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Action for Global Health call for International Development Select Committee Inquiry into health systems strengthening

Introduction

In recent years DFID has prioritised health and nutrition in its funding, strategies and frameworks, recognising that living a long and healthy life is essential for every human being to prosper. DFID's health and nutrition work includes bilateral aid to countries as well as a significant investment in multilateral organisations and leadership in global initiatives and frameworks, such as Every Woman Every Child and Scaling Up Nutrition.

Although the International Development Select Committee has provided critical analyses of DFID's work in specific countries such as Malawi and South Sudan, no review has yet been conducted of the cross-cutting policies which drive the focus of programming across DFID's health portfolio. It is critical that there is parliamentary accountability to ensure that the various DFID health and nutrition strategies are well defined and aligned, that the needs of the most vulnerable are prioritised, and the long-term impact and effectiveness of the UK's significant contribution to health is assessed. DFID has played a leading role in driving the health systems strengthening (HSS) agenda and an inquiry into their effectiveness in this area would be particularly relevant. The aim of the proposed inquiry would be to investigate DFID's support to HSS over the past 5 years, exploring the strengths, weaknesses and gaps, and providing recommendations to maximise the impact and effectiveness of UK aid in this area.

This briefing seeks to outline the importance of DFID's focus on HSS and how and why the Committee could provide a crucial role in evaluating this aspect of DFID's work. The briefing provides some background information on why HSS is so important and what DFID's role has been so far. It explores each of the six pillars of HSS as defined by the World Health Organisation and includes some suggestions of areas for further investigation.

Why is Health Systems Strengthening so important?

Building effective and equitable health systems is the best way to reach the health related Millennium Development Goals (MDGs) and achieve UK government priorities on health in developing countries. As attention focuses on the future of development beyond the MDGs, it is important that the principles of sustainability and country-ownership are prominent. In health, without effective, country-owned and sustainable health systems, it will not be possible to either achieve the MDGs or foresee a future without the need for aid. Most importantly, effective health systems need to be prioritised if we are to see a long term reduction in the number of people who die from preventable causes.

Strengthening health systems also represents value for money. Robust health systems are essential if aid for health is to be well spent and progress sustained in the longer-term. An integrated approach which builds the capacity of developing country governments to plan, implement, and monitor national health strategies and develop systems that can respond to new and existing health challenges will be more sustainable and cost-effective in the long-term. Behind the drive for value for money and results on key vertical issues there has to be a commensurate drive for equity and sustainability, and effective health systems are crucial for achieving this. DFID's continued leadership and support for HSS is vital.

Most health interventions are less effective when nutrition is not concomitantly addressed; as such efforts to strengthen the primary health sector must also include integration of nutrition as a core component. Considering the interactions between Nutrition and Health, there is increasing evidence that all the efforts for the reduction of mortality and morbidity, especially among children and mothers will not be effective without the integration of nutrition interventions.

Health systems strengthening requires specific targeted projects to support it, especially technical support, but crucially it also needs to be mainstreamed across all of DFID's work on health and nutrition. DFID state that HSS is a key component of all its work, especially in the DFID Frameworks for Results in Reproductive, Maternal and Newborn Health and Malaria, but they do not set out specific targets or indicators to measure the effectiveness of this approach. In addition the way in which health systems support is budget coded in DFID's project database makes it hard to assess the direct impact of health systems strengthening work. It would therefore be helpful to assess the extent and effectiveness of DFID's approach of mainstreaming HSS alongside improved mechanisms for assessing the impact of this work by DFID.

The UK has led the way on effective health financing, human resources for health and scaling up nutrition. However, because it is difficult to attribute causality between long term system strengthening efforts and specific short term results, there are concerns that the current results agenda in the UK is in danger of sidelining these crucial aspects of DFID's work. An inquiry into DFID's support for HSS would provide an opportunity to assess the UK's contribution to different aspects of system strengthening and its impact.

The role of communities in health systems strengthening and delivery

Communities sit at the core of health systems strengthening in DFID focus countries. The components of stronger health systems, such as sustainable funding, equitable access to care, a strong and efficient health management system and successful behaviour change communication all depend upon a greater role for communities in the delivery of services, mobilisation of demand and increasing access to those most in need.

Community health workers can play a critical role in the delivery of primary health care - including health promotion, disease prevention, diagnosis, treatment and care. They have frequently been cited as a solution to the health worker resources crisis and deliver important functions, including sexually transmitted disease counselling, directly observed therapy for tuberculosis control, referral for skilled birth attendance.

- The role of the community in health systems strengthening in Ethiopia and South Sudan is particularly instructive. Innovative behaviour change communication strategies (BCC) have been developed by Action for Global Health (AfGH) UK network members in collaboration with the Ethiopian Government and are being adopted across the country. BCC strategies include the development and dissemination of key messages on health to communities through a mix of media. Alongside this, health workers undertake training to prepare and disseminate information received from Districts concerning disease prevalence, incidence, diagnosis and treatment.

2 In order to address the severe health challenges posed by maternal morbidity in the absence of a well-established and functioning public health system, AfGH UK Network member has over the past six years worked to strengthen the capacity of community based organisation to deliver community based care in strong partnership with the public sector. Community based organisations contribute to the strengthening of the health system by filling some of its most essential gaps, such as educating women and their families about safe delivery, sexual and reproductive health and prevention of mother to child transmission of HIV, facilitating the uptake of services by women through referral systems and providing transport, and supporting the ongoing treatment, care and support of both mother and child. The entire health care system benefits from this partnership.

In any review of DFID's health portfolio, the role of the community in strengthening health systems must be considered.

The core components of Health Systems Strengthening

The World Health Organization (WHO)'s framework for Health Systems Strengthening (HSS) consists of six building blocks that can be used to guide planning and priority setting by actors supporting health system reforms, including those in fragile states. Each one of the six addresses a cross-cutting function of a health system, so the building blocks complement and overlap one another. These building blocks set out the essential functions of a health system, and are articulated below. Community systems strengthening (CSS) intersects with each of these building blocks and must go hand in hand with health systems strengthening for each to be effective. Community System Strengthening Framework[1] core components include: enabling environments and advocacy; community networks, linkages, partnerships and coordination; enabling effective activities, resources and capacity building; community activities and service delivery; organisational and leadership strengthening; monitoring & evaluation and planning.

[1] Community Systems Strengthening Framework. May, 2010. http://www.who.int/tb/dots/comm_hss.pdf

1. Leadership and governance

Effective leadership and governance are critical to ensuring a strong, well-functioning health system. Leadership and governance entails ensuring that strategic policy frameworks, such as national health strategies, plans and budgets, are in place and that these policy frameworks are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Insufficient attention to leadership and governance has contributed to the proliferation of global health initiatives that have caused challenges for developing countries to invest in their own priority health issues and health systems strengthening. A failure to pay attention to the accountability aspects of the building block can also mean that citizens are unable to hold their governments accountable for delivering improved health outcomes and that recipient partner countries may find it difficult to hold donor agencies accountable for providing development aid in line with their national priorities.

A key mechanism aimed at improving governance within the health sector is the International Health Partnership and Related Initiatives (IHP+), launched in 2007 by DFID and the World Bank. DFID was instrumental in the establishment of this initiative, which aims to improve aid effectiveness in the health sector. It has proved to be a key tool for improving country ownership and leadership and increasing the accountability of national governments and bi-lateral and multi-lateral donor agencies to each other and to their citizens. The involvement of civil society in the development of national health strategies, plans and budgets is an important dimension both of the IHP+ and of ensuring strong leadership and good governance in the health sector. DFID has in the past been a strong supporter of the role of civil society in holding their governments accountable for delivering improved health outcomes. However, it is currently much less clear how DFID is supporting civil society to play this critical accountability role.

The aid effectiveness principles that underpin the IHP+ also clearly emphasise the need for governments to have ownership of their development programmes. Country ownership is essential for ensuring that national governments demonstrate strong leadership and put in place strong governance systems to deliver improved health outcomes for their citizens. It is unclear, however, to what extent DFID's focus on results, value for money and its results-based frameworks are supporting this principle of country ownership and reinforcing the need for strong country leadership and strong governance and accountability mechanisms.

Key areas of interest for the Committee could include:

- How is DFID's health sector aid contributing to strengthening leadership, governance and accountability mechanisms in the DFID priority countries? What evidence is there of the impact of DFID's results frameworks on leadership and governance in the health sector at national level?
- What has been the impact of IHP+ in strengthening leadership, governance and accountability mechanisms of the DFID priority countries?

- How does DFID support civil society to play a key role in holding national governments to account for delivering improved health outcomes and what support is being provided by DFID in this area?
- To what extent is DFID's health aid being delivered in line with aid effectiveness principles and what difference is this making to the use of donor and domestic resources for health?

2. Financing of health systems

In 2001, African Union countries committed to spend at least 15% of their national budget on health.[2] This remains very much an aspiration with only Tanzania and Botswana currently achieving the objective and countries like the Democratic Republic of Congo spending only 4.7% of the national budget on health.[3] As a result, the majority of spending on health comes from out-of-pocket expenses, often from some of the poorest communities in the world. As aid can only contribute a limited amount to redressing this imbalance, it is critical that national health spending increases to reduce the financial barriers the poorest people face in accessing healthcare.

Similarly, investment in nutrition is inadequate with current investments in proven nutrition interventions accounting only for approximately 1% of the estimated US$11.8 billion required to tackle undernutrition.[4] The links between health and nutrition continue to be poorly understood. The contribution that nutrition can make to strengthening the outcomes of health systems needs to be recognised and reflected in financing of health systems.

DFID has been a strong supporter of countries that wish to achieve universal health coverage by developing more equitable health financing systems. Recognising that user fees for healthcare deter the people in greatest need from accessing services and are ineffective sources of funding for health systems, DFID has supported a number of countries to develop more sustainable and equitable health financing mechanisms through both bilateral and multilateral channels.

Provision of UK aid through Budget Support has been crucial in ensuring better health outcomes in developing countries. Programme-based approaches and aid instruments such as general budget and sector budget support can result in increased donor and domestic allocations for the health sector, which in turn help to support the expansion of basic health services by paying for health workers and essential medicines.

[2] Abuja Declaration
[3] http://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf
[4] Aid for Nutrition, ACF April 2012 http://www.actionagainsthunger.org.uk/fileadmin/contribution/0_accueil/pdf/Aid%20for%20Nutrition%20low%20res%20final.pdf

Whilst aid for health is critical, long term sustainable change will never be achieved without increased support for countries to develop their own sources of health financing. Developing country governments should be supported to raise the necessary funds through progressive taxation and innovative funding sources, and in developing effective accounting mechanisms. Additional support is needed to enhance the capacity of civil society to hold governments to account.

Key areas of interest for the Committee could include:

- DFID's support for the removal of user fees and other forms of direct out of pocket payments
- Review the effectiveness of sector budget support in strengthening health systems in selected countries (examples could include Zambia and Malawi)
- The future of the International Health Partnership (IHP+). UK support was key in the development of this initiative and it is critical that this support is assessed.
- The impact of vertical funding mechanisms, such as the Global Fund and GAVI on health budgets. How does DFID ensure positive synergies between vertical funds and national and local health budgets; and how does DFID ensure that all health programming contributes towards budgetary transparency and accountability?
- How does DFID ensure that sufficient funding reaches and strengthens community organisations and systems, in particular ensuring access to health services for marginalised populations?

3. Health information

It is crucial in the leadership of health systems that information about the health risks and burden are known and there is evidence about where and what health issues are critical. Therefore, regardless of contextual differences, all states require strong health information and surveillance systems, the development of instruments and standardised tools for data collection and analysis, and regular collation and dissemination of national and international health statistics. Planning, whether related to determining health priorities or implementing health programs, requires a body of data to facilitate evidence-based decision making. The generation and strategic use of information, intelligence and research on health and health systems is therefore an integral part of the leadership and governance function of health systems in any state. As a result, the development of well-functioning health management information systems (HMIS) should be a central part of any health systems strengthening strategy, supported by donors like DFID to ensure the production, analysis, dissemination and use of reliable and timely information to guide health systems.

Monitoring and reporting of progress and impact requires health facility and population based information and surveillance systems. In particular, accurate and robust national-level data depends on regular and effective sub-national (community, district and regional) level data collection and analysis. These are

often lacking in developing countries and it needs significant investment, in financial, technical and human capacity terms, to develop effective HMISs.

In order to effectively target and then measure the effectiveness of DFID aid, the development of HMISs play a vital role. Where systems are transparent and have outside verification, they serve as an objective way to minimise corruption in hiring, supply logistics, and reporting on patients.

Key areas of interest for the Committee could include:

- How is DFID targeting support to ensure the development of effective HMISs in its health programming?
- What technical capacity is DFID able to give to countries developing HMISs, ensuring that this systematically includes nutrition indicators?

4. Service delivery

Health care services should deliver effective, safe, good quality personal and population based health care to individuals in need, when and where needed, with a minimum waste of resources. Service delivery generally consists of the interplay between vertical (i.e. disease or discipline-specific) and horizontal (integrated) approaches, with the balance between these components varying from context to context. Vertical, or disease specific initiatives like GAVI or the Global Fund to fight Aids, TB and Malaria, have been critical for mobilising sufficient funds and directing them to address major diseases. It is critical that they support the delivery of services in a way that is integrated with and support the strengthening of the wider health system.

In essence, service delivery is the outcome of a health system. The other five building blocks all serve to support its implementation and monitor its effectiveness, by illustrating the interconnected nature of all elements health systems strengthening.

Key areas of interest for the Committee could include:

- How does DFID help to support countries to integrate the support provided by vertical health initiatives and funds into their wider service delivery?
- How does the guidance DFID provides, alongside its significant investment, to vertical health initiatives and funds to help them to integrate with a country's health system?
- How does DFID ensure the involvement of civil society organisations and community members in delivering health services, particularly for poorest and most marginalised members of the communities, and build strong links between public health and community systems?

5. Human resources

DFID has also recognised the global shortage of health workers as a major barrier to achieving the health MDGs. Increasing the number of skilled and supported health workers and ensuring that they are distributed appropriately within countries is crucial for the achievement of DFID's objectives on maternal, newborn health, TB-HIV co-infection and malaria as well as the attainment of the health MDGs more generally. Without health workers, no vaccine can be administered, no life-saving drugs prescribed, no family planning advice provided, no woman given expert care during childbirth and no children can be diagnosed and treated for severe acute malnutrition.

Recent estimates suggest that the world is short of more than 5 million health workers. In most low- and middle-income countries, the distribution of health workers is not proportional to the burden of morbidity or mortality. Of the relatively few existing health workers, the majority tend to work in the capital cities or wealthier urban areas, leaving those people living in rural and remote communities and in the poorest urban areas without access to professional care. The unequal distribution of health workers perpetuates inequities in health outcomes.

The reasons for this inequitable distribution are many and complex. They include poor working conditions and inadequate pay, as well as the lure of better opportunities in other parts of the country, outside the public sector or abroad. Suitable policies and strategies should be adopted to attract and retain health workers with appropriate skills mix in rural and other under-served areas, including the deployment of community-based and mid-level health providers.

The World Health Organization has estimated that in 2015 it will cost $60 per capita to provide a minimum package of healthcare. Health worker wage bills make up the largest proportion of a country's health budget. Countries can only recruit, train, deploy, equip and support the health workers needed to help achieve the MDGs if sufficient funding is invested. In many cases, this will require a significant increase in the public-sector wage bill and an overall increase in health spending by governments and donors.

Community health worker capacity building can positively impact the health system in numerous ways:

- The promotion of community participation in health care and the improvement of the quality of case management at that level.
- The creation of education and communication materials for children and the broader community.
- Building skills in the use, storage and stock control of medical commodities, the use and importance of reporting tools down to the community level.
- Setting up referral systems for the appropriate levels of care

Key areas of interest for the Committee could include:

- How the global health workforce shortage impacts on the achievement of DFID's country operational plans, Frameworks for Results and other strategies.

- The short and longer-term impact of DFID's investments in health workforce strengthening to date. This could include an analysis of the different modalities and approaches supported by DFID (budget support, project support, support to Professional Associations, etc)
- DFID's support to countries to implement the recommendations of the WHO's Code of Practice on the International Recruitment of Health Personnel.

6. Medical and drug supply systems

Equitable national health services cannot be delivered without reliable supplies of affordable, quality medicines. Despite rapid increase in access to medicines to treat major diseases such as HIV, TB and malaria, many countries still face problems with the drug supply chain, stock outs and out of date drugs. Medicines and medical supplies form the second largest component in the budgets of national health services, only exceeded by salaries for staff. Creating efficient medical and drug supply systems that can minimise costs is therefore vital if governments are to balance national health budgets. Donors do not currently invest sufficient resources (financial and technical) or plan long term interventions that build the health system capacity needed to handle drugs of HIV, TB and malaria and other major diseases.

Key areas of interest for the Committee could include:

- Overview of DFID investment in building capacity of drug supply chain over the last 5 years and the impact the investment had on access to medicines
- DFID work to ensure that funding for multilateral agencies and partnerships focuses on access to medicine in poor countries and invests in removing supply bottlenecks
- DFID central policy capacity to have an overview of all global and country issues affecting access to medicines including coherence of work on intellectual property rights both at global and country levels
- DFID investment in strengthening civil society's role in monitoring drug prices and supply chains
- DFID investment in helping governments to create professional cadres in handling pharmaceutical policies and technical issues given the severe shortage in Africa

Potential country visits

Considering the scale of DFID's health programmes across its country portfolio there are a number that the Committee could usefully visit as part of an inquiry into health systems strengthening. However, the countries below should provide a good overview:

- **Ethiopia.** Set to become DFID's largest bilateral recipient of aid (including budget support), with a state-centric health system and structured approach

to community healthcare, Ethiopia is a good case study in supporting a specific model of health systems strengthening focused around a strong central government. Ethiopia is also a good example of integration of management of acute malnutrition into the healthcare system following an intensive emergency response to high levels of acute malnutrition in 2004.

- **The Democratic Republic of Congo (DRC).** With DFID's focus on fragile states, it would be important to analyse DFID's approach to health systems strengthening in a fragile context like DRC, which is a significant recipient of UK aid. Bottom of the Human Development Index, with a weak and decentralised health system dependent on private providers, the DRC would provide an interesting case study for this inquiry.

- **Zambia.** Despite a growing economy and a thriving private sector, 60% of Zambians still live in poverty and it is 150th on the Human Development Index. A recipient of budget support, with a strong civil society that is vocal on health issues, Zambia would provide an example of health systems strengthening in a stable, but poor, context where equity is a critical concern. Zambia is also a good example of integration of nutrition into basic healthcare package to further strengthen the health system.

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Action for Global Health (AfGH) is a network of health and development NGOs established in October 2006. The network brings together 15 co-ordinating non-governmental organisations in Brussels and seven European countries - France, Germany, Italy, Spain, Belgium, Netherlands and the United Kingdom. In the United Kingdom, AfGH consists of a broad network of organisations across the health and development sector.

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Cover image: A child being immunized by a World Vision vaccination team at a Sudan health centre.