

# Making Partnership A Priority at USAID: An Interview With Don Pressley

*By Barbara Ruben*

Last October, Donald Pressley, acting assistant administrator for USAID's Bureau for Europe and the New Independent States, talked with CommonHealth Editor Barbara Ruben about the agency's work in the region, its priorities for health care and health system reform, and advice for partners.

## **How have USAID's strategies and goals for the region evolved over the last few years?**

In 1989, the Freedom Support Act, which first provided funding for democratization projects in the region, set the framework for our current work. At the time, we had no USAID missions in the region [today there are 17]. We made a lot of mistakes along the way, but had successes too.

It's time now for a pause and a new focus on how to move forward. As a result, we have started to lay out our strategy and vision for new ways of doing business. We are making the shift from a teaching mode to sustainable partnerships, which is right up your alley. We had been helping develop banking, private property, legal systems and so on, but as they get more of this into place, the emphasis of assistance will be changing. This means moving our relative emphasis from creating the legal environment and institutions related to a market economy more toward the communities themselves. We should be closer to the people, to education, to the grassroots if you will.

Today, the various countries of Central and Eastern Europe and the New Independent States of the former Soviet Union are in three different stages of evolution: The first is defining and starting anew. This started years ago in most countries, except perhaps for Belarus and a few of the Central Asian countries. Then some of the countries are caught in the middle. They are suffering the most in some ways. And some countries, such as Poland, Hungary and the Czech Republic, have done very well. They are on the path for NATO membership and inclusion in the European Union. We are phasing out programs in these countries.

USAID wants to emphasize five areas as the countries move through these phases of evolution:

1. Community-based programs. We want to promote local development in country, rather than waiting for government to tell them what to do. They need to do more for themselves.
2. Government-focused programs. But these will be much more selective. They are a declining part of our portfolio.
3. Greater focus on a whole range of social issues, with health being number one. Environment, role of women--who represent such a vibrant opportunity for countries, business, and education--are examples.
4. Job creation. This is so important for those countries. Here we will have less of an emphasis on privatizing the telecommunications or electrical system, but a focus on creating jobs.
5. Democracy building. This is especially important as we look at Serbia and other countries. A civil society must be a central part of these societies and economies.

Integration of these principles is very important. Too often in the past, we put each activity in a compartment. Today, we're trying to create new teams, to engage the community as a whole. We envision health, civil society and environmental efforts working together to reach across and integrate. The holistic approach is very important to us.

To do this, we're taking a three-pronged approach:

1. We rely on in-county missions. We believe that puts us closest to the problems, where the decisions should be made, not back in Washington.
2. We also have regional mechanisms so that residents in one country can learn from those in countries nearby, who often face similar issues, but have crafted different approaches to them.
3. We also have legacy mechanisms. For example, we are working with other organizations to establish the Trust for Civil Society in Central Europe, as a way to sustain support, but in a limited way, when USAID pulls out of countries.

### **What does that mean for the way AIHA and our partners interact with USAID?**

We need to improve upon our relationships with our partners. Too often our primary officers are afraid of real partnership relationships. They say you have to report to me.

USAID Administrator Brian Atwood is leading the charge. We need different types of cooperative agreements. We want you working with our missions. We want you adding a regional component. We need you to integrate it and make it holistic.

### **In what ways can reform of health care systems in the NIS and CEE help support the transition to democracy?**

We have divided our program into three goal areas: economic transformation, democratization, and the social issues that these countries are going through as they make the transition from command economies to free-market economies.

Frankly, in the early years, we focused most of our attention on economic reform and democratization. But at the same time we're seeing that part of the pain people are experiencing as they go through this transformation relates to their own health care. A new paradigm is coming into play in terms of what they are seeing and what they want and how governments are responding to their articulation of their needs and their demands.

In that context, there are some problems that are beginning to emerge that either we didn't know about because of under reporting in the old days or that are, in fact, now emerging. And that's the whole primary care level of issues--not so much specialized hospital care, but the preventive care, the public health issues as we think of them here in our country--as a starting point of where these countries need to focus their attentions. As they begin to deal with the increase in tuberculosis, as they begin to deal with HIV/AIDS, as they begin to deal with some of the other blood-borne diseases they're seeing on the increase, they need to do it at the earliest stages as public health issue. That's where we think our attention can best be focused.

We have learned that the kind of even-handed, fair health systems that was touted under the former Soviet system, was really a multiple-layer system in which health care was divided. If you went in the morning you stood in a line of 200 people. If you went in the afternoon and paid a little bit you got access to the doctor and the equipment and the technology that was available there.

First they had to decide, are we going to break down and start anew? How are we going to deal with these types of issues? So once they agreed in their minds how to do that, they had to go through the process and figure out what made sense in their community, in their culture, in their environment so that they were responding to their citizens.

They had to do this at the same time as they were dealing with quality of care, with efficiency of care, the cost of care. And we don't have a particular prescription for that. Our own country is struggling with these same issues. We may be coming at it from a different starting point, but it's the same questions that we're asking ourselves.

Our first task, then, is to help them think through the issues and come up with solutions that work with them, but that also begin to address those sets of issues. And it varies from the kind of insurance program they're looking at in Central Asia to some of the Central European nations that want to be closer to a Scandinavian-type of model. So we're not prescriptive in a particular American model. I personally don't think a particular American model even exists.

At AIHA's CEE partnership conference in Bucharest last May, you said that AIHA's partnerships have been the inspiration for other such collaborations in USAID projects. Why is the partnership model a particularly good one for accomplishing USAID's goals?

In some ways the AIHA program is a model for where I'd like to see more of our program moving. In the past, we have been very instructive in our approach in some other areas. We brought in technical assistance to talk to them about how to create new institutions.

The health partnership program takes much more of an approach of working together to find common solutions that then move from the specific to the general. I think that is a much better and more useful approach for us today. As I articulate the theme of sustainable partnerships, it's not only at the country-to-country level, or an institution-to-institution level, it's at the people-to-people level. This is where I've seen the AIHA program have the most impact, and that's why I say it truly is the model for other aspects of our program, whether it's in the social and health care area or whether it's in the economics area.

One example of where we're using partnerships is in the electricity industry, where electric utilities from the US are partnered with an electric utility in Central Europe. They're working to transfer approaches, but in a partnership way. Not just, "This is how you do it and we're telling you that." It's learning together what approach to take.

**What advice do you have for old and new partners, on both sides of the Atlantic, for making the biggest impact through their partnerships?**

I think you're at a very interesting time because you're going to have some disappointed people who say, "I wish we could have just continued on." To them, I would say, be ready and willing to share your experience. You have learned a lot through this and you've benefitted. And you should feel good about what you've done in the NIS. Be giving. Work to help show others the benefits of partnership.

I think it's a very exciting opportunity to enrich yourselves in a number of ways. What makes a partnership a partnership, is mutuality. There's benefit and respect and trust on both sides. And out of that there are lessons and opportunities and rewards for both sides. It takes a lot. I don't think any new partners should go into this endeavor thinking just that "I get a new grant for something." They put more into it than they get from USAID, I'm absolutely convinced. But they'll also reap tremendous rewards in terms of relationships and professional enhancement.

**How should partners prepare for ways to sustain their work and the relationships they've built once USAID funding for a partnership ends?**

One point that I think needs attention, is that we're talking about sustainable partnerships. What does sustainability mean and how long does it last? And what kind of commitment does it take? When you're starting a new partnership, a great deal of thought should be given to the issue, where you want to be when the assistance side of it is over? I think if we don't go into that with our eyes open, with our understanding of the commitment to sustainability, that two years from now, three years from now, there will be great disappointment. I would like to avoid that up front.

I want them to say "Where are we going to be on that day? If we're going to enter into it, let's not just think about the up-front gain, but let's think about the end game as well."

In Bucharest American partners shared what they had gained, what they are learning. That meant a lot to me. There is mutuality in a partnership. We're asking at the same time for them to think 10 years down the road. It's a relationship that engages citizens with the foreign policies of the United States, to become internationalists.

It's a tremendous opportunity to learn and to share. I visited LaCrosse, Wisconsin, and the relationship that they've built with Dubna, Russia is so impressive. There's the hospital relationship, the sister city relationship, the university relationship. People are celebrating Russia Week. They've not only gotten the benefit of what they've learned from us in Russia or elsewhere, but what we've all learned together.