Unpacking Health System Strengthening

Peter Berman
Lead Health Economist

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Non-problems and problems

- What is NOT the problem –
  - Building up health systems capacities and improving the performance of health systems is widely agreed as essential for sustaining and increasing outcomes and equity

- Some problems
  - HSS not clearly defined or conceptualized
  - “HSS” (note quotes) has been used as term of convenience by agencies to signal something new and additional – neither rigorous nor consistent
  - Almost any support to health interventions can be considered HSS
  - Inputs-focus risks insufficient attention to process changes needed to improve health system performance
Thinking Beyond Inputs

**Figure 1.3** Health service coverage and worker density

- **Coverage (%):** 100, 80, 60, 40, 20, 0
- **Health workers per 1,000 population:** 0, 1, 2, 2.5, 3, 4, 5

- **Countries:** Gambia, Mozambique, Eritrea, Nicaragua, Trinidad, Uganda, Mali, Nepal

- **Key Points:**
  - One-year-olds fully immunized against measles (2001)
  - Births attended by skilled health personnel (1995–2001)

**Source:** Compiled from UNDP 2003 and WHO 2004a.
Unpacking HSS Can Help Us To:

- Clarify elements for funding and action in HSS strategies
- Identify focal areas for different GHAIs
- Find synergies and complementarities between GHAIs and where there are likely to be separate programs of work
- Situate donor-financed and supported HSS fits within larger national policies and plans
- Measure efforts in terms of inputs, outputs, and outcomes for both GHAIs and countries.
- Develop better evaluation and knowledge support which can lead to improvement in HSS efforts
Two Dimensions

From Inputs to Reform: More, Better, New Approaches

Add’tl health system inputs: HRH, drugs, bldgs, vehicles

More (Inputs)

Better (mainly govt)

New (mainly non-govt)

Reforms to health systems improving access, quality, demand

From Single Disease to Cross-Cutting Health System Elements

Single Disease or interventions

Multiple diseases or intervention cluster

Cross-cutting elements not disease specific
Combining Dimensions to Delineate the Scope of HSS Actions?

More (Inputs)

Better (mainly govt)

New (mainly non-govt)

Single Disease or interventions

Multiple diseases or interventions cluster

Cross-cutting elements not disease specific

- Increase essential supplies, such as LLINs
- Introduce RBF contracts for govt and non-govt providers
- Strengthen regulation to improve quality of non-government providers, like private maternities
### Comparative Advantages of Different Agencies?

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<th>More (inputs)</th>
<th>Better (mainly govt)</th>
<th>New (mainly non-govt)</th>
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<tr>
<td>Single disease/intervention</td>
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<td>Related diseases or intervention cluster</td>
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<tr>
<td>Cross-cutting elements</td>
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Next Steps? Some questions...

- Wider consultations – how do different stakeholders view the HSS agenda? How to improve definition of the More-Better-New space?

- What are countries doing, and planning to do in HSS? How do external resource flows fit into these national plans?

- How to balance better the inputs and “software” (technical support, capacity building, M&E, research) support to countries?

- How to improve our measurement and accountability for progress and results?