Leadership, Management and Governance (LMG) Project

Inspired Leadership. Sound Management. Transparent Governance.

Cooperative Agreement Number AID-OAA-A-11-00015

Health Systems Strengthening and Leadership, Management and Governance
Technical Brief
Project Year 1: September 25, 2011 to June 30, 2012

June 27, 2012

Submitted to:
Brenda A. Doe
Deputy Division Chief, Services Delivery Improvement Division
Room 3.6-123, Office of Population & Reproductive Health
Bureau of Global Health, USAID
1300 Pennsylvania Avenue, N.W., Washington, D.C. 20523

Submitted by:
Management Sciences for Health (MSH)
James A. Rice, Ph.D.
Project Director, Leadership, Management and Governance Project

In Collaboration with:
Implementing project partners include the African Medical and Research Foundation, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute.
## Table of Contents

Models for Understanding and Measuring Health Systems Strengthening..........................3  
MSH Approach to Health Systems Strengthening..................................................................4  
Contribution of Leadership, Management and Governance to HSS Building Blocks...........5  
HSS and Measurement Implications......................................................................................6  
Strengthening Health Information System – An Example from Nigeria.............................8

## Figures

Figure 1....................................................................................................................................5  
Figure 2....................................................................................................................................6  
Figure 3....................................................................................................................................7

Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.
Health Systems Strengthening and Leadership, Management and Governance
There is arguably a global consensus that strengthening health systems is necessary for achieving better global health in low- and middle-income countries (LMICs) and that this issue requires greater and focused attention. The USAID-funded Leadership, Management and Governance (LMG) Project has the strategic objective of strengthening health systems through sustainable leadership, management and governance capacity of healthcare providers, managers and policy makers to deliver quality health services at all levels of the system as articulated in the LMG project results framework. The LMG project is implemented by Management Sciences for Health (MSH) in collaboration with the African Medical and Research Foundation (AMREF), Medic Mobile, International Planned Parenthood Federation (IPPF), Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute.

This technical brief focuses on health performance areas that are important when improving leadership practices, establishing management systems and strengthening effective governance models for health in the context of health systems strengthening. The brief also describes MSH’s approach to health systems strengthening (HSS), illustrative examples of the contribution of leadership, management and governance interventions to HSS building blocks, and important considerations when measuring HSS.

Models for Understanding and Measuring Health Systems Strengthening
Over the past two decades, more than 40 conceptual frameworks for strengthening health systems have been proposed by donor agencies, international organizations, global health researchers and practitioners. While this reflects a great variety of ways in which health systems are understood, explained, described, measured and presented to multiple stakeholders who have vested interest in improving health in LMICs, there are a large number of conceptual issues, challenges and theories for which there is no consensus. For example, there is no unifying health system strengthening model that is considered the most appropriate and for which more testing, analysis and documentation through applied research is deemed necessary. In other words, developing empirical evidence of what works (and what does not work), under what conditions, for whom, and at what cost for strengthening health systems in LMICs is still a relatively unexplored field. On the other hand, the plethora of HSS frameworks may further highlight the continued need for diversity when it comes to strengthening health systems, its context specificity and opportunities to build on work from other fields and how those frameworks may need to be adapted for specific purpose and context.

Among the many frameworks proposed to date, the predominant one comes from the World Health Organization (WHO). In the 2000 World Health Report, WHO defines health systems as “all the activities whose primary purpose is to promote, restore or maintain health.” The interdependency of these activities are further explained in the “building blocks” framework for health systems strengthening proposed by WHO in 2007 including: [1] service delivery; [2] health workforce; [3] health information systems; [4] medical products, vaccines and technologies; [5] health systems financing; and, [6] leadership and governance.

Despite the diversity of definitions and frameworks around health systems though, health systems strengthening is seen as a “means to an end” for a functioning health system that is necessary to achieve positive health outcomes and long-term health impact. Regardless of the 40+ conceptual
models and theories of change that have been proposed to date for how to best describe, understand, compare, inform or evaluate how health systems are performing, strengthened health systems aim to improve health outcomes as measured by coverage of health services and products, access and availability of those services and products, the neglected demand for those services and products, safety of the services, and an enabling social and policy environment – whether at national or sub-national levels.

And as important as improving health outcomes are, and regardless of what theories of action we use for such improvements, there are four long-term areas that strengthened health systems should produce: [1] health status, particularly for vulnerable and disadvantage populations; [2] the responsiveness of the system to the expectations of the population for care; [3] fairness in the distribution of those services and products; and, [4] efficiency of the system so policy makers area able to make smart investments.

**MSH Approach to Health Systems Strengthening**

MSH approach (Figure 1) begins with sustainable health outcomes and impact aligned with the country’s national goal and Millennium Development Goals, which are ultimately the goals towards which we are working. We then work backward: conducting a rigorous and systematic analysis of the epidemiology and current context; identifying high impact interventions that address the main problems and causes contributing to morbidity and mortality; and then applying an evidence-based strategy informed by the analysis. This strategy is complemented by a health systems assessment and analysis where all six HSS building blocks are analyzed (bottlenecks identified and requirements of the system to deliver the high impact interventions) to develop an approach that integrates all of the building blocks to improve health systems performance and ultimately coverage and access of evidence-based interventions. Government, public and private providers, and clients make up the context in which health systems function. Along the causal pathway we develop, we monitor and evaluate performance.
The MSH HSS approach can be applied at all stages of the project cycle. When applied in the project planning phase, it clarifies why and how a given course of action will contribute to a desired health outcome or impact. When used at midpoint, the HSS approach and results focus can help determine whether we are on the right course or whether mid-course correction is needed. And when used at the end of a project, it can help examine whether outcomes observed are likely attributable to the actions selected or not. Understanding the pathway to impact allows us to choose the most suitable indicators for monitoring inputs, processes, and outcomes. This approach and results focus adds value by providing a pathway to determine what is actually contributing to stronger health systems for greater health impact. The model brings simplicity to the complex nature of health systems.

**Contribution of Leadership, Management and Governance to HSS Building Blocks**

While the LMG project delivers leadership, management and governance (L+M+G) interventions for any combination of HSS building blocks, Figure 2 shows an illustrative set of examples of evidence of two effective health systems building blocks and how L+M+G interventions can support performance and effectiveness.
Figure 2: Contribution of Leadership, Management and Governance (L+M+G) Interventions to HSS Building Blocks

<table>
<thead>
<tr>
<th>Building Block</th>
<th>Evidence of an Effective Health System Building Block</th>
<th>How L+M+G support performance and effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources for Health</td>
<td>• A well-performing workforce achieves positive health outcomes given available resources and circumstances&lt;br&gt;• There are sufficient staff that are appropriately distributed who are competent, supported, motivated and productive</td>
<td>• Development of HRH policies and procedures&lt;br&gt;• Support the implementation of HRH policies and procedures at various levels of the system&lt;br&gt;• A HRMIS supports and informs HRH management decision-making&lt;br&gt;• Build leadership and management capacity to motivate providers and managers to perform and/or excel standards</td>
</tr>
<tr>
<td>Health Information System</td>
<td>• The system facilitates the production, analysis, dissemination of reliable and timely information on health determinants, coverage, system performance and health status&lt;br&gt;• Healthcare managers and providers use the information to make informed management decisions</td>
<td>• Develop in-country capacity to strengthen the quality, timeliness and accuracy of data in the HIS&lt;br&gt;• Leaders and managers use health data and information for performance assessment and improvement at various levels&lt;br&gt;• Information and M&amp;E practices facilitate effective problem-solving, informed decision making and policy formulation&lt;br&gt;• Information about health systems performance is made available to the public</td>
</tr>
</tbody>
</table>
| Service Delivery | Proven quality interventions are incorporated within basic/essential packages of care and delivered at scale to reach the most vulnerable populations. | Essential partnerships within the country enable the development of a basic package of health services with policies developed for equitable pricing. Essential partnerships within the country enable the development of a basic package of health services with policies developed for equitable pricing. Essential partnerships within the country enable the development of a basic package of health services with policies developed for equitable pricing. 
Leaders use HMIS data to make decisions about distribution of services and to project needs in the future. 
Leaders use HMIS data to make decisions about distribution of services and to project needs in the future. 
Leaders use HMIS data to make decisions about distribution of services and to project needs in the future. 
Plans and policies regarding service delivery are implemented and enforced with accountability and integrity. |
| Essential medical products and technologies | Increased access (availability, affordability, geographic accessibility, and cultural acceptability) to and improved use of quality products and services. | Public and private sector stakeholders work together to develop and implement locally appropriate and cost effective approaches to improve access to and use of medicines and other health products. 
Public and private sector stakeholders work together to develop and implement locally appropriate and cost effective approaches to improve access to and use of medicines and other health products. 
Public and private sector stakeholders work together to develop and implement locally appropriate and cost effective approaches to improve access to and use of medicines and other health products. 
Individuals know what is available and access health services. |
| Financing | Effective funding for priority health services, and they are distributed in ways that ensure that people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them. 
The health system maximizes health impact for available resources and provides incentives for providers and users to be efficient. | Governments and private organizations partner and plan together how to increase health resources, to reduce financial barriers to seeking health care, and to improve the allocation, use and financial management of resources. 
Governments and private organizations partner and plan together how to increase health resources, to reduce financial barriers to seeking health care, and to improve the allocation, use and financial management of resources. 
Governments and private organizations partner and plan together how to increase health resources, to reduce financial barriers to seeking health care, and to improve the allocation, use and financial management of resources. 
Policies are in place and implemented regarding financing for the health workforce, including any performance-based initiatives, as well as for the full coverage of essential medicines and services. |

**Implications for measuring HSS efforts**
As there are many HSS conceptual models, there is a need to arrive at a systematic way for measuring HSS in any given setting. The International Health Partnership (IHP+) has developed a useful and comprehensive model for monitoring and evaluating HSS (Figure 3) along the results chain from inputs and processes to outputs, outcomes and ultimate impact.

**Figure 3: Monitoring and Evaluation Model for Measuring Health Systems Strengthening**
The above model highlights the importance of monitoring and evaluating processes as well as outcomes. As the model moves from proximal to distal result areas along the results chain (i.e. from inputs towards impact), data collection techniques become more elaborate, sophisticated and resource intensive. The model also describes the importance of using a range of data and data collection methods ranging from including data quality assessments, using available estimates and projections, conducting applied or operational research studies and carrying out assessments of progress, performance, and efficiency of health systems.

For measuring leadership practices, management systems and governance models, the LMG project is currently updating a comprehensive menu of L+M+G performance indicators at the output, processes and outcome levels. In addition, the LMG project intends to carry out operational research (OR) studies – a mix of country specific and cross-cutting studies – to further advance the body of knowledge about the contribution of L+M+G interventions to strengthened health systems, health service and improved health outcomes in LMICs.
Strengthening Health Information System – An Example from Nigeria

The Project

The USAID-funded Prevention Organizational Systems AIDS Care and Treatment Project (Pro-ACT) objective is to build the capacity of Nigeria’s public, private and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment. ProACT has site presence in six of Nigeria’s 36 states supporting 28 Comprehensive Care and Treatment sites and 46 feeder sites. ProACT’s strategy focuses on strengthening health systems for improved service delivery, ownership and sustainability.

Health Information System (HIS) Strengthening Interventions

- Strengthening the use of the national facility based data documentation tools in all ProACT supported sites rather than having partner specific parallel reporting tools

- Strengthening data documentation in all facilities and reporting from all CCTs and feeder sites to the State Action Committee on AIDS (SACA) offices.

- Conducting joint participatory Data Quality Audits (DQAs) where the participants include M&E Officers from the SACAs, the Heads of Departments for the medical records units and ProACT M&E Teams

- Integrating the HIV medical records units into the main medical records unit to promote ownership and improve service delivery

- Strengthening data use for health-related informed decision making.

ProACT Results

- 100% of all ProACT supported facilities align with the national data documentation and reporting tools; 95% of ProACT tools are aligned with national tools and only 5% of all Patient management and Monitoring (PMM) tools were designed to meet the data gaps that the national tools could not capture

- 100% of our comprehensive care and treatment sites now consistently report data with the national reporting forms to their respective State Action Committee on AIDS. Prior to ProACT intervention, no facilities were reporting care and treatment data
Data quality in randomly selected sites improved from 58% to 68% in six months with Niger state improving from 55% to 80% within the same period.

None of the 26 CCT sites had an integrated medical records unit pre-ProACT intervention. Currently, 68% (17 sites) have fully integrated HIS with the overall hospital medical records departments. This has contributed in increasing 12 months cohort HIV client retention from 47% (2009) to 62% (2010).

Data use to drive decision making is still nascent with currently only 5 of 26 (19%) CCT sites having started using data to make management decisions.

Overview of General Hospital Jega (Kebbi State)
Medical Records Library after integration