Healthy Caribbean Coalition: Strengthening Health Systems, Supporting NCD Action
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Building Blocks for Health Systems Strengthening

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References

- Moving Beyond Supporting the Health System: Entering the Third Dimension - Ann Lion, DrPH, Abt Associates
- 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, cost)
- 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

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

<table>
<thead>
<tr>
<th>WHO Building Blocks</th>
<th>TB</th>
<th>HIV &amp; AIDS</th>
<th>EPI</th>
<th>FP</th>
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</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>Outreach services</td>
<td></td>
<td>EPI officers</td>
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<tr>
<td>Health Workforce</td>
<td></td>
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<td>Surveillance systems</td>
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<tr>
<td>Information</td>
<td></td>
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<tr>
<td>Pharma &amp; Med Tech</td>
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<tr>
<td>Financing</td>
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<td>Free services</td>
<td></td>
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<tr>
<td>Leadership &amp; Governance</td>
<td></td>
<td></td>
<td>EPI manager</td>
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</table>

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Policies &amp; Regulation</th>
<th>Organiz'n Structures</th>
<th>Behavior</th>
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</thead>
<tbody>
<tr>
<td>Physical infrastructure</td>
<td>Service packages</td>
<td>Quality assurance</td>
<td>Care seeking</td>
</tr>
<tr>
<td>Trained staff</td>
<td>Supervision, employment contract</td>
<td>Accreditation, performance review</td>
<td>Adhering to protocols</td>
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<tr>
<td>Technology systems</td>
<td>Enforcing reporting requirements</td>
<td>Database-based planning</td>
<td>Timeliness, quality</td>
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<tr>
<td>Medicines diagnostics</td>
<td>Medicines pricing</td>
<td>Logistics systems</td>
<td>Rational drug use</td>
</tr>
<tr>
<td>Funding</td>
<td>User fees, insurance mechanisms</td>
<td>Provider payment</td>
<td>Service vouchers</td>
</tr>
<tr>
<td>Managers</td>
<td>Roles &amp; responsibility</td>
<td>Accountability</td>
<td>Incentives</td>
</tr>
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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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Health System Support</th>
<th>Health System Strengthening</th>
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</thead>
<tbody>
<tr>
<td>Scope</td>
<td>May be focused on a single disease or intervention</td>
<td>Activities have impact across health services and outcomes</td>
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<tr>
<td>Longevity</td>
<td>Effects limited to period of activity</td>
<td>Effects will continue after activities end</td>
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<tr>
<td>Approach</td>
<td>Provide inputs to address identified system gaps</td>
<td>Revise policies and institutional relationships to change behaviors and resource use to address identified constraints</td>
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</table>
What is required?
Transition in Health Care

**PARADIGM EXPANSION / SHIFT**

**ACUTE CARE**
Focus: illness
Care: fragmented

**CHRONIC CARE**
Focus: prevention
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
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
### Disease/Service Specific Response

- Health workers on fixed salaries paid by donors to deliver focal services
- Hotel training
- Parallel commodity logistics system

### Health System Strengthening

- Pay health workers for performance
- Integrate training into medical and nursing pre and in-service education
- E-procurement systems

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

<table>
<thead>
<tr>
<th>POLICIES</th>
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<tbody>
<tr>
<td>– Design and enforce reporting requirements</td>
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<td>CD, NCD, Injuries</td>
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<thead>
<tr>
<th>ORGANIZATION</th>
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<tbody>
<tr>
<td>– Analytic capacity</td>
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<td>– Electronic data: systems, staff, security</td>
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<td>– Data based planning</td>
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<tr>
<th>BEHAVIOUR</th>
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<tr>
<td>– Timeliness, quality</td>
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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

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<th>Health System Support</th>
<th>Health System Strengthening</th>
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<tbody>
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<td>Free care or vouchers for focal services and diseases</td>
<td>Using evidence to increase health funding</td>
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<tr>
<td>Well equipped facilities for HIV only</td>
<td>Insurance to improve financial access for poor and increase service use</td>
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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
<table>
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<th>Disease/Service Specific Response</th>
<th>Health System Strengthening</th>
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<tr>
<td>• Short term training workshops and tools to plan and manage focal programs</td>
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<tr>
<td>• Parallel governance structures and information systems for focal services</td>
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<td>• Community oversight of health facilities</td>
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<tr>
<td>• Rational allocation of health funds based on need, not politics</td>
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<td>• Policymaker accountability to constituents</td>
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How to make the change?
## Challenges for HSS

- **Mortality** – NCDs, Injury/Violence, HIV
- **Morbidity** – Depression, diabetes, hypertension
- **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

University of Pittsburgh Diabetes Institute
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

University of Pittsburgh Diabetes Institute
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.