

National Health Policies, Strategies, and Plans

Geneva School of Diplomacy
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Global health indicators are improving overall in the world...

But not in all places, *not for all social groups* and not at the same speed,...

and in any case there is always a *shortage of resources*

“Health Systems constraints are impeding the implementation of major global initiatives for health and the attainment of the Sustainable development Goals”

NEW HEALTH INITIATIVES SINCE 2000...

Stop TB Partnership



President's Emergency Plan for AIDS Relief (PEPFAR)

Global Alliance to Eliminate Leprosy (GAEL)



Initiative on Public-Private Partnerships for Health



Accelerating Access Initiative

SECURE THE FUTURE®



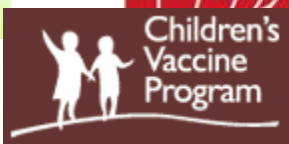
Medicines for Malaria Venture



Global Polio Eradication Initiative



GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT



The European Malaria Vaccine Initiative



NetMark

Public-Private Partnership



Global Campaign for MICROBICIDES Hope for African Children Initiative



Schistosomiasis Control Initiative

US Presidential Initiative
FIGHTING MALARIA
SAVING LIVES IN AFRICA



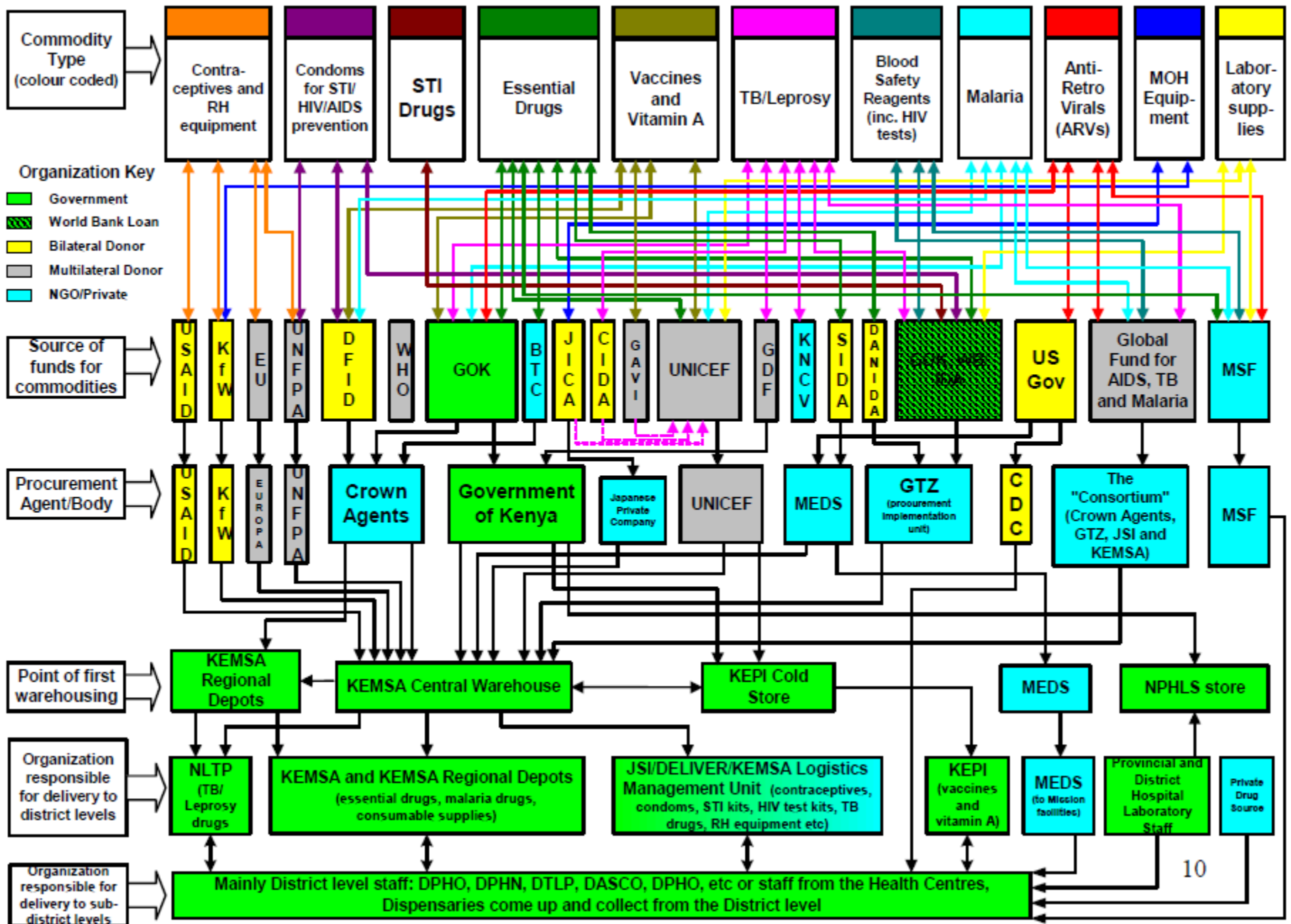
The Micronutrient Initiative

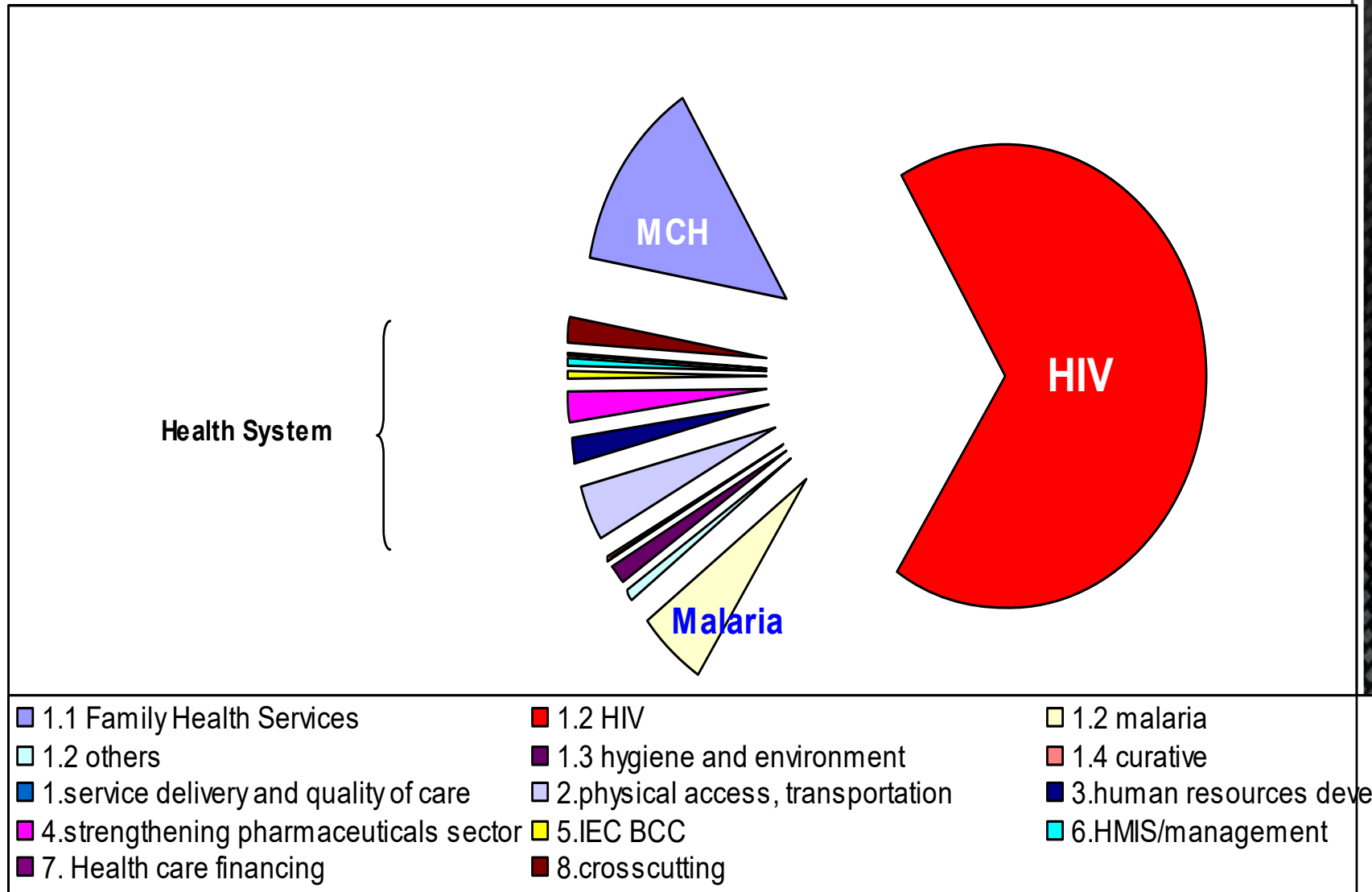


Pediatric DENGUE VACCINE INITIATIVE

Commodity Logistics System in Kenya (as of April 2004)

Constructed and produced by Steve Kinzett, JSI/Kenya - please communicate any inaccuracies to skinzett@cb.jsikenya.com or telephone 2727210

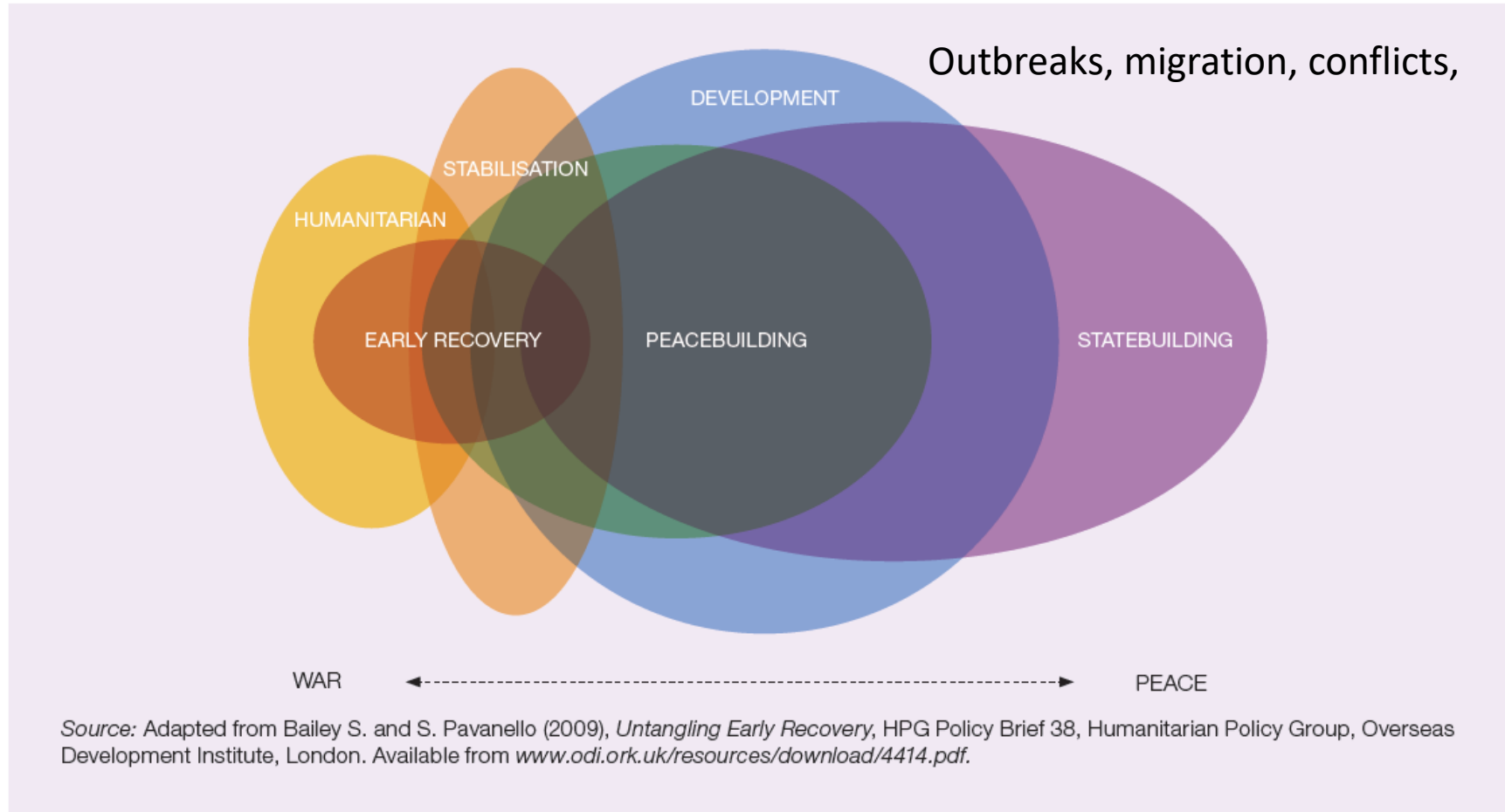




Between health systems, emergencies and health security issues...

FIGURE 3

Spectrum of transitional interventions



Source: Adapted from Bailey S. and S. Pavanello (2009), *Untangling Early Recovery*, HPG Policy Brief 38, Humanitarian Policy Group, Overseas Development Institute, London. Available from www.odi.org.uk/resources/download/4414.pdf.



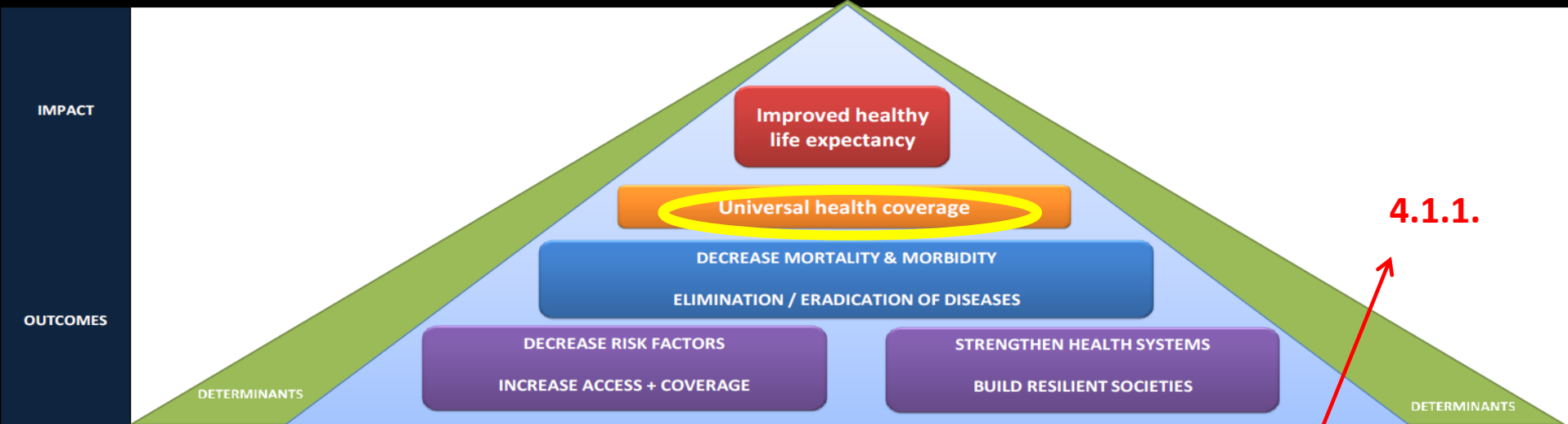
How does WHO tackle this?



MISSION

To act as the directing and coordinating authority on international health work, towards the objective of the attainment by all peoples of the highest possible level of health as a fundamental right.

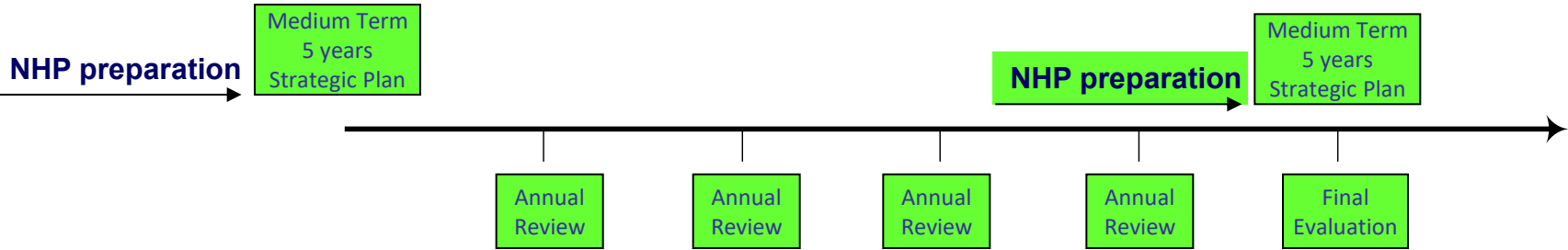
Principles, values and fundamental approaches	WHO's core functions	Criteria for priority-setting
<ul style="list-style-type: none"> Equity and social justice <ul style="list-style-type: none"> Global solidarity Gender equality Emphasis on countries and populations in greatest need <ul style="list-style-type: none"> Multilateralism Due consideration to the economic, social, and environmental determinants of health Science and evidence-based <ul style="list-style-type: none"> Public health approach 	<ul style="list-style-type: none"> Providing leadership Shaping the research agenda Setting norms and standards Articulating policy options Providing technical support and building capacity Monitoring and health trends 	<ul style="list-style-type: none"> Current health situation Existence of evidence-based, cost-effective interventions Needs of countries for WHO support Internationally agreed instruments WHO's comparative advantage



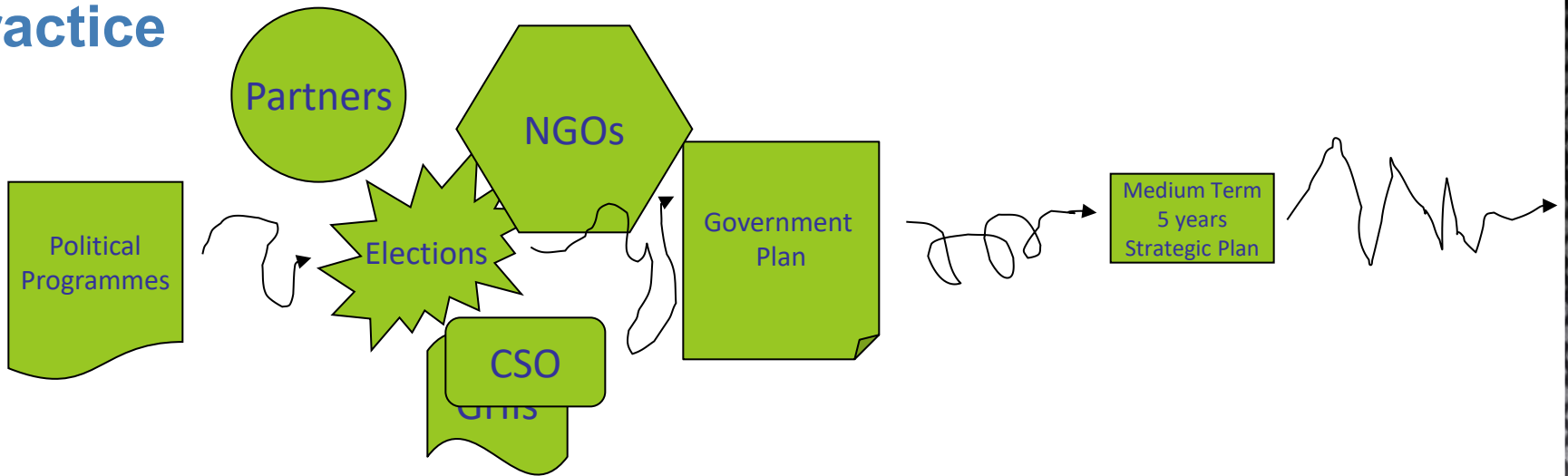
4.1.1.

CATEGORIES & PRIORITIES	Communicable diseases	Noncommunicable diseases	Promoting health through the life course	Health systems	Preparedness, surveillance and response
	<ul style="list-style-type: none"> HIV/AIDS; tuberculosis; malaria Neglected tropical diseases (including vector-borne diseases) Vaccine-preventable diseases 	<ul style="list-style-type: none"> Heart disease, cancers, chronic lung diseases, diabetes (and their major risk factors tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol) Mental health Violence and injuries Disabilities (including blindness and deafness), and rehabilitation Nutrition 	<ul style="list-style-type: none"> Maternal and newborn health Adolescent sexual and reproductive health Child health Women's health Healthy ageing and health of the elderly Gender and human rights mainstreaming Health and the environment Social determinants of health 	<ul style="list-style-type: none"> National health policies, strategies, and plans Integrated people-centred services Regulation and access to medical products 	<ul style="list-style-type: none"> Alert and response capacities Emergency risk and crisis management Epidemic- and pandemic-prone diseases <ul style="list-style-type: none"> Food safety Polio eradication
CORPORATE SERVICES	<ul style="list-style-type: none"> Leadership in health Country presence Management and administration 		<ul style="list-style-type: none"> Governance and convening Strategic policy, planning, management and resource coordination 		<ul style="list-style-type: none"> Strategic communications Knowledge management Accountability and risk management

Theory



Practice



UHC, defined

- All people have access to health services (including prevention, promotion, treatment, rehabilitation, and palliation), of sufficient quality to be effective;
- The use of these services does not expose the user to financial hardship



Definition embodies specific aims (universal coverage goals)

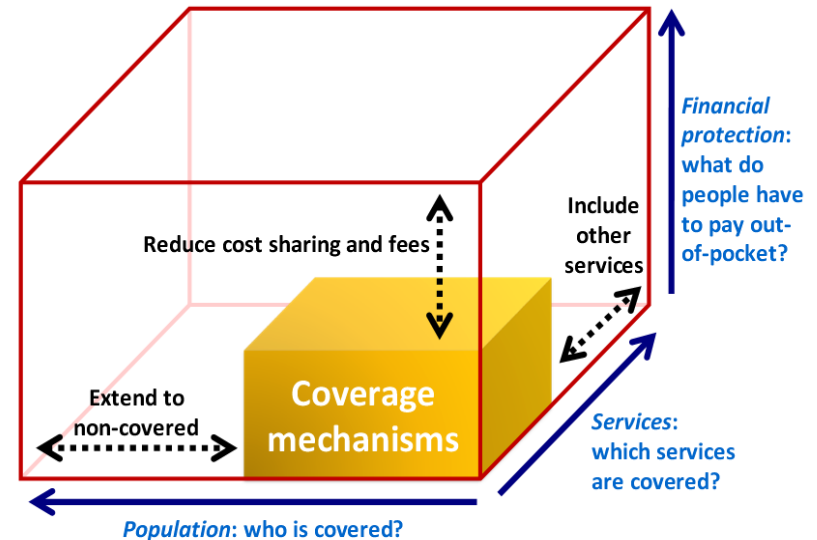
- **Equity in service use** (reduce gap between need and utilization);
- **Quality** (sufficient to make a difference); and
- **Financial protection** (no one becomes poor as a consequence of paying for health services)

Health Systems Strengthening and UHC

- UHC is about **Goals** (what we want to achieve)
 - Equity in service use relative to need, for equity in health goal
 - Quality improvement, for improving health
 - Universal financial protection
 - (and intermediate objectives like equity and efficiency in resource use)
- HSS is about **Instruments** (what we do, e.g....)
 - Better mix, distribution and capability of HRH
 - Targeted incentives to promote use of priority services
 - Investment in effective public health services
 - Reducing fragmentation in pooling
 - etc.

Three dimensions of coverage

- Useful for guiding thinking on
 - Options and priorities for expansion to move towards **progressive realization** of UHC
 - Choices about inevitable tradeoffs that must be made in the face of resource limitations



1. Population coverage
2. Service coverage
3. Cost coverage

WHAT IS THE ROLE OF WHO?

WHO as part of a broader picture [1/2]

1. WHO has done a lot of efforts to put governance as a key element of the health system strengthening approach
 - WHR 2000, Building Blocks, WHR 2008, WHR 2010, System Thinking (AHSR&P),...
 - Corporate or RO (EMRO, EURO, PAHO/AMRO...)
 - Many areas (medicines, HR, Transplantations, ...)
2. The issue of governance is part of one of the 5 categories (HS) for the new WHO's General Programme of Work

WHO as part of a broader picture [2/2]

3. The current work is influenced by overall priorities as determined by the Member States: Universal Health Coverage, People centered approach for service delivery, determinants of health and non communicable diseases, etc.
4. Governance at country level is still largely shaped by external interventions (The Global Fund, GAVI, bilaterals, UN, others. **[to be considered in the gap analysis]**)

What are we doing? (HGF perspective) [1/3]

1. Support to the development of a health sector strategic vision (UHC) and/or design system at country level (policy and plans, strategies, NHA, etc)
2. Participation and consensus orientation (national forums, implication of political decision makers, etc)
3. M&E – accountability / transparency (Joint annual or mid term reviews)
4. Coordination mechanisms (IHP+ among others))

What are we doing? (HGF perspective) [2/3]

1. Development of tools: JANS, OneHealth (costing) NHA, etc
2. Direct support to countries with ROs (at least 40: UE-Lux-WHO Partnership for UHC, CoIA,...)
3. Measurement relates very often to undertaken activities, sometimes to programmes of interventions and rarely to policy

What are we doing? (HGF perspective) [3/3]

All these efforts are generating information: how do we use it to demonstrate effects on health outcomes?

- Contribution vs attribution?
- How process analyses can help?
- Indicators, routine vs surveys?
- Quantitative vs qualitative?

Examples:

Tunisia, Tchad, Sierra Leone,...



UHC 2030 Alliance



UHC Alliance 2030

HARDWARE GROUP
Global Hardware
Financing Collaborative
US\$ 2 billion/year

- WB
- GFATM/GAVI
- UNICEF
- Bilateral donors
- Regional dev. Banks
- Foundations
- Etc.

SOFTWARE GROUP
Global Software
Providers Collaborative
US\$ 200 Million/year

- WHO
- WB
- UNICEF
- Bilateral dev agencies
- NGOs
- Consulting (MSH etc.)
- Academies
- Foundations
- Etc.



**STRATEGY 1
FOUNDATION**

**STRATEGY 2
INSTITUTION**

**STRATEGY 3
TRANSFORMATION**

Figure 3: Roles and responsibilities in the FIT approach

But what is happening in practice looks like...

- Design of the Global Health Initiatives (Global Fund, Gavi, Foundations,...) do not encourage disease programmes to engage in an HSS dialogue - perception of “reducing” funding allocations for the benefit of HSS;
- Country dialogue extremely difficult to manage from HSS perspective - HSS includes five different areas
- Experience in countries shows that the extent to which HSS is discussed and included in the submissions depends heavily on GF Country Team – difficult for partners to engage into these discussions
- No mechanisms in country to facilitate country dialogue on cross-cutting HSS issues – high dependency on well-functioning of CCM
- Quality of CN depends on also on availability of consultants

*“I regard **universal health coverage** as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.”*

Dr Margaret Chan, WHO Director-General

“ Ensuring universal health coverage without impoverishment is the foundation for achieving the health objectives of the Sustainable Development Goals (SDGs). ”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General – Vision Statement

www.uhcpartnership.net

or

www.uhc2030.org

Thank You!