

Making health systems work for the poor



Global Health
Development
Working
Group
LSTM/LATH



Harnessing multidisciplinary hands-on experience in Sub-Saharan Africa

The Millennium Development Goals provide an important unifying framework against which to develop robust health systems and plan and deliver health services. However, there is increasing concern that Africa will not meet these goals. In Sub-Saharan Africa attempts to strengthen health systems and meet the MDGs are taking place amidst complex, and often competing, horizontal and vertical approaches to health. Horizontal approaches such as Sector Wide Approaches can potentially be undermined by disease specific vertical approaches such as those adopted by the Presidents Emergency Fund for HIV and AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria. New projects aimed at a single disease can divert human and other resources from essential priority conditions especially at Primary Health Care level. This tension between vertical and horizontal systems has produced a flurry of debate and increasing recognition by vertical funding bodies, of the need to invest in strengthening health systems.

Much of the debate however, is either at a theoretical level or constrained by the perspective of a single disease or donor. Real progress requires grounding this debate in practical examples of harmonised efforts to build stronger health systems that deliver across the board benefits. A recent Lancet article, discussing the need for global action on health systems, calls for 'A responsible, independent, international research organisation... to coordinate the country-level efforts, with accountability to the global community and rigorous reviews and transparent methods for assessment'.

top to bottom: from the global level to regional and national levels, and down to the frequently neglected district and community levels. We work in over 20 different countries in Sub-Saharan Africa including fragile states. We are multidisciplinary and have skills in the core components required to make health systems work for the poor. We can provide a unique resource to support practical implementation and integration of programmes at all levels of the health system.

We offer:

1. Practical and pragmatic advice, grounded in experience
2. The ability to work from global to community levels
3. Multidisciplinary



At the Liverpool School of Tropical Medicine and Liverpool Associates in Tropical Health, we have field experience of working in partnership to strengthen health systems from

Examples of making health systems work for the poor

Laboratory services: a neglected health systems bottleneck

Problem: After decades of neglect there is an increasing realisation that ineffective laboratory services are a major bottleneck in delivering public health programmes.

Solution / evidence: We have generated evidence to show that in Mozambique incorrect diagnosis of malaria causes prolonged ill health, repeat clinic visits and higher costs. We have set up systems in Nigeria to provide high-quality diagnostics for poor communities and to integrate quality checks for malaria and tuberculosis microscopy. Our research has demonstrated that potentially useful tests for anaemia have not been adequately field tested and that the full economic costs of tests (not just supplies and equipment) should inform national laboratory policies.

Gender equity: Working creatively with vertical and horizontal approaches to health

Problem: The importance of promoting equity and mainstreaming gender is frequently stated in health policy documents but often 'evaporates' in policy implementation. The practical 'how to' of promoting gender equity is complicated by the presence of both vertical and horizontal approaches to health.

Solution/evidence: Using equity monitoring indicators we have analysed data on ART scale up in Malawi, Zambia and South Africa and highlighted examples where there are missed opportunities for using the new resources available for ART to strengthen equitable provision of HIV services and the broader health system. Working with gender focal points in 8 different Ministries of Health, we have produced guidelines on mainstreaming gender in Sector Wide Approaches to Health.

Scaling up new services: making health systems work

Problem: Scale up describes the expansion of new services in response to the challenges of emerging health problems. Scale up is a complex endeavour, and superficial 'one-size fits all' solutions cannot be imported whole sale from one setting to another.

Solution / evidence: Through operational research we have generated case studies from HIV counselling and testing scale up in Kenya exploring the strategic alliances between governments, NGOs and donors as key players and drawing out generic lessons of relevance to other settings and health problems. The lessons learnt have contributed to the development of international policy on HIV testing at the WHO.

Human resources: looking for appropriate and sustainable solutions in a complex global labour market

Problem: There is little expertise and information on good practice in the planning, management and development of human resources for the health sector.

Solution / evidence: Our research into performance management, improved retention and the impact of reforms on Human Resource Management (HRM) is showing how better use could be made of existing human resources – especially in remote areas. We have wide experience of developing strategic HR plans to support health sector plans and improving equity in health service provision. We have been developing capacity in HRM in poor countries for many years and have now added HRM to our portfolio of training.

Maternal Health: The most challenging health-related MDG?

Problem: Reducing maternal mortality requires effective health systems to ensure that women have access to quality maternal health services, in particular skilled attendance at birth, emergency obstetric and neonatal care (EONC) and family planning, but also ante-natal and post-natal care.

Solution / evidence: We support Ministries of Health in policy development, quality assurance, strategic planning and implementation of maternal and newborn health programmes, such as in Kenya, Nigeria and Malawi. In Somaliland, Zimbabwe, Kenya, and Tanzania we build capacity for the delivery of EONC through a practical skills-based training course for doctors and midwives and by training in-country trainers and provision of training materials to sustain future capacity building.

Multi-sectoral approaches to disease control

Problem: The impact of HIV/ AIDS and TB cuts across many aspects of individual, family, community and national life making a broad multi-sectoral approach vital. Comprehensive care should not be limited to health systems.

Solution / evidence: Tested interventions have shown that the economic burden can be reduced by bringing services closer to the community through involving storekeepers in TB recognition and referral in Malawi. In Uganda, the impact of ART on quality of life has been assessed to improve the lives of affected adults and children in more than the health dimension. Our work with youth in Tanzania shows that for prevention, interventions beyond the health sector are extremely important.