Advancing Our Analysis of Health Systems: The Health Systems Assessment Approach Version 3.0

Community-centered Health Systems Strengthening Working Group
February 5, 2019 | 9:30AM-11:00AM EST
Catherine Connor has 33 years of experience in health, both domestic and international, working with governments, NGOs, the private sector, bilateral, and multilateral agencies in Africa, Latin America, and Asia. Since joining Abt Associates in 1999, she has managed and delivered technical assistance in health sector reform and system strengthening. Most recently she served as Deputy Director of USAID’s global Health Finance and Governance Project where she oversaw development of technical approaches and work plans, and implementation of health financing and governance activities including health insurance, health resource tracking and mobilization, and pay-for-performance. She has led assignments including a feasibility assessment of performance-based incentives in Mozambique, a health system assessment in Angola, and a regional health insurance workshop in Sub-Saharan Africa. Ms. Connor has an MBA with a concentration in Health Care Management from Boston University and is fluent in Portuguese.
What are some health system issues facing CORE Group members?

People in the room note your responses
Folks on the webinar - please use the poll
Discussion time at the end
USAID’s Health Systems Assessment Approach

What’s the Value Added?
Many tools and methods to inform decisions in the health sector – where does HSAA fit?

USAID’S Health Systems Assessment Approach (HSAA)

From assessment to recommendations

Decision-Making Process

Assessment, Analysis, Recommendations, Prioritization, Programming
Assessment framework and methodology

Analysis across all functions

Performance indicators for each function

Whole system and country context
System Weakness: Inadequate, unmotivated, unskilled staff; poor quality of care; stock-outs

**What to do?**

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<tr>
<th>Disease/Service Specific Response</th>
<th>Health System Response</th>
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<tr>
<td>• Donors pay health workers salary or top-ups to deliver focal services</td>
<td>• MoH able to advocate for more funds and able to contract private providers</td>
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<td>• Intense off-site training on specific disease area</td>
<td>• Integrate training into medical and nursing pre and in-service education</td>
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<tr>
<td>• Parallel donor procurement system</td>
<td>• E-procurement within MoF system</td>
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HSAA: from assessment to recommendations

HSAA validation workshop in Angola 2015
Example from Angola
HSAA in Angola

**USAID**
- Requested HSAA Funding
- Reviewed and used report for country strategy

**MOH**
- Shaped the scope
- Stakeholder workshop
- Reviewed and used report

**HSAA Team**
- 3 USAID project staff
- 1 local consultant
## Synthesis of findings

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<th>Health Subsectors</th>
<th>Health System Performance Indicators</th>
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<td><strong>Equity</strong></td>
<td><strong>Access</strong></td>
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<tr>
<td>Governance</td>
<td>Power is concentrated in the executive branch and is very top-down, despite decentralization. The legal framework governing the health sector is relatively detailed and clear. Regulations are in place, but enforcement is weak. The MOH articulates sector plans that would address priority services and improve health system performance across all 5 indicators, but implementation is incomplete. Decisions about resource allocation and implementation are inconsistent with stated plans and priorities. There is little experience or mechanisms for accountability. Some provinces and municipalities working closely with private non-profit organizations on health issues.</td>
</tr>
<tr>
<td>Financing</td>
<td><strong>Pattern of regressive allocation of public assets and resources to an elite minority, at the expense of larger population.</strong> Due to inadequate funding of PHC, health centers and posts charge user fees that are a financial barrier to access.</td>
</tr>
<tr>
<td>Human Resources/Facilities</td>
<td>Staff, facilities, and drugs concentrated in hospital care, not PHC that would most benefit the 60% of the population below the poverty line.</td>
</tr>
<tr>
<td>Drugs</td>
<td>Severe stock-outs of essential drugs</td>
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*Note: SSA = Sub-Saharan Africa.*
HSAA in Angola: results 5 years later

1. Public spending on primary care rose 415% to capture 33% of total public health spending

2. Investments in PHC infrastructure guided by detailed ‘health maps” in 11 provinces

3. Budget management transitioning to district level
HSAA in Angola: feedback 1 year later

“...your discussion on lack of accountability of local health services to their communities was instrumental in Mission decision to focus on increasing community capacity to advocate for and partner with local government in improved service delivery”

Feedback from Mission
What’s the Value Added – Summary

• Comprehensive yet rapid
• Focus on linkages across the six functions
• System-wide view of strengths and weaknesses
• Build consensus on recommendations and momentum to act
USAID’s Health Systems Assessment Approach

How does the HSAA deliver?
What’s inside?
The HSAA manual

2006

2018
Since 2006, HSAA has

• Tutorial on health systems
• Detailed steps to plan and conduct assessment
  – Define the purpose and scope
  – Engage local stakeholders
  – Organize the assessment team
  – Sample scopes of work, budget, schedule, report outline
• Guidance on analysis, synthesis of findings, developing recommendations
• 7 Technical Modules: Country context + 6 health system functions
Using the HSAA: Technical modules

1. Country Context
   - Health System Functions
2. Health System Performance
3. Impact

7. Leadership & Governance
6. Health Financing
5. Health Information Systems
4. Medical Products, Vaccines & Technologies

Communities and People

CRITERIA
- Access
- Coverage
- Efficiency
- Equity
- Quality
- Safety
- Sustainability

Responsiveness
Risk Protection
Improved Health
# MODULE 1: COUNTRY OVERVIEW – TABLE OF CONTENTS

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Module 3: Health Workforce

Economy, population and broader societal drivers

Education sector

Education in health
- Education in other fields

Pool of qualified health workers*
- Migration
  - Abroad

Labour market dynamics

Employed

Unemployed

Out of labour force

Other sectors

Health care sector**

Health workforce equipped to deliver quality health service

Universal health coverage with safe, effective, person-centred health services

Policies on production
- on infrastructure and material
  - on enrolment
  - on selecting students
  - on teaching staff

Policies to address inflows and outflows
- to address migration and emigration
- to attract unemployed health workers
- to bring health workers back into the health care sector

Policies to address maldistribution and inefficiencies
- to improve productivity and performance
- to improve skill mix composition
- to retain health workers in underserved areas

Policies to regulate the private sector
- to manage dual practice
- to improve quality of training
- to enhance service delivery

*Supply of health workers = pool of qualified health workers willing to work in the health-care sector.

**Demand of health workers = public and private institutions that constitute the health-care sector.

Technical Modules Indicators

Module 1: Service Delivery Indicators to measure Coverage, Equity

24. Intermittent preventive therapy for malaria during pregnancy (IPTp)

**Definition** Percentage of women who received three or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.

- **Numerator** Number of women receiving three or more doses of recommended treatment.
- **Denominator** Total number of pregnant women/surveyed with a live birth in the last 2 years.
- **Disaggregation**: Age, place of residence, socioeconomic status

**Equity**: disaggregate coverage indicator by household income, place of residence

**Data sources** Household surveys, facility information systems

**Ref**: [http://apps.who.int/iris/bitstream/WHO_HIS_HSI_2015.3_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/WHO_HIS_HSI_2015.3_eng.pdf?ua=1)
HSAA Version 3.0
What’s NEW

• Universal Health Coverage
• Complex systems thinking
• Updated content of technical modules (USAID and WHO)
• Assessment with limited resources
• On-line version

https://hsaamanual.org/
Experience to date

- 30+ country assessments
- Primary client is usually donor and MOH
- Team is usually external with local engagement
- 6 to 12 months is typical (from initial request to approved final report)

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HSAA outputs

• Assessment report

• Stakeholder engagement
  – Validation
  – Consensus on actionable health system strengthening recommendations

• Results:
  – Inform successful health system grant applications to Gavi, Global Fund
  – Donor programs more aligned
  – Government allocate more resources to PHC
Thank you

Health Systems Assessment Approach

https://hsaamanual.org/

HSAA v3.0

A rapid assessment tool covering key health systems functions • service delivery • human resources for health • medical products, vaccines and technologies • health information system • health financing • governance

EXPLORE
Q&A and Discussion
CORE Group Updates and Announcements

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https://conference.coregroup.org/

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