

Approaches within the Stop TB Strategy that can improve health systems

Ways forward on health systems strengthening

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DOTS – a HSS strategy?

- Strong focus on systems strengthening (for TB service delivery)
 - Political commitment: increasing health care funding and improving governance
 - Health system fundamentals for TB service delivery: HR, Lab, supply system
 - Surveillance, Monitoring and Evaluation
- TB programmes are largely integrated in PHC, so these system improvements should in principle contribute to general HSS
- But, depends on how it is planned and implemented:
 - Competing for existing health resources? Opportunity costs?
 - Creating parallel structures with additional transactional costs?
 - TB specific incentives or TB specific staff recruited from other parts of the system?
 - Uncoordinated training?



"Dos and don'ts" and "non-negotiables"

- Dos and don't for HSS aim to promote:
 - The "HSS mindset";
 - Effects outside TB control (externalities)
 - Coordination and harmonisation
 - Integration?
- Protect the non-negotiable TB control functions, such as:
 - Drug supply, functioning lab, qualified staff, quality diagnosis and treatment
 - M&E
 - Sufficient supervision
 - Etc..

HSS in the new Stop TB Strategy

- Actively participate in broader efforts to improve health system:
 - The broad national and international initiatives (previous presentation)
 - Ensure optimal HSS from specific TB control actions (dos and don'ts)
- Adapt innovations from other fields
- Share innovations that strengthen systems:
 - Practical Approach to Lung Health (PAL)
 - Engaging all care providers through Public Private Mix (PPM) approaches and through using International Standards of TB Care
 - Community DOTS
 - TB/HIV collaboration

HSS through PAL (mapped onto HS building blocks)

- **Health services:** Standardized, evidence-based, and integrated management of respiratory illnesses including TB, acute respiratory infections, COPD, asthma, chronic bronchitis.
- **Health workforce:** Increase the competency of PHC workers through the application of standardized, evidence-based and integrated health care procedures.
- **Leadership and governance:** Foster integrated planning and thereby improve efficiency in utilization of resources
- **Medical products:** Improves rational use of drugs, in particular of antibiotics, and reduces expenditure on medicines

(See for example publications on Bolivia, Nepal and South Africa: Camacho et al, 2007, Shrestha et al 2006, Bheekie et al 2006)



HSS through PPM

- **Health services:** Foster evidence-based care across wide range of providers: a template for general quality improvement and public health oriented services, especially among private sector providers.
- **Health workforce:** Approaches to harness the full health work force to carry out public health related functions, relevant beyond TB.
- **Health information:**
 - Mapping of previously unaccounted private health providers
 - Improve referral and information exchange between public and private providers
- **Leadership and governance:**
 - Experience among health care planners and managers to involve, supervise and monitor a wide range of health providers.
 - Establish routines and acceptance for monitoring among often hard-to-reach providers



Tools for NTPs and technical partners

- "Expanding DOTS in the context of a changing health system" ([WHO/CDS/TB/2003.318](#)). WHO, 2003
- Draft guiding HSS principles for NTPs and partners ([to be finalised in 2008](#))
- Draft HSS checklist for programme reviews ([to be finalised 2008](#))
- GFATM TB-HSS planning framework: (<http://www.who.int/tb/dots/planningframeworks/en/>)



Conclusions

1. TB programmes and technical partners are doing a good job to help strengthen health systems, but..
2. We can do more to ensure that actions directed towards improved TB control also have system-wide effects (apply some "dos and don'ts" while protecting the "non-negotiable" TB control functions)
3. There are some TB-HSS tools in the pipeline, but..
4. More research is needed to fine-tune strategies for how TB programmes can contribute to HSS

