

Global health system strengthening initiatives: How the TB community can engage

**Diana Weil, Sr. Policy Adviser
Stop TB Department, WHO**



**Peter Gondrie,
Director, International Programs
KNCV Foundation**

K N C V



TUBERCULOSEFONDS

**Symposium: Ways Forward on
Health System Strengthening and
the Stop TB Strategy**
10 November, 2007

UNION World Conference 2007
Cape Town, South Africa



Aims

1. Provide an overview of some health system strengthening (HSS) principles relevant to TB control, and especially to full success of the Global Plan to Stop TB, 2006-2015
2. Describe the precedents, aims and approaches of some new global HSS initiatives/partnerships
3. Discuss how the TB community can engage to help achieve TB care and control goals and other health MDGs

PREMISE: 2010 Universal Access and 2015 TB targets will not be reached without health system strengthening in many countries

The Stop TB Strategy to achieve the 2015 Millennium Development Goals



THE
STOP TB
DEPARTMENT

- 1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT**
 - a. Political commitment with increased and sustained financing
 - b. Case detection through quality-assured bacteriology
 - c. Standardized treatment with supervision and patient support
 - d. An effective drug supply and management system
 - e. Monitoring and evaluation system, and impact measurement

- 2 ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES**
 - Implement collaborative TB/HIV activities
 - Prevent and control multidrug-resistant TB
 - Address prisoners, refugees and other high-risk groups and special situations

- 3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING**
 - Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
 - Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
 - Adapt innovations from other fields

- 4 ENGAGE ALL CARE PROVIDERS**
 - Public-Public, and Public-Private Mix (PPM) approaches
 - International Standards for TB Care (ISTC)

- 5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES**
 - Advocacy, communication and social mobilization
 - Community participation in TB care
 - Patients' Charter for Tuberculosis Care

- 6 ENABLE AND PROMOTE RESEARCH**
 - Programme-based operational research
 - Research to develop new diagnostics, drugs and vaccines

What is a health system?

"A health system consists of all organizations, people and actions whose *primary intent* is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities."

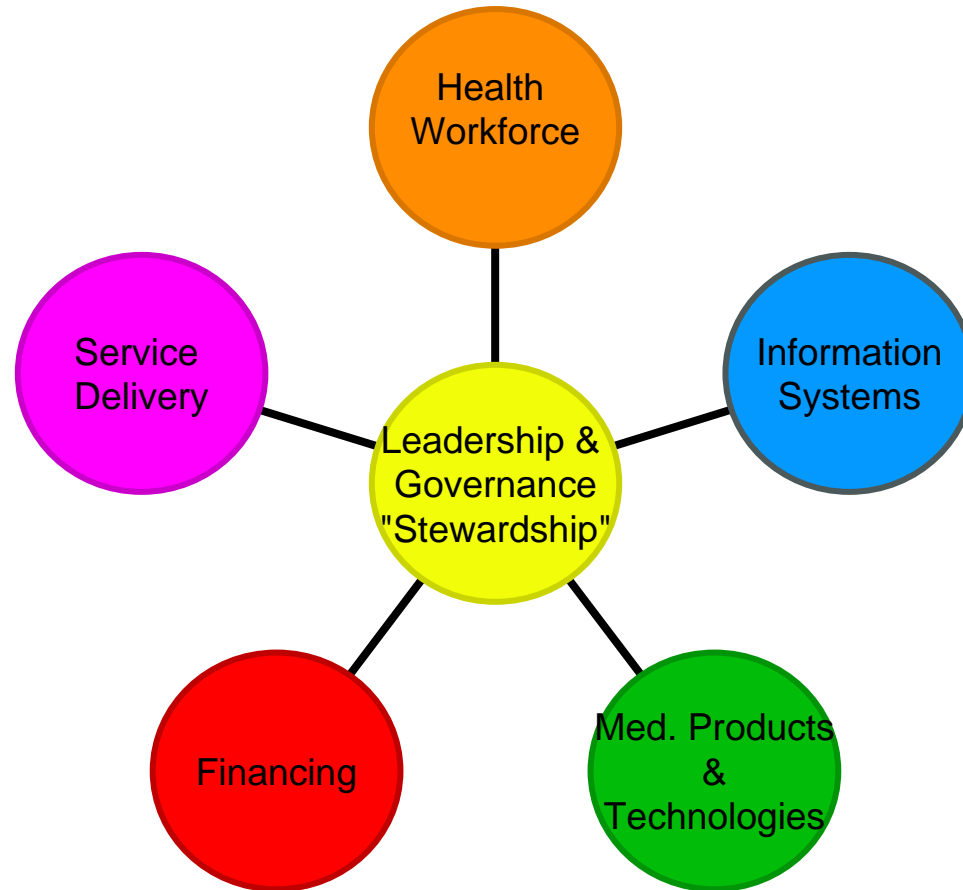
Beyond Vertical/Horizontal Debates and towards the "Diagonal" for health outcomes



- 1980s** → Primary Health Care Movement, then child survival investments and "selective PHC"
- 1990s** → Essential health packages & system reforms
- 2000+** → UN Millennium Development Goals are set; CMH plea for more health financing; focus on epidemics and disease prevention/care - GAVI, Global Fund, Stop TB, RBM, UNAIDS
- 2005-07** → Some tensions with a push for health system strengthening and aid harmonization, and perceived risk of distortions created by disease control commitments, despite documented increased coverage of care
- 2008** → Moving to the diagonal: (a) Strengthened HTM efforts; (b) Support for other health MDG priorities, & (c) Overall push for Universal Access & outcome-oriented health system strengthening

Six building blocks for health systems

WHO's framework for HSS



Source: **Everybody's Business**: Strengthening health systems to improve health outcomes – WHO's framework for action, 2007

Key ways NTPs and partners can contribute to HSS strategies

- a) Align TB control planning and budgeting within sector-wide planning and service delivery frameworks
- b) Optimize the use of shared resources, such as frontline health staff
- c) Reduce duplicative structures
- d) Adopt and adapt HSS innovations; share lessons learnt

"Non-negotiables" under HSS innovations/reforms:
ensuring core TB control functions (e.g., assured supply of diagnostics and drugs; patient support; regular staff supervision; information flow etc.)

"Scaling up for Better Health"

The International Health Partnership+

- Precedents
- SWAPs; Paris Principles on Aid Effectiveness; the High-Level Forum on the Health MDGs
- Aims
- A compact to meet the MDGs via "strengthened country partnerships, channel support into country-owned health plans and secure fair & sustainable financing of national health systems
- Partners
- 8+ Donor Governments, led by the UK
 - 7 "first wave" Compact focus countries: Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal, Zambia, with Mali and Nigeria expected to join
 - Agency partners (with WHO/WB as Secretariat)
- Approaches
- Country-specific decisions by partners on how to pursue commitments and agree on measurable targets; use of MOUs, codes of conduct, and compacts holding partners accountable

Potential ways to engage with the International Health Partnership+

Global communication & coordination

- Individual to individual (crossing the Mars/Venus line between "disease control people and health systems people")
- Agency to agency
- Partnership to Partnership (what can we learn from the Global Plan to Stop TB, 2006-2015 and WGs)

Joint work in Compact countries

- Embed costed TB medium-term plans within new national health plans, SWAPs, Medium-term Expenditure Frameworks and/or Poverty-reduction Strategies/Credits
- Work to share Stop TB Strategy-based innovations with those in other public health and health systems fields (eg service contracting, HRD approaches, logistics, community-led services and social mobilization)

The Global Fund and HSS



Precedents

- Recognition by GF stakeholders that **success linked closely to HS capacity & while HTM investments can help strengthen systems – often not sufficient**
- Rd 5 initiated HSS support but low approval rate; Rd 6 and 7 included HSS as possible element within proposals but saw limited response, and some confusion on process

Possible Aims

- To be considered at Nov 2007 GF Board meeting
- at a minimum, advance HTM outcomes thru HSS interventions
 - To complement new GF approach to funding national HTM strategies/plans/aid harmonization & alignment

Potential Approaches

- To be decided – ie, through disease-specific applications or a separate window**
- Like GAVI HSS support, likely GF support could help strengthen system assessments of systems, increase collaboration across HTM programs and with HS counterparts
 - Piloting new HSS approaches, support for scale-up etc.

TB partner support for GF HSS-related proposal development & implementation

- Engagement to date
- WHO assistance in developing proposal guidance framework for applicants
 - Consultants/partners assisting in proposal development
 - Documenting HSS elements of previous TB-specific grants
 - WHO/GF consultation on HSS financing (7/07)

- Potential areas of support
- With HIV & MAL colleagues, develop concrete examples/strengthen of framework;
 - Help, if requested by GF, in revision of guidelines and M&E frameworks
 - Cover HSS in proposal preparation guidance workshops
 - Facilitate access to disease-specific and/or HSS expertise and missions

Global Health Workforce Alliance



Justification

- Insufficient numbers, poor training, distribution & remuneration of health staff seriously inhibit MDG progress.
- **57 countries**, most of them in Africa and Asia, face the most acute crisis. 4 million doctors, nurses, managers and other public health workers needed to fill the gap.

Aim

- To identify and implement solutions to the health workforce crisis - linking national governments, civil society, finance institutions, workers, international agencies, academia & professional associations.

Approaches

- Advocacy initiative
- Scaling up education and training task force
- Universal Access for HIV/AIDS care (Task Shifting)
- Migration policy initiative
- Working group on tools and guidelines

Ways of engaging with the GHWA

Collaborate with initiatives/task forces/Working Groups

- Education, tools and HIV Task Shifting groups may be priorities

Share tools and analyses

- TB task analysis tools, planning frameworks, materials on involving all care providers etc.

Incorporate national TB HRD plans into overall HRD plans in focus countries

- Share best practice on best ways to harmonize/align plans

Participate in the first Global Forum on Human Resources for Health 3-7 March 2008, Kampala, Uganda (& Lancet call for papers)

- Link up advocacy efforts, share research, find new country-level partners and African TB challenges

Stop TB Partnership-GHWA MOU being developed

Health Metrics Network



Justification

- There has been inadequate investment in health information systems, although the need to gather and use timely and reliable information in low income countries has never been greater given the MDGs, health reforms etc. Capacity-building is especially needed

Aims

- To increase the availability and use of timely and accurate health information by catalysing the joint funding and development of core country health information systems.

Approaches

- Create a harmonized framework with standards for health info systems
- Strengthen country HIS by providing technical and catalytic financial support
- Ensure access and use of information by local, regional and global constituencies

Examples of areas for engagement with the Health Metrics Network

Collaborate in local capacity-building for use of routine data

- Documenting and building capacity in best practice in standardizing tools and local analysis – eg use TB Rx cohort analysis as example of data for clinical decision-making, service monitoring and public health programme evaluation

Collaborate in use of common platforms for service-based & population-based surveys & improvement of vital registration (eg mortality)

- Critical, given urgent need to expand capacity and coverage of TB control impact measurement

Other initiatives

- **'Health 8' agencies** meeting regularly now (WHO, World Bank, the Global Fund, GAVI, UNAIDS, UNFPA, UNICEF and the B&M Gates Foundation)
- **WHO's HSS framework for action** -- strengthening WHO core capacities and staffing especially at country level in HSS policy development, TA, M&E, research and partnerships
- **GAVI Alliance HSS** funding window: potential for Stop TB partners to collaborate in countries where GAVI financing flowing on areas of mutual interest (eg Human resources, infrastructure, sustainable national financing etc.)
- **Doris Duke Charitable Foundation:** \$100 million African Health Initiative (AHI) to help "catalyze a shift from the current public health focus on single-disease programs" to HSS for integrated primary care to underserved (for work in Ghana, Lesotho, Madagascar, Malawi, Mozambique, Kenya, Rwanda, Tanzania, and Zambia)
- **Analysis & research:** Global Health Policy Research Network; Alliance for Health Policy & Systems Research, network of policy and systems researchers looking at HIV/AIDS and HSS issues; Brookings Institution on Health care financing
- **Capacity building and/or advocacy:** HS2020, Health Systems Action Network, Physicians for Human Rights (on HRH), European Network for the Health MDGs, other advocates and activists in health and disease control (Clinton Global Health Initiative and others)

Moving forward to Stop TB and build systems to meet all the health MDGs

1. **At country level**, building practical common networks to scale up, with communities, providers, institutions, initiatives
 2. Coordinating planning and implementation support
 3. Actively engaging in global & local HSS initiatives
 4. Documenting best practice and M&E
 5. Pursuing joint advocacy for investment in health and development
- 2008 Union Conference theme: Global Threats to Lung Health: The Importance of Health System Responses