

AFR/SD ACTION PLAN ON HEALTH SYSTEMS

Draft 3/27/06

Background

AFR/SD has, over the years, contributed to health systems strengthening, particularly in the areas of human resource analysis (SARA Project, 2003, Capacity Project - ongoing) and extensive work in health financing by supporting the scaling up of prepaid schemes (Mutual Health Organizations) in West Africa as well as National Health Accounts analyses examining resource flows within the health sector.

Health systems is a very broad subject and AFR/SD plans to focus on two key inputs, namely health financing and human resources, and within these two areas also to address relevant governance issues. The reason for selecting these two areas is so that Afr/SD continues to build upon the momentum of past involvement in Africa, but also these are within Afr/SD's manageable interest in the context of available resources. Afr/SD will, however, maintain active interest in all aspects of health systems strengthening to ensure that no area is being neglected.

In line with USAID's current thinking on how to engage in fragile and transformational states, Afr/SD will pay special attention to these states to ensure most appropriate approaches are adopted.

Health care financing is a critical component of any health system and influences both the ability to supply health services and the effective demand (consumption) of those services. Health financing comprises three functions, namely: revenue collection, pooling of resources and payment of health care providers. Most countries in sub-Saharan Africa have implemented health sector reforms in response to the changing health challenges and many of these have included some aspects of health care financing. These have not always been guided by the generally accepted principles of a good health financing strategy, namely: effectiveness, efficiency, equity and sustainability, and most remain very weak.

A health system cannot function without the input of human resources. Of critical importance too, human resources must be competently managed in order to get the most productivity from them. Human resource management is one issue that has received scant attention in most African countries and this has been one of the causes of the under-performance of Africa's health systems. That is partly why despite the availability of new and larger sources of funding for the health sector, health indicators continue to worsen. A health system must have competent staff in sufficient numbers and in the right place in order to impact adequately the health of the population. Health workers must not only be technically competent in clinical areas, but should also possess the management skills to translate available resources into health impact for the people.

One key issue that must be addressed irrespective of what component of the health system one looks at or how the health system is organized, is efficiency in the way resources are used and how they are allocated within the health sector. Given the competing priorities for government resources it is important that whatever is available for the health sector is used efficiently so that there is maximum health benefit for the population. The available resources should also be allocated to health interventions that are effective in impacting health outcomes.

This Action Plan is divided into two parts: Part I deals with Transformational Development States and other non-fragile states; Part II deals with Fragile States.

Strategic topics

1. Health care financing
2. Human resource management
3. Role of the private sector in the health system
4. Governance

PART I: TRANSFORMATIONAL DEVELOPMENT STATES

1. Health care financing

Rationale

Health financing in Africa has for years been dependent on households and external (donor) support to supplement deficient government allocations to the health sector. The burden on patients is very heavy: households' out of pocket expenditures account for more than 50% of health financing in Africa. This hurts them on two fronts: 1) impoverishment when they have to sell assets in order to access health services because there are no mechanisms to protect from such catastrophic expenditures; 2) denial of essential health care for those who have no means to pay for the services. The CBHI movement shows promising signs in addressing some of these issues. There is however need for more support in the scaling up of these initiatives. The influx of heavy external financing from various global initiatives has created new macro-economic problems and led in some countries to ceilings being imposed on the amount of foreign funding that can be accepted into any sector.

Resource allocation in the health sector favors more of tertiary and curative care than preventive care and is also inequitable, being pro-rich and pro-urban. Many countries do not have the capacity to conduct resource tracking to understand how health is financed or to gauge who in the population really benefits from public health spending. Hence, appropriate financial information is not available and/or not adequately used (national and district levels) for monitoring and accountability.

Efficiency in service delivery is very low and this is exacerbated by weak accountability and a lack of business skills to manage financial and other resources.

Expected Results

1.1. Evidence-based resource allocation in 10 countries.

Indicators:

- Number of countries that demonstrate increased funding for priority health interventions eg. MNCH, RH, IDS
- Number of countries that have implemented NHA with Afr/SD support
- Number of civil society organizations that have used NHA results to influence policy-makers
- Number of countries that have trained NHA experts
- Number of countries that have used NHA results in the resource allocation process.
- Number of countries that use appropriate resource allocation tools
- Number of resource planning tools adopted and used by countries.
- Number of countries using data from tools to advocate with policy-makers for resource allocation.
- Number of countries where MNCH, RH, or IDS included in PRSP or global initiatives (e.g. GFATM, GAVI etc) proposals
- Number of countries with increased funding for priority health interventions especially MNCH, RH, IDS

Activities/promising actions (Potential partners)

- Support the implementation of NHA or sub-national Health Accounts (e.g. District Health Accounts) and the disease or intervention-specific subanalyses, (e.g. CH, Malaria, RH, HIV/AIDS etc) (Partners: AFRO, HS 2020, REDSO, ECSA-HC, WARP, AWARE, WAHO)
- Support regional institutions for NHA and District Health Accounts training (Partners: ECSA, WAHO, AWARE, REDSO, WARP, HS 2020)
- Monitor the impact of NHA data in resource allocation (Partners: HS 2020; REDSO, ECSA; AFRO; AWARE, WARP)
- Assess and provide support for the use of resource planning tools e.g. NHA (including use beyond the numbers to look at efficiency and equity issues); Marginal Budgeting for Bottlenecks (MBB); District Health Accounts Tool¹ (DHAT) and CHOICE to promote clearer links of these tools to routine government budgetary

¹ Not the same as the District Health Accounts based on the NHA framework. This is another tool that has been successfully piloted in Tanzania under the TEHIP Project.

processes, e.g the Medium Term Expenditure Framework, and to each other, where this would be beneficial. (Partners: HS 2020; ECSA; WHO, HMN)

- Strengthen country capacity to integrate priority health interventions (e.g. MNCH, RH) into global / country funding mechanisms, e.g. PRSPs, Global Fund, GAVI etc. (Partners: AFRO, W. Bank, AWARE, ECSA, PMNCH)

1.2 More efficient use of resources

Indicators

- Number of tools produced
- Number of costing tools adapted and disseminated
- Results of country case studies disseminated

Activities/promising actions (Potential partners)

- Support the review and simplification of available costing tools for easier in-country application. (Partners: W. Bank, HMN, UNICEF, WHO)
- Adapt costing tools for application in community-based child survival interventions (Partners: HS 2020, ECSA, W. Bank, UNICEF, WHO, WAHO)
- Support the application of adapted tools to selected countries (Partners: WHO, UNICEF, ECSA, WAHO)

1.3 Improved access to health services through prepaid health mechanisms in 6 countries

Indicators

- Number of country experiences disseminated (Partners: HS 2020, AWARE, WAHO, ECSA, Concertation)
- Number of countries replicating documented best practices (Partners: HS 2020, AWARE, WAHO, ECSA, Concertation, East Africa Community Health Financing Association)

Activities/promising actions (Potential partners)

- Document and disseminate best practices in community based health insurance e.g. in:
 - scaling up
 - providing access to priority health services
 - application to fragile states

(Partners: Africa 2010, AWARE, WAHO, ECSA , Concertation)

- Support the adoption of identified CBHI best practices re scaling up, access to priority health services, etc. (Partners: Africa 2010, AWARE, WAHO, ECSA , Concertation)

1.4 Greater commitment to health systems strengthening at regional and country level

Indicators

- Health Care Financing Network established
- Number of countries whose proposals includes health systems strengthening

Activities/Promising actions (Potential partners)

- Assist both ESA and WCA regions in building an African Health Care Financing (AHCF) network with two pillars: NHA and CBHI. (Partners: AFRO, REDSO, WARP, WAHO, ECSA, HS 2020)
- Support the inclusion and/or strengthening of health systems components in global initiatives proposals (e.g. Global Fund, GAVI, etc). (Partners: REDSO, WARP, ECSA, WAHO, HSAN, HS 2020)

2. Human resources for health

Rationale

The key issues identified in Africa in the human resources for health crisis point to human resource management as being perhaps the top priority. Though human resources consume anything up to 70% of MOH budgets, there is little emphasis on HR management skills; few countries have HR management units within the Ministry of Health. HR management is fragmented – some functions are at MOH but others at other government institutions/ministries. Few countries have comprehensive human resource policies integrated into their health sector strategy.

Inadequate information on the national pool of skilled health workers and their distribution makes planning for effective utilization almost impossible. Other problems identified include: limited skills especially in resource management, public health and non-clinical interventions; inadequate numbers of skilled health workers in most countries; ministries of health losing skilled staff to emigration to more developed countries in and outside Africa, coupled with low productivity and absenteeism.

Ministries of health cannot adequately deal with the HRH crisis due to macroeconomic factors outside the health sector, e.g. hiring freezes imposed by international donors in attempt to reduce public service wage bill. However, the global recognition of the HRH crisis, which will be further highlighted in the World Health Report 2006 will generate more interest and resources to support HRH initiatives.

Promising practices are available to learn from in Africa and elsewhere (e.g. India and Philippines - private for profit sector establish training institutions; Namibia use of private sector in recruitment; Ghana and SA incentives for rural placement; etc)

Expected Results

2.1 Improved health workforce management in 10 countries.

Indicators

- Number of countries that establish Human Resources Management Units in MOH
- Number of comprehensive country HRH plans developed

Activities/promising actions (Potential partners)

- Support the strengthening of human resource management in two countries. (Partners: QWAD, Capacity)
- Document and disseminate innovative/promising practices in human resource management. (Partners: Capacity)
- Conduct assessment of the policy impact of the HCD studies that have been done in selected countries: what data collection was done; how it was used; how it translated into policy development and implementation. (Partners: Capacity, QWAD)
- Assess private sector role in expanding basic health training in selected countries (QWAD, Capacity, PSP-One, AFRO,)
- Strengthen selected pre-service institutions to introduce key health priority interventions in their curricula. Build on what is already happening in African public health schools. (Partners: AFRO, Capacity, QWAD)

3. Role of the private sector in the health system

Rationale

There is growing private provision of health services but this has not been matched by adequate regulation or clear recognition in many country health sector strategic plans. Private sector (for profit, FBO and other NGOs) are still often excluded from the health systems strengthening agenda especially with regard to human resource development and service delivery. More than 50% of national health expenditures are by households, mostly in the private sector (clinics, pharmacies etc).

Expected results

3.1 Private sector engagement in delivering key child survival/RH/HIV/AIDS services strengthened and expanded in 8 countries.

Indicators

- Number of countries adopting strategies for private sector engagement.

Activities/promising actions (Potential partners)

- Collaborate with international and regional organizations to develop strategies for the inclusion of the private sector in national health care strategies. (AFRO, PSP-One, W. Bank)

4. Governance

Rationale

Weak governance hampers health sector performance. Governance components that are particularly weak in Africa include: lack of information (health services and finance) for policy makers and health managers at all levels; low competence in managerial and organizational skills; and inadequate civil society involvement for client-responsive quality services and for accountability. This Action Plan focuses on strengthening of civil society engagement only.

Expected results

4.1 Governance in public health improved in 3 countries

Indicators

- Number of best practices disseminated
- Number of countries implementing assessment recommendations

Activities/promising actions (Potential partners)

- Assess and disseminate best practices for civil society involvement at different levels of the health system. (Partners: AFRO, WAHO, ECSA)
- Use results to support the involvement of civil society in health governance. (Partners: AFRO, WAHO, ECSA)

PART II: FRAGILE STATES

Rationale

Fragile states pose special challenges in the implementation of health systems strengthening initiatives. In some cases, there may not be a coherent health system but a fragmentation of health activities being carried out without much coordination or strategic direction. The influx of donors and private voluntary organizations also creates issues of poor resource allocation and waste of resources. However, the reconstruction in a fragile state also provides opportunities to start anew with better thought-out health policies.

1. Health financing

Rationale

Resource allocation in fragile states may not be coordinated and guided by strategic plans for the health sector. Policy makers will not know how the health sector is financed or how resources are used among the various interventions. To be able to obtain such information may require modifications to existing tools e.g. the National health Accounts to make them easier and quicker to apply in such situations where human capacity may be very low and data may also not be readily available or collectable.

Expected Result 1.1: Improved resource allocation in health sector

Indicators

- Guidelines for application of NHA in fragile states developed and disseminated
- Resource allocation tools adapted
- Tools for resource allocation applied in country
- Results used by policy-makers
- Results of review of NHA application in fragile states disseminated

Activities/promising actions (Potential partners)

- Review NHA methodology and propose application to fragile states (Partners: AFRO, REDSO, WARP, WAHO, ECSA, HS 2020)
- Adapt existing resource allocation tools e.g. (NHA, Goals Model, etc) for use in fragile states (Partners: AFRO, REDSO, WARP, WAHO, ECSA, HS 2020)

Expected Result 1.2: Improved access to health services

Indicators

- Number of fragile states that show improved access to health services

Activities/promising actions (Potential partners)

- Document and disseminate country experiences in scaling up CBHI in fragile states. (Partners: HS 2020, ECSA, WAHO, Concertation, AWARE)

3. Governance in fragile states

Rationale

Governance, or the lack thereof, is a key indicator of fragility in the health sector. A health system cannot develop adequately and deliver the needed health outcomes unless there is proper accountability of health policy-makers to the people they serve.

Expected Result 3.1: *Governance in public health improved in XX fragile states*

Indicator

- Best practices re civil society involvement in health sector disseminated
- Number of countries where civil society uses results from the various costing and resource allocation tools to influence policy-makers

Activities/promising actions (Potential partners)

- Assess and disseminate best practices for civil society involvement at different levels of the health system. (Partners: WAHO, ECSA)

Strategic Area: Health Systems

Strategic Action 1: Health financing					
Expected Result 1: Evidence-based resource allocation in 10 countries.					
Activity	Illustrative Budget	Outputs	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
1.1 Support the implementation of NHA or sub-national Health Accounts (e.g. District Health Accounts) and the disease or intervention-specific subanalyses, (e.g. MNCH, Malaria, RH etc)		# Countries that demonstrate increased funding for priority health interventions eg. MNCH, RH, IDS # of countries that have implemented NHA with Afr/SD support # of civil society organizations that have used NHA results to influence policy-makers	Africa 2010 HS 2020	AFRO REDSO ECSA-HC WARP AWARE WAHO	Link to: Child Survival and RH Action Plans
1.2 Support regional institutions for NHA and District Health Accounts training		# of countries that have trained NHA experts	Africa 2010 HS 2020	ECSA AWARE WARP AFRO REDSO	See also Strategic Action 4 re Governance
1.3 Monitor the impact of NHA data in resource allocation		# countries that have used NHA results in the resource allocation process.	Africa 2010 HS 2020		
1.4 Assess and provide support for the use of resource planning tools e.g. the Goals Model, Marginal Budgeting for		# Countries that use appropriate resource allocation tools # of Resource planning	Africa 2010 HS 2020	Africa 2010 ECSA AFRO WB WHO	Link to Child Survival and RH Action Plans

Bottlenecks (MBB); CHOICE; and District Health Accounts Tool ²		tools adopted and used by countries. # of countries using data from tools to advocate with policy-makers for resource allocation.		Health Matrix Network	
1.5 Strengthen country capacity to integrate priority health interventions (e.g. MNCH, RH) into global / country funding mechanisms		# of countries where MNCH, RH, or IDS included in PRSP or global initiatives (e.g. GFATM, GAVI etc) proposals # countries with increased funding for priority health interventions especially MNCH, RH, IDS	HS 2020	Africa 2010 W Bank AFRO, W. Bank, AWARE-RH, ECSA, PMNCH	Link to Child Survival, MNH, IDS and RH Action Plans
Expected Result 2: More efficient use of resources					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
2.1 Support the review and simplification of available costing tools for easier in-country application.		# of tools produced	Africa 2010	W Bank HMN UNICEF WHO	Link to CS
2.2 Adapt costing tools for application in community-based child survival interventions.		# of costing tools adapted and disseminated	Africa 2010 HS 2020	W Bank HMN UNICEF WHO ECSA WAHO	Link to CS
2.3 Support the application of adapted tools to selected countries		Results of country case studies disseminated	Africa 2010 HS 2020	WHO UNICEF ECSA WAHO	Link to CS
Expected Result 3: Improved access to health services through prepaid health mechanisms in 6 countries					
Activity	Illustrative	Key Outputs/Outcomes	Implementing	Partners	Notes (e.g. cross-

² This is not the same as the District Health Accounts mentioned in activity 1.2 above which uses the National Health Accounts framework. This is another tool developed by TEHIP Project (Tanzania) and promoted by WHO/AFRO and others)

	Budget		Mechanism(s)		reference)
3.1 Document and disseminate best practices in community based health insurance e.g. in: - scaling up - providing access to priority health services - application to fragile states		# country experiences disseminated	HS 2020 Africa 2010	Africa 2010 AWARE WAHO ECSA Concertation	Link to CS
3.2 Support the adoption of identified CBHI best practices re scaling up, access to priority health services, etc		# of countries replicating documented best practices	Africa 2010 HS 2020	WAHO AWARE ECSA Concertation. East Africa Com Health Financing Assoc.	Link to CS
Expected Result 4: Greater commitment to health system strengthening at regional and country level					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
4.1 Assist both ESA and WCA regions in building an African Health Care Financing (AHCF) network with two pillars: NHA and CBHI.		Health Care Financing Network established	Africa 2010 AFRO	ECSA WAHO WARP REDSO HS 2020	
4.2 Support the inclusion and / or strengthening of health systems components in global initiatives proposals (e.g. Global Fund).		# of countries whose proposals includes health systems strengthening	AFRO Africa 2010	REDSO WARP ECSA WAHO HSAN HS 2020	

Strategic Action 2: Human Resources for Health					
Expected Result 1: <i>Improved health workforce management in 10 countries</i>					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
1.1 Support the strengthening of human resource management in two countries per year.		# of countries that establish Human Resources Management Units in MOH # of comprehensive country HRH plans developed	Capacity QAWD	Africa 2010 ECSA AFRO WAHO	Link to RH,
1.2 Document and disseminate innovative/promising practices in human resource management.		# of case studies disseminated # of best practices scaled up in original country or adopted by new countries	Africa 2010 Capacity		Link to RH,
1.3 Conduct assessment of the policy impact of the HCD studies that have been done in selected countries.		Synthesis produced and disseminated	Africa 2010	QWAD Capacity	Link to RH, Multisectoral
1.4 Assess private sector role in expanding basic health training in selected countries		# of assessment reports disseminated # of countries using assessment results to engage the private sector in basic health training.	Africa 2010	AFRO PSP-One QWAD Capacity	Link to RH, CS
1.5 Strengthen selected pre-service institutions to introduce key health priority interventions in their curricula.		# of institutions with revised curricula	Africa 2010 Capacity? QAWD?	AFRO	Link to Child Survival, IDS and MNH

Strategic Action 3: Role of private sector in the health system					
Expected Result 1: <i>Private sector engagement in delivering key child survival/RH/HIV/AIDS services strengthened and expanded in 8 countries</i>					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
1.1 Collaborate with international and regional organizations to develop strategies for the inclusion of the private sector in national health care strategies.		# of countries adopting strategies for private sector engagement	Africa 2010	AFRO WB	Link to CS

Strategic Action 4: Governance					
Expected Result 1: <i>Governance in public health improved in 3 countries</i>					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
1.1 Assess and disseminate best practices for civil society involvement at different levels of the health system.		# of best practices disseminated	Africa 2010	WAHO ECSA	
1.2 Use results of assessment to support the involvement of civil society in health governance		# of countries implementing assessment recommendations			

FRAGILE STATES

Strategic Action: Health Financing in fragile states					
Expected Result 1: Improved resource allocation in health sector					
1.1 Review NHA methodology and propose application to fragile states		<ul style="list-style-type: none"> Disseminate review results Guidelines for application of NHA in fragile states developed and disseminated 	HS 2020	Africa 2010 AFRO REDSO WARP WAHO ECSA	
1.2 Adapt existing resource allocation tools e.g. (NHA, Goals Model, etc) for use in fragile states		<ul style="list-style-type: none"> Resource allocation tools adapted Tools applied in country Results used by policy-makers 	HS 2020	Africa 2010 AFRO REDSO WARP WAHO ECSA	
Expected Result 2: Improved access to health services					
2.1 Document and disseminate country experiences in scaling up CBHI in fragile states.		Greater access to health care through prepaid schemes.	HS 2020	Africa 2010 WAHO ECSA Concertation HS 2020	

Strategic Action: Governance in fragile states					
Expected Result 3: Governance in public health improved in XX fragile states					
Activity	Illustrative Budget	Key Outputs/Outcomes	Implementing Mechanism(s)	Partners	Notes (e.g. cross-reference)
3.1 Assess and disseminate best practices for civil society involvement at different levels of the health system.		Best practices disseminated Civil society organizations use data to influence policy-makers	Africa 2010	WAHO ECSA	