



World Health
Organization

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

SAGE 12-14 April 2016

2. Country context- Implementation & Service Delivery programme design

**Dr Humphrey Karamagi, Health Systems Advisor and
a.i. Head WHO Country Office, Seychelles, WHO/AFRO**

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 (Global Routine Immunization Strategies and Practices - 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?

Health Systems Strengthening – 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 human resources, information, governance systems, financing mechanisms, etc.
- **Coherence in investments made**
 - Informed by existing / potential other investments
 - E.g. ensure appropriate (in numbers and skills) health workforce (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**

Health Systems Strengthening – 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 but 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 Ebola Virus Disease (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

WORKFORCE

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

ASSURE QUALITY

of provided immunization services

INFRASTRUCTURE

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

BUILD DEMAND

For key immunization services

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)*

Health Systems scope

- “*Hardware*” investments: the tangible investments needed for delivery of services
 - Health workforce
 - Health Products, vaccines and supplies
 - Health infrastructure, equipment, transport and Information, Communications & Technology (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’

Health Systems Strengthening – 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

Health Systems Strengthening - 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.

Health Systems Strengthening

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 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 Joint Assessment of National Health Strategies
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



World Health
Organization

Q&A