



**DISEASE CONTROL
PRIORITIES PROJECT**



ENHANCING HEALTH SYSTEMS PERFORMANCE AND MOBILISING RESOURCES

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INVESTING IN GLOBAL HEALTH “BEST BUYS” AND PRIORITIES FOR ACTION IN DEVELOPING COUNTRIES

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BACKGROUND

- Evidence on burden of disease and cost-effectiveness is important for policy
- But interventions usually delivered through a service infrastructure
- Cost-effectiveness evidence usually reflects a good level of technical efficiency – may not be readily achievable in real life
- Need to know how best to strengthen health systems to deliver interventions



AIM OF PRESENTATION

Summarise key messages from the evidence-base on how best to enhance health systems performance and mobilise resources



HEALTH SYSTEMS

The organisations, institutions and resources primarily concerned with improving health. They ensure:

- Provision of services
- Generation of financial, physical and human resources
- Effective management and governance

HEALTH SYSTEM CONSTRAINTS

<i>Community and household</i>	Inadequate demand for effective interventions; barriers to use of effective interventions
<i>Health services delivery</i>	Shortage and maldistribution of qualified staff; low pay; poor motivation; inadequate availability of drugs and medical supplies
<i>Health sector policy & strategic management</i>	Weak drug policies and supply systems; weak management systems; competing donor programmes
<i>Public policies across sectors</i>	Government-wide rules and regulations; limited communications and transport infrastructure
<i>Environmental characteristics</i>	Governance issues; instability; unfavourable physical environment

Health System Constraints and Possible Disease-Specific and Health System Responses

Constraint	Disease-specific Response	Health System Response
Patients' inability to pay for services	Price reductions for specific diseases	Risk-pooling strategies
Distance to facility	Outreach for specific diseases	Planning for new facilities
Poorly skilled staff	Training on specific diseases	Revising medical curricula
Poorly motivated staff	Financial incentives for delivering priority services	Reviewing salary structures and promotion procedures
Weak planning and management	Training workshops in planning and management	Restructuring ministries of health, developing cadre of dedicated managers
Lack of inter-sectoral action and partnership	Cross-sectoral committees to address specific diseases	Building systems of local government with representation from various sectors
Poor-quality care among private sector providers	Specific training for private sector providers	Developing accreditation and regulation systems

ENHANCING HEALTH SYSTEMS PERFORMANCE AND MOBILISING RESOURCES

- Stewardship/regulation
- Organisational arrangements
- Quality assurance
- Targeting resources
- Financing

NB:

1. Lack of evidence
2. Effectiveness of approaches depend on starting point - need to be assessed in local context

STEWARDSHIP/REGULATION

- Strengthen accountability to communities and increase user voice (eg Burkina Faso; Ceara)
- Enforce regulations (where capacity exists)
- Use approaches that work with the private sector

TREATMENT SEEKING FOR FEVER IN 3 DISTRICTS IN TANZANIA (Goodman et al)

29% visited a health facility

61% visited a shop



PROBLEMS AND OPPORTUNITIES OF RETAIL SECTOR

PROBLEMS:

- Only 50% of febrile children under 5 obtained an antimalarial
- Over 30% SP samples of poor quality
- 78% of tablets from retailers sold loose (not packaged)
- 94% drug stores stocked prescription-only antimalarials
- SP child's dose incorrectly specified by 58% drug store staff & all staff in general stores stocking SP

OPPORTUNITIES:

- Highly accessible
- High perceived quality
- Supplies more reliable

So:

- Use outlets to give information on drugs
- Introduce accreditation (eg Strategies for Enhancing Access to medicines project – SEAM)

KILIFI SHOPKEEPERS PROJECT

Increased the % of shop-treated childhood fevers receiving an adequate antimalarial dose from 8% to 64%



A shopkeeper using an illustrated card explaining various signs of malaria to discuss with a mother wanting drugs for her feverish child



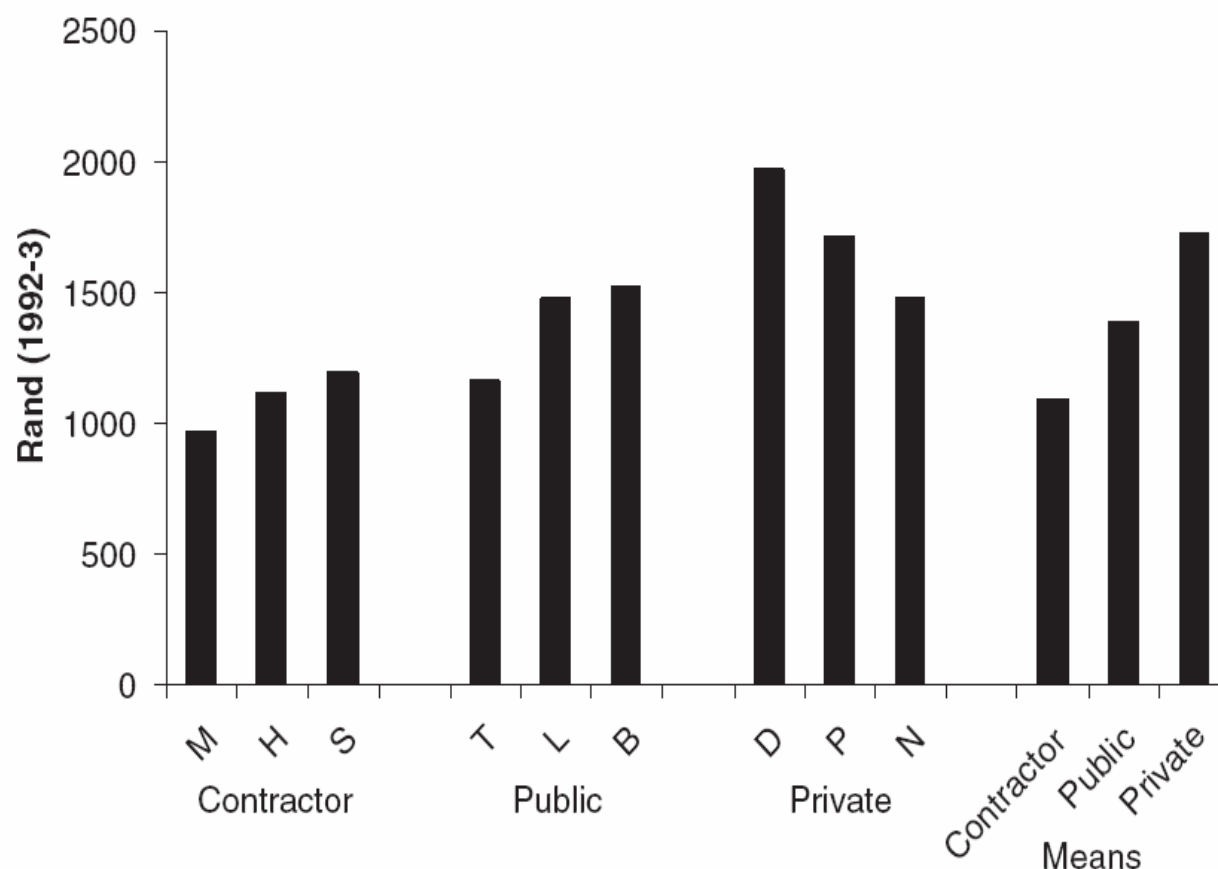
ORGANISATIONAL ARRANGEMENTS

- Clarification of purchaser and provider roles within public health sector
- Decentralisation to hospitals and districts
- Vertical versus horizontal modes of organising and managing service provision
- Contracting out service provision

HOSPITAL CONTRACTS IN SOUTH AFRICA

(Broomberg et al)

- **Contractors' cost per admission lower than public; similar quality**
- **Cost advantage largely due to higher staff productivity**
- **Contract cost to government > government cost of provision**
- **Study focused attention on capacity to contract out**



QUALITY ASSESSMENT/ASSURANCE

- Good quality possible even in highly resource constrained settings
- Evidence that two approaches can work:
 - Policies which change structural conditions and indirectly affect providers (eg contracting)
 - Policies which directly affect individual and group practice (eg Kilifi project)

TARGETING RESOURCES

- Systems level – eg resource allocation formulae; financial incentives
- Service level – eg planning and budgeting frameworks; consumer education and information

THE TANZANIA ESSENTIAL HEALTH INTERVENTIONS PROJECT (TEHIP)

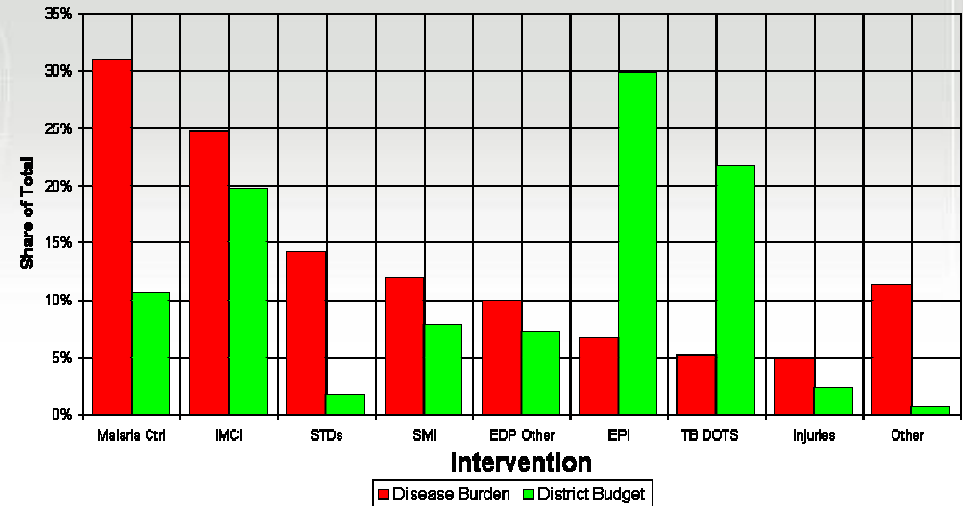
(de Savigny et al 2004)

- Provided tools for district level decision makers to influence resource allocation
- Linked burden of disease data with expenditure on interventions
- Showed improved match between disease burden and district budget

Intervention Expenditure Shares
Moro Rural District Health Plan 1996-97

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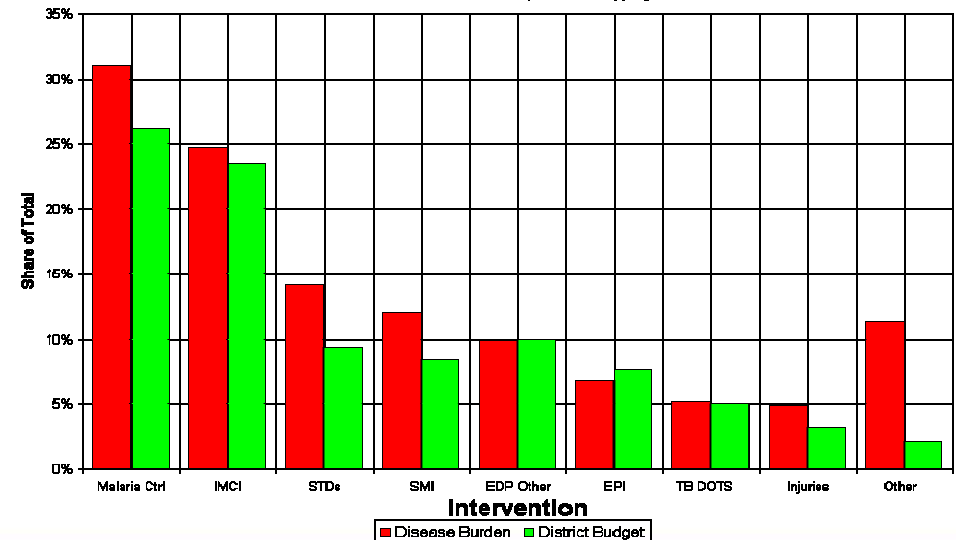
Tanzania District Health Expenditure Mapping V1.0



Intervention Expenditure Shares
Morogoro Rural District Health Expenditure 00-01

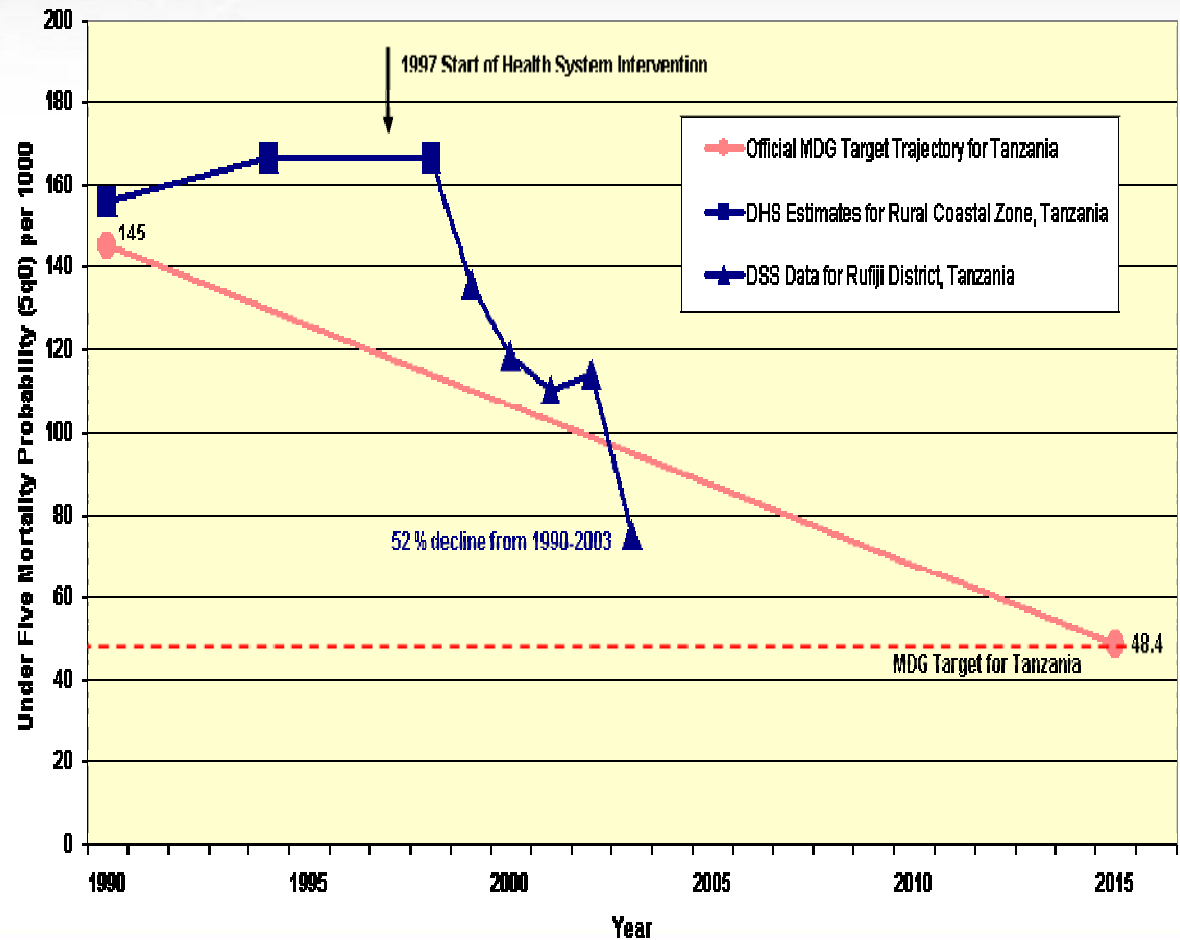
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Tanzania District Health Expenditure Mapping V1.1



THE CONTRIBUTION OF TEHIP TO IMPROVED HEALTH OUTCOMES

Reversing the Trend in Child Mortality Impact of District Health System Interventions in Rufiji District Tanzania



FINANCING

- Lack of money to support health systems is one of the fundamental causes of health system weaknesses
- Public funding vital for providing services for under-served groups:
 - Community-based insurance: very varying experience
 - Social health insurance: limited coverage
- Increasing financial accessibility vital

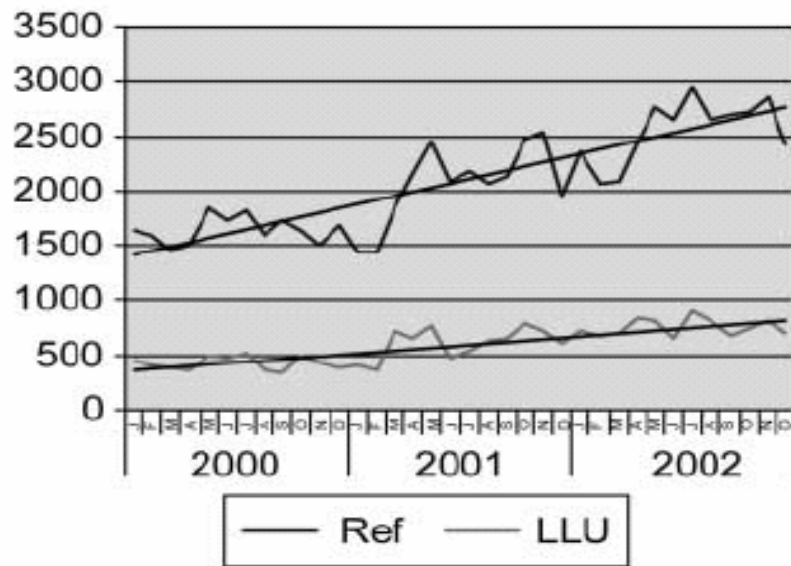
THE IMPACT OF FEE REMOVAL IN UGANDA

(Nabyonga et al)

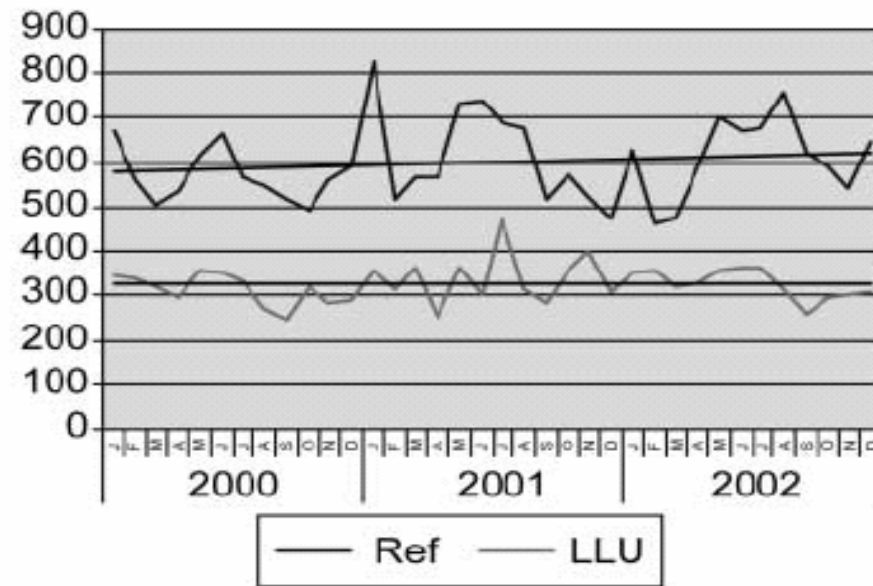
Fees removed

Fees not removed

Public facilities (N = 59 LLU, N = 13 Ref)



PNFP facilities (N = 30 LLU; N = 4 Ref)



LLU: Health centres; Ref: referral facilities

COMPLEMENTARY POLICIES AND ACTIONS NEEDED IF FEES REMOVED

- Increase budgets to protect quality of care when utilisation increases
- Inform and mobilise health workers to support the policy
- Ensure managers have some funds to allocate to local priorities
- Ensure adequate supplies of drugs and staff
- Improve physical access to services
- Monitor utilisation trends, involving health workers and managers

KEY MESSAGES

1. Keep the health of the system in mind whenever major new programmes are put in place
2. Ensure focused disease-specific efforts contribute to system strengthening, not detract from it
3. Reforms affecting organisational structures and human resource management more likely to be successfully implemented if they are incremental and gradual

KEY MESSAGES - 2

4. Organisational reforms must support health systems to prioritise user demands, primary and first level hospital care, quality of care, and technical back-up to disease control
5. Capacity strengthening required at all levels
6. Evaluate policies to improve evidence-base