



***FIT* for context, *FIT* for purpose Health Systems**

Achieving the SDGs, Building health security

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WHO / HQ**

**Technical assistance and capacity building activities in the Health Sector between both banks of the Nistru river –
Confidence Building Measures Programme
Geneva HQ
26-27 April 2017**

Investing in Health Systems to reach the SDGs



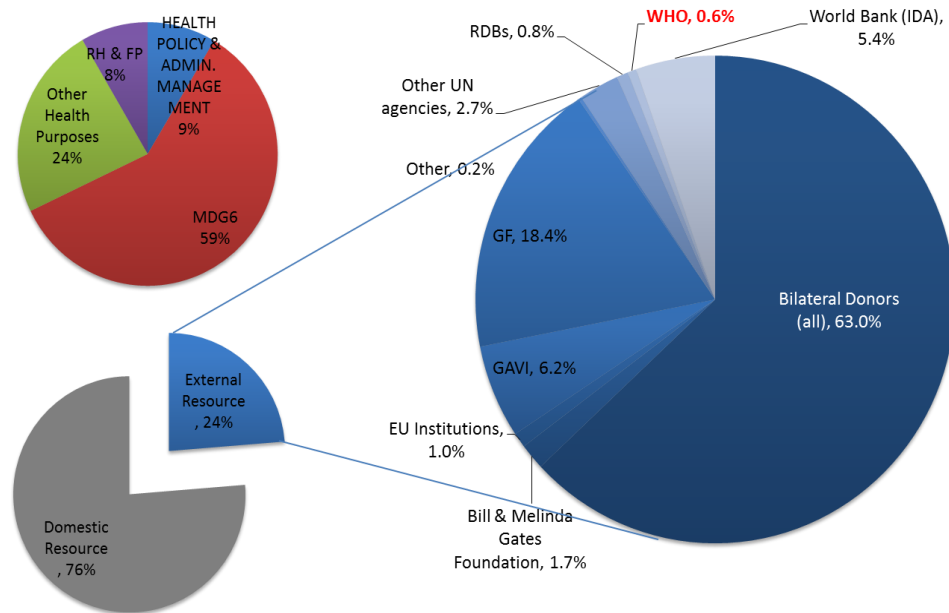
Sustainable Development Goals are about leveraging domestic resources

- In 2013, ODA for funding HSS reached US\$ 2.3 Billion or only 6% of total ODA for health, whereas funding for disease-specific programs (e.g. fighting HIV/AIDS or malaria) amounted to US\$34 billion
- Even in fragile states, about 75% of total health spending come from domestic sources (95% in middle income countries)
- However, in most countries OOP is unacceptably high (50% of THE): domestic resources are not optimally distributed

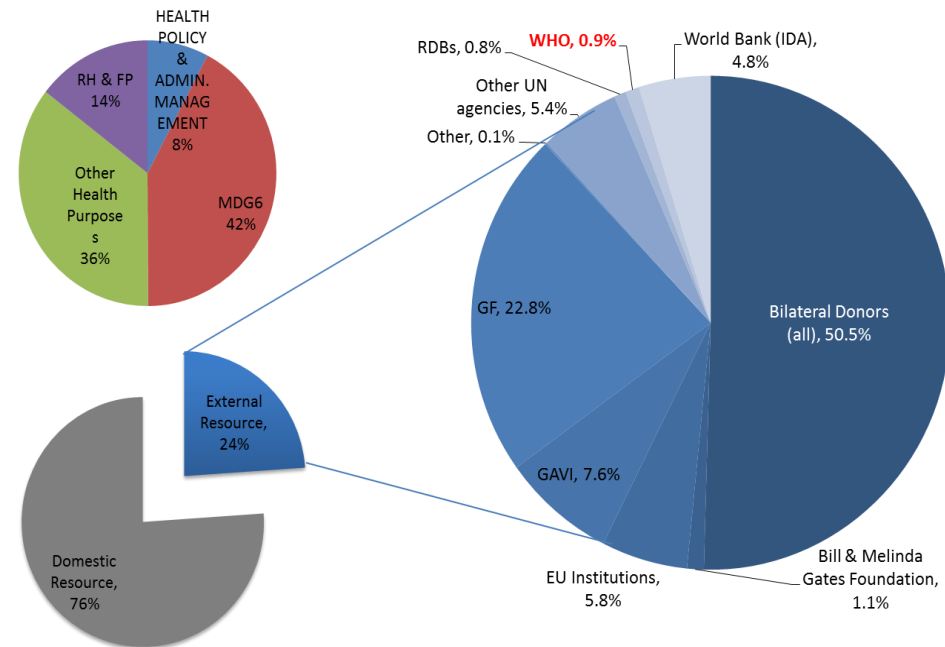
Source: Based on WHO's work as part of the Lancet Commission Global Health 2035; WHO analyses prepared for the 3rd FfD Conference and HSS roadmap; Institute for Health Metrics and Evaluation (IHME) estimates for 2013 <http://vizhub.healthdata.org/fgh/>; WHO Global Health Expenditure Database (GHED) 2013 (<http://apps.who.int/nha/database>, accessed 15 February 2016)

Domestic funding predominant in all countries [even in low income and fragile states]

Domestic and External Resources for Health in non-fragile LICs (2011-13)



Domestic and External Resources for Health in Fragile States (2011-13)



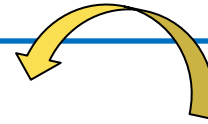
Sources:

1. OECD DAC2011-2013 (28 Fragile States, 10 billion constant 2013 USD/7.57 per capita, 26 non-fragile LICs (20 billion constant 2013 USD/10.45 per capita) : other includes donors who gave less than 100 M\$; disbursement-base data to a country from a donor and not include multi-country donations; World Bank "HARMONIZED LIST OF FRAGILE SITUATIONS FY15" was used for the fragile status.
2. WHO Global Health Expenditure Database (24 Fragile States, 24 non-fragile LICs): external resource represents health expenditure from external source as percentage of total health expenditure; domestic resource includes both private and public health expenditures

In Moldova...

- Aid for health in Moldova (2013)

- Commitments 106 million
- Disbursements: 39 million



**Coming from The Global Fund,
EU institutions, IDA, and Switzerland**

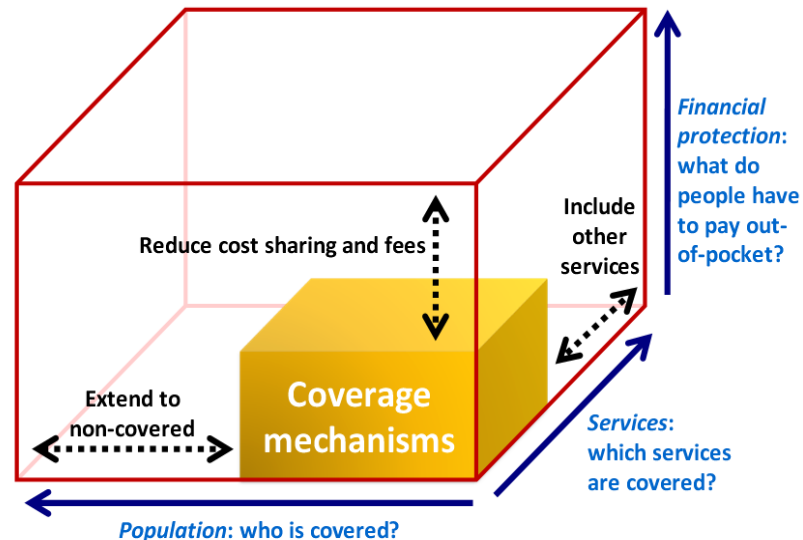
- Increase of ODA health disbursements by 433% 2003 and 2013
- Health reckons for 11% of all ODA disbursements
- ... of which 45% is going to MDG6 (TB, HIV,...)
- Only 15% goes to the health system



Need for accurate allocation of domestic resources

Three dimensions of UH 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

FIT operational strategy

Fit for context – Fit for purpose Health Systems

- **Strategy 1: Building Health System Foundations:**
service delivery network (Primary Care)
- **Strategy 2: Strengthening Health System Institutions:**
legal frameworks, accountability, agencies' capacity
- **Strategy 3: Supporting Health System Transformation**

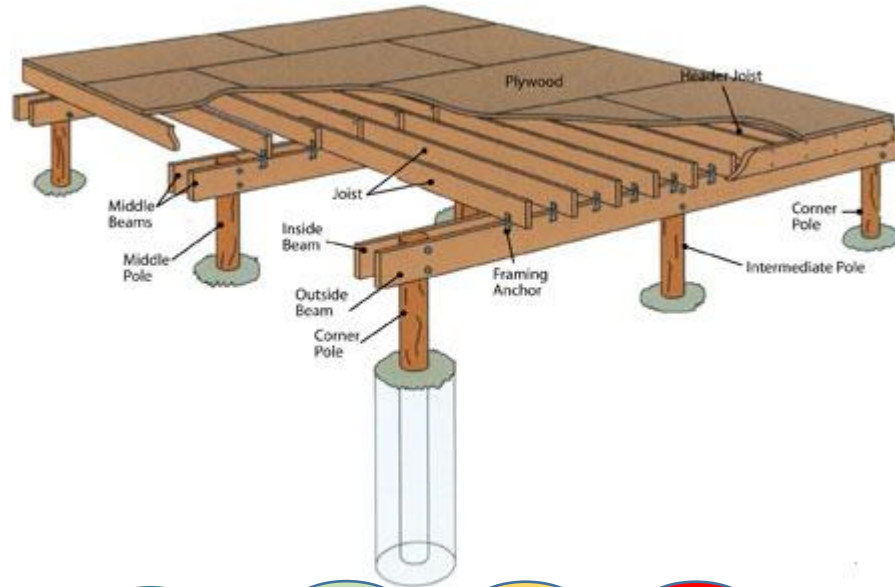
Foundation

- **Typical problems:** under provision (eg low curative utilization rates), lack of financial absorption, low density of health workers, shortages of medicines, low OOPS, lack of basic infrastructure
- **Key areas for support:** pre-service education pipeline, training of statisticians/ accountants/pharmacists/managers, financial management systems, supply chains, basic infrastructure inc. water, electricity and connectivity, local governance systems (health committees)

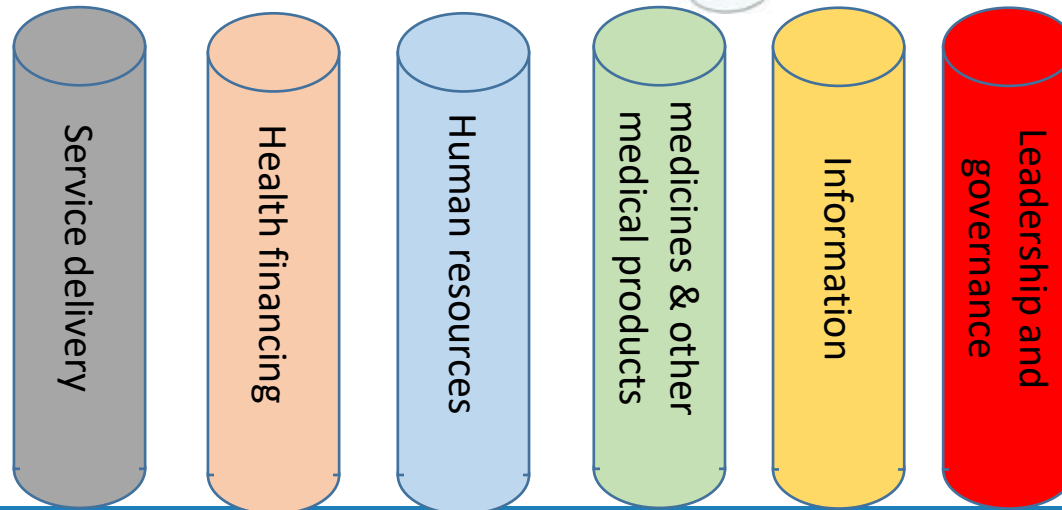
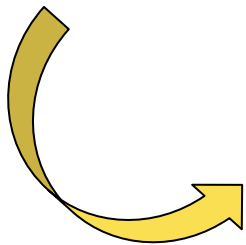
Building Foundations

- Building frontline service delivery
- Focuses on the basic engineering of health systems, including supporting the development of input markets
- investments and reforms to strengthen underlying sub-systems (e.g. procurement, supply chain, information) that are nationally unified and manageable
- Public finance management, budget preparation and execution, and promoting accountability for delivering outputs

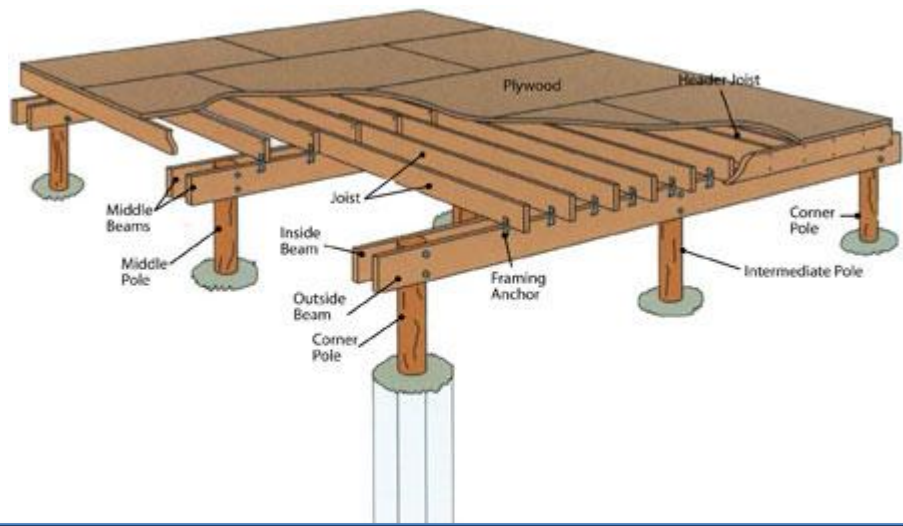
FIT strategies – Build the foundations



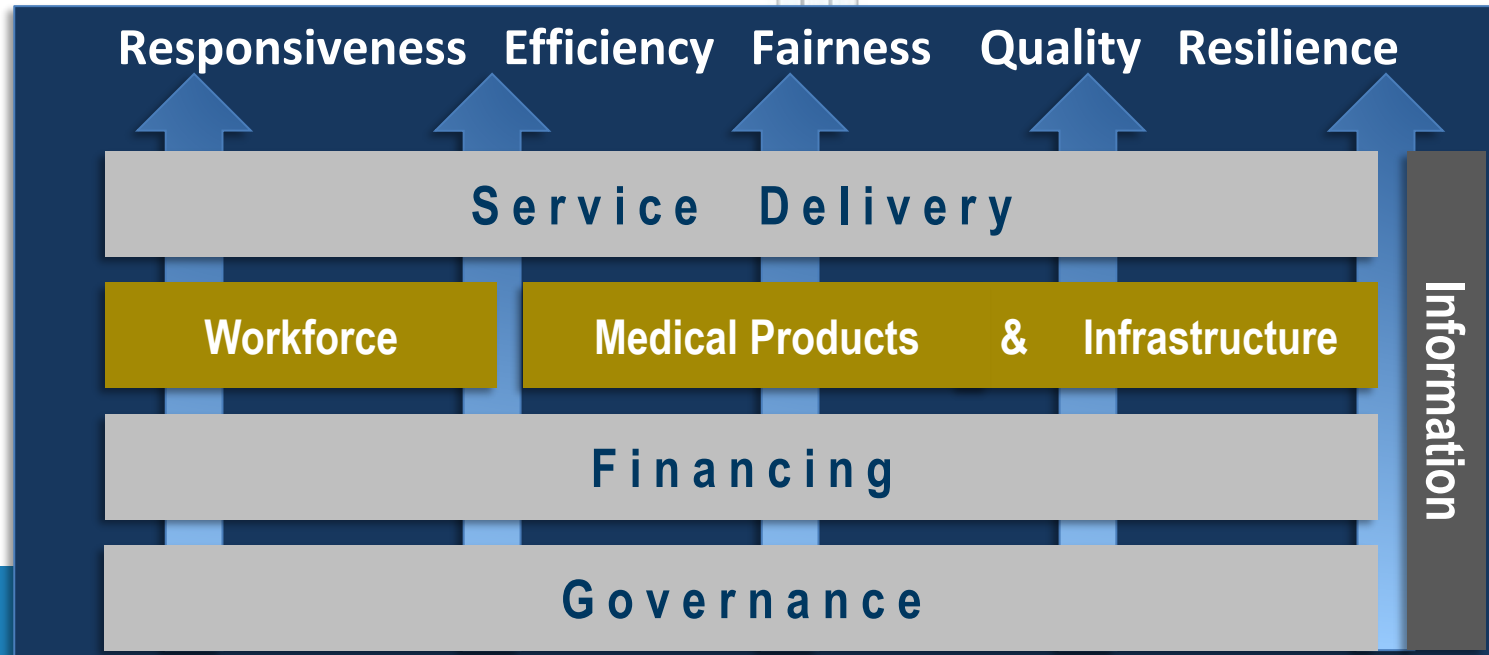
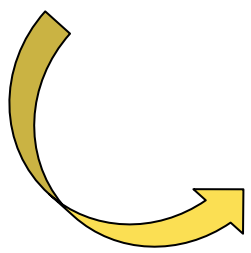
These building blocks have to be considered in a combined and complementary manner



FIT strategies – Build the foundations



These building blocks have to be considered in a combined and complementary manner



"F" Examples?



Table 1: Foundation – examples of WHO products

Financing - Examples

- Assessment of financial management system
- Cross-programmatic analysis of system barriers to scaling up effective coverage
- Costing strategies with integrated health system strategies
- Dialogue between health and finance authorities on financial management systems

Governance - Examples

- Health strategic plans including national disease strategies plans
- Coordination mechanisms for harmonisation & alignment with NHPSP (e.g. JANS, IHPUHC2030)
- Country diagnostic of obstacles to service coverage
- District health management teams
- Management and health committees
- Monitoring of performance at national and local level

Workforce - Examples

- Health workforce data collection
- Health workforce assessment, prioritization and costing
- Pre-service education assessment
- Capacity building in pre-service education
- Organization and delivery of pre-service education
- Support countries in carrying out

Information - Examples

- Evaluation & design of unified data architecture
- Assessment, prioritization and costing of the country M&E plans
- Health facilities surveys and quality of care measurement
- Facility and community data systems, including data quality / DHIS
- Mortality data & cause of deaths
- Basic training on HIS

Pharma./med. products - Examples

- Essential medicines list
- Assessment of support systems (logistics, procurement, supply)
- Monitoring of availability, affordability and use (inclr AMR)
- Development of national supply chains
- PSM strategy
- Capacity building in medicines selection, procurement and supply chain management
- Training of pharmacists/managers

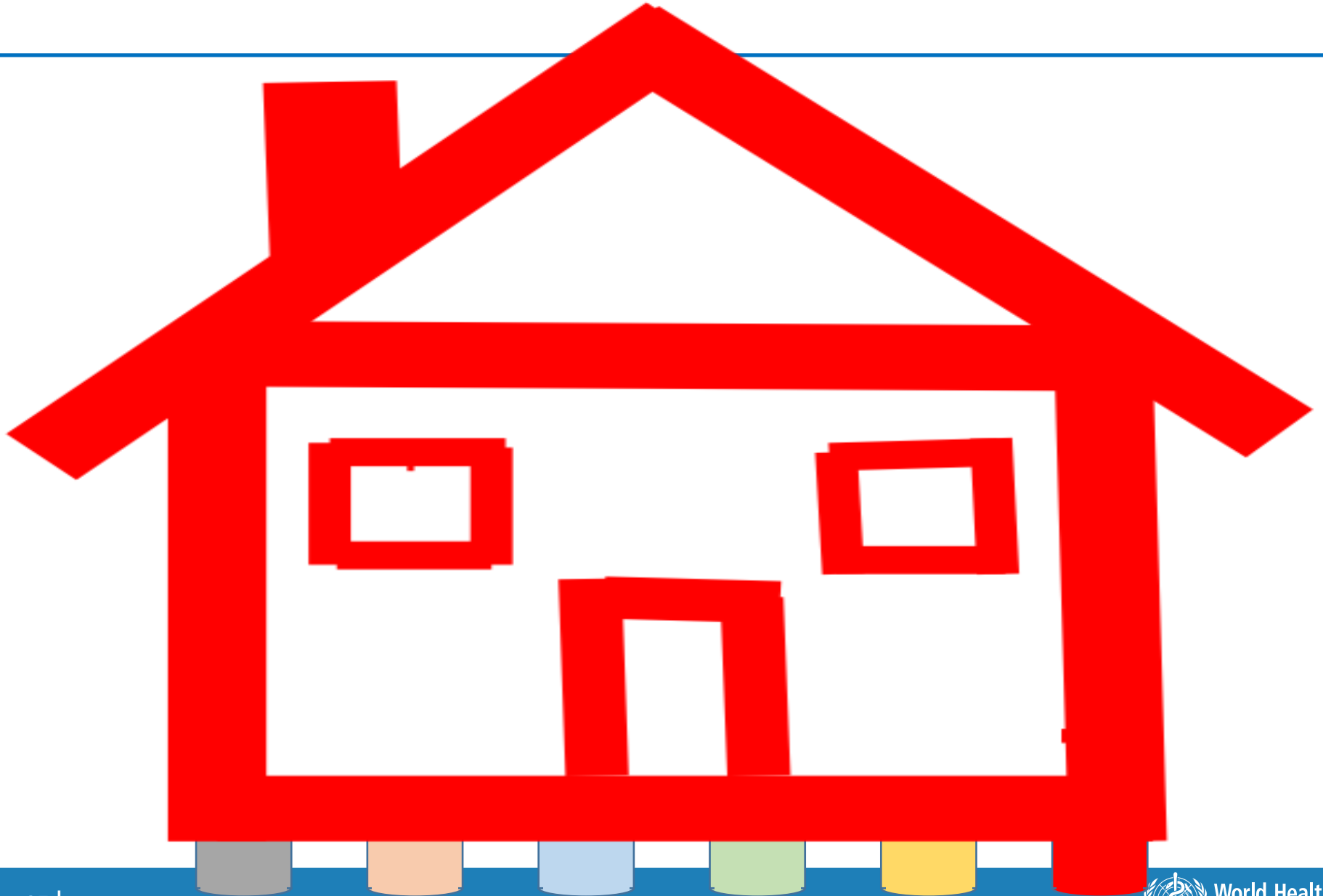
Service Delivery - Examples

- Service delivery minimum standards
- Health facility assessment
- Capacity building of health centres and district hospitals for delivery of essential package of health services
- Development of service delivery strategies and primary health care systems
- Organization and delivery of health services
- Supervision of health services

Institution

- **Typical problems:** well developed pluralistic/anarchic service provision, inequities in supply and demand, high OOPS, fragmented financial protection systems
- **Key areas for support:** Institution Capacity Building, Decentralization and Autonomy, Pooling, Strategic Purchasing, Accreditation, Product regulation, Legislation, Citizens' voice mechanisms

FIT strategies – strengthen the institutions



Strengthening Institutions

- Strengthening legal frameworks and accountability,
- Building the citizens's oversight
- Strengthening the managerial capacity and sustainability of organisations.
- Building learning organizations,

Table 2: Institutions – examples of WHO products

Financing - Examples

- Health financing diagnostic
- Resource tracking methods & capacities
- Diagnosis areas for technical efficiency gains
- Design & implementation of national health financing strategy
- Institutional support to national & region financing & econ. training entities
- Support to pooling and purchasing agencies

Governance - Examples

- Institutional & legal assessment
- Legal and legislative frameworks
- Policy dialogue on accountability & “citizen’s voice” at national, sub-national or local level (e.g. National Health Assemblies)
- Design of institutional reforms including decentralization and autonomy
- Support to health policy agencies incl. MOH
- Support to health policy evaluation

Workforce - Examples

- Health Labor Market analysis
- Development of health workforce strategies & policies
- Inter-ministerial dialogue on health workforce
- Development of curricula, pre-service and in-service education programmes
- Institutional capacity for HRH stewardship
- Regulatory frameworks, accreditation

Information - Examples

- Policy dialogue to ensure accessibility of comprehensive disaggregated high-quality data
- Interoperability of systems and integration of HIS systems to reduce fragmentation and ensure communication, exchange and use of health data (e.g. Nat Obs)
- Analytical capacity & dialogue with national stat. offices to support MoH in monitoring SDGs

Pharma./med. products - Examples

- Governance and regulation of pharmaceutical systems including quality and procurement
- Policy dialogue on access to essential health products & medicines, incl. review of policy options for supply systems & production
- Health Technology Assessment
- Training of health professionals designing pharmaceutical policies and strategies

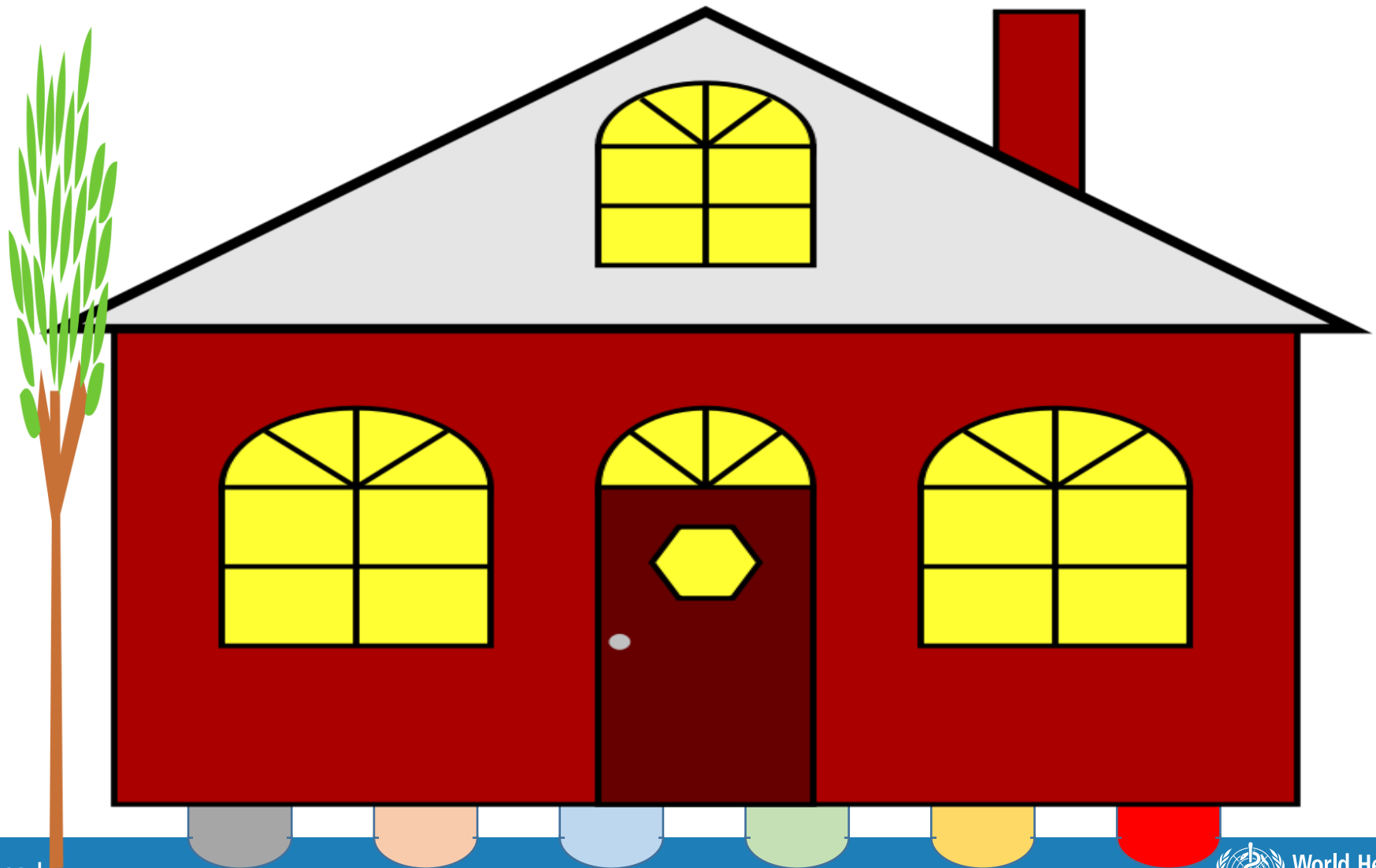
Service Delivery - Examples

- Policy dialogue on national quality and safety policies
- Support to quality standards and accreditation agencies
- Capacity building in quality measurement
- Hospital and public health institute capacity programmes
- Support to AMR strategy: antibiotic stewardship, infection prevention, research and development

Transformation

- **Typical problems** : over provision, complex entrenched institutional set-up with historical, political escalating cost, quality, misalignment of service delivery and financing to health challenges
- **Examples**: quality in Mexico, aging in Japan and Thailand
- **Key areas of support**: Intelligence function, reform agendas, interagency coordination

FIT strategies – transformation for UHC



Transformation

- Cycle of analysis, reform, evaluation, learning, and adaptation
- Transform models of service delivery and financing
- Complex adaptative systems (Big Data)
- Complex multiorganizations networks and coordination systems

Table 3: Transformation – examples of products

Financing - Examples

- Dialogue on implications of fiscal space scenarios
- Inform and facilitate stakeholder dialog on health financing policy
- Facilitate exchange of evidence
- Training program on provider payment systems, value for money, resilience to financial shocks
- Network of analytics hubs
- Increase capacity on HTA, health taxation

Governance - Examples

- Independent evaluations of health reforms
- Evidence sharing on impact on longer term sustainability of UHC-related reforms
- Peer-to-peer assistance on specific technical reform issues
- Regulation and advisory agencies on Laws & Regulation
- Citizens platforms

Workforce – Examples

- Labor market & Performance analysis
- Multi-sectoral dialogue
- Future scenarios development
- Higher education support
- Independent evaluation of workforce quality
- Policy dialogue on optimizing health workforce

Information - Examples

- Strengthen health data sources, including functional electronic systems for real time reporting
- Patient reported assessments (eg PROMS, PREMS)
- Effective engagement with non-health actors for well-functioning data sources and generation of vital statistics
- Exchange of information and collaboration among Member States on best practices

Pharma./med. products - Examples

- regional and subregional networks of regulatory authorities, including strengthening areas of regulation of medical products that are the least developed
- Specialized training for staff working in the pharmaceutical systems especially pricing and reimbursement
- Pricing & price negotiations

Service Delivery - Examples

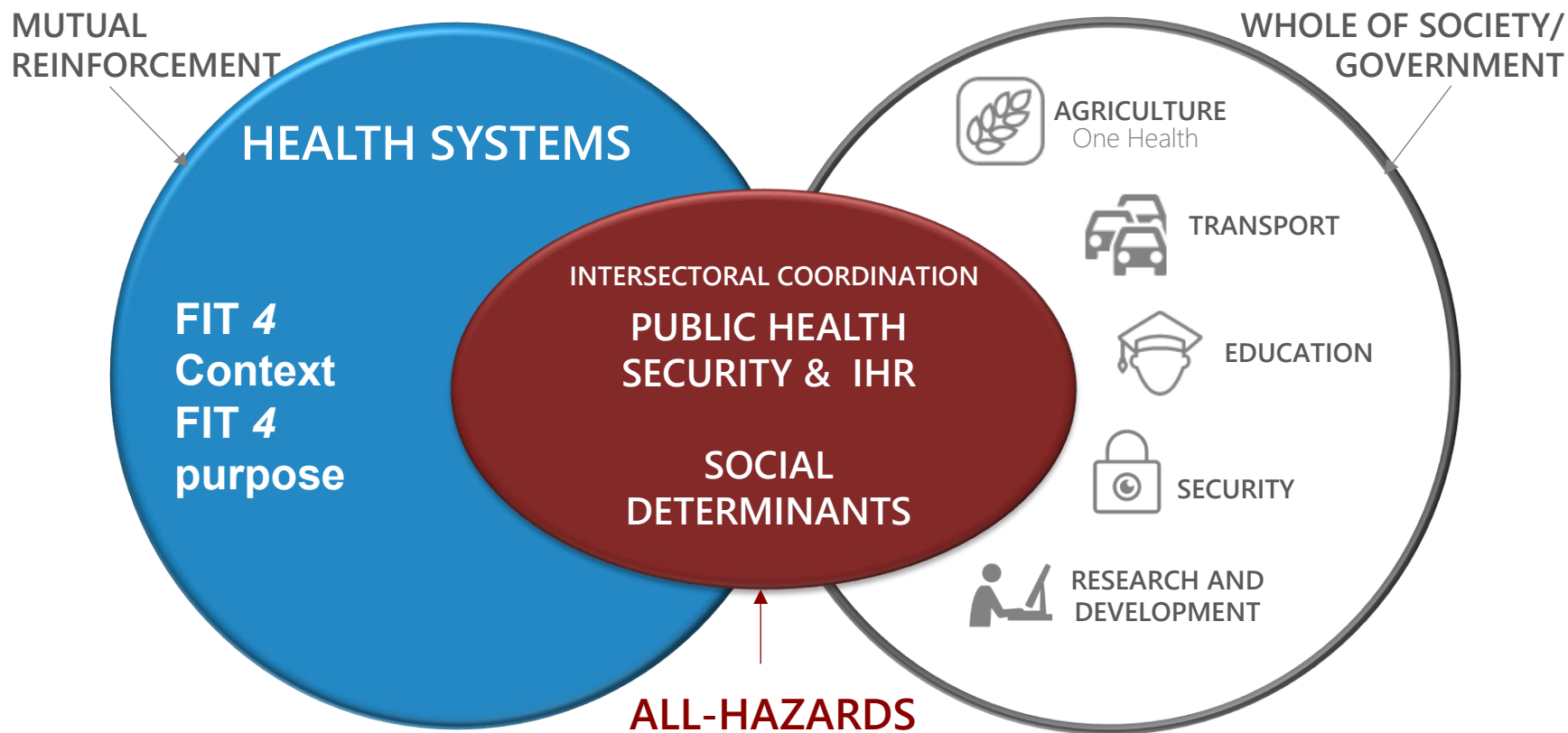
- Health services quality review
- Transformation policy dialogue, examining care models, community services and innovations in services
- eHealth and mHealth policy review
- Capacity building programmes on specific technical areas in service delivery

HSS – UHC - Security: Key Message

Emergency preparedness can be achieved in almost all countries on the way towards achieving Universal Health Coverage, and its related SDG-targets

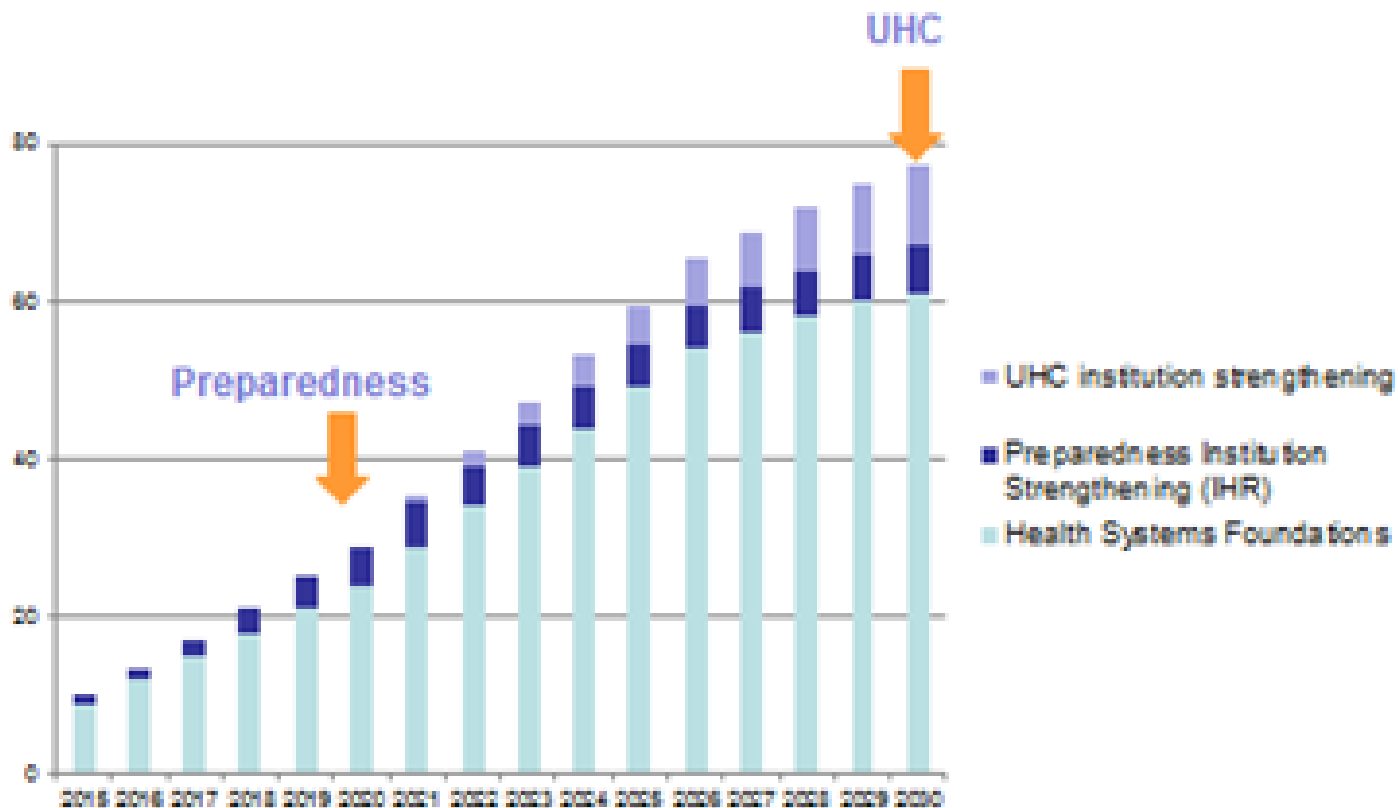
Country health emergency preparedness

Strategic Framework



HSS to achieve preparedness on the road to UHC

Investments to achieve preparedness and UHC



Security and the equity objectives are not antagonistic: both rely on strengthening health systems

UHC Alliance 2030

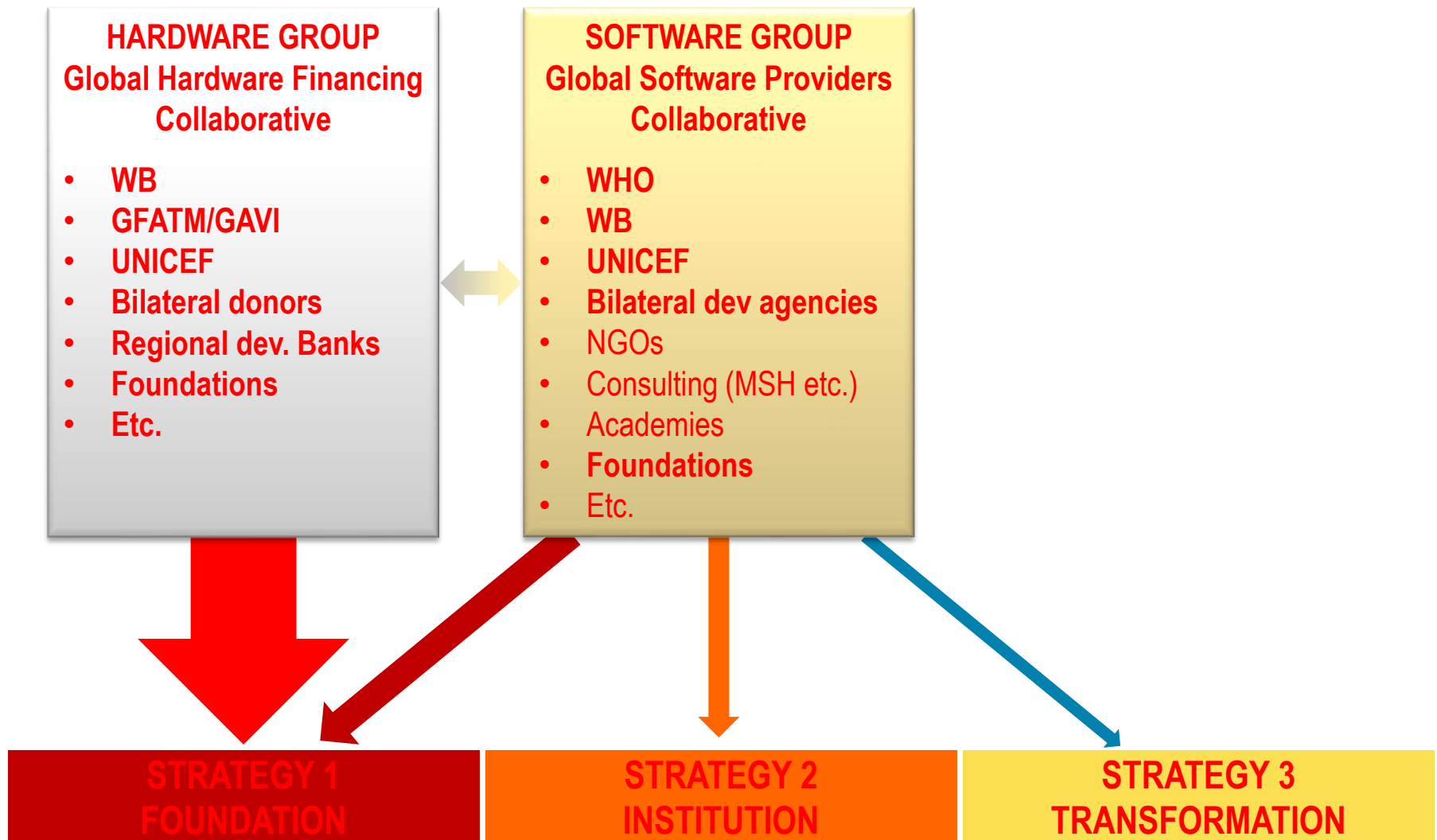
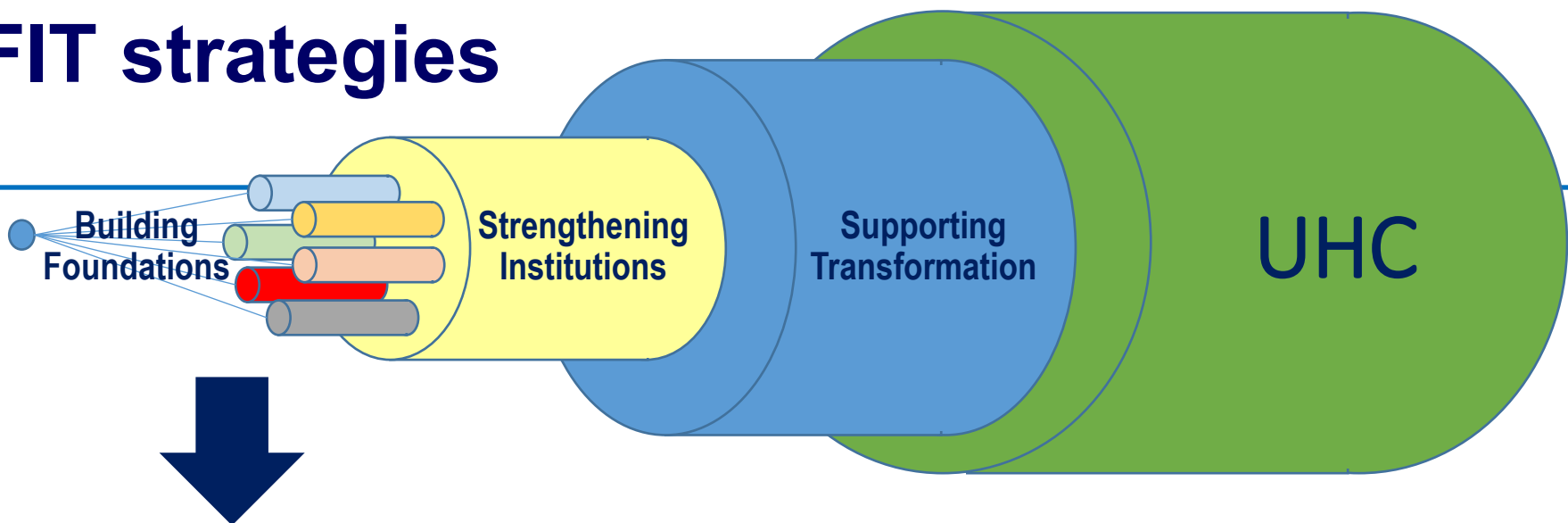
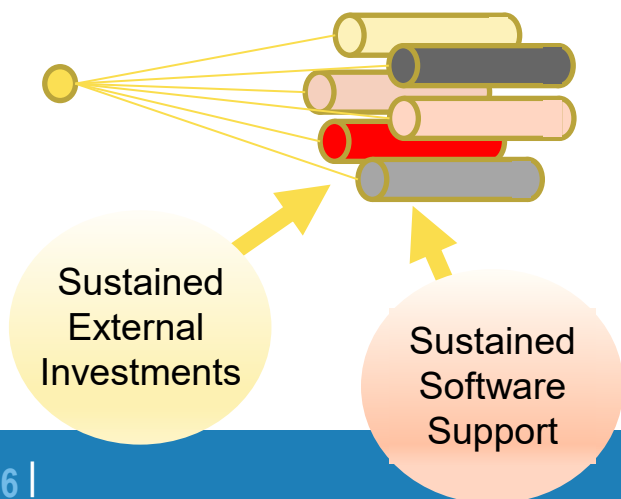


Figure 3: Roles and responsibilities in the FIT approach

3 FIT strategies



FIRST STRATEGY
Building Health Systems
foundations



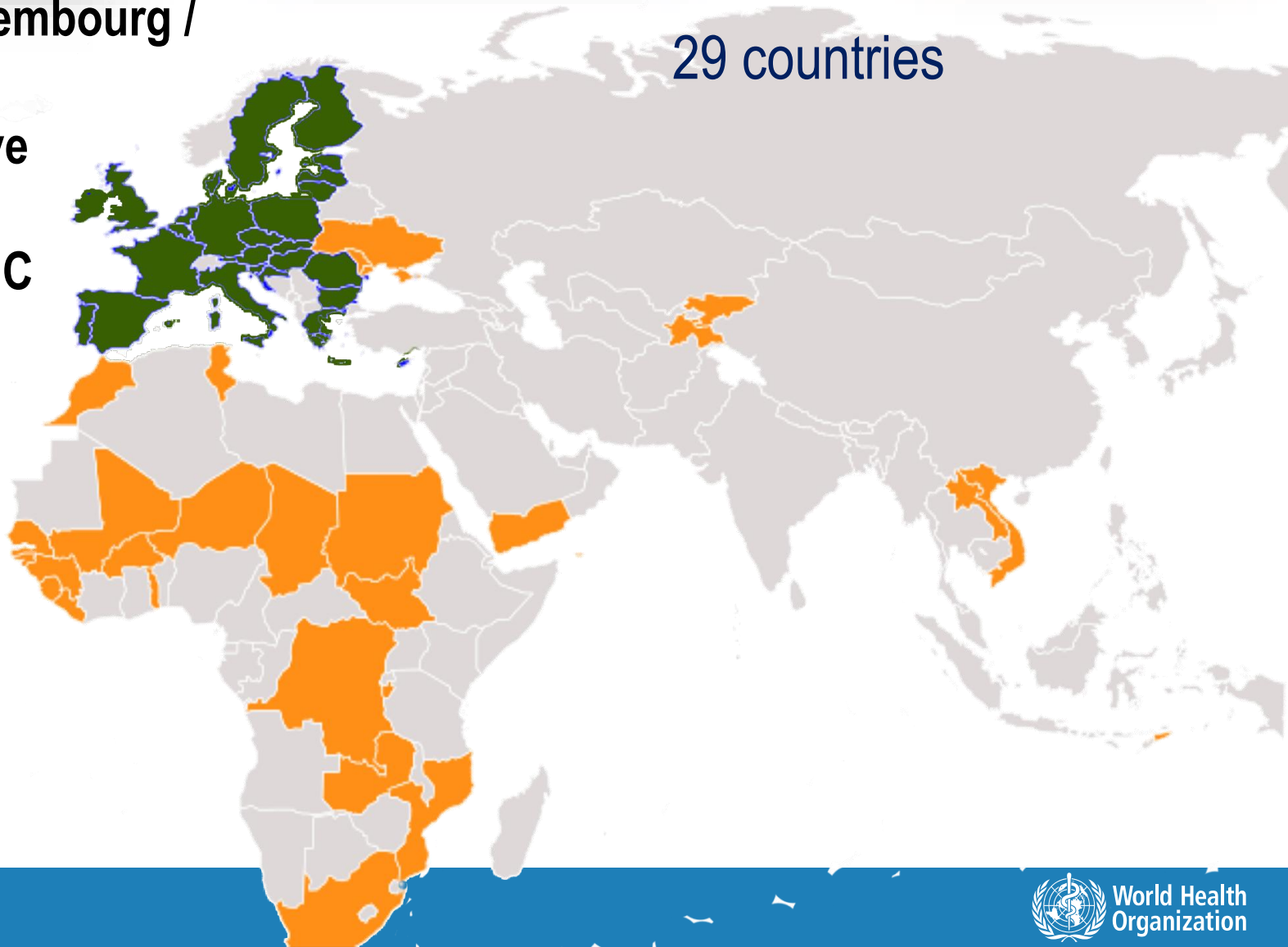
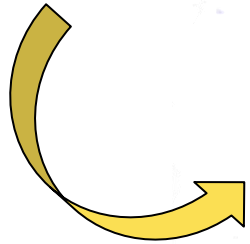
“Essential Six gaps” investments

1. Financial engineering
2. Pre-service education
3. Supply chain, laboratories, stocks
4. Health information systems, surveillance
5. Local health governance systems
6. Integrated services, Infrastructures & equipment



**An EU-Luxembourg /
WHO
collaborative
agreement
towards UHC**

29 countries



UNIVERSAL HEALTH COVERAGE PARTNERSHIP

ROADMAP ACTIVITIES IN 28 TARGET COUNTRIES



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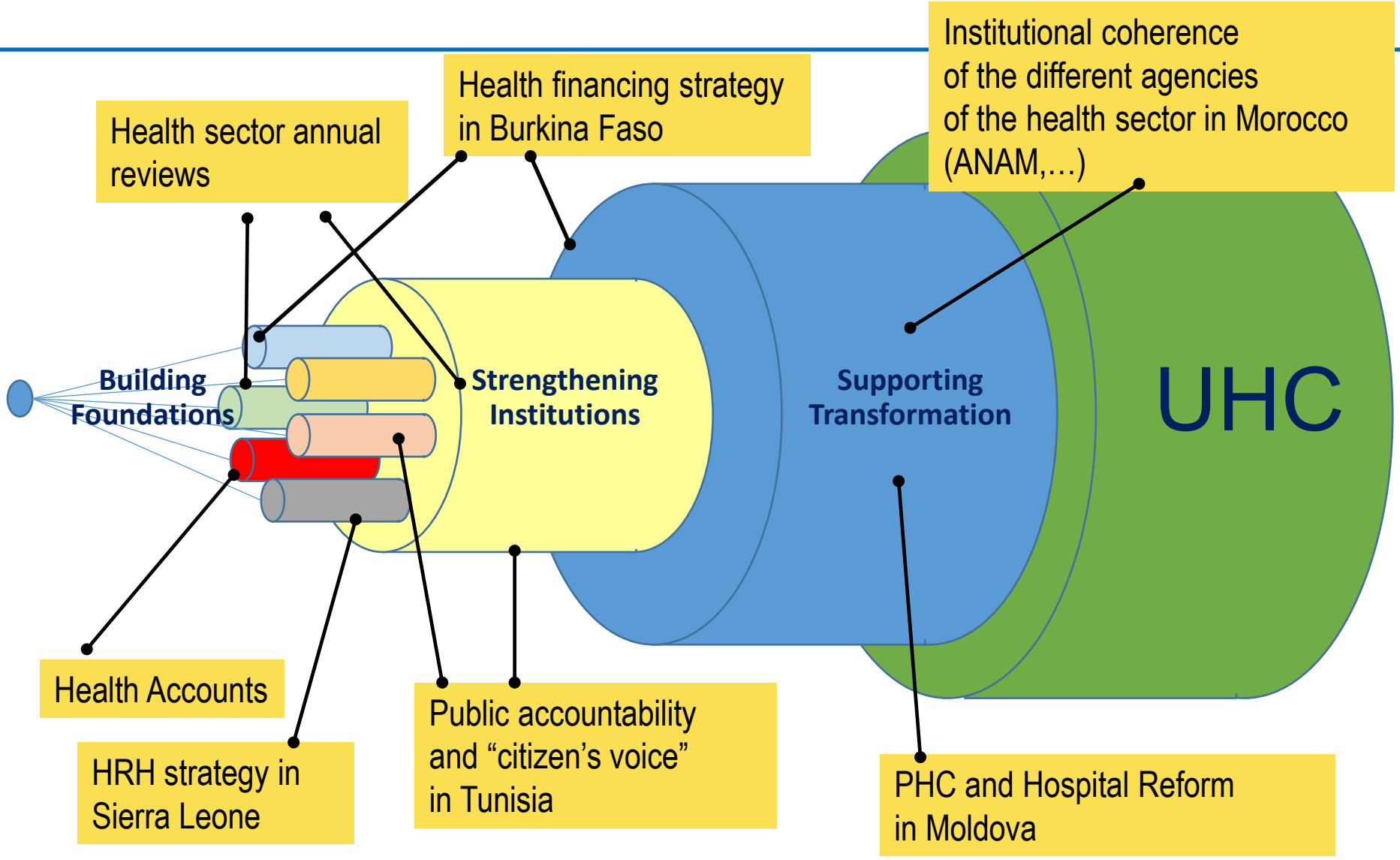
THE GOVERNMENT
OF THE GRAND DUCHY OF LUXEMBOURG
Ministry of Foreign and European Affairs

Directorate for Development Cooperation
and Humanitarian Affairs

Activities: *around 14 areas of work*



Health System Development Towards UHC : the FIT approach





A lot of information, a lot of potential actions,

**...and there is much on the table
of the MoH in Moldova**

Thank You!