As we launch our 2019 Annual Report COVID-19 is poised to ravage emerging and developing economies. It places renewed pressure on governments, health systems and households globally.

The suddenness of the COVID-19 spread brings new urgency to some of the issues Aceso Global has been engaged in this year – promoting integration of healthcare to improve system performance, improving targeting of healthcare services, strengthening social health insurance, supporting countries integrating vertical programs into mainstream healthcare services, training health workers and their managers to embed quality in primary healthcare, and exploring alternative financing and payment arrangements that offer stronger incentives for healthcare performance and better outcomes. However, COVID-19 also poses risks to our work as travel is restricted, projects are suspended, and our funding sources shift.

2020 is likely to be a watershed year that forces all countries to reconsider their investments in healthcare and how they deliver and pay for care. Countries can’t afford to waste a crisis. It is an opportunity to take stock and decide how to move forward differently to improve returns and strengthen investments. Our deep commitment to provide value through research insights and data-driven policy advice to our clients, partners, and collaborators remains unchanged in these challenging times.

MESSAGE FROM OUR FOUNDERS

MAUREEN A. LEWIS

JERRY M. LA FORGIA
Achieving universal health coverage (UHC) has become a national priority in many low- and middle-income countries (LMICs) as at least half of the world’s population lacks full coverage of essential health services.

To advance this agenda, in 2019, Aceso Global continued its partnership with the Joint Learning Network for Universal Health Coverage (JLN). Building on the success of our previous engagement with the JLN, Aceso Global is leading a new Learning Collaborative on Population Targeting. Participants of this Collaborative will review and develop evidence on effective targeting systems for identifying eligible populations in reaching UHC.

A joint strategy workshop will take place in 2020 to define priority needs and challenges in population targeting and to co-develop options and alternatives with JLN member countries.

Aceso Global also presented at the Global Meeting of the JLN, leading a session on strategies for promoting quality in primary healthcare and summarizing our recently completed Learning Exchange on Vertical Integration.
Aceso Global participated with the Bill & Melinda Gates Foundation and NITI Aayog, a Government of India think tank chaired by the Prime Minister, to launch the report, *Health System for a New India: Building Blocks*. Aceso Global authored a core chapter on innovative solutions for service delivery in India, which offers suggestions on how to raise quality, increase public-private engagement, and improve governance and regulation.

Aceso Global also initiated a partnership with the Angolan Ministry of Health to conduct a study of the pharmaceutical sector to address supply chains, public-private partnerships and challenges of counterfeit medicine. The study, which will span 2020, will identify efficiency options in pharmaceutical distribution and delivery, and best practices in quality assurance in medicines.

Health system strengthening is fundamental to achieving UHC. It entails improving service delivery, increasing access to medicines and vaccines, and promoting good leadership and governance.

Maureen Lewis meets with the leaders of Prevent Senior, a Brazil-based private healthcare provider, in Miami to discuss prevention and managing illness in elderly patients.
Throughout 2019, Aceso Global collaborated with the Philippine’s Department of Health to assess the country’s implementation of integrated Service Delivery Networks (SDNs). The SDNs aim to strengthen provider-to-provider linkages across levels of care. The effort applies the JLN’s Vertical Integration/Network Diagnostic and Readiness Tool, developed under Aceso Global’s leadership in 2018 and modified to the context of the Philippines.
Quality of care increasingly occupies an elevated role in the global healthcare agenda. Expanding access in the pursuit of UHC will be insufficient to raise health outcomes if it is not accompanied by improvements in the quality and safety of the care delivered.

In 2019, Aceso Global continued its partnership with the Inter-American Development Bank in an Innovations for Quality Improvement (IQI) project to support sustainable quality improvement in countries involved in the Salud Mesoamérica Initiative (SMI). SMI targets health inequalities in Central America and Chiapas, Mexico, through a results-based financing mechanism targeting the poorest areas of each country. Achievements have proved impressive, but sustaining SMI’s gains requires a culture of
continuous quality improvement in service delivery, including upgraded skills in leadership and teamwork, and use of data in managing services at all levels.

Aceso Global’s IQI program aims to equip health system middle managers to become quality improvement coaches and champions for frontline primary healthcare providers, and to raise the profile of quality throughout the health system.

Aceso Global developed and pre-tested the IQI program throughout 2019 and will conduct a pilot in Honduras in 2020. It will be scaled up across SMI countries in 2021 and beyond.
The UHC agenda is reshaping healthcare financing. Public spending on health is increasing globally and growing more rapidly in lower-resource settings. Value-based care offers a new approach to incentivizing better performance.

Aceso Global is leading on these efforts, focusing on payment systems, strategic purchasing and value-based care to support countries in adapting to this changing landscape and to achieve improved outcomes.

In 2019, Aceso Global began working with the Rwanda Social Security Board to support strategic planning for its Medical Insurance Scheme. We are assessing the current structure of delivery and financing of healthcare services, as well as the data system and scope for oversight, management and accountability.

In the UAE, Aceso Global developed an agenda for addressing cost spirals for the Abu Dhabi Department of Health and outlined directions for...
HEALTHCARE FINANCING AND VALUE-BASED CARE

reform to contain costs and address quality of care in the Daman Health Insurance Program.

At a Johnson & Johnson event on Innovative Financing to Achieve Sustainable Universal Health Coverage in Jakarta, Indonesia, CEO Maureen Lewis presented on alternative payment arrangements in advancing value-based healthcare. The event was attended by senior government officials and parliamentarians.

Finally, throughout 2019, Aceso Global analyzed the relevance of Accountable Care Organizations (ACOs) as a means to reduce coverage gaps and improve value in middle-income settings. The financial incentives for prioritizing primary care and utilizing data for outcomes offer an important shift for middle-income healthcare services. Our analysis is summarized in a Policy Working Paper, Driving Value-Based Care: Accountable Care Organizations in Emerging Markets.

Aceso Global has and continues to engage with different players in Brazil’s healthcare sector to discuss the potential of these ideas and
other value-based reforms in Brazil. CEO Maureen Lewis and Senior Non-Resident Associate Robert Janett jointly presented on ACOs at one of São Paulo’s premier private facilities, the Sírio-Libanês Hospital. They were quoted in an article in Valor Econômico in May 2019: “for the Sírio-Libanês [Hospital], strengthening primary care can reduce the bottlenecks in hospital care,” a straightforward but revolutionary idea in São Paulo.

Former Senior Health Specialist for the World Bank, Andre Medici, interviewed CEO Maureen Lewis on these topics for his popular blog Monitor de Saúde, which was also picked up by the Brazilian Managed Care Association (ABRAMGE).
Transitions from donor to domestic financing are on the forefront of the global health agenda as donors withdraw from select countries. To ensure the sustainability of donor-funded programs and associated gains in health, governments and other stakeholders must shoulder larger costs and greater responsibilities. Early planning helps countries avoid unexpected gaps and successfully manage transitions.


Specifically, Aceso Global led the development of a Sustainability Strategy for Malaria, HIV and Tuberculosis in the Kingdom of Eswatini, working closely with the country’s multi-stakeholder Sustainability, Transition and Co-Financing Committee and the Global Fund. The Sustainability Strategy aims to help the government and donors better define the anticipated gaps from the long-term phase out of donors, lay the groundwork for replacing external support and offer options for ensuring effective healthcare investments that sustain gains in controlling the malaria, HIV and tuberculosis epidemics.

Aceso Global also continued its engagement with the Government of Mozambique and UNAIDS to kick-off a long-term sustainability planning process for the national HIV response. A detailed review of
TRANSITION AND SUSTAINABILITY

the available literature, examining epidemiological and macro-economic trends in Mozambique, and the healthcare financing and delivery landscapes, provides background for in-depth interviews with government and civil society. These inputs are meant to assist the government to identify areas of weakness for medium-term investments and to prepare to take on increasing segments of the services currently financed and provided by donor partners.

Visiting PHC providers responsible for HIV/AIDS testing and treatment in Eswatini.

Lewis, M. May 2019. “We Need to Measure and Address Corruption and Poor Governance in Health Systems” Commentary in International Journal of Health Policy and Management. Kerman University of Medical Sciences.


