

Capability Statement

Health Systems Strengthening and Health Financing

Health is a fundamental human right, and is 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, including the complex interactions between political, social, cultural, economic, and ecological factors that influence our health systems and health status, as well as trends in global health.

Despite the huge efforts made to date, only from one-third to half of the world's population is covered by essential health services, and the pace of progress has slowed since 2010.¹ 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 malnutrition. Preventable deaths are increasing, and lifesaving vaccination services are disrupted in more than 70% of countries worldwide.³

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 achieving the Sustainable Development Goals (SDGs). This guides our vision of supporting countries to strengthen their health systems and 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'. www.who.int/publications/i/item/9789240029040

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

3 UK Foreign, Commonwealth and Development Office (FCDO) (2022).

Who we are

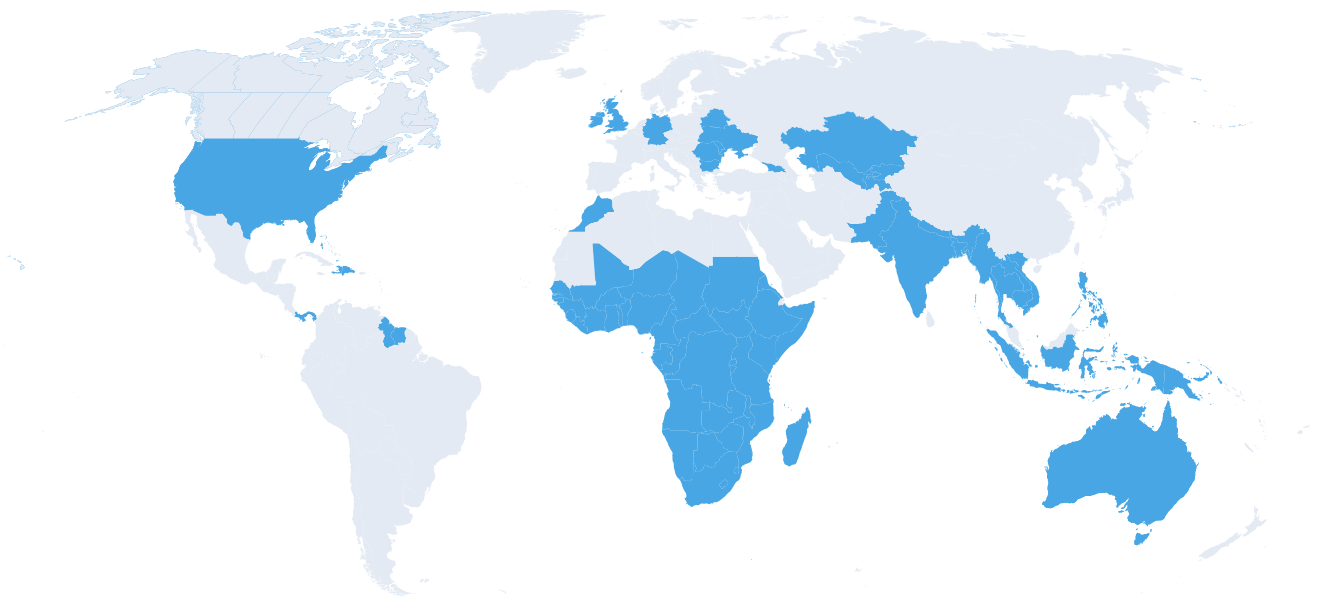
-  We are committed to supporting public policy change in low- and middle-income countries (LMICs) that improves access to good quality and affordable healthcare for all, especially the most vulnerable, through strengthening health systems, addressing global health security, and contributing to shaping 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 healthcare (PHC)/human resources for health (HRH) strategies
- Business cases
- Performance assessments (at the institutional level and at the health system level)
- Political economy analysis
- Private sector engagement
- Concurrent learning and adaptive management
- Capacity building

Health Service Organisation, Planning and Delivery

- Designing and costing of health benefit packages (HBPs)
- PHC service organisation and delivery
- Performance assessments 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, SRH and FP
- Supporting digital solutions for FP

Health Financing

- Health financing policy/strategic planning
- Fiscal space analysis
- Resource allocation methodologies
- Service purchasing methods (for PHC and hospital services, including diagnostic-related groups)
- 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 (TPM) and verification
- 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 assessments
- Data quality assessments of routine health information

Global Health Architecture

- Support policymakers in LMICs to develop grant proposals that are aligned with the SDG obligations and multilateral objectives
- Assisting multilateral grant recipients in implementing 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 multinational and foundation-funded national and global health, water, sanitation and hygiene (WASH), and PFM 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 Global Health Security (GHS)
- Producing impactful public health blended learning packages

Gender

- Identifying and incorporating gender priorities in HSS
- 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, and Asia and The Pacific.

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
- HSS
- HIV economics and financing
- Human rights and gender
- National strategic planning and reviews
- Prevention
- Testing and treatment

Results:

- A total of 558 technical assistance assignments were delivered by contracting 998 consultants from 2018 to 2022, managing a contract worth US\$63 million.
- 62 countries were awarded US\$ 7.4 billion by the Global Fund in 2020–21, substantially increasing their ability to effectively implement national HIV responses and contribute to global HIV/AIDS targets.
- 35 countries enhanced their implementation of evidence-based HIV prevention programmes targeting key populations. For example, Eswatini, Lesotho, Cote d'Ivoire, and Indonesia addressed key policy, programmatic, and financial barriers across the prevention cascade.
- 25 countries strengthened the key determinants of efficient planning and implementation, such as programme reviews, programme planning, costing, and monitoring and evaluation at national or sub-national levels.
- The technical and soft skills of 350 consultants were improved by their attending webinars and workshops organised by our TA project.

The Expert Advisory Call-down Service (EACDS) (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 HSS; Maternal, newborn and child health, and FP programmes • VfM analyses • National strategic plans • PFM • 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 TA** to the Ministry of Health and Population, Department of Health Services, and sub-national governments in Nepal, in reforming **health financing, PFM 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 PFM**, including support in formulation of annual work plans and budgets, developing procurement and PFM strategic frameworks, guidelines and standard operating procedures; A Procurement Improvement Plan; an 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 modelling and costing.

Kazakhstan Health Sector Technology Transfer and Institutional Reform (World Bank, 2014–15)

We have supported the Government of Kazakhstan in implementing health policy, health financing, and service purchasing reforms since 2010. We supported the Government of Kazakhstan in enhancing capabilities within the Ministry of Health and Social Development in regard to evidence-based policy, improving provider payment systems for inpatient and outpatient services, strengthening the capabilities of the health service purchasing agency, and developing SHI in Kazakhstan. We also developed a governance framework and roadmap, developed SHI

regulations, and supported the costing of health services, the development of standards of service provision, and capacity building of SHI staff.

Relevance: TA for costing services, purchasing services, and capacity building for government employees.

Results-Based Financing Technical Assistance, Nigeria (World Bank, 2014–18)

As part of the World Bank-funded Nigeria State Health Investment Programme, we provided technical assistance to support the development of RBF mechanisms within three pilot states in Nigeria. Performance-based financing programmes were designed; business plans were developed; and contracting, rigorous verification, and payment facilitation was implemented with stakeholders

at the state, local government, and health facility level. Evaluation systems were also developed to measure impact and provide a basis for scaling up successful interventions

Relevance: TA in designing and implementing RBF mechanisms and building RBF capacity.

Expert Pool for National Health Insurance in Nepal (GIZ, 2023–24)

We are supporting the Ministry of Health and Population and the Health Insurance Board (HIB) in Nepal to strengthen their core processes and to develop the strategic competence of their experts and managers for social health protection. Our TA broadly focuses on setting up the Policy, Planning and Monitoring Department at the HIB, preparing for the outsourcing of claims processing, building capacity on

revising the remuneration mechanism and reimbursement rates of the benefit package, and providing advice and capacity strengthening to the HIB on various technical matters.

Relevance: TA in costing services, registration, licensing, tendering of services, and capacity building of public entities.

Developing a Health Financing Strategy for Ethiopia (UK Department for International Development, 2014–15)

We worked in close collaboration with the Ethiopian Ministry of Health to develop a health financing strategy to support medium-term targets for UHC. We conducted a situation analysis, including a fiscal space analysis, efficiency savings analysis, and HRH analysis, based on health financing

strategy scenarios.

Relevance: Experience of providing TA to develop a health financing strategy in the African context, including fiscal space and efficiency analysis..

A scoping review of the governance of the private sector in mixed health systems across LMICs and the development of a progression pathway model countries can use to gauge their governance maturity (World Health Organization, 2022–23)

We conducted a scoping review of the governance of the private sector in mixed health systems across LMICs and we used the scoping review to inform the development of a maturity model of governance capacities to steward the private sector in health. The maturity model is intended as a practical tool that can be used to summarise a country's performance in governing the private sector in health

across governance domains, to identify priority areas for improvement and investment, and to track performance over time.

Relevance: TA to synthesise the state of knowledge of regulation and contracting of for-profit and non-profit private providers in mixed health systems.

Long-term arrangement for technical support to UNICEF's Country Offices in Public Finance for Children (PF4C) (United Nations Children's Fund (UNICEF), 2016–23)

We were a supplier on UNICEF's original PF4C Long-Term Agreement and provided UNICEF with high-quality child-focused PFM support at the global, regional, and national levels. The consortium, which we led, delivered UNICEF's Global PF4C PFM course between 2016 and 2020. The 2019 course involved the development of a 16-week PFM

e-learning platform and five-day in-person workshops delivered across various global locations, reaching over 200 participants.

Relevance: Capacity building of civil society on PFM.

Health Financing Service – Health, HIV/AIDS, and TB Project, Swaziland (World Bank, 2016–18)

We supported the Government of Swaziland in fiscal space analysis, SHI actuarial analysis, costing of a benefit package, benefit incidence analysis, public expenditure review, technical efficiency analysis, and strategic purchasing analysis. This was followed by supporting the government through the setting up and capacity building of a health financing unit, the development of SHI, the development and

implementation of a resource allocation formula, and the setting up of a sector-wide approach (SWAp).

Relevance: Costing of benefit packages, strategic purchasing, health sector financing strategy development and implementation, PFM, together with capacity building of government employees in the African context.

Strengthening PFM, Anti-Corruption and Accountability Institutions in Sierra Leone (FCDO, 2019–21)

TA to build the capability of key PFM, anti-corruption, and accountability institutions within the Government of Sierra Leone through a package of targeted strategic and technical assistance. This included improving public revenue

generation, strengthening public expenditure management systems, and strengthening oversight and anti-corruption institutions.

Relevance: PFM experience in LMIC contexts.

Implementation Research and Innovation Support (IRIS) for Family Planning (Bill & Melinda Gates Foundation, 2022–25)

IRIS is an innovative facility that supports the Bill & Melinda Gates Foundations' FP team to generate and effectively share actionable evidence on innovative, effective, efficient, and scalable supply and demand interventions in FP. We are doing the following: conducting a cost-effectiveness analysis of the 'Honey & Banana Connect' (HBC) digital platform in Nigeria, estimating the incremental cost-effectiveness ratio of the HBC programme to allow for

comparability to similar programmes; conducting cost-benefit analysis, including assessing the maternal and child healthcare costs saved, as well as other potential social and economic benefits of HBC; and conducting VfM analysis of HBC's economy, efficiency, and effectiveness through applying agreed-upon sub-criteria and standards.

Relevance: Economic and VfM analyses of health

Domestic Budget Analysis (Global Fund, 2022–2023)

We conducted a regional and country-level analysis of domestic budgeting and expenditure on PHC, HIV, TB, and malaria health across 50 African countries. The objective was to generate actionable evidence and simplified methods to rapidly assess Global Fund co-financing requirements and programmatic focus against domestic health budgets and

execution data.

Relevance: Experience in health resource mapping, mapping existing financial reporting to programmes at the intervention level in an African context.

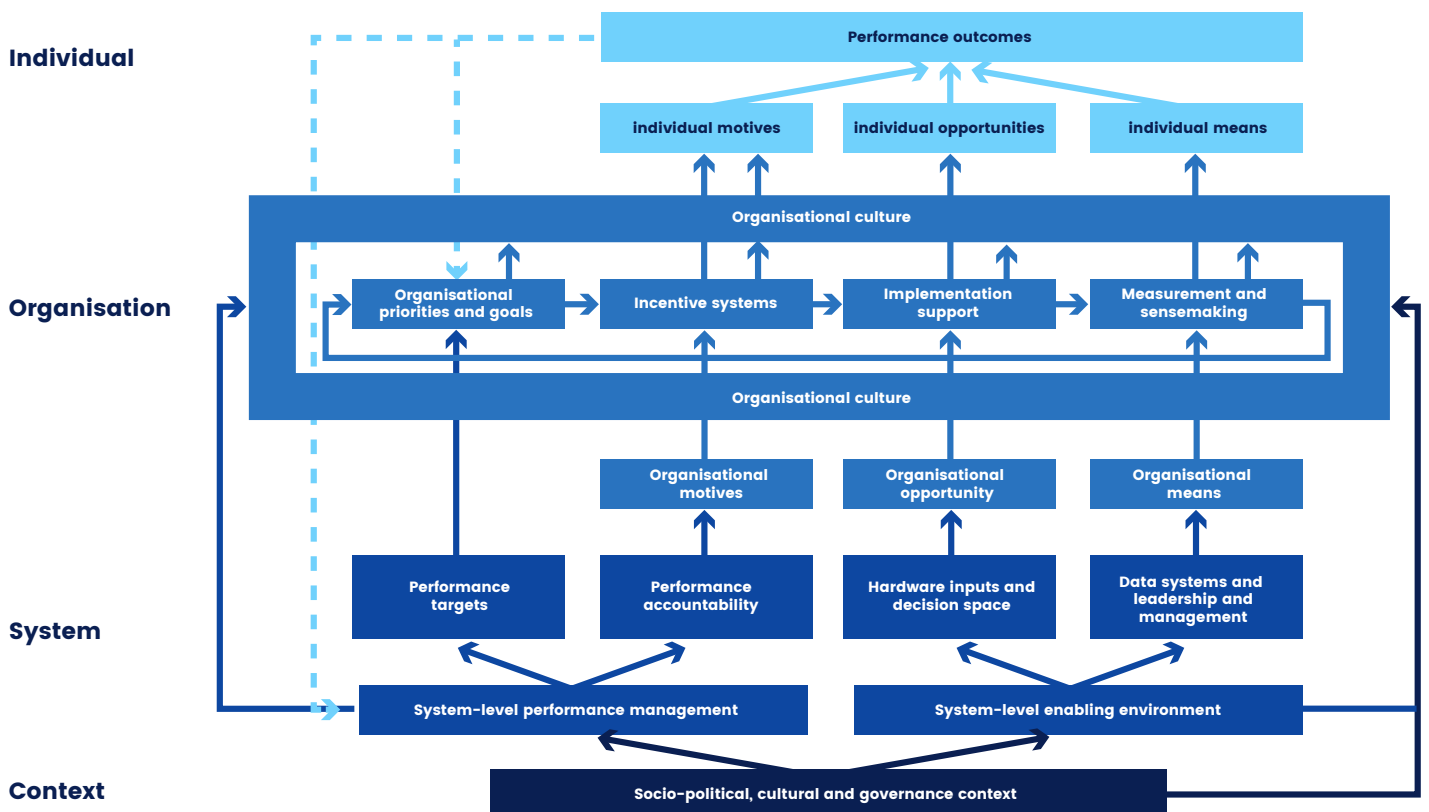
Performance management model for PHC (Bill & Melinda Gates Foundation, 2019–2020)

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 the following:

- **Providing a research summary on performance management frameworks** in the health sector and beyond.
- **Setting out preferred PHC performance management models** which can be applied to low-income settings.
- **Developing a PHC system management competency model** that includes measurable methods (e.g. key performance indicators or matrices) to demarcate poor, better, and ideal performance across key competency areas.
- **Providing examples of countries that demonstrate PHC system changes by applying performance management frameworks** to key competency areas.
- **Setting out the landscape of organisations** that have some or all skills to drive performance management changes.

Performance Management Model for PHC



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

In 2019–22, we delivered five demand-driven TA projects in Pakistan, supporting the governments of Khyber Pakhtunkhwa (KP) and Punjab, as well as providing support at the federal level, by strengthening health systems and improving the accessibility and affordability of healthcare services for the poorest and most vulnerable.

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

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

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

- In KP, owing to 24/7 skilled birth attendant facilities, service availability 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 the KP and Punjab governments were assisted in improving their strategic and operational planning
- **Deliverables were integrated into KP, Punjab, and federal-level health systems and policies** due to government ownership and the demand-driven nature of the programme.
- **Improved budget planning and resource utilisation was achieved by KP and Punjab.**
- **The TA enabled the Departments of Health in KP and Punjab to access an online knowledge management hub,** store key documents and materials, and avoid duplication. The staff were trained to maintain this.

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.

*No TA was initiated, and the task was undertaken by the Project staff

Third-Party Monitoring (TPM) for Women's Integrated Sexual Health (WISH) (FCDO, 2018–24)

The Women's Integrated Sexual Health (WISH) programme is one of 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 SRH and rights by ensuring equitable access to FP and SRH services to women and girls across the globe, particularly the most vulnerable and marginalised populations.

In partnership with Itad, we are conducting monitoring of WISH results and generating 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 recommending improvements for course correction and programme delivery. Our verification work provides FCDO with a critical eye on implementers' data and data systems, thus increasing confidence in reported results. In addition, we are enhancing programme learning by generating new evidence on interventions, facilitating greater collaboration across implementers, and helping implementers strengthen the systems that generate routine programme data and support evidence-based decision-making.

Evaluation of UNICEF's District Health Systems Strengthening Initiative (2019–22)

We were contracted by UNICEF to carry out 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. The three-year initiative, DHSSi, supported sub-national HSS in Kenya, Tanzania, Malawi, and Uganda. In these countries, the decentralisation of health service delivery makes effective sub-national planning and management critical for health system improvement.

The core activities involved supporting the use of evidence-based approaches to annual district health planning, and developing strategies and training modules to strengthen district health management skills. DHSSi was led by the UNICEF Eastern and Southern Africa Regional Office and implemented in collaboration with respective UNICEF country offices, under a grant agreement with the Bill & Melinda Gates Foundation.

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

The evaluation also collected information for results framework reporting.

Evaluation methods included the following: 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 practices were assessed partly through use of the Planning and Management Assessment Tool (PAMAT), a rubric and scoring system developed by the evaluation team to assess areas such as the use of evidence-based approaches, stakeholder engagement, review, and implementation of plans. The assessment of impact 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 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 HSS, and the evaluation can help guide investment in an area in which there remains 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 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 HSS 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.

Ulrika Baker, MD MSc PhD, Health manager, Primary Health Care, UNICEF Tanzania Country Office

FEEDBACK ON UNICEF DHSSI

A snapshot of our team



Tata Chanturidze

Principal Consultant,
HSS,
Health Practice Lead



Kavita Chauhan

Principal Consultant, Behavioural Research,
WASH, and Nutrition, India Health Hub Lead



Cindy Carlson

Senior Principal consultant, HSS



Kate Gooding

Principal consultant, MERL



Louise Allen

Principal Consultant, Health Financing,
Health Financing Hub Lead



Ruhi Saith

Senior Consultant, PHC and Health Research



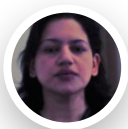
Nicholas Lobel-Weiss

Global Health Security Hub Lead



Devendra Gnawali

Senior Consultant, Health Services and PFM



Mahwish Hayee

Principal Consultant, HSS

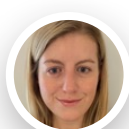


Siobhan Mahoney



Priya Das

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Hema Bhatt

Senior Consultant, Health Services and PFM



Mike Low



Shuchi Srinivasan

Senior Consultant, HSS and
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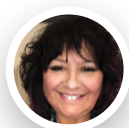
Francis Ayomoh

Senior Consultant, Health Financing



Bilal Hakeem

Principal Consultant, MERL, MERL Hub Lead



Arlette Campbell White

Health Service Organisation
and Delivery Hub Lead

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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