It is my pleasure to introduce the achievements and new endeavors of Euro Health Group (EHG) during 2015. We kicked off the year celebrating 25 years of existence and continued to expand our portfolio into several new technical and geographic areas with new clients and partners. While we continued to successfully implement our long-term projects and country-based consultancies, the majority of our work was characterized by complex, multi-country assignments at the global level. On behalf of the Global Fund, we conducted the Health Systems Strengthening Thematic Review (12 countries), the Strategic Review 2015 in collaboration with itad, UK (12 countries), and the Market Shaping Review (124 Grants in 55 Countries). The work built upon our in-depth knowledge and long-standing experience with the Global Fund. The results of these reviews helped the Global Fund inform the development of their new strategy.

At a global, regional and country level it is widely recognized that improving reproductive, maternal, newborn and child health (RMNCH) plays a fundamental role in the social and economic development of societies. EHG expanded its work in RMNCH in 2015 initiating the UNFPA Family Planning Evaluation covering 12 countries (7 desk studies and 5 in-country case studies) across 4 different regions. In the Republic of Guinea, we supported the GIZ Reproductive and Family Health Programme in the development of their new strategy to improve youth and adolescent sexual and reproductive health and rights, working directly with young people and collaborating effectively across the health, education and youth sectors. In Myanmar, EHG in consortium with itad, UK continued to provide evaluation services to the 3MDG Fund targeting MNCH, HIV and AIDS, TB, Malaria and Health Systems Strengthening (HSS) activities. We were also awarded a follow-on contract by the European Center for Disease Control (ECDC) to monitor the HIV responses in Europe.

EHG expanded its scope of work in Europe to include addressing the current...
migrant crisis in Europe, recognizing the importance of monitoring, promoting and developing effective approaches to improve migrants’ health. EHG was commissioned by the ECDC to evaluate the evidence and produce guidelines on the management of migrant health issues in collaboration with experts from the Campbell and Cochrane Equity Methods Group at the Bruyère Research Institute at University of Ottawa, University of Oslo, the University of Amsterdam, the University of Sydney, Cochrane Public Health Centre Europe, German Cochrane Centre and Ibero-American Cochrane Centre.

Since 2010, EHG has implemented the Pharmaceutical Policy Twining Project in Kazakhstan, which is part of the Kazakhstan Health Sector Technology Transfer and Institutional Reform Project funded by the World Bank and the Ministry of Health and Social Development of Kazakhstan. EHG reviewed key accomplishments of this 5-year project and presented results in a close out conference in November.

The year ended on a high note with the award of a long-term EU funded project in Belarus, which aims to strengthen the laboratory quality assurance infrastructure and control of medical products. Implementation of this project will help to ensure the quality, effectiveness and safety of medicines used for the purposes of prevention and treatment, implementation of the state medicines policy and, as a consequence, improvement of the quality of life of the population in the Republic of Belarus.

Looking ahead, EHG will develop its new corporate strategy in 2016, which will present an opportunity to engage with our partners and associated consultants in a dialogue about the future direction of EHG. We would like to seize the opportunity to thank you for your interest in Euro Health Group and in our work to improve the health of the people we serve worldwide. We also want to acknowledge the dedicated and excellent work of our associated consultants and partners, without whom our success and accomplishments of 2015 would not have been possible.

As we look forward to another great year, I personally feel proud of what we have achieved and hope you enjoy our “Highights of 2015”.

Michele Gross
Chief Executive Officer

GERMAN BACKUP INITIATIVE STUDY ON CCM INTEGRATION

By CAMILLA BUCH VON SCHROEDER

Improved health sector coordination, a process to which the Global Fund contributes, lends to the opportunity to embed the Country Coordinating Mechanism (CCM) further within the institutional landscape for the long term, adheres to international principles on harmonization and alignment and improves Global Fund access, communication and collaboration with key partners.

In the 2002 Framework Document the Global Fund stated the need for a multi-sectoral coordinating structure to oversee the development and implementation of HIV, TB and Malaria programmes financed by the Global Fund. However, few countries had adequate structures in place for coordinating the response to the three diseases effectively, and many created CCMs as a separate, multi-sectoral coordinating body. Since 2002, given the unique context of each country, a variety of models and degrees of independence or integration of CCMs with broader national health sector structures have emerged.

In 2015, EHG was contracted by the German BACKUP Initiative to conduct a study on the possibilities of integrating and harmonizing CCMs with national health sector structures in four countries (Ethiopia, Ghana, Guinea and Moldova). The BACKUP Initiative is being implemented by the GIZ with funds from the German Federal Ministry for Economic Development and Cooperation and the Swiss Development Cooperation. The methodology being employed draws upon EHG’s previous experiences conducting large-scale and complex studies, evaluations and scoping missions and is based on GIZ’s Capacity WORKS approach and tools. Since November, the team of EHG experts has been analysing the models, characteristics and functionalities of four CCMs within different settings and country contexts and assessing opportunities and challenges regarding improved health sector coordination. In a second stage, strategic options, including the necessary steps to be undertaken for strengthening collaboration and further CCM integration into national health bodies will be elaborated. Synthesis of all information will be aimed at development of an approach for longer-term German BACKUP Initiative support to selected CCMs focusing on integration. TIM CLARY (TEAM LEADER) is working with a highly qualified team of CCM, evaluation and health systems experts including MOHAMED OUBNICHOU, CAMILLA BUCH VON SCHROEDER, and DR SANJA MATOVIC MILJANOVIC.
EHG IN UGANDA
UGANDA HEALTH SUPPLY CHAIN (UHSC)

By KIM HOPPENWORTH

From 2009 to 2014, EHG in partnership with Management Sciences for Health (MSH) implemented the SURE project. In September 2014, MSH was awarded a follow-on project, the Uganda Health Supply Chain (UHSC), funded by USAID. EHG’s main role is to lead the Management Information System/Information Technologies (MIS/IT) activities of the UHSC, leveraging and building upon the experiences gained through the SURE project. Looking back at the first year of the new project, a number of key accomplishments have been made:

The Ministry of Health (MoH) Pharmaceutical Information Portal - headed by EHG Technical Adviser (PETRA SCHAEFER) over the last 5 years - is 100% functional and used on a daily basis by 400 Medicine Management Supervisors to oversee and manage medicines in their districts and health facilities. Reports and dynamic analysis from the system have become a critical component of the district meetings to document and illustrate highlights of performance. It is a particularly useful tool to show where more effort is required to improve in the areas of dispensing, prescribing, stock management, store management and ordering and reporting. In the near future, the data will be available on mobile devices like smart phones and tablets to facilitate fast and easy access to information for decision making in the field.

Focusing on stock management, EHG Technical Adviser KIM HOPPENWORTH has led the process of planning the roll out and setting up a national overview system to facilitate the efforts of MoH. A key accomplishment include improved collaboration with health facilities at district level and key stakeholders at central level, including the MoH and its partners such as the USAID-funded Strengthening Uganda’s Systems for Treating AIDS (SUSTAIN), Baylor Uganda, and the Infectious Disease Institute (IDI). In 2015, the number of sites using the system has doubled to 92 hospitals and health centres covering all 14 regional referral hospitals with a catchment area of about 500,000 people. UHSC is also exploring the use of new cheaper technologies to facilitate implementation, including biometric fingerprint scanners to identify patients, using label printers for patient medicines and using cheaper mini-computers (SBCs) to expand roll out.

Finally, EHG Technical Officer BRIAN SEKAYOMBYA contributed significantly to ensuring successful roll out of the good pharmacy practice (GPP) where public and private not-for-profit health facility pharmacies are inspected by the National Drug Authority (NDA). If the required criteria are met during inspection, the facility is GPP certified. An electronic system (e-GPP) was developed, to be used by the NDA inspectors for entry of the inspection reports. The system then automatically generates various management reports used by MoH officials, District Health Officers and the Health Facilities themselves to plan for improvements. A Data Quality Audit (DQA) was also conducted to ensure the reliability and integrity of the GPP inspection procedure, data and inspection tools. A number of action points came out of the DQA and will be used by the NDA to plan for increased quality of the GPP inspections in the future.

Figure 2: NDA inspectors during training on how to use the Electronic GPP system

FAREWELL TO AN OLD FRIEND

By BENEDIKTE LILLEBÆK

EHG Core Consultant Dr Knut Wallevik, MD, ScD, passed away on 14th July 2015 at the age of 81. Knut worked as a core consultant for EHG from 1997 until retirement and was a highly valued member of the “EHG family” as much for his wonderful personality as for his high professional standards. Knut was born in France to a Norwegian seafarers’ chaplain and a Danish concert singer, but grew up in Denmark, where after taking his medical degree, he worked first as a researcher then assistant professor in medical research laboratories, blood banks and tissue typing laboratories for more than 20 years. Specialised in clinical immunology and transfusion medicine he was later Head of Department of Clinical Immunology at Aarhus University Hospital. Knut’s interest in working in developing countries stemmed from working four years from 1993 to 1997 as Chief Technical Adviser in Zimbabwe on a Danida funded Support Programme to the National AIDS Co-ordination Programme, where his main responsibilities included securing the national supply of safe donor blood for transfusions, organising HIV testing, setting up a national quality assurance programme for medical laboratories as well as organising post graduate training and running a school for medical laboratory technologists. In Zimbabwe Knut met and collaborated with Birna Trap, who brought Knut on board during her Directorship of EHG to work as a consultant and to head up EHG’s projects in blood transfusion / laboratory. He worked as a consultant for EHG on projects in Indonesia, India, Senegal and Ghana, and carried out multiple GAVI DQAs as a DQA Auditor and Trainer. Knut was a wonderful, warm and very musical person, who was always willing to pitch in. He will be greatly missed on both a personal and professional level. He leaves behind his wife, renowned Danish author and journalist Gretelise Holm, children and grand children and our thoughts go out to them.

Figure 3: PowerBI. A dynamic and innovative approach to data analysis and reporting
HEALTH INSURANCE FOR PREGNANT WOMEN AND THEIR FAMILIES

REVIEW OF A COMBINED MATERNAL HEALTH AND SOCIAL HEATH PROTECTION PROJECT IN TANZANIA

By JENS HOLST

Tanzania’s National Health Insurance Fund (NHIF) contracted EHG to conduct the mid-term review of its project “Access for the Poor Pregnant Women to Improve Maternal Health and HIV-related Services in Tanzania” funded by the German Development Bank KfW. Beyond improving maternal and child health, the project aims to strengthen social health protection in Tanzania by targeting pregnant women, providing them with full-scale health insurance, and their families, who benefit from one-year coverage by local health funds free of charge.

The purpose of the review was to assess the results and achievements of the first two-year project phase (2012-2014) and to inform the strategic and operational planning of the second phase. The evaluation team was composed of two international and two national consultants: DR DR JENS HOLST (Team Leader), MARIA PAALMAN (Public Health Expert), DR GEMINI MTEI and SELEMANI MBUYITA (National Research Experts).

The evaluation team employed a mixed method approach including both qualitative and quantitative methods. Based on an in-depth desk review of available project documentation, monitoring data and national strategies and policies, the team developed and tested interview protocols for primary data collection. During a three-week mission in Tanzania, the consultants visited numerous project sites in two regions, conducted in-depth interviews with key stakeholders and implementers at national and decentralised levels as well as focus group discussions with young women in a number of communities.

The evaluators triangulated information in order to ensure the validity and reliability of diverse information sources and to develop prospective findings and recommendations. The team advised the NHIF to take a more proactive role in the implementation of various processes; streamline the implementation strategy; focus on long-term financial and institutional sustainability of the project; and ensure alignment of the project activities and strategies with the country’s most recent health policy objectives and guidelines.

MALE CIRCUMCISION - HIV PREVENTION IN ZAMBIA

By MICHELE GROSS (CEO)

After randomized controlled clinical trials in sub-Saharan Africa demonstrated a 60% reduction in risk of female-to-male HIV transmission among men having been circumcised, the Bill and Melinda Gates Foundation awarded a five year grant to PSI to scale up male circumcision (MC) in Zambia and Zimbabwe. The Foundation awarded a subsequent grant for the “Efficient, effective, and innovative male circumcision service delivery in Zambia” to scale up MC coverage among adolescent and adult males in three provinces in Zambia (Lusaka, Central and Southern), with a particular focus on reaching those aged 15-29 years. EHG has been contracted by the Foundation to conduct an external verification of programmatic data to:

- Verify reported MCs and adverse events
- Document the M&E systems and data flow as well as internal auditing systems
- Provide recommendations on improving M&E systems, internal auditing systems and verification practices

The verification is taking place in two stages and includes both programmatic data verification at service delivery sites up to the headquarters level and a client follow-up survey. EHG is tapping into its 15+ years of experience conducting data quality audits for GAVI and the Global Fund in addition to prior external data verification exercises for results-based financing programs funded by the World Bank and the Foundation in Botswana, Zambia and Zimbabwe for implementation of this project. PETER NJARAMBA leads the team and is supported by a deputy team leader, BEYANT KABWE and three Data Verification Officers – CYNTHIA BANDA, MADALISTO MWANZA and PRISCA KAKENE. The first verification exercise was initiated in December 2015.
Euro Health Group-led consortium with ITAD and Department of Medical Research – Lower Myanmar: 3MDG Independent Evaluation Group

EXTERNAL DATA QUALITY ASSESSMENT

By NINJA KLEJNSTRUP

In its capacity as the Independent Evaluation Group (IEG) for the Three Millennium Development Goal Fund (3MDG) in Myanmar, the IEG annually conducts an external quality assessment of the 3MDG’s internal M&E system and the data it collects. In 2015, the specific purposes of the External Data Quality Assessment (DQA) were to:

1. Assess whether M&E system gaps identified in previous External DQAs have been addressed
2. Undertake quality assurance of data related to health systems strengthening
3. Verify 3MDG reporting against approved Implementing Partner reports for 2014
4. Review the Fund Management Office (FMO) internal data quality assurance procedures.

The DQA was undertaken by a team consisting of NINJA KLEJNSTRUP, IEG Statistician & DQA Specialist, and DR KHYNN THAN WIN, IEG Epidemiologist, in March and May 2015.

The team visited the FMO in March 2015 and conducted an in-depth document review as well as interviews with M&E staff to assess the adequacy of follow-up on the gaps identified during the previous external DQA. Overall, it was found that considerable progress had been made. Often, persistent gaps were attributed to the 3MDG M&E system relying on national Health Management Information System data. The challenge is that HMIS information is obtained through informal mechanisms and therefore both the 3MDG and the DQA team are unable to assess the way these data are collected, compiled and reported. The DQA team therefore recommended that the Fund Board of the 3MDG take action to promote formalised data sharing procedures and joint DQA missions with the Ministry of Health.

In May, the team revisited the FMO for an assessment of the monitoring activities related to Health System Strengthening (HSS) and to verify 3MDG results matrix indicator data. The DQA team developed a list of specific recommendations for increasing the relevance of reporting and precision in indicator definitions related to HSS. For the results matrix indicators reviewed, the DQA team found complete correspondence between reported results and recount based on finalised Implementing Partner reports in all but a few cases, where small qualitatively insignificant discrepancies were found.

The trip in May further entailed a visit to the headquarters and field offices of NGOs implementing 3MDG projects in the townships of Pyapon and Ngapudaw. As part of its internal QA process, the FMO of the 3MDG conducts Routine DQAs using the so-called MEASURE evaluation tools. In order to assess the quality of this internal procedure, the IEG team re-applied these tools to the two NGOs, which had previously been assessed by the FMO. In addition, interviews were conducted at Township Health Departments, station hospitals and a maternal and child health (MCH) clinic, in order to triangulate data reported by the NGOs. Overall, the team found that internal data quality assurance procedures were well documented. Meanwhile, a few deficiencies were identified in the FMOs evaluation of the specific NGOs visited, and based on this it was recommended that a Standard Operating Procedure for internal DQAs of NGOs implementing activities related to MNCH be produced.

Response by the 3MDG FMO to findings of the external DQA was received in August 2015, at which point a number of the specific recommendations of the report had already been implemented.

Myanmar Three Millennium Development Goal Fund

WHAT DOES THE 3MDG FUND DO?

In partnership with the Government of Myanmar and other development partners, the 3MDG Fund aims to strengthen the national health system at all levels, extending access for poor and vulnerable populations to quality health services. The 3MDG Fund is designed to ensure significant, timely and nationwide impact improving maternal, newborn and child health (MNCH), combating HIV and AIDS, tuberculosis and malaria, and addressing the building blocks of health system strengthening (HSS) to deliver sustainable, efficient and responsive healthcare across Myanmar. The Fund provides substantial resources aligned with the Ministry of Health’s priorities and initiatives in support of these goals, as presented in the figure below.

SUPPORT FROM 7 MAJOR DONORS

By pooling the contributions of seven bilateral donors - Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America - 3MDG promotes the efficient and effective use of development funds. With commitments totalling more than $271 million for the period July 2012 to December 2017, it is currently the largest development fund in Myanmar. It is managed by the United Nations Office for Project Services (UNOPS).
SUCCESSFUL COMPLETION OF THE PHARMACEUTICAL POLICY TWINNING PROJECT IN KAZAKHSTAN

By FRANS STOBBELAAR

In short, the project delivered a large series of analytical reports (98 in total) on all aspects of the national pharmaceutical policy in Kazakhstan. The EHG team also developed a forward-looking national pharmaceutical policy during the project lifetime (5 years) and for the coming years (2016-2020).

IN MORE DETAIL, THE MAJOR PROJECT ACHIEVEMENTS INCLUDE:

1. Development and implementation guidance for the national pharmaceutical policy; a new national pharmaceutical policy document, contributions to the new national health development programme “Densauyk” 2015-2020, and preparatory work on a social health insurance fund to be introduced by 2018.

2. Development of a formulary system in all health facilities and regions of Kazakhstan in close cooperation with the 16 regional Drug Information Centres. This included training of trainers, preparation and dissemination of rational drug use tools and research materials.

3. Development of a Kazakhstan National Drug Formulary (KNF) based on the same methodology as the British National Drug Formulary. EHG facilitated the collaboration with the BNF in a separate contract with Evidence-based Networks (EBN) to develop the e-version of the KNF that went live in December 2015. Website: http://www.knf.kz/index.php/ru/formulary/monographs-treatments

4. Development of a model Masters Course in Pharmacology presented to universities; currently three universities consider including this course in their curriculum.

5. Review of the National Formulary List and the procurement list for hospital drugs, resulting in numerous recommendations for change; 110 items were deleted or replaced, resulting in 18 million USD savings on an annual basis.

6. Initial upgrade of the Outpatient Drug Benefit Scheme including the abolishment of a 50% co-payment for certain groups of medicines, and a substantial reduction in complexity (fewer categories of patients and medicines), and the introduction of a contemporary IT system to administer the prescriptions and payments. During the last year of the project a more forward-looking Outpatient Drug Benefit Strategy 2020 was elaborated that includes modern pricing and reimbursement methods, improved availability (more drugs and more pharmacies), and an organizational reform to embed the system in the new health insurance fund.

7. Under the regulatory and quality assurance subcomponents, significant work was carried out to support the National Centre for Drug Expertise in Almaty (executive body with the technical expertise on all NRA functions). In particular on: marketing authorization requirements and expertise, variations (amendments), re-registration (renewals), recall procedures of marketing authorizations, clinical trial applications (CTA), product information leaflets (PILs), Common Technical Document (CTD), and Certificate of Pharmaceutical Product (CPP), and paediatric regulations. The success of this assistance and training of experts was visible in meetings to develop a common pharmaceutical regulation within the newly established Eurasian Economic Union (Pharmaceutical Regulation Working Group), where experts from Kazakhstan were leading the discussions and intensively contributed to the preparation of this common regulation. During the project lifetime, the NCDE experts also got more involved and connected with international networks and expert groups.

8. The GMP Inspection and other NRA functions were reviewed and supported with model SOPs, a Quality Management System and Guidelines. The modernisation of the GMP inspection and the other NRA functions needs to be continued towards the WHO recommended model, despite current regulatory hurdles in Kazakhstan.

9. A major achievement was the completion of the ISO 27025 accreditation and the EDQM certification of the physical-chemical laboratory at the Test Centre (part of the National Centre for Drug Expertise) in Almaty. The EDQM (European Department of Quality Management – Council of Europe) certification implies that this laboratory is now part of the Official Medicines Control Laboratory Network (OMCL). The standards set by this accreditation and certification will now be an example for the other laboratories at the Test Centre in Almaty and for the various regional laboratories as well.

10. Substantial work was done in the area of pricing. Partly through technical assistance, pricing surveys (in collaboration with HAI), and partly through training at the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies in Vienna (FFRI). As a result, the Ministry has decided to establish a unit for external reference pricing in the NCDE, and to prepare for an internal reference price methodology for the
reimbursement of outpatient medicines under the new health insurance program (starting 2018).

11. Finally, contributions were made to develop a Management and Monitoring Framework for Medicines Supply at national and regional level, and an analysis of central procurement mechanisms for hospital drugs with recommendations for regulations, operations and management of the central procurement of medicines in Kazakhstan.

SPECIAL THANKS for collaboration and guidance goes to the Kazakhstan Project Implementation Support Team (PIST): BOLAT TOKEZHANOV, AGIPA AMANGELDIYEVNA, ZHUHAR BAIPABAeva and NINEL KADYROVA, their colleagues from finance and procurement, and our many collaborating partners from Ministry of Health and Social Welfare, the Committee for the Control of Medical and Pharmaceutical Activities, the Drug Information Centres, the National Centre for Drug Expertise and many others.

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GRANT MANAGEMENT DASHBOARDS
– Showing Vital Signs of Success

By MICHELE GROSS (EHG CEO)

I n 2014-2015 Grant Management Solutions (GMS) collaborated with the Secretariat of the Global Fund to Fight AIDS, TB and Malaria and a private-sector partner SAP, to develop a dashboard to support and improve principal recipient (PR) grant management. The dashboard is a visual tool designed for PRs to manage the performance of their grants and is comprised of an Excel-based data-entry application and a dashboard-display application. The dashboard includes a selection of general management, financial, procurement and supply management indicators along with programmatic indicators.

EHG, through its partnership in GMS, participated in two pilot dashboard projects aimed at introducing the grant management dashboard for PRs. The pilots took place in six countries globally; EHG participated in Uganda (ABAASI KABOGO) and Lao PDR (MANIVANH SOUTHAMMAVONG). Based on the six country pilots the Global Fund has recommended that PRs adopt the tool for use in monitoring the implementation of their grants.

MICHELE GROSS (CEO EHG) and BINA VALAYDON are currently serving as part of GMS teams supporting dashboard development in Mozambique and Senegal respectively. In Mozambique, the dashboards will include a “whole of country” approach, which also entails development of a CCM dashboard for use in oversight activities.
MONITORING THE HIV RESPONSE IN EUROPE

By KATHY ATTAWELL

The 2004 Dublin Declaration on Partnership to Fight HIV and AIDS in Europe and Central Asia highlighted HIV as a political priority for the countries in the region. In 2007, the European Commission asked the European Centre for Disease Prevention and Control (ECDC) to monitor the Dublin Declaration on a systematic basis. Since then, ECDC has conducted three rounds of monitoring, in 2010, 2012 and 2014, covering the 55 countries of Europe and Central Asia in the WHO European region.

EHG was contracted by ECDC in 2013 to support the 2014 monitoring round, through a team of consultants comprising KATHY ATTAWELL (TEAM LEADER), DAVID HALES and ROGER DREW, and recently commenced a second contract to support the 2016 round with the same team. The main objective is to monitor how Europe is responding to the HIV epidemic, using data reported by countries to assess progress, highlight challenges and gaps and identity priorities for action.

In 2014-2015, the EHG team provided technical support to ECDC for design of the data collection tool and analysis of data reported by countries, surveillance data reported to ECDC and WHO Europe, and data from other sources including UNAIDS and the European Monitoring Centre for Drugs and Drug Addiction. Based on data reported by 49 countries, the team produced thematic reports on key affected populations – men who have sex with men, people who inject drugs, migrants, sex workers and prisoners – and evidence briefs on priority issues including HIV prevention, testing, treatment and financing. Special reports were also produced on the continuum of care in the region and, for the Italian Presidency meeting on HIV in Rome in November 2014, on progress in the HIV response in the 10 years since the Dublin Declaration.

These reports are intended to communicate the main findings and messages to policy makers, programme managers, public health officials, civil society and other key audiences.

Monitoring and reporting have highlighted issues that need to be addressed to improve the HIV response in Europe, including gaps in prevention programmes for populations at most risk of infection, the adverse impact of unfavourable laws and policies on provision and uptake of HIV services, low rates of HIV testing and high rates of late diagnosis among key populations, low coverage of harm reduction programmes for prisoners, limited access to HIV services for undocumented migrants, low coverage of treatment in many countries and low rates of viral suppression.

For the next round of monitoring in 2016, the team provided support to ECDC for a Dublin monitoring advisory group meeting in Stockholm in October 2015, attended by representatives from countries, regional agencies and projects and civil society organisations, and is currently finalising the data collection tool, which has been adapted to address emerging issues, such as PrEP. More emphasis will also be given to making use of relevant data from other sources, to provide a more complete picture of the HIV situation and response in Europe.

THE SIX THINKING HATS

By VERA NEDIC

In May 2015, Euro Health Group organised a retreat in Copenhagen to look into the organisational structure and means of operation of EHG. We chose the Six Thinking Hats methodology to guide us through this process. This system, designed by Edward de Bono, represents a tool for a combination of individual thinking and group discussion that involves six coloured hats (de Bono, Edward (1985). Six Thinking Hats: An Essential Approach to Business Management). The premise of the method is that the human brain thinks in a number of distinct ways, or sequences. These thinking sequences are represented by six different-coloured hats and are rather directions to think than labels for thinking.

How do the Six Hats work? The white hat represents facts and information – it allows us to record the currently available information and identify further information we may need; the red hat is associated with feelings, intuition and emotion – it directs us to put forward our feelings and not fear judgment or prejudice; the yellow hat is for a positive view of things – it encourages us to look for benefit in a situation and it helps even the most critical of us adopt a positive attitude; through the black hat we express our critical judgement; the green hat inspires creative thinking and new ideas, while the blue one steers us toward process control, conclusions and decisions. Although the first visual impression of this method was that of a charade, because we all got to wear the funny, multi-coloured hats, it soon became obvious how parallel and full-spectrum thinking was encouraged through separation of ego from performance. This resulted in each team member making a valuable contribution to the discussion.
The issue of migration and its implications for public health has been a concern in Europe since the topic was put on the European agenda during the Portuguese Presidency of the Council of the EU in 2007. In view of the current migrant crisis in Europe, it has become more important than ever to monitor, promote and develop effective approaches to improve migrants’ health. In 2015, EHG was commissioned by the ECDC to evaluate the evidence and produce guidelines on the management of migrant health issues. Led by DR KEVIN POTTIE and the Campbell and Cochrane Equity Methods Group at the Bruyère Research Institute, University of Ottawa, the assignment is implemented by a core team of international experts, including PER OLAV VANDIK (University of Oslo), DAVID INGLEBY (University of Amsterdam) and RACHAEL MORTON (University of Sydney). The core team is supported by a Technical Advisory Group composed of international specialists in the field of migrant health and has also established liaisons with groups that will be valuable in the dissemination phase such as The Cochrane Collaboration and Evidence Aid. Collaborating Cochrane Centres include: Cochrane Public Health Europe, German Cochrane Centre and Ibero-American Cochrane Centre.

The objectives of the project are to:

1. Collect evidence on individual benefits of screening, public health benefits, reporting of limitations and ethical considerations for migrant populations.
2. Review national policies/practices/guidelines and other international guidelines regarding the screening of infectious diseases for newly arrived migrants.
3. Consult key experts in Europe working with prevention and control of infectious diseases among migrant populations.
4. Consolidate the evidence collected in points 1-3 (above) and produce draft evidence-based guidance on screening for infectious diseases among migrants to the EU/EEA.

Using the newly developed GRADE “Evidence to Decision” framework, the core team of experts will search for evidence and update high quality systematic reviews on effectiveness, acceptability, feasibility, equity, resource use and cost effectiveness of migrant screening. This review will inform the deliberation of the evidence and the subsequent development of an evidence-based guidance document, which will serve as a European guidance for key migrant health and screening/prevention of infectious diseases.

DEVELOPMENT OF EVIDENCE-BASED GUIDELINE

The work has been divided into three phases:

Phase 1: Consulting with an advisory group consisting of nominated experts from Member States; surveying all EU/EEA Member States; and producing a draft methods framework seeking methods and PICO question sign off. ECDC hosted an expert meeting in November 2015 with over 50 participants from a variety of organisations providing the group with multiple perspectives on the issues.

Phase 2: Production of the evidence-base for the guidance document, which represents the final synthesis of a series of systematic reviews, evidence summaries, and contextual analysis and ‘Evidence to Decision’ tables. Disease specific teams will be formed to work on producing documents. Each team will have a designated lead, clinical experts, methodological experts and other members. Separate teams will be formed to evaluating cross-cutting issues such as economic evaluations and patient values and preferences and collaborate with disease-specific teams to produce reports for further ECDC input in the fall of 2016.

Phase 3: Hosting a final expert meeting to review and request revisions before agreeing on the final evidence-based guidance. The final evidence-based guidance will provide options for implementing screening programmes, taking into account risk group considerations, identifying the level of strength of evidence, outlining the gaps in evidence as well as elaborating on the economic and social impacts, risks, suitability, acceptability, feasibility, cost-effectiveness and resources required for implementation.
EHG was engaged by the Global Fund Technical Evaluation Reference Group (TERG) to conduct a Review of the Global Fund efforts in shaping the market for key HIV, TB and malaria products, since the introduction of the Global Fund Market Shaping Strategy in 2011.

As one of the world’s largest donors in the fight against HIV, TB and malaria, and with at least 40% of grant expenditures used for the purchase of health products, the Global Fund is a major actor in the global market for disease specific pharmaceuticals and other health related products. Recognizing the need for a competitive market for these products – adequate competition, high-quality products at good prices, constant supply and availability, ongoing innovation and improvement, well-informed and functioning buyers – the Global Fund committed to actively leverage its purchasing power to help shape the market.

This review conducted by EHG was meant to inform the development of the revised marketing strategy and feed into the larger institutional Global Fund Strategy for 2017-2022. The review was conducted by a team of four international consultants – JENNIFER LISSFELT (TEAM LEADER), LEIF-ERIK STABELL, PASCAL VERHOEVEN and JEAN-MICHEL CANN – from April to September 2015. Through in-depth review of documents and data, discussions with the Global Fund and partner organizations, and interviews with suppliers, PRs and others, the team collected and analyzed information related to products, prices, suppliers, volumes, deliveries and other parameters over time, graphing trends and assessing shifts in market dynamics, to examine market effects and linkages to Global Fund efforts.

Findings and recommendations were presented, and well received, to the TERG in September 2015.

In November 2011, the Board approved the Global Fund Strategy 2012–2016: Investing for Impact. The strategy sets ambitious goals: to save 10 million lives and prevent 140–180 million new infections over the period 2012–2016, with accompanying disease-specific targets. The Global Fund Technical Evaluation Reference Group (TERG) commissioned EHG, in collaboration with itad, UK, and the University of California, San Francisco, to conduct an independent appraisal of progress towards the important commitments reflected in the Global Fund strategy (the Strategic Review). In addition, the evaluation also conducted a rigorous, country focused twelve-year evaluation of the Global Fund, which included an assessment of impact against the three diseases.

The Strategic Review took place between December 2014 and July 2015 and was timed to feed into the development of the next Global Fund Strategy 2017-2022. The new strategy framework, which already reflects and incorporates many of the key recommendations from the Strategic Review, was also approved at the November Board Meeting. After completion of the assignment, the Global Fund Secretariat, the TERG and Board members extended congratulations on an excellent work accomplished and for bringing out issues that required major attention.

Health Systems Strengthening – THE GLOBAL FUND THEMATIC REVIEW

By TIM A. CLARY

In early 2015, as part of a series of thematic reviews for the Global Fund to Fight AIDS, Tuberculosis and Malaria, EHG fielded a five-person team to examine the Global Fund’s historic investments in health systems strengthening (HSS), as well as to provide recommendations on how to strengthen Global Fund HSS activities and how to position Global Fund for future HSS involvement. Twelve countries were part of the study, eight as part of a desk review and four country visits (Democratic Republic of the Congo, Ethiopia, Sudan and Viet Nam). Additionally, the Team examined how other donors, such as the World Bank, PEPFAR and GAVI, have approached their HSS projects and activities. The team included WENDY ABRAHAM-SON, TIM CLARY, DR SANJA MATOVIC and CAMILLA BUCH VON SCHROEDER.
In the aftermath of the Ebola crisis, which left the Guinean health system decimated and thousands of Guineans without access to basic health services, the German Federal Government alongside other bi- and multilateral donors, are currently making enormous efforts to rebuild health sector and the population’s trust in its capacity to provide quality health services.

In 2015, the German Technical Cooperation (GIZ) launched the Reproductive Health and Family Programme (RHFP), which aims to improve the health of the Guinean population by increasing the use of reproductive health (RH) services in the intervention zone. The aim is to improve the quality of SRH services, strengthen the supervisory and steering functions in the health sector and provide youth-friendly services for young men and women. The GIZ contracted EHG to develop a strategy for the youth component of the RHFP based on an integrated approach that combines supply and demand side interventions to increase the quality, demand and use of comprehensive sexual and reproductive health (SRH) services. EHG Senior Health Specialist, CAMILLA BUCH VON SCHROEDER (Team Leader), served as the international consultant responsible for leading the strategy development process and strengthening the capacity of GIZ staff. She was supported by DR DIALLO ALPHA IBRAHIMA.

The methodology entailed an in-depth desk review of the international evidence in the field of youth SRH and documents and data pertaining to the Guinean context; a multi-sectoral needs assessment through focus group discussions with young people, health workers and local authorities in the intervention zone; stakeholder interviews and analysis; a strategy development workshop with key partners at national level; analysis and triangulation of information and data; development of a costed work plan; training module development for youth and health service providers; and presentation of the final Strategy for validation. The Strategy proposes an integrated and comprehensive approach to improve young Guineans sexual and reproductive health.

EHG recommended that GIZ prioritize capacity development of key actors in the health, education and youth sectors and establish functional intersectorial collaboration platforms at national, regional and provincial levels in order to enhance the effectiveness and sustainability of the proposed comprehensive approach.
GLOBAL FAMILY PLANNING EFFORTS – UNFPA STRATEGY (2008-2013)

By MICHELE GROSS (CEO)

EHG, in consortium with the Royal Tropical Institute of the Netherlands (KIT), continued implementation of the 18 month long evaluation of UNFPA support to family planning on a global level (69 countries) and through five field country case studies and seven desk-based country case studies. The core evaluation team of MEG BRADDOCK, LYNN BAKAMJIAN and HERMEN ORMEL (KIT) are supported by ERLING HØG and EHG in-house staff.

Family planning has been a long-standing focus for UNFPA, and is one of the priority areas in the strategies that govern the organization’s work. Guided by the programme of action from the 1994 ICPD and the addition of the MDG 5-b goal in 2007, UNFPA works strategically to promote family planning within a human rights framework and with attention to vulnerable and marginalized groups. Based on a several family planning strategy documents pertinent to the 2008-2013 period, the evaluation team attempted to reconstruct the Theory of Change (ToC) for the 2008-2013 strategy period. This ToC was vetted with the Evaluation Reference Group and forms part of the approved inception report (http://www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013) The team will use contribution analysis based on the ToC to identify changes in the field of family planning and UNFPA contribution to those changes.

As part of the data collection process the evaluation team visited five countries: Bolivia, Burkina Faso, Cambodia, Ethiopia and Zimbabwe producing comprehensive country case study notes inclusive of detailed evaluation matrices.

The team also undertook desk-based country case studies in seven countries and administered two online surveys in addition to conducting a plethora of key informant interviews, an in-depth literature review and an overall financial analysis of UNFPA family planning efforts. It is anticipated that the final synthesis report will be submitted during the first quarter of 2016.

EHGs Partners

We would like to take this opportunity to extend our gratitude to those partners who work with us on projects and programmes around the globe. Whilst EHG is always looking to forge new partnerships we aim to build on and strengthen our existing relationships and continue to offer the highest quality services that result from our collaborations.

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EHG is always looking to build its cadre of expert health consultants. We welcome CVs and/or contact details from experts interested in short- or long-term assignments within our focus areas. Please contact us at ehg@ehg.dk for more information.

EHG Highlights

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