Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Swiss Centre for International Health
System Performance and Monitoring Unit
Health Systems Support Unit

Spring Symposium, 25th April 2018

Measuring Health System Strengthening

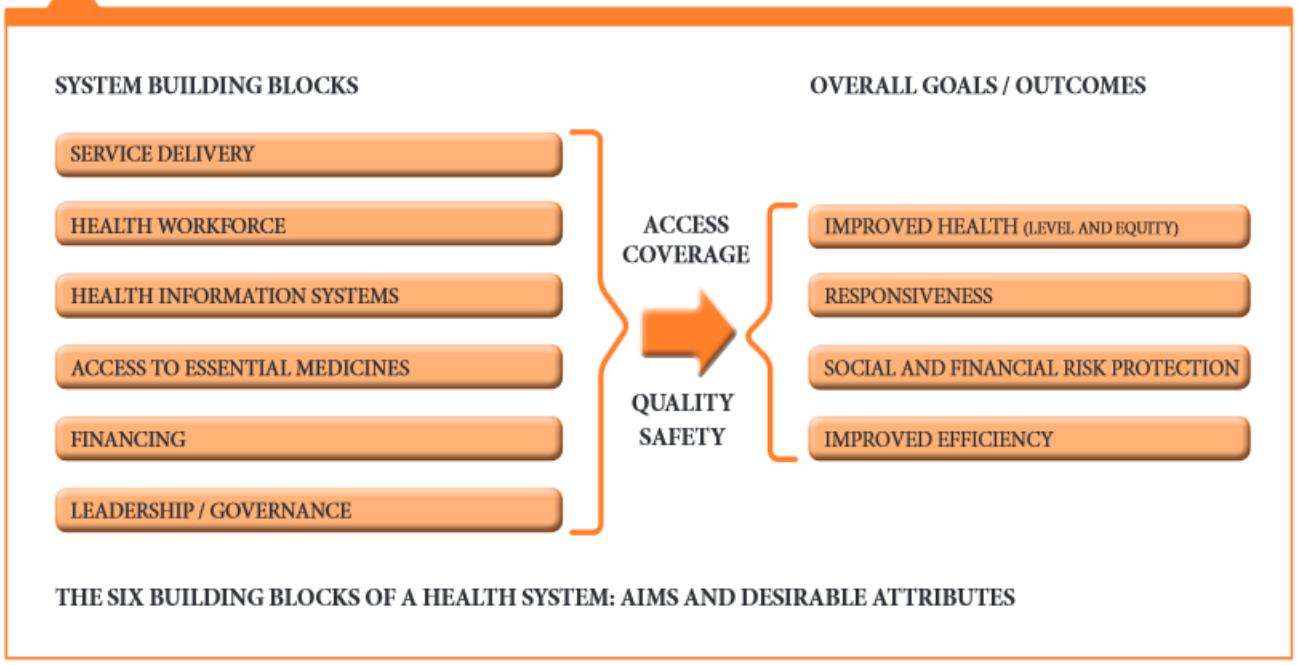
Lise Beck - Luis Segura, Swiss TPH

I. Introduction

- Improving population health requires improvements in the availability, accessibility, efficacy and population use of health services.

- A good health system delivers quality services to all people, when and where they need them.

WHO Health system framework



- Health systems face many **challenges** as a weak financing mechanism, under-trained and inadequately paid workforce, unreliable information on which decisions and policies can be based, facilities and logistics poorly maintained, etc.

- Improvements of health systems require **comprehensive interventions** to strengthen not only service delivery but also subjacent laws and policies.

- The design of those interventions also requires **accurate assessment** of where gaps or weaknesses exist within the health system.

- Collecting data at the level of **health facilities** allows a detailed **assessment** of the various health system components that function (or not) at the level of service delivery.

- These assessments may provide important **data to guide** health systems planning, such as the resources available within geographic areas and the accessibility to essential health services up to higher levels of care.

- Health facility assessments must provide **reliable**, **accurate** and **comprehensive** information to ensure that investments in evidence-based policies and interventions achieve improvements in the performance of health systems (availability and equitable access).

- Health Facility assessments are key component of Health Information Systems.

- Here we share our experience with the implementation of a recent wave of HFA sponsored by The Global Fund.

II. Standardization of health facility assessments

Over the years, multiple HFA methodologies and instruments have been designed and implemented.

- Some HFA focus exclusively on specific service delivery components or donor-specific initiatives.
- HFA modules are at different stages of development, standardization and harmonization.

In 2014 a **consultation** convened by **WHO, The Global Fund and World Bank** concluded that HFAs:

- Frequently are duplicative and lack harmonization in their timing
- Result in fragmented or conflicting information that make it difficult to obtain a full picture of a country's service delivery system.
- Are project- or donor- driven
- Are not carried out with enough frequency for regular health sector management and monitoring.

III. Vision for HFA

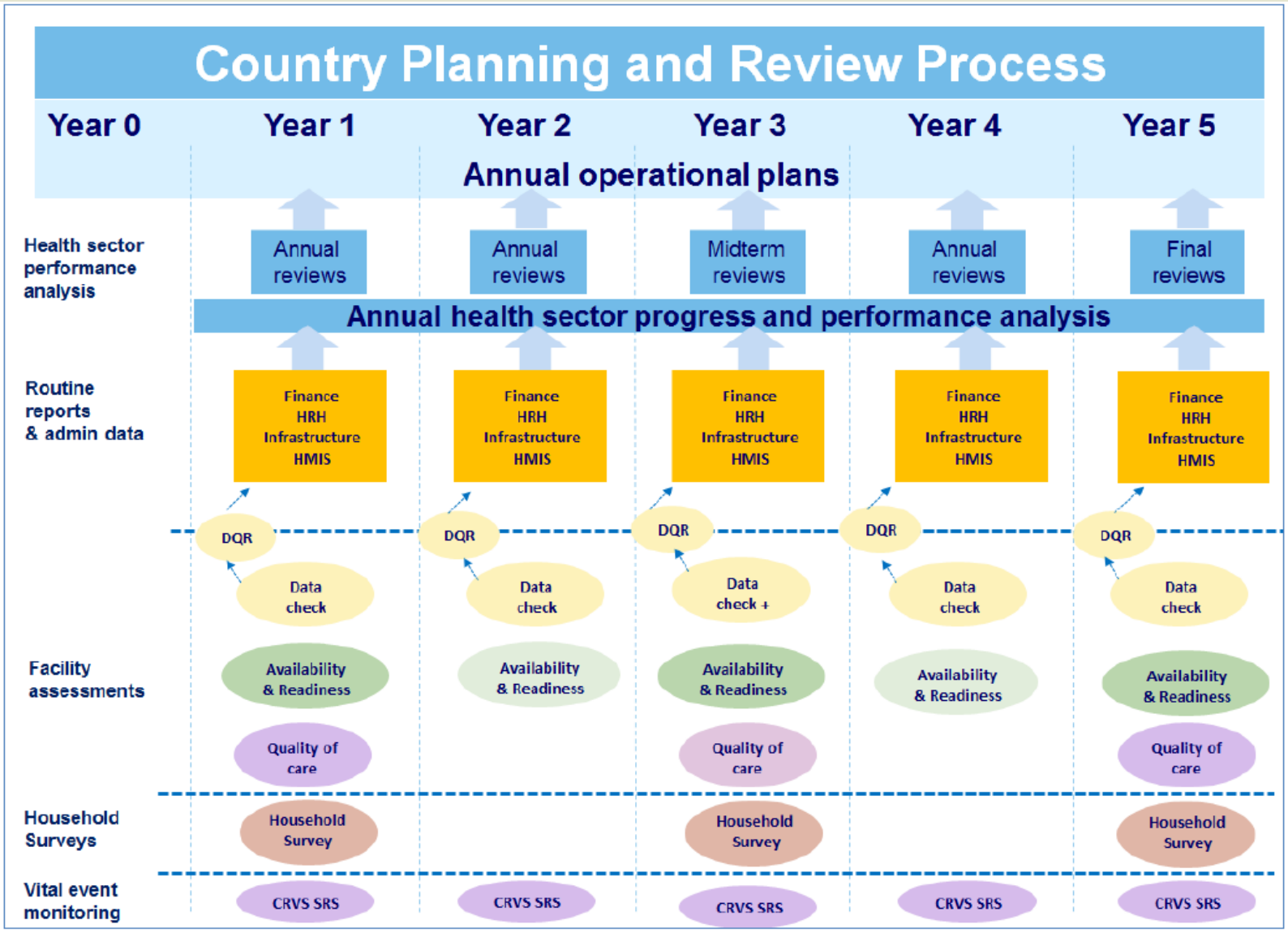
WHO, The Global Fund and World Bank ‘s vision for HFA in 2014 was:

1. Strengthen the methodology, building on lessons learnt
2. Improve the quality and comparability of results across time and geography.
3. Decrease duplication of efforts and increase efficiency

Since then:

- **WHO, USAID, The Global Fund and Gavi have made efforts to harmonize a methodology for Service Availability and Service Readiness.**

- **WHO, Gavi and The Global Fund have also worked in the standardization of data verification modules.**


Country Planning and Review Process
Year 0
Year 1
Year 2
Year 3
Year 4
Year 5
Annual operational plans
Health sector performance analysis
Annual reviews
Annual reviews
Midterm reviews
Annual reviews
Final reviews
Annual health sector progress and performance analysis
Routine reports & admin data
Finance HRH Infrastructure HMIS
Finance HRH Infrastructure HMIS
Finance HRH Infrastructure HMIS
Finance HRH Infrastructure HMIS
Finance HRH Infrastructure HMIS
DQR
DQR
DQR
DQR
DQR
Data check
Data check
Data check +
Data check
Data check
Facility assessments
Availability & Readiness
Availability & Readiness
Availability & Readiness
Availability & Readiness
Availability & Readiness
Quality of care
Quality of care
Quality of care
Household Surveys
Household Survey
Household Survey
Household Survey
Vital event monitoring
CRVS SRS
CRVS SRS
CRVS SRS
CRVS SRS
CRVS SRS

IV. Focus on the SARA tool

Focus on the **SARA (Service Availability Readiness Assessment)** tool developed by WHO/USAID.

Swiss TPH is involved in Global fund's mandates requiring SARA tools for the measure of the HSS.

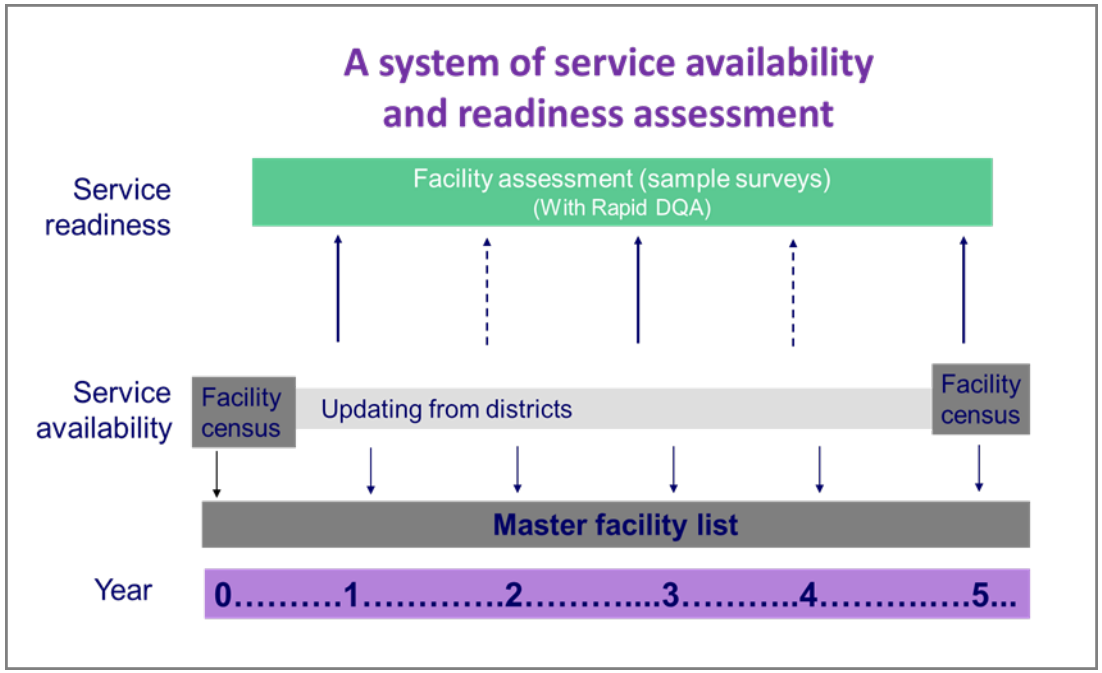
SARA tools already used in many countries.

List of the SARA surveys conducted with WHO support (2010-2016)

Benin	2015-2013
Burkina Faso	2014-2012
DRC	2014
Kenya	2013
Mauritania	2016-2013
Niger	2015
Togo	2012
Uganda	2014-2013-2012
Tanzania	2012
Sierra Leone	2012-2011
Zambia	2010

- The SARA survey is intended to provide essential information on the state of the health system through different **tracer indicators**.
- Tracer indicators are intended to provide **objective information** as to whether or not an establishment **meets the requirements** for providing basic or specific services at a constant level of quality and quantity.

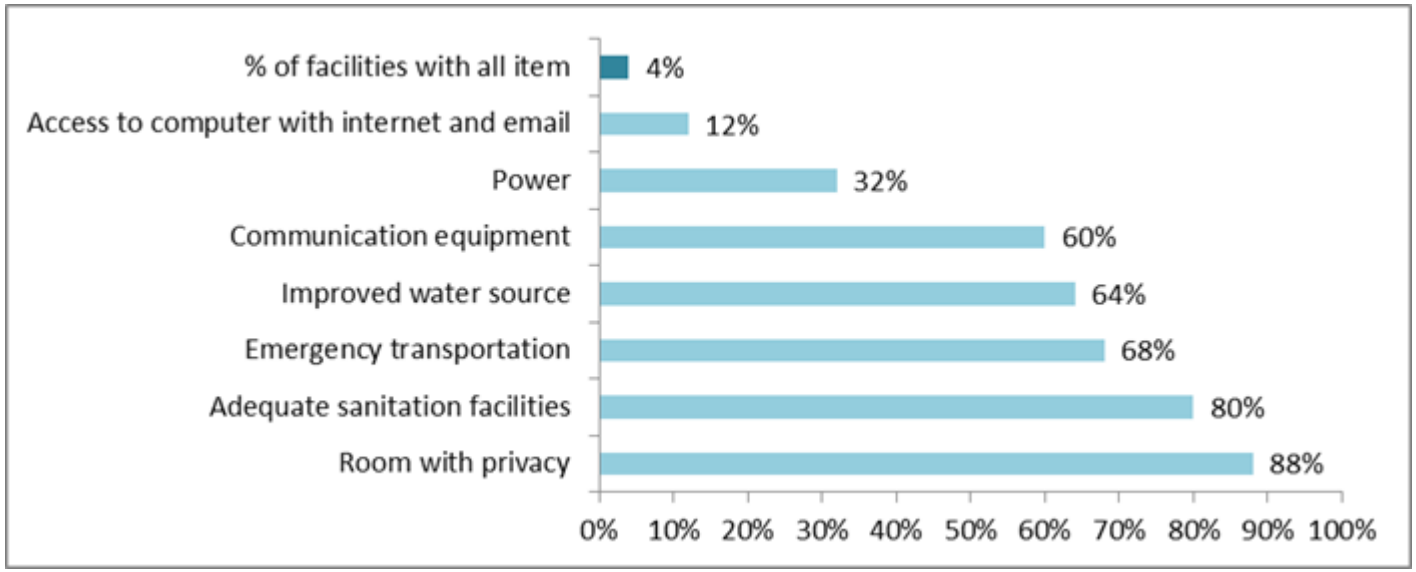
Figure 1. Timeline of implementation



- HSS progress measured through SARA over the time every 2-3 years.
- Combined **with Data Quality Review** (DQR) which assesses the quality of routinely generated data in the **Health Information System**.
- Identification of weaknesses in the data management system and interventions for system strengthening

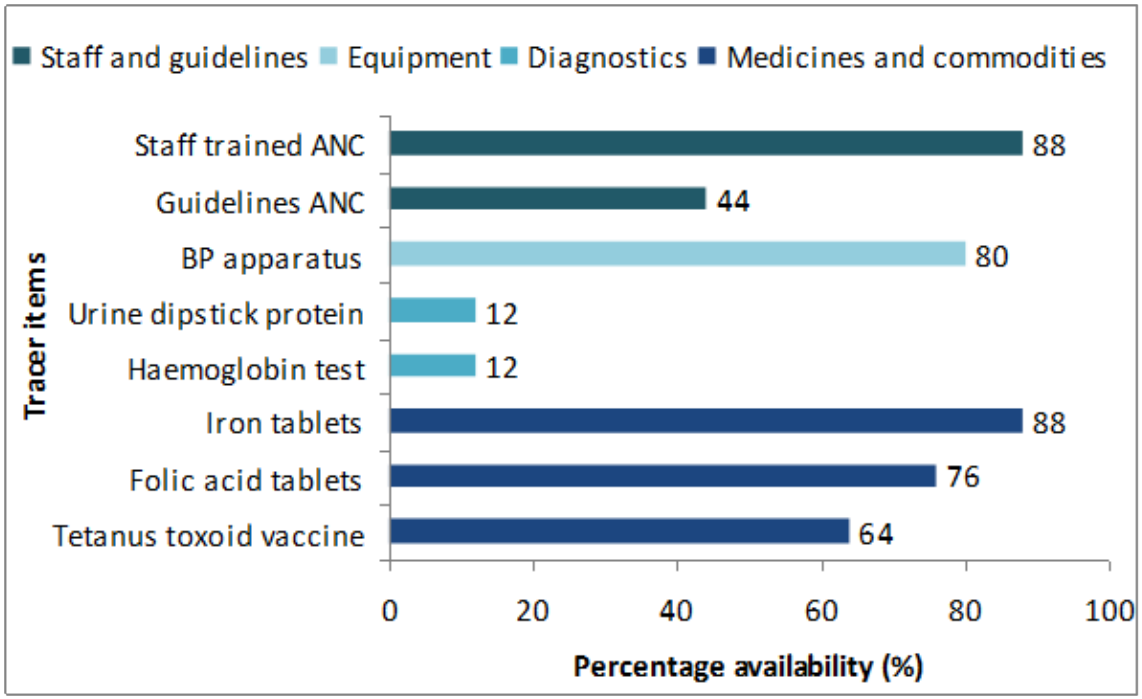
- Information on tracer indicators to capture the different aspects of **service delivery**:
  - ✓ **Service availability**: health infrastructure, health workforce, service utilization
  - ✓ **General service readiness**: 1) *basic amenities*, 2) basic equipment, 3) standard precautions for infection prevention, 4) diagnostic capacity, 5) essential medicine
  - ✓ **Service-specific readiness**: family planning, MNH, child and adolescents health, HIV, PMTCT, TB, malaria, chronic diseases, basic and essential surgical care.

Figure 1. Example of percentage of HF with *basic amenities* items



- Information summarized by using **composite indicators**

Figure 2. Example: percentage availability of ANC tracer items



- Only very limited adaptations to the country context are allowed (e.g. name of the drugs): outputs are standardized and need to be comparable.

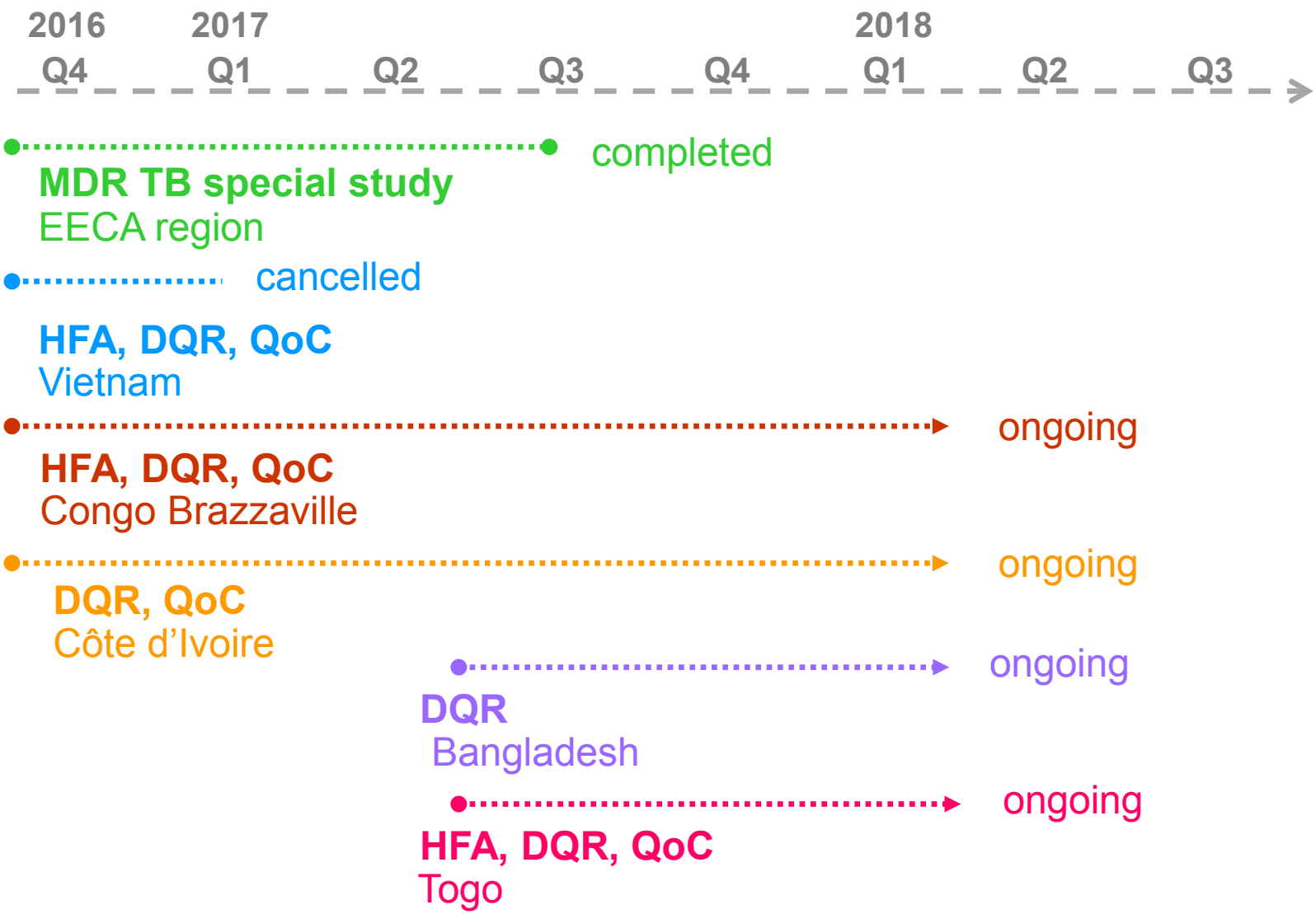
More info: http://www.who.int/healthinfo/systems/sara_introduction/en/

V. Experience with HFAs supported by The Global Fund

- Since 2016 Swiss TPH has been appointed as provider of Technical Assistance or Data Quality Assurance provider in five countries (Viet Nam, Congo, Cote d'Ivoire, Togo and Bangladesh).

- The HFA of one country was cancelled and the others are on-going, in a process which has become way longer than expected.

SCIH experience providing quality assurance to GF



- In some countries the MoH required **technical assistance** to implement the HFA, however this was not readily available.
- **Governance** of HFA has not been consolidated: not all countries have a survey committee leading the process.
- The process to **incorporate the information** to be generated by HFA in the **health sector planning** is not clearly defined.
- The **Global Fund** has contributed to the adoption of **standard tools** developed by WHO in different settings, and to the identification and strengthening of local implementers.

CONCLUSION

- **During the wave of HFA sponsored by Global Fund, the country ownership is a work in progress. A potent advocacy is required to mobilize decision makers in the Ministry of Health and other in-country key stakeholders.**

- **HFAs were NOT included in the M&E plan of the national health sectors. The HFA planning remains disconnected from national health planning cycles.**

- **Local implementers have not shown limitations to adopt IT tools to capture data (CS PRO).**