Cross-cutting HSS (Health Systems Strengthening): Experience from WPRO

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INTEGRATING RMNCH CONSULTANTS TRAINING FOR GLOBAL FUND ROUND 11 PROPOSAL DEVELOPMENT

Geneva, 18 October 2011

Overview

• HSS based on the values of PHC
• Cross-cutting HSS
• GF & GAVI HSS - WPR experience
• Joint Health Systems Funding Platform (HSFP)
• HSFP as opportunities for MNCH integration
**Why HSS window?**

Health systems are shared resources

- National Health Policies, Strategies and Plans (NHPSP)
  - MNCH strategies
    - SRH services
    - ANC services
    - Childbirth care
  - HIV/AIDS strategies
    - Surveillance
    - Prevention
    - Treatment

Connecting common agenda?
- Are there better outcomes?
- Are they improving equity?

Cross-programme linkage: e.g. STI and HIV

**Strengthened health systems to support delivery and equity**

- Leadership & governance
- Health financing
- Human resources
- Information systems
- Medical products & technologies
- Service delivery
“Why do I have to integrate?” - Think of shared capacities

RMNCH Service coverage gaps: improved linkage needed
First “Synergies” workshop: country teams of ATM, EPI and MNCH staff from MOH and WHO offices

Cross-programme teams identified common health systems bottlenecks…

… and synergistic cross-cutting HSS interventions; used as a basis of R10 proposals.
Cross-cutting interventions in the GF HSS grants – broader impact than ATM

- Outreach for mobile and migrant population – focus on the vulnerable group and reduce inequity in coverage
- Strengthening management capacity of health workers
- Retention of health workers in remote areas
- Strengthening of data collection and disaggregation from the sub-national level and the private sector into the routine health information systems
- Strengthen integrated surveillance & laboratories
- Sector-wide approach to drug resistance, promote rational use of drugs, regulation of private market for drug quality control, etc
- Reduce financial barrier for seeking treatment, promoting universal coverage

GAVI HSS experiences – MNCH is the core

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity Description</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Cambodia</td>
<td>Minimum Package of Activities with performance based payment to promote MCH</td>
<td>till 2015</td>
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<td></td>
<td>continuum of care</td>
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<tr>
<td>Vietnam</td>
<td>Strengthening basic health care network in 10 disadvantaged provinces</td>
<td>till 2011</td>
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<tr>
<td>Lao PDR</td>
<td>Implementing MNCH Strategy for capacity development and for establishing the MNCH</td>
<td>2011</td>
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<td>package of services in 5 selected districts</td>
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<tr>
<td>Mongolia</td>
<td>Scale up of provision of integrated service packages including EPI/MNCH through RED strategy</td>
<td>till 2012</td>
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Health Systems Funding Platform (HSFP): “More health for the money”

High Level Taskforce on Innovative International Financing for Health Systems | Work 2010-2012
---|---
Funding platform for the Global Fund, GAVI Alliance, the World Bank and others to coordinate, mobilize, streamline and channel the flow of existing and new international resources to support national health strategies... | • GAVI first pilot funding based on JANS – Nepal
• GF/GAVI/WHO joint mission to Cambodia
• Aug 2011- Launch of common HSS application form
• GAVI pilot funding based on JANS – Vietnam
• HSFP application deadline – GAVI: 30 December 2011 GF: 1 March 2012

WHO as a facilitator

Expected Benefits of HSFP

Greater Value for Money to achieve improved outcomes for immunization and the three diseases, thereby contributing to MDGs 4, 5 & 6

1. Stronger HSS plans aligned with national strategy
   - Aligned funding, monitoring and reporting
   - Stronger results focus

2. Reduced transaction costs
   - Single national health plan
   - Single M&E framework, single report
   - Single fiduciary framework

3. Coordinated investments in HSS interventions
   - Reduced duplication and fragmentation leading to more optimal investment

WHO Western Pacific Region
HSFP support by GAVI and GF

- No pool of funds, different eligibility criteria
- Common form can be used for individual or “joint” application
- GF - clear linkage to HTM outcomes; no budget ceiling (R11)
- GAVI – clear linkage to immunization outcomes; budget ceiling per country. GAVI consolidated all cash support (ISS, HSS & IRIS) under HSFP. From 2012, new funding request on a rolling basis to align with country cycles.
- Opportunities to coordinate under the shared objectives, share the same analysis/process and strengthen programme linkage including MNCH
- Deadlines time-lag (GAVI Dec 2011 vs GF March 2012)
- Two-step application for the GF – arrangement for the joint application?

HSFP options for WPR countries

Harmonization and Alignment of Existing support for Health System programs
- Single performance framework and M&E, financial management and procurement, and program oversight

Access to New funding for health systems strengthening

Option 1: GAVI/GF “common” proposal form – “joint” GF/GAVI application or GF-/GAVI - only
Option 2: Access to funding based on jointly assessed national health strategy (JANS)
Vietnam: New HSS funding supported based on the jointly assessed national health plan

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**WHO Western Pacific Region**

Vietnam (contn’d)

- IHP+/JANS (Joint assessment of National strategies) conducted for the new 5 year health plan being development
- JANS exercise – improved quality of the plan & increased support from the development partners; GF participated
- Funding request to submitted to GAVI on 15th August IRC recommended approval with clarification
- Objectives: “To strengthen health care system, especially at basic level, which will contribute to sustained and increased high coverage of quality basic health services, especially EPI and MCH outcomes in difficult areas of Vietnam” (HRH, service delivery, management capacity)
- Build on the GAVI HSS, complementary to GF R10 HSS – single PMU for both grants, coordinated FMA?
Solomon Islands - addressing MDGs 4, 5 & 6 based on the new National health Plan & the Child health strategy

Solomon Islands GAVI-GF JHSFP 2011

- Consolidated guidelines, protocols and policies
  - Decentralized health planning with rationalization of Vertical Services
  - Health information system/data collection
  - Surveys and studies
  - Consolidated services and training guidelines
  - Legislation guideline

GAVI HSS

GF HSS R11

Priorities
- Service delivery
- Health information
- Human Resources
- Essential Health Technologies

2->4 Provinces
- Incremental increase
- $1 M/yr
- MOH + HTM

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Conceptual framework of Lao GF R11 proposal development

National Health Plan 2011 - 2015

Health System Strengthening

- PHC Service Delivery: MNCH Package + EPI + Nutrition
- Malaria Programme
- HIV/AIDS Programme
- TB Programme
- Programming
- Human Resources
- Information Systems
- Legislation

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Inter-linkages between central and district levels
Inter-linkages between HSS-MNCH-EPI-HTM Programs

Consolidated guidelines, modules and policies
- Single district health planning
- Same rule for health financing
- Consolidated data collection forms under the HMIS
- Improved logistic support system
- Consolidated training modules
- Consolidated clinical guidelines
- Supervision guideline
- Effective communication between providers & consumers

Lao PDR GAVI-GF JHSFP 2011

GAVI HSS
GF HSS R11

• PRIORITIES - Health information - Human resource - Health financing
• 5 districts • MNCH + Immunization • Nutrition

Practical feedback for further scaling up

Inter-linkages between central and district levels
Inter-linkages between HSS-MNCH-EPI-HTM Programs

Resources

WPRO- HSS support by global health initiatives:
http://www.wpro.who.int/health_topics/health_systems_strengthening/
http://www.wpro.who.int/health_topics/health_systems_strengthening/links.htm

WHO "Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability" :
http://www.who.int/entity/classifications/ME_component_nationalhealthplans_prepub_july2011.pdf

40 core indicators:
http://www.wpro.who.int/publications/PUB_9789290615019.htm
Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care - Please see Annex 2

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies

WPRO resource package for gender and equity friendly HSS proposals
(available upon request)