

Health Systems Action Network



Highlights...

- ◇ Questions/Answers from the ATE Session
- ◇ HSAN Hot Topics
- ◇ Upcoming HSAN Events

Virtual “Ask the Expert” Session : How to Make Affordable and Effective Interventions Widely Available

Country –Specific Successful and Unsuccessful Experiences

From September 10 to September 24, 2007, HSAN hosted its second virtual "Ask the Expert" session. The session was led by Dr. Edwin Bolastig from the Philippines (but presently attached to the MoH of Trinidad and Tobago), and Dr. Grace Murindwa from Uganda. The chosen topic was “country-specific successful and unsuccessful experiences with making affordable and effective interventions widely available.” Questions and comments, along with responses, were posted to HSAN’s public website. Key issues discussed during the session included:

- ◇ Major bottlenecks to making known, affordable and effective interventions available and measures to overcome some of these bottlenecks
- ◇ Overlap of health sector reform with reform of other sectors: convergence and lessons learned
- ◇ Issues around tendering and requirements to use expensive management firms with high overhead
- ◇ Sustainability of technical assistance
- ◇ How to effectively address the “know-do” gap – getting research into practice
- ◇ Decentralization
- ◇ Social insurance as a possible mechanism to address user fee inequality issues
- ◇ Improving community participation in management and delivery of health services



Courtesy: PHRplus and HS 20/20 Project Archives

HSAN is a global network of committed professionals for strengthening health systems through effective involvement of diverse stakeholders and better management of resources that is guided by evidence. HSAN’s vision is to become a leading global network facilitating the development of equitable, accountable and sustainable health systems for improved health outcomes.

Highlights from the Ask the Expert Session: Sample Q&A

Q&A #1

What are the major bottlenecks to making known, affordable and effective interventions widely available?

Grace Murindwa (GM) response: Major bottlenecks include inadequate and inappropriately distributed health systems inputs to support the delivery of effective interventions. In Uganda, before the introduction of Sector-Wide Approaches to health development, there was limited access to basic health facilities by the population. The few available health facilities were poorly staffed with trained health workers and there were frequent and prolonged shortages of essential medicines and health supplies.



Courtesy: PHRplus Project Archives

With the introduction of Sector-Wide Approaches and comprehensive health sector planning there was better targeting of health sector resources to health sector priorities resulting in a more appropriate balance of health sector inputs – many health facilities were constructed and renovated, many trained health workers were recruited and deployed, and a number of pay reforms were introduced. In addition, increased funding for procurement of medicines and health supplies was available, accompanied by medicine management reforms.

There however continue to be challenges to deal with. There must be an appropriate balance of inputs. Construction of health facilities was out of step with the production of health workers, resulting in many of the new facilities staying unutilized for many years due to shortages of trained health workers and a lack of equipment.

Q&A #2

What measures must be put in place to ensure that known, affordable and effective interventions are widely available?

Edwin Bolastig (EB) response: Some key measures to ensure that known, affordable and effective interventions are widely available include evidence-based policymaking, knowledge management, linking financing with regulation, and monitoring and evaluation.

Q&A #3

Could you please indicate key resources for understanding and putting into practice health system decentralization?

EB Response: There is an ongoing debate on decentralization that deals with its various dimensions as it applies to health systems. Systems experts tend to view decentralization as both a *state* and a *process*. As a *state*, decentralization refers to both *level* (whether at systems level or organizational level) and *degree* of decentralization (such as varying degrees of combinations of decentralization at varying levels within the system or organization). As a *process*, it deals with phases and steps on how decentralization is conducted to shift roles and responsibilities from a highly centralized set-up to more autonomous structures in the periphery.

(Continued on page 4)



Courtesy: Ministry of Health, Trinidad and Tobago

HSAN Hot Topics

Community Participation in the Philippines

Some of the methods to improve community participation, as identified by Community-Based Health Program practitioners in the Philippines, involve people empowerment approaches such as the following:

By Edwin Bolastig

- ◇ *Structural analysis* - a way of studying the organization and characteristics of a given society by looking into its economic, political and cultural systems and their interaction, espousing the view that the health situation of the people is an element of a bigger social situation and that it is influenced by the social context, in the same way that the health situation likewise influences the rest of the society in return.
- ◇ *Community organizing* - utilizes creative ways of organizing people around issues, identifying and developing local leaders, planning and preparing for small and eventually bigger mobilizations, and collective reflection on actions.
- ◇ *Consolidation* - refers to the process of molding the community organization into one cohesive unit. It entails strengthening the leadership group and uniting the membership in terms of the orientation, direction and objectives of the health program.
- ◇ *Expansion* - refers to widening the area of influence of the community development program. In expansion, the leaders and members of the community organization are able to apply and further develop their skills in development work, aside from assisting other communities in establishing their own health program.
- ◇ *Networking and formation of linkages* - another strategy found useful in consolidating the gains in organizing work. Linkages with service delivery agencies should be formalized at this point.

CBHP practitioners believe that such methods are replicable and could be tailored according to the particular needs and conditions of any given community. ■

Social Health Insurance in Uganda

Social Health Insurance (SHI) is a health care financing strategy whereby specific population groups are mandated to enroll and pay a contribution to the SHI fund. In turn, enrollees are entitled to a set of health care benefits. Both SHI and out-of-pocket payment therefore involves payment for health care. Premium payments for SHI are based on the income of the individual and are paid in advance, while out-of-pocket payments are based on the amount of services one has consumed and are paid at the time of service use.

By Grace Murindwa

Since the premium payments for SHI are based on the income of the individuals/families, SHI therefore is definitely an answer to addressing the inequitable nature of user fees. The premiums paid by both the rich and poor in SHI result in pooling resources to finance the cost of health care in times of sickness. Since the health care benefit package is the same for all the enrollees, the rich therefore subsidize the poor. In Uganda, we are still in the preparatory stages of introducing SHI. Pilot implementation will start in July 2008 starting with all the formally employed workers in the regional capitals. Premium contributions have been fixed at 10% of salary.

There are however on-going Community Based Health Insurance Schemes mainly for rural populations. Some rural populations have been organized into groups of schemes for Community Based Health Insurance. There are so far about 10 schemes currently operating. Many of these schemes have been able to mobilize the rural population to pay their premium contributions.

(Continued on page 4)

(Highlights continued from page 2)

GM Response: Decentralization of health service delivery has been one of the major reforms most governments have undertaken to improve the management and delivery of health services. Decentralization brings decision-making processes in service delivery nearer to the benefiting communities. Decentralization of health services can take many forms, namely:

- ◇ **Deconcentration** - the handing over of some administrative authority to local offices of central ministries
- ◇ **Delegation** - involves the transfer of managerial responsibility for defined functions to organizations outside central government
- ◇ **Devolution** - involves the creation or strengthening of local government
- ◇ **Privatization** - transfer of government functions to voluntary organizations, or to private profit-making or non-profit making enterprises with a variable degree of government regulation ■

(Uganda continued from page 3)

The enrolled members of the society pay the same premiums and have equal access to the same benefit package. The premium contributions are usually paid at the time when the peasants have some disposal income, for example at the time of harvesting crops. Due to the low incomes of the rural population, the premium contributions were set low. The funds raised from such schemes are therefore not always adequate to meet the cost of health care. In such instances, hospitals where such schemes are based or some organizations/donors act as scheme guarantors. ■



Courtesy: PHRplus Project Archives



Courtesy: PHRplus Project Archives

Upcoming HSAN Events

The next Ask the Expert Session will highlight information on how to strengthen health systems as part of programs of support of GAVI and GFATM HSS. Our experts will be available to answer your questions and discuss comments from January 21 - February 6, 2008.

HSAN Voices

Do you have a topic for ATE that you would like featured on the website?

Email info@hsanet.com to send your suggestions.

HSAN's quarterly e-newsletter provides regular overviews of current issues in health systems strengthening, and updates on ongoing and upcoming HSAN activities. To learn more about HSAN, become a member and/or join the mailing list, please go to

www.hsanet.org