Introduction to Health Planning & Health System Strengthening

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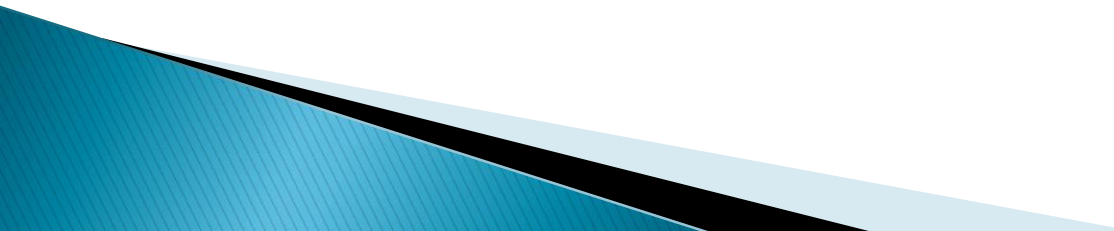M.B,BS, Dip.Med.Sc(HA),
M.Med.Sc(HA&HM)
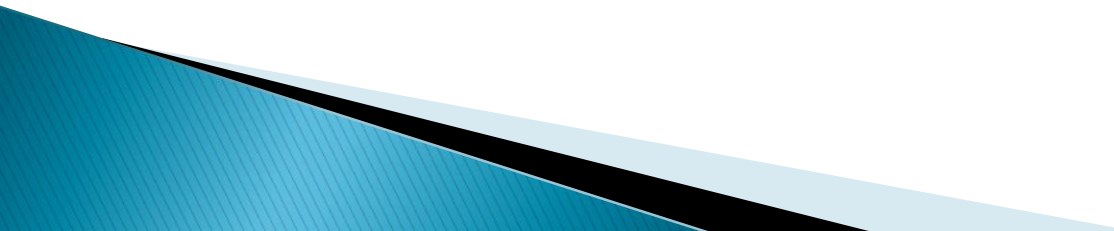Email:thuzawmay007@gmail.com
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Discussion outlines

- What is HS?
- WHO HS six building blocks
- Looking back to history
- HS Reform (main area)
- Critical issues in importance of health planning
- Planning cycle
- HSS
- HSS challenges
- SDG (2030)
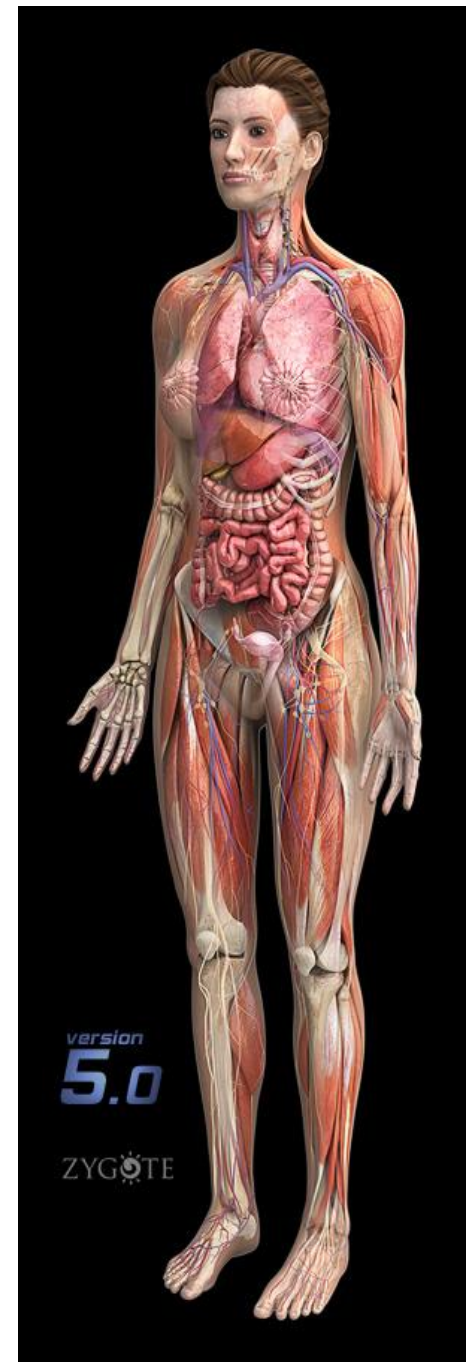- Night study work

Health(WHO Definition)

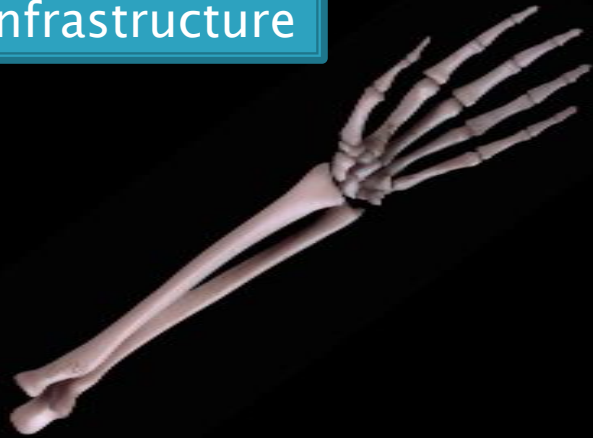"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

▸ A System

An interaction of parts and their interconnections that come together for a purpose.

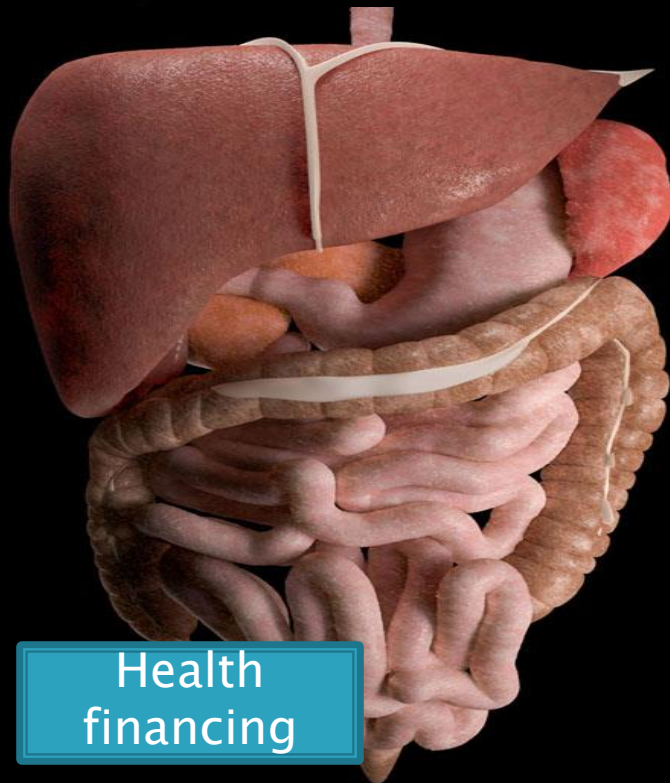A health system is like a human body

version
5.0

ZYGOTE

Physical infrastructure

Health workforce

Health financing

Supply chain

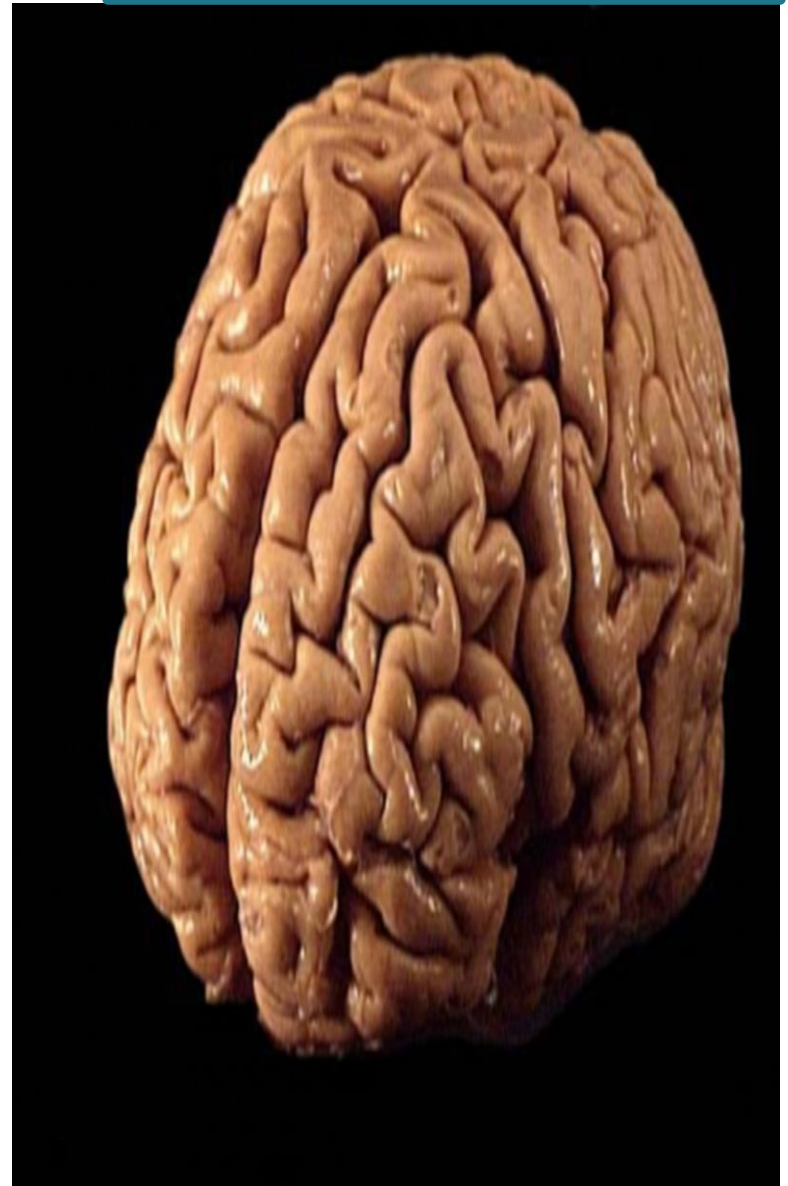Information system
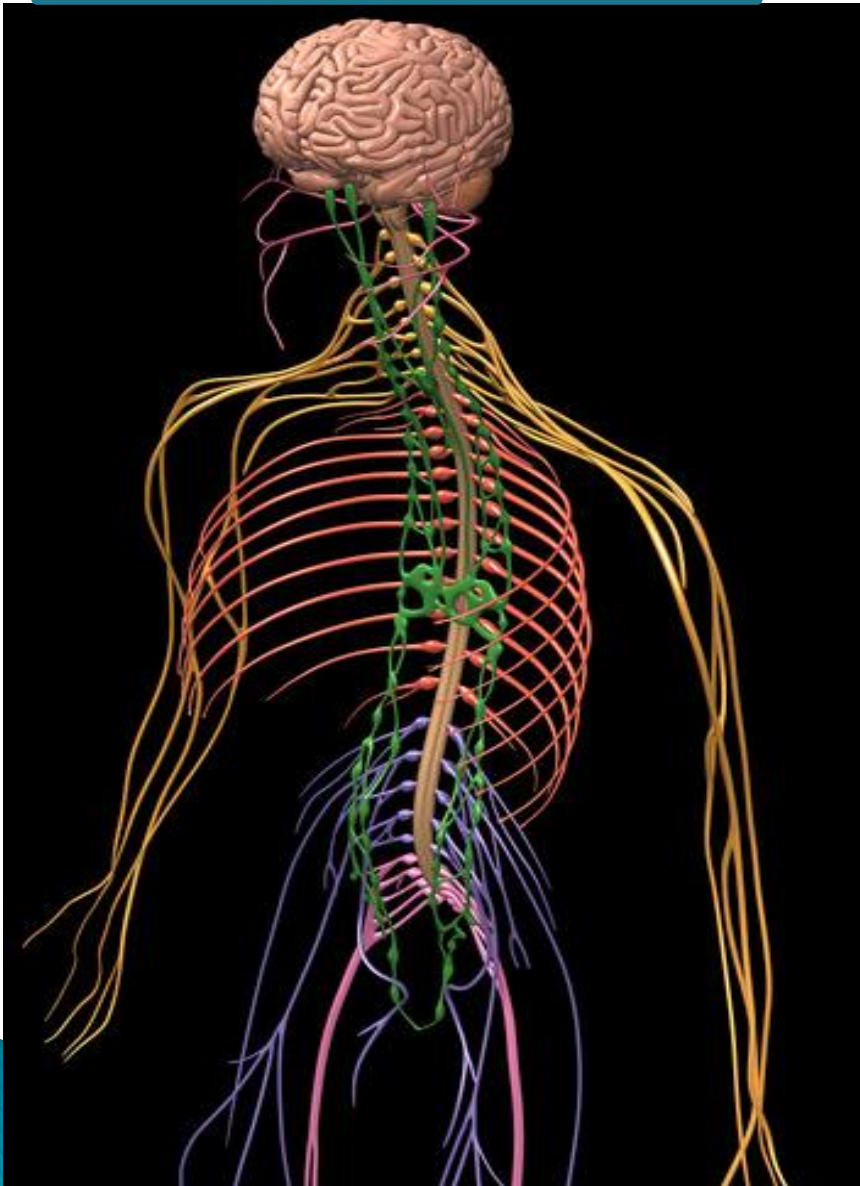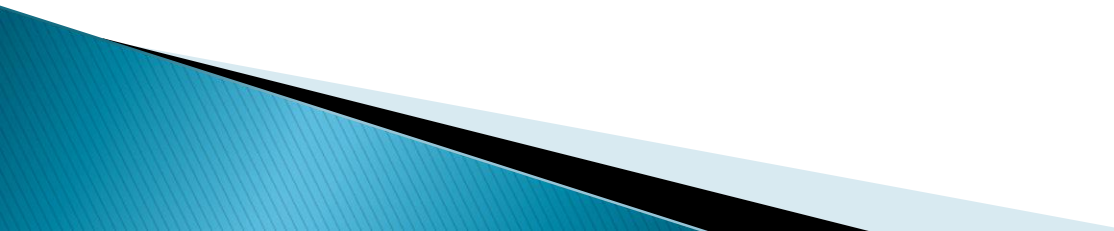
oversight

What is a Health System?

The people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health"
WHO, 2000

WHO Health System Framework

System Building Blocks	Overall goals/ outcomes

System Building Blocks

- Leadership/ governance
- Financing
- Health workforce
- Information
- Medical products, vaccines & technologies
- Service delivery

Access

Coverage

→

Quality

Safety

Overall goals/ outcomes

- Improved health (level & equity)
- Responsiveness
- Financial risk protection
- Improved efficiency
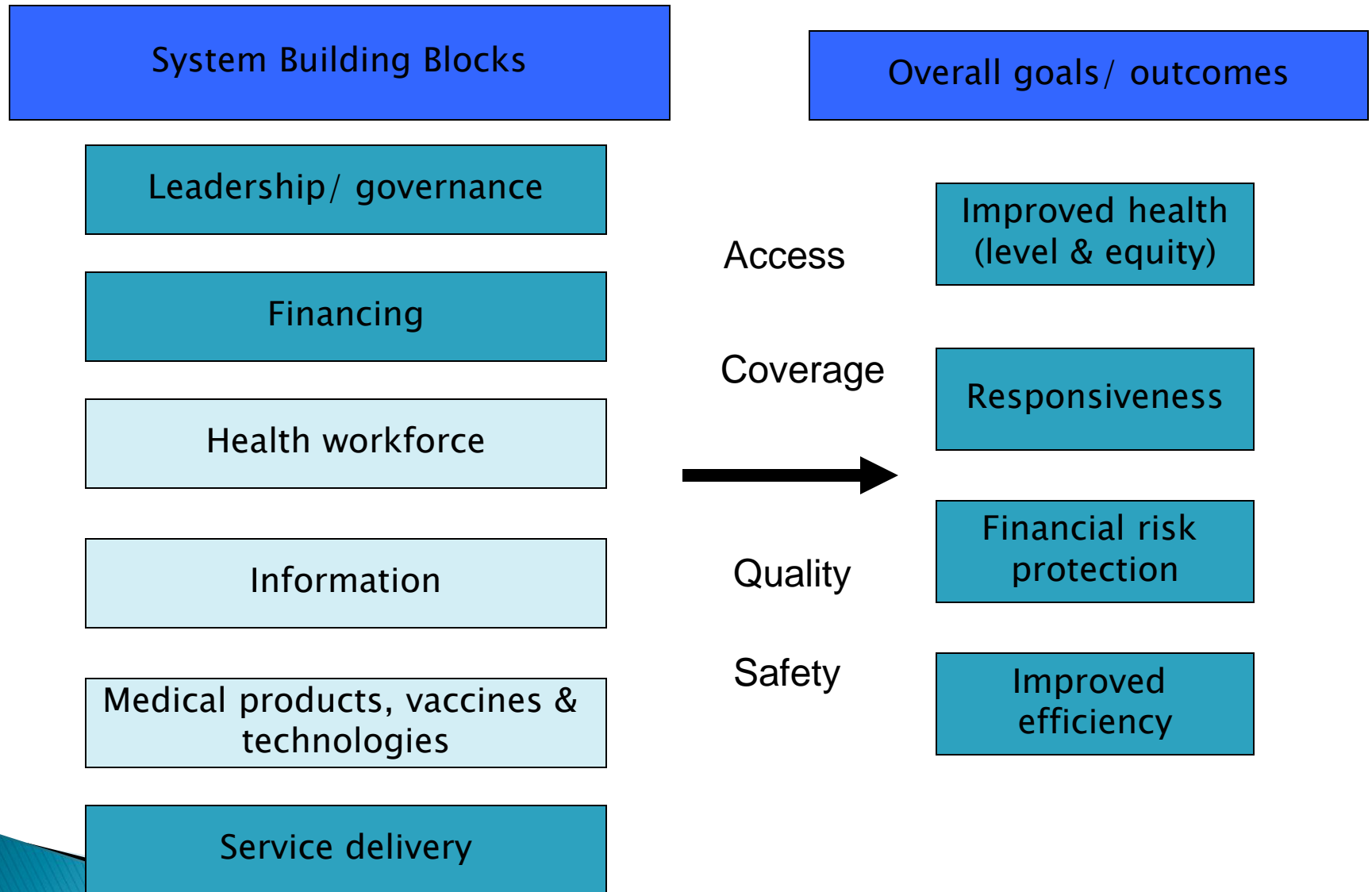
A Map of the Health System
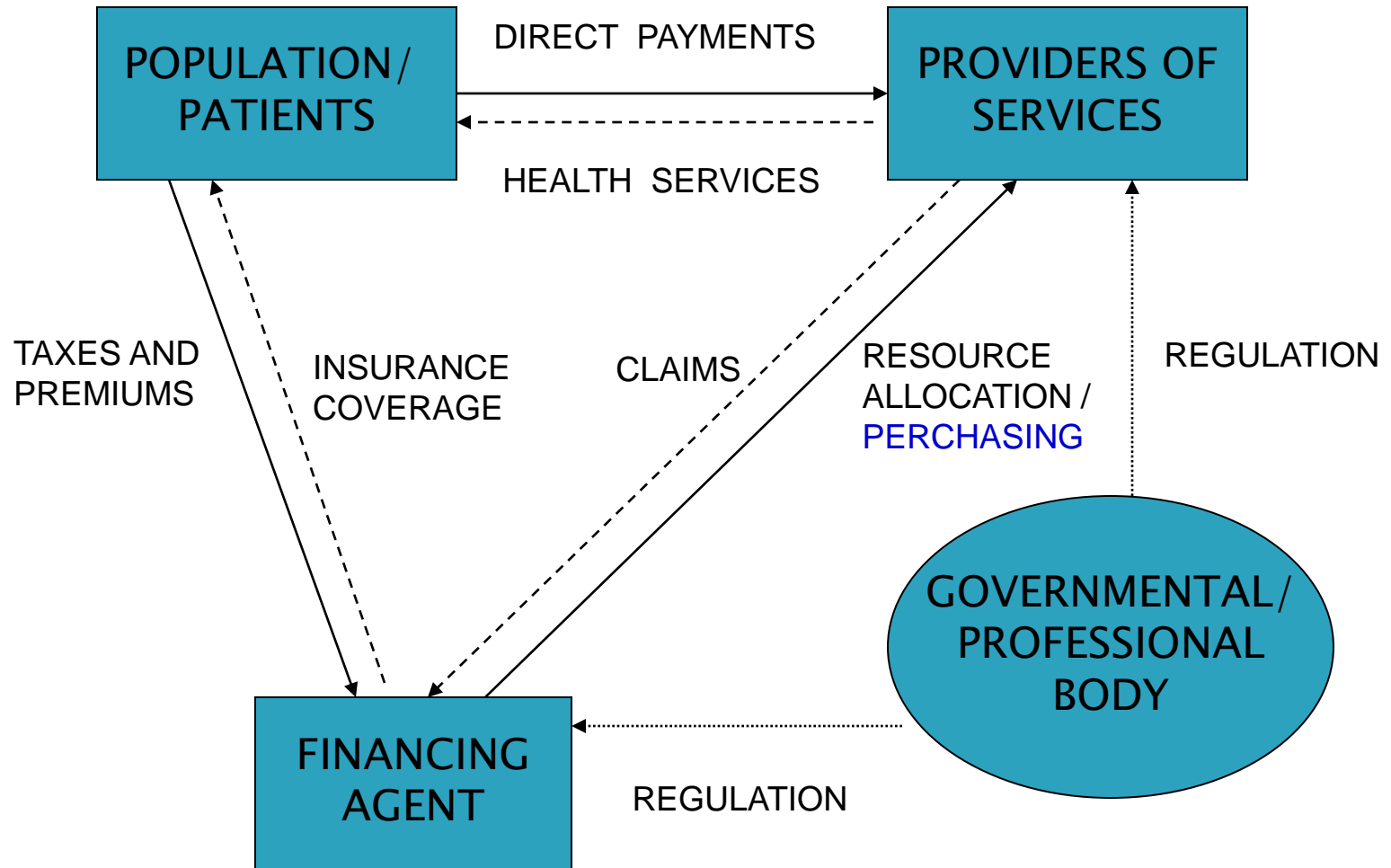
What does a Health System include?
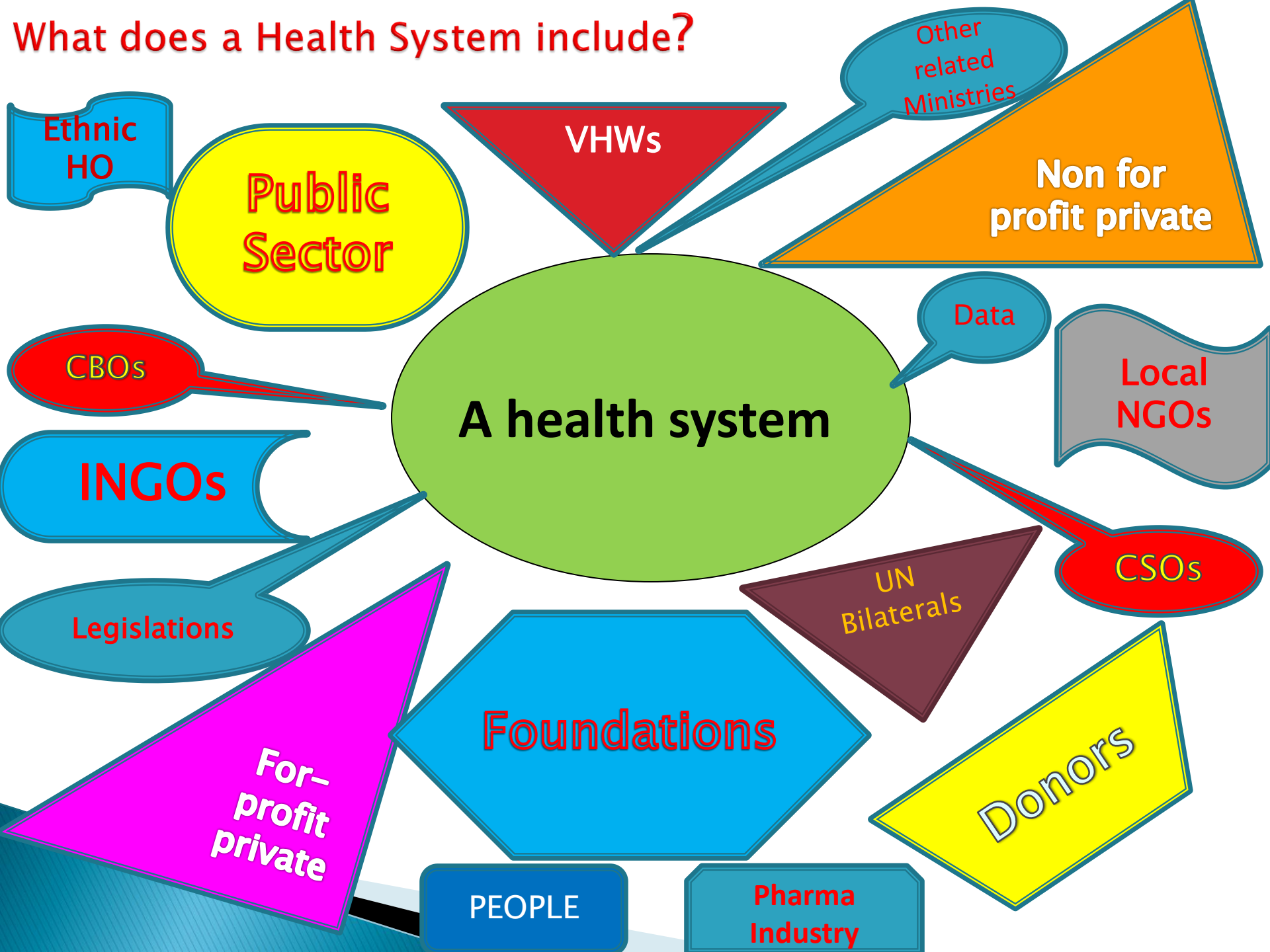
Looking back to history:

1978-1990	1990-2000	2000-2010
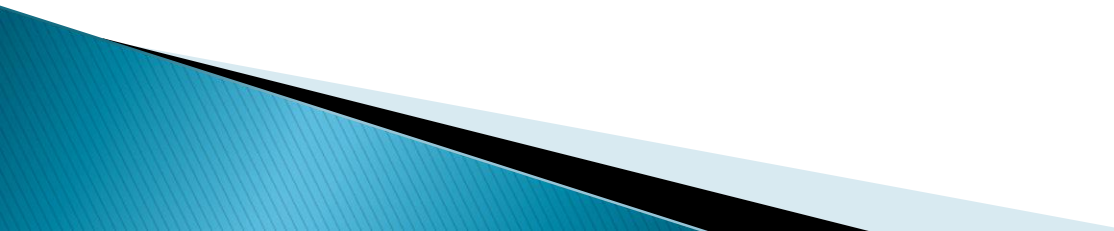
PRIMARY HEALTH CARE

Alma Ata Declaration on PHC

1978 (8ELEMENTS)

Basic Comprehensive PHC to Selective PHC

1990-2000

- World Summit for Children goals set 1990

- Cairo ICPD –Reproductive Health   1992

- Millennium Development Goals set   2000

Around 2008: 30 years after Alma Ata Declaration on PHC SOUTH–EAST ASIA

Has PHC Worked?

- **Experiences in Equity and Universal Coverage**
  (Community Health Workers (La Ka La)-Myanmar)
- **People are Living Longer**
- **Significant Decline in Child Mortality**
- **Percentage of Access to Safe Drinking Water(70%)**
- **Percentage of Access to Improved Sanitation Facilities (80%)**
- **Significant Success in Controlling VPDs**

The Ageing Population – an emerging issue

Health Systems was being challenged with Transitions

- Demographic changes
  - Transitions where fertility and growth rate declined
  - Infant mortality has decreased and LE increased ---leading to increase in <15 years and elderly population
  - Rapid Urbanization and migration (internal & external) rural-urban migration-social, physical & mental ailments
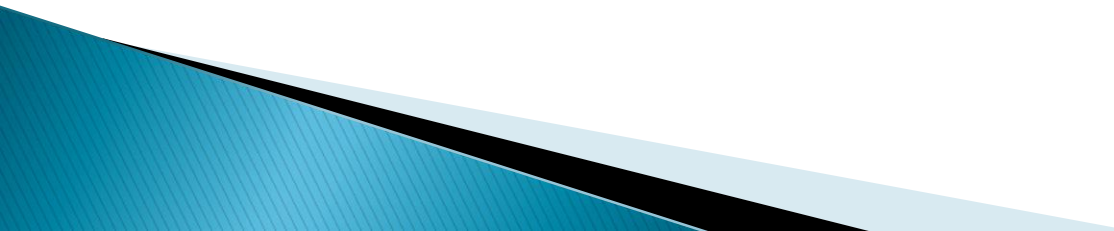- Epidemiologic changes
  - Migration and urban growth---led to resurgence of diseases that were once considered controlled such as cholera outbreaks + accidents, injuries, crime
  - AIDS pandemic
  - Still infectious diseases were giving problems
  - Rising NCDs
  - SARS, H1N1, H5N1,

- **Socio-cultural transitions**
  - Increased levels of education, improved communications---shrunk distances between countries
  - Changes in life styles, nutritional, traditional, social and family structures, values and even expectations
  - Lead to ---social problems, adolescents problems, mental health problems--NCDs + CDs--double burden--increased demand of health care systems…increase catastrophic injuries from sophisticated measures

- **Political changes**
  - Political orientation and ideologies in many countries changed
  - Professional interest on medical profession + profit motives of pharma industry-more specialized curative care
  - Vertical programmes-disease specific, relative neglect on PH, low allocation for preventive/promotive

- **Other Health Systems Challenges in Myanmar**
- Emergency epidemics SARS,H5N1, H1N1---Ebola, MERS, ……
- Natural Disasters (Nargis, Giri, Earthquakes)
- Vaccines ?? Shortage of DPT3/HepB; new Penta V
- Food security
- Conflicts in country
- Migrants

to revitalize PHC in SEAR 30 years after Alma Ata in 2008

1978-1990	1990-2000	2000-2010

MDG (targeting 1990-2015)

G1,4,5,6(health related)

MDG 1:To Eradicate Extreme Poverty

Prevalence of underweight children <5years of age
Target: Halve between 1990 and 2015 (50% reduction)

Prevalence of underweight children <5years of age
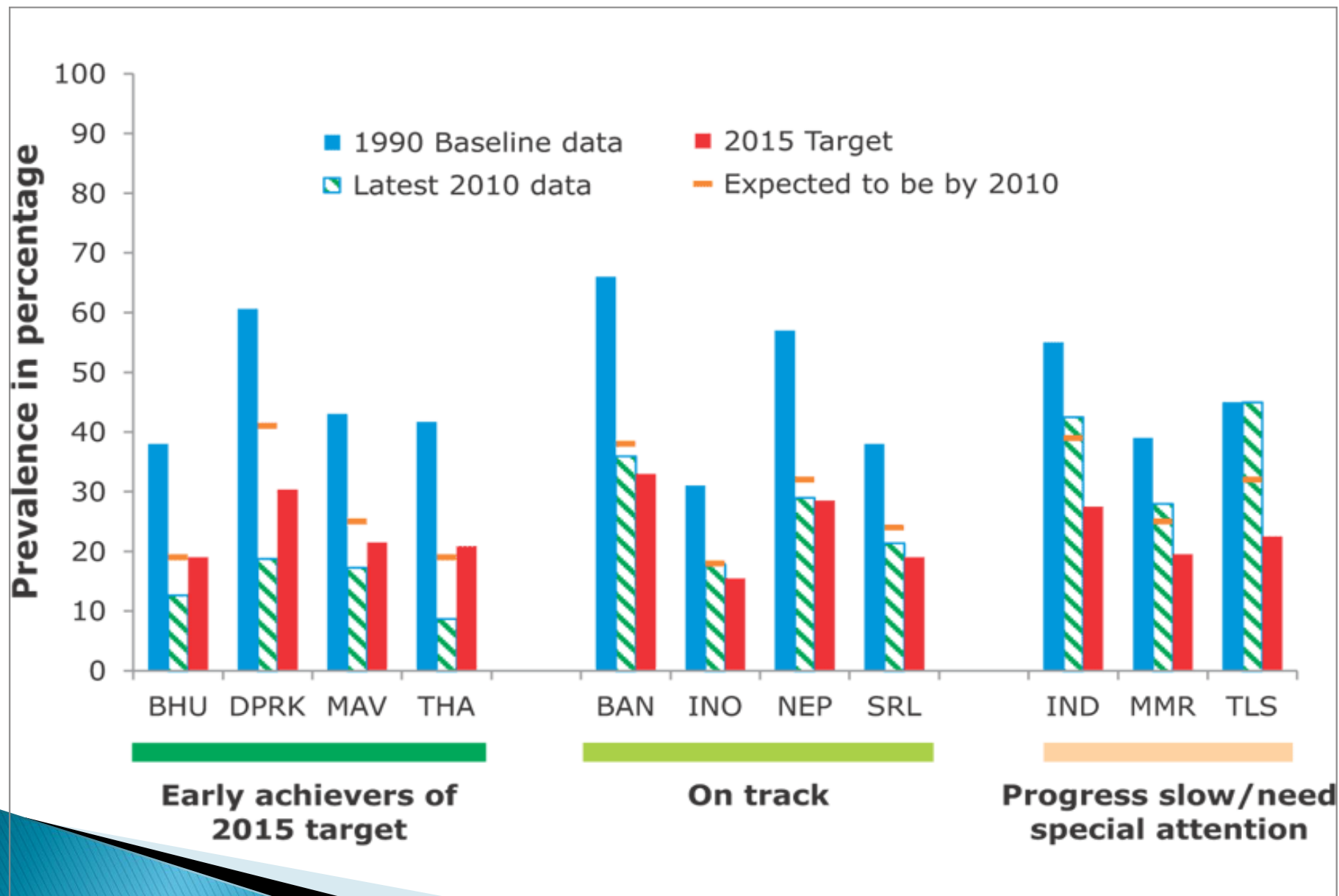
MDG 4: Reduce Child Motality

- Under-five mortality rate
  Target: Halve between 1990 and 2015 (50% reduction (on track)
- Infant mortality rate
  Target: To reduce by two thirds between 1990 and 2015(on track)
- Measles coverage >90% to reduce by two thirds between 1990 and 2015(on track)

MDG 5: To Improve Maternal Health

.Maternal mortality ratio

Target: Reduce by three quarters between 1990 and 2015 (progress slow/need special attention)

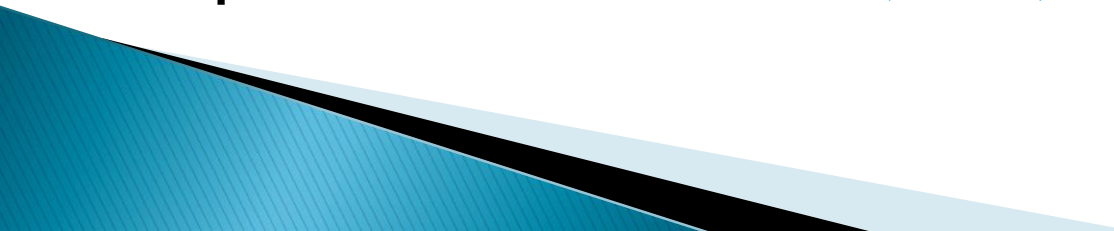.Proportion of births attended by skilled health personnel

Target: country-specific(progress slow/need special attention)

. Antenatal care coverage (at least one visit)

Target: Achieve by 2015 universal access to reproductive health (70%)

- **MDG** 6:To Combat HIV/AIDS, Malaria, and Other disease

. HIV prevalence (%) in adults 15~49 years
Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS)(HIV trend reversed)

. Proportion of population with advanced HIV infection with access to antiretroviral drugs:
Target: Universal access (>80%) to treatment for HIV/AIDS for those who need it (18%)

. Malaria incidence
Target: Reduce the 1990 incidence rate by three quarters(progress slow/need special attention)

.Malaria mortality

Target: Reduce the 1990 incidence rate by three quarters (early achiever)

.Tuberculosis prevalence

Target: 50% reduction from 1990 baseline(on track)

.Tuberculosis mortality

Target: 50% reduction from 1990 baseline % (early achiever)

.

2014–2015	2016	2017–2021
–Census(2014) –MDG –Health System Reform	Health System Reform	National Health Plan

Health System Reform
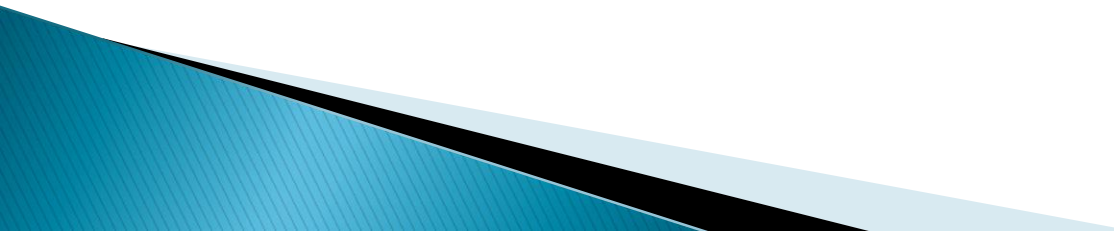
- A sustained process of fundamental change in policy and institutional arrangements, guided by government, designed to improve functioning and performance of health sector, and ultimately the health status of the population

Main areas of health sector reform

- Regulation
  - Liberalizing laws regarding the private health sector
  - introducing incentives for improved efficiency and equity
  - Updating regulatory structure
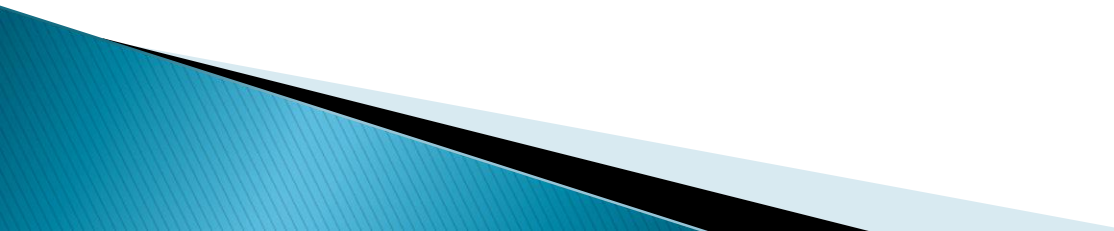
- Financing
  - Social health insurance
  - User fees, exemptions(free), targeting
  - Community financing

- **Resource allocation**
  - Creation of purchasing agencies
  - Introducing contractual relationships and management agreements
  - Reforming payment systems
  - Specification of essential packages

- **Provision(supply)**
  - Decentralization of health services and hospital management
  - Encouraging competition and diversity of ownership
  - Evidence bases health care
  - Quality improvement measures
  - Improved accountability of service users and population

(2017-2021) National Health Planning

Planning

- Essential element in management(PIE)
- Concern with making decisions today to influence the future

Critical issues in importance of health planning

- Changing nature of health and health care strategies
  - Change in health needs

  e.g. new diseases, relative prevalence of diseases/problems due to epidemiologic or demographic transition

  - Change in resources

  e.g. financial forecasts and availability of key resources (e.g. professionals)

  - Technology developments and their impacts
- Current allocation of resources within health sector is not optimal – plan needs to address them

- Decisions about priorities depend on social and political context of country or region

"Some of the best indicators of a country developing along the right lines are healthy mothers giving birth to healthy children who are assured of good care and a sound education that will enable them to face the challenges of a changing world. Our dreams for the future of the children of Burma have to be woven firmly around a commitment to better health care and better education."

Daw Aung San Suu Kyi

[excerpt from Letters from Burma]

Characteristics of Strategic and Operational Plans

Characteristic	Strategic	Operational
Allocative planning	+++	+
Activity planning	+	+++
Long term vision	+++	+
Strategic directions	++++	+
Management focused	+	+++
Economic appraisal	+++	+
Implementation level	National	Sub-national

The Planning Cycle / Spiral

Situation Analysis

Priority, goal, and objective setting

Evaluation

Implementation and Monitoring

Option appraisal

Programming
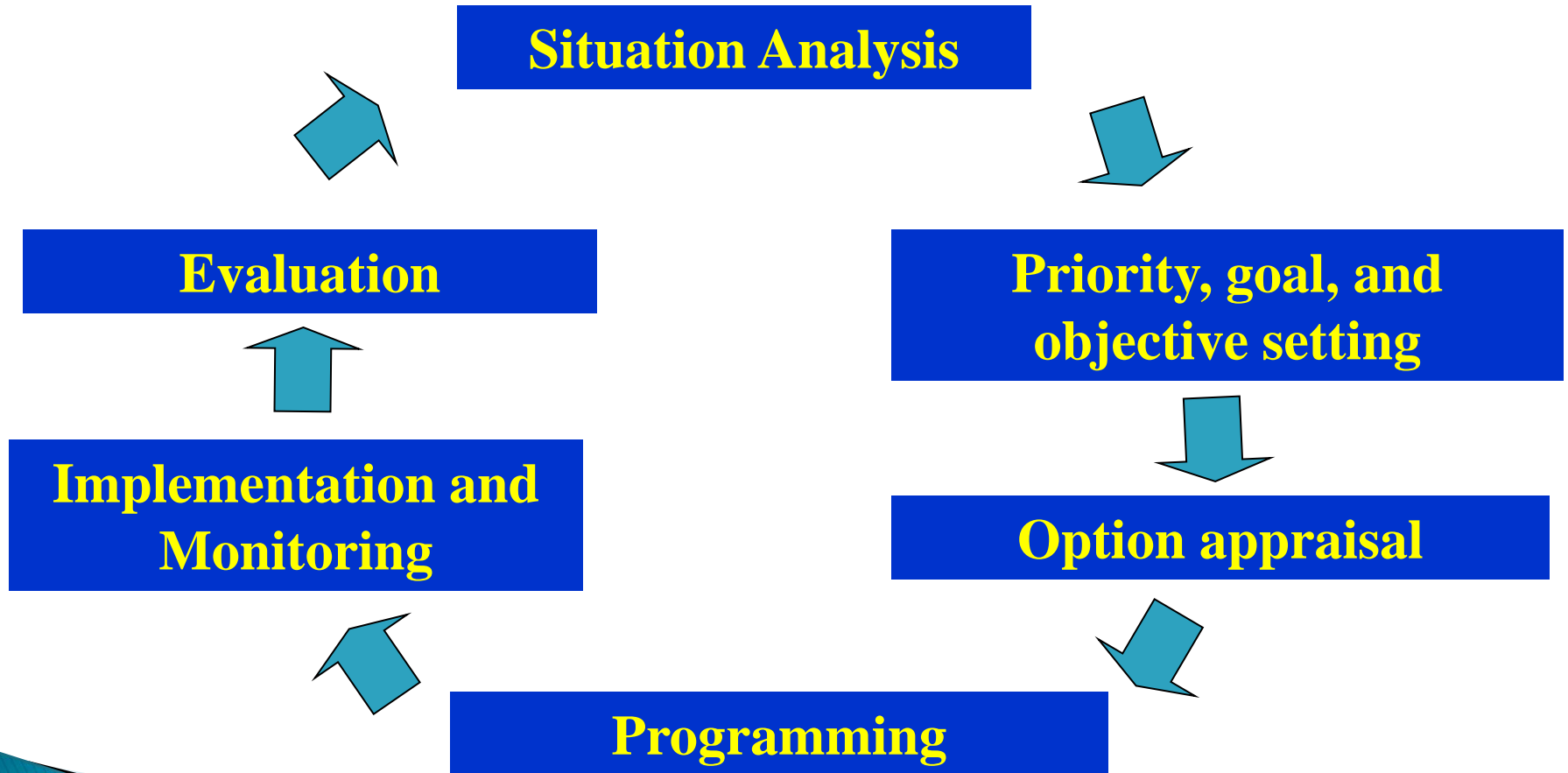
Situational analysis

- Assess the current situation and projected future changes to it

- Key components of situational analysis
  - Population characteristics
  - Area characteristics and infrastructure
  - Policy and political environment
  - Health needs
  - Efficiency, effectiveness, equity and quality of current services
  - Services provided by non health sector and their resources

Priority setting (P=MIV/C)

- Determination of 'what it wants to achieve' (hierarchy of objectives)

- To ensure feasible within – the social and political climate, available resources

- Clear criteria for selection are needed
  ◦ Allow broad view of health
  ◦ Balance decision making at national and local
  ◦ Transparent process
  ◦ Needs to end up with objectives that are feasible (easy)

Objectives

▸ End result of priority setting process

▸ Structured in a hierarchy:

1. Broad overall health goals
2. Specific health aims related to particular health problems
3. Health sector activity objectives
4. Targets that are milestone

Objectives (cont.)

- Should be SMART:
1. Specific
2. Measurable
3. Attainable
4. Relevant
5. Time bound
- WHAT is to be done, HOW MUCH is to be done, WHEN and WHERE it is to be completed

Option appraisal

- Generation and assessment of various options for achieving the set objectives and targets (e.g. ↓ child malnutrition by 25%)
- Determine which is most appropriate

- First brainstorm to emerge creative ideas than reduce to short list of options
- Criteria
  - Economic appraisal(CBA)
  - Equity
  - Feasibility
  - Acceptability

Programming and budgeting

- Translate the results of earlier decision into a series of programs, each with a budget (plan document)
- Level of detail, regarding the budget and time frame depends on types of plan (strategic or operational)
- Log frames – a means of ensuring logical approaches to project design is followed and providing a means of monitoring a progress

Costing/World Bank

0201	ခရီးစရိတ်
0301	လုပ်အားခ
0304	သယ်ယူပို့ဆောင်စရိတ်
0305	ရုံးသုံး
0313	လုပ်ငန်းသုံး
0314	ရိက္ခာ
0503	ကယ်ဆယ်ရေး

Implementation & monitoring

▶ Penultimate stage of planning
▶ Reasons cited for poor implementation
  ◦ Lack of funds/ relevant resources
  ◦ Poor timing of inputs / coordination
  ◦ Resistance to change
  ◦ Neglect of institutional or legal requirement
  ◦ Unforeseen circumstances / unexpected results
▶ Real cause – Poor planning design
  ◦ failure to recognize the political nature of planning
  ◦ overoptimistic objectives

Evaluation

- Ask questions about outcomes, outputs and inputs
- Provides the basis for the next SA

Evaluation

- Ask questions about outcomes, outputs and inputs
- Provides the basis for the next SA

Evaluation questions (outcomes)

- What were the objectives of the activities being evaluated? Were they appropriate?
- Were the objectives set achieved? If not, why not?
- Were any health improvements the direct result of the activity?
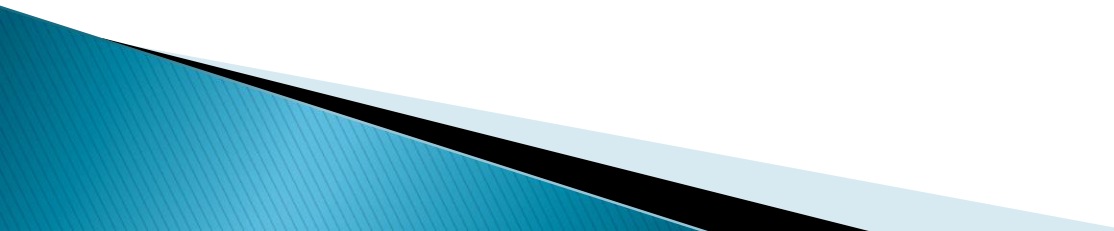- Were there any other effects of the activities?

Evaluation questions

Outputs
- Were the services provided?
- Appropriate, relevant, and adequate?

Inputs
- Did the resources planned arrived?
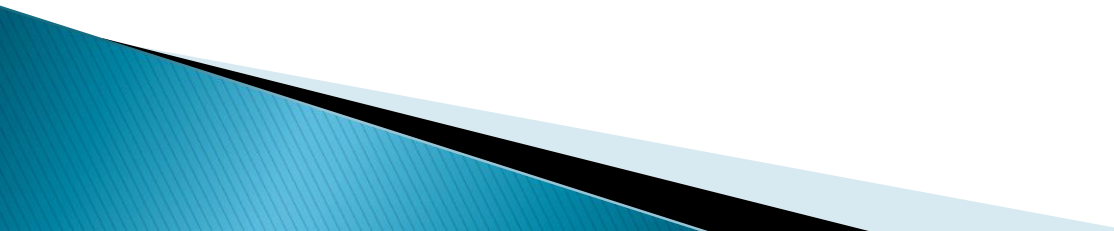- Sufficient, turned into services?

What is Health Systems Strengthening?

improving [the] six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes

- **Beyond a single disease**
- **Beyond a single building block - harness the interactions between the building blocks**
- **Beyond the life of the intervention - sustained improvements**
- **Country ownership**

Health Systems Challenges

- **Availability and distribution of inputs**
  - HR
  - Physical infrastructure
  - Supply chain
  - Financial resources
- **To weaknesses in key function**
  - Supportive supervision
  - Referral
  - HMIS
  - Public financial management
- **The lack of oversight ,leadership and accountability**

Health Systems Strengthening

- Interactions and linkages
- Partnerships
- Coordination of Inputs
- Steering and Regulations
- Efficiency, Equity and Effectiveness
- Links of Health Systems to Socio Economic Systems

Strengthening systems to support operationalization of the NHP

- HRH
- Health Infrastructure
- Service Delivery and
- Health Financing

- All inclusive efforts
- Social determinants of health

4 main pillars

System strengthening

Main HRH Issues

- Accreditation (initiated by MMC, MNMC)
- Pre-service training (DHRH)
- Production
  - more Basic health staffs production and deployment
- Recognition (health providers trained by non MOHS sector)
- Recruitment & Deployment
  - Need to develop sub national policy depend on state/region's needs
- Task Shifting (clear role and responsibilities of BHS)
- In-service training & continuous professional education
- Retention
  - Rural retention policy or incentive programs

Health Infrastructure

Need

- Clear and transparent National Infrastructure Investment Plan
- Standard Equipments and Standard Operating Procedures

- **Current existing infrastructure under MOHS**
  - MCH 348
  - SH 80
  - RHC 1778
  - SC 9083

Hospital under MOHS

Total (16) bedded Hospitals = 736 (10)
Total (25) bedded Hospitals = 150
Total (50) bedded Hospitals = 113
Total(100)bedded Hospitals =   40
Total(150)bedded Hospitals =   2
Total(200)bedded Hospitals =   28
Total(300)bedded Hospitals =   3
Total(500)bedded Hospitals =   11
Total Teaching Hospitals   =   9
Total Specialist Hospitals   =   32
Total hospitals = 1134
Total bedded   = 55004
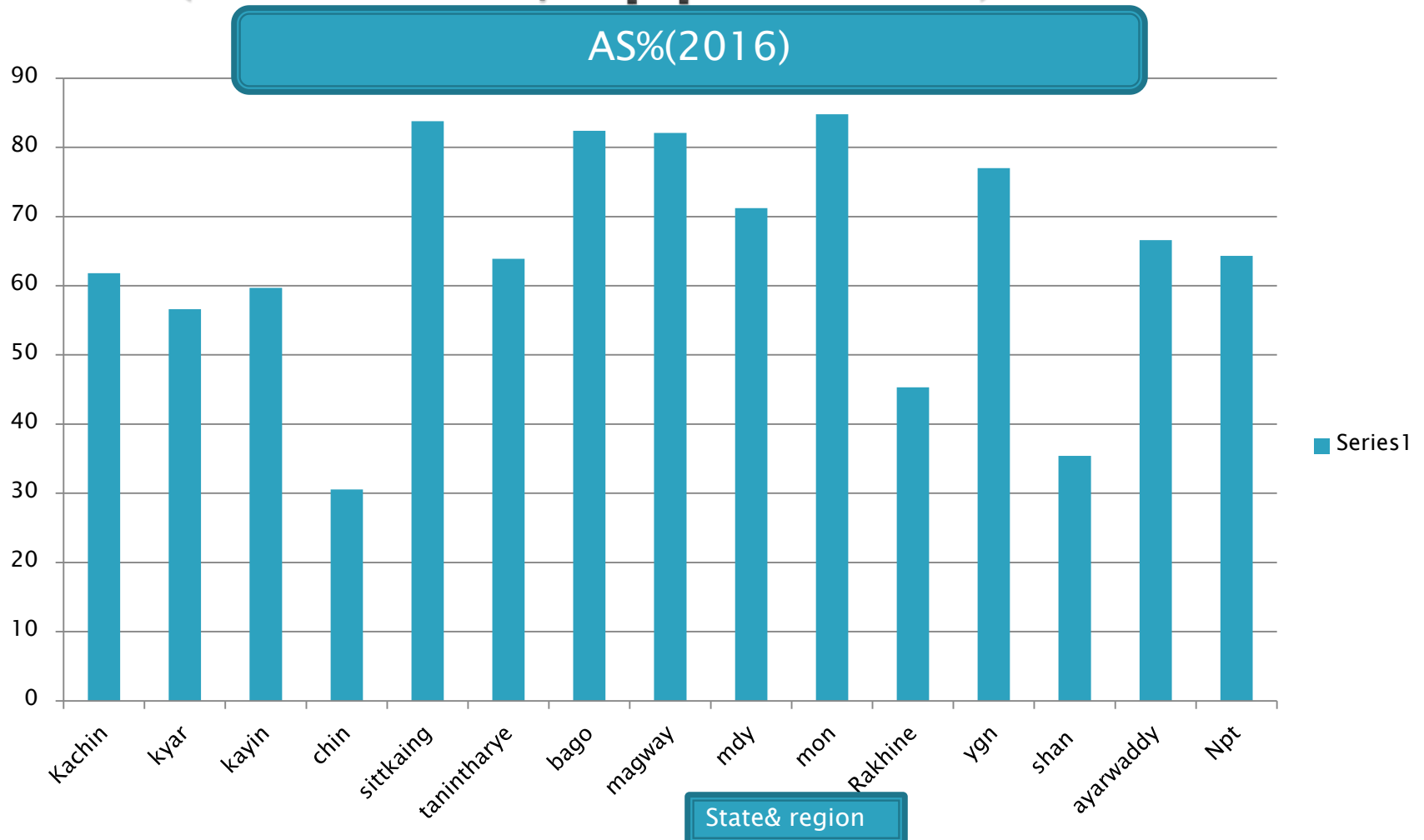
Standard Organization Set Up

Type of position	Size of	hospital	(beds)				
	16	25	50	100	150	200	300
Doctors	2	6	8	29	29	106	107
Nurses	6	16	23	87	92	298	301
Technicians	2	8	17	22	29	55	74
Others (Clerical & Auxiliary staff)	7	25	33	63	87	135	162
Total	17	55	81	201	237	594	644

Hospital Utilization

Bed occupency rate% (sanction bed)(2016)
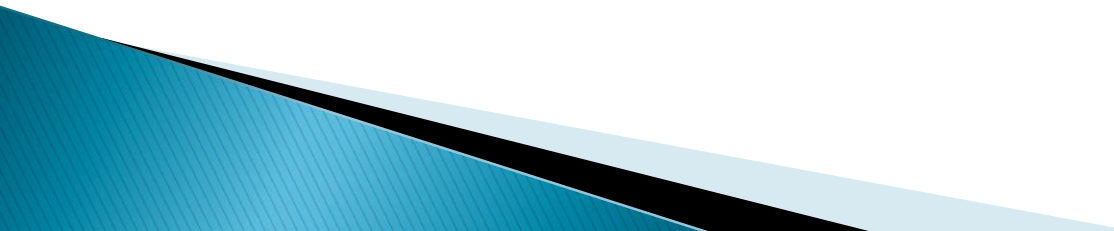
HR %(sanction/appointed)

AS%(2016)

Series1

State& region
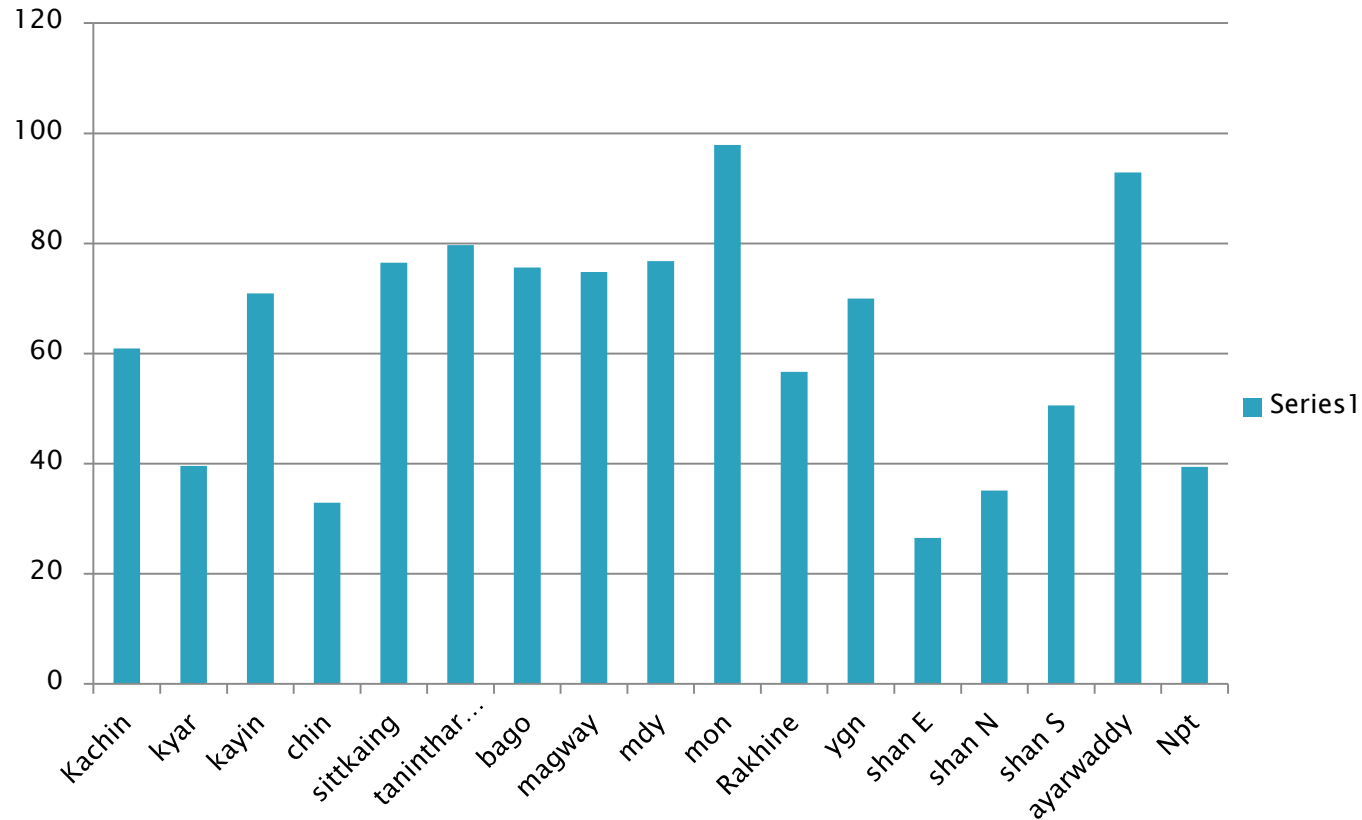
Service Delivery

- Main issues to be strengthened
  - Health Management Information System (HMIS)
    - DHIS–II as a national platform
  - Extending service delivery to the communities
    - By using BEPHS and by using non–MOHS providers
  - Referrals (step–wised referral system)
  - Procurement and supply chain management
    - National procurement and supply chain system
  - Fund flow and financial management
  - Quality of care
  - Demand for Services

Health Financing

- Main issues to be strengthened
  1. Resource Mobilization
     a) Government spending on health
     b) Development assistance for health
  2. Purchasing
     a) Engaging providers outside the MOHS
     b) Developing the functions of purchaser
  3. Financial Protection (e.g public health insurance)

Operationalizing at the local level

- Service Prioritization
- Geographical Prioritization
- Inclusive Township Health Plan (iTHP)

Sustainable Development Goal (SDG) for 2030

At the UN Sustainable Development Summit, on 25 September 2015, the 193 countries of the UN General Assembly adopted the 2030 Development Agenda –"Transforming our world: the 2030 Agenda for Sustainable Development

17 Goals and 169 Targets

Goal 3 –Health: Ensure healthy lives and promote well-being for all at all ages

Sustainable Development Goals for 2030

SDG No.3 – Ensure healthy lives and promote well-being for all at all ages (13 targets)

3.1   By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2   By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3   By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4   By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5   Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
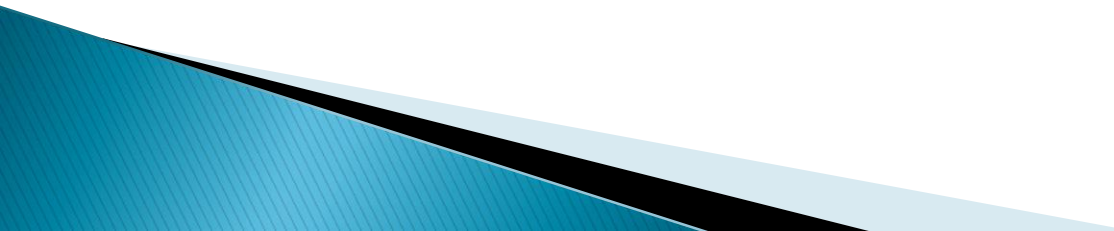
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization FCTC in all countries, as appropriate

SDG No.3 – Ensure healthy lives and promote well–being for all at all ages (13 targets)
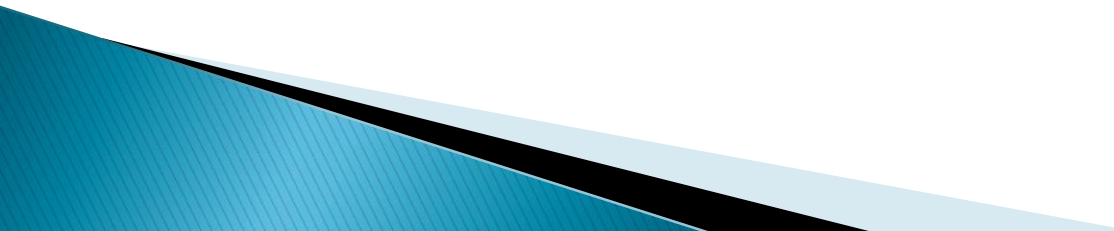
3.b Support the research and development of vaccines and medicines for the communicable and non–communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade–Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Conclusion

"make sure each building block is ok and you'll have a well performing health system"

Night study work/To make a plan(planning cycle)

- G   1   Hospital Infection control
- G   2   Health Care Waste Management
- G   3   Patient Satisfaction
- G   4   Uplifting Health Status of Community
- G   5   Hospital Data & Operational Researches
- G   6   Patient Safety
- G   7   Value-Based Health Care

Reference

- Prof:KSL(HP dept,UOPH) ppt /Concepts of Health Planning and Planning approaches /HSF
- DDG DrNLT(planning) ppt/HSS 2017(update)
- Lecture DrAAW (HP dept) ppt /situational anaylysis
- Dr Than Sein, President,People's Health Foundation/Sustainable Development Goal No.3: Challenges for Myanmar
- Alex Ego
- S/R, Annual report DMS (2016)

My memo

FIGHTING