



Global Health Initiatives: Health Systems Impacts and coordination

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Presentation Outline

- Why concerned about GHI?
- Benefits and challenges of GHIs
- Countries' role to make the maximum benefit out of GHIs
- How to measure performance
- Best practices in implementation of GHIs

Why concerned about GHI?

- Expansion of aid delivery mechanisms=GHIs
- Significant increase in aid spending through GHIs
- The potential for making a major impact on health systems at country level
- Limited progress in realizing the health-related MDGs, especially in low income countries despite multiple GHIs
- Need to ensure aid effectiveness and harmonization,

Benefits of GHIs

- Targeting diseases of public health importance
- Mobilizing additional funding and TA
- Research and development for new diagnostics, drugs and vaccines
- Commodity price reductions
- Possibility to operate to deliver wider benefits beyond their specific programme
- Some times innovative mechanisms
- Flexible mechanisms enhancing absorption capacity

Challenges of GHIs

- Lack of a whole systems view
- Multiple demands overwhelming system **capacity**
- *Straight jacket* **procedures** ~ poor absorption
- More focus on global “aid architecture” & donor-related issues & **less on national-level issues**
- Risk of dictating country **spending patterns**
- Poor funding for national **health systems** work
- Migration of **health personnel** from comprehensive to disease-specific services
- Fragmentation of national **information systems**



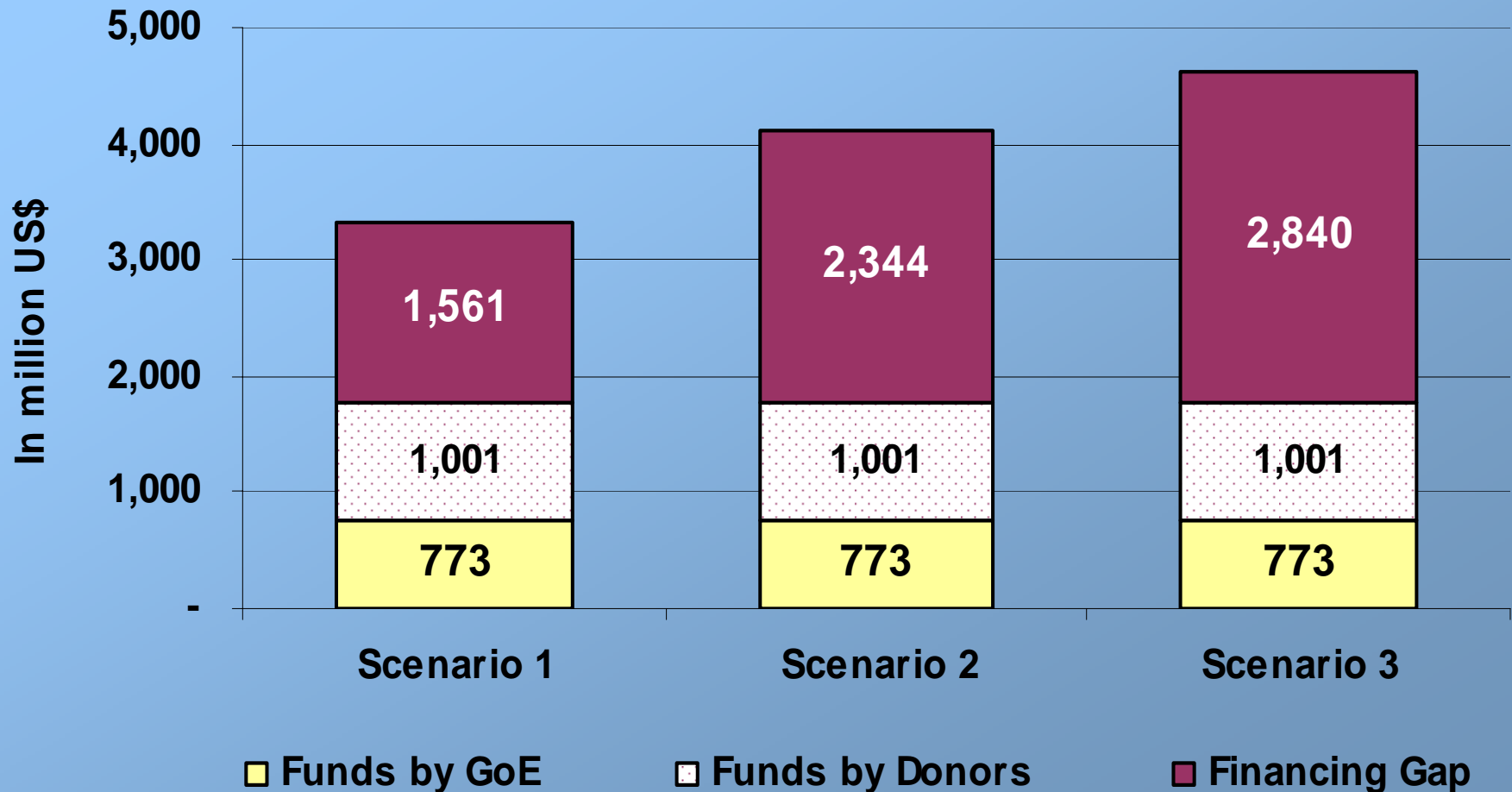
Countries' role to make the
maximum benefit out of GHIs

Ethiopia: *how much do we need to scale up?*

- \$3.3 billion under scenario-1
- \$4.1 billion under scenario-2
- \$4.6 billion under scenario-3 (MDG Scenario)

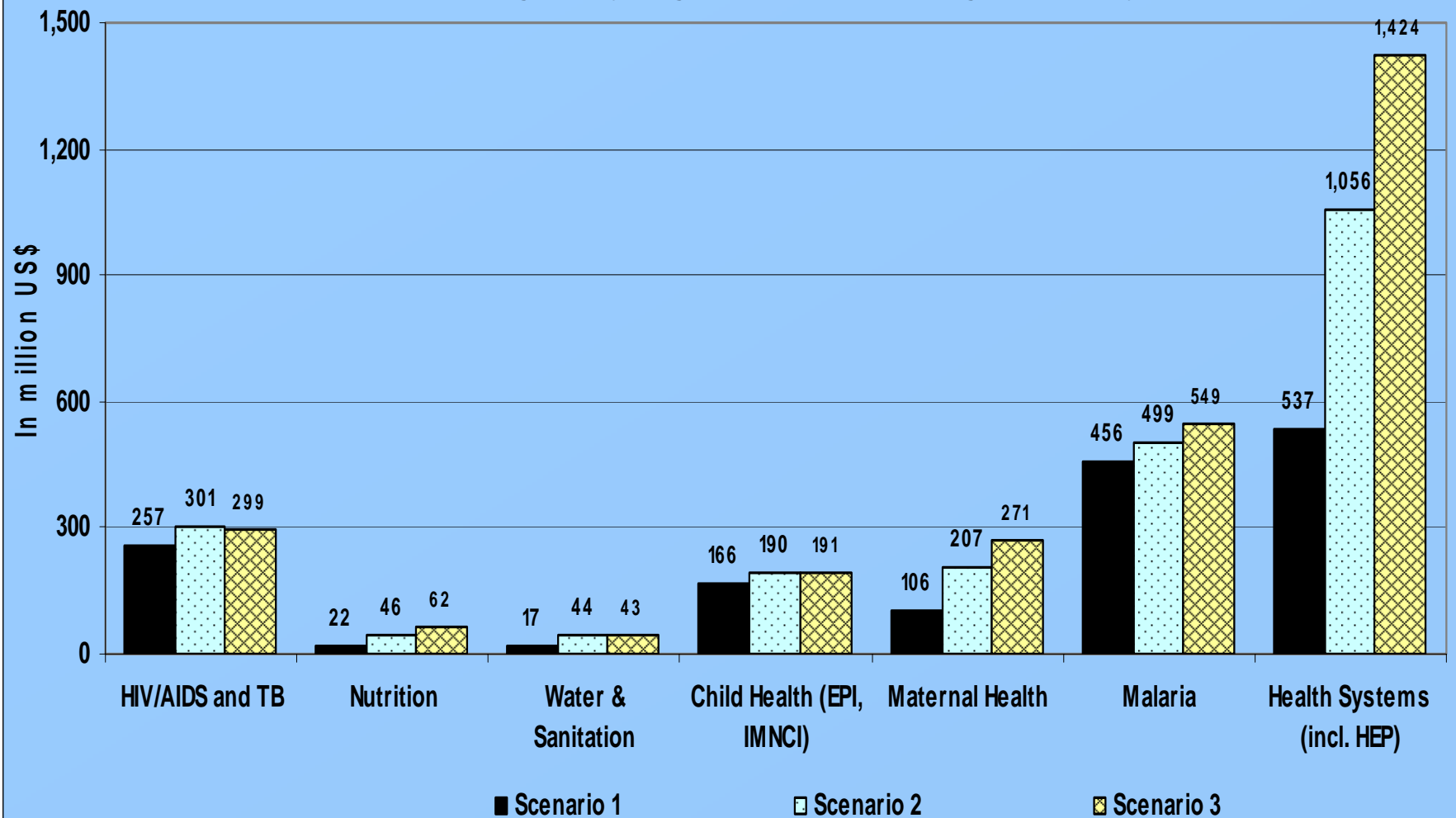
Ethiopia: a gap of \$2.8 billion to scale up!

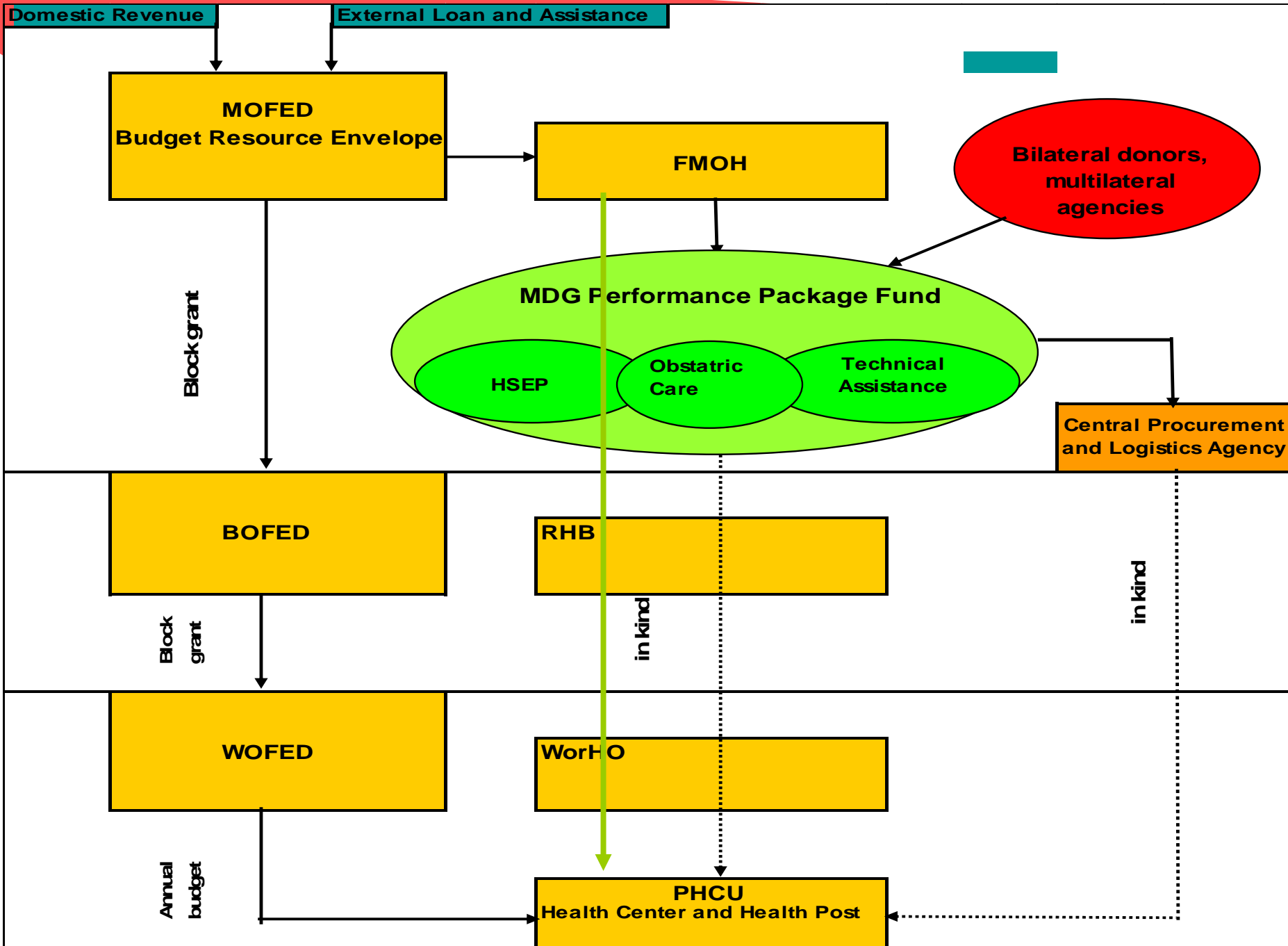
HSDP-III Financing Gap, 2007/08 to 2009/10

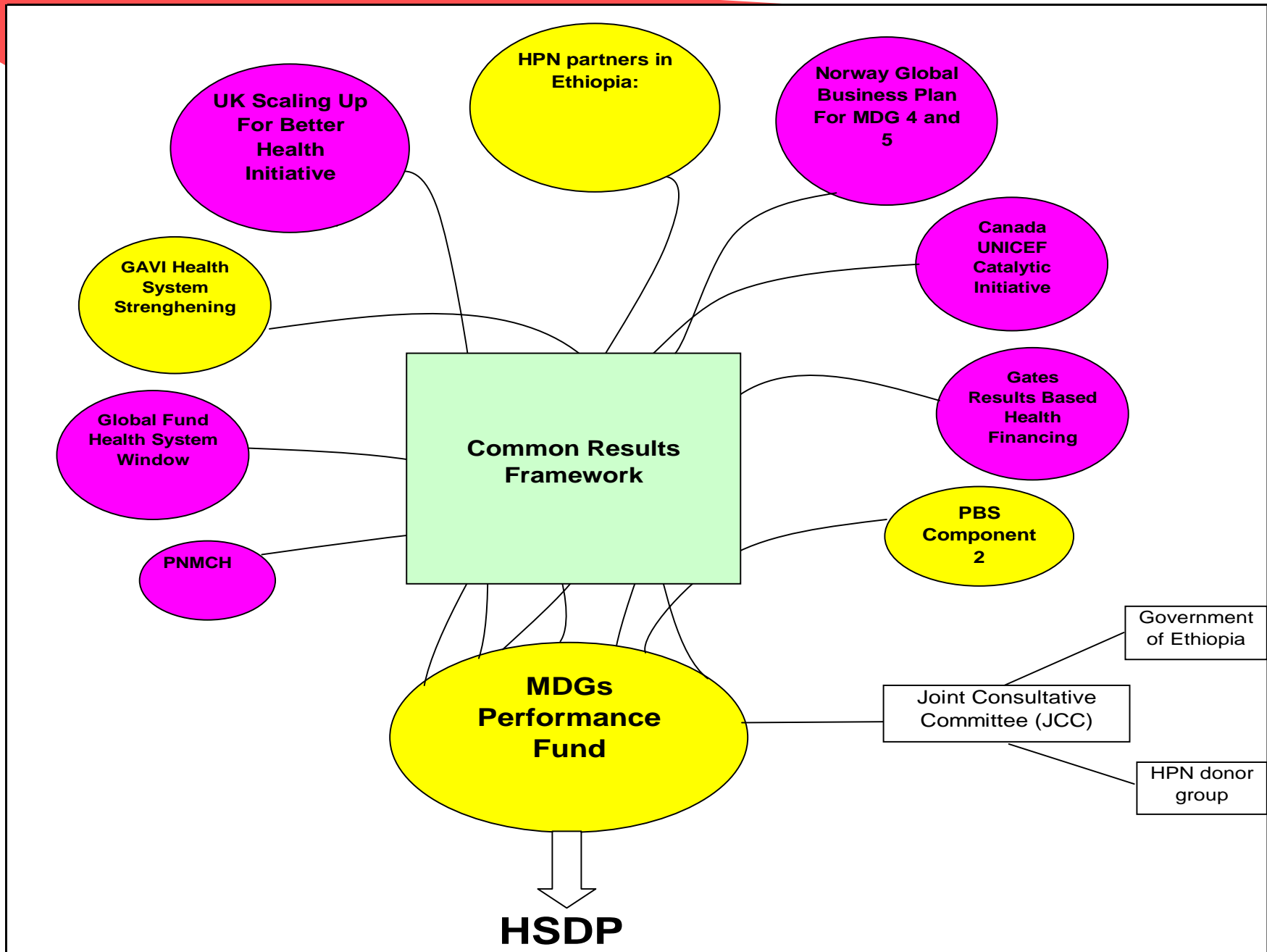


Health systems, maternal and child health under funded!

HSDP III financing Gap by programatic areas (including GoE treasury)



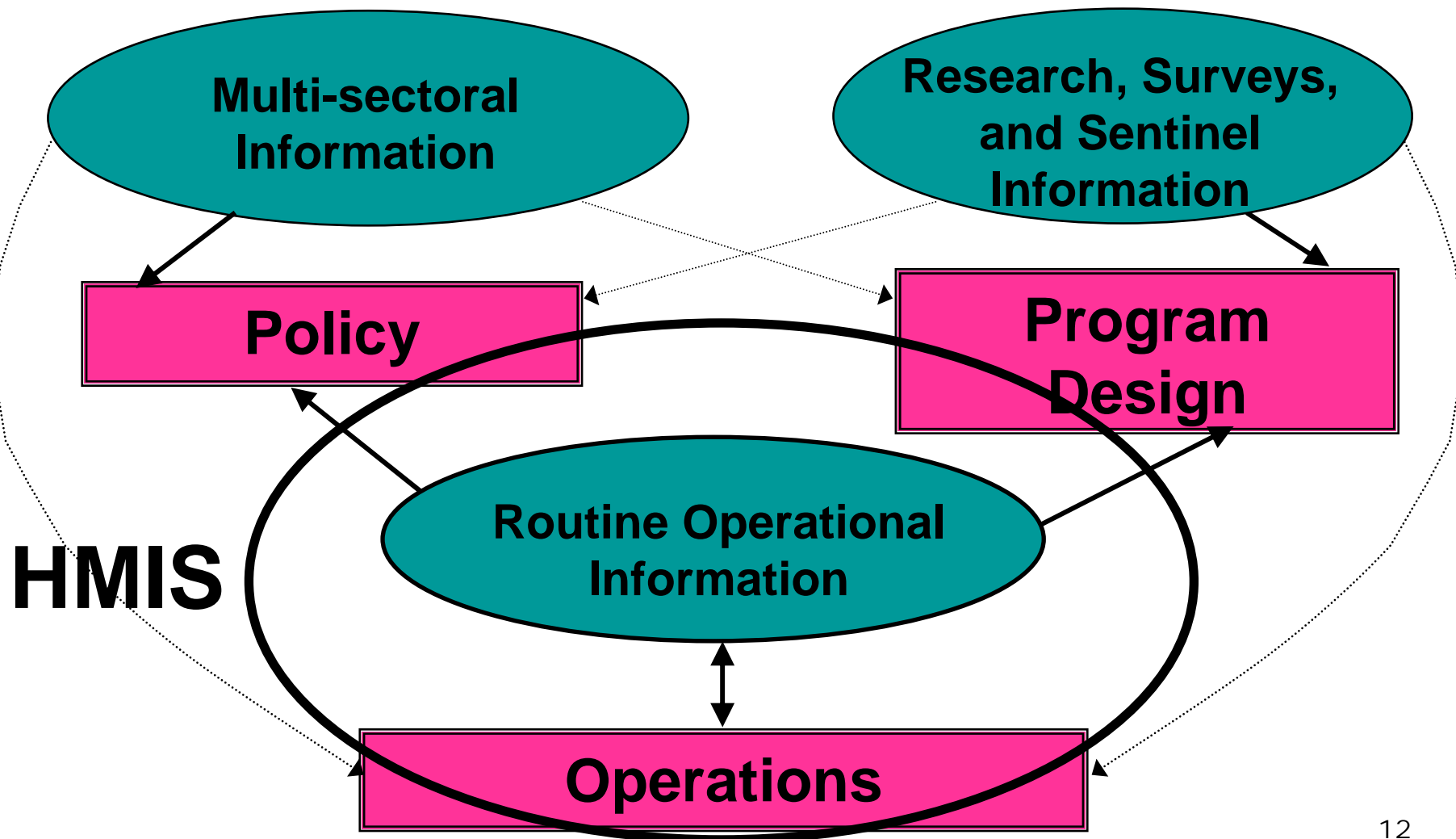




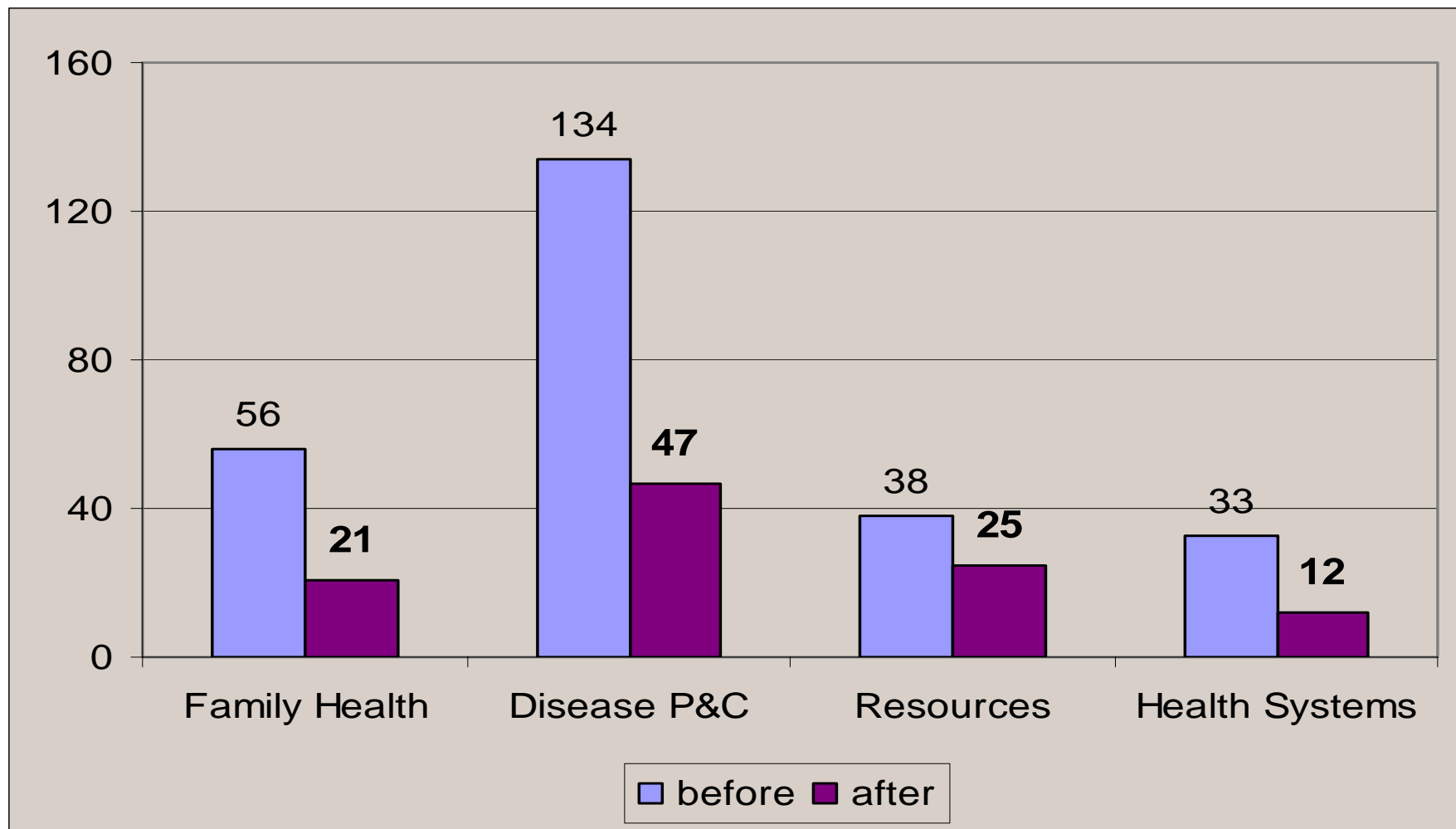
How do we measure results?

Improve Health of Population

Improve Service Delivery



Ethiopia: indicators before and after HMIS / M&E reform



Best Practices

- GAVI HSS: achieve & sustain increased immunization coverage, through strengthening capacity of health system
- Constraints to increasing immunization coverage often lie in the broader health system, not specific to the program
- Countries identify the weak health system functions
- Same period as national Health Strategic Plan & (PRSP),
- Reporting in line with country planning and reporting cycles,
- GFATM=health system activities required to make HIV, tuberculosis, and malaria programmes succeed

Best Practices from Ethiopia

- Upgrading PHC infrastructures
 - Remove geographic barrier
 - Enable scaling up of VCT, PMTCT & ART (space)
- Equipping of health facilities
 - Cold chain equipment
 - Laboratory capacity for testing & follow up of HIV/AIDS
 - Delivery kits and injection materials (for MNC care)
- Supporting pre and in-service training of HEWs
 - Conduct delivery
 - Provide immunization
 - Dx and Rx malaria

Best Practices continued

- Strengthening logistic system
 - Fast procurement and distribution of vaccines, supplies and drugs (ART, OI,, vaccines etc)
- Support to the scaling up of the new HMIS
 - Enhancing capacity to measure & monitor health activities & outputs & generate evidence-based results
 - Improve physical and financial monitoring
- Flexible procurement mechanisms
- Harmonized funding mechanism
- Integration into existing national health system coordination mechanism

So, Global Health Initiatives could be

= vaccines and drugs

OR > vaccines and drugs:

*depending on the level of **commitment** of the involved parties to the achievement of **shared & sustainable broader health outcomes.***