

Session 6: Implementation in the context of health system strengthening (HSS) and universal health coverage (UHC)

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1. General context

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GOAL

3 GOOD HEALTH AND WELL-BEING



Target 3.1: *By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births*

Target 3.2: *By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births*

Target 3.8: *Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.*

Key concepts

Health system: Aggregate of all organizations, institutions, and resources mandated to improve, maintain or restore health.

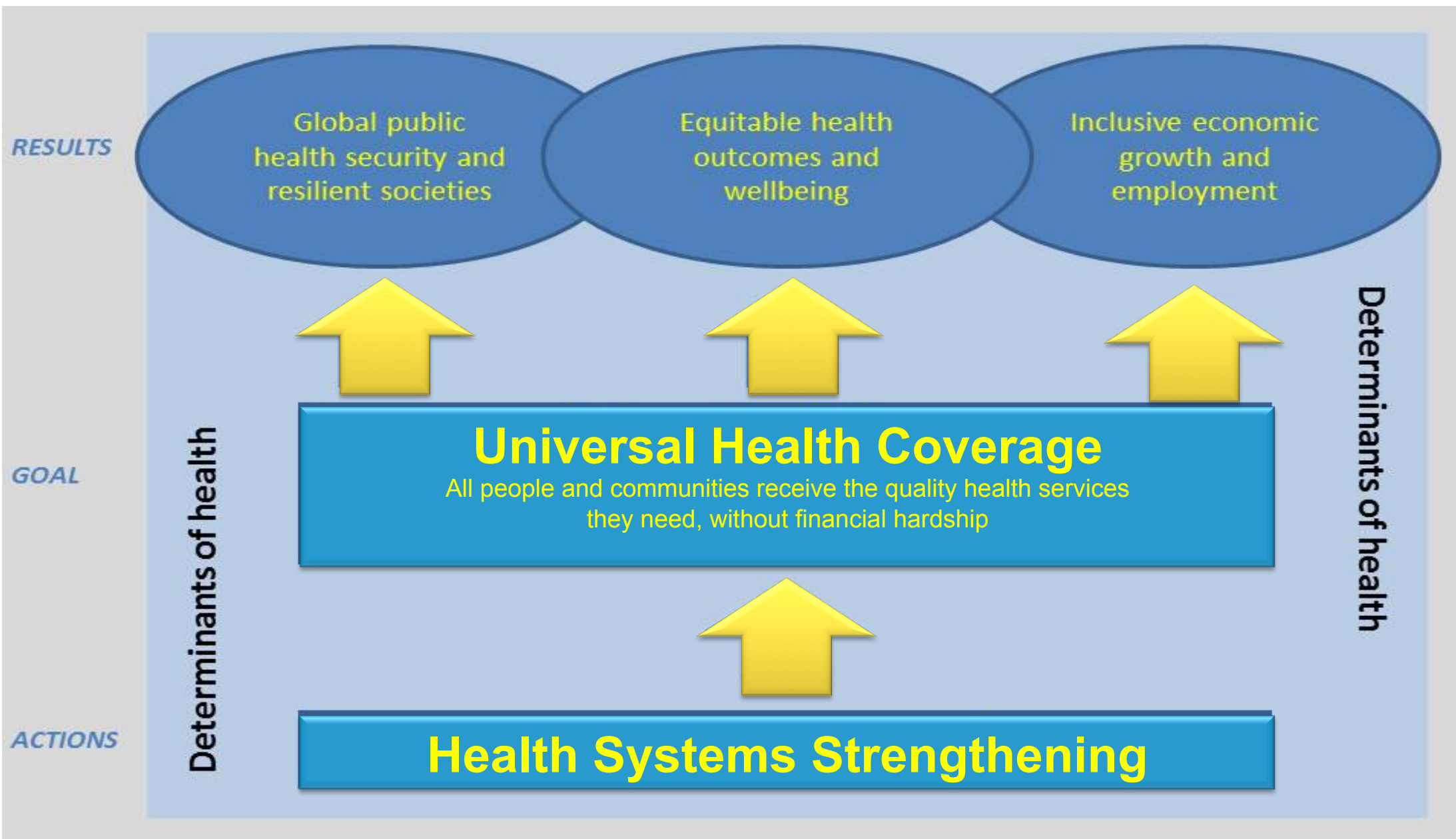
Health system strengthening: the significant and purposeful effort to improve the performance of health systems

Resilience: The ability of health systems and institutions to absorb disruptions, adapting and responding as needs evolve and the wider context changes.

Global Public Health Security: Reducing vulnerabilities to health risks/threats at individual, and societal levels

Universal Health Coverage: all people and communities receive needed quality health services (prevention, promotion, treatment, rehabilitation, and palliation) without fear of financial hardship.

A Framework for UHC as part of the SDGs



HSS & Immunisation: Background and rationale

Immunization remains one of the most successful public health interventions ever...

However, challenges still persist:

- Many pockets of unreached populations still exist
- Unclear capacity to take up new available antigens
- Quality of and demand for immunization services still a challenge even when access barriers are removed
- Quality and validity of country data

Sustainability of immunization goals will be ensured through full integration of immunization services into the health systems

HSS and Immunisation

HSS is a leading method required to reach the goals of UHC and the SDGs. Achieving these goals will, in turn, make essential contributions to global health security and resilient societies, equitable health outcomes and wellbeing, and inclusive economic growth

Immunization is an essential component of health systems and Health Systems Strengthening includes strengthening immunization services (as part of integrated people-centred services)

HSS & Immunisation thinking shifts needed

From



To

A basic package for the rural poor

Mother and child focus

Acute, infectious, diseases

Healthy local environment

Scarcity and downsizing

Government, services

Bilateral aid, technical assistance

First level care, not hospitals

Health services are cheap

Universal access to comprehensive services

All disadvantaged groups

Health risks, illness across life course

Healthy global and local environments

Managing growth to universal coverage

Public/private mixed health systems

Global solidarity, joint learning

Coordinated referral to appropriate care

Health services are good value for money

WHO strategies for HSS (including immunisation)

3 Broad Different Country Contexts

3 Categories of HSS Support Strategies

Strategy 1: Strengthening Health systems **foundations** in least developed and fragile countries

Strategy 2: Strengthening health system **institutions** in least developed countries where foundations are already in place

Strategy 3: Supporting health system **transformation** in countries with mature health systems

*A right combination of “**hardware**” (strategy 1) and “**software**” (strategies 1 to 3) investments are essential to build strong health systems and achieve results in UHC and health security*

UHC 2030

AIM

A movement for accelerated, equitable and sustainable progress towards UHC as well as the other health targets in the SDGs including global security and equity

UHC 2030

Objectives:

Consolidate political momentum and convey a shared global vision of UHC

Advocate for sufficient, appropriate and **well-coordinated resource allocation to HSS**

Strengthen **accountability for progress towards UHC** and SDG3

Promote coordination in countries receiving external assistance by **promoting adherence to IHP+ principles and behaviours**



UHC 2030 – the new IHP+ Structure





Q&A



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2. Country context- Implementation & Service Delivery programme design

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Context

- Different contextual situations countries exposed to
 - Security state: Stable – fragile – emergency
 - Financing state: Well – fairly – poor
 - Governance state: Good – fair – poor
- Failure to achieve adequate, & sustainable results
- Frameworks for improving development results
 - Development effectiveness commitments (SDG's, Monterrey Consensus)
 - Aid Effectiveness commitments (Rome, Paris, Accra, Busan) & frameworks (e.g. IHP+)
- **Desire to explore wider approaches to attainment of program goals**
 - GAVI HSS windows of support, planning and monitoring approaches in countries (cMYPs) and globally (GRISP), engagements with MOF, Financial sustainability efforts, better engagements with HSS teams, etc.

BUT....

- Program integration not effectively done in some countries
- Coverages not rising as expected
- Questionable sustainability (financial, programmatic) of gains
- Commitment of countries and MOFs not matched with action

ARE WE MISSING SOMETHING?

HSS – What it entails

- **Comprehensiveness of investments**

- Not only looking at one area, but ALL elements needed to attain the desired outcomes
- E.g. Not just vaccines, but HR, information, governance systems, financing mechanisms, etc.

- **Coherence in investments made**

- Informed by existing / potential other investments
- E.g. ensure appropriate (in numbers and skills) HW, or governance mechanisms exists to support provision of a new vaccine

- **Appropriate balance across investments made**

- Existing/potential capacity of investments is appropriate
- E.g. Cold chain with no capacity to maintain it, or vaccines allocated based on population, when no facilities/HWs exist to deliver it

- **TARGET: Resilient, responsive, fit for purpose and able to deliver required interventions**

HSS – common pitfalls

- Cherry-picking system elements
 - All elements of the system are interconnected and needed to provide the required outcomes
- Not considering other pressures / expectations on the system
 - Other programs in competition for the same system resources as immunization
- Not contextualising
 - Many other calls on country resources, some of which directly affect success/failure of immunization (e.g. security)
- Inflexible approach
 - HSS approach calls for constant adaptability of interventions to align with changing conditions and needs

Implications in countries

- **System not fit for purpose** (investments not coherently made, or guided by need)
 - Facilities but no equipment, vaccines by no HWs, etc.
- **System not responsive** (Limited inputs by users, limiting quality of care)
 - High drop out rates / poor utilization rates
- **System not resilient** (unable to absorb disruptions, or adapt/respond to changing needs)
 - E.g. with EVD outbreak: Resources diverted to EVD response, impacting on other health services
 - E.g. with introduction of new interventions: Disruptions to existing services seen

Expected scope of systems thinking by immunization program

IMMUNIZATION OUTCOME

Universal coverage with key vaccines

ENSURE ACCESS
to available vaccines by ALL who need them

ASSURE QUALITY
of provided immunization services

BUILD DEMAND
For key immunization services

WORKFORCE

*(medical, paramedical, support)
Needs quantification, production,
training, motivation*

INFRASTRUCTURE

*(buildings, equipment, transport, ICT)
Needs quantification, production,
distribution, maintenance*

PRODUCTS

*(vaccines, medical, supplies)
Needs quantification, production,
distribution, rational use*

DELIVERY SYSTEMS
*(household, community,
facility levels)*

INFORMATION SYSTEMS
*(Routine facility, community,
research, Vital Statistics,
Surveys, Surveillance)*

FINANCING SYSTEMS
*(resource generation, risk
pooling effective and
strategic purchasing)*

GOVERNANCE SYSTEMS
*(Regulation, performance
monitoring, planning,
partnerships, accountability)*

HS scope

- “*Hardware*” investments: the tangible investments needed for delivery of services

- Health workforce
- Health Products, vaccines and supplies
- Health infrastructure, equipment, transport and ICT

Focus: Assure availability, functionality and readiness of inputs needed for provision of services

- “*Software*” investments: the intangible investments needed to foster interaction of ‘hardware’ – how to make things work in unison

- Health information systems
- Health financing systems
- Health governance systems
- Service delivery systems

Focus: Ensure efficient, equitable and effective use of ‘hardware’

HSS – what is needed

- Need to better-match the current, and potential capacity of the health system with needs for service delivery
- As result of pitfalls, poor understanding of system capacities leads to current gaps in program outcomes
 - Situation 1: Community A previously had high routine vaccination coverage, which has been dropping of late (New/ additional services taking up HWs time – they have not become lazy)
 - Situation 2: Community B has never had good immunization coverages (no infrastructure/HW in the area – not because EPI program is weak)
 - Situation 3: A new vaccine was introduced in Community C, after which reductions in coverage for routine antigens was noted (HWs were at maximum productivity – they have not become lazy)
 - Situation 4: Community D has always reported very good coverages for routine antigens, even with no special effort of the immunization program (adequate system investments – not because of a good EPI program)
- System diagnosis, to understand the capacity, and gaps in the system that will facilitate/hinder attainment of immunization program outcomes

HSS - system diagnosis

- Stepwise process the program needs to consider, to understand capacities of the system and so plan investments
 1. Clarify desired outcomes for the EPI program in the country (e.g. Universal coverage with available vaccines in ALL districts)
 2. For each HSS investment area, interrogate the elements in terms of what needs to exist, for the EPI program to attain its outcomes (E.g. build more facilities in given area, increase HWs to ensure resilience)
 3. Define actions for each element in the different investment areas
- Resultant actions are varied:
 1. ***Solutions that EPI program can handle*** – E.g. buy more vaccine, etc.
 2. ***Solutions that EPI program can work with other health programs*** – E.g. add a small number of HWs to ensure resilience, integrated planning and reporting, re-engineer the service delivery system, etc.
 3. ***Solutions that EPI program should advocate for addressing*** – E.g. build new facilities, accelerate pre-service training for nurses, etc.

HSS – potential areas for research

- **Scope is wide, with areas inherent in each element of the system**
- **Cross cutting areas could include:**
 - Description of HSS investments needed to ensure resilience of a system and so sustainability of EPI outcomes
 - Assessment of efficiency of EPI delivery systems
- **Specific areas could include:**

HSS area	Examples of areas of research (not exhaustive – depends on country)
Service delivery systems	Impact of different service delivery models on immunization outcomes
Health workforce	Assessment of pre-service training against operational requirements
Health information	Integrating use of vital statistics information to guide EPI program planning
Health financing	Impact of risk pooling mechanisms (SHI) on EPI outcomes Understanding opportunity costs of immunization co-financing (what loses out?)
Health governance	Documenting scope of integration of EPI into wider sector planning and monitoring processes
Health products	Experiences and outcomes with integrating cold chain management into medicines management

Tools & Websites

Tool/Website	Link	Benefit
Planning Cycle	www.nationalplanningcycles.org/	<ul style="list-style-type: none"> • Coordination and monitoring • HSS live monitoring (GAVI)
ODA for Health	www.who.int/nationalpolicies/resources/whom_to_whom2nd/en/	<ul style="list-style-type: none"> • Improved Accountability
NHP tool	https://extranet.who.int/nhptool/	<ul style="list-style-type: none"> • Supports National and sub national planning by providing 4 pillars –HSS, Planning cycle, Planning process attributes and relation to JANS
CHPP	www.who.int/nationalpolicies/chpp/en/	<ul style="list-style-type: none"> • Help capture Information for HSR & Priority setting from Policy Dialogue events
EU-LUX-WHO UHC partnership	www.uhcpartnership.net	<ul style="list-style-type: none"> • Repository of information with over 25 documents on UHC • Live monitoring of the country roadmaps on issues relating to Policy dialogue, Financing and Aid effectiveness



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Q&A