

Paradigm Shifts & Programmatic Challenges: Health System Strengthening, Revitalisation of Primary Health Care and Disease Control Outcomes

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Outline

- What is the debate?
- Why the debate?
- What are the concerns?
- What are the challenges?
- What do we know works/ conditions for success?
- Example of how approaching in Vanuatu and Solomon Islands public health programmes using malaria entry point
- Research agenda?

WHAT IS THE DEBATE?

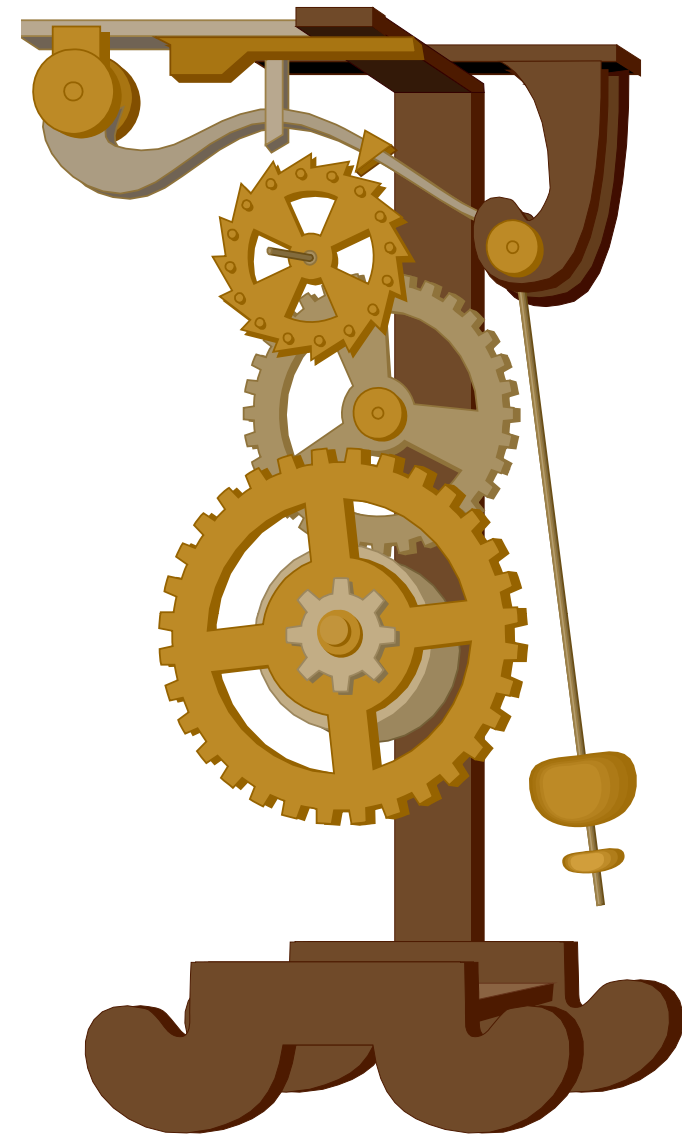
The Pendulum of Health Development Assistance

1970s – 1980s

- Primary Health Care
- Selective vs Comprehensive Primary Health Care

2000s

- Reinvigoration of Primary Health Care
- Health Systems Strengthening



WHY THE DEBATE?

What is Driving These Shifts?

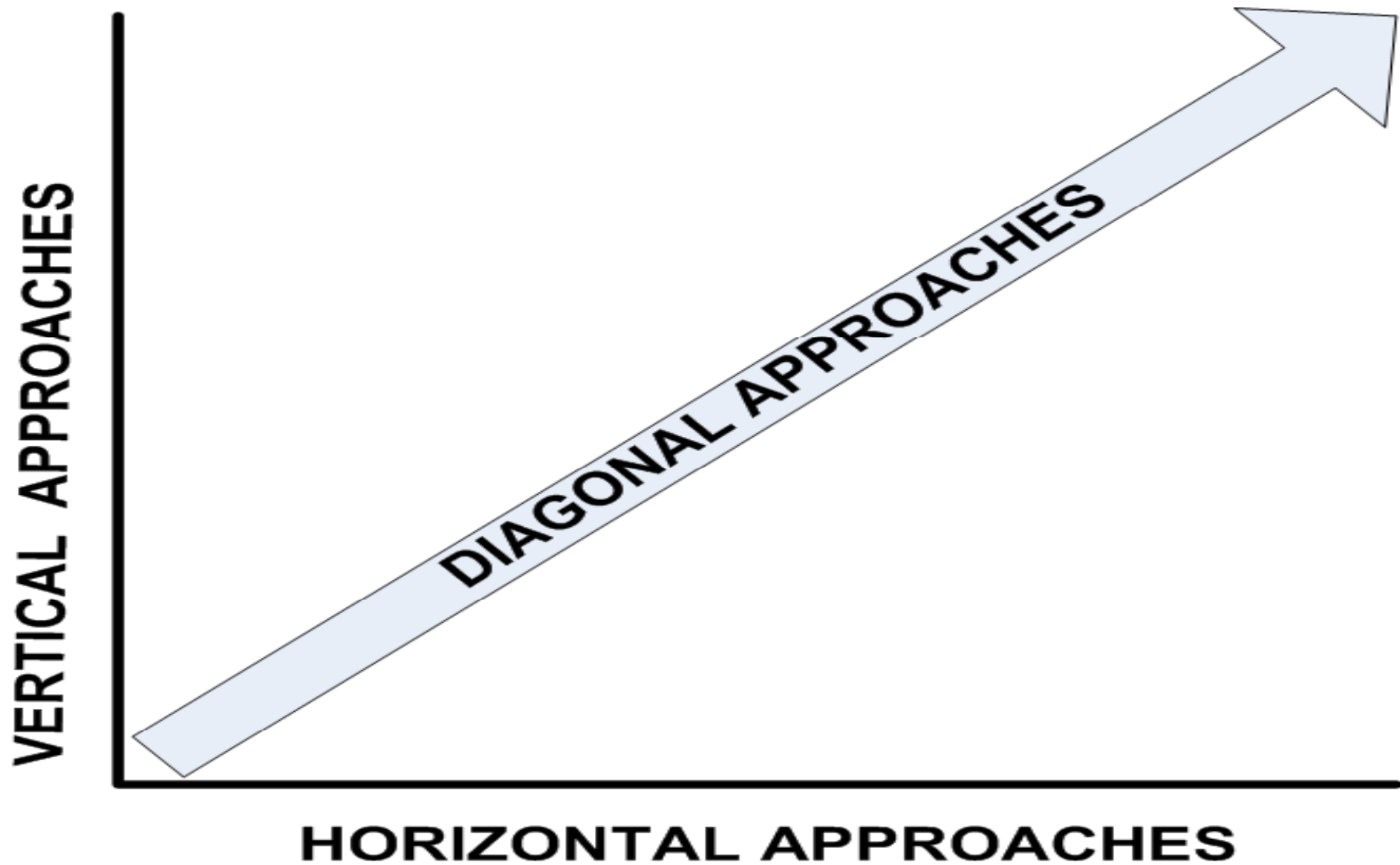
Horizontally

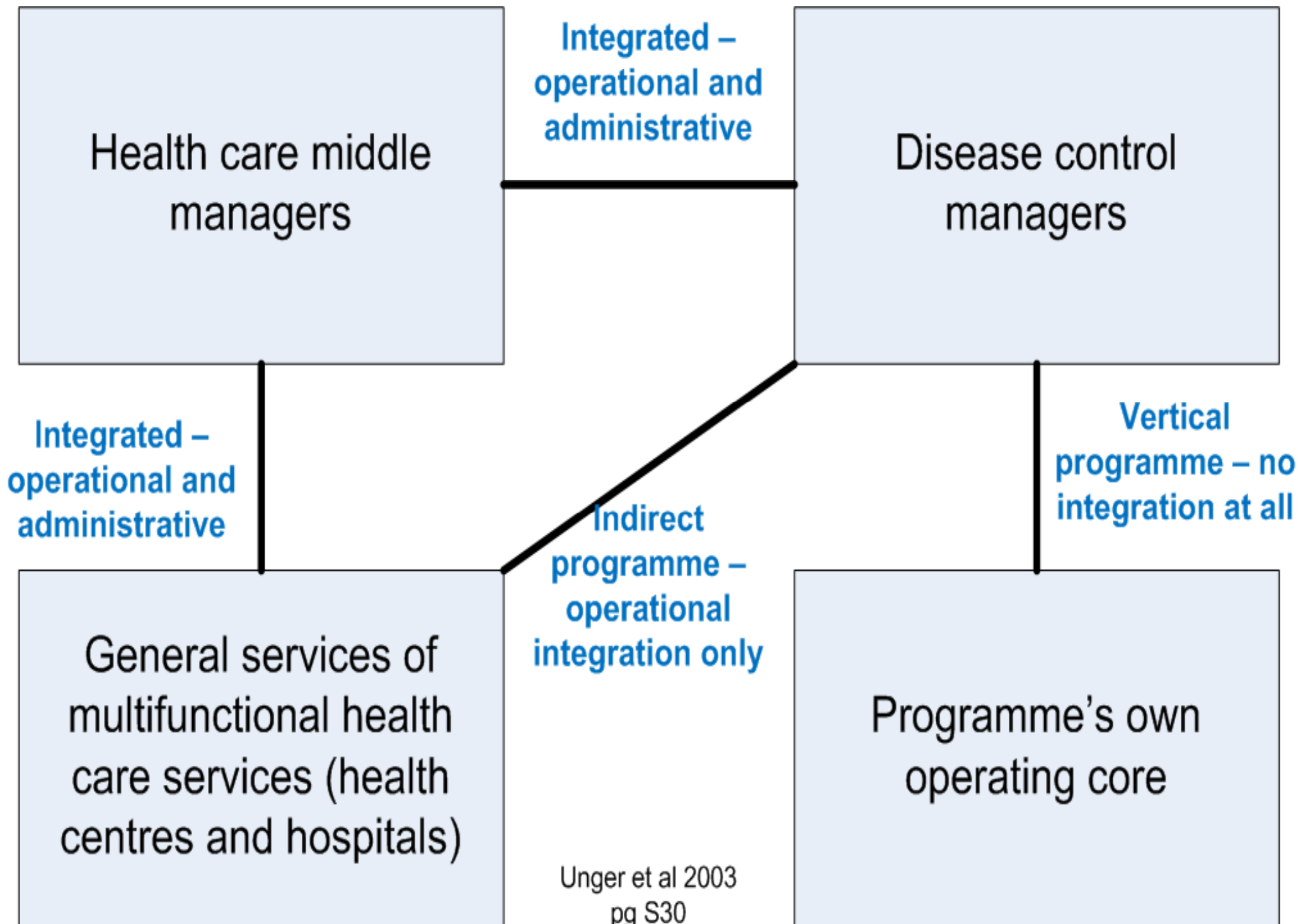
- Sustainability
- Health workforce shortages
- Recognition of weakness of health systems
- Country ownership : their priorities not donors
- Gains from vertical approaches short lived
- Academic and INGO pressures
- Theoretical advantages
- Community accept interventions better
- Decentralisation of health care

What is Driving These Shifts?

Vertically

- Financial availability
- Improved coverage
- Progress or lack therefore towards MDGs
- Global health initiatives
- Donor demands and priorities
- Theoretical advantages





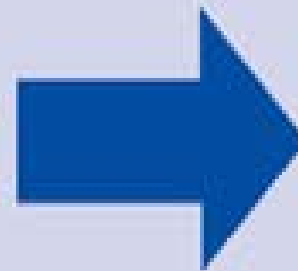
WHO Health System Framework

Box 1: The WHO Health System Framework

System 6 building blocks



Access
Coverage



Quality
Safety

Goals/outcomes



WHAT ARE THE CONCERNS?

Concerns About Integration From Disease Specific Program Focus



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- Loss of focus:
- Pace of scaling up
- Affordability of comprehensive package
- May disenfranchise the poorest groups and contribute to increased inequities unless population coverage is high
- Success of linked interventions inextricably tied to smooth running of underlying programmes
- Evaluation of disease control programmes straightforward
- Donor coordination
- Integration of disease control programmes could damage health care services
- The development of integrated models of care for people with complex chronic conditions challenging
- Scarcity of evidence based information but high expectations

- Vector control
- Rare diseases
- Outreach to specific groups
- Epidemics and emergencies
- Provision for health activities with no demand eg. Surveillance
- ? Intersectoral approaches

Some Opportunities When Integration Useful:

- Programmes closely co-ordinated
- Rely partly/completely on clinical components
- Rely partly / completely on point-of-care health information
- Chronic illnesses

WHAT ARE THE CHALLENGES?

Challenges

- Timing of interventions
- Health workforce re-orientation
- Quality of services
- Maintaining some specialised services and skills
- Not one size fits all
- HIS challenges
- Amount of effort required (& pressure of performance based financing and global targets
- Lack of understanding about synergistic effects
- Efficacy – Effectiveness gap

WHAT DO WE KNOW?



- Requires a coherent vision at the country level of the way forward,
- Integration of programmes for health problems
- Strong country leadership and political commitment
- Strong governance
- Attention required to both the design of health systems strategies and the implementation of change
- Capacity for integration requires:
 - Functioning resourced and utilised health system,
 - Functioning middle management,



Service integration

Stepwise approach :

1. develop screening and testing services for each condition
2. Co-location of services
3. Cross training of specialists and generalists

Consider:

- Flow of patient ; Task delegation; Worker time management and programming; Privacy in facilities; Gender and special group needs



Management integration

All require

- functioning pharmaceutical distribution systems and
- mechanisms to train staff in areas as diverse as management, quality assurance, information systems
- Wasteful to organize these separately

- Single disease campaigns and add-ons (piggyback)
- Same population of interest and related because of secondary morbidities
- Same/ similar modes of transmission
- Point of care “service integration”

Training

- Reinforce integrated patient care principles by reinforcing package of key prevention and management of common illnesses/health problems

Epidemics and surveillance

- Routine principles and approaches are similar although different responses according to mode of transmission, infectivity and interventions available

- A demonstration effect of a programme's financial management capacity development.
- Any financial management capacity building to be provided to other staff and programmes within the MoH.
- Any model for health economics/costing analysis should utilise common tools being considered for broader health systems use
- Any activities in broadening public/private partnerships for the malaria programme could model/demonstrate approaches for broader HSS.

- Ensuring multi-skilling without overloading
- Ensuring focus on other health activities not overshadowed by disease activities
- Strengthening skills in area such as surveillance, health promotion, epidemics management
- Appropriate and accepted use of community volunteers.
- Laboratory
- Using disease training to reinforce other clinical skills
- Entomological skills
- Principles and practice of supportive supervision,
- Management staff

- Share resources to strengthen the capacity of the malaria health information
- Many of the national malaria indicators in the consolidated work plan have relevance to the broader health system
- The role of mapping as an improved information collation, dissemination and implementation planning tool
- Improved denominators can increase the accuracy of monitoring for the health system.
- Any survey done to evaluate coverage used to also validate other routine health service coverage data.
- Surveillance systems.
- Data gained from applied research is another source of health information for health systems.

- Development of Standard Operating Procedures (and skills) for the management of health products at all levels
- Plan to ensure every opportunity for distribution of essential goods to health facilities/local level
- Activities to look at introduction /re-introduction of health related technologies should be done in consideration of broader diagnostic capacities in the health system
- Microscopy maintenance
- Pharmaco-vigilance and quality assurance

- Any training/aids on one disease should include
 - Normal clinical diagnostic skills,
 - Rational Use of Drugs,
 - IMCI
 - ANC/PNC,
 - Infection control and waste management,
 - Communication skills and
 - Good clinical record keeping and information management.
- Any activities to strengthen/develop the capacity of the provide health promotion support s

- Increasingly, leadership and governance issues challenge the timely effective performance of any disease control programme at all levels.
- Use these activities to demonstrate

RESEARCH AGENDA

- No systematic assessment to determine if integration does increase performance or outcomes
- No demonstration of the superior cost effectiveness of vertical programmes for controlling specific targeted disease
- ? Culturally appropriate linkages for programmes and services
- ? Effectiveness
- ? Cost efficiency

CONCLUSION

Need to Ask:

1. Is it Desirable
 2. Is it Possible
 3. Is it Opportune
- to integrate

Do we have the evidence?

Do we need this evidence?

Will the international and national health development communities use the evidence?

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