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NEW PERSPECTIVES IN HEALTH SYSTEMS STRENGTHENING

Lessons Learned for Building Stronger, Smarter Systems





EXECUTIVE SUMMARY

Health Systems 20/20 is the United States Agency for International Development's (USAID) flagship project for strengthening health systems worldwide. Launched in 2006, **Health Systems 20/20** has responded to over 250 activity requests in 51 countries, helping to eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

Health Systems 20/20's four intermediate results address the financing, governance, operational, and capacity constraints that block access to and use of priority health services. Over the course of the project, eight strategies were developed to address many of these constraints, which undermine the equity, efficiency, quality, and effectiveness of priority health services and ultimately limit service utilization. We have worked with USAID and country stakeholders to design programs tailored to meet country-specific challenges and health priorities. In addition, we have institutionalized existing tools, such as National Health Accounts (NHA) and the Health Systems Assessment Approach (HSAA) manual, and developed new ones, including the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) and specific costing methodologies, to generate the evidence needed to improve individual health systems.

From the outset, Health Systems 20/20 recognized that applying a one-size-fits-all approach in partner countries would not work. As a largely demand-driven project, it has been essential for Health Systems 20/20 to look at each country individually, applying the appropriate tools and strategies to clarify constraints and bring solutions into focus.

This executive brief shares snapshots from eight partner countries to illustrate the impact our strategies are having on their health systems. We have seen repeatedly that the simultaneous,

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integrated application of several of the eight strategies achieves stronger results. Looking back on six years of testing and refining approaches to strengthening health systems worldwide, Health Systems 20/20 has distilled 13 lessons to share with the global health community as it plans for the future of health systems strengthening.

INTRODUCTION

In launching the Health Systems 20/20 project in 2006, USAID recognized that “Only as we solve systemic challenges can USAID fulfill its mission of saving lives...” Through Health Systems 20/20, USAID has complemented its disease- and service-focused investments with technical assistance, capacity building, and global leadership in financing, governance, and operations. As a demand-driven project, Health Systems 20/20 has responded to over 250 activity requests in 51 countries, nearly reached the project ceiling of \$125 million, and leveraged more than \$7.8 million in non-U.S. government funding.

Over the life of the project, the importance of health systems in expanding equitable, quality health care, including preventive health care and health promotion, has become increasingly clear. In 2009, President Barack Obama emphasized this perspective when he launched the Global Health Initiative,

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saying “We will not be successful in our efforts to end deaths from AIDS, malaria, and tuberculosis unless we do more to improve the health systems around the world.” This executive brief reflects on Health Systems 20/20’s approach to strengthening health systems, describes our progress in a sample of partner countries and across the globe, and shares 13 important lessons learned over the past six years. A final report will be available at the end of the project in September 2012.



Mali. Photo by Lisa Nichols



Malawi. Photo by Jessica Scranton

EIGHT STRATEGIES THAT STRENGTHEN HEALTH SYSTEMS

Health Systems 20/20's four intermediate results focus on addressing the **financing, governance, operational, and capacity** constraints that block access to and use of priority health services. We have worked with USAID and country stakeholders to design programs tailored to meet country-specific challenges and health priorities. Our technical approach has recognized that these four areas overlap and that country-level assistance should be integrated across them. In addition, we have institutionalized existing tools, such as NHA and the HSAA manual, and developed new ones, including HAPSAT and specific costing methodologies, to generate the evidence needed to improve individual health systems.

At this time of heightened commitment to improving health systems, it is useful to distinguish between activities that provide inputs to *support* the health system from those that alleviate constraints to *strengthen* the health system. Based on our experience, supporting the health system can include any activity that improves services, from upgrading facilities and equipment to distributing mosquito nets. In contrast, strengthening the health system is accomplished by comprehensive changes to policies and regulations, financing mechanisms, organizational structures, and relationships across the health system building blocks that allow more effective use of resources to improve multiple health services. The six building blocks as defined by the World Health Organization (WHO) are: service delivery; health workforce; health information systems; medical products, vaccines, and technologies; financing; and leadership and governance. Efforts to both support and strengthen health systems are important and necessary, and the balance between them should be driven by a country's context and priorities.



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Philippines. Photo by Susna De



Kenya. Photo by Alledia Adams

We have seen that applying classic systems thinking to health systems accelerates strengthening. Over the course of the project, we developed eight strategies to address many of the constraints that undermine the equity, efficiency, quality, and effectiveness of priority health services and ultimately limit service utilization. These strategies target the constraints we encountered in partner countries and were asked to address by USAID missions. Together, they have guided and helped to prioritize our activities worldwide.

The strategies are:

1. Financial risk protection;
2. Resource tracking;
3. Performance-based incentives;
4. Health governance;
5. Costing and sustainability planning;
6. Human resources for health;
7. Capacity building; and
8. Measuring and monitoring health systems performance.

Financial Risk Protection

Any illness or health need, such as malaria or a complicated delivery, can pose financial hardship. The WHO's health system goals include both improved health status and financial protection. Health Systems 20/20 helped to move countries along a transparent and responsible path toward universal coverage in a sustainable manner. Among our many activities, we evaluated the removal of user fees for caesareans in Mali. While utilization of caesarean services increased with the introduction of the policy, our assessment also revealed the need to address additional barriers to care in order to improve access, especially among the poor. We also helped develop a national policy in Mali to use community-based health insurance (CBHI) to expand coverage of the poor; designed and delivered two **regional workshops** on health insurance in Africa to advance 12 countries' progress toward universal coverage; and assisted Benin, Botswana, Ethiopia, Egypt, India, Liberia, and Namibia to take concrete steps to improve financial protection. Globally, we

collaborated with WHO to test indicators of progress toward universal coverage in five countries.

Resource Tracking

Expanding and sustaining access to priority health services requires countries to proactively manage health spending. The **NHA** methodology is the international standard for measuring financial resource flows in the health sector, and is used by more than 100 countries. Throughout the project, NHA has served as the cornerstone of Health Systems 20/20's strategy to enhance and institutionalize country-level resource tracking. As we worked with 17 countries to carry out 25 NHA estimations, we emphasized the importance of institutionalization — that is, producing and using health spending data routinely rather than carrying out one-off exercises. In addition, we developed the intuitive, user-friendly **NHA Production Tool** software to simplify and streamline data management and analysis, making the NHA process faster, easier, and more consistent. Our efforts will lead to easier, faster, cheaper, and more locally-owned generation of health resource tracking data, which will in turn facilitate greater integration of expenditure data with other types of data, such as service utilization. This process helps countries to answer questions about efficiency, health outcomes, and value-for-money.

Performance-based Incentives

Patients as well as facility and district health teams often respond favorably to the right incentives. Performance-based incentives (PBI) directly links payment to better health results. As one component of a comprehensive health financing strategy, our global, regional, and country-based PBI work has contributed to moving PBI into a mainstream strategy for improving global health. In partnership with the Australian Agency for International Development, Norwegian Agency for Development Cooperation, the Center for Global Development, and the World Bank, we co-hosted two major PBI regional workshops, the first in Kigali, Rwanda, and



Nigeria. © 2010 Bonnie Gillespie, Courtesy of Photoshare

the second in Cebu, Philippines. We also developed the *Paying for Performance in Health: Guide to Developing the Blueprint*, which outlines a systematic framework to structure and guide the process, rationale, and ultimate decisions made when designing a successful PBI initiative. In addition to work in Mozambique, the Democratic Republic of Congo, Malawi, Tanzania, and Cote d'Ivoire, we have been supporting the Senegalese Ministry of Health and Prevention to design a PBI scheme to improve maternal and child health outcomes while also strengthening the health system.

Health Governance

Although the global health community has begun to see governance as an important element of health system strengthening, solutions for addressing governance problems have not been readily available. To fill this gap, Health Systems 20/20 focused on building the knowledge and understanding of health governance concepts, approaches, and tools among health system actors and the international health community. In addition, Health Systems 20/20 showcased that governance cannot be a stand-alone effort. To ensure strong governance, it should be woven into health systems strengthening activities from the start. Much of the project's work in

governance was integrated into other activities, such as strengthening stakeholder engagement in Health System Assessments and HAPSATs. A key example of a field governance activity was in the Philippines where we supported a pilot program to establish three facility-based Quality Assurance Partnership Committees, or QAPCs, in Mindanao. The QAPCs bring together local leaders and government officials, health service providers, and community representatives to address the access, availability, and quality of maternal and child health services. As a result, facilities and staff are now more responsive to their communities' needs.

Costing and Sustainability Planning

A growing number of requests for costing analyses prompted Health Systems 20/20 to add the costing and sustainability strategy, whose cornerstone is providing rapid, evidence-based financial analysis with practical recommendations. The increased demand was an indication that the costing evidence base was lacking as well as a reflection of the global economic crisis and increasingly limited donor resources. Our approach has been to make sure we ask the right health financing questions. In response to the need for financial sustainability planning for HIV/AIDS programs, we developed the *HAPSAT*, which has been applied in 14 countries. Findings from the analyses have informed the development of national strategies, operational plans, and funding proposals. We supported governments such as Angola, Papua New Guinea, Suriname, Botswana, and Trinidad and Tobago in their efforts to cost their national strategic plans for HIV/AIDS. In Papua New Guinea, costing work done by Health Systems 20/20 led to the approval of a Global Fund Round 10 proposal totalling \$50 million. Having responded to the demand for evidence, we also saw a need to guide the use of costing results, which led to the development of innovative and adaptable methodologies, such as output-based financial reporting — a method that goes beyond costing to improve understanding of how program resources

translate into services and what level of service delivery is achieved with given resources.

Human Resources for Health

In many countries, the lack of the right mix of health care providers in the right place with the right resources is a serious bottleneck to providing quality health services. Our work in human resources for health (HRH) spans six areas crucial to strengthening human resources: financing and economics; assessments; management and governance; information systems and innovative technologies; training and education; and private sector engagement. Health Systems 20/20's national needs assessments in countries such as Cote d'Ivoire, Egypt, Lesotho, and Swaziland have informed policymakers and other stakeholders of existing gaps in human resources. Through our work in costing we have assisted stakeholders in identifying appropriate solutions. In addition to developing costed HRH strategic plans, our work has focused on developing human resource management capacity to implement the plans effectively with the support of integrated data management systems and partnerships with the private sector.

Capacity Building

Health systems strengthening capacity is different from, and broader than, the capacity to provide health services. Our strategy has been to strengthen key **regional- and country-level organizations** that are essential actors to strengthening health systems in their respective countries and regions. These organizations include government organizations that play a stewardship role, research institutions that provide the evidence to inform health systems strengthening and policy decisions, nongovernmental organizations (NGOs) and consulting firms that provide technical assistance, and training institutions that train public health leaders and specialized staff needed to strengthen health systems. Over the course of six years, the project worked to

strengthen 24 organizations, such as the **Kinshasa School of Public Health**, the African Field Epidemiology Network, and the Liberia National AIDS Commission Secretariat. The project's capacity-building activities included some that took a comprehensive approach, in which we worked to strengthen the whole organization, and targeted capacity building, in which we focused on one area. A prime example of our targeted capacity-building work was in developing the capacity of six African organizations to work regionally to use three health system strengthening methodologies — HAPSAT, HSA, and NHA.

Measuring and Monitoring Health Systems Performance

When it comes to **assessing health systems performance**, the biggest challenge is often not a lack of data, but incomplete, nonstandardized data from too many disparate sources. Our strategy for measuring and monitoring health systems has been to provide and maximize the use of a set of established, innovative tools to ensure a more standardized measurement. These tools include the HSAA manual, which produces a profile and analysis of the whole system that can help to prioritize health systems strengthening solutions. Twenty-five health systems assessments have been done in Asia, Africa, Europe, the Caribbean, and South America. Another tool is the **Health Systems Database**, which allows users to compile and analyze country data from multiple sources to quickly assess a health system's performance, benchmark that performance against other countries using key indicators, and monitor progress. We also provided global leadership in the continuing development of health systems strengthening indicators to provide more precise, reliable tools for measuring the impact of health systems strengthening activities.

HEALTH SYSTEMS ACHIEVEMENTS IN PARTNER COUNTRIES

We have seen repeatedly that the simultaneous, integrated application of several of these strategies achieves stronger results. Health Systems 20/20 brings deep expertise, a systems approach, and integrated thinking to each partner country's specific request for technical assistance. In addition, we make sure our tools and approaches are easily adaptable elsewhere. We have made a deliberate effort to ensure that all we do is linked to a higher level of planning — to engage decision makers and make sure the implementation they request is based on evidence — and to work with host country organizations to develop their capacity to carry on after Health Systems 20/20 assistance ends.

From the outset, Health Systems 20/20 recognized that applying a one-size-fits-all approach to our partner countries would not be effective. As a largely demand-driven project, viewing each country

individually has been essential, and we have applied the appropriate strategies needed to clarify each country's health systems constraints and bring new solutions into focus. The following snapshots from eight partner countries illustrate the impact of specific activities on their health systems. In addition, the accompanying lens graphic highlights all of the strategies that we applied through multiple activities to strengthen that country's health system.

Expanding Health Insurance in Mali



- Financial Risk Protection
- Health Governance
- Capacity Building

Unexpected illness can push a family into poverty. To protect families and ensure they have access to the health care they need, Health Systems 20/20 supports governments and in-country organizations to establish and strengthen a variety of financing mechanisms, such as community-based prepayment schemes, to cover health costs. Mali has a long tradition of such schemes, including mutual health organizations (MHOs). Community groups organize MHOs by recruiting individuals or households to pay regular contributions that cover a set of health care benefits at specified government or private providers.

When the government decided to expand insurance coverage to the informal sector, Health Systems 20/20 partnered with Malian organizations, the World Bank, and the Ministerial Leadership Initiative to develop a national CBHI strategy. The strategy calls for establishing one MHO per district — much like the administrative set-up in Rwanda, the African country with the broadest CBHI coverage. In addition, the government agreed to subsidize

Top: Egypt. Bottom: Mali. Photos by Colby Gottert



premiums to make health insurance available to lower-income households and expand their benefits package, making Mali only the third country in Africa to subsidize community-based insurance. The government adopted the policy in early 2011.

Health Systems 20/20 assisted the Ministry of Social Welfare to translate the strategy into a three-year plan. This envisions creating or restructuring 150 CBHI schemes in three regions with a total population of 3 million people and 1.2 million intended beneficiaries, or 40 percent of the target population. The government of Mali will contribute \$9.8 million of the total budget for the pilot of \$28.5 million, households will contribute \$10.1 million, and donors and local government will add another \$8.5 million. Mali's success with its CBHI program shows the value of integrating financial risk protection with strengthening government capacity and leadership in this area.

Financing Liberia's Health Care



- Financial Risk Protection
- Resource Tracking
- Health Governance
- Costing and Sustainability Planning
- Capacity Building

A key factor in sustainability is establishing a sound health care financing system to ensure that health services are affordable for the country and protect individual households from catastrophic spending. Since 2009, Health Systems 20/20 has worked with

Liberia's Ministry of Health and Social Welfare (MOHSW) to build a more resilient health financing system. We pursued an integrated strategy to generate data-based evidence in health financing and to ensure an open and collaborative policy process. Focused capacity building was integrated into all activities to leave behind skills and expertise among the Health Financing Task Force and the MOHSW's legal unit.

To gather the evidence necessary to inform a national health financing policy, the MOHSW and Health



Liberia. © 2005 Kevin McNulty, Courtesy of Photoshare

Systems 20/20 conducted two rounds of NHA. In addition, the MOHSW did a case study on catastrophic health expenditures, a benefit incidence analysis on public health investments, and a modeling of the economic impact of high fertility, all of which served as a basis for the Liberians to develop a health financing policy.

In 2010, the MOHSW and Liberia's Health Financing Task Force developed the first Health and Social Welfare Financing Policy and Plan by synthesizing the evidence, facilitating consultative workshops, and supporting consultations with the Ministry of Finance. We worked closely with our counterparts to support this collaborative process. The policy was endorsed by the Cabinet and the Ministry is moving forward with its implementation. The implementation of the policy will further strengthen Liberia's health system by promoting sustainability and delivery of quality health services.

Health Insurance Reform in Egypt



- Financial Risk Protection
- Resource Tracking
- Health Governance
- Capacity Building
- Human Resources for Health

In Egypt, USAID has long supported improvements in the health sector. Beginning in 2008, for example, Health Systems 20/20 collaborated with the national Health Insurance Organization (HIO) to help it

transition into a pure insurance company. With Health Systems 20/20's support, the HIO has been separating *paying* for care from *providing* care. The HIO covers more than 50 percent of the population, including formal sector workers, widows, school-age children, and newborns.

To facilitate this transition, Health Systems 20/20 introduced two management tools: a medical audit program and a utilization and case management system. Health Systems 20/20 trained 88 HIO medical staff to conduct audits; that is, to evaluate health facilities to ensure they are providing the services stipulated in their HIO contracts. In addition, we trained and certified more than 100 HIO staff to review medical records to ensure that the care provided is medically necessary, appropriate, high quality, safe, and efficient.

Since the implementation of these tools in three pilot governorates, many HIO facilities have made positive strides with regard to quality and costs. For example, as a result of poor infection control, a common practice among surgeons was to prescribe IV antibiotics a week before and a week after surgery, which contributed to bacterial resistance and avoidable patient side effects. In one hospital, for instance, the length of stay of patients who underwent joint replacement surgery was reduced by 50 percent as a result of applying the new management tools.

Vietnam. Photo by Nussi Abdullah



Increasing Country Ownership in Vietnam



- Resource Tracking
- Health Governance
- Costing and Sustainability Planning
- Capacity Building
- Measuring and Monitoring

Over the past decade, **Vietnam** has made important achievements in health. In spite of this progress, the country faces two major challenges to maintaining these health system achievements — the burden of both communicable and noncommunicable diseases and disparities in health outcomes. To address these challenges, the government has implemented several national policies, which include decentralization of the health sector.

In 2008, Health Systems 20/20 partnered with Vietnam's Health Strategy and Policy Institute (HSPI) to pilot a capacity-building approach for local ownership and institutionalization of the Health System Assessment. With Health Systems 20/20's assistance, HSPI revised the HSA tool for use at the provincial level. This was the first HSA conducted solely by an in-country team. The activity built HSPI's capacity to carry out an HSA and included data analysis, interpretation of findings, and report writing. In 2009, HSPI conducted HSAs in six additional provinces, and recently HSPI wrote a proposal to conduct HSAs in another 16 provinces.

In the eight provinces where HSPI has conducted HSAs, the findings reveal both strengths and weaknesses of the provincial health systems. Health officials have used this evidence to prioritize recommendations, build on local capabilities, and improve equity in health service provision. HSPI has also been able to influence health policy with this new evidence. Governance findings from the HSAs, for example, showed that health service quality could be improved by allowing civil society greater participation in policy formation. As a result, the Ministry of Health now invites civil society

organizations, such as professional associations, to all of its policy dialogue meetings.

Today, HSPI is fully capable of conducting an HSA without any outside assistance, and is well placed to analyze the data, write excellent reports, and as the policy research arm of the MOH, use the evidence to inform policy development. To help HSPI sustain its organizational capacity and be less dependent on donor funding, we also developed its capacity to mobilize resources. HSPI staff learned about market analysis, business planning, development of marketing materials, and proposal writing.

Rebuilding Human Resources for Health in Cote d'Ivoire



Political and military events over the last two decades have dramatically disrupted Côte d'Ivoire's health system, particularly in terms of the availability and quality of human resources. Health Systems 20/20 worked closely with the Ministry of Health and Public Hygiene to close the HRH gap at all levels by helping to retrain health workers; redeploy and retain them in remote, underserved regions; and develop a system to track HRH.

To get a clear picture of the HRH situation, the Ministry and Health Systems 20/20 collaborated on three assessments between 2006 and 2008. These assessments showed a need for strengthening training institutions, improving health facility management skills, and redistributing health workers, many of whom had moved closer to the capital for safety. The next step was to develop a five-year HRH strategy that targeted short- and long-term improvements in the availability, efficient use, and distribution of HRH. Using the assessments, a local stakeholder

working group drafted an updated national HRH strategy for 2009–2013, which was then incorporated into the National Health Sector Development Plan (2012–2016). Health Systems 20/20 implemented several activities to address key elements of the strategy, including: strengthening preservice training institutions; piloting a PBI scheme to improve productivity; and developing capacity of the Ministry of Health and Public Hygiene to deliver leadership and management training to over 200 district and regional health managers.

In 2006, the National Health Worker Training Institute's (INFAS) unwieldy teacher-to-student ratio prevented adequate supervision of students' in-service training and limited INFAS's ability to sufficiently prepare students for the workforce. Health Systems 20/20 supported the emergency hiring of 35 instructors for three INFAS campuses. The results from the INFAS strengthening efforts included a more adequate student-to-teacher ratio; improved student attendance, mentoring, and oversight; a strengthened INFAS management team; and the realignment of the curriculum to match local needs.

We also designed a pilot scheme to test the viability and efficacy of performance-based incentives to support resumption of basic health services and institute HIV-related services in areas hardest hit during the conflict. The PBI pilot began in 2009, in the northern district of Ferkessedougou, where HIV prevalence was nearly 17 percent and infant mortality was 127 deaths per 1,000 births. "Hardship" salary increases of 20 percent were paid to all staff at participating facilities. Other incentive payments were based on achievement of performance-specific indicators on HIV counseling and testing and the prevention of mother-to-child transmission (PMTCT) services. Award payments were made to individuals and in the form of facility upgrades.

Preliminary results show that health workers were attracted back to participating facilities and recent graduates agreed to serve in the pilot facilities.

Facilities reported very high rates of attendance. Furthermore, the incentives encouraged health workers to increase the availability of and access to HIV-related services in outlying areas. During the first 12 months of the pilot, 9,781 clients received counseling and testing. In addition, 7,426 pregnant women received counseling and testing and 501 HIV-positive women received PMTCT services. The facility incentive payments and collective bonus allowed facilities and the health district to compensate volunteer personnel; to purchase computer equipment, medical supplies and other inputs, and vehicle fuel and maintenance; and to organize trainings and community sensitization campaigns.

Streamlining Kenya's Health Information System



- Resource Tracking
- Health Governance
- Capacity Building
- Measuring and Monitoring

In Kenya, Health Systems 20/20 assisted the MOH to strengthen its national Health Information System (HIS). Aiming for the Paris principle of a unified reporting system, Health Systems 20/20 focused much of its work on harmonizing extensive and long-established vertical HIV/AIDS programming into an integrated, smarter health system. Through financing analysis, policy and civic engagement workshops, and the improvement of information and monitoring systems, we have supported Kenya's response to HIV/AIDS while also strengthening the country's ability to sustain these gains and address other health priorities in the long term.

Using a highly collaborative process, we provided technical and financial support to the government's efforts to improve the quality, availability, and utilization of information on HIV/AIDS services in Kenya. The number of stakeholders and existence of parallel information systems made the task of harmonizing monitoring and evaluation (M&E)



Kenya. Photo by Jessica Scranton

frameworks an ambitious endeavor. By 2011, however, Health Systems 20/20 and the Kenya National AIDS Control Programme (NASCOP) had agreed on a new set of M&E indicators, modified the various data capture tools (e.g., patient cards, clinic registers), and developed training materials to orient service providers to the new reporting framework. A national-level training plan was developed for Kenya's 280-plus districts, and we supported a series of training-of-trainers workshops to build the capacity of NASCOP and other stakeholders to use the training materials to train district staff, who will in turn train facility-level service providers.

A key part of streamlining HIV/AIDS reporting frameworks included integrating the NASCOP information systems with the separate data collected by the MOH Division of HIS. Health Systems 20/20 leveraged strong working relationships between both organizations and with other partners, including ICFMacro, to achieve significant gains in data collection and analysis across all health programs with the national deployment of the Master Facilities List (MFL) in 2011. The MFL is a web-based database

that integrates health facility data including location, services offered and type of facility, with facility-based service delivery data. Health Systems 20/20 trained district health teams in more than 280 districts across the country how to use the MFL. Teams learned how to enter facility data and to generate lists of services available in their districts. These data provide the ministry with key information to support efforts to improve the availability and distribution of health services throughout the country.

Revitalizing the Kinshasa School of Public Health in the Democratic Republic of Congo



- Resource Tracking
- Performance-based Incentives
- Health Governance
- Costing and Sustainability Planning
- Capacity Building

In 2008, Health Systems 20/20 partnered with the Kinshasa School of Public Health (KSPH) to boost its organizational capacity and provide scholarship support for Master of Public Health (MPH) and doctoral students. Founded in 1984 with USAID funding, KSPH offers an MPH program with three focus areas — health management, health economics, and bio-ethics. KSPH is part of the University of Kinshasa, operating under the Faculty of Medicine, and has 69 full-time students as well as 12 professors, 30 graduate and research assistants, and 44 administrative staff members. KSPH provides two critical services to the country's public health sector — training public health leaders and carrying out research and studies, both of which are essential in strengthening the health system.

An initial assessment found the school lacked standard operating procedures and had weak financial systems. The school's finances, for example, were tracked intermittently on a Microsoft Excel spreadsheet by the

accountant. Indirect costs from research contracts were kept by the individual projects and not contributed to the school itself. The school's management did not have a complete list or copies of current contracts. The Internet connection was so unreliable that professors often travelled into the city center to check their e-mail.

Over a four-year period, we collaborated with KSPH on a variety of activities aimed at broad-based institutional strengthening, including: developing a succession plan for the next generation of faculty and helping several graduate students to complete their PhDs and join the faculty; increasing the number of women in the MPH program; strengthening leadership; strengthening the financial management system; improving information technology capacity; building resource mobilization capacity including establishing a business development center; and revising the MPH academic program, which had changed little in over 20 years.

It took almost a year to begin to effect the kind of change needed in the school, but by the second year, the momentum was built and meaningful progress began to occur. While much has been accomplished, KSPH's institutional strengthening process is not yet complete. The school's much improved morale or *esprit de corps*, however, provides a strong foundation for the school to continue progressing in its institutional development. As Professor Antoinette Tshefu, the newly named Dean, said recently about Health Systems 20/20 activities, "The work was extremely important and moved us toward the future and helps us compete in today's more competitive world. We have not only consolidated what we already do, but we are more able to grow and extend our reach."

LESSONS LEARNED FOR BUILDING STRONGER HEALTH SYSTEMS

We view health systems strengthening as a continuum along which countries will progress by applying targeted strategies, tools, and methodologies, depending on their specific context and priorities. As we look back on six years of testing and refining approaches to strengthening health systems worldwide, we have distilled **13 lessons** to share with the global health community as it plans for the future of health systems strengthening.

Health Systems Strengthening

1. Health systems strengthening is a nonlinear process that benefits significantly from holistic systems analysis rather than from traditional, vertical thinking. This paradigm shift requires paying attention to how individual components within the overall system and subsystems interact and affect one another. Working on several components of the system simultaneously, such as governance and financing, yields greater impact than addressing an individual constraint.
2. Each country follows a unique path to improving its health system's performance, depending on its specific health care needs, resources, politics, and leadership. There is no perfect one-size-fits-all model for health systems strengthening because such efforts should respond to the country context (e.g., introducing health insurance may or may not be the highest priority for improving financing in all countries). Effective health systems strengthening interventions should target constraints that can have maximum benefit across multiple health programs.
3. The field would benefit from standardized, precise definitions that distinguish between activities that *support* a health system from those that *strengthen* a health system. *Supporting* a health system can

“Each country follows a unique path to improving its health system's performance, depending on its specific health care needs, resources, politics, and leadership. There is no perfect one-size-fits-all model for health system strengthening...”

be accomplished simply by providing inputs to improve services, such as upgrading facilities and equipment. *Strengthening* a health system is accomplished by more comprehensive changes to policies and regulations, organizational structures, and relationships across system components that, in turn, motivate changes in behavior and allow the more effective use of resources to improve multiple health services. Both supporting and strengthening are important and necessary, and the balance between the two should be driven by the country context.

Financial Risk Protection

4. Health Systems 20/20's field work and regional health insurance workshops for 18 African countries revealed misconceptions that financial risk protection interventions, such as health insurance and fee exemptions, automatically result in increased access and coverage for poor and vulnerable groups. In reality, these interventions only improve equity if they are purposefully designed and implemented to cover poor populations, reduce their out-of-pocket spending, and increase their access to quality health care services.



Ethiopia. Photo by David Page

5. User fee exemption policies should be thoughtfully considered within a broader health financing strategy, not as a series of isolated changes or uniquely in relation to specific health services. Exemption policies should be accompanied by supply-side reform measures that respond to the resulting increased demand and ensure replacement of lost fee-based income.

User fee exemptions can overstretch resources available at public facilities causing a negative impact on the level and quality of services provided, encouraging informal fees, and forcing the population to seek alternative care, which tends to be either more expensive (private providers) or ineffective (traditional healers).

6. Small, isolated community-based insurance schemes have limited impact on equity and are vulnerable to bankruptcy. Risk pools need to be larger and more diversified, and may require government subsidies.

Resource Tracking

7. Although NHAs have proven to provide valuable data for policy development, Health Systems 20/20 has identified four critical lessons related to successful local institutionalization:
 - Countries should have an explicit government mandate to produce health resource tracking data. Strong government ownership of the process is essential to gain buy-in from stakeholders, coordinate and/or harmonize various resource-tracking efforts in the country, and ensure use of the results.
 - NHA results have the greatest policy traction when they are distilled into key policy messages, translated into concise dissemination products targeted to specific stakeholders, and delivered as part of a deliberate communications strategy.
 - The cost of NHA can be dramatically reduced by building capacity of local and regional technical institutions to be providers of technical assistance, reducing reliance on expensive international consultants.
 - Intuitive, user-friendly software, such as the NHA Production Tool, can simplify and streamline data management and analysis for NHA, making the process faster, easier, less expensive, and more consistent over time.

Performance-based Incentives

8. When carefully designed and implemented, PBI has considerable potential to strengthen health systems and improve health outcomes. Because incentives can be so powerful, however, poorly designed PBI schemes can skew behavior that leads to unintended results. Continued research is needed on effective design and implementation arrangements with a focus on how to motivate improved quality as well as how to increase quantities of services provided.

Health Governance

9. Better governance cannot be treated as a stand-alone activity, but instead should be integrated across all parts of the health system. Governance structures and processes influence how actors in the system are linked and interact, and ultimately affect the quality and sustainability of health services. To ensure strong governance, improved structures and processes should be woven into the health systems strengthening interventions from the beginning.

Costing and Sustainability Planning

10. Historically, countries have used costing information to advocate either for more funding or new interventions. However, cost-effectiveness studies do not measure efficiency of implementation, and in the current economic climate, efficiency has become as important as effectiveness. Local health program implementers and partners must deliver cost-effective interventions sustainably, at scale and in a consistently efficient manner, as countries increase their fiscal responsibility for health. Rather than building generic costing tools, Health Systems 20/20 has unpacked unit cost data to measure the efficiency with which resources are turned into services. We have found that working with government and donor programs to ‘connect the dots’ — showing how cost and output data can strengthen policy development, program design, program management, target setting and

program evaluation — has been one of the most valued aspects of the project’s technical assistance.

Human Resources for Health

11. Countries are unable to attend to population health needs without an adequate number and range of well trained, accessible health care workers. In addressing this dilemma, consideration should be given to several key issues in the process of developing and implementing a sustainable national HRH strategy — namely, financing, management, and compensation. National strategies need to be aligned with realistic (current and future) economic and labor workforce realities. Management of the health care workforce requires capable management structures, performance monitoring systems, and mechanisms, primarily information reporting systems, to ensure accountability at the government, facility and provider levels. Adequate compensation is key to a productive, motivated and stable workforce, and requires thoughtful and deliberate policies targeted at both the financial and non-financial interests of providers and institutions.

Capacity Building

12. Building the capacity of local and regional institutions, such as schools of public health, NGOs, and consulting firms, minimizes reliance on external technical assistance, increases country ownership, and boosts the sustainability of the overall health system. This important process requires transferring *both* technical expertise and effective management capacity. These institutions, however, may not be able to meet all their needs in the short term, and external technical assistance will still be necessary. Building management capacity is most effective if addressed in a comprehensive approach that includes the full range of organizational competencies and if implemented over several years.

Measuring and Monitoring Health Systems Performance

13. Measuring the impact of health systems strengthening interventions can be more challenging than measuring the impact of a targeted service delivery project because the interventions are multifaceted and even further removed from service outputs and health outcomes. Even those projects working directly with doctors and patients find it difficult to measure and attribute impacts on health status resulting from specific programs, due to confounding contextual factors (such as economic growth, political change, or other concurrent interventions) and weak routine health information systems. Systems strengthening interventions often — and ideally — involve nationwide policy changes. As a result, there may be no comparison group to allow for a controlled impact evaluation. Health Systems 20/20, however, has creatively used existing M&E tools, techniques, and approaches to track health system performance. The project's **Health Systems Database**, which consolidates and benchmarks health system performance indicators from many sources, provides a starting point to assess a country's health system. In Ghana, we conducted a pre- and post-evaluation of the National Health Insurance Scheme and found that this major health financing policy had led to increased use of some services (e.g., curative care), but no change in others (e.g., institutional deliveries). In Ethiopia, we are using a mixed methods approach to measure whether facility-level revenue retention improves health worker productivity and service availability. Improved metrics and methods are still needed to systematically capture the effects of complex systems strengthening interventions, including those that generate evidence, build institutional capacity, contribute to policy-making, and improve management.



Nigeria. Photo by Colby Gottert

“The work was extremely important and moved us toward the future and helps us compete in today's more competitive world. We have not only consolidated what we already do, but we are more able to grow and extend our reach.”

— Professor Antoinette Tshefu, Dean, Kinshasa School of Public Health, speaking about Health Systems 20/20 activities

In Summary

Health Systems 20/20 is proud to have contributed to advancing the technical work and thought leadership in the field of health systems strengthening. An important evolution in our approach has been to shift the focus from health systems support to health systems strengthening, and to shift our emphasis from strengthening systems directly to increasing the ability of countries to strengthen their own health systems. We believe that country ownership of health systems strengthening will be a critical step in achieving sustainability and, ultimately, universal health coverage.





Left to Right: Ethiopia. Photo by David Page; Vietnam. © 2002 Nguyen Thien Bac, Courtesy of Photoshare; Afghanistan Abt file photo

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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