Healthy Caribbean Coalition: Strengthening Health Systems, Supporting NCD Action

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Building Blocks for Health Systems Strengthening

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References

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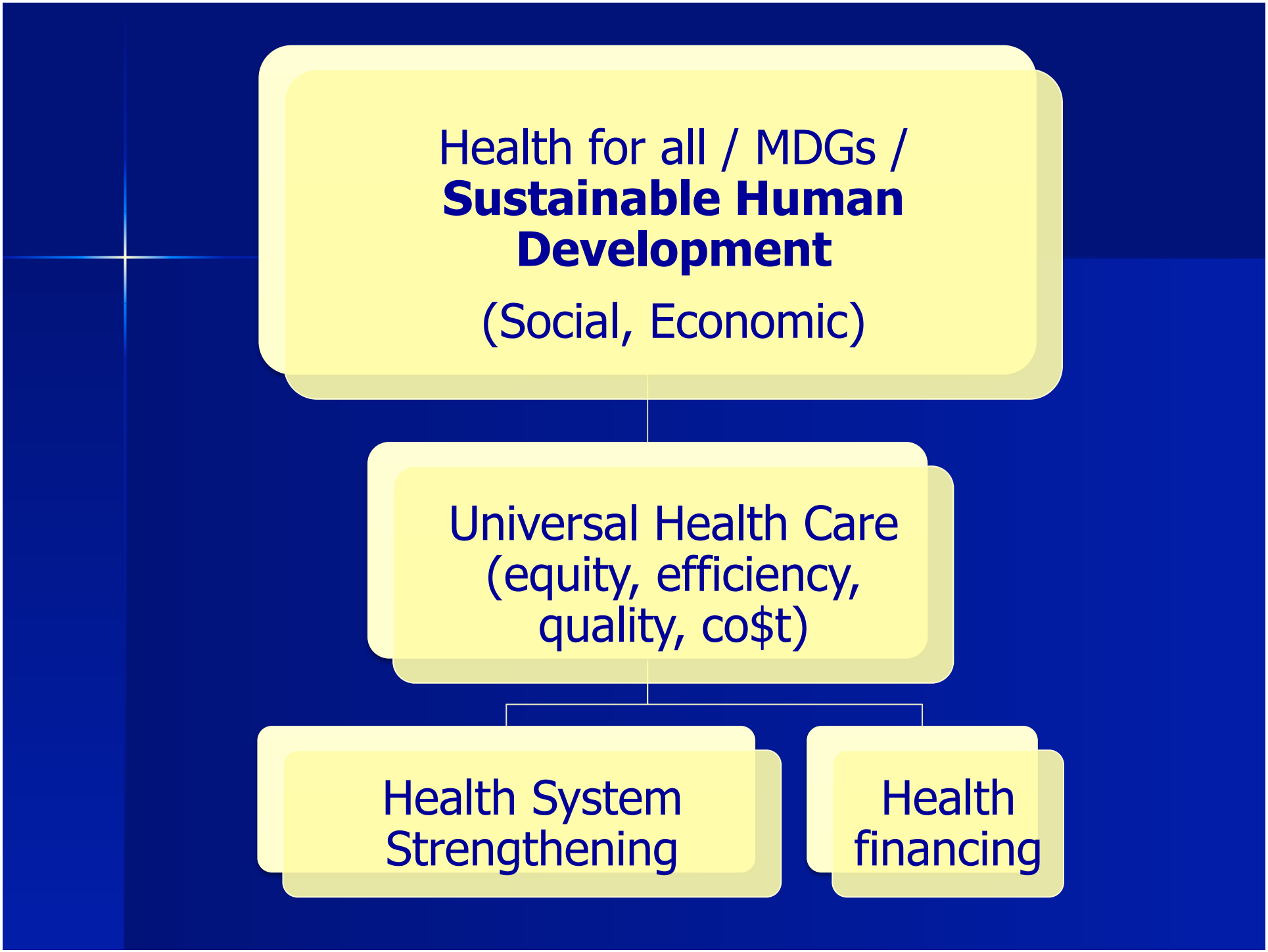
- Human Resources for Health in the Asia / Pacific - John Hall, Human Resources for Health Knowledge Hub
- Strengthening Health Systems to Reach the MDGs - Catherine Connor, MBA, Health Systems 20/20 Project
- Improving Chronic Illness Care, Group Health's MacColl Institute; Supported by The Robert Wood Johnson Foundation Grant # 48769

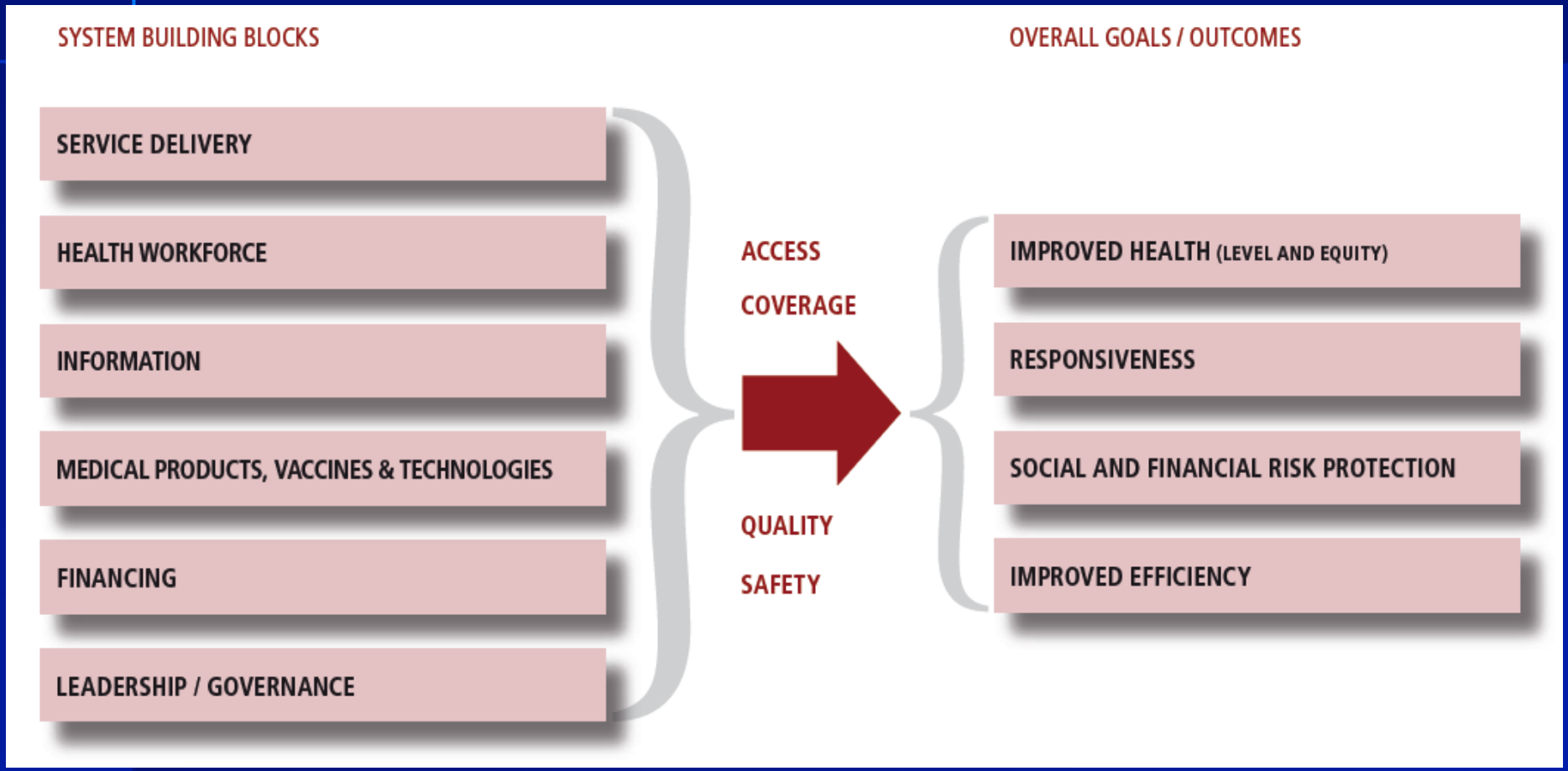

Health for all / MDGs /
Sustainable Human Development
(Social, Economic)
Universal Health Care (equity, efficiency, quality, co$t)
Health System Strengthening
Health financing

WHO Definitions

- A health system is…the sum of all organizations, institutions and resources whose primary purpose is to improve health

- HSS is …. building capacity in critical components of health systems to achieve more equitable and sustained improvements across health services and health outcomes

6 Building Blocks of the health system and link to health outcomes



Source: World Health Organization. Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action. Geneva: WHO, 2007, page 3.

3 Dimensions of Health Systems

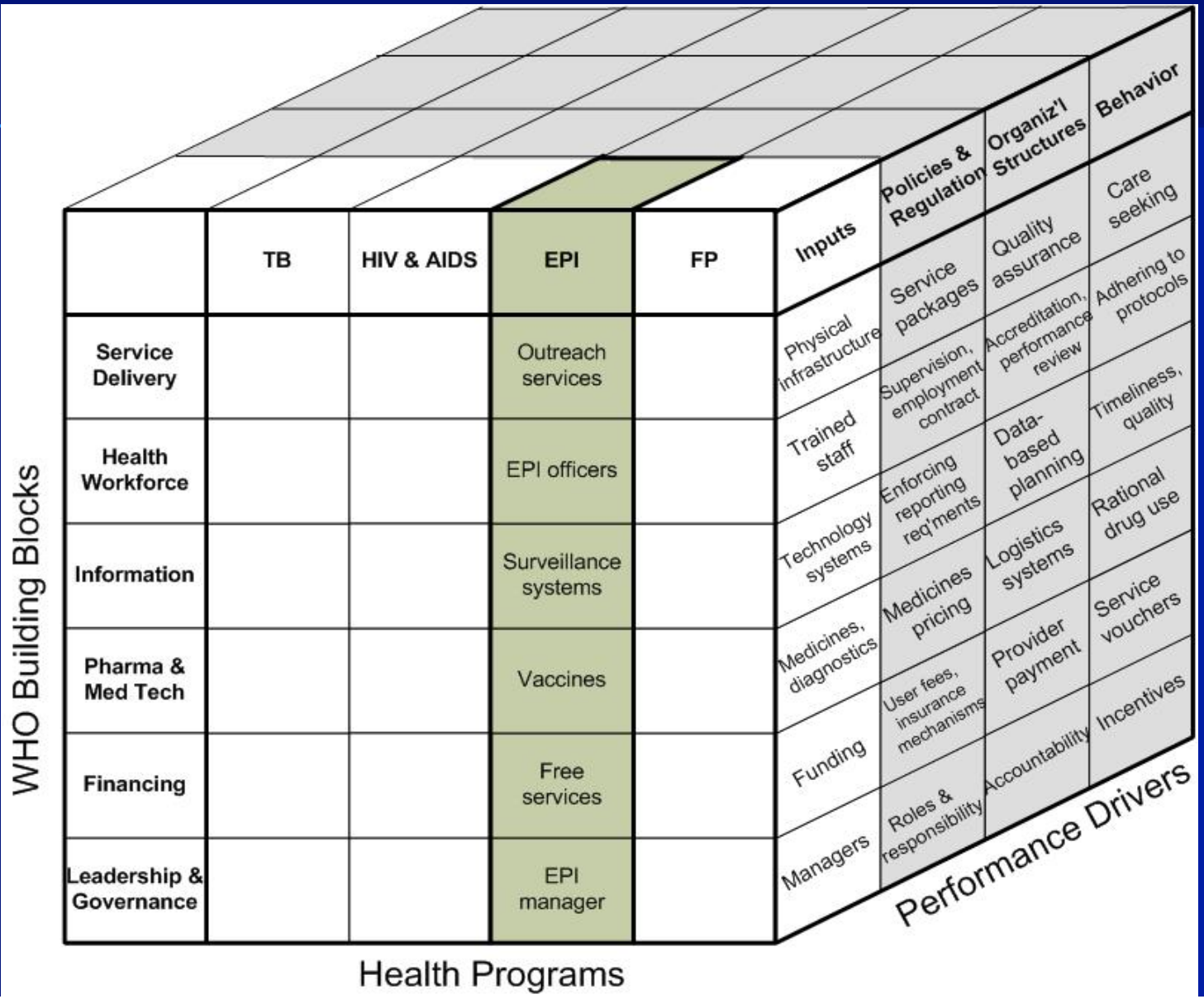
(1) Health system building blocks

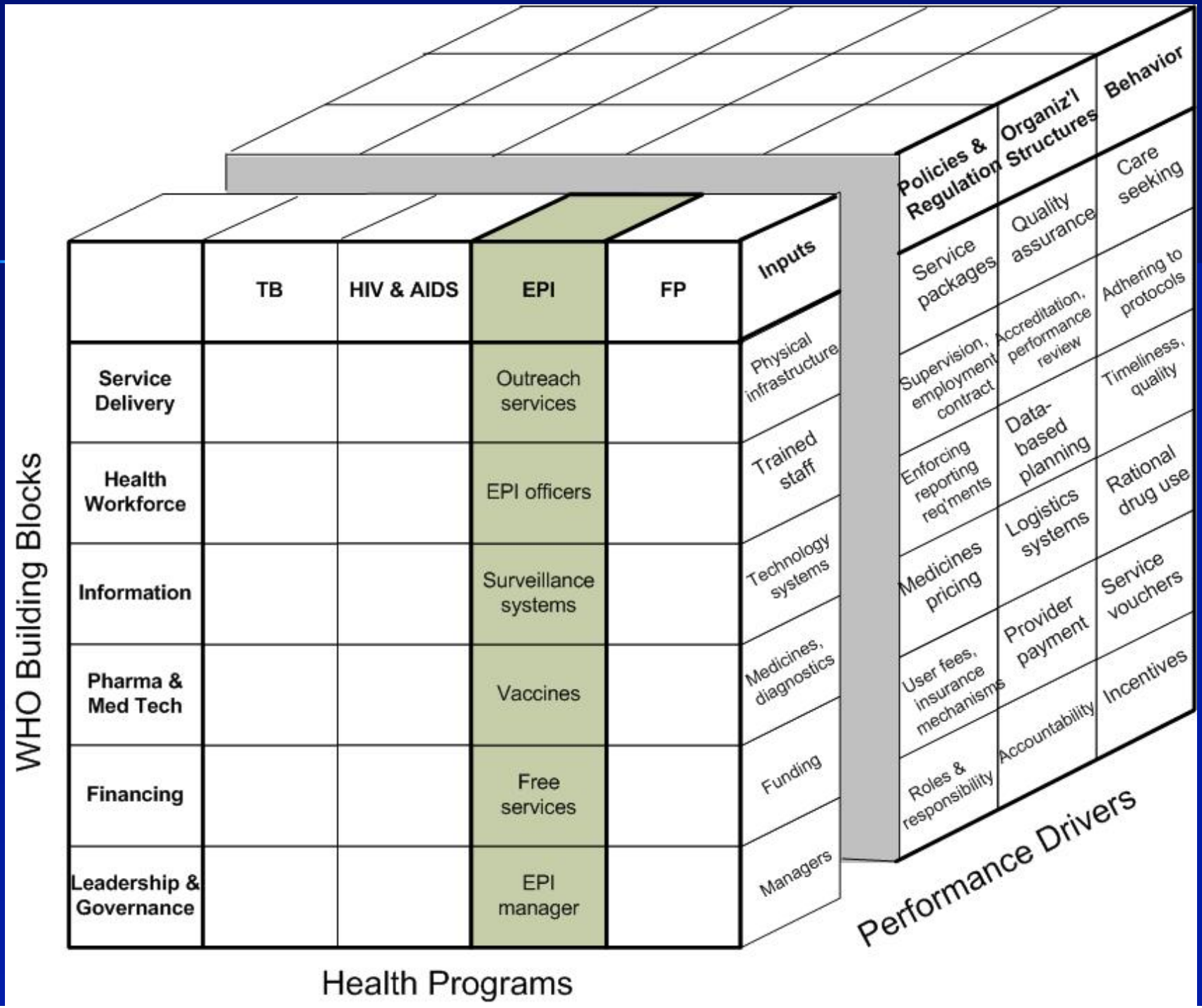
(2) Program/disease areas

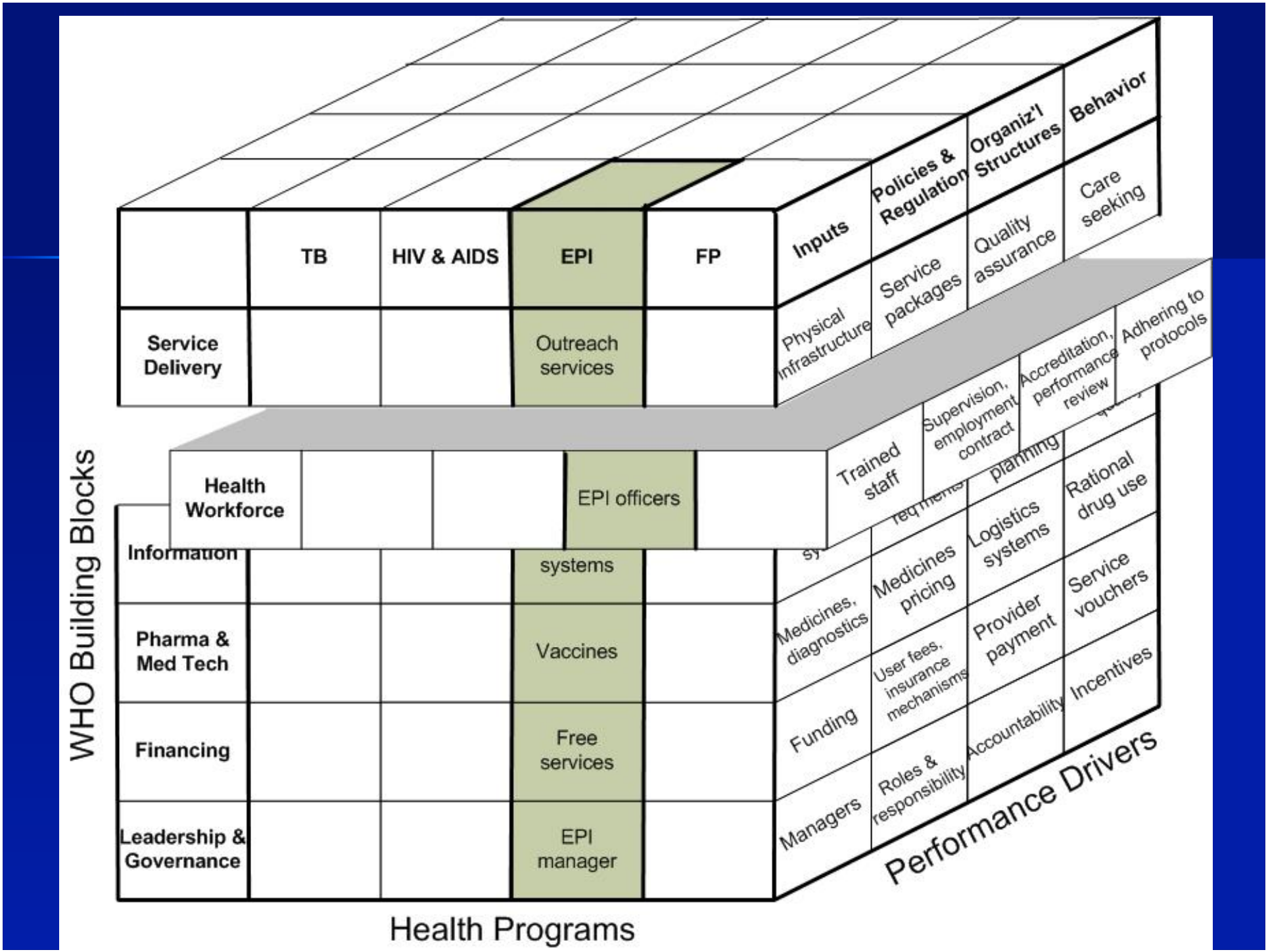
(3) Performance drivers

- Inputs
- Policies & regulations
- Organizational Structures
- Behaviors of HS actors

Health System "Cube" View




WHO Building Blocks
TB
HIV & AIDS
EPI
FP
Service Delivery
Health Workforce
Information
Pharma & Med Tech
Financing
Leadership & Governance
Health Programs
Inputs
Physical infrastructure
Trained staff
Technology systems
Medicines, diagnostics
Funding
Managers
Outreach services
EPI officers
Surveillance systems
Vaccines
Free services
EPI manager
Performance Drivers
Policies & Regulation
Organiz'l Structures
Behavior
Service packages
Quality assurance
Care seeking
Supervision, employment contract
Accreditation, performance review
Adhering to protocols
Enforcing reporting req'ments
Data-based planning
Timeliness, quality
Medicines pricing
Logistics systems
Rational drug use
User fees, insurance mechanisms
Provider payment
Service vouchers
Roles & responsibility
Accountability
Incentives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Outreach services
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Trained staff
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Rational drug use
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Medicines, diagnostics
Medicines pricing
Logistics systems
Service vouchers
Financing
Free services
Funding
User fees, insurance mechanisms
Provider payment
Incentives
Leadership & Governance
EPI manager
Managers
Roles & responsibility
Accountability
WHO Building Blocks
Health Programs
Performance Drivers

HSS Interventions

Is it Health System Strengthening?

- Address all 3 dimensions
  - Cross-cutting benefits beyond a single disease
  - Address policy and organizational constraints
  - Strengthen relationships between building blocks
- Long-term process with systemic impact beyond the term of the project
- Not prescriptive - Design tailored to country-specific context, constraints and opportunities
- Indirect link between HSS and health outcomes
  - Few photo ops

Strengthening vs. Supporting Health Systems

Parameter	Health System Support	Health System Strengthening
Scope	May be focused on a single disease or intervention	Activities have impact across health services and outcomes
Longevity	Effects limited to period of activity	Effects will continue after activities end
Approach	Provide inputs to address identified system gaps	Revise policies and institutional relationships to change behaviors and resource use to address identified constraints

What is required?

Transition in Health Care

PARADIGM EXPANSION / SHIFT

ACUTE CARE → *CHRONIC CARE*

Focus: illness — *Focus: prevention*

Care: fragmented — *Care: coordinated*

Building Blocks: Health systems service delivery 1

People-centred, integrated = patient-centred care + health of people in communities + community participation

INPUTS

- Quality, Safe Care continuum
  - (promotion, prevention, diagnosis, treatment, disease-management, rehabilitation and palliation
- Integrated Care
  - levels and sites according to their needs throughout the life course, support for self-care.

Building Blocks: Health systems service delivery 2

POLICIES

- Service packages, reform strategies,

ORGANIZATION

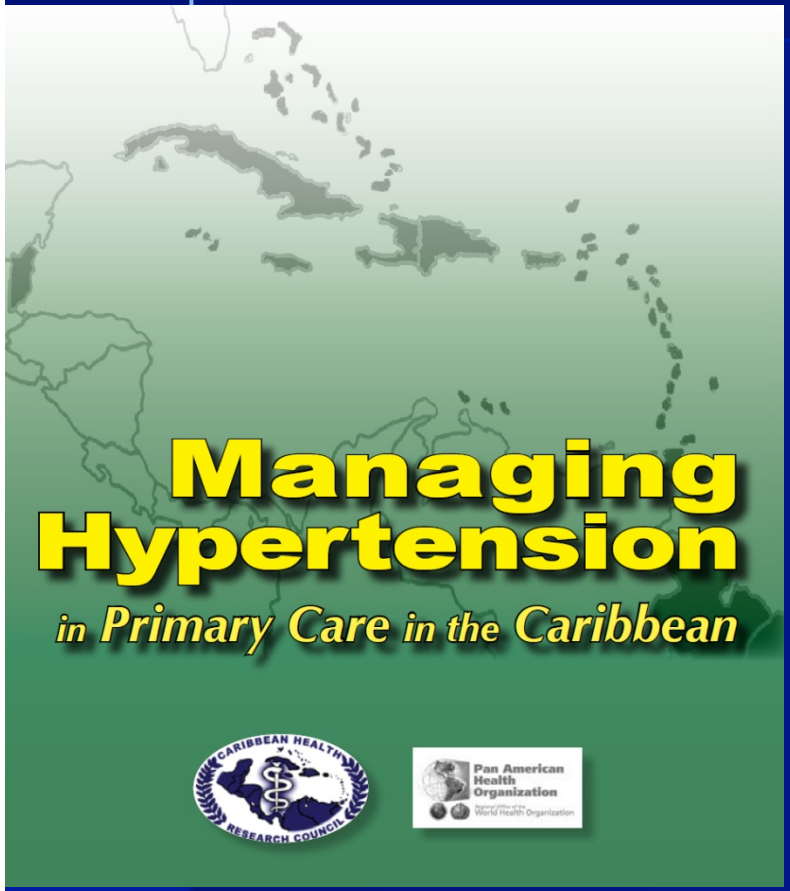
- Decision supports - evidence-based guidelines
- Clinical information systems
- Support for self-management

BEHAVIOUR

- Patients - Care seeking
- Staff – Team approach, best practices

HBP Guidelines

CARPHA 2007, now being updated



Reference Card From the

Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

EVALUATION

Classification of Blood Pressure (BP)*

Category	SBP mmHg		DBP mmHg
Normal	<120	and	<80
Prehypertension	120–139	or	80–89
Hypertension, Stage 1	140–159	or	90–99
Hypertension, Stage 2	≥160	or	≥100

* See *Blood Pressure Measurement Techniques* (reverse side)
Key: SBP = systolic blood pressure DBP = diastolic blood pressure

Diagnostic Workup of Hypertension

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examination.
- Obtain laboratory tests: urinalysis, blood glucose, hematocrit and lipid panel, serum potassium, creatinine, and calcium. Optional: urinary albumin/creatinine ratio.
- Obtain electrocardiogram.

Assess for Major Cardiovascular Disease (CVD) Risk Factors

- Hypertension
- Obesity (body mass index ≥30 kg/m²)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated glomerular filtration rate <60 mL/min
- Age (>55 for men, >65 for women)
- Family history of premature CVD (men age <55, women age <65)

Assess for Identifiable Causes of Hypertension

- Sleep apnea
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

TREATMENT

Principles of Hypertension Treatment

- Treat to BP <140/90 mmHg or BP <130/80 mmHg in patients with diabetes or chronic kidney disease.
- Majority of patients will require two medications to reach goal.

Algorithm for Treatment of Hypertension

Lifestyle Modifications

Not at Goal Blood Pressure (<140/90 mmHg)
(<130/80 mmHg for patients with diabetes or chronic kidney disease)
See Strategies for Improving Adherence to Therapy

Initial Drug Choices

Without Compelling Indications

Stage 1 Hypertension (SBP 140–159 or DBP 90–99 mmHg)
Thiazide-type diuretics for most. May consider ACEI, ARB, BB, CCB, or combination.

Stage 2 Hypertension (SBP ≥160 or DBP ≥100 mmHg)
2-drug combination for most (usually thiazide-type diuretic and ACEI, or ARB, or BB, or CCB).

With Compelling Indications

Drug(s) for the compelling indications
See Compelling Indications for Individual Drug Classes
Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed.

Not at Goal Blood Pressure

Optimize dosages or add additional drugs until goal blood pressure is achieved. Consider consultation with hypertension specialist.
See Strategies for Improving Adherence to Therapy

Building Blocks: Human Resources for Health

INPUTS

- Trained staff, initial training, in-service training,
- Health workforce planning: quantity, quality, mix

POLICIES

- Supervision, standards,
- employment contracts: Migration / Retention

ORGANIZATION

- Accreditation, performance evaluation

BEHAVIOUR

- Adhering to protocols

Obstacles: Poorly motivated staff, not enough skilled staff, poor quality of care, stock-outs

Disease/Service Specific Response	Health System Strengthening
•Health workers on fixed salaries paid by donors to deliver focal services • Hotel training • Parallel commodity logistics system	•Pay health workers for performance •Integrate training into medical and nursing pre and in-service education •E-procurement systems

Non traditional HRH

- NCD, HIV Other Inter-sectoral Commissions
- Non-Health HRH
  - All of Government: Town Planners, Financial Secretary, Chief Education Officer, PS in Trade, Agriculture
- All of society: CSOs, private sector
- Public
  - Media messaging
  - Formal education e.g. HFLE

Building Blocks: Surveillance Health Information Systems 1

- Information vital for reviews, planning / priorities, resource allocation, monitoring and evaluation
- INPUTS
  - Information systems
  - Hospital data
  - Health center / lab / pharmacy data
  - Private sector, health NGOs
  - Risk Factor Surveys
  - Disease Registries

Building Blocks: Surveillance Health Information Systems 2

- POLICIES
  - Design and enforce reporting requirements CD, NCD, Injuries
- ORGANIZATION
  - Analytic capacity
  - Electronic data: systems, staff, security
  - Data based planning
- BEHAVIOUR
  - Timeliness, quality
-

Health Data, not Health Information

Building Blocks: Drugs and Tests

INPUTS

- Essential medicines Medical devices, testing supplies - safe, effective, high quality

POLICY

- Pricing
- Proliferation of imaging services

BEHAVIOR

- Promoting rational prescription and use

ORGANIZATION

- Logistics, supply chain, Diagnostic capacity
- Maintenance capacity, esp small countries

Building Blocks: Financing

POLICY /INPUTS:

- Tobacco and alcohol taxes
- ODA only if health is part of National Development Agenda

ORGANIZATION: Scope of funding

- Dedicated multi-agency budget / funding
- Need to balance human resources, physical capital and consumables

BEHAVIORS:

- Efficiencies, audits

Obstacles: Patients face formal and informal fees, transportation, other costs

Health System Support	Health System Strengthening
Free care or vouchers for focal services and diseases Well equipped facilities for HIV only	Using evidence to increase health funding Insurance to improve financial access for poor and increase service use

Building Blocks: Governance 1

- political process that involves balancing competing influences and demands

INPUTS

- Managers: trained
- LEADERSHIP

POLICY

- Roles and responsibilities
- strategic direction, plans, evaluation
- Advocacy for health in national development

Building Blocks: Governance 2

ORGANIZATION

- Collaboration with private sector and civil society
- accountability mechanisms

BEHAVIOUR

- Advocacy for health in national development
- Regulating stakeholders

Obstacle: Weak governance

Disease/Service Specific Response	Health System Strengthening
• Short term training workshops and tools to plan and manage focal programs • Parallel governance structures and information systems for focal services	•Community oversight of health facilities •Rational allocation of health funds based on need, not politics •Policymaker accountability to constituents

How to make the change?

Challenges for HSS

- Mortality – NCDs, Injury/Violence, HIV
- Morbidity – Depression, diabetes, hypertensn
- Risk Factors
  - Multi-factoral, Multi-sectoral response
- Infectious threats
  - Dengue, Enterovirus D68, Ebola
- Maintenance of gains
  - e.g. Immunization
- Promoting wellness / Supportive environments

Organization of Health Care
(What it should be)

- Evidence-based, planned care
  - Clinical Guidelines
- Reorganization of practice (team approach)
  - Includes ancillary professionals with the patient as the most important member
- Attention to patient needs (information)
  - Counseling, education, information feedback
- Access to clinical expertise
  - Patient and provider education, access to specialists
- Supportive information systems
  - Patient registries
  - Provider feedback on preventive service utilization

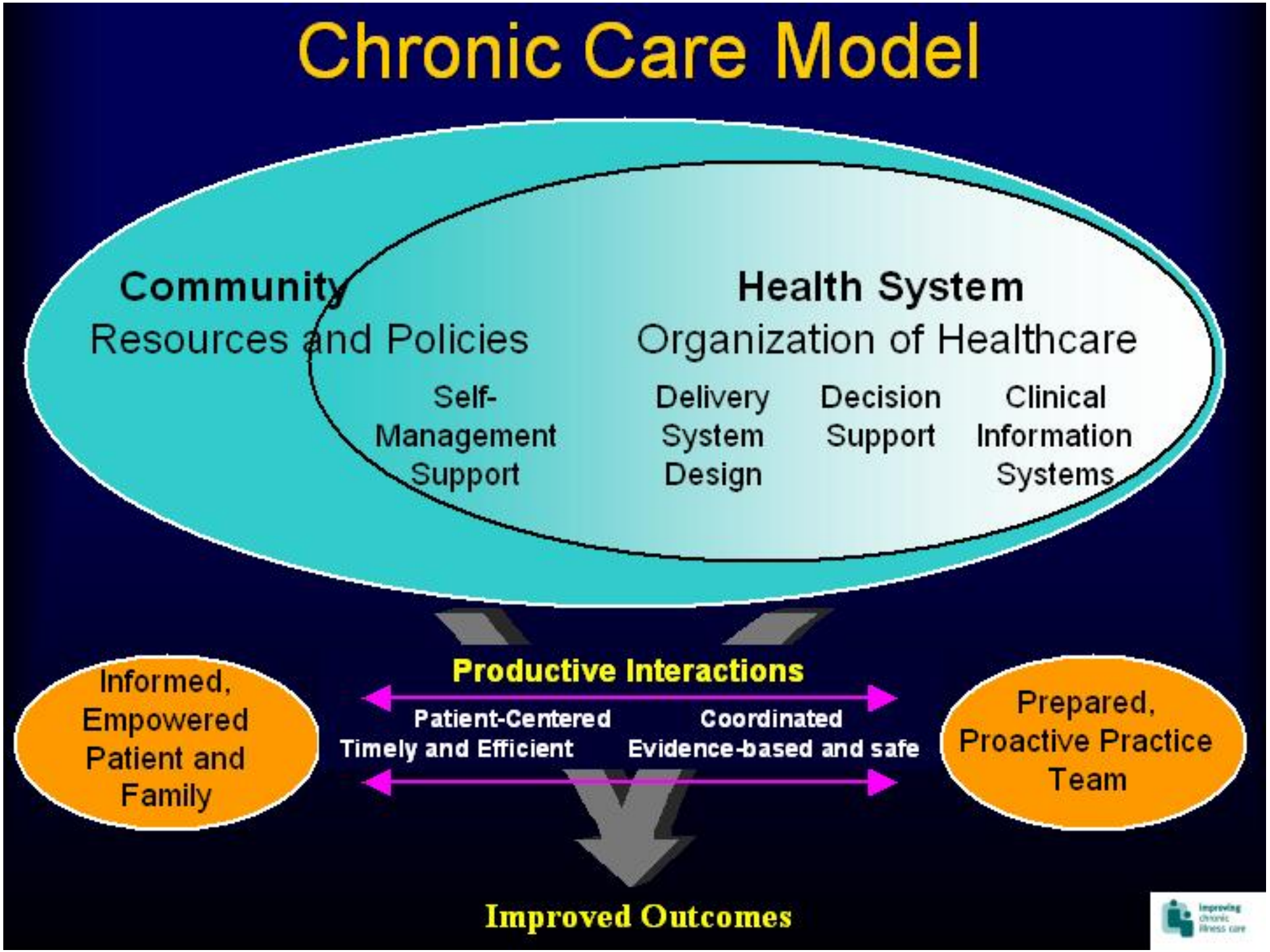
Organization of Health Care
(What it is)

- Care is not necessarily based on evidence, but experience and training
- Seldom is there a team approach…care is mainly driven by the physician alone
- Paternalistic and directive approach with little attention to patients' behavioral needs
- Limited access to specialists
  - Reluctance of primary care referral
  - Fragmented access
- Poor information systems
  - No computers
  - Poor tracking

Chronic Care Model and Integrated Care for Chronic Conditions

How would I recognize a productive interaction?

- Assessment of self-management skills and confidence as well as clinical status.
- Tailoring of clinical management by stepped protocol.
- Collaborative goal-setting and problem-solving resulting in a shared care plan.
- Active, sustained follow-up.


Chronic Care Model
Community
Resources and Policies
Health System
Organization of Healthcare
Self-Management Support
Delivery System Design
Decision Support
Clinical Information Systems
Informed, Empowered Patient and Family
Productive Interactions
Patient-Centered
Timely and Efficient
Coordinated
Evidence-based and safe
Prepared, Proactive Practice Team
Improved Outcomes