

CAPABILITY STATEMENT

Health Practice

Health is a fundamental human right, indispensable for the wellbeing and welfare of humankind. Achieving health for all people means that everyone should have access to the high-quality health services they need, when and where they need them. It also means recognising that health outcomes are reliant on wider determinants of health that include the complex interactions between political, social, cultural, economic, and ecological factors influencing our health systems and health status, as well as trends in global health.

Despite the huge efforts made to date, only one-third to half of the world's population is covered by essential health services, and the pace of progress has slowed since 2010¹. The poorest communities and people affected by conflict or climate change face even greater challenges, with the most marginalised and most vulnerable often facing disproportionate barriers to accessing respectful, quality care.² Global epidemics kill millions of people, pushing

hundreds of millions into extreme poverty, and into being undernourished. Preventable death is increasing, and lifesaving vaccination services are disrupted in more than 70% of countries worldwide³.

We believe that strong, resilient, and inclusive health systems are a critical foundation upon which solutions to the world's most challenging health issues depend, including responding to Global Health Security (GHS) risks, achieving Universal Health Coverage (UHC), and reaching the Sustainable Development Goals (SDGs). This guides our vision of supporting countries to strengthen their health systems and to build resilience for accelerated responses to emerging health security threats and wider socio-economic and climate challenges.

1 World Health Organization (2019). Global monitoring report: Primary health care on the road to universal health coverage. Accessed at: <https://www.who.int/publications/i/item/9789240029040>

2 World Health Organization (2019). World Health Statistics 2019: monitoring health for the SDGs, sustainable development goals. Accessed at: <https://apps.who.int/iris/handle/10665/324835>

3 FCDO, 2022

Who we are

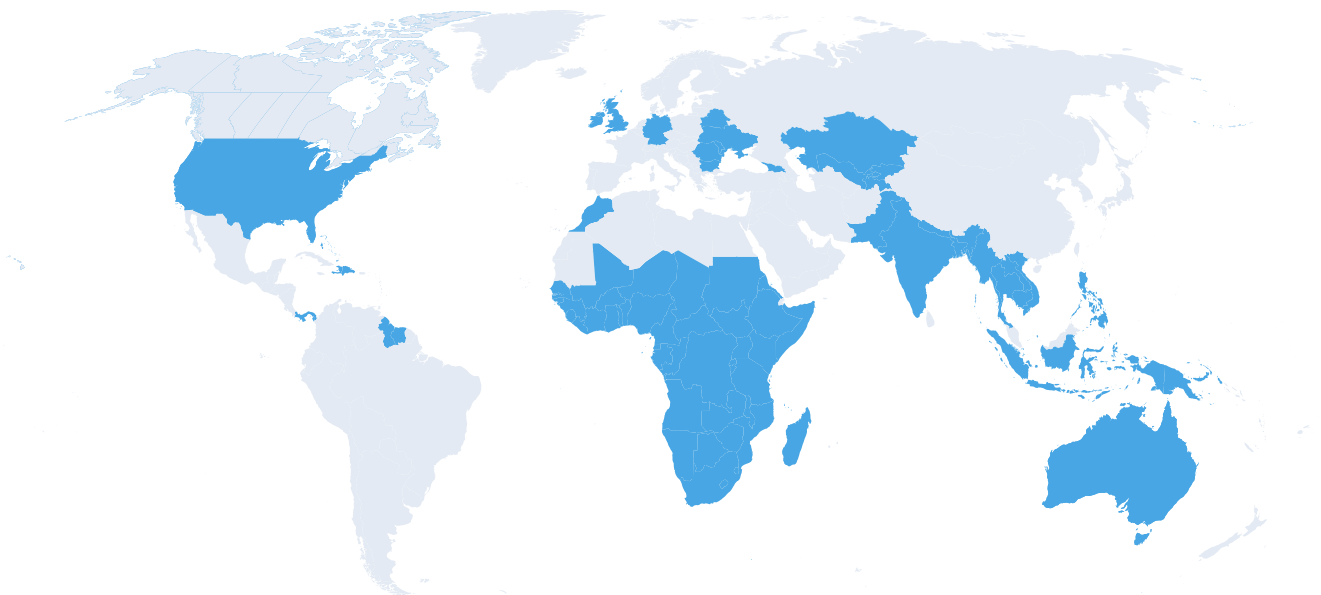
-  We are committed to supporting public policy change in low- and middle-income countries (LMICs) that improves access to good quality and affordable healthcare for all, especially the most vulnerable, through strengthening health systems, addressing global health security, and contributing to shaping the global health architecture.
-  We achieve impact through technical rigour, evidence-based, practical, and context-specific solutions, with profound emphasis on national capability building, adaptive management and sustainability.
-  We collaborate with national and subnational governments, international aid agencies, civil society and non-governmental organisations, the private sector, and people in local communities to identify and implement effective and sustainable solutions.
-  We contribute to international debates and knowledge generation around health systems governance, service organisation, financing, delivery, health systems research, global health security and global health architecture.

Our value proposition

- We offer a rare combination of **in-house technical expertise across health systems pillars and the full policy cycle**.
- We offer profound **expertise in managing and delivering** complex, multi-country, multi-year frameworks, together with long-term technical assistance (TA) programmes, as well as the ability to respond to short- and medium-term TA, research, and consultancy projects.
- We bring the ability to **synthesise and disseminate learning**, proven through multiple projects and frameworks.
- **We have an established network of over 1200 reliable health care consultants** (national and international), enabling us to successfully deliver TA and consultancy services for complex Health Systems Strengthening (HSS) projects in around 90 countries globally.
- We are proud of our **geographic footprint**, fostered by our international offices and reliable national networks.

Geographic coverage

During the last two decades, we have delivered over 2000 projects in the health sector. The map below presents key locations of our work.



Areas of Expertise

Health Systems Governance

- Health sector/Primary Health Care (PHC) /Human Resources for Health (HRH) strategies
- Business Cases
- Performance assessments (at institutional and health system levels)
- Political Economy Analysis (PEA)
- Private sector engagement
- Concurrent learning and adaptive management
- Capacity building
- Public Finance Management (PFM)

Health Service Organisation, Planning and Delivery

- Designing and costing of the Health Benefit Package (HBP)
- Primary Health Care (PHC) service organisation and delivery
- Performance assessment of hospital services
- Covid-19 response
- Epidemiological and health outcome modelling • HIV/AIDS response
- Sexual and Reproductive Health (SRH) and Family Planning (FP)
- Measuring improvements in Maternal, Newborn and Child Health (MNCH), SRH and FP
- Supporting digital solutions in FP

Health Financing

- Health financing policy/strategic planning
- Fiscal space analyses
- Resource allocation methodologies
- Service purchasing methods (for PHC and hospital services, including Diagnostic Related Groups (DRG))
- Results Based Financing (RBF)
- Public Financial Management (PFM)
- Value for Money (VfM) analysis
- Costing health services and HBPs
- Financial protection mechanisms, including Social Health Insurance (SHI)
- Capacity development in Health financing, VfM, RBF, and SHI

Monitoring, Evaluation, Research and Learning (MERL)

- Third party monitoring and verification (TPM)
- Various types of independent evaluations, including formative, process, and impact evaluations
- Qualitative and mixed methods research
- Implementation research
- Supporting research uptake and evidence use / knowledge sharing initiatives
- Rapid and Real-Time Assessment
- Data Quality Assessment of Routine Health Information

Global Health Architecture

- Supporting policy makers in LMICs to develop grant proposals aligned to SDG obligations and multilateral objectives
- Assisting multilateral grant recipients to implement grants efficiently and effectively
- Analysing and disseminating multi-country data on comparative health systems to inform global and national policies and practices
- Analysing, and reporting on, fiscal space
- Evaluations of multi-national and foundation-funded national and global health, WASH and public financial management programmes.

Global Health Security

- Generating, synthesising, analysing and disseminating evidence on Covid-19 response
- Epidemiological and health outcome modelling
- Building health systems resilience
- Workforce development
- Supporting community-based interventions
- Evaluating social protection schemes
- Integrated learning and training in GHS
- Producing impactful public health blended learning packages

Gender

- Identifying and incorporating gender priorities in Health Systems Strengthening
- Designing and delivering gender and ethnographic research
- Synthesising and sharing knowledge
- Evaluating gender-sensitive programmes
- Supporting female economic empowerment

Nutrition

- Evaluating government programmes
- Tracking public investments and reviewing expenditure
- Strengthening advocacy by supporting strategy, capacity building, coordination, and monitoring and evaluation
- Operational research and impact evaluations
- Improving service delivery

Our flagship programmes



UNAIDS Technical Support Mechanism (TSM), 2018–2022



Factsheet: 40.1 million [33.6 million–48.6million] people have died from AIDS-related illnesses since the start of the epidemic. 38.4 million [33.9 million–43.8 million] people globally were living with

UNAIDS TSM was a **US\$43 million framework**, which enabled rapid access to high impact technical support, focused on the goal of **ending AIDS by 2030**.

The framework covered about **90 countries** across the **three UNAIDS regions**: Eastern and Southern Africa (ESA), West and Central Africa (WCA), and Asia and The Pacific (AP).

Through TSM, we managed and delivered “**Fast Response**” projects across three continents.

TSM assists UNAIDS in **knowledge synthesis and learning**, which is shared with UNAIDS Country Offices, technical teams, and the wider beneficiaries of UNAIDS and the Global Fund.

PRIORITY THEMATIC AREAS:

- Community-led response to HIV/AIDS
- Epidemiology and strategic information
- Global Fund Grant Applications
- Health System Strengthening
- HIV Economics and Financing
- Human Rights and Gender
- National strategic planning and reviews
- Prevention

Results:

- 558 technical assistance assignments delivered through contracting 998 consultants from 2018 till date, managing a contract worth US\$63 million.
- 62 countries awarded US\$7.4 billion by Global Fund in 2020-2021, substantially increasing their ability to effectively implement national HIV responses and contribute to Global HIV/AIDS targets.
- 35 countries enhanced implementation of evidence-based HIV prevention programmes targeting key populations. e.g., Eswatini, Lesotho, Cote d'Ivoire, and Indonesia, addressing key policy, programmatic, and financial barriers across the prevention cascade.
- 25 countries strengthened key determinants of efficient planning and implementation, e.g. programme reviews, or programme planning, costing and M&E at national or sub-national level.

350 consultants have had their technical and soft skills improved through attending webinars and workshops organised by our TA project.

EACDS – The Expert Advisory Call-down Service (FCDO, 2016–2023)



EACDS is the **£30 million framework**, aimed at providing TA and consultancy services to FCDO advisers across **30 countries**.

EACDS is implemented by the **HEART consortium** led by us and consisting of 12 core and a number of non-core partners.

We provide the following support to time-pressured decision-makers:

- On-demand operational TA and consultancy to review programmes, supplement existing capacity, and provide additional technical expertise in various thematic areas.
- A dedicated HEART website, hosting knowledge products and additional resource (available at: <https://www.heart-resources.org/about>)

Priority sectors: Health • Education • Social Protection • WASH • Nutrition • Gender

Priority thematic areas: Covid-19 response • Business case development • Design of health systems strengthening; Maternal, newborn and child health, and family planning programmes • Value for Money analyses • National strategic plans • Public finance management • Costing and investment planning • Monitoring and evaluation • Annual, mid-term reviews • Capacity building

Outcomes:

Since 2016, we have implemented over **320 “fast response assignments”** (small to medium scale projects), with budgets varying from £20,000 to £1.5million. These projects helped FCDO country offices and national governments in 30 countries to strengthen health systems, increase efficiency and effectiveness, and value for money.

We have developed a network and database of more than **700 consultants** (national and international), bringing capabilities across the health systems pillars. Many of them have been involved in the delivery of the EACDS call downs over the last six years and received positive feedback from FCDO.

Nepal Health Sector Support Programme, Phase 3 (FCDO, 2017–2023)

We are providing **long standing technical assistance** to the Ministry of Health and Population, Department of Health Services, and sub-national governments in Nepal, in reforming **health financing, public financial management and public procurement**.

We are working closely with the Ministry of Health and Population at the **federal level**, Ministry of Social Development at the **provincial level**, and directly with 36 **local governments**.

We provide technical support in **health procurement and public financial management**, including support in formulation of annual work plans and budgets, developing procurement and public financial management strategic frameworks, guidelines and standard operating procedures; Procurement Improvement Plan; electronic Consolidated Annual Procurement Plan (eCAPP); and an electronic technical specification bank.

We supported the Government of Nepal in developing its **Covid-19 response**, including through epidemiological

MUVA – female economic empowerment in Mozambique (FCDO; 2015 –2022)

We have delivered a seven year, £16.5 million FCDO-funded programme to support adolescent girls and young women in Mozambique to increase their capacity and agency to make use of economic opportunities.

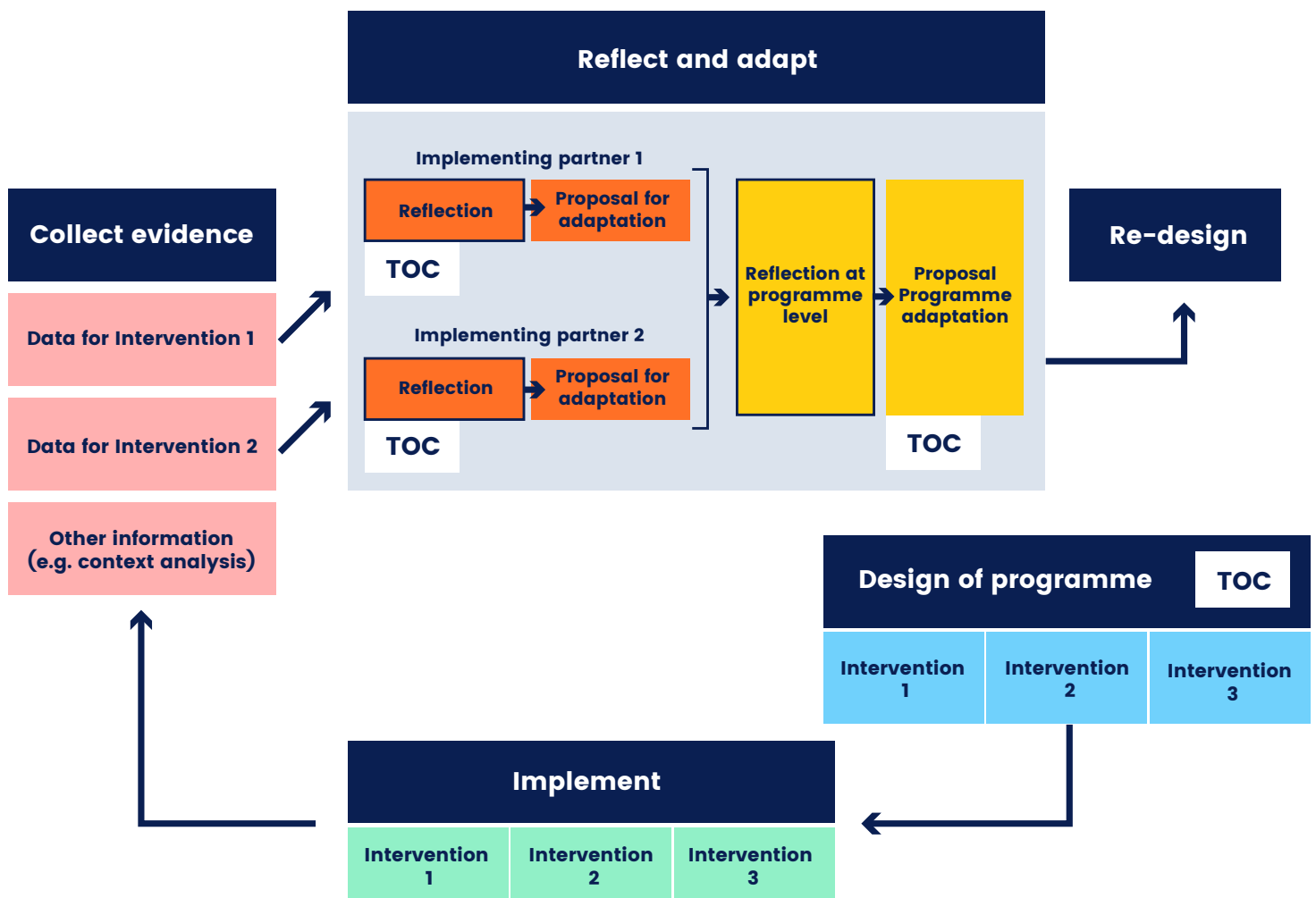
The whole design of MUVA was based on concurrent learning and adaptive management. A robust monitoring and learning system was developed and applied to generate evidence to influence policy and practice in the field of urban female economic empowerment programming.

The project included research on the links between economic empowerment and Violence against Women and Girls (VAWG), at home and in the workplace. The programme made gender, social norms and behaviour change its cornerstone.

With a strong focus on learning, adapting and the generation of high-quality evidence, MUVA placed considerable emphasis on using rigorous methods to design and evaluate the impact of its interventions, learning from where things went well (or not so well) and then adapting to do better. This meticulous approach gave MUVA a credible voice when it came to disseminating learnings and engaging with other development actors.

Outcome and impact: In total, MUVA designed and piloted more than 25 different approaches to women’s economic empowerment, reaching nearly 10,000 direct beneficiaries, and almost 94,000 indirect beneficiaries.

MUVA’s Learning and Adaptation Cycle



Performance management model for Primary Health Care (Bill & Melinda Gates Foundation, 2019–2020)

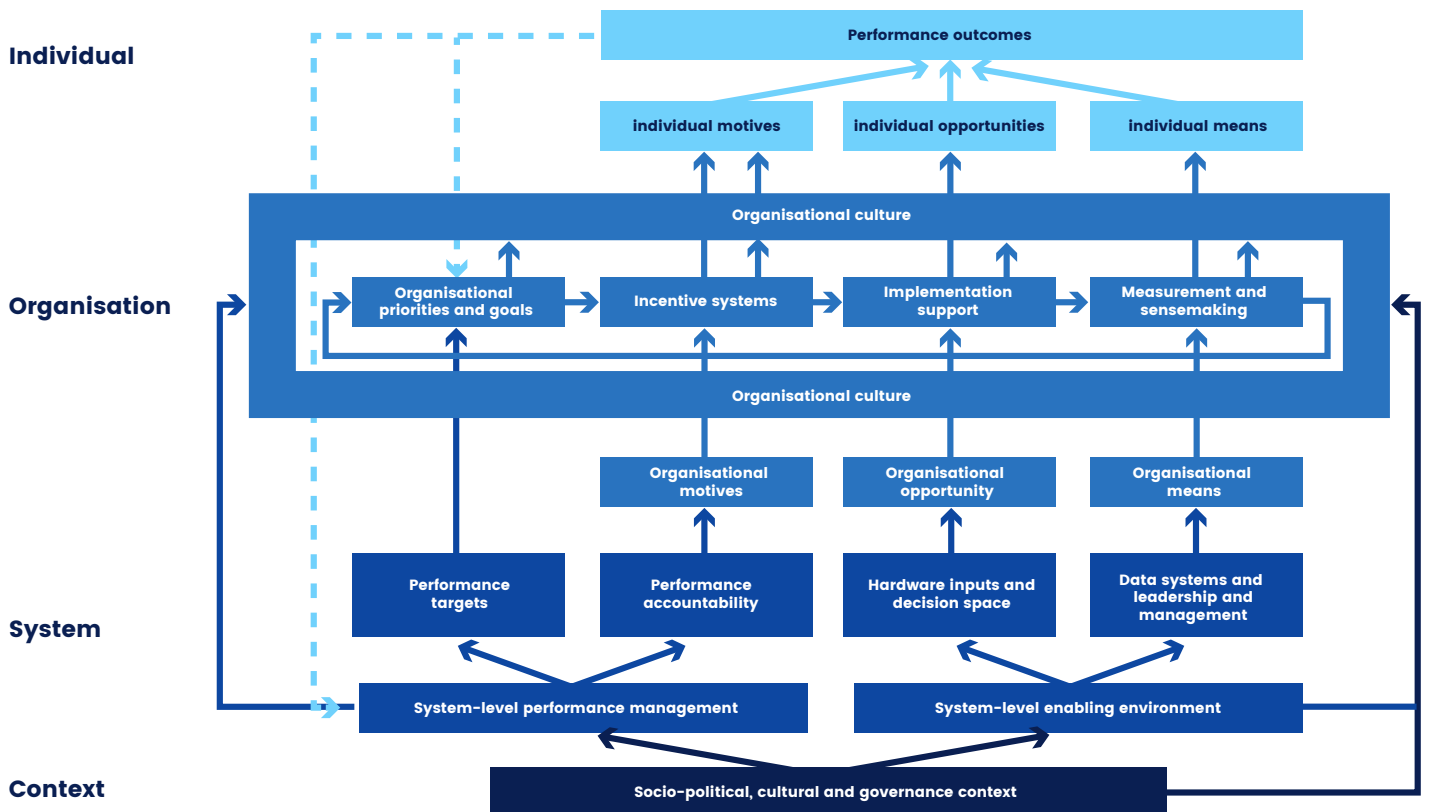
We have supported the Bill & Melinda Gates Foundation by exploring different Performance Management Frameworks (PMFs) and Performance Management Models (PMMs) applied in health systems and beyond to identify the preferred model for performance management of the Primary Health Care (PHC) system.

The main areas of work and outcomes included:

- A research summary on Performance Management Frameworks in the health sector and beyond.
- The preferred PHC Performance Management Model to be applied in low-income settings.
- A PHC system management competency model that includes measurable methods (e.g., KPIs or matrix) to demarcate poor, better, and ideal performance across key competency areas.

- Examples of countries that demonstrate PHC system changes through applying PM frameworks in relation to key competency areas.
- A landscaping of organisations that have some, or all, skills to drive performance management change.
- Recommendations for future investment and advocacy by the Bill & Melinda Gates Foundation.

Performance Management Model for PHC



Technical Support to Health Systems Strengthening in Pakistan (FCDO, 2019–2022)

In 2019-2022, we delivered five demand-driven TA projects in Pakistan, supporting the governments in Khyber Pakhtunkhwa (KP), and Punjab as well as at the federal level by strengthening health systems and improving accessibility and affordability of health care services to the poorest and most vulnerable.

Technical areas covered: Leadership and governance, service delivery and quality of care, financing, health workforce, health information, procurement and essential medicines.

Outcomes and impact: These programmes supported large-scale reforms resulting in significant policy and system changes in KP, Punjab, and the Federal Ministry of Health, Pakistan.

- We produced 157 deliverables improving accessibility and quality of primary and secondary healthcare services, and aiding evidence-based planning and public sector financial management.

- In KP, due to 24/7 skilled birth attendant facilities, the service availability has increased for over 3.7 million people
- In Punjab, the integration of 15 management information systems facilitated timely evidence-based decision making through data consolidation
- Both KP and Punjab governments were assisted in strategic and operational planning
- Deliverables were integrated into KP, Punjab and federal level health systems and policy due to government ownership and demand-driven nature of programme.
- Improved budget planning and resource utilisation achieved in KP and Punjab.
- TA enabled Departments of Health in KP and Punjab to access online knowledge management hub, store key documents and materials and avoid duplication. Staff were trained to maintain it.

Health Service Delivery

- Reforming Proposals IHSDP aided in formulating proposals for the KP DOH to enhance primary and secondary healthcare services. Proposals integrated in government's Annual Development Plan (ADP) and linked with Universal Health Coverage (UHC) reforms. The projects allocated for this purpose total £48.4 million.
- Revision of PC-I for reforming and transforming primary health care in line with new government projects (HCIP, EPHS) was done in less than 02 months
- PC-I amounting PKR 3.38 Billion for revamping of non-teaching DHQs in NMDs to bring it at par them with settled districts in less than 02 months

Health Workforce

- Strategic Planning for Lady Health Workers intervention and training aligned with UHC
- Development of the manual and training of skilled birth attendants using the updated manual in line with UHC.
- Training of staff in the financial management unit on public financial management and using a budget execution dashboard.
- 380 personnel have been deployed at the health facilities to provide services

Health Information

- Framework for EMR with a roadmap for implementation.
- Budget execution dashboard to track budget in the financial management cell. Lag time reduced from a month to 3-4 days
- Digital platform for KP-HCC to improve access and coverage to register and license health care establishments in remote areas.
- The KP HCC mapped approximately 3000 private health care facilities for registration and licensing using a digital platform.

Essential Medicines

- Situation analysis with a roadmap for implementation of a feasible technology solution for Directorate of Drug Control & Pharmacy Services in an integrated manner to ensure the Integrated pharmaceutical information management system.

Health Financing

- Assess the existing arrangements for integrated budget planning and budget execution reviews. Institutional and organizational arrangements in place and existing HR capacities.
- Establish and notify a Working Group for Integrated Budget Planning, Budget Execution Review, and Health Financing
- Identify mandate and roles
- Establish terms of reference
- Review of the PFM training materials of the PHSA for the training of the management and general cadre staff
- District budget execution review
- Capacity building of relevant staff in integrated budget planning.
- Notified Working Group for Integrated Budget Planning and Budget Execution Adoption of the Budget Execution Dashboard by the DOH
- Roadmap prepared for improving district level budget planning

Leadership And Governance

- Support to KPHF in strengthening their procurement and contract management functions to execute outsourcing agenda of provincial government. KPHF outsourced 11 un-utilized hospitals to provide equitable secondary health care services to 1.1 million population for the first time in their proximity with an operational budget of PKR 8.3 billion within a span of 03 months.

Third Party Monitoring (TPM) for Women's Integrated Sexual Health (WISH) (FCDO, 2018–2024)

The Women's Integrated Sexual Health (WISH) programme is one of the FCDO's flagship programmes. This £238 million programme, operating in 27 countries in sub-Saharan Africa will deliver up to 20% of the UK's overall commitment to improving global sexual and reproductive health and rights by ensuring equitable access to family planning, and sexual and reproductive health services to women and girls across the globe, particularly the most vulnerable and marginalised populations.

In partnership with Itad, we conduct monitoring of WISH results and generate evidence and learning to provide FCDO with updates on programme impact and to inform programme adaptation to maximise performance.

We are taking a three-pronged approach to assessing programme impact to inform programme adaptation:

1. Independent verification and triangulation of results reported by the WISH implementing partners through periodic data and document review, and surveys of

WISH health facilities across 19 countries.

2. Generation of evidence of results through discrete studies; and
3. Facilitation of learning among the implementing partners and FCDO to analyse progress, discuss course correction, identify good practice, and adapt programme implementation as needed.

Outcomes and impact: This work supports our objective of providing an ongoing critical constructive review of the implementers and recommend improvements for course correcting and improving programme delivery. Our verification work is providing FCDO with a critical eye on implementers' data and data systems, thus giving confidence in the results reported. In addition, we are enhancing programme learning by generating new evidence on interventions, facilitating greater collaboration across implementers, and helping implementers to strengthen the systems that generate routine programme data and support

Evaluation of UNICEF's District Health Systems Strengthening Initiative (2019–2022)

We were contracted by UNICEF for a **three-year evaluation** of the District Health Systems Strengthening Initiative (DHSSi) to assess progress and inform ongoing design, implementation, and future scale-up of the programme.

A three-year initiative, DHSSi supported sub-national health systems strengthening in Kenya, Tanzania, Malawi, and Uganda. These are countries where decentralisation of health service delivery makes effective subnational planning and management critical for health system improvement. The core activities involved supporting use of evidence-based approaches to annual district health planning, and developing strategies and training to strengthen district health management skills. DHSSi was led by the UNICEF Eastern and Southern Africa Regional Office (UNICEF ESARO) and implemented in collaboration with respective UNICEF country offices (COs), under a grant agreement with the Bill & Melinda Gates Foundation.

Methods: The evaluation approach was theory based and aligned to DHSSi's theory of change (ToC). From 2020 to 2022, there were three annual rounds of data collection, analysis and reporting. Evaluation questions were structured using criteria of relevance, coherence, efficiency, effectiveness, sustainability, and impact, and linked to the DHSSi ToC and a conceptual framework developed by the team. The evaluation also collected information for results

framework reporting.

Evaluation methods included document review, key informant interviews and group discussions with international, national, and district stakeholders, primarily District Health Management Teams, national governments, implementing partners, and UNICEF staff. Planning and management practice was assessed partly through the Planning and Management Assessment Tool, or PAMAT, a rubric and scoring system developed by the evaluation team to assess areas such as use of evidence-based approaches, stakeholder engagement, review and implementation of plans. Impact information was based on quantitative analysis of national DHIS2 data as well as data on changes in health system bottlenecks.

Impact: UNICEF country offices and the regional team used our annual evaluation findings to adjust DHSSi strategies and areas of focus, in order to strengthen relevance and effectiveness. The findings also informed UNICEF's plans for future strategies and programmes, and they were used by implementing partners and national governments to support ongoing work and future thinking. Strengthening district planning and management remains a critical area of need for health system strengthening, and the evaluation helps to guide investment in an area with limited evidence.

Client Feedback



Over the last five years that OPM has implemented the UNAIDS Technical Support Mechanism contract, the OPM team has been consistently professional, collegial, and highly responsive to the needs of UNAIDS offices and partners in the countries we support. We are especially appreciative of the high-quality standards that they apply to the work of consultants and staff, even when managing high volumes of assignments.

Kaori Kawarabayashi, UNAIDS TSM Manager

FEEDBACK ON UNAIDS TECHNICAL SUPPORT MECHANISMS (TSM)



TA: Low budget but high output and value for money! Despite Covid-19 and limited financial budgets for this year, both Punjab and KP teams managed to achieve their respective deliverables on time. Excellent communication and teamwork between DOH, the delivery partner OPM, and the BHC-Islamabad programme team was repeatedly highlighted as a key reason for success.

Health Team, FCDO, Pakistan

FEEDBACK ON HEALTH SYSTEMS STRENGTHENING TA, PAKISTAN



The MAINTAINS Ethiopia research plan is brilliant. The research design is ambitious and policy relevant, and detailed.

Ciara Silke, Resilience Adviser, FCDO Ethiopia

FEEDBACK ON FCDO MAINTAINS



I have been really impressed by the work of the TPM and the journey we have been on through WISH. The collaboration between the TPM and the Implementing Partners on WISH is an astounding achievement and has been a real test case for how TPMs can work to support adaptive programming and really put the “critical friend” model into practice. I have been really impressed with the expertise, collaboration and learning facilitated by the TPM – including some outstanding learning events, the Covid-19 adaptation work and the high-quality products on evidence and learning and results verification. I am so delighted to have worked with you all – and know that the lessons, learnings, and best practices from WISH will continue into the future across all our organisations.”

Abby Robinson, WISH FCDO Manager

FEEDBACK ON FCDO WISH TPM PROGRAMME



We are confident that the findings and recommendations will help UNICEF respond to the Covid-19 crisis and improve the lives of children, women, and young people in the ESA region. It’s been a pleasure working with such a professional and constructive team. We look forward to our continued collaboration with OPM in the context of the DHSSI evaluation and to other opportunities in the future.

Urs Nagel, UNICEF Evaluation Manager

FEEDBACK ON REAL TIME ASSESSMENT OF UNICEF’S RESPONSE TO THE COVID-19 CRISIS



A special thanks to OPM for a well-written, comprehensive, and insightful evaluation report.

Bejoy Nambiar, Health Systems Specialist, UNICEF Malawi

FEEDBACK ON UNICEF DHSSI



The technical support provided by NHSSP for health sector budget analysis, its policy implication and skill transfer to provincial team is very much appreciated. It will finally contribute to the health system strengthening at provincial level.

Secretary for Ministry of Health of Lumbini Province, Nepal

FEEDBACK ON FCDO NEPAL HSS PROGRAMME



The technical support provided by NHSSP for system strengthening on public procurement and financial management by developing procurement improvement plan and public financial management improvement plan is very important in the decentralized context. We are happy that we have started a conversation on such an important and sensitive topic

Secretary for Ministry of Health of Lumbini Province, Nepal

FEEDBACK ON FCDO NEPAL HSS PROGRAMME



As with previous years, the report is excellent and a pleasure to read in the midst of a lot of programmatic noise.

A snapshot of our team



Tata Chanturidze

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MERL Hub Lead



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India Health Hub Lead



Louise Allen

Principal Consultant, Health Financing (HF)
HF Hub Lead



Kate Gooding

Principal consultant, Monitoring, Evaluation, Research and Learning (MERL)



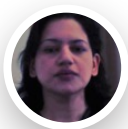
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Global Health Security Hub Lead



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Principal Consultant, Health Systems Strengthening (HSS)



Devendra Gnawali

Senior Consultant, Health Services and Public Finance Management



Priya Das

Principal consultant, Gender



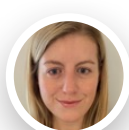
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Hannah Taylor

Project manager, BMGF Family Planning framework



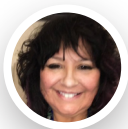
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Arlette Campbell White

Health Service Organisation and Delivery Hub Lead



Francis Ayomoh

Senior Consultant, Health Financing

Our global network of offices

Over the years, we have set up offices around the world. We know that to have the biggest impact and the deepest local understanding, we need to be rooted in the countries where we work, employing the very best local expertise and developing strong relationships with country governments and partners.



About us

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