

NOTE

# ACF HEALTH SYSTEM STRENGTHENING APPROACH RATIONALE

JANUARY 2017



# 1. Background

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In 2010, Action against Hunger (ACF) identified the need to develop an easy to use guide to help identify health systems gaps and bottlenecks at District level in order to allow the development of health system strengthening strategies. External specialist conducted two studies in order to develop ACF understanding on HSS and propose recommendations in terms of approach. From 2011 onwards ACF started to review other partner's experience in HSS and existing literature, tools and methods. A first version of the actual guide was developed in 2013 and second version early 2015. The two versions of the guide were piloted from 2013 to 2016 with government (Ministry of Health) counterparts in 12 countries.

Action Against hunger was previously viewed as a nutrition organization but has drastically reconsidered its approach in the last 10 years and shifted from a vertical approach focused on nutrition interventions (particularly the management of severe acute malnutrition) to a horizontal and health system strengthening approach. This section explains what the rationale of this shift is.

## The need to get out of the vertical, “disease based” approach

Within the UNICEF conceptual framework for undernutrition, **health is positioned as a key determinant of under nutrition**. Adolescent girls' and women's health are strongly related to their future children's health and nutritional status. Therefore, health and nutrition interventions that are part of the basic package of health services such as family planning, micronutrient supplementation, and ante/post- natal care are critical actions to be implemented in order to break the intergenerational vicious cycle of undernutrition. In addition universal coverage of any disease can only be achieved by ensuring **availability** and **access** to treatment at all levels of the health system (including the community level), as well as utilization of the services. Severe acute malnutrition (SAM) management follows the same logic and needs to be integrated and mainstreamed as part of the basic package of health services. In its revised nutrition and health strategy ACF has maintained a specific focus on nutrition while ensuring that basic health interventions are made available and delivered at health centers (diagonal approach).

## The need to better understand the barriers to access SAM management

For the last few years the international community has been increasingly assessing the coverage of community based SAM treatment services. Recently, the Coverage Monitoring network (CMN) studied the factors influencing access and published a report on the subject. **Five of the most frequently reported barriers to access across interventions were:** Lack of knowledge on the disease; Lack of knowledge of the program; High opportunity costs; Distance to site; previous rejection. The “SAM community” realized that a large proportion of the identified barriers were common to all services and only a few were really specific to SAM.

ACF therefore started to look at the **lessons learned from existing large global health program experiences**, developed in the early 2000s and realized that while promoting the integration of SAM management into the basic package of health services, we faced similar challenges and questions as the GHIs. Indeed, GAVI (for immunization), PEPFAR (for HIV/AIDS) and Global Fund (for HIV, malaria & TB), applied at their early stages a “disease based/ vertical approach”. This approach revealed its limitations as the countries where these global health initiatives were implemented had fragile health systems, continuously struggling to operate effectively and to deliver accessible standard quality care. In the mid-2000s there was recognition that a health systems' status was intrinsically related to the success and outcomes of the global health initiatives (GHI). Weak health systems presented bottlenecks towards the same initiatives meeting their objectives and conversely GHI using a vertical approach potentially overburdened the system, thus having an adverse effect on it.

## The need of a global shift towards diagonal approach and health system strengthening

The international community has started to recognize the possible counter-productive effects of vertical approach and has begun to shift to horizontal or diagonal schemes. In order to achieve horizontal/diagonal programs health systems needs to be reinforced. Guidance tools on health system strengthening are fairly new with the WHO framework on HSS and its 6 building blocks having been developed in 2005. Moreover, it was only during the 62nd World Health Assembly (2009) that a resolution addressing health system strengthening and primary health care was passed. With the transition to increasingly mainstream SAM treatment into health services it becomes important to look at health systems' strengthening frameworks as a new outlook on the context and adapt accordingly.

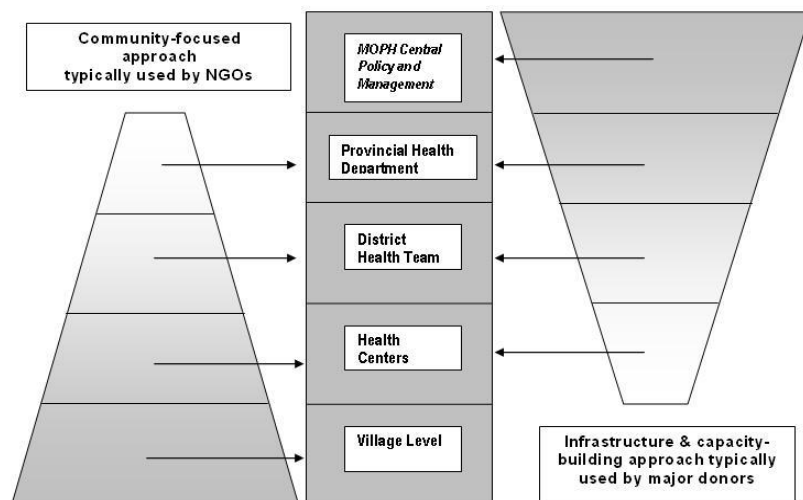
## 2. ACF HSS Approach

### Complementarity between top-down and bottom up approaches<sup>1</sup>

Decentralization in the health sector has been slow and not as effective as hoped. In many countries planning and management skills still reside largely at the central Ministry level, and to a lesser degree at the provincial level. Absorptive capacity and management concerns may therefore dictate a “top-down” strategy by donors. As shown below, a health system needs both a “top-down” capacity-building and a “bottom-up” community-focused primary health care strategy. There is complementarity of capacity-building and community-based approaches at all levels of the health system.

Health system strengthening requires that primary health care at community level is scaled up, with support for the key roles of local organizations and motivators.

ACF decided to play a role in developing bottom-up HSS strategies complementing country based HSS strategies.



*The dynamic architecture and interconnectedness of the health system building blocks, Systems thinking for health systems WHO 2009.*

<sup>1</sup> Scaling up Primary Health Care in Lao PDR Using Evidence from a Long-term PHC Development Project. Carol Perks, Dr. Khamla Phouthonesy, and Dr. Steve Fabricant. In: Promoting Health and Equity: Evidence, Policy and Action. WHO Western Pacific Regional Office, 2009

## Objective of the approach

ACF developed a **step by step approach** to carry out a health system diagnosis and planning, at **district level**.

The aim of the **diagnosis** is to get a snapshot of the health system and to understand its strengths and weaknesses, in order to determine the priority actions required for the development of a health system strengthening strategy (**planning**).

The approach **does not promote the creation of a parallel mechanism** for health planning. Its aim is to introduce the health system strengthening thinking within the district health planning agenda.



The **diagnosis phase** of the approach aims to:

- Identify the **strengths and weaknesses** of the health system
- **Create a common vision** amongst partners at district level
- **Build a consensus** among stakeholders on priority actions to be taken to strengthen the health system

The **planning phase** of the approach aims to:

- Introduce the health system strengthening thinking **within the district health planning agenda**
- Allow **synergy between actors** through the development of a multi-annual District action plan with clear roles and responsibilities of all relevant actors
- Develop a **resilience building approach**

It also aims to:

- Establish **indicators and mechanisms** to monitor the implementation of the District Action Plan for health
- **Develop an “adaptive planning” and “real time learning” that will allow** flexibility of the system and contribute to the resilience of the system

## Underlying principles of the approach

### An adaptable approach

**This approach promotes a process, not a model.** The approach is flexible and shall be adapted to the context and situation of the health system. In most of the countries assessment or planning methods/ tools are either already in place or being tested. It is very important not to reinvent the wheel and replace all what has been performed, but to make use of the existing forums and tools and find a way to integrate them with the step by step approach proposed in this manual. This step by step approach aims at helping field practitioners and ministries of health identify key steps required to perform a quality diagnosis and planning, and **articulate these steps with what is already existing** (such as a diagnosis tool, a questionnaire, or a planning platform at district level). **The tools proposed in the guidance (questionnaires, matrix...) should systematically be adapted to the context.**

## Focused on practical action

The step by step approach promotes a **comprehensive process focusing on practical actions**. Too often assessments are performed without any planning of response analysis and translation of the finding into concrete actions. No work should be started with the idea of performing only the diagnosis part of the approach. **The planning part is a compulsory element.**

## Promoting 'system-thinking'



**The complexity of the health system shouldn't be neglected.** A system thinking approach takes into consideration that changes in one building block of the health system are likely to affect other building blocks since there are constant interactions between them.

“Every intervention, from the simplest to the most complex, has an effect on the overall system, and the overall system has an effect on every intervention. (...) If we accept that no intervention is simple and that every act of intervening has effects - intended and unintended - across the system, then it is imperative that we begin to understand the full range of those effects in order to mitigate any negative behavior and to amplify any possible synergies. We must know the system in order to strengthen it.”<sup>2</sup>

## A district based and government led approach

Most of the approaches recently developed for health system assessments **are country based, and provide top-down approaches**. We believe that performing health systems assessment at national level is key to inform policy changes and actions to be taken at country level, but often the translation of these recommendations at district level is hard to be seen. This guide adopts a **bottom-up approach and starts the process from the district**. We believe district health system assessment has a great potential to induce efficient local action and coordination but also to inform national policy change. The process promoted in the guide should complement country led health system strategies.

## Promoting complementary partnerships

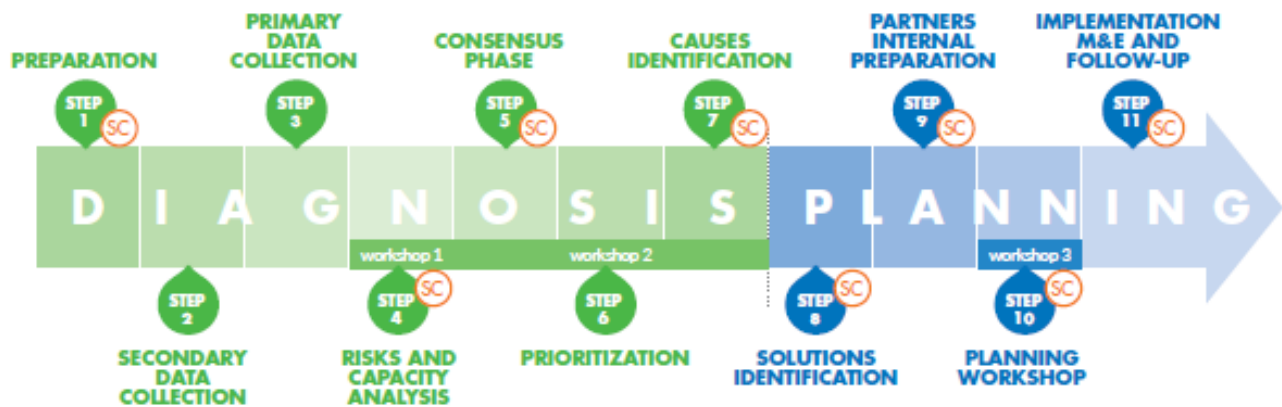
A Health System Strengthening strategy can only be developed if all actors are involved. The ACF step by step approach has to be developed in partnership with all health actors of the district and under the leadership of the district health office. This is an absolute precondition. No organization intervening at district level has the legitimacy to propose such a process alone. **Involving all actors and having a strong leadership of the district health authorities is clearly the biggest challenge of the proposed approach**, nevertheless achieving to build or reinforce partnership and coordination can be considered as a first outcome and achievement as it will enable, on the longer term, to increase synergy between all actors.

<sup>2</sup> Systems thinking for health systems strengthening WHO 2009

## Think horizontal and/or diagonal but not vertical

“Health systems strengthening interventions should be comprehensive. Much as vertical, or disease-specific, interventions may paradoxically weaken primary health systems, narrowly focused HSS interventions may limit value by neglecting other gaps in the health system. For example, a robust initiative to recruit and train health workers is unlikely to succeed if those health workers are asked to perform in a setting of decrepit infrastructure, inadequate equipment, drug stock outs, and absent information systems.”<sup>3</sup> The process and its proposed tools have been developed in a comprehensive, horizontal approach. A diagonal approach could also be chosen (additional elements could be proposed to the initial comprehensive diagnosis depending on the specialty of the stakeholders).

## Structure of the approach



**The diagnosis** is intended to provide detailed information on strengths and weaknesses of the health system with regards to the WHO six building blocks: *i) Governance; ii) Financing; iii) Service delivery; iv) Human Resources; v) Supply; and vi) Health Information Systems.*

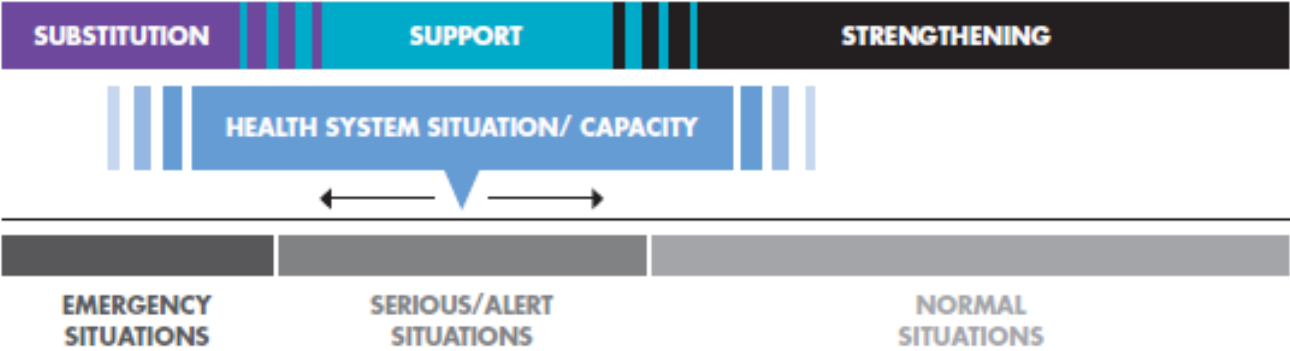
**The Planning** phase is intended to support the development of comprehensive strategies to reinforce the health system, based on the initial diagnosis. The planning phase is not only aiming at reinforcing the health system but also at taking into account what needs to be done on the short-term to meet the needs of the population. In addition, **resilience oriented activities** are identified in order to enable the health system to prepare, absorb, and recover from predictable or exceptional small medium or large shocks.

<sup>3</sup> Peter C. Drobac et al in BMC Health Services Research 2013, 13(Suppl 2):S5 “Comprehensive and integrated district health systems strengthening: the Rwanda Population Health Implementation and Training (PHIT) Partnership”

## FOCUS ON THE PLANNING PHASE AND THE 3S METHOD

The planning step is the conclusion of the whole diagnosis process but it is also the real start of health system strengthening strategies. It should allow all partners not only to develop their own planning for the years to come, but also to ensure synergy between the different actors present in the district with a common goal to strengthen the system and a common adaptive planning approach.

The aim of the approach is to support the development of **comprehensive strategies** that are not only aiming at **strengthening the health system (long-term perspective)** but do also take into account what needs to be done on the **short-term to meet the immediate needs** of the population and what specific actions are to be taken to **prepare and respond to all types of stresses/shocks**.

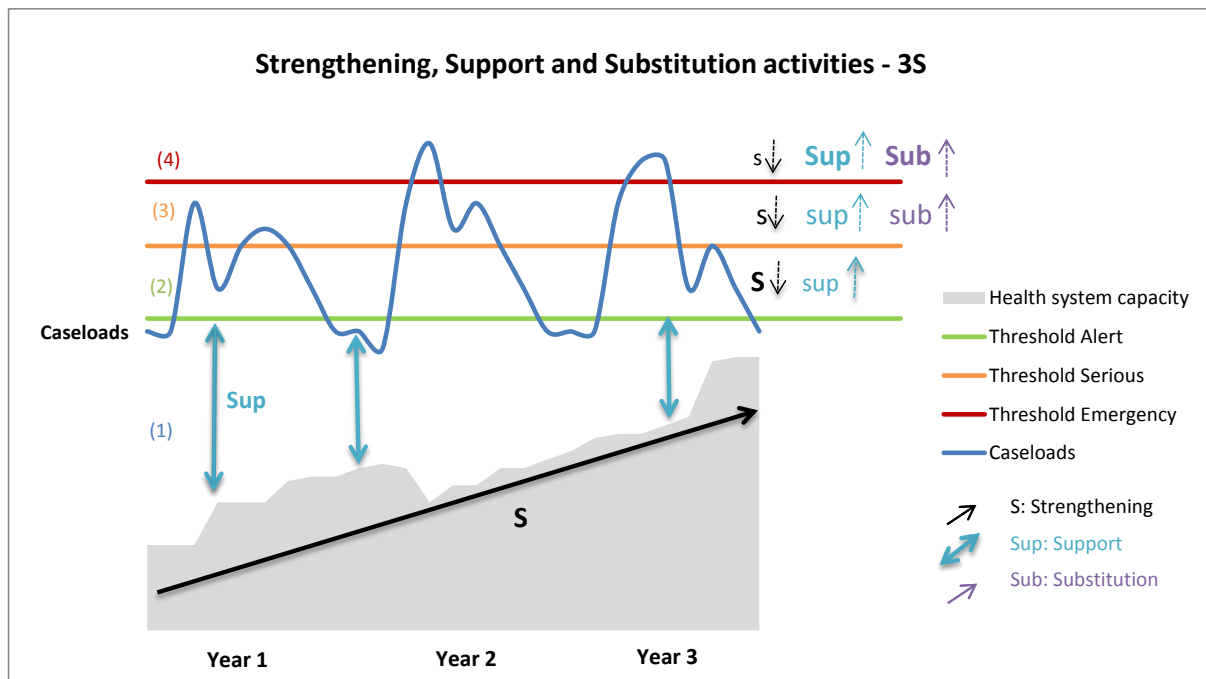


**Strengthening:** This strategy provides benefits beyond a single disease or issue. Strengthening activities require a long-term investment, and more active commitment from the health authorities, but ultimately produce results that may lead to the end of support and make the system stronger.

**Support:** any activity that improves the system’s functionality primarily by increasing inputs. Support is most of the time focused on one specific issue, and offers a short term response on pre-identified key elements of the 6 building blocks. It should not be sustained, since it aims at meeting the immediate needs of the facility.

**Substitution:** Partners are entirely taking the place of the health authorities, and perform most tasks by themselves. It offers short-term solutions to improve the immediate access to good quality services, and is mainly focused on one specific issue or spike. Substitution activities will mostly take place in case of important stresses/shocks undergone by the health system.

The following diagram illustrates the logic of the 3S method.



- ✓ The **blue caseload line** in the diagram highlights roughly an expected caseload of a given district, (for primary health care services).
- ✓ The **capacity of the HS** shows the actual capacity to provide the services. The detailed diagnosis per building block performed in the earlier steps **helps to understand why this capacity is lower than required**.
- ✓ The **strengthening, support** and **substitution** elements will detail the strategy formulated by prioritized objectives to increase the capacity while improving the immediate availability of and access to services and making sure crisis can be managed.
- ✓ Four different phases of the district's situation: **normal (1)**, **alert (2)**, **serious (3)** and **emergency (4)**. These phases will enable the district to better prepare for surges, and adapt their activities to the health needs and their capacity.

During the planning workshop, the partners reach an agreement on the objectives, activities, expected outcomes, roles and responsibilities, and costs estimations. A clear common plan is drafted showing the 3S activities articulation, concrete objectives and expected outcomes.

Once the planning activities have been agreed on with all the partners, the implementation can be initiated, followed by the M&E and the follow-up. This will be the achievement of the whole HSS diagnosis and planning approach and the actual beginning of the health system strengthening strategy. It is paramount that 3S activities are implemented in the District on a multi-years basis as agreed in the strategy. Given that the context might be changing during those years, the planning should be adaptive to better fit the needs of the District over time. All the information obtained about the health system during the process should be used here in order to ensure an efficient implementation of the activities, and a long-term strengthening of the health system.



# SUMMARY OF THE APPROACH

## OBJECTIVES

### OVERALL OBJECTIVES

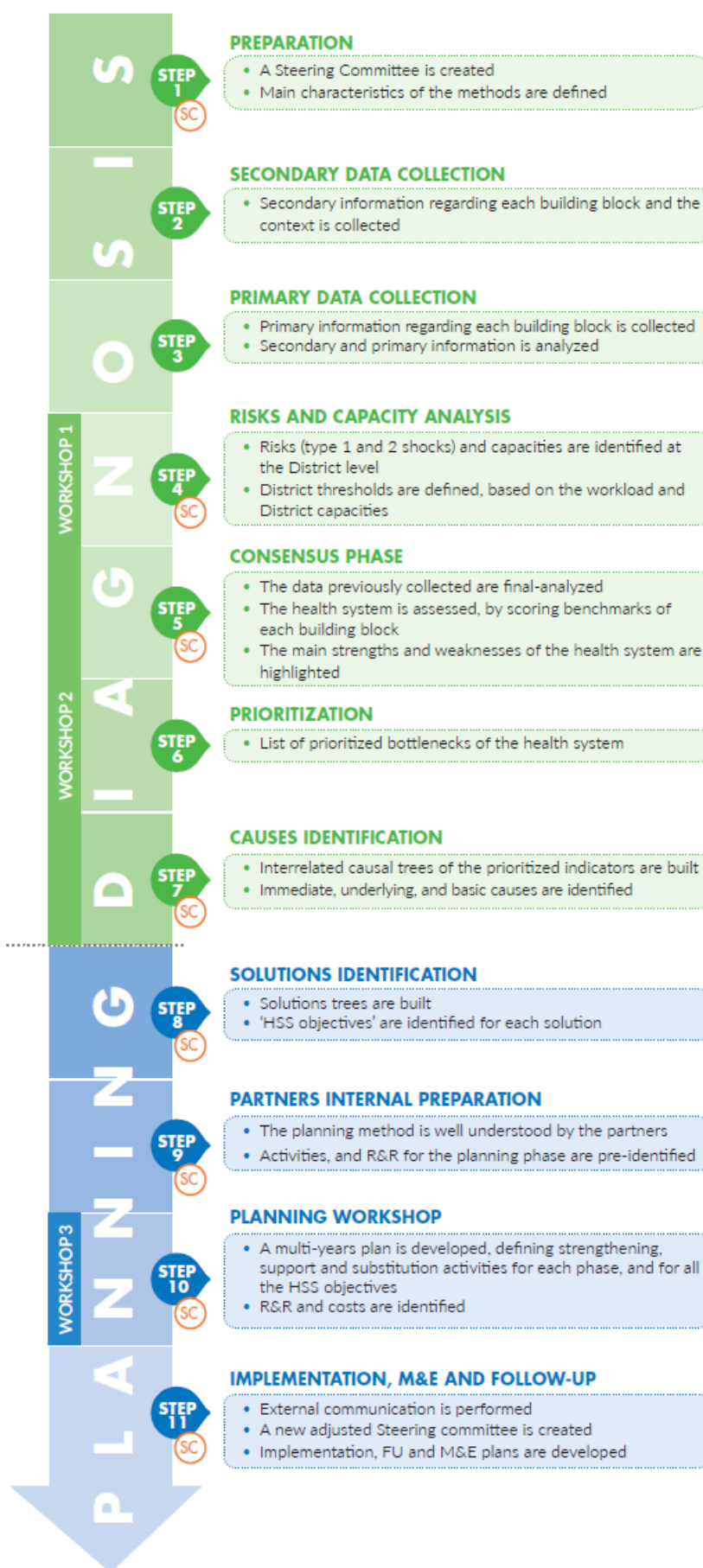
- Strengthen the health system
- Develop the resilience of the health system

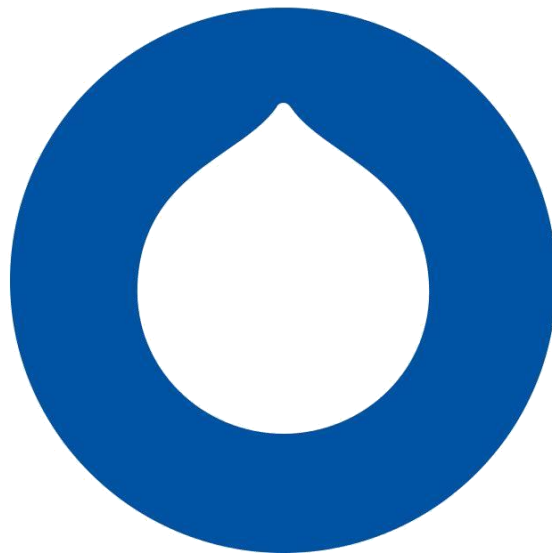
### SPECIFIC OBJECTIVES

- Perform a diagnosis of the health system, highlighting its strengths and weaknesses.
- Develop a District HSS multi-annual plan with all the partners, which includes strengthening, support and substitution activities, for each phase, and for all the HSS objectives. Roles, responsibilities, and costing estimations are also defined.

## UNDERLYING PRINCIPLES

- An adaptable approach
- Focused on practical action
- Promoting system thinking
- A District based and government led approach
- Promoting complementary partnerships
- Think horizontal &/or diagonal but not vertical





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