor pregnant women are targeted effectively.

Approximately 10,000 members have been enrolled in the scheme across 17 districts, and the rate of enrolment is rapidly increasing. The distribution of membership cards to remote locations is one of the remaining problems. A pilot scheme has been planned that foresees health facility staff using mobile phones to collect membership data which will then be processed by NHIF. This scheme will build on existing programs that use mobile phones to support maternal care. The lack of basic equipment is also a major issue in rural areas. Based on a needs assessment, contracts will soon be issued to distribute equipment to healthcare facilities in the mentioned regions.

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Five A's in Moldova

In October 2012, an external result-oriented monitoring (ROM) mission rated the EC-funded Economic Stimulation in Rural Area (ESRA) project implemented by GFA in Moldova a fivefold A, the highest evaluation mark possible. All project cycle fields were assessed: relevance and quality of design, efficiency of implementation to date, effectiveness to date, impact prospects and potential sustainability. The mission not only analyzed proof of work produced by the project but also assessed its success and usefulness with selected project beneficiaries including policy decision makers and project managers at the Ministries of Economy, Agriculture and Food Industries as well as Finance and representatives of international donor organizations. The monitoring report states that, although "the Project took an extremely difficult and unique task, (it) is exceptionally efficient… (and) beneficiaries pointed out that this Project is the best TA intervention they ever worked with". Therefore, the monitoring team concluded that "this Project can be considered best practice and its success should be replicated".
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GFA BRIDGES – Social Projects 2012

As an expression of its personnel's social commitment, GFA has been fostering small projects in developing, newly industrializing and transition countries. GFA staff and related parties propose eligible projects. A limited number of these projects are selected and financed by GFA on the basis of transparent criteria. The projects supported in 2012 are located in Azerbaijan, Laos, Lebanon and Vietnam. A scout group in Azerbaijan decided to help disadvantaged young people to come to grips with computers and a foreign language, English. GFA BRIDGES helped renovate a classroom and purchase furniture, internet-enabled computers and teaching materials. In Laos, an eco-lodge in a village near Luang Prabang helps villagers attract tourists. Accommodation, catering, guiding and the sale of local handicrafts create an additional income source for the village's 700 inhabitants. The Minya region in Lebanon is well known for its sewing tradition. A sewing project for women supports and improves this craft and aims at contributing to women's self-esteem with an additional source of income. Drowning is the leading killer of children in Vietnam. An initiative started by a GFA employee intends to teach survival swimming skills to school children and educate them in first-aid and resuscitation.
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Habitat of Amur Tiger Protected

The Bikin Tiger Forest Carbon project located in Primorsky province in Russia's Far East, is the first REDD+ project worldwide developed under the auspices of UNFCCC using the existing Joint Implementation (JI) mechanism of the Kyoto Protocol. It aims at protecting 461,154 hectares of pristine forest which will lead to an estimated emission reduction of 156,438 tons CO_2 per year over the crediting period between 2009 and 2012. The sale of related emission reduction units will finance preserving the unique ecosystem of the Bikin valley, home of the Amur Tiger, the world's largest living cat, and many other endangered species. The JI and CCBS documentation for the project was developed by GFA ENVEST and validated by TÜV SÜD. An approved Verified Carbon Standard (VCS) methodology provides a sound professional basis for the project, proofing its environmental integrity and eligibility. The International Climate Initiative of the German Ministry for the Environment, Nature Conservation and Nuclear Safety has financed this pilot project that was implemented by the World Wide Fund for Nature and KfW Entwicklungsbank.
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Excellence in Financing Energy Efficiency in Turkey Honored

In late 2012, the European Bank of Reconstruction and Development honored five Turkish Banks for their outstanding contribution to energy efficiency finance. GFA and its consortium partners supported Akbank, Denizbank, Garantibank, Işbank, and Vakıfbank through the Turkish Sustainable Energy Financing Facility (TurSEFF) from 2010 to 2012. TurSEFF disbursed a total of 285 million US dollars in loans to industrial companies, commercial enterprises and private households. This aimed at cutting energy bills by investing in energy efficiency or renewable energy projects. Investments resulted in energy savings equaling 286,000 tons of oil per year. GFA and its partners supported the participating banks in marketing the facility, assisting potential borrowers to identify the most viable solutions, and preparing loan applications.
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GFA Consulting Group is a growing consulting organization active in international economic development. The main sectors of the company comprise agriculture & rural development, natural resources & certification, public sector & fund management, private sector development, water & sanitation, health & HIV/AIDS, financial systems development, labor markets & human resources, climate change & energy, and forest investment fund. GFA Consulting Group presently works in more than 70 countries.
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GFA mission – to improve the livelihood of beneficiaries through our professional services.
GFA core values – to offer high performance in service delivery, technical excellence in our main sectors, innovative approaches and products, and credibility with our clients when putting projects into practice.