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HEALTH SYSTEM STRENGTHENING AND RESILIENT HEALTH SYSTEMS

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UKZN INSPIRING GREATNESS

WHAT DOES HSS MEAN?

- Any array of initiatives that improves one or more of the functions of the health systems
- Leads to better health through improvements in access, coverage, quality or efficiency

WHO



HSS

1. Improving each building block
2. Manage their interactions to achieve equitable & sustained improvements across health services and outcomes

- **Beyond a single disease** – cross cutting benefits
- **Beyond a single building block** – strengthen between blocks
- **Beyond the life of the intervention** –long-term impact
- **Country ownership** -tailored to country specific constraints and opportunities with clearly defined roles for country institutions

SUPPORT vs STRENGTHEN

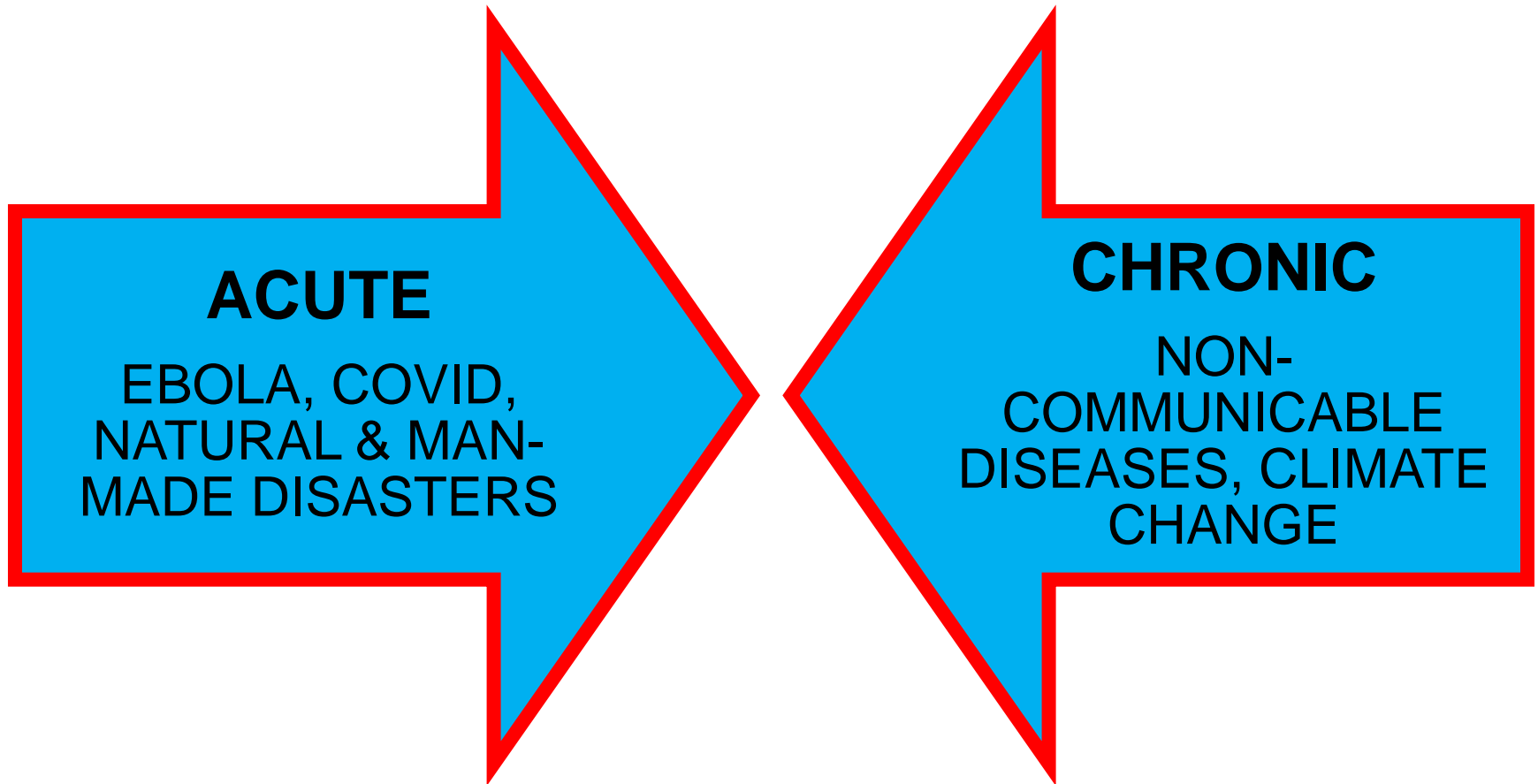
Parameter	Support	Strengthen
Scope	Focus on single disease or intervention	Activities impact across health service and outcomes
Longevity	Effects limited to period of activity	Effect continues beyond the lifespan of the activity
Approach	Provides inputs to address identified systems gaps	Revise policies and institutional relationships to change behaviours and resources used to address identified constraints

Vertical, Horizontal and Diagonal approaches

- Vertical programs: focus on delivery of intervention targeting specific disease or condition (eg immunisation)
- Horizontal program: focus on health system components with relatively less attention on delivery outcomes
- Diagonal approach: Addressing health systems bottlenecks to specific vertical programs while achieving system-wide benefits

WHO Everybody's business 2009

SHOCKS TO THE HEALTH SYSTEM

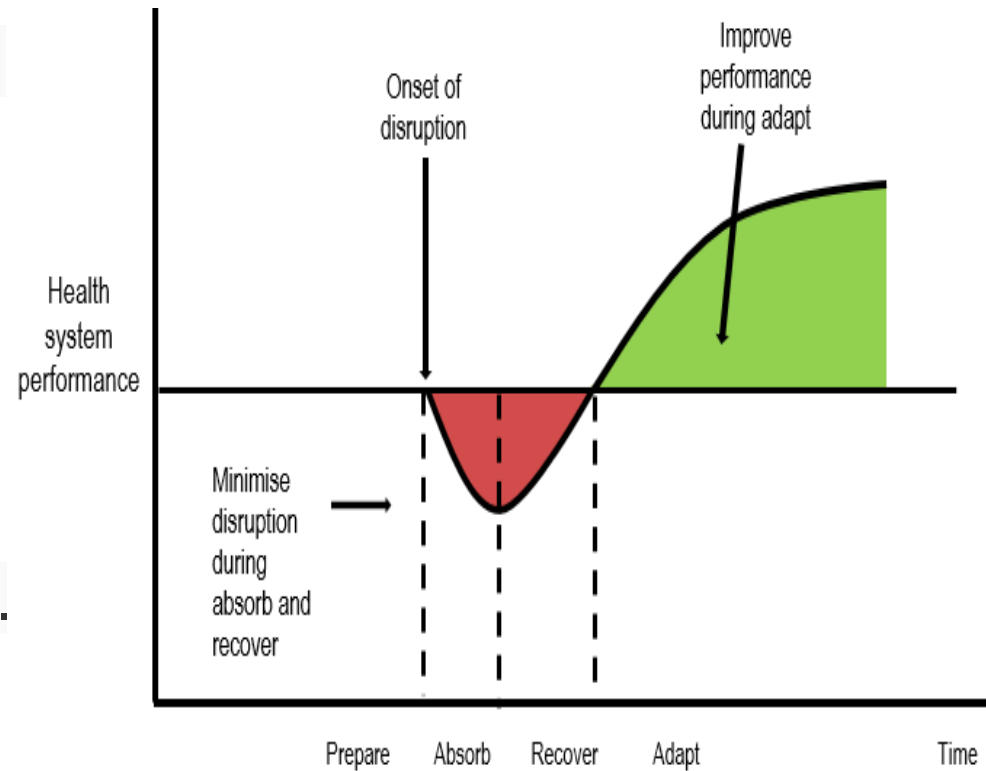


WHAT IS RESILIENCE?

Resilience is commonly understood to be the capacity to recover quickly from difficulties (toughness) or, in reference to materials, the ability of a substance or object to spring back into shape (elasticity).

HEALTH SYSTEM RESILIENCE

The ability of health systems not only to prepare for shocks, but also to minimise the negative consequences of such disruptions, recover as quickly as possible, and adapt by learning lessons from the experience to become better performing and more prepared. Resilience calls for a multidisciplinary approach

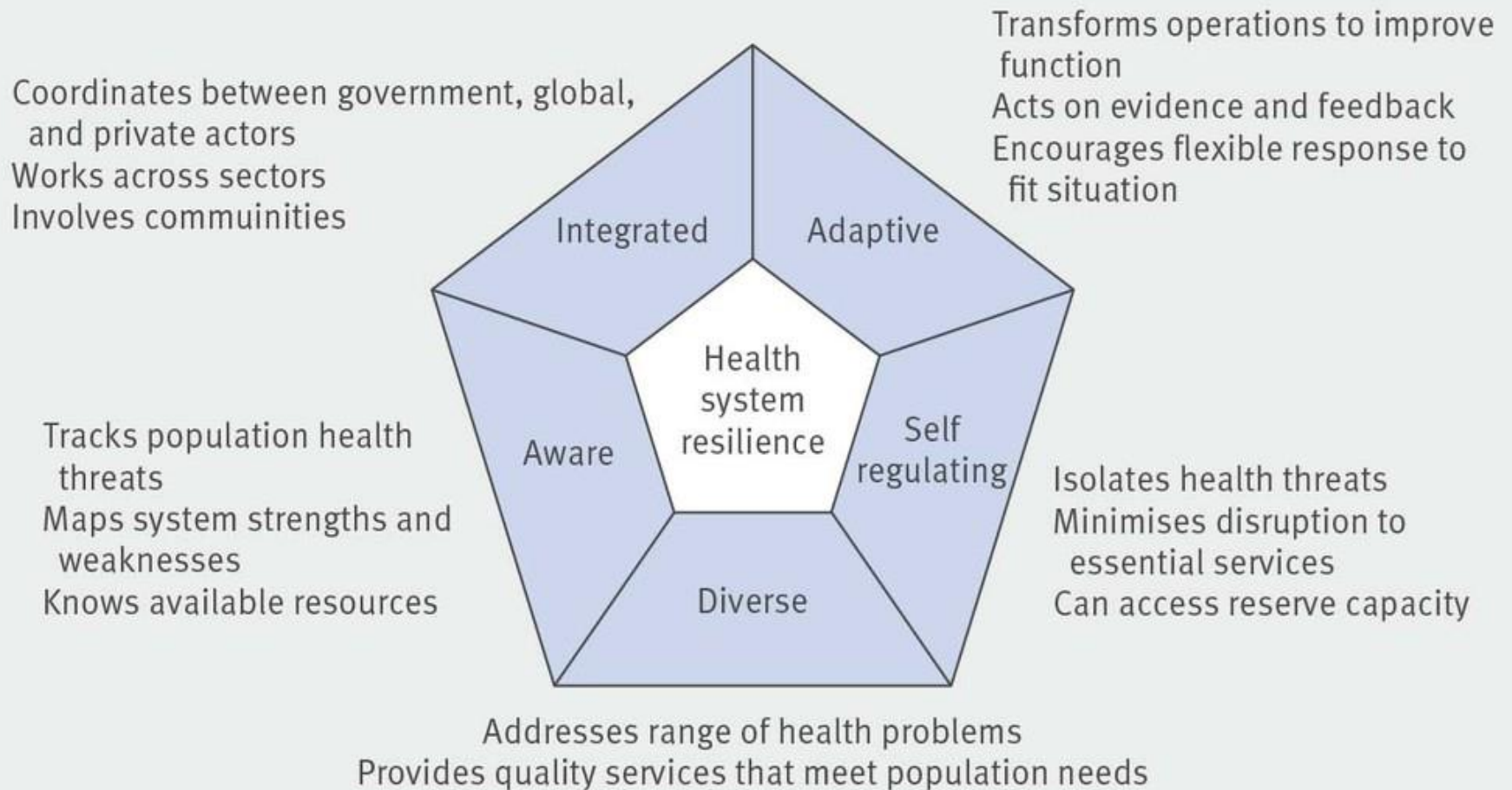


Health system resilience

The process of strengthening health systems to

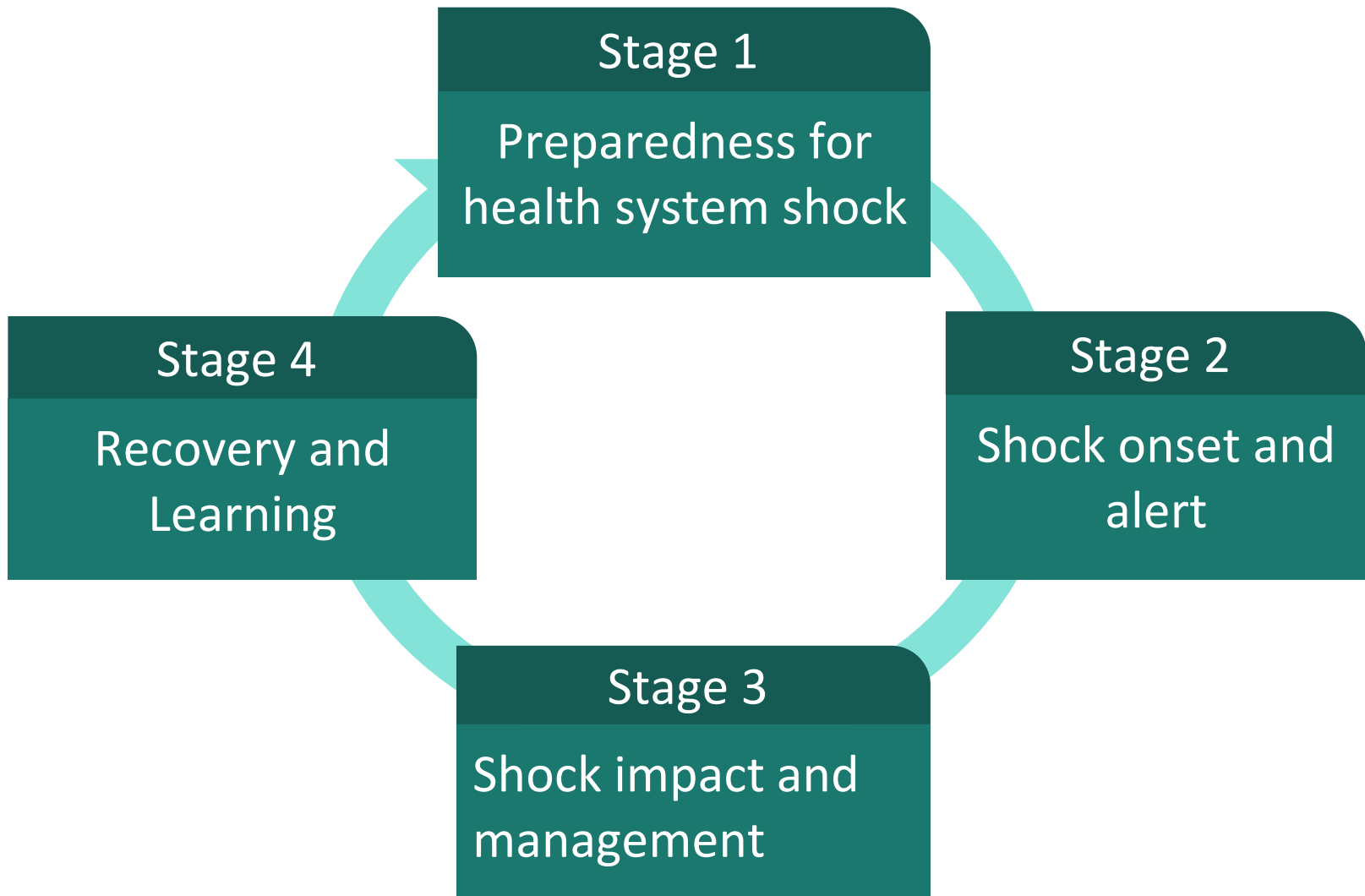
- deliver quality individual and population health services oriented to population need, in all contexts
- by embedding considerations for resilience within all health system elements,
- ensuring comprehensive and integrated delivery of public health capacities,
- and ensuring the systematic capture and translation of lessons identified from all contexts

RESILIENT HEALTH SYSTEMS



National leadership and policy • Public health and health system infrastructure
Committed workforce • Global coordination and support

FOUR STAGES OF SHOCK CYCLE



Stage 1

Determines how open or vulnerable a system is to shocks
Offers the greatest scope for action and a time when much can be done to strengthen a health system as well as to consolidate existing resources.

The better the performance of a health system, the more resilient it is.

EBOLA IN WEST AFRICA

Three aspects weakened the health systems

1. Economic reforms limited macroeconomic governance, limited funds available for services and human resources
2. Governance reforms emphasized decentralisation-undermining information flows and coordination
3. Health services quality dropped in the years prior to the outbreaks

Stage 1

The system needs to get ready for shocks before they happen and identify optimal responses.

This requires some scanning of the horizon to anticipate what kinds of shock may be a realistic threat, as different threats may require different actions.

STAGE 2: SHOCK ONSET AND ALERT

The focus is on timely identification of the onset and type of the shock, which requires robust and comprehensive surveillance and early warning systems.

Such mechanisms can span beyond national borders, such as the Early Warning and Response System (EWRS)

Stage 3: Shock impact and management

The response falls within the more traditional realm of resilience:

- absorption,
- adaptation
- and transformation.

Absorption

Absorption relates to incurring the system shock but protecting the health system from profound resource imbalance by making available additional resources, either from reserves or contingency planning.

Adaptation

Adaptation requires absorbing the additional demand or reduced supply, or both, by making the system more efficient (i.e. 'doing more with less' or by changing the allocation of resources).

This may be a case of adapting delivery within the system (Thomas et al., 2013).

Transformation

- When adaptation is not working or when all easy efficiencies have been made, the system may well need to change more fundamentally (transform) to cope with the impact of the shock.
- This may require a model radical rethinking of health system policy and the resourcing and delivery of care.
- This transformation process can sometimes compete with adaptation in relation to scarce governance capacity.

STAGE 4: RECOVERY AND LEARNING

This is the stage when the shock has disappeared and there is a return to some kind of normality.

there may still be significant changes to the system that are a legacy of the shock, so that the new normal is not like the old.

RECOVERY AND LEARNING

- Shocks involve changes in demand and supply, and there are frequently legacy issues for communities, institutions and culture as well as deliberate adaptation. Such legacy issues may be both positive and negative
- Not all legacy aspects are bad, as there may have been some efficiencies made in adapting to the shock.
- There may also be useful learning from the shock experience and its management, not only for improving the current system but also in relation to better handling of any future similar shock scenario

Strategies for health system resilience



*Medical products, vaccines and technology

RESILIENCE ENHANCING STRATEGIES

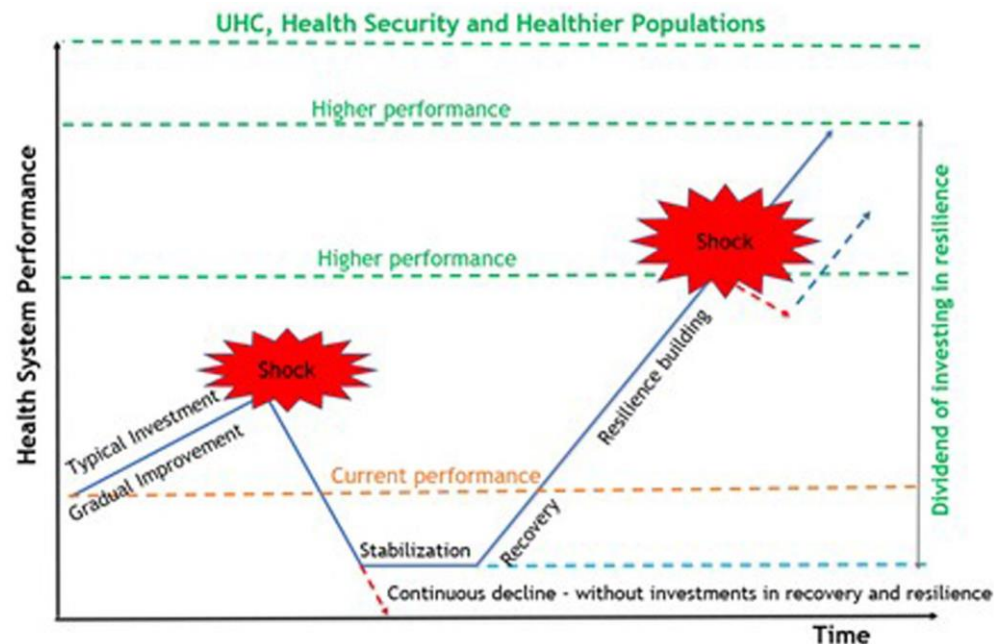
Strategy	Examples of assessment areas
<i>Governance</i>	
1. Effective and participatory leadership with strong vision and communication	<ul style="list-style-type: none">• Set of contingency plans and protocols, emergency legislation• Functional management capacity for governance• Stakeholder participation and engagement• Leadership/steering and clear chain of command• Accountability of government agencies• Effective governance structures (transparency, accountability, stakeholder involvement)• Clear and feasible plan for response measures• Setting strategic direction• Established public trust in response agencies• Effective communication

<i>Resources</i>	
10. Appropriate level and distribution of human and physical resources	<ul style="list-style-type: none"> • Capacity of diagnostics, primary and specialist care • Availability of pharmaceuticals and medical products, vaccines and equipment • Mapping of health service providers (location, type, opening hours, accessibility) • Numbers of doctors and nurses and their workload • Workforce mapping (location, availability, competencies)
11. Ability to increase capacity to cope with a sudden surge in demand	<ul style="list-style-type: none"> • Ability to increase capacity of services (e.g. existence of waiting lists, occupancy rates) • Ability to increase number of health professionals and their workload, workforce reserves • Existence of an agency responsible for emergency supplies
12. Motivated and well-supported workforce	<ul style="list-style-type: none"> • Health workers job satisfaction • Health worker absenteeism • Staff support mechanisms, helplines • Ensuring safety of health workers

Systematic learning

The systematic capture and translation of lessons identified from all contexts supports continuous improvement in services in routine times while helping to identify the new and ideal baseline for health systems in recovery to build resilience.

It is this active transformation to a new sustainable baseline, above the pre-shock level but below that developed for response that supports resilience



System wide public health orientation

Preventive, health promoting, and other proactive measures have been under-prioritized

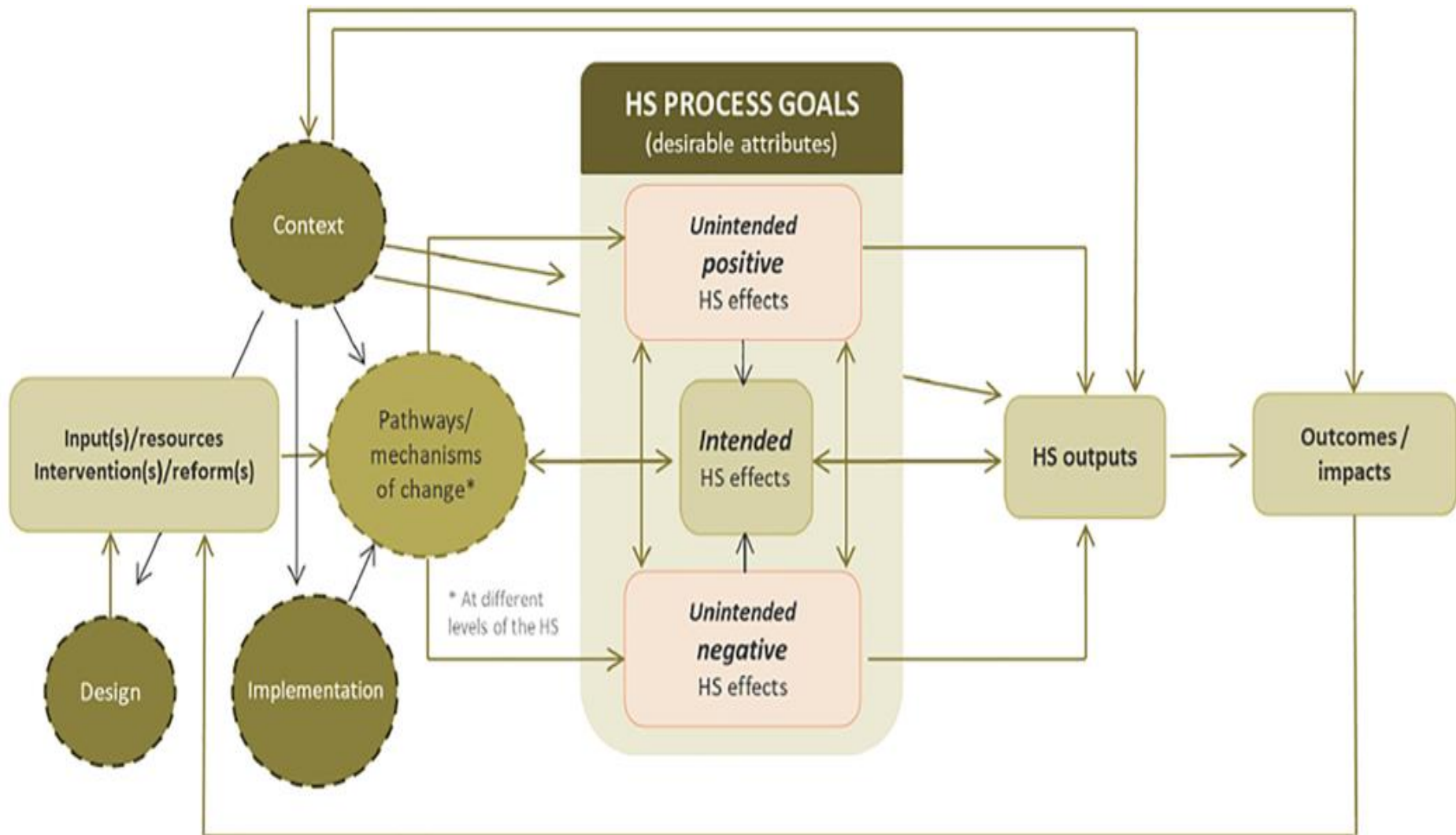
Failure to adequately resource public health has also prevented health systems from harnessing health system benefits

Piecemeal or *ad hoc* development of public health capacities is insufficient and leaves populations and therefore health, economic and political systems vulnerable to shocks events

System wide public health orientation

Essential public health functions (EPHFs) offer a holistic and integrated approach to operationalizing public health, including emergency preparedness and response capacities, into everyday services and functions

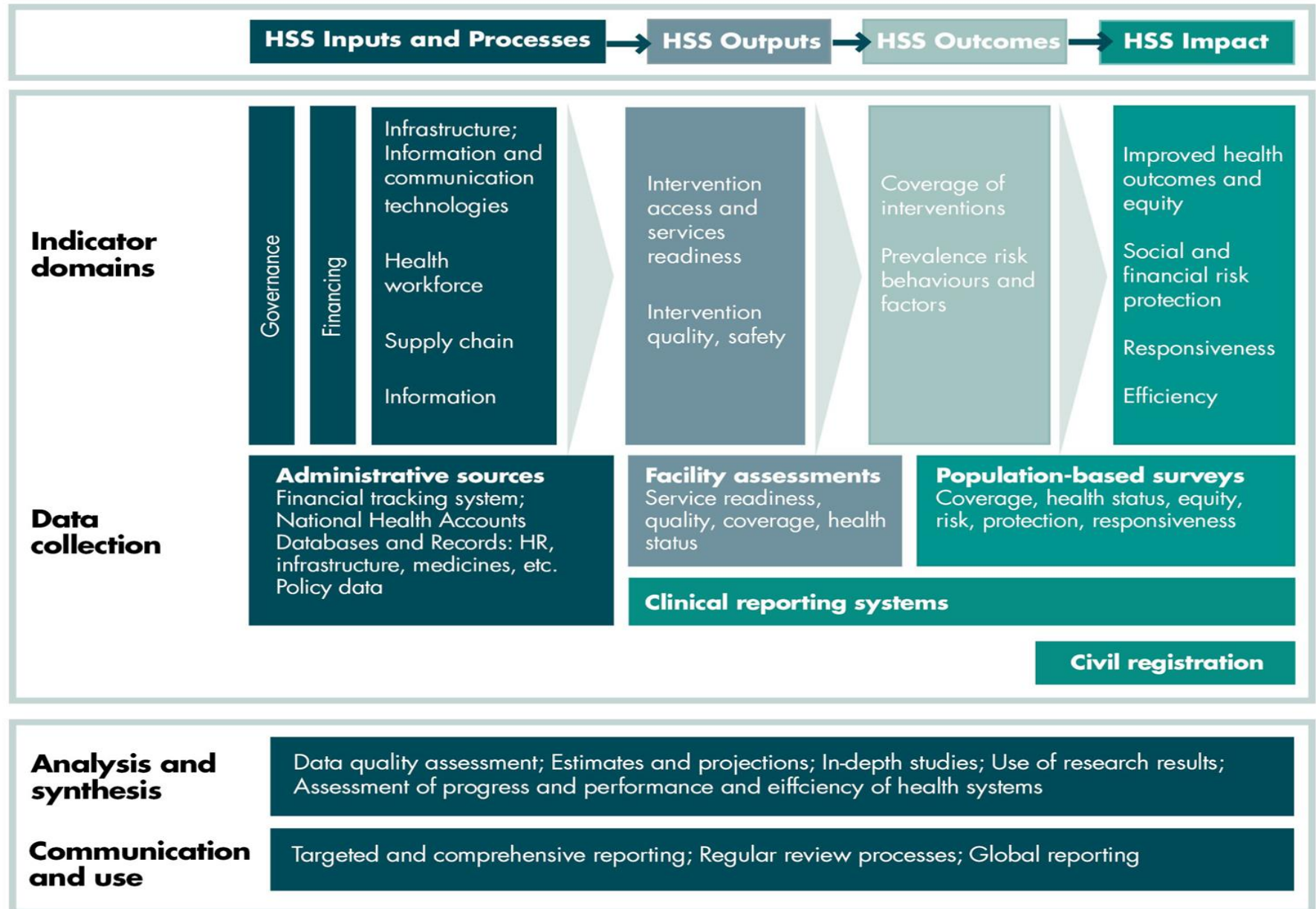
1. Assess and monitor population health.
2. Investigate, diagnose and address health hazards and root causes.
3. Communicate effectively to inform and educate.
4. Strengthen, support and mobilize communities and partnerships.
5. Create, champion and implement policies, plans and laws.
6. Utilize legal and regulatory actions.
7. Enable equitable access.
8. Build a diverse and skilled workforce.
9. Improve and innovate through evaluation, research and quality improvement.
- 10 Build and maintain a strong organizational infrastructure for public health.



Timeframes (short / long term) and sustainability of change induced by HSS intervention



Measuring health system strengthening



Indicators for measuring HSS

Table 2. Health systems strengthening outcome and impact indicators by measurement domain

Outcome	
Coverage	
Levels	<ul style="list-style-type: none">• Physicians, nurses, hospitals per 1,000 population• Basic and comprehensive emergency obstetric care facilities per 500,000 population• Percentage of population within 10 kilometers of a clinic• Referral rates for women with obstetric complications• Tuberculosis (TB) case-detection rates• Antiretroviral (ARV) treatment rates for people with advanced HIV• Prevalence of modern contraceptive methods• Percentage of pregnant women receiving four antenatal care visits• Percentage of women having deliveries assisted by a skilled birth attendant• Full basic immunization rates• Screening for breast and cervical cancer

Equity	<ul style="list-style-type: none"> • Percentage of the poorest 40% of the population or disadvantaged populations with access to a basic benefits package (to be defined) • Percentage of the poorest 40% of the population or disadvantaged populations who use essential health services (e.g., attended delivery, modern contraceptives, specialist visits) • Perception of exclusion and inclusion by health system • Distance from clinic for poorest 40% of the population or disadvantaged populations
Prevalence of risk behaviors and factors	<ul style="list-style-type: none"> • Percentage of people sleeping under a malaria bed net (under 5 years of age) • Percentage of children 5 years of age or younger who have access to safe water • Percentage of people 15 years of age or older who smoke regularly