

Geneva Health Forum 2008

Global Health Initiatives: More than just about medicines and vaccines



Health system strengthening: From a comprehensive discourse to *selective* practice

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Two propositions



- Much of current health system strengthening interventions funded / implemented by GHIs are *selective*
- GHIs do have a role in health systems, and more specifically in supporting the protective role of health systems, but the right balance between this protective role and the responsive role should be struck

1. GHI's view on health system strengthening (HSS)



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- GHIs: weak systems are a constraint to reach MDG
- Objectives of their HSS
 - “attaining programme-specific objectives”
 - “enabling scaling up of interventions”
 - “consolidating early results and ensuring sustainability”
- (reducing fragmentation by vertical programmes)
- (making health services become responsive again)

Weak health systems, a right diagnosis...



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- In many countries, health system performance not up to standards in terms of equitable access & utilisation, quality of care & accountability
- Due to several root causes
 - Structural underfunding of the sector and skewed allocation within
 - Neglected health workforce
 - Inadequate management & regulation capacity
 - Inefficient organisation of service deliveryand
 - Socio-economic conditions, political factors
 - International fiscal, trade and aid policies



- HSS interventions
 - Aiming at improvement of disease-specific outcomes
 - Focusing on health system capacities that are bottlenecks for their own programme
 - Inputs and investments are targeted to disease-specific domains (e.g. procurement of ART drugs)
 - Reluctance to pool financial resources to support general processes & capacities



- Preference for a project-like approach to implementation
 - Results to be demonstrated in short time-spans
 - Favouring centralised & vertical implementation structures
 - Funding conditioned on good performance in their disease-specific domain

Result: Many GHIs do *selective* health system strengthening

Impact of GHIs on health systems



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- At the national level
 - Exclusion of stakeholders from decisions
 - Lack of alignment with / skewing of national priorities
 - Lack of donor harmonisation
 - Inadequate absorption capacity at national level

Buse et al. (2007) / McKinsey (2005)

- Aggravated by financial leverage

<i>2005</i>	Uganda	Ethiopia
MOH budget	\$112 million	\$113 million
PEPFAR, GF, MAP AIDS funding	\$167 million	\$130 million

Bernstein & Sessions (2007)

Impact of GHIs at service provision level



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- *Imbalances*
 - creation of differences in resource allocation and /or utilisation of the health workforce (*e.g. effect of per diems in Nepal*)
- *Duplication*
 - multiplying efforts as the result of parallel, non-integrated systems of information, procurement, accountability, etc. (*e.g. MAP, Pefpar*)
- *Interruptions*
 - displacement of routine everyday services due to the demand of programmes (*e.g. training, field work, administration in Cambodia*)

Adapted from Travis P. et al. (2004) Overcoming health-systems constraints to achieve the Millennium Development Goals. Lancet, 364, 900-6.

Result = imbalanced health systems persist



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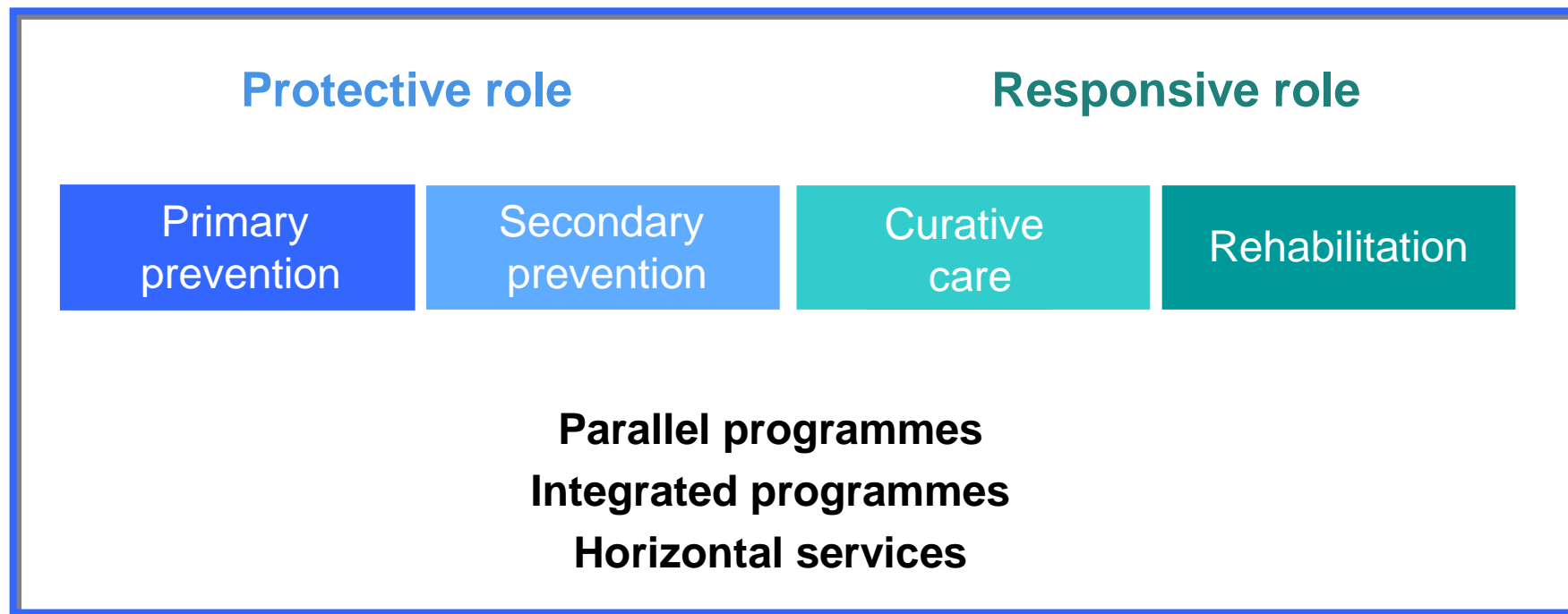
- In resource-poor countries, focus on few selected disease programmes may lead to
 - **Distortion** of priority setting at national and service provision level by the financial leverage
 - **Inefficiency** due to parallel management systems
 - Internal **brain drain** to better paying programmes
 - In some cases: **undermining** of horizontal services
- Consequence: imbalances between the key functions of health systems are maintained or aggravated

2. 'Vertical-horizontal' is a false opposition...



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Goal: Improving global health status & ensuring equitable utilisation of quality healthcare that empowers patients & community through participation



(Antwerp Declaration on Health Care for All, 2001)

Finding the right balance...



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- Balanced **goals**
 - Disease-specific health outcomes vs. global health status
 - Not maximisation, but optimisation
- Appropriate **funding** of protective and responsive function
- Balanced **provision** of services
 - Through horizontal services and disease control programmes
 - With right degree of integration
 - Through first line services and hospitals
- In each domain, GHI has quite some power

HSS in practice



- Both governments and donors to **invest** in underfunded systems
 - Predictable, long-term donor funding for resource-poor countries (See call for a new Global Fund)
 - Donor harmonisation (Paris Declaration agenda, IPH+)
 - Pooling (through SWAPs, PRSPs, budget support)
 - Redress the funding imbalances between (single)-disease programmes and horizontal services
 - Total ODA increased since 2000, but some displacement of aid to detriment of health systems and population



- Ensure **absorption capacity**
 - Invest in long-term development of essential functions, incl. stewardship & management
 - Cfr. WHO-GF health system strengthening strategy
 - Invest in the health workforce
 - Basic (para)medical training
 - Remuneration
 - Regulation & accountability



- Strengthen capacities at **service provision** level
 - Avoid undermining local capacity to organise responsive health services
 - Need for good evaluation of system-wide effects at this level
 - Stimulate national policies that actually support the service provision level
- Conclusion: no blueprints
 - Contextualise actual strategies in function of strength of existing services and systems

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